

# WESTMINSTER VAWG HOUSING FIRST SERVICE FIRST YEAR EVALUATION



solace

**STANDING  
TOGETHER**  
against domestic abuse



City of Westminster

This report will present data and feedback from the first year of the Westminster Violence Against Women and Girls (VAWG) Housing First service, taken from the start of support delivery in August 2019 to September 2020. The project has since been expanded, but this evaluation will look at outcomes for the first cohort of 11 women.

### Housing Partners



Octavia

Peabody



Southern Housing Group

L&Q

Women's Pioneer Housing LTD

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**With Thanks to the Ministry of Housing, Communities and Local Government for funding the Westminster VAWG Housing First project**

# METHODOLOGY



The research comprised the following elements:

### Database analysis

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

### Interviews

We conducted telephone interviews with both Housing First workers on the project to explore their views on progress against outcomes, key barriers and challenges and the realities of partnership working. We also conducted brief telephone interviews with two of the ten women supported by the project. All interviews were taped, transcribed and analysed using thematic content analysis. Tapes were deleted after transcription.

### Client Feedback forms

We analysed data from feedback forms completed by three of the women on the project.

### Stakeholder surveys

We analysed data from two surveys sent out to generic stakeholders and housing stakeholders, via Survey Monkey.

### Case studies

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

### Limitations of the evaluation

Interviews with clients had to be done over the phone due to the COVID 19 pandemic, this was difficult for the Housing First workers to arrange as it was often difficult for them to contact the women and put them in touch with us. Interviews were also not as detailed and expansive as they would have been in a face-to-face scenario; building trust with this cohort of women takes time. Additionally, the client feedback form was originally designed for the Housing First workers to complete with the women in person, and to collect both quantitative and qualitative data about the women's journeys. When the November 2020 lockdown came into force, this was reduced to the Housing First workers obtaining the quantitative data section of the form over the phone. Gathering feedback from the women also coincided with the expansion of the service in September/November 2020, this meant that the Housing First team were busy engaging the new cohort of women.

Tight timeframes and increased workload for stakeholders during the pandemic culminated in the decision to collect stakeholder feedback by Survey Monkey. We recognise that this medium isn't able to wholly represent stakeholders thoughts and views.

# BACKGROUND



## Development of the Westminster VAWG Housing First Project

In 2017 Standing Together and Westminster City Council were awarded funding from the domestic abuse team at the MHCLG to develop a Housing First project for women with experience of homelessness, VAWG, and multiple disadvantage. Standing Together laid the groundwork for the project, crucially by building partnerships with several national and local RSLs to secure units to house women, as well as successfully bidding for a second year's funding for the project in partnership with Westminster Council. In 2019 Westminster Council commissioned specialist women's service provider Solace Women's Aid to deliver the support element of the service, and it started taking referrals in June of that year. The project is one of a very few women's Housing First services in England, and one of the first where support is delivered by a specialist women's service provider.

## Local context: identifying need

Nationally, the number of women sleeping rough is on the rise; Women's rough sleeping rose 28% between 2016 and 2017, according to government statistics. Overall rates of rough sleeping rose 15% over the same period<sup>1</sup>. Westminster has the highest number of rough sleepers of any London borough. In 2018/19 422 women were met rough sleeping in Westminster (CHAIN data), 17% of all rough sleepers (2512).<sup>2</sup> What is more, this is unlikely to reflect the actual figure as research has shown that women are much more likely to be among the hidden homeless, meaning that they are not accurately captured by current systems used for rough sleeping counts.

The profile of women who are experiencing long term homelessness and VAWG alongside other forms of multiple disadvantage has been well documented in research and evaluation over the last few years, and we know that many homeless women in Westminster fit this profile. Research has shown that experience of domestic violence and abuse is near-universal among women who become homeless, and that women who are street homeless are at risk of a wide range of VAWG: from partners, members of the public or sexual violence and rape if they are selling sex or engaged in transactional sex. They often avoid services where men are present, meaning that they generally present at services at a later stage when mental health and substance use issues have become more entrenched. They have often had children removed and suffer from complex trauma as a result of their often life time experience of multiple disadvantage. Homeless women also face great stigma from services and the wider society:

“Rough sleeping places a woman at a great distance from the roles she is expected to fulfil; she is not raising children, she is not in a (domestic) role in a relationship with a male partner, she is not caring for an elderly relative that needs support, she is not nurturing or reinforcing a family. These images are sexist and confining, but also widespread and are important in understanding responses and attitudes to rough sleeping, in the sense that we do not expect women to be sleeping rough.”<sup>3</sup>

There is a distinct lack of housing and support options for this group of women. Their high needs, and the fact that they may remain in relationships with perpetrators of domestic abuse creates barriers for them in accessing specialist women’s services such as refuges and community IDVA support<sup>4</sup>. At the same time, ‘mainstream’ homelessness services are largely designed around the needs of men, and often don’t recognise how women’s needs are different<sup>5</sup>, and how service design/support needs to be different as a result. Homeless women experiencing VAWG and multiple disadvantage often fall between these two structures. Housing First is therefore a much needed, and often only option for those homeless women who have experienced long term homelessness and VAWG.

## What is Housing First?

Housing First is a housing and support approach which:

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

It is an evidence-based intervention that is proven to successfully support people with repeat histories of homelessness who experience multiple disadvantages, helping them into independent and stable accommodation.

For further information about the model please see the [Housing First England project](#).

## Housing First for women

Research has highlighted how the Housing First model lends itself well to being adapted for certain groups, e.g. women<sup>6</sup>. There are now several women specific services across the country that have led the way in evidencing the distinct gender specific needs of the women they support<sup>7,8,9</sup> and highlighting how the Housing First approach can help. A two-year evaluation of Threshold Housing Project’s Housing First pilot for women with an offending history identified that most women using the service had experienced some form of domestic abuse. The management of domestic abuse and other forms of VAWG should therefore be a key function of any Housing First service supporting women: without ensuring women’s safety and wellbeing in this way, a service cannot provide a sustainable end to their homelessness<sup>10</sup>.

Many women in Housing First services are likely to be mothers and many will have had their children removed from their care. The removal of children as a result of domestic abuse can be a major barrier to women making a meaningful recovery; many women accessing Housing First will never have had any support

around this loss, or the support to reconnect with children and family members. Research has also shown how risk accumulates over time, and that the poorest outcomes are for those who experience extensive physical and sexual abuse as both children and adults; 84% of that group are women<sup>11</sup>. It is perhaps unsurprising then that women accessing Housing First services tend to have very high needs, indeed the Threshold evaluation outlined how the women using Threshold Housing First had typically higher needs than the largely male groups using the English Housing First pilots<sup>12</sup>.

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

# INTRODUCING THE WESTMINSTER VAWG HOUSING FIRST PROJECT



## Service Design

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

### Support

Support is delivered by two Housing First workers from Solace Women's Aid who support up to ten women at any one time. Workers support a maximum of five women at any one time due to the high and complex nature of the women's needs. They work to engage and build relationships with the women, support them to access a permanent, independent tenancy, and then provide intensive support to help them maintain that tenancy, and address other aspects such as their physical and mental wellbeing. As research has shown that violence and abuse is a universal experience for women experiencing homelessness<sup>13</sup>, this project particularly benefits from the involvement of specialist women's sector provider Solace Women's Aid, who have the knowledge and skills necessary to provide specialist support around domestic abuse and VAWG.

### Housing

Standing Together play a vital role in procuring housing for the project and coordinating partnerships with our coalition of housing partners. We act as the link between Solace, the support provider, and the housing association, monitoring nominations, offers and troubleshooting where necessary. We coordinate partnership meetings every 4 months, which are attended by all partners and facilitate workshops for Housing Officers to get them up to speed on Housing First and the needs of the women housed. Housing is provided by Peabody, London and Quadrant, Southern Housing Group, Women's Pioneer Housing and Octavia Housing Association. All partners work on a service level agreement basis and allocate properties outside of allocations agreements with local authorities.

Housing First workers nominate clients for properties by emailing the coalition of housing providers and the Housing First and Homelessness coordinator at Standing Together. Housing providers respond to say whether they have a suitable property available at that time. The coordinator monitors this process, keeping track of nominations sent, offers received and any issues that may arise around viewings, move in etc.

## Service Aims

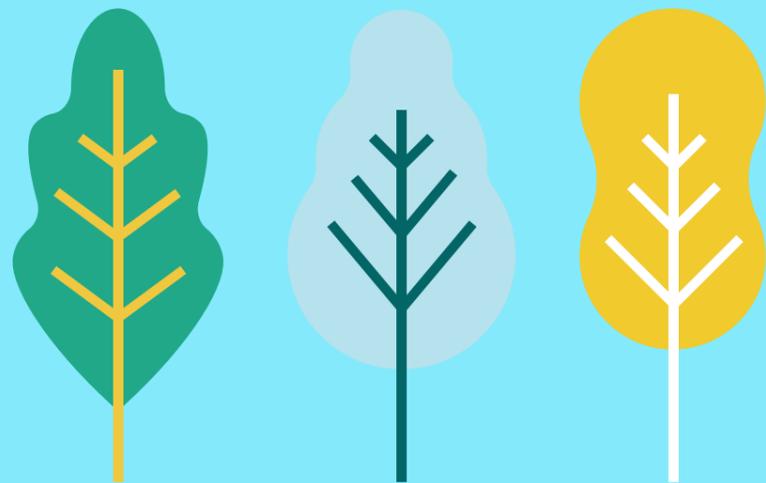
- To support women who are experiencing VAWG and multiple disadvantage, who are currently disengaged or not engaged well with existing services. This includes proactive and continuous engagement efforts made within reason.
- To support women to access good quality independent housing, and to maintain 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.



