

WESTMINSTER VAWG HOUSING FIRST YEAR 6

End of Year Evaluation



WITH THANKS

TO OUR HOUSING PARTNERS



L&Q



Southern Housing Group



Guinness



Sanctuary

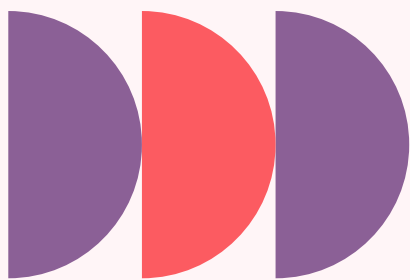


Peabody



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

In 2017 Standing Together and Westminster City Council were awarded funding from the domestic abuse team at the Department for Levelling Up, Housing and Communities (DLUHC), now the Ministry of Housing, Communities and Local Government (MHCLG), to develop a Housing First project for women with experience of homelessness, VAWG, and multiple disadvantage.



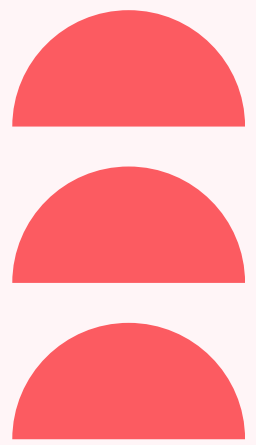
SOLACE

solace

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



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INTRODUCTION



This report will evidence the impact of the Westminster VAWG Housing First project in its sixth year (September 2024 – September 2025). It is outcome focused as it is hoped that learning around the day-to-day operations of the service, what is working, and what isn't will be of use to service providers currently delivering Housing First for women or those who aim to.

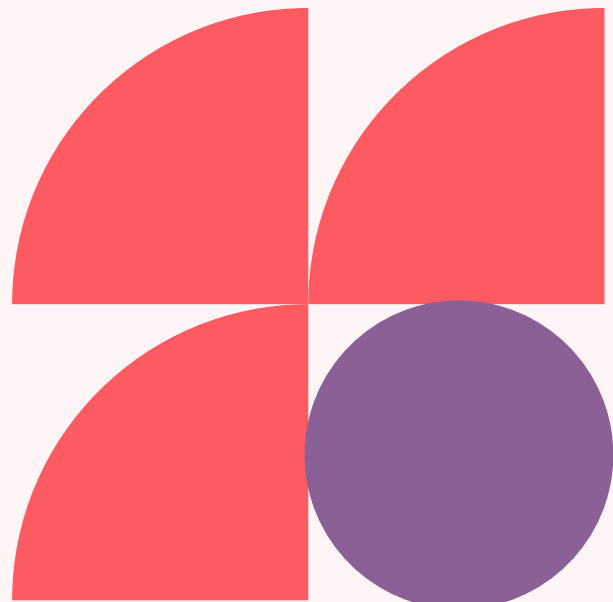
Additionally, it is hoped that this report will be of interest to those in strategic, decision-making roles, and aims to contribute to the evidence base on why a gender-responsive approach to Housing First is important if we are to end long-term homelessness for women at the sharpest end of multiple disadvantage. The report concludes with clear calls to action for service providers, local areas and national government.

Background to the Project

Housing First is an evidence-based, housing and support approach that originated in North America and is now widely adopted across the US, Canada and Europe. The Westminster VAWG Housing First aligns with the seven principles¹ of Housing First that have been created as guidelines for services in the UK.

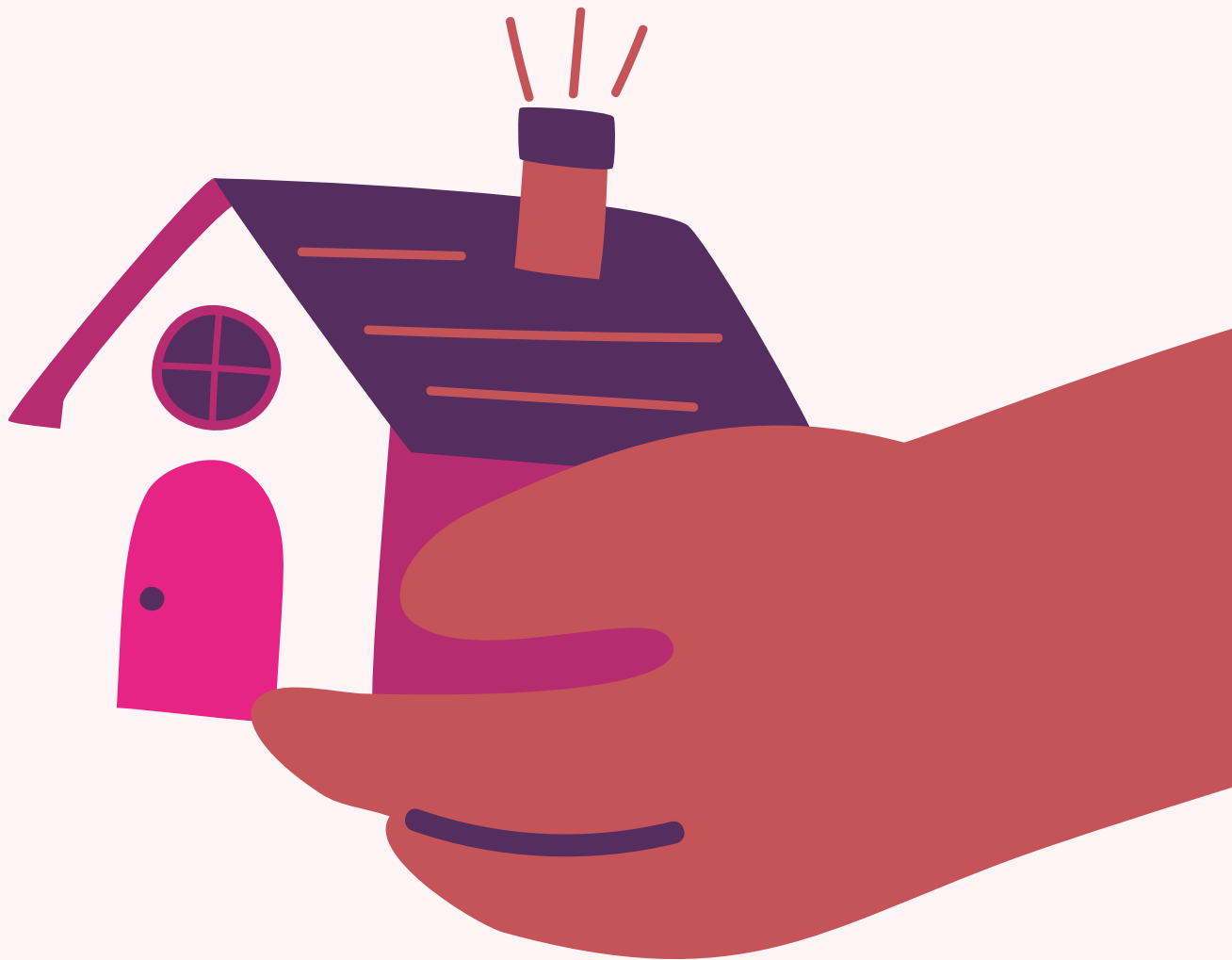
Over the last few years, a large body of research and practice has evidenced the need for tailored services for women experiencing homelessness and multiple disadvantage.

¹ <https://homeless.org.uk/knowledge-hub/the-principles-of-housing-first/>



In England the work of the women's census² has been instrumental in highlighting what has long been known by services and professionals anecdotally: that women's experiences of rough sleeping and homelessness are not being accurately captured by current rough sleeping data collection methodology.

