



Spotlight #5: Episode 1

Podcast Transcript

Title: Housing First: a new model for supporting women experiencing multiple disadvantages and homelessness.

Key:

I= Interviewer

R= Respondent

Introduction:

Spotlights is a series of online events and publications focusing on a particular group of victim and survivors who are often hidden from services. As a part of our Spotlight on homelessness and domestic abuse, my colleague Deidre has met with Louisa Steele from Standing Together Against Domestic Violence. Louisa talks to Deidre about why considering multiple disadvantages is key to supporting women who have experienced domestic abuse and homelessness, and how the Housing First model offers a new way of supporting women and men who are chronically homeless. We hope you find this interview as enlightening as we have.

I: Okay so hi Louisa. Thank you for joining me today to talk about homelessness and domestic abuse.

R: Right, thank you.

I: Okay so obviously the spotlights about homelessness and domestic abuse, and people listening probably have very different concepts of what homelessness is and how it relates to domestic abuse. So I'm guessing there is different types of homelessness. Can you break that down a bit?

R: Yep of course I can. So homelessness I think a lot of people picture kind of a typical homeless person as generally being male, and generally being someone we would say a rough sleeper? So somebody that literally sleeps outside and doesn't have a fixed address, and somebody you know with all the bags and bedding and looking a bit dirty and dishevelled. So that is a category of homelessness rough sleeping, and those are the people you will see kind of bedded down in doorways and things like that. There's also...so people that are in hostels are also classed as homeless as well. You're still homeless if you're in a hostel and there are lots of different hostels for, kind of depending on the needs of the client so hostels with clients with quite complex needs, mainly support needs around mental health, drug and alcohol and those that are kind of, need less support and are kind of ready to live independently, or certainly

independently. There's also, and this is quite pertinent for women, hidden homeless. So this is a category of homeless people and I honestly say it's women are much more likely to stay hidden for longer that will be sofa surfing. They will be staying with friends, acquaintances. They'll be in crack house, they'll be wherever they can be to not be on the streets and those don't get counted as much because obviously they're not out there and maybe they're not accessing services either, and women are much more likely than men to stay hidden for longer because obviously for women in the streets is the absolute last resort. They will do whatever it takes to stay off them because it's more dangerous for women on the streets than it is for men. So those are the kind of main categories, and as I said, the hidden homeless is less known about it and it's kind of less counted.

I: Because they're less obvious because they don't want to be on the streets?

R: Yeah.

I: Because they're vulnerable there?

R: Yeah and maybe not accessing services as well.

I: Yeah okay so they're not being counted?

R: Exactly.

I: Yeah, and your work at Standing Together is around Housing First...

R: Yep.

I: ...and women and girls who are homeless because of violence and abuse, who are also experiencing multiple disadvantages. Is that correct?

R: That is correct yeah. Some of them maybe not homeless because of domestic violence and abuse but have definitely experienced that often at multiple points throughout their lives, and that's also not taking away from the fact that domestic violence is a major cause of homelessness for many women as well.

I: Okay.

R: Yeah.

I: So just to break that down a little bit maybe starting out with the women, what is multiple disadvantages?

R: This defines severe and multiple disadvantage as serious social problems. So those social problems could be child poverty, growing up in a really disadvantaged background, socio-economic background. They can be domestic violence, experiencing violence and abuse. It can be childhood sexual abuse and trauma and it's looking how all those adverse experiences, act in a mutually reinforcing way, and all of those things acting together change the experience of that person and change the solutions needed to deal with it. they act together to make it very difficult for you to get support, and also the way that services are structured being very single issue focused, your experience doesn't meet that because your homelessness, your domestic violence, your childhood sexual trauma, your drug addiction all create kind of...the band together to create completely experience that single issue services find it difficult to address.

I: So you're looking at women who are experiencing violence and abuse. They're experiencing homelessness, and you're looking at Housing First as a response to that? What is Housing First because I'm guessing a lot of domestic abuse practitioners might not know that concept.

R: Yes. Housing First. Becoming a bit of a buzz word and growing in popularity in the UK. It is a model of working with so they say long term...people that have been long term or chronically homeless they use in the US.

I: And what does that mean?

R: So that basically means have spent considerable...so periods of time either sleeping rough or a lot of the time in the UK especially we see have been in and out of hostels and going round and round the hostel system for ages because they are not ready to move on. The way that housing pathways for homeless people are structured in England is like a staircase. It's a very tiered approach so you have to...so you'll start off in a very high...so like maybe a high support complex needs hostel and the expectation is that you will make some improvements, make some progress and you'll be able to move onto kind of like semi-low support, semi-independent.

I: Yeah. What do they mean by progress? Do they mean maybe using less or...?