# THE WOMEN – DEMOGRAPHICS AND PRESENTING NEEDS

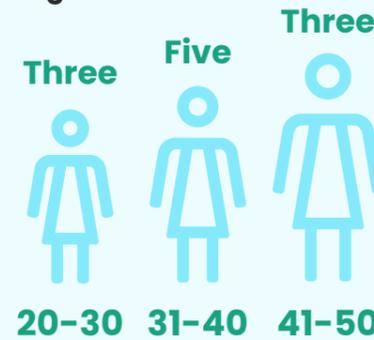
## Referrals

Sixteen women were referred into the project by a range of homelessness support providers working in Westminster. Referrals were discussed at a meeting organised by Westminster council and attended by representatives from Westminster Council, Solace Women's Aid, Standing Together and homelessness support providers from the borough. Eleven referrals were accepted. One woman died at a very early stage of engagement with the project, and four referrals were not accepted or deemed unsuitable.



## Demographics

### Age



**Three** aged 20-30  
**Five** aged 31-40  
**Three** aged 41-50

### Ethnicity



Women identified as  
**Nine** White British  
**One** Scottish Zimbabwean  
**One** White Italian

### Sexuality



**Seven women** identified as heterosexual, for **four women** this information is not known.

### Disability



**Six women** have a disability. It is notable that **three of the women** have epilepsy diagnoses.

### Children



**Seven of the women** have children. **All seven** had children removed from their care; **three of the women** have children who are living with family, and **four** have children in Care.

### Housing status at point of referral:



**All the women** have been street homeless at some, or multiple points in their lives and **nine** were street homeless at point of referral.

### Multiple disadvantage:



**All eleven women** have experienced homelessness, one or multiple forms of VAWG, and substance misuse.



**Three women** have offending histories.



**All eleven women** have reported or diagnosed mental health issues.

# OUTCOMES

The indicators of progress used by Housing First services are quite different from the 'KPIs' used to measure the progress of other models. The principles-based approach does not expect or require clients to achieve certain outcomes, and for many clients who have the most entrenched and complex needs it is often unrealistic to expect significant change. For the purposes of this evaluation we will look at both 'hard' and 'soft' outcomes, as well as person specific changes, from the start of the women's journey through the service back in August 2019 to where they are one year later in September 2020.



## HOUSING AND TENANCY SUSTAINMENT

### Out of the 11 women supported by the project:

#### 9 women

were nominated by The Solace Housing First workers for properties provided by our housing partners between November 2019 and September 2020. Of those 9, 7 of the women have moved into and maintained an independent tenancy. 2 women were nominated for properties provided by our housing partners but are yet to be offered a property. These nominations were put on pause as one woman is still rough sleeping and has proved difficult to engage, and another is at high risk of homicide from a perpetrator and is currently in supported accommodation. 1 woman housed through our housing partners has since been evicted from her tenancy due to ASB, moved into supported accommodation and her case is now closed.

#### 2 women

have not been nominated for a property through our partnership with the housing providers. One of these women was owed a housing duty and housed via the Pan-London Housing Reciprocal. One is yet to be nominated and is currently in supported accommodation in Westminster.

#### One year on, the tenancy sustainment rate is 87.5%

Bearing in mind that all 11 women being supported by the project had rough slept for considerable and repeated periods throughout their lives, and that 9 were rough sleeping at point of referral, a tenancy sustainment rate of 87.5% is a good outcome. Tenancy sustainment rates for Housing First in England range from 70-90% so the VAWG Housing First project falls within this bracket.

## Housing and tenancy sustainment: What has worked

### The housing coalition

A key factor in successful tenancy sustainment has been the unique partnership with housing providers and the housing coordination element of the project at Standing Together. Standing Together have worked to build strong relationships with the providers signed up to the scheme, coordinating regular partnership meetings, providing training for housing officers, monitoring the nominations process and escalating any issues with Housing First leads. Housing partners told us that they valued good communication with Housing First workers and the coordinator at Standing Together:

**“ Partnership working and having regular meetings and briefings on the project. It is good to see everyone is on board and recognises the value in what is trying to be achieved.”**

#### Housing provider

Housing First workers agreed that good communication with housing partners has been an essential element of tenancy sustainment; any issues that arise are dealt with there and then, and Housing Officers act as a crucial point of contact if the woman has stopped engaging with the worker for a period of time.

**“ If there is communication between the worker and the housing association, then it works much better. Even if the client is not engaging at that point, at least you know what is going on. You know where the tenancy is at.”**

#### HF worker

When asked about the benefits of partnering with the project, Housing stakeholders showed that they have a good understanding of the Housing First model and recognise the value of stable and secure housing to the women being supported by the project. They also told us how they have adapted their standard processes and approach to meet the needs of the women they house. All of the housing partners provide white goods and flooring. This is not something that they would provide as standard, but both are essential for women to be able to settle into new homes.

**“ The benefit is mainly to the women moving into stable accommodation. There is not necessarily a benefit to the Group, but it is the right thing to do.”**

#### Housing Provider

**“ Learning about what is available to vulnerable women and also the tailored approach that can be taken to assist with sustainability. The VAWG HF workers passionately engage with our residents and keep us informed of any changes. It is a great working partnership and one I use as the blueprint for others to follow.”**

#### Housing Provider

Housing First workers also commented on how Housing officers have shown flexibility and understanding around the needs of the women being supported by the project. Little perks such as welcome packs have also gone a long way in helping women to feel at home.

**“ They also do have a very nice welcome pack when they go in, the housing officer is there. Anytime I talk to him about issues or anything to do with repairs or the letterbox or whatever, they will tell you. They are very quick to answer. If we have an issue they understand me. I felt that their attitude was very human, in many ways.”**

#### HF Worker

When asked about tenancy sustainment one stakeholder cited high quality housing as a key factor. The flats offered by the housing partners are often of a higher standard than can be sourced in the private rented sector. The Housing First workers also commented on the good quality of the flats and the choice of location:

**“ It’s absolutely been a lifeline to have the partnerships with housing providers. to actually have decent accommodation that’s affordable, it’s not falling apart, it’s well-managed, and in good locations as well. That is the most rewarding thing about this job, to be able to like, “We’ve got this available”, and the woman just like, “Yeah, I really want it”. And we’d be able to see the difference it makes.”**

#### HF worker

It is important to point out that the housing associations partnered with the project are of varying sizes and are structured differently, which has presented unique benefits and challenges. One thing that has worked particularly well with one of our housing partners is their ‘Generic Housing Officer approach’ meaning that women have one named Housing Officer who can deal with a range of issues, rather than having to speak to different teams at the housing association for different issues. This works well as it enables the Housing First worker and the woman to build a consistent relationship with one Housing officer and fosters transparency and good communication right from the start.

All of the women we spoke to were satisfied with their housing. One described how she had been sleeping rough outside a tube station before being referred to the project and that she had now sustained her tenancy for more than a year. Another talked about how it had taken time to adjust after 6 years on the street and in hostels:

One woman told us how important it was for her to be housed with her dog, and how this had been a barrier to her being housed in the past.

**“ It’s a lot better [...] just me in general really [...] my mental state’s a lot better [...] it’s a long progress, it was 6 years on the street and in hostels.”**

#### HF client

One woman told us how important it was for her to be housed with her dog, and how this had been a barrier to her being housed in the past.

**“ The hardest thing was they were trying to house me without my dog and then I managed to get housed. That was the only thing because obviously I have been through a lot and my dog was my world, .... She’s like a real big support for me. I’d say that’s the only thing that was negative... they need more housing for animals, people with pets. People need to understand that when you’re homeless, that’s all we have.”**

HF client

### Intensive support

Housing First workers described how the relationships of trust they had with the women and the time that they could spend with them in the first few weeks after move in were key to successful tenancy sustainment. They also told us how important personal budgets were to enable women to buy things that they needed for their new homes.

A stakeholder commented on how settled and secure housing and the intensive support from the HF workers had helped their client to maintain their tenancy.

**“ It’s more the density of support the first couple of weeks, having the capacity to be around, having the capacity then to answer the phone if they call you about little things like, I don’t know, ‘This thing’s not working,’ or ‘I need this.’”**

HF worker

**“ It’s also a matter of resources. If they tell you, ‘I need my flat to have this, otherwise I won’t stay in it,’ its about having the capacity to do that.”**

HF worker

**“ It has definitely helped her to sustain her tenancy. Having someone on the other end of the phone for a call or a whatsapp to ask for help or to talk through what is going on has been crucial for her. She views where she is living as her home, feels really settled and somewhere which is safe for her, that no one (especially a man) can take away from her.”**

Stakeholder

## Housing and Tenancy Sustainment: The challenges

In terms of sourcing housing, there were initial delays in housing women when the first nominations were made in October and November 2019. In response, Standing Together coordinated the first partnership meeting and began tracking nominations and sending out weekly reminders to housing providers. This improved communication and the first flat was offered in November 2019.

Housing providers continued to offer properties even after the outbreak of the COVID 19 pandemic, setting up online viewings and tenancy sign ups. They told us that sourcing properties during the COVID lockdowns was difficult.

**“ Our biggest challenge is being able to identify suitable homes – with lockdown, what has come up in the suitable boroughs has been limited.”**

Housing provider

There have been ongoing issues with gas uncapping in properties. All housing providers cap gas as standard and Housing First workers have found it difficult to communicate with gas engineers to resolve the issue in time for women moving into properties. This has meant that some women haven’t have access to heating and hot water for a period of time upon move in, which is of course a considerable barrier to tenancy sustainment. This process was made more complicated by COVID lockdown restrictions with workers unable to go to women’s flats to coordinate this on the ground. There have also been issues with getting white goods and flooring in flats ready for when women move in. Housing First workers told us:

**“ She’ll go to move in, but say, ‘I don’t want to go back, because I don’t have electricity and gas,’ and that’s going to happen easily if she doesn’t get them on, and you know that she’s going to stay out.”**

HF worker

One woman was not able to sustain her tenancy and was evicted for anti-social behaviour, in this case racial abuse towards neighbours and disruptive visitors. HF workers organised several meetings with the housing officer and community safer neighbourhood teams, including a meeting between the Housing officer and the woman, and attended community MARAC’s to discuss the case and work towards reduced anti-social behaviour. This woman’s case was closed to the service due to escalating threats and abuse towards HF workers, including physical assault. HF workers implemented a restorative justice based approach to managing these incidents; a 3 way reflection and learning meeting was held with the woman, worker and manager to discuss what had gone wrong and the feelings of both the woman and worker. The woman was supported to move to supported accommodation.

