



**Housing**  
**First**

# The Threshold Housing First Pilot for Women with an Offending History: The First Two Years

Report of the University of York Evaluation

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## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
REFERRALS TO THE SERVICE .....	3
PROFILE OF THE WOMEN USING THE SERVICE .....	3
DELIVERING THE THRESHOLD HOUSING FIRST SERVICE .....	4
SERVICE OUTCOMES .....	5
CONCLUSION .....	7
<b>ACKNOWLEDGEMENTS .....</b>	<b>9</b>
<b>DISCLAIMER.....</b>	<b>9</b>
<b>1 THRESHOLD HOUSING FIRST.....</b>	<b>10</b>
INTRODUCTION .....	10
THE HOUSING FIRST CONCEPT.....	11
THRESHOLD HOUSING FIRST .....	13
<i>Homeless Women with Complex Needs</i> .....	13
<i>Homelessness and Offending</i> .....	14
<i>The Development of Threshold Housing First</i> .....	15
<b>2 THE WOMEN USING THRESHOLD HOUSING FIRST .....</b>	<b>17</b>
INTRODUCTION .....	17
REFERRALS .....	17
<i>Perspectives on referral and assessment procedures</i> .....	18
THE WOMEN USING THRESHOLD HOUSING FIRST .....	18
<i>Characteristics</i> .....	18
<i>Housing Situation at Referral and Experience of Homelessness</i> .....	18
<i>Support Needs at Referral</i> .....	21
<i>Contact with the Criminal Justice System</i> .....	24
SUMMARY .....	25
<b>3 USING AND DELIVERING THRESHOLD HOUSING FIRST .....</b>	<b>26</b>
INTRODUCTION .....	26
USE OF THE THRESHOLD HOUSING FIRST .....	26
<i>Duration of Support</i> .....	26
<i>The Support Provided</i> .....	28
STAFF AND AGENCY VIEWS ON SERVICE DELIVERY .....	28
<i>Joint Working</i> .....	30
USING THE THRESHOLD HOUSING FIRST PROJECT: THE VIEWS OF WOMEN .....	30
<i>A comprehensive service</i> .....	30
<i>Frequent/ available service</i> .....	32
<i>A reliable service</i> .....	32
<i>A 'positive' advocate approach</i> .....	33
<i>Choice and control</i> .....	34
FIDELITY WITH THE HOUSING FIRST MODEL .....	35
SUMMARY .....	36

<b>4</b>	<b>OUTCOMES.....</b>	<b>38</b>
	INTRODUCTION.....	38
	HOUSING OUTCOMES.....	38
	<i>Housing Sustainment</i> .....	38
	<i>Other Housing Outcomes</i> .....	39
	<i>Housing Quality</i> .....	39
	<i>Securing Housing</i> .....	40
	<i>Impact and Meaning of Successful Rehousing</i> .....	41
	HEALTH AND WELLBEING.....	42
	<i>Mental Health</i> .....	42
	<i>Addiction</i> .....	44
	<i>Physical Health</i> .....	45
	SOCIAL INTEGRATION.....	45
	<i>Education, Training and Employment</i> .....	45
	<i>Crime and Anti-Social Behaviour</i> .....	46
	SOCIAL NETWORKS.....	47
	<i>Relationships with (ex-)Partners</i> .....	47
	<i>Relationships with Children</i> .....	48
	<i>Relationships with wider Family and Friends</i> .....	49
	<i>Relationships with Neighbours/ Neighbourhood</i> .....	49
	SUMMARY.....	50
<b>5</b>	<b>ESTIMATES OF COST EFFECTIVENESS .....</b>	<b>51</b>
	INTRODUCTION.....	51
	CONTRASTING THRESHOLD HOUSING FIRST AND ‘TREATMENT AS USUAL’ .....	51
	ESTIMATING THE COST EFFECTIVENESS OF THRESHOLD HOUSING FIRST.....	52
	<i>A High Cost, High Saving Scenario</i> .....	53
	<i>A Medium Cost Scenario</i> .....	55
	<i>A Scenario where Threshold Housing First may increase Short-Term Costs</i> .....	56
	POTENTIAL SAVINGS IN LOCAL AUTHORITY SPENDING.....	57
	MEASURING COSTS.....	57
	IMPACT OF PROJECT ON AGENCIES.....	58
	SUMMARY.....	58
<b>6</b>	<b>THE FUTURE FOR THRESHOLD HOUSING FIRST.....</b>	<b>59</b>
	INTRODUCTION.....	59
	THE ACHIEVEMENTS OF THRESHOLD HOUSING FIRST.....	59
	THE CASE FOR DEDICATED HOUSING FIRST SERVICES FOR WOMEN .....	59
	A STRATEGIC ROLE FOR THRESHOLD HOUSING FIRST IN THE GREATER MANCHESTER COMBINED AUTHORITY.....	61
	SUMMARY.....	64

