

HOUSING FIRST FOR WOMEN: HOW WESTMINSTER'S VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) HOUSING FIRST PROJECT HAS CONTRIBUTED TO IMPROVEMENTS IN MENTAL HEALTH FOR ITS SERVICE USERS



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Launched in 2019, the Westminster VAWG Housing First Project addresses recurring homelessness and multiple disadvantage among women in Westminster. This article outlines how the project implements mental health care for users. The project follows Housing First principles, emphasising service-user-focused approaches, and bridging gaps in statutory mental health services. Recommendations include creative referral strategies and designing mental health services with enough flexibility to engage women with multiple disadvantages.



ABOUT STANDING TOGETHER

Standing Together Against Domestic Abuse (STADA) is a national charity in England, that brings communities together to end domestic abuse. We exist to keep survivors and their families safe, hold abusers to account, and end domestic abuse by transforming the way organisations and individuals think about, prevent, and respond to domestic abuse, using the coordinated community response (CCR).

ABOUT THE WESTMINSTER VAWG HOUSING FIRST PROJECT

The project, which has been running since 2019, is a partnership between STADA; Solace Women's Aid, a specialist domestic abuse support provider in London; Westminster City Council, a London borough local authority; and various registered social landlords and housing partners with housing stock across London. This project has been funded by various UK Central Government funding streams since its inception.

The project was developed in response to local need in Westminster, where high numbers of women were experiencing recurring and entrenched homelessness and multiple disadvantage¹ were being identified. The project adheres to Housing First England's fidelity

principles² and is one of the first Housing First services in England to be delivered with a specialist women's sector - the domestic abuse support provider, Solace Women's Aid.

The Westminster VAWG Housing First Project has five key aims:³

- To support women who are experiencing VAWG and multiple disadvantage, who are currently disengaged or not engaged well with existing services.
- 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 can increase their safety and make informed choices.
- To coordinate support and navigate treatment pathways with other services to ensure women are robustly supported in areas such as housing, substance misuse, physical health care, mental health care, and criminal justice engagement.
- To support women to improve their confidence and wellbeing and provide them with opportunities for personal development.

The Westminster VAWG Housing First Project prides itself on being service-user led and survivor-focused. All the work undertaken by the Solace team focuses on the individual woman's priorities and the changes they want to see in their lives and is unconditional, in line with the Housing First principles.

1 Multiple disadvantage describes multiple and severe, social problems, such as poor mental health, addiction, criminality, interpersonal violence and homelessness, that are co-occurring, and mutually reinforcing. More information can be found here: <https://meam.org.uk/multiple-needs-and-exclusions/>

2 <https://homeless.org.uk/knowledge-hub/the-principles-of-housing-first/>

3 <https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/641c5adf3fdd7d19292975ea/1679579873842/Housing+First+Year+3+Evaluation++Designed.pdf>

WOMEN'S MENTAL HEALTH AND EXPERIENCES OF MULTIPLE DISADVANTAGE

Poor mental health is one of the primary forms of disadvantage for women experiencing severe and multiple disadvantage in England.⁴ The Westminster VAWG Housing First Project reflects this finding, with all 28 women being supported by the project at the end of year three⁵ (ending September 2022) stating they have experienced poor mental health, and with similar data being recorded in previous evaluations of the service.⁶

Women experiencing VAWG and multiple disadvantage will very often have experienced complex trauma and will continue to experience the

impacts of trauma whilst being supported by the Westminster VAWG Housing First Project. In the UK, statutory mental health services can be difficult to access for women experiencing multiple disadvantage. This is often due to strict referral criteria and a lack of service capacity to support individuals who are experiencing co-occurring issues, such as poor mental health and substance use issues (which we found was the case for 82% of our service users). It is common for mental health services in the UK to require an individual to reduce their substance use or be entirely abstinent from the use of substances before they will be considered for support⁷, as stated by a Solace Women's Aid worker from the Westminster VAWG Housing First Project:

'Women who do want help around their mental health have been told basically, go away. Deal with the addiction first and then come back.'⁸

4 <https://lankellychase.org.uk/wp-content/uploads/2020/02/Gender-Matters-full-report-Feb-2020.pdf>

5 Standing Together leads an annual evaluation of the service at the end of each project year – the last evaluation was published in March 2023 for 'year three' of the project, and we refer to the data collected from this report throughout this article.