## ENGAGEMENT

### 9 out of 10 open cases

are consistently engaging with the Housing First support. One woman is still rough sleeping and has remained very difficult to find and engage.

### Out of the initial 11 women

accepted onto the project, one is now closed due to abusive behaviour towards staff.

### Engagement: What worked

High levels of engagement are a real achievement considering that the majority of the women had been sleeping rough for a considerable length of time, many had had children removed from their care and all had had negative experiences with services in the past. We know that this type of negative past experience would suggest that the women's trust in services and support might be quite low. A stakeholder told us about the difference the service had made to their client, who had had little engagement with services in the past:

**“ She had been rough sleeping with very minimal substantial engagement with services for many years. Offering HF was a considerable factor in her feeling able to engage meaningfully with services and made immediate steps to moving inside. She had previously declined hostel placements and never accessed night shelters.”**

#### Project stakeholder

The importance of relationships has been well documented in past research and evaluation and is a key tenet of trauma and gender informed support. One stakeholder commented on the successful relationships that the HF workers had built with the women:

**“ What has been really positive is that a lot of time is spent on building up the relationship with the woman involved and getting to know them, which I think is really key of making their journey a success. The HF workers have been amazing at remembering specific things that my clients like and then using that to help build the relationship (also with some added nail varnish and make up along the way too for the woman). The workers have also worked at the pace which is comfortable and led by both of the women, making them feel more empowered that this is their journey and that they have control over this.”**

#### Project stakeholder

One of the women told us about the positive relationship she had with her Housing First worker:

**“ I trust her, I can talk to her [...] she does everything she says she gets done.”**

#### HF client

The Housing First workers told us that in some cases it took a long time to build trust with women. A key learning from the project has been around the importance of spending as much time as necessary on the pre-engagement work, before women are housed.

**“ Meeting with her every month just to slowly warm her up. It wasn't like, 'Bam, let's get you into a flat.' It was about a year or so of just meeting with her very gradually, building that trust up, slowly building it up.”**

**HF worker**

As the majority of the women were rough sleeping on point of referral, the HF workers had to be persistent and assertive to find and engage women; personal budget was key to this process. At the start of the project the HF workers spent a lot of time going out and engaging women on the streets. They used personal budgets to buy hot drinks and would meet women in cafes. They supported women to engage in activities; going with them to the art shop to buy materials for knitting, to Tate Britain etc. This helped to build rapport and trust between HF worker and woman.

HF workers told us that good relationships with stakeholders were also an essential factor in finding and engaging women on the streets, particularly homelessness services such as day centres and outreach teams.

**“ We basically had checks that we did with all the stakeholders in areas where you have a good collaborative relationship with them. So, you can use them as a network of information, and that worked well for us, because we would use outdoor space, the day centres, and they'd just give us a call and say, 'Oh, we saw this client, she's here in the day centre,' and we would just go down and meet them within half an hour or one hour. That maximised our chances of finding her.”**

**HF worker**

Housing First workers described how they would work flexibly and creatively to carve out space to speak to women who were rough sleeping with perpetrators.

**“ We planned with X, when we were first meeting with her, that's when we have gone, 'Okay, just say we're Solace. We're just a women's organisation. We give out nail varnish.' That kind of thing. Yes, and he would just leave it.”**

**HF worker**

## Barriers to engagement

Out of the 10 women whose cases are open to the project, one is still rough sleeping and has proved very difficult to engage. Housing First workers described how difficult it had been to find this woman as she moves between boroughs and stays hidden from outreach teams. The Housing First worker told us that before COVID she could track the woman down every few weeks, at the day centre that she would attend. Since COVID the client had a short stay in a hotel then went back to the streets and as the day centres have been closed the HF worker has struggled to find her, only bumping into her by chance twice between the start of the first lockdown in March and September. The HF team have kept the case open and continue to work with homelessness services to find and engage this woman.

**“ She's moving between 2 or 3 areas in London.....every other time I manage to catch her and I meet her, she does speak to me. She tells me we can do a few things. It's not like there is an unwillingness of her to work with me, it's more like she just can't. She can't. She cannot help herself moving in between places.”**

**HF worker**

We will discuss domestic abuse in greater detail below, but Housing First workers reported that for women in relationships, perpetrators represented a considerable barrier to engagement, in that they would sabotage that woman's opportunities to engage with the service. One worker talked about a woman who was rough sleeping with her perpetrator and how the perpetrator would try and sabotage the woman's engagement with them.

**“ We met X a few times and we tried to have a chat with her and talk about what she wants.....What kind of housing she wants. The perpetrator is literally hiding behind a bush and just listening into the whole conversation. She was very, very difficult to find.”**

**HF worker**

The COVID 19 lockdown restrictions made it more difficult to maintain engagement with women. During the first lockdown the HF workers were unable to use public transport to visit women. During this time HF workers called women to check in with them on a daily basis. They used personal budgets to purchase phones and laptops to enable women to communicate with workers, family and friends more easily. They also dropped off food parcels, and other necessities to women every two weeks; this enabled vital face to face contact. Face to face contact and visits to women were resumed in May 2020.

## DOMESTIC ABUSE / VAWG AND IMPROVED SAFETY

All of the women being supported by the project have experienced some form of VAWG, the most prevalent form being domestic abuse. Research has shown that women experiencing multiple disadvantage are more likely to remain in a relationship with the perpetrator<sup>14</sup>. This is reflected in the Housing First cohort; four women are currently in abusive relationships, two of whom have more than one perpetrator, and are with perpetrators who collaborate in their exploitation.

### 7 of the women

were supported to make reports to police over historical and current incidents of VAWG or domestic abuse, with one perpetrator being recalled to prison as a result of the report. This is a fantastic outcome as we know that trust in the police is low and this is not normally something that a woman would be able to do without the right support.

### For all the women

for whom domestic abuse is a current or historical issue, it is notable that they have felt comfortable disclosing domestic abuse to the Housing First workers. This in itself is real progress considering they may not have done so in the past.

“ Even in cases like X where it’s a very high risk, I would say one outcome would be that she called the police a couple of times, which she wouldn’t have done before she met up with us. I know it doesn’t sound like a lot, but even that is something.”

HF worker

Stakeholders unanimously reported that women’s safety had been improved by the service and that having Housing First workers with a domestic abuse/VAWG specialism had been particularly beneficial for supporting this cohort of women.

“ As they are all IDVA’s it has allowed targeted, wraparound support to be put in place.”

Project stakeholder

“ Definitely improved safety from VAWG for those clients still with an abusive partner.”

Project stakeholder

“ With one of the women in particular I’d have concerns whether she would have been alive without the support of this team. There is a great need for this service, one that supports the women who so desperately need intensive interventions and safeguarding on a regular basis. They are literally lifesavers.”

Project stakeholder

Housing First workers spoke of the importance of ensuring that properties are secure, and how useful the partnership with housing providers had been in enabling women to be matched to the right property depending on their needs e.g., ensuring a woman with a current perpetrator is not housed in a ground floor property. One client was also supported to have sanctuary measures fitted at her property.

For some women on the caseload, their perpetrators are often or almost always present; if HF workers want to see the woman at all it is likely that the perpetrator will be there as well. This situation presents unique challenges for the HF worker; providing support and safety for women is undermined by the presence of the perpetrator. In these cases, one of the Housing First workers talked of the importance of having a relationship with the perpetrator’s worker or with the perpetrator himself. Ensuring that the perpetrator is having his needs met, in terms of housing, access to benefits etc, can make him feel like he is benefitting from the woman getting support, and can in turn make it easier to get access to, and offer support to the woman. It should be noted however that this is risk dependent and that workers should not engage with a perpetrator in this way if they are using high risk physical violence.

“ If the perpetrators knows that you’re there to support her, and by extension he can benefit by the support that she can get from you, that makes things a lot easier, because then he doesn’t say, ‘This is no good, they’re trying to get my partner away from me.’ Even if that is your target, you shouldn’t go in like this from the beginning.”

HF worker

Housing first workers also talked about the importance of their role in educating the perpetrator's worker around domestic abuse and power and control dynamics etc, and working collaboratively with them e.g., visiting the survivor and perpetrator together. This enabled them to support them as a couple, but also built trust and created crucial space to work with the survivor one on one at the same time.

The Housing First workers highlighted how typical safety planning strategies around domestic abuse often aren't as effective for this group of women, as they aren't ready to take action and break contact with perpetrators.

**“ When it's someone like X, I think it's very, very hard escaping. I'm not even going to go into saying, 'Make a safety plan,' or, 'Try to move your things without the perpetrator knowing, because you're talking about clients who will just open the door to perpetrators.”**

HF worker

The workers also highlighted a tension around prioritising choice and control for women and having to involve the police/safeguarding etc without the woman's consent when she is at risk of serious harm or death. For example, the worker describes below how a DVPN put in place to increase the woman's safety had the opposite effect.

**“ I think it's about choice, as well. Although I feel I want to go in and be like, 'Right. I'm getting in the way. I'm doing all this. Get her into a refuge. Get him arrested,' all this. You can't. We have found that when you take over and you take the client's choice**

**away from them it just drags them away. Like with X, with the DVPN in place, she ended up rough sleeping for a month or so because she wanted to be with him. Maybe she felt like the control was being taken away from her. She didn't want us to call the police and it's a very tricky situation because obviously we have to, when he is trying to kill her, and do safeguarding and stuff like that.”**

HF worker

We didn't ask about domestic abuse or VAWG specifically on the feedback forms and instead asked women about their feelings of safety in a more general sense. All the women we consulted told us that they felt safer since they started working with the project. They indicated that they felt safer indoors, in the day, when they have a door that locks. When they were asked what would make them feel safer the women said:

**“ Stop taking drugs, going to the Doctor's.”**

**“ Photos of my (late) dog Jada and animals keep me calm, also cleaning helps me keep calm.”**

**“ People that believe me for what I am saying. Treat Westminster with respect.”**

One woman told us that keeping herself safe and off the streets was a challenge for her:

**“ Keeping myself safe, keeping myself off the streets, trying to help others on the streets.”**

## HEALTH AND WELLBEING

### Physical health

The service has seen some positive outcomes in terms of the women's physical health. The women who completed the feedback form told us that they felt their physical health had improved since they started working with the project.