The ramifications of this are far reaching, but ultimately means that women continue to be underserved and unsupported in a service landscape predominantly designed around the needs of men. It is this local, anecdotal understanding of women's experiences of homelessness, and how they are linked to experiences of VAWG and domestic abuse that paved the way for the Westminster VAWG Housing First project.



2 <https://www.solacewomensaid.org/womens-rough-sleeping-census/>

3 <https://www.standingtogether.org.uk/housing-first-1>

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

Westminster Council housing needs department commissioned the project back in 2018 as a pilot that supported 10 women, and today has the capacity to support up to 36. More about how the need for the project was identified and how the service was developed can be found in our previous reports³. Standing Together supported Westminster Council with the initial development of the service and have continued to coordinate its housing element, the key function of which is to provide women with safe, independent tenancies, that are separate from the support.



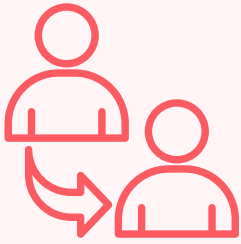
Support is provided by specialist women's provider Solace Women's Aid and is intensive, flexible and woman centred. The project accepts referrals for women who are affected by any form of Violence Against Women and Girls (VAWG), are experiencing long term or repeated homelessness, have a history of non-engagement with services and experience of multiple disadvantage.

The service uses a gender informed definition of multiple disadvantage as outlined in Lankelly Chase's report, Gender Matters⁴ which defines multiple disadvantage as the cooccurrence of homelessness, substance use, interpersonal violence and abuse and poor mental health.

³ <https://www.standingtogether.org.uk/housing-first-1>

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

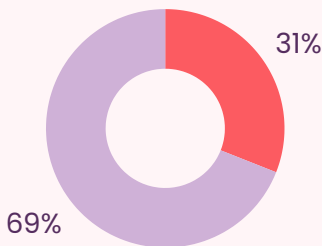
OVERVIEW



10 REFERRALS RECEIVED



36 WOMEN BEING SUPPORTED BY THE PROJECT AT THE END OF YEAR 6 (SEPTEMBER 2025)



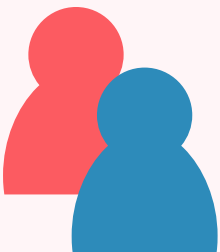
31% OF WOMEN HAVE BEEN SUPPORTED BY THE PROJECT FOR MORE THAN THREE YEARS



2 CASES CLOSED



AT THE END OF YEAR 6, 20 WOMEN WERE HOUSED IN THEIR OWN FLAT



2 WOMEN GRADUATED FROM THE PROJECT THIS YEAR

WHO DID WE SUPPORT?



Gender

40 of the people supported in year 6 identified as cisgender women

1 person identified as non-binary

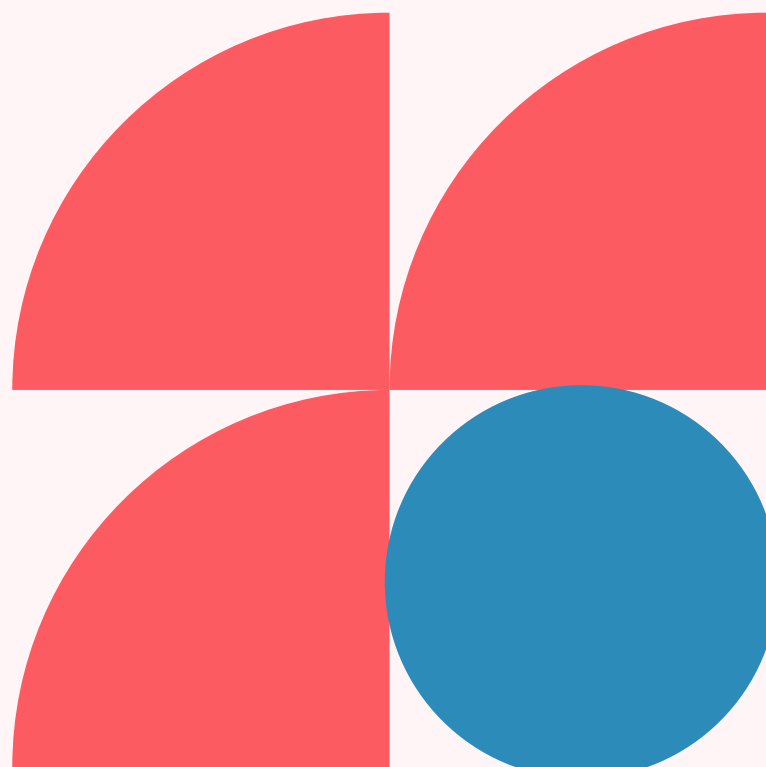
Similar to previous years, we only know the sexuality of 52% of people supported in year 6 – almost half either chose not to disclose or were not asked.

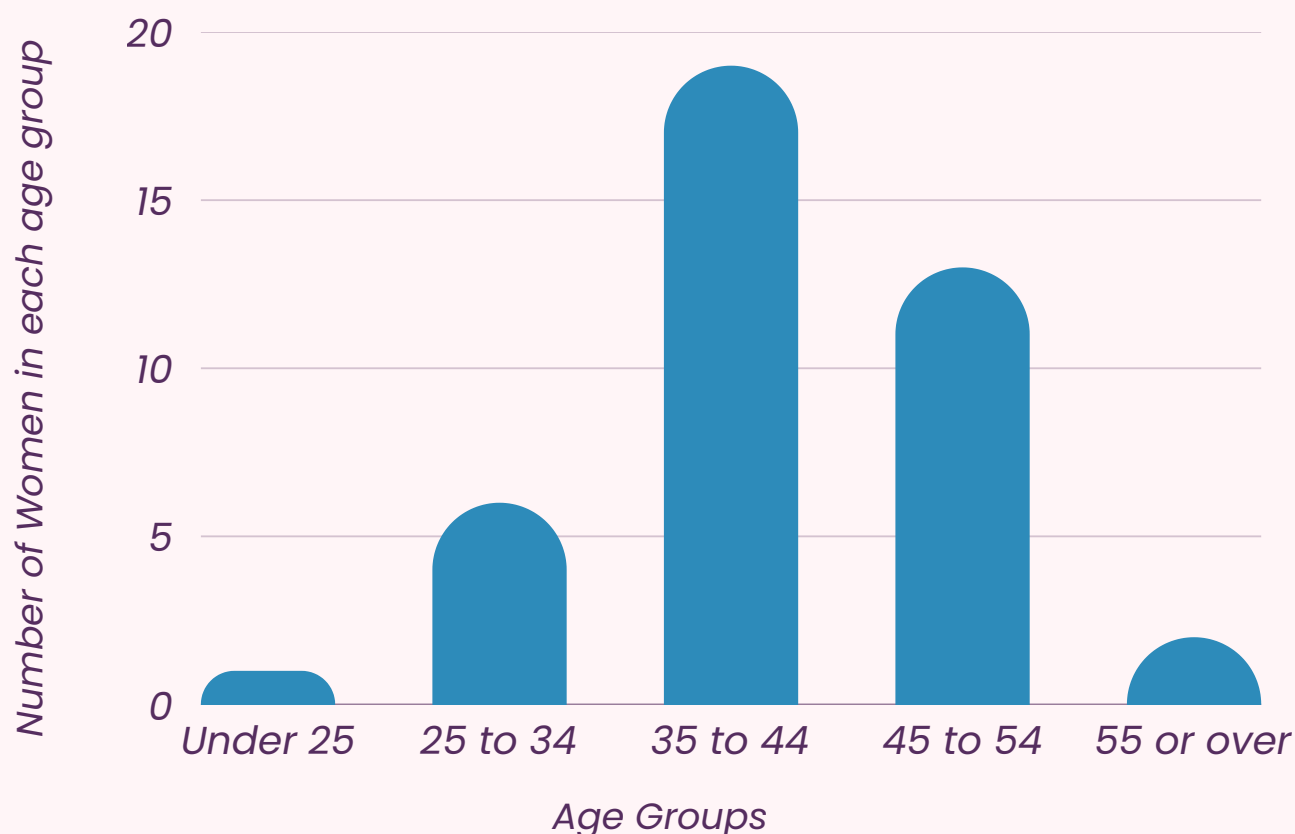
This means we don't have an accurate picture of how many identified as LGBTQ+ or how accessible the project is to people from the LGBTQ+ community.