# Executive summary

Threshold Housing First represents the first significant attempt to develop a specialist form of Housing First, targeted on homeless women who had a history of offending. Set up as a pilot service for two years in 2015, the Threshold Housing First was designed to support up to 12 women with high and complex needs, with experience of homelessness, at any one point. The service has now received a further three years funding and is being delivered in three local authority areas in Greater Manchester: Tameside, Stockport and Oldham.

Threshold commissioned the Centre for Housing Policy, University of York, to conduct an independent evaluation of Threshold Housing First's first two years. Qualitative interviews were undertaken with women using Threshold Housing First, with the workers and managers providing the service, and also partner agencies working with Threshold. Researchers also analysed data collected by the project to examine referral patterns, support needs and service outcomes.

## Referrals to the service

A total of 33 women used the Threshold Housing First between April 2015 and April 2017 (14 of these cases still open at the end of the pilot period). Criminal justice related services were the main referrers to the service (67%); other referral sources included homelessness services and other Threshold services.

Overall, referral and assessment arrangements operated well. Staff reported a strong demand for the service in all areas, and clearly could have filled additional spaces on the service had these been available. Some service users were nervous about meeting new workers but, when introduced, commented that they were approachable from the outset.

## Profile of the women using the service

The youngest woman to use Threshold Housing First was 18 at referral, the oldest was 52 (with an average age of 32). Almost all the women using the service (97%) were of White European origin, all were British citizens and all had English as their first language.

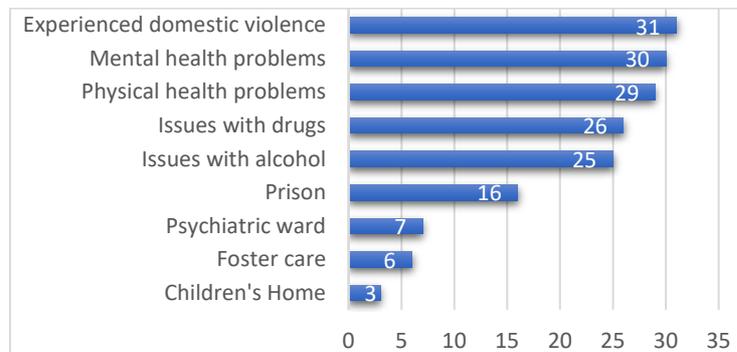
The majority of the women (79%) were parents, but none had their children living with them at the point of referral. Sometimes children were old enough to be living independently, but interviews showed that the offending profile of many of the women had been associated with children being taken into care. The women were almost all single at the point of referral (82%).

The majority (19 women, 58%) of the 33 women who used Threshold Housing First pilot service were recorded as homeless at point of referral. This included living rough, living in tents, refuges, hospital, supported housing, Bail hostel and nine women who were 'hidden homeless'. In addition, 11 women (33%) were about to leave prison with no home to go to. A small group of women were at risk of homelessness (3 women, 9%).