One woman told us about her recovery after being in intensive care:

**“ Getting better, but body and mind still recovering from being in ICU, and the massive trauma.”**

HF client

All but two of the women are registered with a GP. The majority were already registered upon entry into the service but the Housing First workers supported 3 women to register with a GP. One of the women who is not yet registered with a GP is still rough sleeping and the Housing First workers have supported her to access health care from specialist street outreach nurses. Housing First workers support women to attend GP and hospital appointments (both routine and in an emergency). Some positive person specific outcomes include:



**One women engaged with specialist worker** around the impact of domestic abuse and acquired brain injury.



**Workers arranged for a telecare service** to be installed in the property of one woman with an epilepsy diagnosis.



**One women** who was suffering with anorexia has put on weight and is looking healthier.

**“ When we first started working with her, she was so skinny. Now she has put on weight. Last time I saw her, she looked better and apparently she looks even better now.”**

HF worker

The housing first workers highlighted that their ability to accompany clients to appointments made a big difference:

**“ We took her to the hospital. It was very difficult because she really refused but because she had lost consciousness and she was passing out and stuff, she was not in a good place, we managed to get her assessed. I think it was about us being there and being as supportive as possible.....the availability of us and the flexibility of us to be able to go out with clients and assist them.”**

**HF worker**

The HF workers told us that COVID had negatively impacted on women's ability to access health services. This was particularly acute for one woman who had a hip replacement operation postponed and is unable to walk as a result.

## Mental health

The service has seen some progress in terms of the women's mental health. Three women were referred for psychological support. HF workers told us that this was offered but not taken up by the rest of the women on the project; they felt this could be related to past negative experiences with mental health services.

The women we consulted told us that they felt their mental health had improved since they started working with the project. One woman told us:

**“ Health, I have got better. I'm happier in myself... um yeah, but mental health has improved a lot [...] I've just completed college, I'm just applying for level 3. So like even confidence, my confidence has got better um because I didn't think I would be able to do something like that but I have, I completed it and [...] trying to get onto a level 3, it's a diploma and I'm looking at universities next year. I didn't have them options before.”**

**HF client**

This increased confidence is something that is reflected in feedback from project stakeholders:

**“ What has also been lovely to see is how confident she has also become in asking for help as well from her worker and knowing what she wants for herself, which she has struggled with in the past.”**

**Project stakeholder**

One woman described how she continues to struggle with her mental health:

**“ Gets stressed and can't talk to people sometimes. Just shut down.”**

**HF client**

7 of the women being supported by the project have had children removed from their care and this has negatively impacted their mental health. 2 women have now reconnected with family members including children who were removed from their care. The Housing First workers are supporting one of these women to start letter box contact with her daughter.

The HF workers talked about the barriers women face in accessing mental health support, both from statutory services and counselling offered by specialist women's services, who due to clinical risk cannot support women with personality disorder diagnoses.

**“ Most mental health teams you have to stop using and be stable and everything. Same with counselling, we can refer any of our clients to the counselling service at Solace, which is specialist counselling, but you can't refer anyone with, like, borderline personality disorder, anything like that. Any diagnosis of mental health, like more than anxiety and depression, makes it almost impossible to access counselling.”**

**HF worker**

## Substance misuse

8 women were supported to access support from drug and alcohol services, with 3 women starting methadone scripting and maintaining it, some for the first time in many months.

Stakeholders commented on how access to safe housing and support had helped create positive change for women around alcohol and substance use:

**“ Having her own safe space has also helped to maintain her abstinence from alcohol and has removed triggers and stresses.”**

**Project stakeholder**

**“ When HF was offered, her engagement with drug treatment increased immediately and she even had a substantial period not using any substances.”**

**Project stakeholder**

Housing First workers described some positive outcomes for the women, including some unexpectedly positive aspects of the COVID lockdowns.

**“ She has been abstinent for a while because she was in hospital last year, after she nearly died, basically because of drinking too much. I thought it would maybe be a trigger when she moved into a new place. She signed herself up to get access to local groups, just in case, if she felt like she was going to drink again.”**

HF worker

**“ It is the longest time that she has actually been on script. She said, at the beginning of COVID, ‘It has actually been good. It’s a silver lining for me because I have actually stayed indoors and tried to get clean, rather than being out begging.’ That was an outcome for her, on the drugs and alcohol.”**

HF worker

**“ She’s been facilitating Cocaine Anonymous on Zoom. Yes, so she’s doing really well.”**

HF worker

Housing First workers also spoke about the barriers that women face in accessing support from drug and alcohol services. Often it would seem that services were not able to be flexible around women’s needs. They also reported victim blaming attitudes from staff.

**“ Substance misuse, again, it helps for them to be more flexible, because a lot of the time, it’s going to be one appointment. If you miss it, that’s it.”**

HF worker

**“ We’ve had issues with some drug services. So X’s key worker was very difficult and basically blamed her for getting raped. And he was very reluctant to move her script from where she moved house. So we had to go get her an Oyster card so she could go up and down on the bus every day to get her script.”**

HF worker

## SOCIAL INTEGRATION

### Economic integration

7 women have been supported to maximise their income by applying for benefits as well as other discounts e.g., council tax reduction. This is a really positive outcome as many of the women were rough sleeping when they came into the service therefore destitute and reliant on begging for income. Referring agencies also believed that many of the women were engaging in transactional sex to obtain money for food, drugs, alcohol etc.

The Housing First workers have successfully worked with housing providers to set up Alternative Payment Arrangements, meaning that the housing element of universal credit is paid directly to the landlord. This has been a vital factor in tenancy sustainment. However, Housing First workers reported significant challenges in liaising with the DWP around this and other benefit related issues:

**“ There’s no accountability, or you call them up and they say something, and then you call them the next time and they say, “Oh, we never said that”. It’s just completely no accountability. There’s no complaining process. You can’t do anything about it, which is just the most frustrating thing I think.”**

HF worker

3 of the women were supported to open a bank account, unfortunately 2 women were unable to complete this process due to COVID 19 and bank closures.

**“ The things around the banks .....that is a big issue, because it causes a lot of tension... like a lot of issues with the housing providers [ ] just back and forth, ascertaining and explaining to whatever random accounts person is doing the rounds, you know what I mean? Also, I can see it from their point of view. They don’t need to know about the project, and they don’t need to be empathetic with the clients, you know what I mean? They’re doing a completely different job, but yes, it’s a big issue.”**

HF worker

All 11 women were supported to access their personal budget. Personal budgets have been essential in helping women to settle into their new homes and communities. Examples of personal budget use have been:

- Travel
- Food and drink
- Visit to Battersea Dogs and Cats home
- Buying wool for knitting
- Books
- Setting up home (Kettle, microwave, blow up bed until bed came etc)
- Taxis to hospital and to flat viewings (especially during 1st lockdown)
- Moving costs
- Postage costs (sending PIP form, parcel to prison etc)
- Phones
- Passport application
- Buying seeds for gardening

## Community integration

Despite the challenges posed by the COVID pandemic and subsequent lockdowns the service has achieved some positive outcomes in terms of supporting women to engage in meaningful activities, reconnect with family and friends and get involved in their communities:



**5 women supported to build relationships,** either re-establishing relationships with their family or children: or attending community groups/volunteering.



**2 women supported to apply for** and have been accepted into college.



**7 women supported to pursue their interests** e.g., art, writing, knitting. One woman was accepted onto an animal care volunteer program.

Stakeholders told us how the service had supported a woman to start thinking about her future:

**“ For the first time in a long time she is looking at her future and has explored doing college courses and other meaningful activities.”**

**Project stakeholder**

One of the HF workers talked about the alienation that women feel from the ‘mainstream’ community. She told us that to get past this barrier she had worked to reconnect the woman with friends and family. This gave the woman motivation and also acted as a bridge between the homeless and more ‘mainstream’ community.

**“ One of the things I think is a barrier for the client is the fact they believe that they are not one of us.....They feel like the world’s divided in 2.”**

**HF worker**

**“ Being with the family, meeting the family in the visits. I think it’s more about trying to show them that there’s no difference. There’s not a division between normal people, and usually that’s what they call them, and themselves. There’s no division like that.”**

**HF worker**

The Housing First workers told us that the COVID pandemic and subsequent lockdowns were the biggest barrier to community integration. Day centres, libraries etc were all closed, and courses moved online, which created barriers for some women who are less confident using the internet. Lockdown closures were a particular challenge for women who moved into flats and new areas around this time and increased their sense of isolation.

**“ Then we had 3 moved in the summer. Everything was shut down. With X obviously she wanted to go to play squash. When we look at the area, we were looking at, ‘Here’s a library. Here’s a leisure centre and here’s all this.’ It was all closed down and she moved in in February.”**

**HF worker**

**“ X we supported to go and do an assessment for Maths and English. That was in real life but I think she was put off by the fact that the rest of it would be online. She wasn’t really confident on the Internet, so that is on hold at the moment.”**

**HF worker**

**“ I don’t even answer the phone if it’s a video call from my parents, let alone doing a course through it and having to download some things, I didn’t know what I was doing.”**

**HF client**

# HOUSING FIRST PRINCIPLES IN PRACTICE

The Westminster VAWG Housing First service operates in adherence with the core principles of Housing First<sup>15</sup>. The Housing First model and its guiding principles have some particular benefits for women and dovetail well with some of the key tenets of gender informed support. Housing First workers also identified some areas of tension around adhering to the principles which merits further exploration.