Sexuality

20 identified as heterosexual

2 identified as bisexual



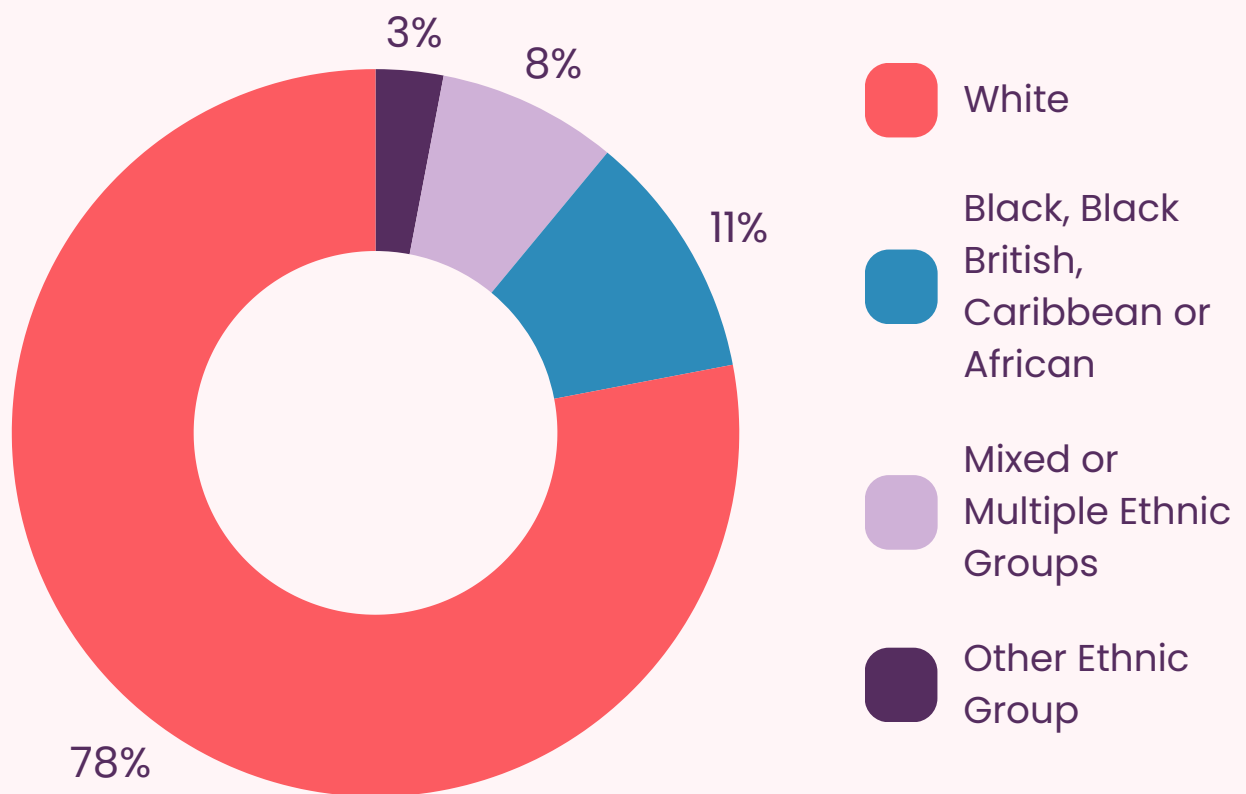


- The women were all aged between 21 and 58, with the majority (76%) concentrated in the 35 to 54 age range. This is roughly similar to the national average for Housing First services in England, where 74% of people supported are aged between 35 and 59⁵. It's important to note that the women in these older categories are likely to have been homeless for longer, been at greater risk of domestic abuse and VAWG for longer, and may have higher physical and mental health needs.
- The average age was 41, which is in line with the average in previous years of the project.
- Significantly, the average age of death for a woman experiencing homelessness in the UK is just 43⁶ – this project provides a vital lifeline for women who otherwise may not get the support they need.

5 https://housingfirsteurope.eu/wp-content/uploads/2025/07/Picture_of_Housing_First_in_England_2020_Full_Report.pdf

6 <https://www.shp.org.uk/homelessness-explained/womens-homelessness-the-stats/>

Ethnicity

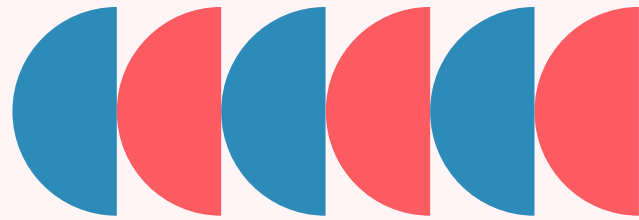


- The majority (78%) of women were white, with 72% of the total identifying as White British: an increase from 70% in year 4, suggesting less ethnic diversity on the project than last year. This is however below the national average for Housing First services in England, where 89% of people supported identify as white British.⁷
- As with previous years, Black and minoritised women continue to be underrepresented in the project. This may be because the majority of referrals come from homelessness services and supported housing providers, and although Black and minoritised women are at increased risk of homelessness, they are less likely to access generic homelessness support.⁸

⁷ https://housingfirsteurope.eu/wp-content/uploads/2025/07/Picture_of_Housing_First_in_England_2020_Full_Report.pdf

⁸ <https://www.crisis.org.uk/media/locphmpf/200924-racism-and-homelessness-full-reportv9.pdf>

Engagement

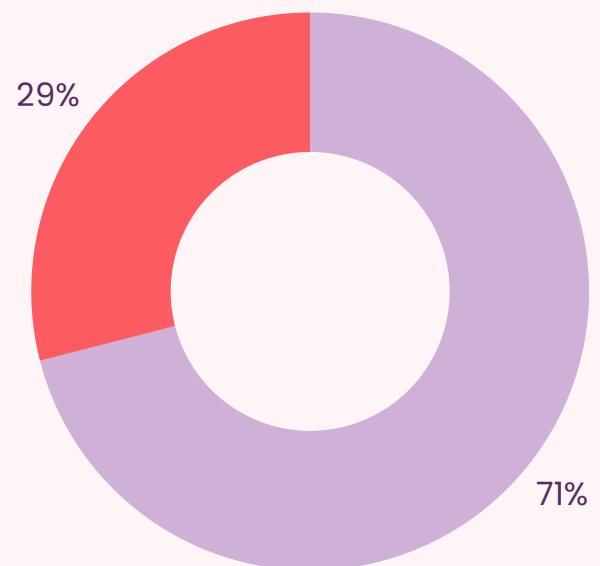


As with many Housing First services, it is normal for women's engagement to fluctuate throughout the support relationship. They may need more intensive support at certain times or may find engagement more challenging when they have a change in circumstances.

Westminster VAWG Housing First workers have a flexible, consistent, and assertive approach to engaging women from the point of referral and beyond.

IN YEAR 6:

71% OF WOMEN WERE CONSISTENTLY ENGAGING DURING AT LEAST ONE QUARTER.



THERE HAVE BEEN SOME REAL WINS THIS YEAR



Most women have **strong, trusting** relationships with their Housing First workers. Even in cases where women aren't able to engage consistently, workers reported women being open and honest with them about their needs and being able to proactively reach out for support when they need it.



Some women opened up with their Housing First workers about things they had never spoken to anyone else about before.