R: Yeah using like maybe getting on...starting to get on top of your addiction issues and a lot of the time it will be conditional as well. So you will have to engage with such and such treatment service or go to this group, and for people that have been homelessness for a very long time and who have little reason to trust services, this is not something that's feasible for them, and that's why they end up not being able to progress and then they just...we say, getting stuck in the revolving door of the hostel system. So Housing First is clients. Now basically what Housing First does, it actually originated in the US for patients with like quite chronic complex mental health needs, and it's now all over kind of the US, Canada, Europe and what it does is it works on the premise that if you give somebody their own home, it will provide them a platform to make other positive changes in their live once they've achieved that stability because if you ask a homeless person what they want, they're going to tell you they want somewhere to stay or a home, or a flat.

I: ...as anybody would.

R: Exactly yeah because housing is a basic human right, and that is where Housing First starts from. So if you give someone that, you will start to see them make gains in other areas. So they might you know, go to a drug treatment service and get on a script for the first time in years, register with a GP. You know, start dealing...start going to the hospital and having scans and you know, things like that. But obviously the other aspect of Housing First is these people aren't housing ready so they need intensive support to help them maintain that tenancy. So another key aspect of Housing First is that you have a Housing First worker there and the caseload for Housing First workers is quite small. So it's like five to seven recommended clients to a caseworker because the support is so intensive...

I: Is it quite holistic?

R: ...oh yeah. Yeah you do absolutely everything. You, you know, I was a Housing First worker at St Mungos for two years and I had five clients and it would be things like taking them to the doctors. What else? Mental health appointments, going to get their methadone scripts with them, going swimming, playing golf. It's really...it's a really...it's looking at the person and then it's surrounding that person with wraparound support.

I: **Yeah.**

R: And you do build you know, quite strong relationships with these clients that are based on trust, and the whole model is underpinned by a philosophy of choice and self determination. So the client leads. So yeah, and it does work very well. I think it's 70 to 80% tenancy sustainment in England, and considerable progress made with substance use issues and outcomes around health.

I: **So it makes common sense...?**

R: Yeah.

I: **...I mean how can you really deal with the other issues in your life if you've not got somewhere to sleep at night or knowing that having somewhere to sleep at night is dependent on you taking care of all these other things.**

R: Exactly yeah, there's a move in homelessness to make it more person centred and make it more around you and psychological informed environments and trauma and things like that, but there's still I think an issue around listening to what clients want and being led by the client, and Housing First really puts clients in the middle and goes from there basically yeah.

I: **I think that's a change for a lot of organisations that work with vulnerable people to not jump towards telling them what you think they need to be safe and secure but thinking about what they say.**

R: Yeah exactly, and being led by them. So that's kind of what Housing First is.

I: **Okay, and then what do you do in your role here at Standing Together?**

R: So my role is to evidence build for the need for a specialist Housing First for complex needs women in the tri- borough. So that's the main bit of my work to kind of collect data, monitor, evaluate and evidence the need. The other part of my role is kind of improving cross sector working between homelessness and domestic violence sectors because it's not...it doesn't always work so smoothly at the moment. So I'm going to be delivering training for homeless providers on working with women who've got multiple and complex needs who are experiencing domestic violence because there's a lot of...there's a lack of understanding and homelessness providers just don't ask. They don't want to ask. They're scared of it. Like they don't see it as their jobs.

I: **And I'm guessing if they have a woman coming to them about a homelessness issue, and not outwardly talking about the domestic abuse, that issue might not be identified unless they ask the question?**

R: Yeah exactly, and they've got to be asking the right questions in the right way for these women because this is the thing, and this training will be very much this is not the basic like DV dynamic says I would do for you know, housing or you know, housing options team.

I: **For a woman who's in a domestic abuse relationship and saying 'I need to leave because of domestic abuse.' This is a very different scenario yeah.**

R: Here are your options. Here is the number one station order and dah dah dah, and because these women are very, as I said because they've experienced multiple disadvantage, their experience advantages has almost changed but it has to be dealt with slightly differently. You have to ask about it differently, and I don't know, talk to them slightly differently and it takes longer as well. That's one of the good things about Housing First I think for women it's because you've got that intensive support. You can

build that relationship over time and once they trust you because these women have very little reason to trust, but once they trust you they generally do start to open up I find. So yeah, that's where all the training as well and I'm also trying to get registered social landlords on board because obviously one of the main elements of Housing First is housing. So...

I: We're going to provide you with some housing first. Where's the housing?

R: ...yeah, invisible...invisible housing, it doesn't exist in London. So yes. That's another main part of my role is trying to really sell the model to social landlords to try and get some units and some buying for things like that.

I: I'm guessing that's really hard because for them it's about profit...

R: Yes.

I: ...and not losing the value of their accommodation.

R: Exactly.

I: How do you get them to do something so generous?