## Principle 2: Flexible support is provided for as long as it is needed

This principle recognises that recovery takes time and varies by individual needs, characteristics and experiences. All of the women on the project had experienced some form of VAWG, and the majority were rough sleeping at the point of referral, some for long and repeated periods. The Housing First workers told us that women remained hidden and could be difficult to find, and that it often took quite a long period of time to engage women and build trust before they were housed; this principle was vital in giving them the capacity to do this crucial pre-engagement work.

“ We had the capacity to just drop everything and go out whenever someone would tell us, ‘We saw your client there,’ .....with this outreach we would basically walk in between a few areas just to see what’s happening.”

HF worker

## Principle 3: Housing and support is separated

This principle highlights how any individual’s housing is not conditional on them engaging with support. As outlined above, the VAWG Housing First service supports women who remain in relationships with abusive partners, and this does not act as a barrier to housing or support. The unconditionality principle of the model is essential: women can still be housed if they have a current perpetrator, and the Housing First workers will support around this. Housing First workers told us how important this was:

“ Although I feel I want to go in and be like, ‘Right. I’m getting in the way. I’m doing all this. Get her into a refuge. Get him arrested,’ all this. You can’t. We have found that when you take over and you take the client’s choice away from them it just drags them away.”

HF worker

However, the Housing First workers did identify one woman they felt as being at too high risk of homicide from her perpetrator to house in an independent tenancy. The HF worker told us that this situation had been exacerbated by the COVID restrictions meaning it would have been impossible to visit the woman every day (as the level of risk required) if she had been housed during that period.

“ I guess with the whole kind of thing about risk and the independent tenancies, and how we had to manage that because as much as we’ve been, like, take a risk, obviously it’s about taking positive risks and making sure people have access to it. But when you know it’s just so hard, say, like, with X, because she’s just got this most horrific perpetrator now. ”

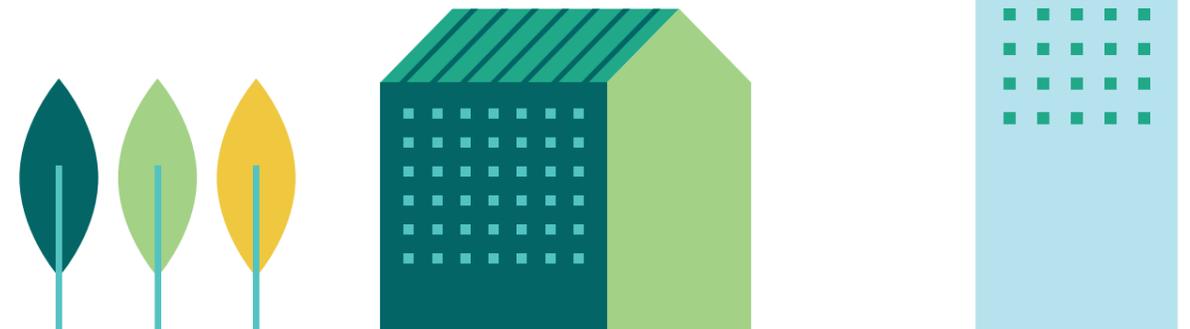
#### HF worker

The woman had abandoned supported accommodation and was sleeping rough with the perpetrator. The woman wanted to be housed with the perpetrator, so the workers enabled both survivor and perpetrator to access 24 hour staffed supported accommodation (in separate rooms) where the risk could be better managed. The woman is stabilising, she has been supported to access benefits and drug treatment, and the risk is reducing. The HF worker felt in situations like this, where the risk of homicide is so high, risk could be better managed in supported accommodation settings. The offer of support is still there for this woman, and she will be offered a property when the risk can be better managed in an independent setting.

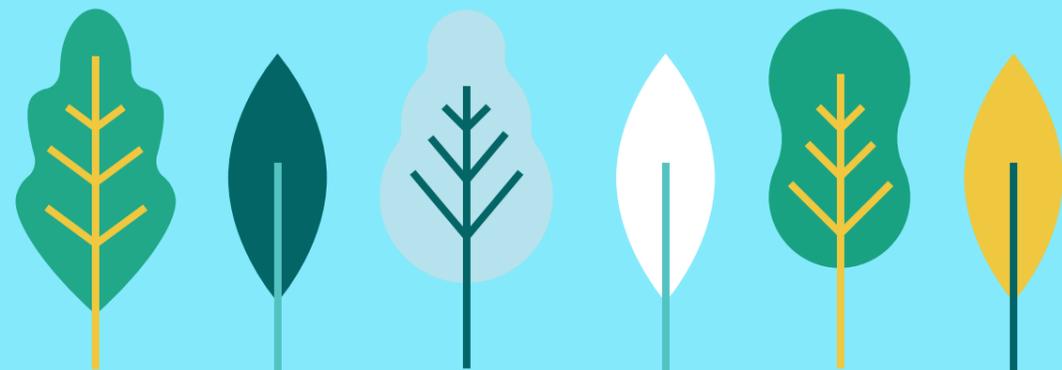
#### Principle 4: Individuals have choice and control

This principle mandates that clients should be supported through person-centred planning and are given the lead to shape the support they receive; this is also a key element of a gender informed approach to support. The VAWG Housing First service recognises that women who have been abused will have had choice and control taken away from them and works to support them to regain that. The Housing First workers have encouraged and empowered women to make their own informed decisions in every aspect, even for something as small as choosing a broadband provider.

One woman, who has a current domestic abuse perpetrator and whose case has been heard at MARAC, involves the police when incidents happen but does not follow them up, or make a statement. Housing First workers respect her choice around this and have instead supported her to have increased financial independence from the perpetrator by arranging for her to access her universal credit and PIP payments separately. The perpetrator did not have any support, which the woman was keen for, so the team engaged with the local outreach team to get the perpetrator some support and investigate housing options for him. They now do joint visits to the woman and the perpetrator with the outreach key worker, which is working well.



# BARRIER AND CHALLENGES TO DELIVERING THE WESTMINSTER VAWG HOUSING FIRST SERVICE



## SYSTEMS CHALLENGES AND BARRIERS

### Attitudes and understanding around homelessness, VAWG and multiple disadvantage

Housing First services are reliant on partnership working in order to broker support for clients across a wide range of services. The challenges of working with specific agencies are outlined in the outcomes above, but the HF workers also told us about widespread discrimination against homeless people that they encountered in their day-to-day practice:

“I just think there needs to be more input from all different services and actually space for inclusion. I think inclusion of all these people at every level, and this bad attitude towards people who are experiencing homelessness from every single agency, the discrimination has to stop.”

HF worker

The HF workers also felt that there was a lack of understanding of the needs of women experiencing VAWG and multiple disadvantage and reported how damaging negative responses from agencies could be for the women they support. HF workers felt that staff across a wide range of agencies would benefit from training and support around working in a trauma informed way, understanding that women's behaviour is the result of significant trauma they have experienced across the course of their lives and adapting their approach accordingly.

“The service has to be more, I guess, educated about our clients' needs, and be a bit more challenged, probably, on the way they would speak with our clients. Even if they cannot accept the client, they shouldn't be expressing that in a way that is like slamming a door in someone's face.”

HF worker

One of the HF workers spoke about feeling conflicted around having to encourage women to access services for their safety e.g., engaging with the police, when they know that the woman probably won't get a positive response.

“So, like, if you're having to advocate the police to actually look for a missing client and the police are saying, “Oh, it's lifestyle choices. They've chosen to take drugs and let them sleep on the street”. But then also you have to advocate for the client to say, “I think it's good you engaged the police.”

HF worker

### Community integration

Both HF workers told us that lack of community integration was a significant issue for the women on the project. They described how women could become very isolated and 'stuck' in situations with perpetrators and how they felt alienated from the 'mainstream' community; integration into the community is essential as it gives women alternatives and helps them to feel like they belong. They felt that women would benefit from extra peer support to link in with their community (alongside the HF support) and access to communal space that is nearby.

**“ Yes, I like that idea, to have a commune, a communal space, or somewhere they can access support every day because I think that’s been a barrier to our women for leaving (perpetrators) because it’s all they’ve ever known, and they feel lonely without. If we think about what women actually feel, it takes a lot of confidence for a woman to be able to manage tenancy on her own. To expect that of our women is a hell of a big ask. Obviously, we work intensely, visiting like once or twice a week, but to have a space where they can go, not a day centre, but a community centre or somewhere that’s got activities and stuff. Just to be on the doorstep, you know.”**

HF worker

**“ I think the other thing that would help, again, I’m thinking ideally, is mentoring them with people who have been in the same position, but are now integrated, so those mentors can just take them around and be, ‘You know what? You can go into a library and ask for a book. You can go into this college and sign up,’ because we can do that with them as well, but I feel like when we do, it just seems more like, ‘Oh, another caseworker project.”**

HF worker

## INTERNAL CHALLENGES AND BARRIERS

### Staff wellbeing and support

It is important to remember that the women supported by the project have high and complex needs, which means that the HF workers are often managing extremely high-risk cases. Solace Women’s Aid know that this kind of work can easily lead to burnout and ensure that staff have access to clinical supervision, which is essential in enabling staff to stay well. Staff access clinical supervision and reflective practice sessions with a psychologist twice a month.

Despite this support, interviews with HF workers and stakeholders highlighted some issues around the complexity of some of the cases, and HF worker safety and wellbeing. The HF workers told us that there had been some issues regarding women’s behaviour towards them, specifically an incident when a woman physically assaulted one of the workers whilst the other was present. They were quick to stress that women are allowed to be angry and have problems with workers, but that when incidents of this kind happen, there needs to be more space for reflection on both sides and accountability for the woman.

**“ I think there needs to be an understanding with the clients from the beginning that there is one rule, that needs to be respect. I think that’s not a lot to ask. That goes both ways, the same way we respect them, they should respect you. Respect doesn’t mean that they can’t go off on us or they can’t have problems with us, respect is about, you know, reflection and accountability.”**

HF worker

One worker described feeling like they had to take abuse from clients, and not show how they felt about it in order to maintain professionalism.