Through building these relationships, many women have also developed the confidence to consistently **engage with other** services with the support of their Housing First worker.

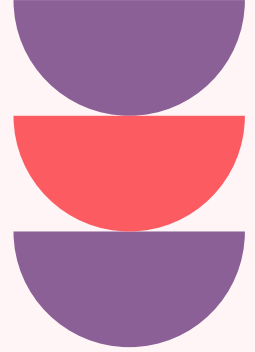


For many women, their ability to engage with support improves significantly once they are **settled in safe, comfortable accommodation.**

This is particularly the case when the perpetrator is removed from the picture.

Two women successfully graduated from the project.



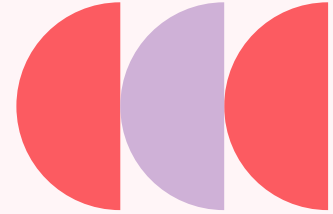


There have also been challenges.
Common barriers to engagement included:

- **Poor mental health** was one of the most common reasons women found it challenging to engage with support. This may be due to the ongoing effects of long-term mental health conditions or trauma, or where women experienced an event during the year that led to a mental health crisis or decline. When mental health deteriorates, it can be difficult to get in touch with women, and they can find it more challenging to keep to appointments.
- This can be exacerbated by **previous negative experiences with support**, where women understandably find it difficult to trust Housing First workers where they have been let down by services in the past.
- **Control from perpetrators** is something that prevented many women from engaging consistently this year. It's common for perpetrators to have control of women's phones, making safe contact for Housing First workers very difficult. In some cases, perpetrators have stopped women from meeting alone with their Housing First workers, or have prevented them from accessing accommodation. This is a particular challenge when coupled with housing instability, as women who are rough sleeping with their perpetrator can be difficult to locate as they are forced to move around frequently.
- **Substance use** is another common barrier; engagement often falls off during times of heavy drug or alcohol use. This subsequently impacts women's physical and mental health, making it even more challenging for them to engage with support.

Most women faced a combination of the above.

HOUSING



For many Housing First services across the UK, access to good quality, safe housing, and working with housing providers to support clients to maintain tenancies are among the biggest challenges faced. This year it has been particularly difficult to house women through the project's housing partnership, even with the extra support that the housing coordination element of the project provides.

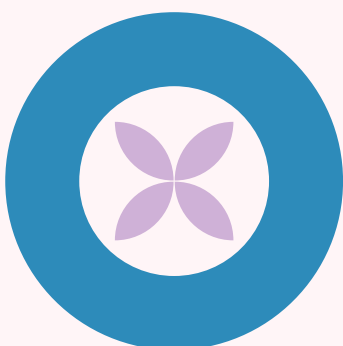
STADA have responded by consulting closely with housing providers to identify and address the barriers to offering housing to the project, analysing the reasons behind tenancy risk/failure and have put in place an enhanced housing coordination offer to support the project going forward.

In Year 6:

- **The tenancy sustainment rate for year 6 was 89% – this has been calculated by comparing the percentage of women in their Housing First flat in quarter one who were still there at the end of quarter four.**
- **Housing providers made four offers of properties.**
- **Only 3 of these resulted in women accepting offers, signing tenancies and moving into properties.**

STADA coordinated 4 'Housing Partnership' meetings, attended by Solace, commissioners at Westminster Council and

housing provider leads with oversight for the project, and met with housing provider leads individually at multiple points throughout the year to explore the barriers housing providers were facing in offering properties to the project.



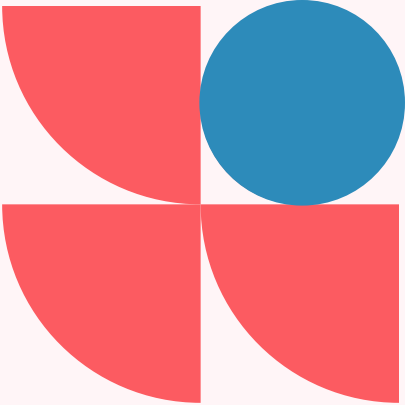
There are multiple, intermeshed factors that have contributed to the low number of offers from providers this year, including:

Nearly all of the housing providers in the partnership have undergone mergers with other housing associations in the last few years. This prompted organisational restructures that have made offering housing through 'general needs' pathways more difficult, for example:

One provider felt that their internal structures and IT systems were still not sufficiently developed for them to be able to commit to offering properties to the project. They were unable to 'flag' cases as Housing First on their systems which means that crucial information about the project, and how the approach of the housing provider needs to be different, is not shared across teams.



Another provider had moved to a 'patchless' model of neighbourhood management. This meant that women housed by them did not have a consistent Housing Officer to make the links needed between different teams across the organisation e.g. income, safeguarding etc. This provider also had no way of flagging Housing First cases on their system, so if issues arose around a woman's tenancy, such as neighbours making complaints, or rent going unpaid, the teams responding wouldn't know it was a 'Housing First' tenancy and how to respond.

- 
- Providers experienced demands for housing from other projects which have started since the partnership with this project began, resulting in more demand on units for general needs.
 - Providers were obligated to prioritise tenants needing to move for damp/mould related issues, and obligations to the housing ombudsman over providing properties for the project.
 - Properties that were available were often in hard-to-reach areas where crime is high and as a result were deemed unsuitable for this cohort due to increased risk.

- **2 women were evicted from properties, and housing providers served 7 Notices Seeking Possession (NOSP's) on women's tenancies over the course of the year. Only one NOSP was followed through to eviction, one is currently being challenged, and the rest were prevented.**

- **10 women were supported around risks to their tenancy.**



The STADA Housing First Lead coordinated and chaired 48 online multi-disciplinary team meetings (MDT's) to bring the Solace team, housing provider reps and other relevant agencies together to share information and action plan around risks to women's tenancies.



The STADA Housing First Lead accompanied Housing First advocates from Solace on 11 in person visits to women housed by the project. In person visits help the lead to better understand the risk, strengthening their ability to effectively communicate with the housing provider.

The factors leading to a woman's tenancy becoming at risk are myriad, but have included:

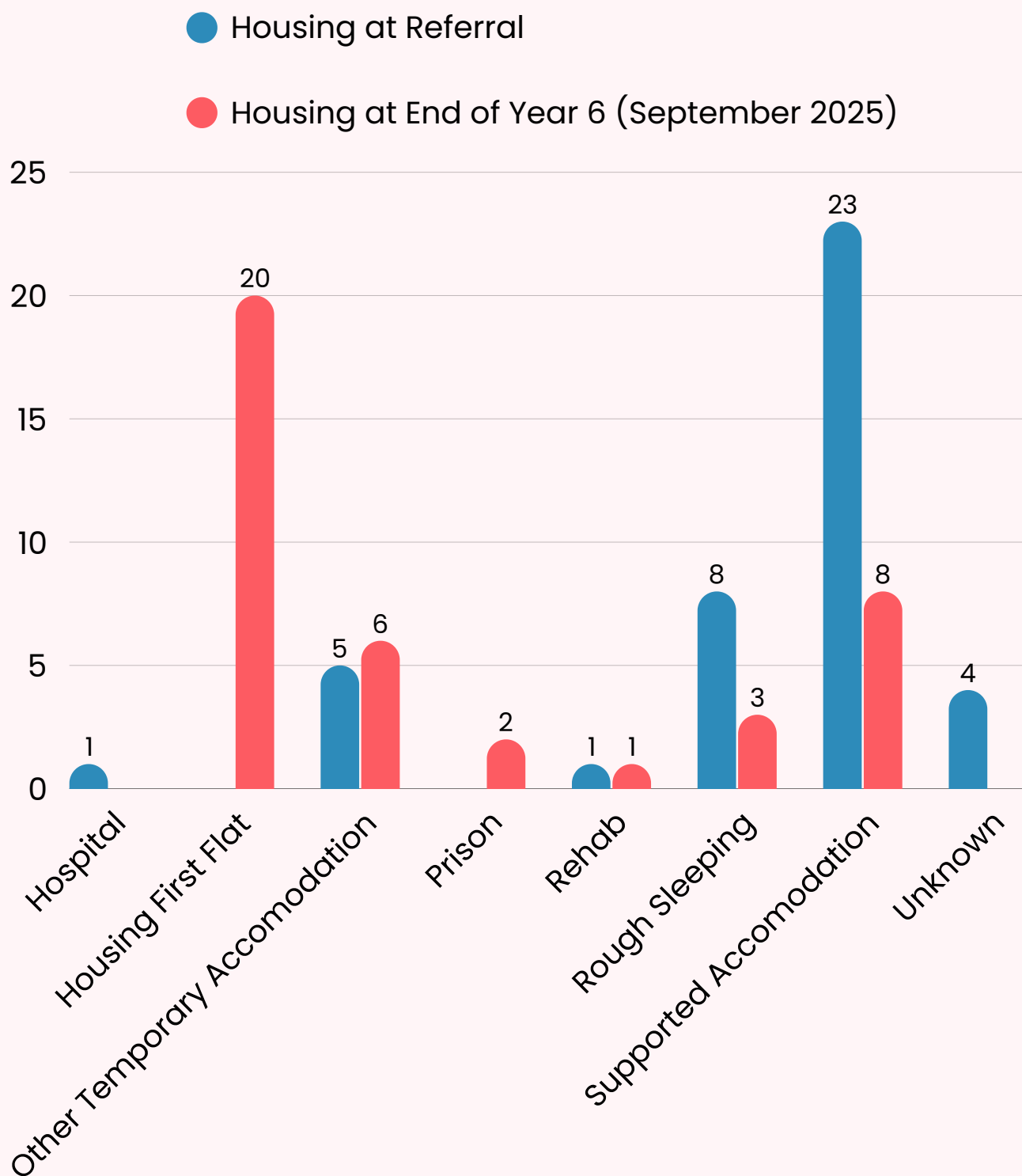
Non-payment of rent/arrears (APA's not being set up/confirmed)

Domestic abuse/VAWG/exploitation from males who have cuckooed the property – predominantly interpreted as and dealt with by housing providers as ASB.

ASB and breach of health and safety, woman with very high mental health needs.

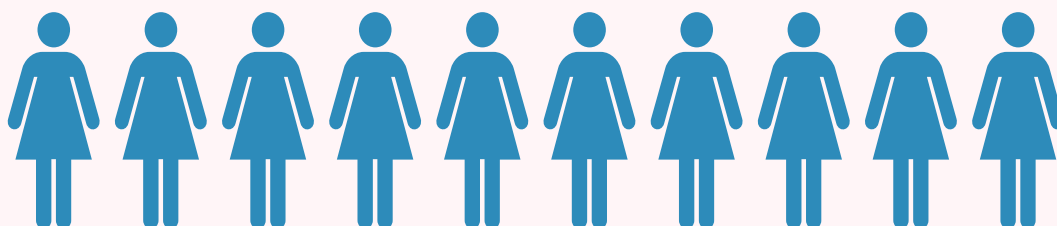
ASB, homicide risk to women from her neighbour

At the end of year 6, 20 women were housed in their 'Housing First' flats, including 3 women who moved into their flats this year.

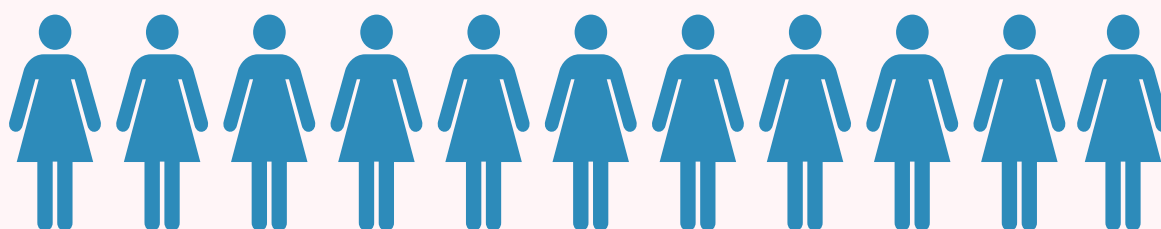


This table includes data for the total number of women support in year 6, and the total number of women housed in a Housing First tenancy throughout the 6 years of the project.

There are 16 women who are being supported in the project, yet to be housed in a Housing First tenancy.



There are challenges housing the women in the project, relating to the risk they may face living independently.



These risks are often related to DA/VAWG, and risk of harm and exploitation from others, but can also be due to risks around physical or mental health support needs, or high substance use.

CUCKOOING



Cuckooing has been a major feature of the project this year. Of the women who were living in a Housing First flat during year 6, **39% were either at risk of or experiencing cuckooing** during the year. This was being perpetrated primarily by women's abusive partners/ex-partners and was often combined with periods where women were struggling to engage with support due to increased coercive control.

For some, experiences of cuckooing also coincided with a decline in mental health and an increase in substance use. Cuckooing can also mean that a woman's flat isn't safe for workers to visit, making regular engagement more challenging and increasing their social isolation. One woman wasn't living in her flat in year 6 because she didn't feel safe there.

The Solace team supported these women by organising regular multi-agency meetings with the housing provider, STADA, and other relevant support agencies.

Unfortunately, one woman was evicted from her flat due to anti-social behaviour as a result of cuckooing.



CUCKOOING

Managing the risks relating to cuckooing with landlords has been challenging – it is often misidentified as anti-social behaviour, rather than a form of exploitation. We often see a punitive approach being taken, where tenancy enforcement action is brought against the woman, rather than landlords working with the police and other agencies to hold the perpetrator to account.



We understand that cuckooing is a difficult issue to manage under current ASB and enforcement frameworks – with cuckooing not being formally recognised as a form of exploitation. Our Housing Coordinator works tirelessly alongside the Solace team to advocate for the women, to ensure they are not unfairly penalised for the exploitation they are experiencing.

DOMESTIC ABUSE, VAWG AND SAFETY

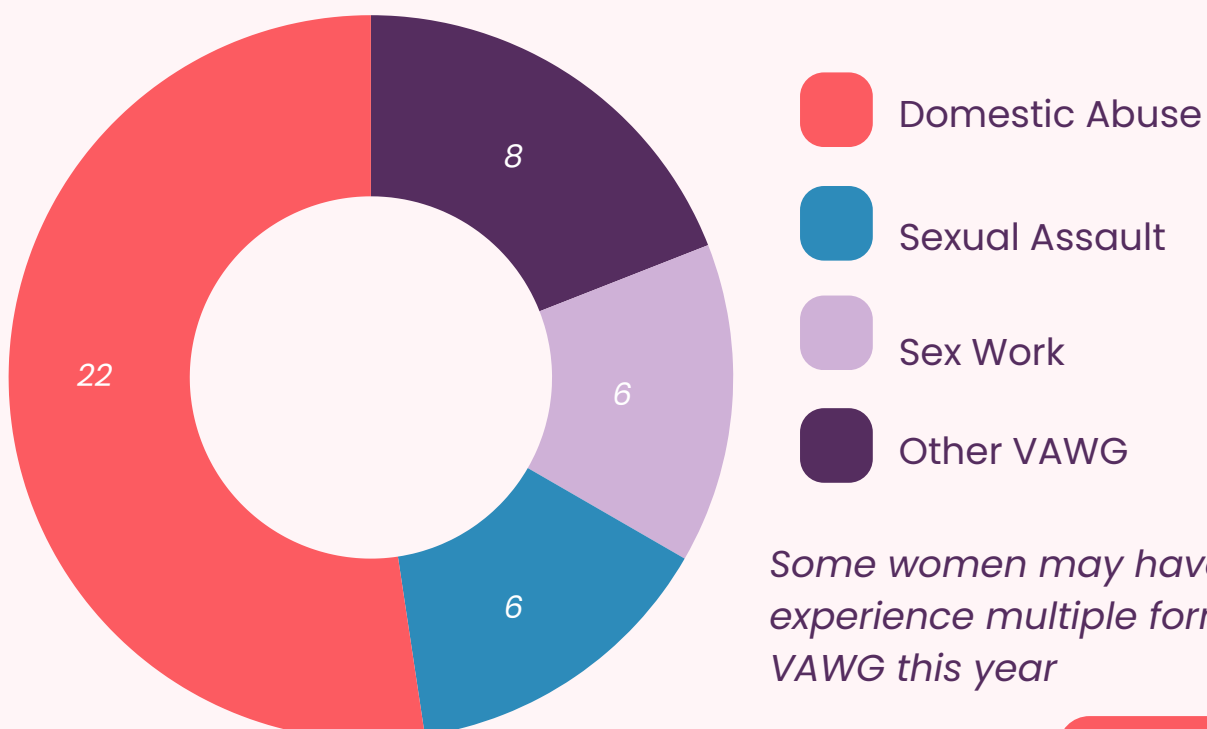
VAWG is a near-universal experience for women experiencing homelessness⁹. It is important to recognise the impact of this on a woman's ability to maintain a tenancy and engage with support, as well as the impact on their health and wellbeing.