6 Previous evaluations of the Westminster VAWG Housing First project can be found here: <https://www.standingtogether.org.uk/housing-first-1>

7 <https://meam.org.uk/wp-content/uploads/2022/06/Co-occurring-conditions-briefing-FINAL-June-2022.pdf>

8 https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/629094f2ecba007bbf0d1ac2/1653642485805/Year+2+Evaluation_Westminster_VAWG_Housing+First.pdf



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ENGAGEMENT WITH MENTAL HEALTH SERVICES

Disengagement and re-engagement with support services is common across Housing First service users. Housing First support teams are equipped to manage this and will continue to promote engagement with the individuals on their caseload. Statutory mental health services in the UK are not similarly well designed, lacking the capacity needed to continually try to engage too often called 'hard to reach' individuals, such as the women in the Westminster VAWG Housing First Project. The outcome is that case referrals will often be closed by the service very soon after referral if they have not established contact (often contact via telephone or letter) with the individual. Unfortunately, this is an issue seen throughout the UK, with mental health services often being inaccessible for so many who need it.

THE IMPACT OF THE WESTMINSTER VAWG HOUSING FIRST PROJECT

Of the 28 women experiencing mental health issues, only two of these women were accessing some form of support at the point of referral into the project. At the end of year three of the project, 21 women were recorded as actively discussing their mental health with the Solace Women's Aid team. Five women were recorded as engaging with some form of support for their mental health. This was possible with the support of the Solace team which facilitated women's access to a range of mental health services including the local Joint Homelessness Team which provides statutory mental health provision; support from GPs to arrange appointments and access medication such as antipsychotics and anti-depressants; and local homelessness specialist psychological support from the South London and Maudsley's Psychology in Hostels team.

Despite the high thresholds for statutory mental health support which make it difficult to link women with these services, it is clear that the work done by the Solace team to find alternative options and services to support women around their mental health was of some benefit to the women in the project, with some of the women stating that they felt their mental health had improved since they started working with the project:

'I feel that I belong rather than drifting along and feeling lost. Although I have a way to go, I am more hopeful than I have been in a while.'⁹

⁹ Ibid.



RECOMMENDATIONS

It is important to note here that Westminster has a well-established homelessness support pathway, which has been developed to meet local need, and similar services do not always exist across all areas of the UK for women experiencing homelessness and multiple disadvantage. We recommend:

- **Those delivering services** to women experiencing VAWG and multiple disadvantage need to take the responsibility for engagement away from the woman and think 'outside the box' when it comes to referring them for mental health support. If statutory pathways are blocked, ensure you escalate the issue to a team manager, to escalate to commissioners¹⁰. Investigate other avenues for mental health support in your local area where possible.
- **For those in strategic or commissioning roles**, always consider access to specialist homeless health services, to maximise women's mental and physical wellbeing. Are these available in your area? Could this be explored? Be prepared to escalate blockages in statutory pathways (particularly mental health pathways) to relevant contacts, to encourage solutions to be found.
- **For those commissioning and leading mental health services** – design all services with the capacity and flexibility to be creative in terms of reaching and engaging women who are experiencing multiple disadvantage and upskill the workforce to do this.

¹⁰ Commissioners in this context will typically be those who monitor the service provision, ensuring the service is performing successfully, and manage the service contract and its funding. The role may also include addressing any system barriers or blockages at a strategic level.

Remember, no woman is unsupportable – some may simply require more time and more patience to establish a trusting relationship with and require a more creative support approach than some services are able to provide. Being solution-focused and person-centred is key to ensuring women experiencing multiple disadvantage are supported appropriately and are enabled and empowered to engage in long-term support that meets their support needs.

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