**“ So, if it gets to the point where you as a worker, you have to suppress yourself and your personality and you have to dissociate or compartmentalise to be professional and be, ‘I’m going to go in there, and forget that I’ve been humiliated and treat them as a human.”**

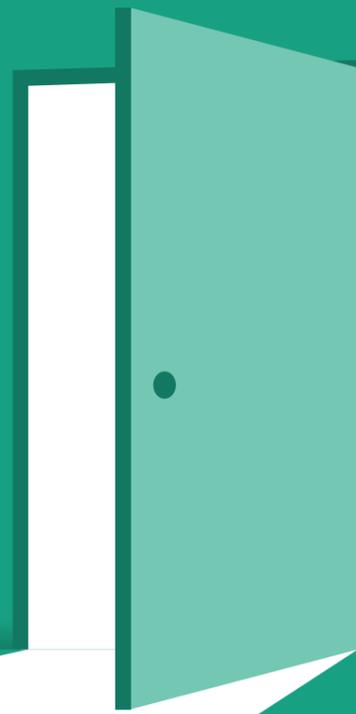
HF worker

Overall, the sense from the HF workers was that there needed to be more support for staff and better understanding and planning around managing the women’s behaviour in these situations. This was also reflected in feedback from stakeholders:

**“ They appeared to have incredibly complex caseloads and perhaps lacking support or resources to manage the level of risk some of their clients were at, without putting staff at risk of burn out.”**

Project stakeholder

# THE WOMEN TELL US ABOUT THEIR HOPES FOR THE FUTURE



Upon entry into the project, the women were asked to complete an outcomes form to draw or write about a few things that they would like to happen over the next few months.

One woman wrote:

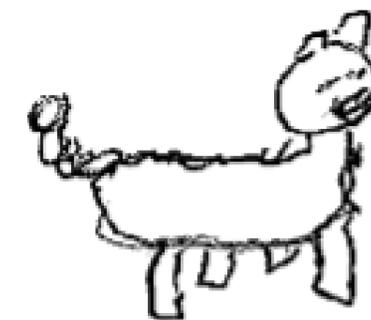
“ Don't want to associate myself (with people not good for me). See myself in some kind of job, seeing my son, listening to Nana laughing down the phone as she approaches her 93rd birthday.”

HF client

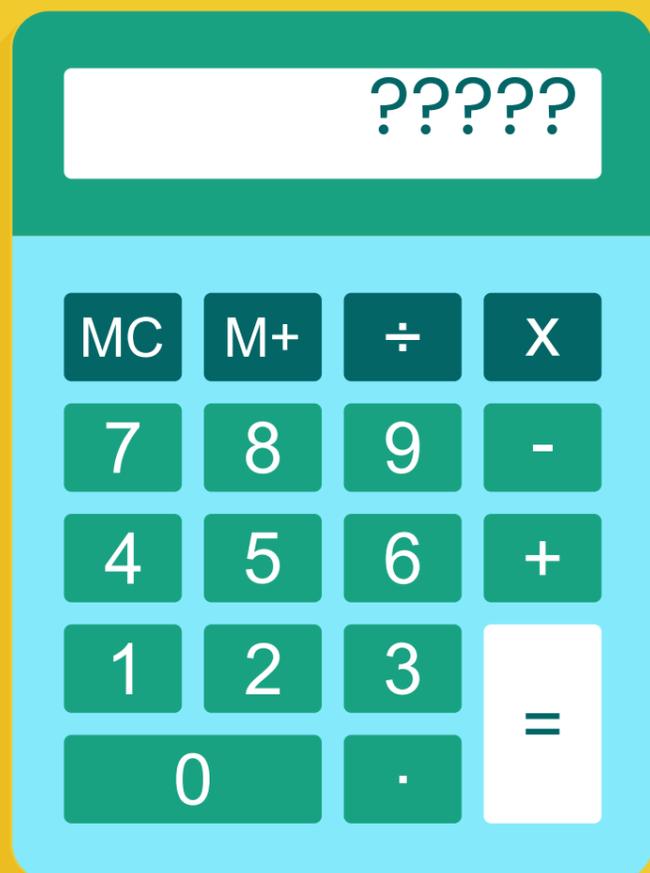
One woman wrote:



One woman was looking forward to getting a dog:



# COST BENEFIT ANALYSES: THREE CASE STUDIES



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

**The results are persuasive in showing that harmful outcomes were likely prevented for each case study with a potential total savings of £83,686.60 to the public purse. The cost benefit ratio ranged from £3.98 to £4.49 for every £1 invested.**

The Greater Manchester Cost Benefit Analysis model<sup>6</sup> provided the foundation for undertaking a CBA. Two main inputs are needed to run the New Economy model:

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

The outcomes prevented or delayed were identified based on the existing issues the women faced at the start of the intervention. The costs of delivering the Housing First intervention were taken from the cost of one HF worker post for one year, supporting 5 women at any one time; so, HF post cost divided by 5.

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

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

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

The following example shows how the cost benefit ratio for Bernie's journey was calculated:

**The cost of the VAWG HF intervention was £8,400.**

The saving identified was **£51,534**. **30%** was deducted from this figure to reflect a saving of **£36,073.80**.

$£36,073.80 / £8,400 = £4.29$

This means that **£4.29** was saved for every **£1** spent.

## Bernie's story

### Background/Crisis/Issues

Bernie (not real name) has experienced multiple disadvantage throughout her life, including having had a child removed from her care. When Housing First workers first made contact with her, she had been sleeping rough in Westminster for a year. She had ended up on the streets after fleeing domestic and sexual violence experienced when she was in supported accommodation in Lewisham, South London. Bernie was using crack and heroin heavily whilst sleeping rough and was begging to fund her habit. She had been charged with a drugs related offence and attended court – the charges were eventually dropped.

### Actions/Awards

Bernie was referred to the Westminster VAWG Housing First project in August 2019 and supported by specialist Housing First support workers from Solace Women's Aid. The workers slowly built trust with Bernie and supported her into her own independent tenancy in November 2019 provided by one of the project's housing partners, Peabody housing association. Her worker liaised with partners at Standing Together and Peabody to support her to settle in her new home.

Bernie was the first woman on the VAWG Housing First project to be housed, and with continued intensive support from her Housing First worker she has now maintained her tenancy for a year. She has been supported to engage with drug and alcohol services and is maintaining a methadone script. She has also been supported to access benefits. Bernie is in

a relationship, but her partner is non-abusive. Housing First workers have supported Bernie to reconnect with her mum and sister and she went on holiday with them last year. Housing First workers also supported Bernie to register with a GP.

### Further crises/issues prevented:

As a result of the Housing First intervention further domestic violence was prevented (CR2.0, £12,903), she is in a new relationship with a non-abusive partner. Rough sleeping was also prevented (HO6.0, £9,189) as she has now maintained her tenancy for well over a year. She has reduced her drug use and maintained a methadone script (HE2.0, £18,104) which has improved her mental health (HE13.0, £6,937). Reduced drug use may well have prevented further crime, with regards to charges around drug offences (CR8.0, £3,700) and any action that might have been taken around her begging behaviour (CR1.0, £701). The intervention ultimately enabled Bernie to break the cycle of chronic homelessness and multiple disadvantage impacting her life.

**Cost Benefit Analysis**

Intervention cost*	Cost	Unit	Main cost bearing agency
VAWG Housing First support	£8,400	Per victim/survivor (average)	Support provider
<b>Total</b>	<b>£8,400</b>		

\*The cost of Housing First intervention is worked out by the cost of one worker salary per year (42K) divided by the number of women that worker supports at any one time (5).



Further crisis/issue prevented (New Economy Unit Cost Database)	Cost	Unit	Main cost bearing agency
CR8.0 – Prevention of crime – average cost per incident of crime, across all types of crime	£3,700	Per incident	Multiple
CR1.0 – Anti-social behaviour (Begging)	£701	Per incident	Police/local authority
CR2.0 – Prevention of domestic violence. This includes costs saved to health care services, the CJS, and general housing costs associated with an incidence of domestic violence.	£12,903	Per incident	Multiple
HE2.0 – Prevention or reduction of drug misuse	£18,104	Per year	Criminal justice system / NHS
HO6.0 – Prevention of Rough sleeping	£9,189	Per year	Local Authority
HE13.0 – Prevention of cost of service – people suffering from mental health disorders	£6,937	Per year	Local Authority
<b>Total</b>	<b>£51,534</b>		
<b>Applying certainty level of 70% (deduct 30% from above)</b>	<b>£36,073.80</b>		
<b>Cost Benefit Ratio (saving for every £1 spent)</b>	<b>£4.29</b>		