In Year 6:

74% of women experienced at least one form of VAWG at some point across the year

100% of women supported have historic experiences of domestic abuse or VAWG

Types of VAWG Experienced in Year 6



The Solace team supported women to achieve positive outcomes:

44

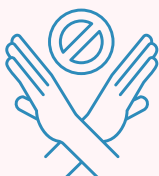
The team made 44 MARAC referrals and supported women through this process, an increase from 37 in year 5

8

For 8 women, their risk of harm from VAWG was reduced in Q4

9

9 women took steps to separate from their perpetrator, including 3 women who ended relationships with their abusers with the support of the Housing First team. Other steps taken included avoiding areas where the perpetrator lives, reducing communication, or having them removed from their property. 2 women's abusive partners died this year.



It was common this year for women to recognise when they are at risk and to **manage their own safety**. Over half of women were openly discussing their safety with their Housing First worker and proactively disclosing situations or people who made them feel unsafe. Some women have begun to **set boundaries and advocate for themselves**, and others have chosen to access bed spaces in supported accommodation rather than rough sleep with their perpetrator. Significantly, many women have been supported to understand their self-worth and to explore what they deserve in a relationship.

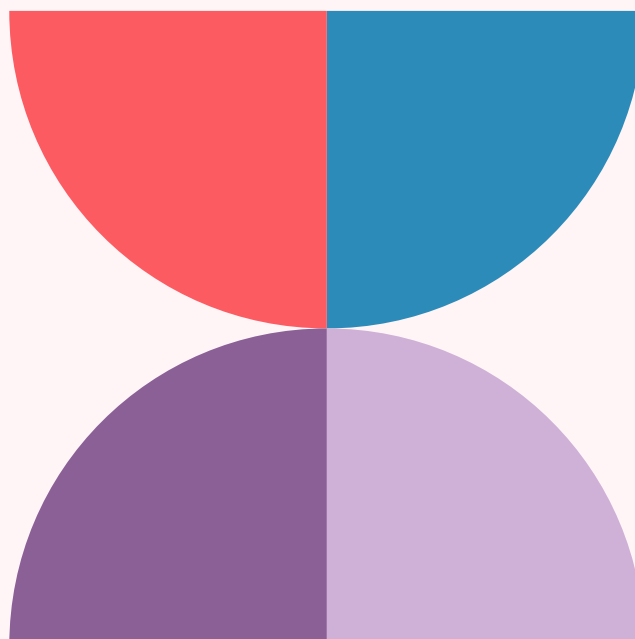


11 women were supported to create safety plans.

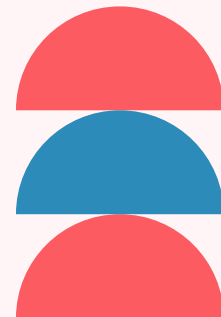


7 women engaged with criminal justice proceedings against the perpetrator. Most completed police reports or supported restraining order / community protection notice processes, and 1 woman was supported to complete a Clare's Law application.

Many women experienced post-separation abuse, where the perpetrator (usually an ex-partner) continues to harass and exploit the woman after the relationship has ended. In these cases, women were reflective and open with their Housing First worker, so they can be supported to continue to manage their safety. 1 woman passed all messages from her ex-partner to her Housing First worker so they could be reported to the police.



HEALTH AND WELLBEING



Experience of long-term homelessness is linked to high levels of need around physical and mental health, and substance and alcohol addiction. We also know that women who have faced extensive abuse in childhood and adulthood are 8 times more likely to be drug dependent and twice as likely to have an alcohol problem compared with women who have experienced little or no abuse¹⁰.

Women impacted by multiple disadvantage may also find it difficult to engage with health services¹¹, and face specific barriers to doing so. As a result, health issues become more entrenched and health deteriorates over time.

In Year 6:

38% of women had significant physical health or mobility issues, an increase from 30% in year 5

81% of women had mental health support needs, a decrease from 90% in year 5

79% of women had support needs around drugs or alcohol, a decrease from 87% in year 5

⁹ <https://www.mungos.org/wp-content/uploads/2018/10/Women-and-Rough-Sleeping-Report-2018.pdf>

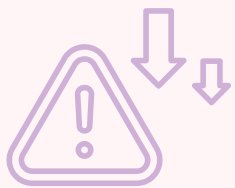
¹⁰ <https://www.agendaalliance.org/documents/123/Hidden-Hurt-Executive-Summary.pdf>

¹¹ <https://www.mungos.org/wp-content/uploads/2018/10/Women-and-Rough-Sleeping-Report-2018.pdf>

Housing First workers supported women to make steps towards improving their health and wellbeing in many different ways:

2
/ 3

Nearly two thirds of women this year were actively **discussing their health and wellbeing**, either with their Housing First worker or with another trusted professional. This has meant that Housing First workers know what services women might benefit from accessing, and are able to support them to do so.



7 women this year weren't ready to access health and wellbeing services, particularly around drug and alcohol dependency. But where these women have been open about their substance use, this has meant that their worker can take a **harm reduction approach** and support the woman to use in the safest possible way until they are ready for more support around this.



55% of women were **actively engaging with health and wellbeing support**. Many women attended GP appointments—some for the first time in a long time—and are now receiving treatment for chronic health conditions.



9 women this year have been **receiving therapy or counselling**, and have been regularly attending these appointments.

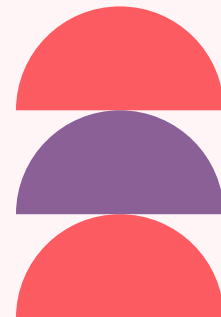


In terms of drug and alcohol use, many women have been **consistently engaging with support to help reduce their use**. 40% have maintained a methadone script or other similar treatment for at least one quarter this year. Some of these may have re-engaged after falling off, and others have maintained across multiple quarters.

26%

26% of women reported having reduced their drug or alcohol use by the end of year 6

As explained above, health and wellbeing is a very complex area for people impacted by multiple disadvantage, and this has been reflected across the project in Year 6:



The health and wellbeing of around half of women¹² this year was significantly impacted by their experiences of domestic abuse and other forms of VAWG. Many women's mental health deteriorated markedly during times of high risk domestic abuse, particularly where coercive control was present. It was also common for women's substance use to increase during these times. Some also had mental health needs linked to historic incidents of VAWG; suffering flashbacks, depression and anxiety.