R: It's...Housing First is difficult in London because of the housing issue, and back in the service I worked for at St Mungo's we used private rented accommodation and that was difficult. It's not impossible but it is very difficult and I think there are a lot of quite relevant complications to have around housing. Very vulnerable women clients in private rented accommodation because the standard in London isn't great and the tenancies are very short, and it's you know, it's the permanence they will base that Housing First needs really to work but you know, if it's all you've got, you've got to work with it.

I: you've only been in your role for a month so I'm guessing you haven't yet fully evidenced the work at Housing First. What are you hoping to find?

R: Well I'm hoping to find so if you compare a women's journey through traditional pathway options. So maybe going into a hostel or temporary accommodation, then with a women that goes through Housing First, I would hope that you would see the women in Housing First kind of stabilising a little bit more quickly, seeing some outcomes around health. Outcomes around increased kind of mental health or a sense of wellbeing and safety, difficult thing to measure but things like that really compared to somebody who did go through the existing pathway. I think yeah, for women success in Housing First looks different to success or progress in other...maybe other areas because these are people with quite serious problems and they're not necessarily going to be getting back into work and re-entering as you know, outstanding, normal 'members of society.'

I: It has to be relative to them doesn't it?

R: Exactly.

I: Yeah.

R: And it can be the tiniest little thing.

I: Yeah.

R: And especially around domestic violence I think in my experience of it, progress and good outcomes look like women telling me. Women talking about it every time we meet up. Telling me when things happen, being able to safety plan with them, so obviously a lot of the time these women aren't leaving the abusive relationship because for a lot of them, the perpetrator is like the kind of protection and kind of like their best option sadly in many ways. So about safety planning with them and it's very slow chipping away a piece of work. Chipping away is not the right phrase...on building confidence and resilience because that's what's really key. It's building up women who don't feel normal and whose self esteem and confidence is like...was taken away a long, long, long time ago. So it's a long term slow piece of work with you know, small outcomes but big outcomes for the clients.

I: **Yeah.**

R: So yeah. As I said, women talking about it, women disclosing when it happens, being able to safety plan and starting to make steps. Building confidence and resilience and starting to make steps towards thinking about a life that doesn't involve the perpetrator. That's kind of what good outcomes look like for these women I think but that's what I'm hoping to find.

I: **Yeah. What I mean, it all makes sense. Why wouldn't...I mean if somebody's trying to safeguard their own life, it's much easier to have that known perpetrator and know how to deal with it and have somewhere to live than the unknown of being homeless on the streets with who knows how many perpetrators with nowhere to hide or go.**

R: Exactly, and I think this mobile, I think the mobile advocacy, one of the key things that came over from the learning from the US is that women are survivor led advocacy. Women are their best advocates. They know the perpetrator the best and therefore they should be leading on their support.

I: **As they always should yeah.**

R: In the middle of their safety paths as they always should but yeah. For these women it's especially important because they've obviously...they've been through a lot of services that have been telling them what they should and shouldn't be doing for quite a lot of time their entire lives so yeah. So it's important that they have that choice.

I: **Yeah. I'm guessing even the terminology domestic violence doesn't work too well for them. I mean they might associate it with having a domestic home.**

R: I think it's kind of talking about talking about it to them in ways that they will understand and that they're not using and identify that they're not using jargon and things like that. So yeah. Yeah it's a different piece of work but it's an interesting one.

I: **It sounds positive.**

R: Yes.

I: **It sounds really interesting.**

R: Definitely.

I: **I'd be very interested to know what you find.**

R: Yeah. Yeah I think I'd already had some ideas on it because before I took this role I was doing some research into women's experiences of the Housing First model because at the moment there's only two Housing First projects in the UK that works only with women. One of them works with female offenders or women at risk of offending up in Manchester.

I: That's Threshold?

R: That's the one. It's great. It's really great and they've just brought out an evaluation actually which the York Centre for Social Housing Policy did, and that's really good and there's another one which I just discovered recently in Leeds which works with sex works. So Housing First for women involved in sex work.

I: Wow!

R: Yeah.

I: That sounds really good.

R: I know. It's amazing.

I: Sounds really innovative.

R: Yeah.

I: Cool. Okay well thank you for talking to me.

R: No worries.

I: It's been great.

R: Okay thank you.

Conclusion:

Thank you for listening. If you'd like to find out more about SafeLives Spotlight on domestic abuse and homelessness, go to our website SafeLives.org.uk where we will be uploading content every week from different experts from the 7th August through the 15th Sept. You can sign up for the webinar on the 22nd August at 11am by joining the SafeLives Community Platform and going to events. And we want to hear from you-we need your views, experiences and practice tips, so join the conversation on Twitter with the hashtag [#SafeAtHome](https://twitter.com/hashtag/SafeAtHome) and get involved on the SafeLives Community.