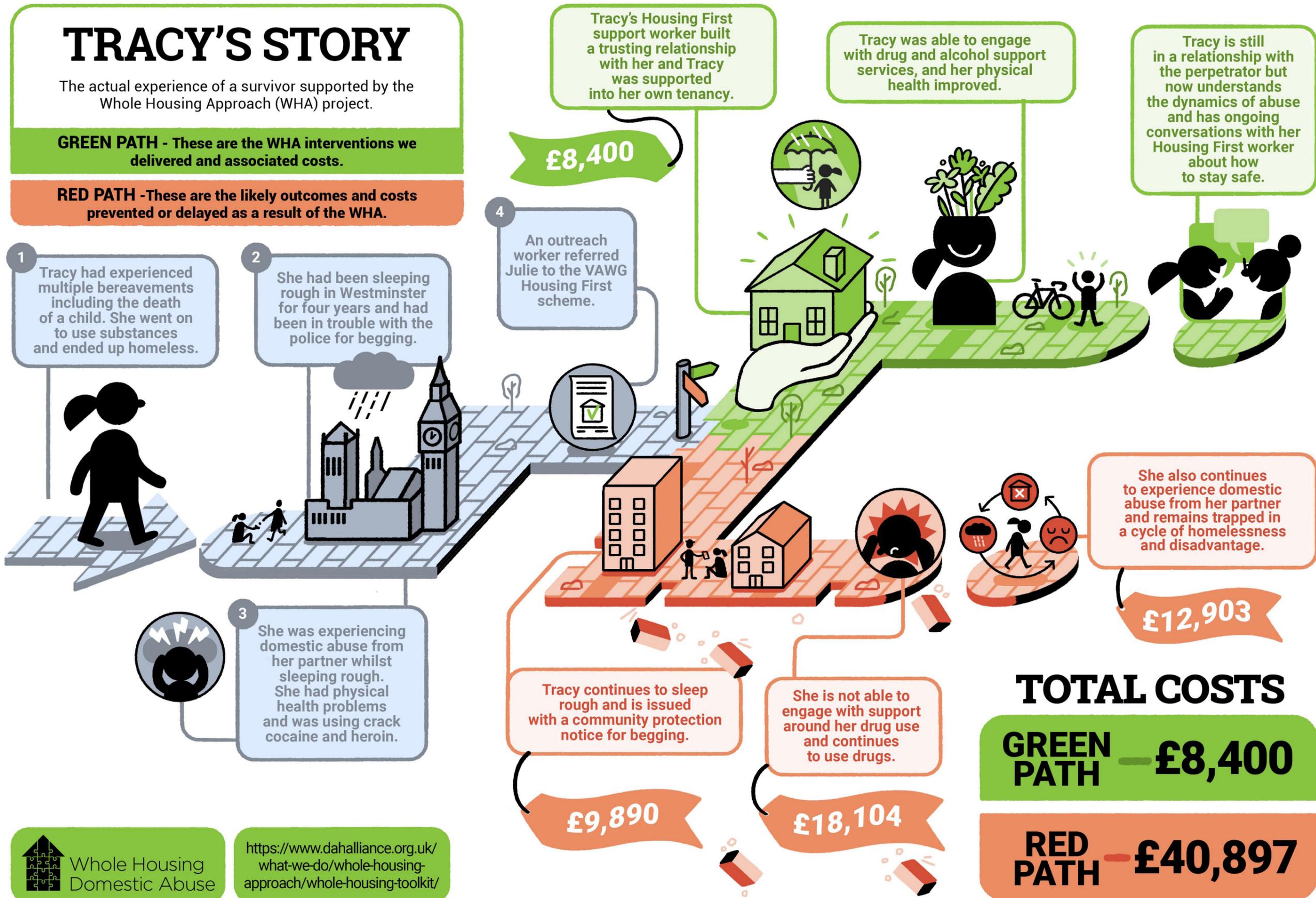
Total cost savings = £36,073.80 – £8,400 =  
**£26,673.80 applying certainty level of 70%**

# TRACY'S STORY

The actual experience of a survivor supported by the Whole Housing Approach (WHA) project.

**GREEN PATH** - These are the WHA interventions we delivered and associated costs.

**RED PATH** - These are the likely outcomes and costs prevented or delayed as a result of the WHA.



<https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/whole-housing-toolkit/>

## Tracy's story

### Background/Crisis/Issues

Tracy (not real name) has faced multiple disadvantage throughout her life. When Housing First workers made contact with her, she had been sleeping rough in Westminster for four years after being evicted from a partner's tenancy upon his death. She was on the verge of being issued with a community protection notice for begging. Tracy was experiencing domestic abuse from a partner whilst sleeping rough, suffering from an eating disorder and using crack and heroin heavily.

### Actions/Awards

Tracy was referred to the Westminster VAWG Housing First project in August 2019 by the local outreach team and supported by specialist Housing First support workers from Solace Women's Aid. The workers slowly built trust with Tracy and supported her into her own independent tenancy in February 2020 provided by one of the project's housing partners, L&Q housing association. Her worker liaised with partners at Standing Together and L&Q to support her to settle down in her new home.

Finding a safe, stable and affordable property had a massive impact on Tracey's life.

With continued intensive support from her Housing First worker, she has now maintained

her tenancy for over a year. She has been supported to engage with drug and alcohol services and has maintained a methadone script for 1 year. She is still in a relationship with the perpetrator she met whilst rough sleeping but has better awareness around the dynamics of the abuse and discusses it with her worker. Tracey goes to the GP regularly to manage her physical health issues, has put on weight, and reports feeling healthier.

### Further crises/issues prevented:

As a result of the Housing First intervention Tracy was not issued with a community protection notice for begging (CR1.0, £701) and rough sleeping was prevented (HO6.0, £9,189). She has reduced her drug use and maintained a methadone script (HE2.0, £18,104). She is managing her eating disorder better and her mental health has improved (HE13.0, £6,937). Although she remains in a relationship with the perpetrator, specialist support from the Housing First workers has built her awareness around domestic abuse and safety planning has been done with her to reduce and manage risk, helping to prevent further incidents of domestic abuse (CR2.0, £12,903). The intervention enabled Tracy to break the cycle of chronic homelessness and multiple disadvantage impacting her life.

### Cost Benefit Analysis

Intervention cost*	Cost	Unit	Main cost bearing agency
VAWG Housing First support	£8,400	Per victim/survivor (average)	Support provider
<b>Total</b>	<b>£8,400</b>		

\*The cost of Housing First intervention is worked out by the cost of one worker salary per year (42K) divided by the number of women that worker supports at any one time (5).

Further crisis/issue prevented (New Economy Unit Cost Database)	Cost	Unit	Main cost bearing agency
CR1.0 – Anti-social behaviour (Begging)	£701	Per incident	Police/local authority
CR2.0 – Prevention of domestic violence. This includes costs saved to health care services, the CJS, and general housing costs associated with an incidence of domestic violence.	£12,903	Per incident	Multiple
HE2.0 – Prevention or reduction of drug misuse	£18,104	Per year	Criminal justice system / NHS
HO6.0 – Prevention of Rough sleeping	£9,189	Per year	Local Authority
HE13.0 – Prevention of cost of service – people suffering from mental health disorders	£6,937	Per year	Local Authority
<b>Total</b>	<b>£47,834</b>		
<b>Applying certainty level of 70% (deduct 30% from above)</b>	<b>£33,483.80</b>		
<b>Cost Benefit Ratio (saving for every £1 spent)</b>	<b>£3.98</b>		

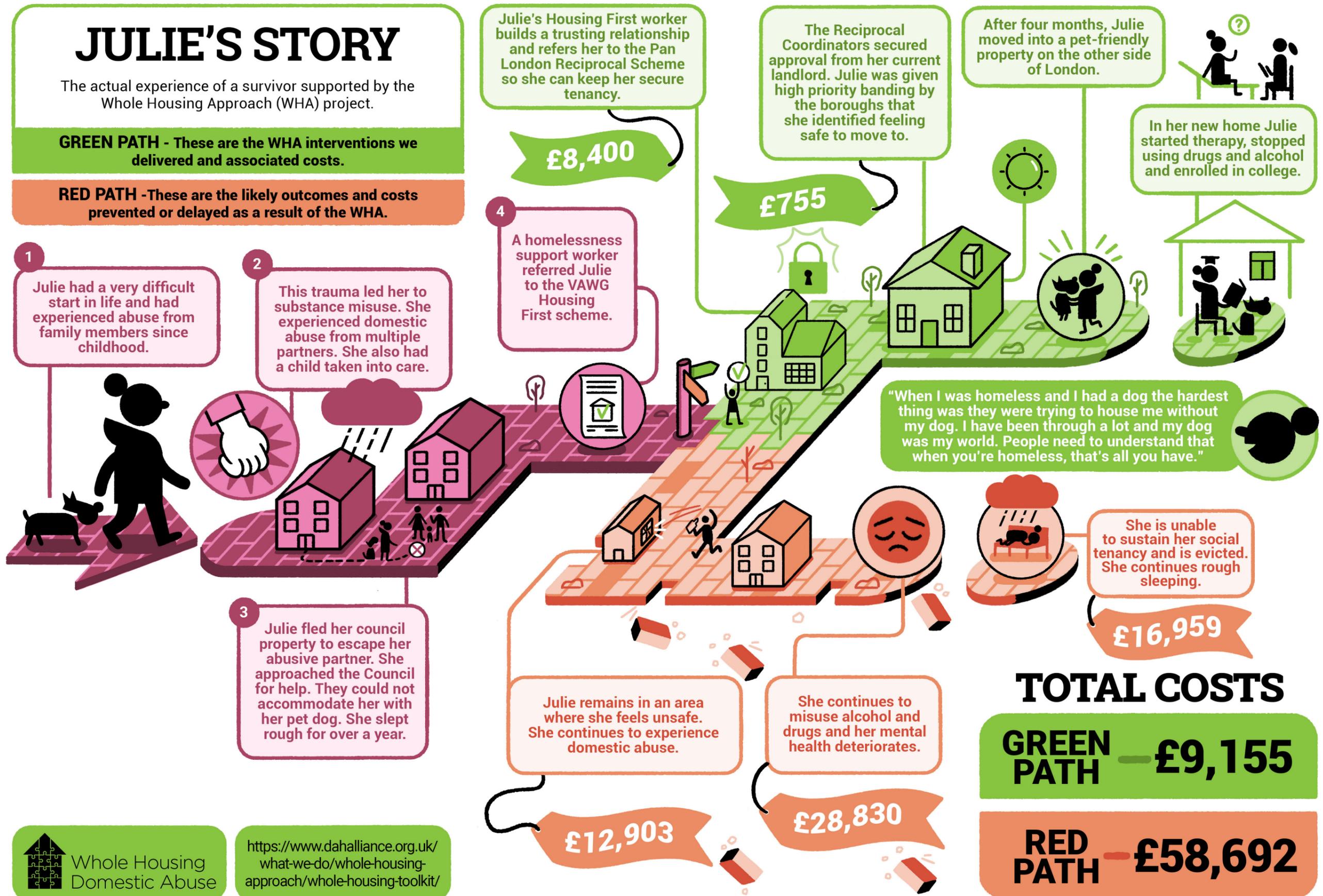
Total cost savings = £33,483.80 – £8,400 =  
**£25,083.80 applying certainty level of 70%**

# JULIE'S STORY

The actual experience of a survivor supported by the Whole Housing Approach (WHA) project.