Similarly, many women experienced a decline in health and wellbeing following specific events or incidents. This included threatened evictions, disputes with neighbours, and drug/alcohol relapses. Christmas was a particularly difficult time, with some women struggling significantly with their mental health during this period. Grief was a common experience this year; some women lost parents, friends or partners, others were affected by the grief of having children removed from their care.

There were complex links between the different elements of health and wellbeing impacting upon each other. For example, some women with physical health or mobility needs—particularly chronic pain—experienced poor mental health related to their physical health. Similarly, declining mental health led to increased substance use for some women, and vice versa. For some women this year, high mental health needs and substance use meant that they self-neglected, resulting in worsening physical health and challenges engaging with support.

¹² This is likely to be an undercount, as many women don't disclose experiences of VAWG

SOCIAL INTEGRATION



Social integration is a key outcome for many Housing First services. What we mean by this is how much women were able to participate in their communities, cultivate positive relationships, and take part in meaningful activities (e.g. hobbies, exercise, social events, trips out etc.). There is also an element of financial integration that can act as a basis for better social inclusion.

Put simply, social integration is about supporting women to have a better quality of life and to feel more included in their communities.

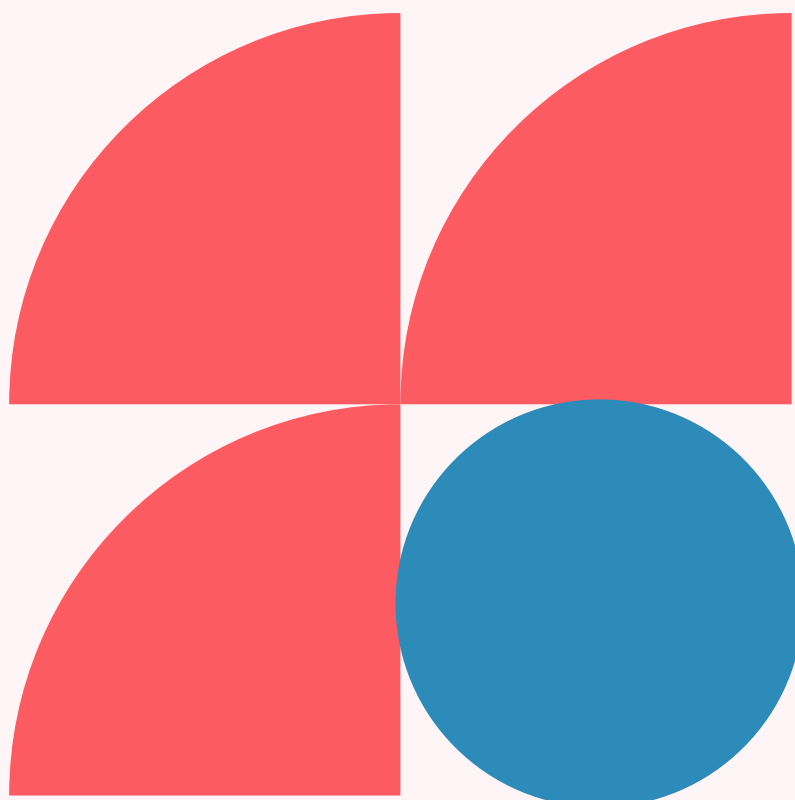
33 women were supported to apply for benefits, an increase from 28 in year 5

3 women were supported to open a bank account, a decrease from 6 in year 5

At the end of year 6

22

women were discussing future plans with their worker



The Solace team supported women to take steps towards social integration in lots of different ways:

29 women this year received **support around benefits and maximising their income**, as well as support with paying bills and debts. Housing First workers provided budgeting tips and advice to some women, helping them work towards **financial independence**. Some women were helped to access local assistance schemes, like food banks and local authority support funds, reflecting the ongoing cost of living crisis and the particular impact this is having on people experiencing multiple disadvantage.

Half of women engaged in **community or social activities**, including attending regular community groups and support groups, going on trips to parks and attractions in London, and meeting with friends or support workers for coffee. Having the opportunity to meet people with similar life experiences seemed to be valuable to some women, and has helped to reduce their social isolation. Solace organised a 'pamper day' which 6 women attended, where they were able to have their hair and nails done, and take part in craft activities. A few women went on holiday this year, with some travelling abroad to visit family.



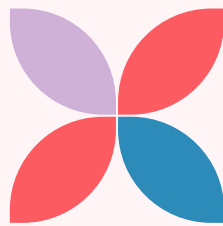
18 women were **supported to connect with their family and friends** and to begin creating **positive support networks**. For some women, this meant making new friends in their local communities, and for others, they re-connected with family members—including children—they had lost contact with. One woman was able to invite her family to visit her Housing First flat for the first time.



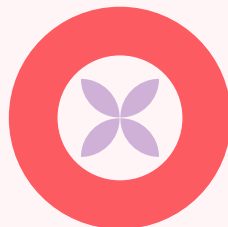
10 women were supported to take part in meaningful activities, pursuing **hobbies and interests** like gardening, crafts, sports classes, cooking, and attending the gym.



**3 WOMEN HAVE BEEN
ENGAGING IN WORK OR
EDUCATION;**



1 WAS WORKING FULL TIME,



**AND 2 ATTENDED
COLLEGE CLASSES.**

Engaging in regular activities like this has given these women a sense of purpose and structure to their lives, which has positively impacted their mental health and helped reduce their substance dependency.

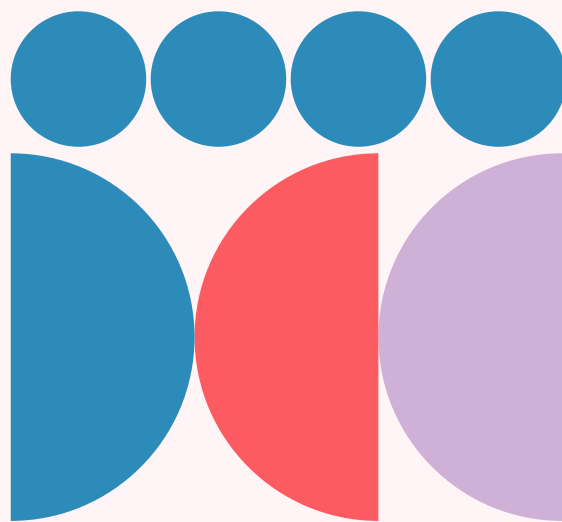
As well as these positive outcomes, women have also faced significant barriers to social and community integration:

- Around half of women in year 6 faced financial barriers or debt that prevented them from engaging in this area. It was quite common for women to have outstanding debts to their housing provider or utility providers. Even for those without debts, many were simply struggling to pay their bills or to buy food.
- Many women's financial barriers were because of coercive control and domestic abuse, or because of financial exploitation from people in their community. In some cases, women's benefits were being paid directly into someone else's bank account—often the perpetrator of domestic abuse. Financial exploitation and economic abuse have a detrimental impact on victims' wellbeing and make it extremely difficult to begin to rebuild their lives¹³.
- Some women were also being deliberately isolated from their communities and support networks by their abusers. This isolation, combined with experiences of homelessness, poor mental health and substance dependency, often leaves women estranged from friends and family and facing significant hurdles to connecting with their communities or recovering from their experiences.
- Just as there are complex links between health, wellbeing and VAWG, social and community integration is also complex for women impacted by multiple disadvantage. Just under one third of women this year struggled to engage around social integration because of their health and wellbeing. Understandably, some women were unable to take part in social activities or hobbies because of poor physical or mental health. High substance and alcohol use was also a barrier to both social and financial integration for some.
- Where women's lives lack basic safety and stability, positive outcomes around engagement with hobbies, community, education and work are much harder to achieve.

