

In 2017, Louisa Steele participated in the Transatlantic Practice Exchange. She visited Los Angeles to learn more about Housing First provision for women. The full set of reports can be found [here](#).

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Housing First for Women

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In May 2017, I was fortunate enough to travel to Los Angeles to explore how an innovative Women's Centre there use the Housing First model to meet the needs of the female chronically homeless population on Skid Row.

I have worked in a Housing First service in London for nearly two years. The service supports chronically homeless women and men into permanent housing with intensive, wrap-around support and, most importantly, without conditions, those awkwardly placed hoops that complex needs clients will never be able (or willing!) to jump through. Previously I worked in domestic violence services, where I noticed the lack of homeless or 'complex' women using the service, and was often at a loss as to how to support these cases the few times they did come in.

When I started at Housing First, the female clients I met gave me a better idea of why this was. In 'Hard Edges' Lankelly Chase define the term multiple disadvantage as 'a combination of homelessness, substance misuse, mental health problems, and offending behaviours, the extreme nature of which lies in their multiplicity, interlocking nature and cumulative impact' (Lankelly Chase, 2015). With their interlocking experiences of childhood trauma, violence and exploitation, poor mental and physical health, substance use, and the loss of children, the women I work with in Housing First push the limits of that definition. Therefore focusing on a single issue cannot fully address the multiplicity of their experience, and the complex trauma they have experienced.

Cuts to services and the austerity agenda in the UK have hit women hardest. As more and more women run out of options, services designed in silos – and for a largely male homeless population – cannot be expected to meet their needs. While working with my female clients I began to wonder how Housing First was different, and how the key principles of the Housing First model have impacted on them. What was working well? What were they finding difficult? And how could we do things differently to better meet their specific needs? As Housing First is much more established and widely used in the US, I was keen to find out how they have adapted the model to meet the needs of the chronically homeless female population. I had three areas of learning that I wanted to explore:

1. Domestic Violence – how do services conceptualise risk and safety, especially in the context of domestic violence? How do they try to mitigate those risks?
2. Building confidence and resilience/community integration – how are services supporting women to build confidence and resilience?
3. What type of housing might work best for women?

Homelessness in LA

Los Angeles is vast, divided up into 84 separate cities, mostly only practically navigable by car, and with a stark divide between those that have and those that don't. Of the 57,794 homeless people in LA, nearly 18,000 are women, a 16% increase from last year. For the purposes of this report I will focus on the Skid Row area as this has by far the most concentrated homeless population in LA – about 30% of an estimated 2,000 people who sleep on Skid Row's streets or shelters each night are women.

In their 2016 needs assessment the Downtown Women's Centre found that the majority of women on Skid Row are unaccompanied by children. Walking through Skid Row, it was clear to see that many of these women were experiencing multiple disadvantage in similar ways to women in the UK, where poor mental health, experiences of violence and trauma, substance use, and loss of children combine.

What is different, though, is the lack of options available to get women off the streets. I met many women sleeping in temporary beds in emergency shelters where beds are laid out in large dormitories, women must leave every morning and then queue up again at night, and little support is provided. In their 2016 needs assessment Downtown found that one third of survey respondents reported feeling unsafe in these shelters and, disturbingly, that 35% of women who sleep most frequently in shelters had experienced physical or sexual violence in the last year. Many women will switch between shelter beds and sleeping out.

Another major difference is that women on Skid Row are also more likely to be older: 48% of those surveyed by the Downtown Women's Centre were aged 51-61, therefore physical health is a major issue. Most of the women are also African-American, which serves as a crucial reminder of the long term effects of institutionalised racism, and the way it intersects with gender, poverty and disadvantage.

The above issues are compounded by a lack of affordable housing, a confusing housing voucher system, and very limited access to healthcare and welfare benefits. Shadowing a case management session, I looked over a bill for medical care sent to a 72-year-old resident in Downtown Women's Centre's on-site permanent supported housing. For her counterpart in the UK the situation would be very different, as the medical bill wouldn't exist, and she would be eligible for housing under statutory homelessness law. This situation is just one example of the many struggles faced by homeless women on Skid Row.

The Downtown Women's Centre

The Downtown Women's Centre was founded in 1978 by outreach worker, Jill Halverson, and her friend Rose Arzola. Rose was one of many women with mental illness who ended up on the streets of downtown LA in the wake of deinstitutionalisation, the state's removal of mentally ill patients from psychiatric hospitals due to facility closures.

What little service provision there was for the homeless population back then, there was certainly nothing for the ever-increasing numbers of homeless women ending up on Skid Row. The Downtown Women's centre was the first service in the area to serve women exclusively. When it

first opened in 1978, it provided hot meals, showers, clothing and a safe place for about 400 women a year. Today, nearly 200 women come through its doors on any single day!