**GREEN PATH** - These are the WHA interventions we delivered and associated costs.

**RED PATH** - These are the likely outcomes and costs prevented or delayed as a result of the WHA.



<https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/whole-housing-toolkit/>

## Julie's story

### Background/Crisis/Issues

Julie (not real name) has faced multiple disadvantage throughout her teenage and early adult life, including physical and emotional abuse from family members. She ran away from home as a teenager and a man twice her age groomed her into an abusive relationship. The trauma she experienced from these abusive relationships led her into substance misuse, and she had a child removed from her care. Other abusive partners followed. Julie had a council tenancy with a London borough, but was unable to go back living there due to the risk of domestic abuse she experienced in that area. She had a homelessness application with another borough, but the council could not find her accommodation that would accept her dog. She had been rough sleeping for almost a year.

### Actions/Awards

Julie was referred to the Westminster VAWG Housing First project. As Julie was owed housing duty, her HF worker made an application for her to the Pan-London Housing Reciprocal scheme. As a reciprocal applicant fleeing domestic abuse, Julie had high priority banding. After four

months, Julie's bid on a pet-friendly property on the other side of London was accepted. Her worker supported her to relinquish her former tenancy and to settle down in her new home.

Finding a safe, stable and affordable property had a massive impact on Julie's life. With support from her Housing First worker, she was able to focus on her healing and recovery. She started therapy, stopped using drugs and alcohol, started volunteering and registered to go to college.

### Further crises/issues prevented:

As a result of the Pan-London Housing Reciprocal scheme and support from the Westminster VAWG Housing First project, further domestic abuse incidents were prevented as Julie was able to move away from her areas of risk (CR2.0, £12,903). She started therapy and stopped using drugs and alcohol to cope with her trauma (HE1.0, £3,789, HE2.0, £18,104 and HE13.0, £6,937). She was able to sustain her right to a social tenancy, preventing eviction from her former landlord (HO1.0, £7,770) and rough sleeping (HO6.0, £9,189). The intervention enabled Julie to break the cycle of abusive relationships and multiple disadvantage impacting her life.

### Cost Benefit Analysis

WHA intervention cost*	Cost	Unit	Main cost bearing agency
Housing First support	£8,400	Per victim/survivor (average)	Domestic abuse service
VAWG reciprocal request	£755	Per request (average)	Managed reciprocal scheme coordinator
<b>Total</b>	<b>£9,155</b>		

\*The cost of Housing First intervention is worked out by the cost of one worker salary per year (42K) divided by the number of women that worker supports at any one time (5). The cost of processing a Managed Reciprocal request is based on the overall funding for the Pan-London Housing Reciprocal scheme divided by the average number of requests processed per year.

Further crisis/issue prevented (New Economy Unit Cost Database)	Cost	Unit	Main cost bearing agency
CR2.0 – Prevention of domestic violence. This includes costs saved to health care services, the CJS, and general housing costs associated with an incidence of domestic violence.	£12,903	Per incident	Multiple
HE1.0 – Prevention or reduction of alcohol misuse	£3,789	Per year	NHS / Clinical Commissioning Group
HE2.0 – Prevention or reduction of drug misuse	£18,104	Per year	Criminal justice system / NHS
HE13.0 – Prevention of cost of service – people suffering from mental health disorders	£6,937	Per year	Local Authority
HO1.0 – Prevention of eviction from local authority accommodation	£7,770	Per eviction	Local Authority
HO6.0 – Prevention of Rough sleeping	£9,189	Per year	Local Authority
<b>Total</b>	<b>£58,692</b>		
<b>Applying certainty level of 70% (deduct 30% from above)</b>	<b>£41,084</b>		
<b>Cost Benefit Ratio (saving for every £1 spent)</b>	<b>£4.49</b>		

Total cost savings = £41,084 - £9,155 =  
**£31,929 applying certainty level of 70%**

### Limitations

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

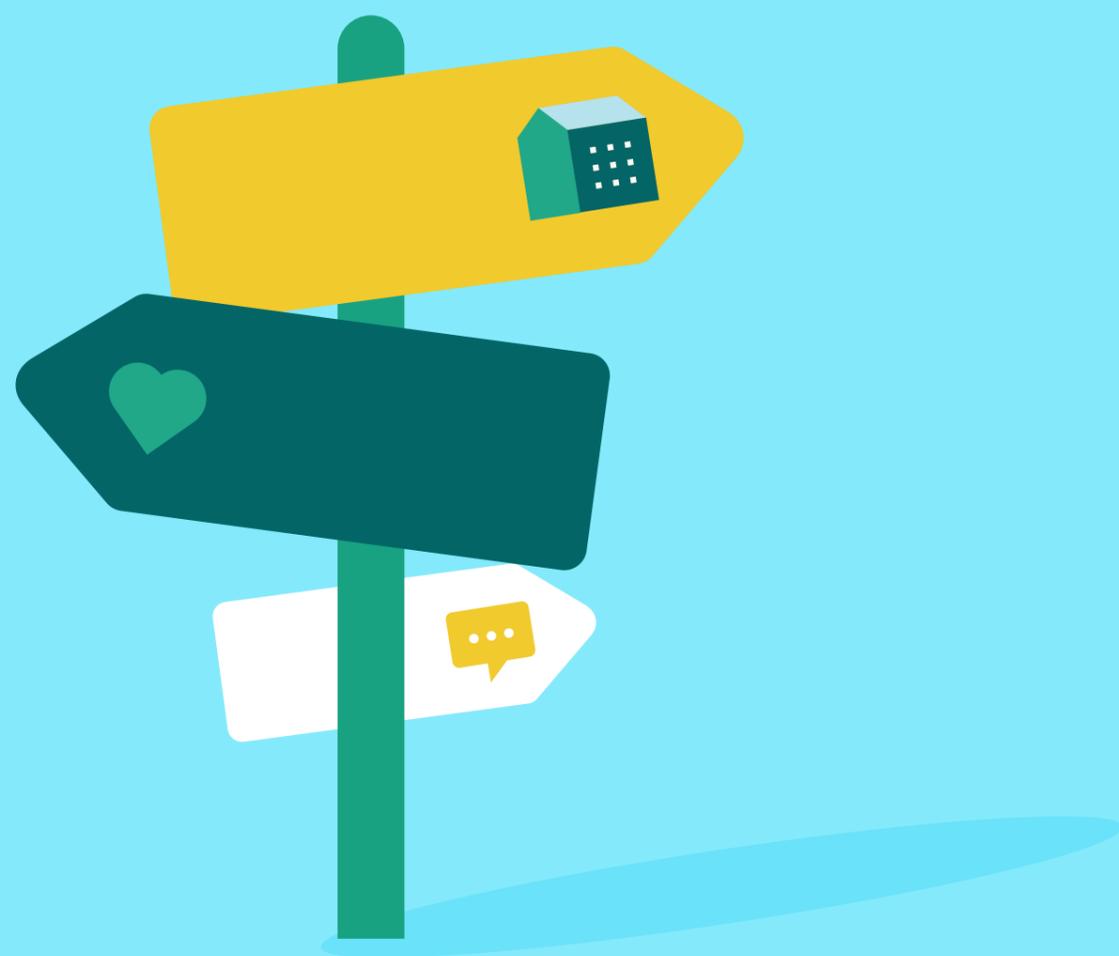
Increased knowledge around women's use of services before they started engaging with the project would also better help us understand if there had been an initial spike in spending; if a woman is rough sleeping and has very low engagement with services, costs will initially go up when she starts working with the project, as HF workers support her to apply for benefits,

access drug treatment etc, which she has not been accessing previously. However, as the evaluation of the Threshold Housing First service points out 'the available evidence shows that when someone remains living rough for protracted periods, they will, sooner or later, tend to have contact with emergency health, mental health and criminal justice services<sup>17</sup>. Equally, as homelessness persists, the costs of extricating someone from it tend to increase<sup>18</sup>.

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



# CONCLUDING REMARKS



At the one-year mark this project has supported women to achieve considerable outcomes. By implementing a trauma and gender informed approach to the delivery of support and making the most of the time and flexibility that the Housing First model provides, the project has successfully engaged, housed and supported women who have previously not engaged with other services and spent considerable periods of time sleeping rough.

All the women engaged with the project have experiences of complex trauma and at least one form of VAWG, and many have current perpetrators; the project has taken the women's lead, supporting them despite perpetrators still being on the scene and building their trust. This has resulted in women disclosing abuse, some for the first time, and involving the police when needed. These are huge and vital steps for these women and also help to refocus the dominant narrative around what good outcomes around domestic abuse look like.

Partnership working has also been an integral component of the Westminster VAWG Housing First approach. Standing Together have played a crucial role both in building relationships with our forward-thinking housing partners, and providing coordination to ensure good communication between all partners. We are incredibly grateful to our housing coalition for their continued support and willingness to flex 'business as usual' to meet the needs of the women being supported by the project. As housing is one of the key barriers for Housing First projects, partnerships of this kind are rare and incredibly valuable and a tenancy sustainment rate of 87.5% reflects this value. Our partners at Westminster council have also recognised the value of the VAWG Housing First approach and subsequently funded the project's expansion in September 2020.

The COVID pandemic and lockdown restrictions have presented considerable challenges for both the support and housing elements of the project, as well as making it more difficult to get feedback from the women about their experiences. The service has done well to maintain engagement with women throughout the pandemic, prioritising face to face contact as much as has been possible. COVID has also thrown the systemic challenges and barriers faced by this already under-served group of women into stark relief. Even before the pandemic this cohort of women both struggled to access specialist support services and were not having their needs met in 'mainstream' homelessness services. Day and night centre closures, the wind down from last year's 'Everybody In' initiative and increasing rough sleeping figures mean that services such as the Westminster VAWG Housing First project have never been more vital. At time of writing the project has expanded; three new workers are supporting another 11 women, taking the total number of women being supported by the project to 21. We look forward to sharing the outcomes and learning gathered from this next phase of the project in late 2021.

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