¹³ <https://survivingeconomicabuse.org/what-is-economic-abuse/>

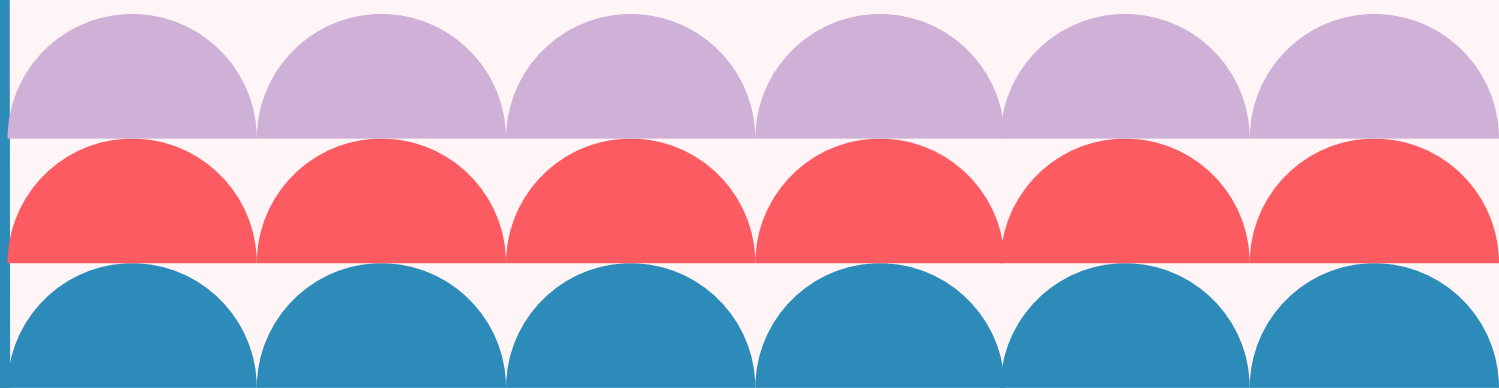
CALL TO ACTION

We know Housing First is part of a wider response to women's homelessness, but it is a crucial area to get right if we are to end homelessness, and provide adequate support for some of the most vulnerable women within our society. Sadly, little has changed since our previous calls to action last year, so many of our asks remain the same.



For Government:

1. **Support local areas to scale up Housing First across England.** We welcome the acknowledgement of Housing First in the National Plan to End Homelessness and the commitment to include Housing First in various toolkits developed throughout the lifecycle of this strategy. The government should ensure any roll out of Housing First is gender responsive and deliver safe support for women.
2. **Recognise cuckooing as a form of VAWG.** We welcome the inclusion of cuckooing as a specific criminal offence under the Crime and Policing Bill 2025 however, in order to effectively tackle the ways in which cuckooing affects vulnerable women, like those being supported by the Westminster VAWG Housing First Project, there must be recognition of how this crime intersects with women's experiences of gendered violence and abuse.



For Local Areas:

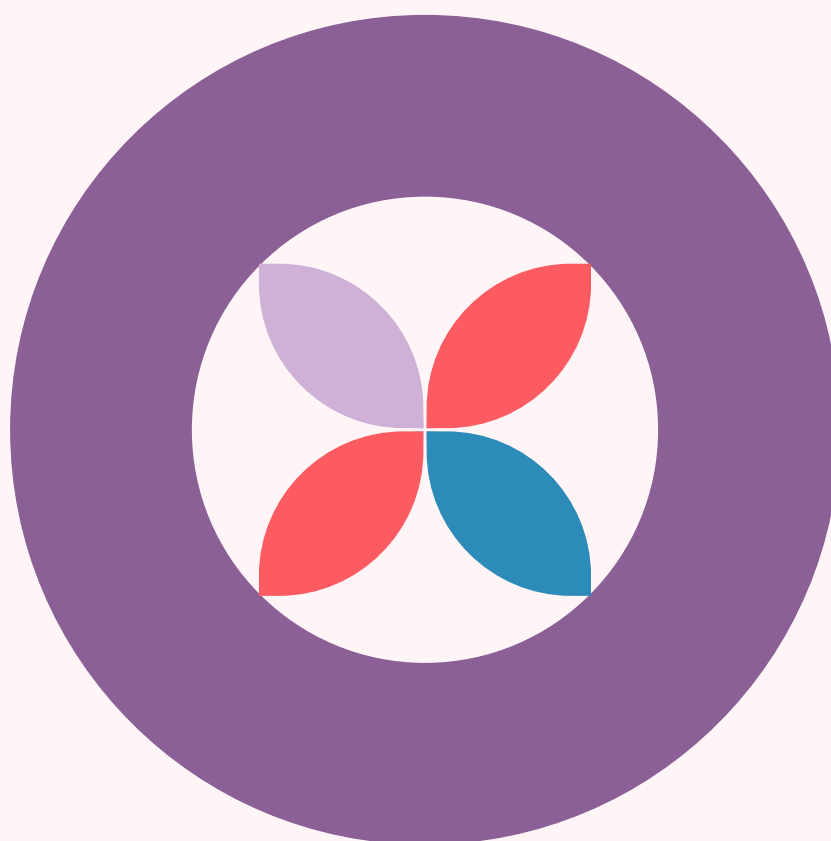
1. **Ensure there is budget for a dedicated Housing Coordination role** within the staff team, alongside support workers.
2. **All local authorities should lead and deliver an annual [Women's Rough Sleeping Census](#)** to gain a full picture of homelessness in the area and inform strategic, funding and commissioning decisions accordingly.
3. **Involve VAWG sector partners when planning and procuring Housing First** in your area. Consider commissioning a partnership VAWG and homelessness model and/or women-specific Housing First.
4. **Ensure newly commissioned or existing Housing First services are gender responsive** and deliver effective and safe support for women.

For Service Providers:

1. **Make domestic abuse and VAWG a core priority within your team.**
 - a) Ensure staff teams complete training around VAWG and domestic abuse. This should include training on working with couples (and perpetrators of abuse).
 - b) Ensure the service has procedures appropriate to responding to VAWG within the context of multiple disadvantage.
 - c) Consider integrating some of the learnings from this report into your day to day practice, including adequate VAWG risk assessments and gender-responsive tenancy advocacy.



2. **Ensure your service is gender responsive** in that it understands the specific needs and experiences of women, including VAWG, child removal, women's health and low levels of trust.
3. **Build confidence in challenging professionals** citing anti-social behaviour when incidents are masking domestic abuse.
4. **Consider the proportion of women and Black and minoritised people within your service** and build understanding of barriers and expand referral approaches if these proportions are low.
5. **Forge or strengthen relationships with local specialist services** that can support your team around DA/VAWG and delivering a gender responsive approach.



ACKNOWLEDGEMENTS



A big thank you to all of the women who shared their experiences with us and gave us feedback for this evaluation – we come to you for this every year and you are always so generous in giving your time and sharing your experience. Thank you also to the fantastic Solace team for their tireless and passionate work to engage the women who have benefited from this project.

Thank you to our housing partners for their commitment to the project, we acknowledge the challenges in terms of lack of available housing and stand side by side with you to call for the prioritization of the building of more social housing in London (and the UK).

Thank you to the Standing Together team: Elli Abernethy, Housing First and Multiple Disadvantage Lead, for her dedication, passion, tenacity and tireless advocacy to coordinate an effective community response to the women, to Jessica Edington, Lead Research and Evaluation Analyst, for supporting with the data collation and analysis for this report, and finally to Harriet Evens-Seabourne, DAHA Accreditation Coordinator, for designing the final report so that it engages the reader.

Finally, we would like to thank the MHCLG for funding this project for a sixth year, and to Westminster City Council Housing Needs department, for your support and commitment to this project.

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