Downtown also run a well-established Housing First service for women, with 119 on-site apartments as well as community-based rapid and permanent supported housing programmes. On-site health and wellness services and a specialist trauma centre are designed around, and cater specifically for, women's health needs, providing everything from mammograms to crisis intervention services for women experiencing domestic or sexual violence. Downtown also run a successful social enterprise, 'Made', where women make candles and other gifts that are sold in its two stores, and in other venues across LA. 'Made' is a big part of Downtown's workforce development and job training programme.

Gender Informed Services vs. services 'For' women

"A gendered point of view is essential to informing research, policies and practices that aim to end homelessness" Anne Miskey – CEO Downtown Women's Centre.

It is important to start with the key point that all of Downtown's services are not just arbitrarily 'for' women, because they are women. They are designed around a gender and trauma informed framework that recognises the importance of social context, particularly the social inequalities impacting on women's lives, and the subsequent need for integrated, holistic support. At Downtown, I attended a resident and participant advisory board meeting where a resident made the following comment, which I think encapsulates what is needed to run a truly gender informed service for women experiencing homelessness and multiple disadvantage: "There is no power and control here. It's the only place I've seen that allows freedom of choice without coercion or mandatory participation in groups and stuff. When I first got here I cried with joy when they gave me a clean pair of underwear – that is what I most needed at that time".

There are two important points to draw out from this comment. Firstly, around the importance of self-determination and choice for women who are likely to have experienced extensive abuse across their lives, the dynamics of which have often been replicated by services they have accessed in the past. Being able to choose is an invaluable tool, as well as a key tenet of the Housing First approach for women. The second important indicator of gender informed support is the fact that the resident was asked what she needed. This is a simple but immeasurably empowering question that many women will not have been asked before, and is key to building trusting relationships from the very first point of engagement.

Housing. First.

Like Exchange participants before me, I came to the US with quite a fixed idea of what the Housing First model should look like, and came home with a far broader definition than I was expecting! In LA, Housing First must respond to the diversity of homeless women's experience. Downtown have therefore adapted the Housing First model to meet the continuum of needs of the women they serve. Rapid re-housing for domestic violence survivors works on the prevention end of the scale, housing women with low needs, who are at risk of becoming homeless due to domestic violence as quickly as possible, before the associated problems of being a homeless, traumatised woman (worsening mental health, further experiences of violence, using substances to cope) begin to mount up. Permanent supported housing supports those higher up that scale, those who have chronic physical or mental health issues, have spent considerable amounts of time in shelters or sleeping rough, and that need intensive support to maintain their tenancies and achieve stability.

Although the type of housing, level of need and intensity of support differ across this expanded idea of Housing First, the 'core' principles of the model remain the same – the main points being that clients get their own tenancy, as quickly as possible, the separation of housing and support, no pre-requisites to housing, and all of this firmly underpinned by a philosophy of choice and self-determination.

Building confidence and resilience

In her research into single, street homeless women in LA, Sofia Herrera prioritises permanent supported housing as the most effective way of meeting their needs, and within this highlights the importance of 'promoting of a sense of community through fostering a sense of belonging' (Herrera, 2017). It is this sense of community that can make all the difference to a homeless woman's confidence and self esteem, and how she relates to her environment and others. We know that homeless women experience the stigma and shame of their perceived failure to live up to traditional expectations of femininity, as housewives, and mothers. This shame runs deep, and alongside it a woman's confidence and self-esteem are further eroded with every traumatic, violent experience they endure.

Downtown recognise and address this in a number of innovative ways. Downtown's on-site, permanent supported housing units really help to foster this sense of community. While every woman has her own self-contained flat, with both kitchen and bathroom, there are also a number of community spaces such as living rooms, a communal kitchen and a library, where women can come together and support each other. Groups and activities are also an important part of this; women living on site can easily access women's empowerment groups, resilience building groups, therapeutic walking groups and a number of other activities. A limitation here is on how this can be achieved for women living in scattered accommodation out in the community, which is something I would like to explore further in disseminating my learning.

Downtown also see the importance of challenging the stigma around homelessness and changing perceptions within the community at large, and how this wider change and increased understanding can have a direct, positive impact on an individual homeless woman's confidence and self-esteem. Their social enterprise and work development scheme play a major part in this, engaging women at any level of need, and enabling them to be involved as much or as little as they feel ready to. Downtown also run an advocacy programme which trains women up to tell their stories; this too serves as a powerful tool in the fight against the negative judgement and stigma that perpetuates and feeds into women's homeless identities and feelings of worthlessness.

Domestic violence

Ninety per cent of the women who took part in the 2016 Downtown Women's Needs Assessment reported that they had experienced physical or sexual violence in their lifetime, with half of all respondents reporting experiencing violence in the last 12 months. Safety is, therefore, a key consideration when using Housing First for women. To this end, Downtown are involved in an innovative piece of partnership working, the Domestic Violence and Homelessness Services Coalition, formed out of the need to bridge the gap between domestic violence and homelessness services, and address domestic violence as a major cause of homelessness. At the meeting I observed, Downtown stressed that safety can mean a very different thing to each woman, therefore the universal approach traditionally taken by providers is ineffective. They acknowledged the

tension that exists between providing too much safety, or not enough, and the issues that this can cause.

This question around self-determination and choice vs. safety is a complex one when it comes to using the Housing First approach for women. Both of Downtown's permanent supported housing sites for chronically homeless women are staffed 24 hours, with a resident manager based in the lobby. There are house rules that ban any boys over the age of 14 from the sites, and restrict women from having visitors in their flats. These rules are a response to the communal living environment, but they also act as a safety net for the most complex women experiencing violence, as the choice around who enters their flat is taken out of their hands.

When it comes to housing women in the community, that safety net isn't there. Unlike women in single site housing, they can make the choice to let, or not let, the perpetrator in. Staff attempt to mitigate this risk by ensuring that conversations are had with the woman around what makes her feel safe, and every effort is made to find the right type of housing for that specific woman's needs, in an appropriate area. Many of the staff though, felt that chronically homeless women with the highest needs were safer and had better outcomes in Downtown's on site permanent supported housing, whereas scattered accommodation in the community was more suitable for lower need women.

Trauma-informed services

When I asked staff for their thoughts around how we need to do Housing First differently to meet women's needs, they all stressed the need for trauma informed services, and for staff to work in a trauma informed way. At Downtown all of the staff, including the maintenance team and the kitchen staff, had received training on trauma informed care. It was a framework that was very much integrated throughout the entire organisation. Downtown also work in partnership with Peace Over Violence to deliver on-site crisis intervention and triage services for trauma survivors or victims of crime. Women can walk into the service when they need it, and it comes as no surprise that domestic violence is the most common presenting issue. Downtown also have mental health services on-site and a wide range of group therapies facilitated by trauma informed clinicians that aim to give clients the coping skills they need to start managing their experience of trauma.

What then, does a trauma informed approach to Housing First look like? At Downtown they recognise that when women are housed they may be at their most symptomatic. A staff member pointed out that "security can feel scarier", it all depends on how that woman views her homelessness and what makes up her homeless identity. In their 2006 report, Crisis made a similar point, that whether a woman defines herself as homeless will affect the assistance she seeks, her actions, and the way she negotiates every day life (Crisis, 2006). I would argue that this is a key point for future consideration when utilising Housing First for women. It is crucial then that Housing First workers have training in trauma, so that they can do the initial, critical work of helping women build skills around recognising and managing their symptoms of trauma, long before they would consider going into more structured therapy.

Applying Learning in England

Examples of innovative, gender informed practice are starting to spring up across the UK, and it is time for homelessness services to start thinking about how we can integrate this approach. Housing First is a relatively new concept in the UK and, as I have demonstrated in this report, looks rather different here than it does in the US. My time in the US has convinced me that there is an incredible

amount of potential to integrate gender and trauma informed principles into the Housing First model, and that this could be a highly effective way of meeting the needs of chronically homeless women in the UK.

Since returning to the UK I have started a new capacity-building role for a dedicated Housing First Service for women experiencing domestic violence. I have set up meetings with specialists in domestic violence and women's homelessness to discuss my findings and how these can be integrated into the evidence base I must build. I plan to document this experience through the blog that I started in LA, <http://louisasteele.blogspot.co.uk>. I hope this will serve as an engaging way of getting my findings across, as well as building a solid evidence base for the project.

I am also looking forward to participating in a webinar with Housing First England on women and Housing First. This will feed nicely into the steps I have already taken to start up a Women and Housing First working group for the specialist organisations running Housing First services for women in the UK, as well as other professionals and academics with experience around this topic. I have been in touch with Homeless Link about using the Housing First England platform to set this up. This group will provide a space to discuss challenges, examples of best practice, and ultimately what good outcomes should look like for women supported by Housing First.

Finally, I am participating in the development of the first toolkit on using the Housing First approach for women. I have been in touch with other Housing First services working with women across England, am excited to collaborate with them on this and further disseminate the learning I have taken from my time in the US. I believe that the toolkit will be a great opportunity to investigate existing good practice examples, challenges, and to strengthen partnership working and alliances between organisations.

Conclusion

Although the scope of Housing First is so much broader in the US, I have taken away some valuable recommendations and points for consideration:

- Firstly, that work around fostering a sense of belonging at home, as well as changing wider perceptions in the community, is key and must be done in parallel, to help build confidence and resilience in women, and ultimately aid tenancy sustainment.
- The safety/self-determination issue that comes up when women with multiple and complex needs are experiencing domestic violence, needs further investigation. We need to think more about what type of housing would suit them best, as well as around safety planning and measures that could be put in place to keep them safe.
- Access to gender and trauma informed support is key and so therefore is the location of the Housing First service. The Women's Centre model is a strong foundation for the Housing First model, with their focus on the whole woman, rather than single presenting issues.