Women using the Threshold Housing First had experienced many adverse circumstances in their lives. Experience of domestic violence was near-universal (94%), with experience of mental health problems also being self-reported as very widespread (91%), as well as physical

health problems (91%). Drug and alcohol problems were also reported by almost all the women using Threshold Housing First. Experience of prison was also high (16 of the 33 women). Several women had experience of the care system as children and seven reported an experience of staying on a psychiatric ward or unit (Figure 1).

**Figure 1** Self-Reported Experiences of the Women using Threshold Housing First



Source: Anonymised data collected by Threshold. **Note:** data were not collected for one woman using the service.

The women who had been supported by Threshold Housing First had all had contact with the criminal justice system. Eight women (24%) had one conviction each, but for another group contact had been repeated (13 women reported more than 10 convictions each, 39%). Fourteen women had support in place from Probation services.

## Delivering the Threshold Housing First service

The Threshold Housing First service has high 'fidelity' to the core principles of Housing First as outlined in the *Housing First Guide Europe*<sup>1</sup>, developed by FEANTSA:

- Housing is a human right
- Choice and control for service users
- Separation of housing and treatment
- Recovery orientation
- Harm reduction
- Active engagement without coercion
- Person centred planning
- Flexible support for as long as is required

The pilot service provided a wide range of support, centred around housing-related help and intensive case management. Both staff and users spoke about the holistic nature of the Threshold Housing First service, led by consumer choice:

*Housing First is a wraparound service, its holistic and its tailored to that woman and it can look however she wants it to look and focus on what she wants it to focus on, they*

<sup>1</sup> <https://housingfirstguide.eu>

*can build up a really positive working relationship with the support worker... you can build up that rapport and really achieve things. (Staff member)*

*There's not one thing that I've asked for help with and they've not helped me, there is nothing that they've said no to or I can't do that, absolutely everything, they are brilliant. (Service user)*

Staff worked with 6-7 customers at one time. The high intensity of the support was one of the most valued elements of the support by everyone. There was a recognition that other services, particularly statutory providers, did not have enough time to support the women on a day-to-day basis. The service was able to offer support with, as one agency explained, 'All the bits that hold everything together really'.

Building successful, trusting relationships was at the centre of service delivery. Staff also explained how they were using motivational interviewing techniques to deliver a strength based approach to working with women.

*...positivity, by saying well done... by just being positive and giving them that confidence, that kind of thing, it makes a massive difference... (Staff member)*

*...they are always complimenting, picking out the good things... (Service user)*

The safety of service users was also central, with daily welfare checks as part of the standard delivery:

*I have phone contact every day, even at weekends – welfare checks, I love those welfare checks... because who phones at the weekend to see if you are alright? Nobody. But they do... It made me feel good that somebody is actually worried about me... it's amazing... it gives me that little boost every day, I like it. (Service user)*

Staff explained that persistence was key to effective service delivery, not giving up on people. Service users stressed the importance of the service being reliable to them:

*They told me that they would get me a property, which they have done; they told me that they would support me, which they have done; that they would get me into education – and I'm getting an apprenticeship in January... a few month ago I wouldn't have even thought about doing college... (Service user)*

Advocacy was also a central component of the services, with service users speaking about how the staff, sometime working well with other key agencies, had 'stood up for me'.

*They have both [women's centre and threshold worker] fought for my corner, when I thought there was no-one out there, who'd want to take me on, or want to fight for me, I thought I was just on my own, that I was alone, but now obviously I can say that I'm not, having these ladies around, it's just been great... there are people out there who do actually care about people like me... (Service user)*

## Service outcomes

### *Housing outcomes*

By June 2017, 18 of the 33 women using Housing First had been found tenancies by the Housing First service. Twelve tenancies were housing association properties; six were in the

private rented sector. A further two women had been referred to the service already living in tenancies (one social; one private rented sector), but where their tenancy was at risk.

Of the 20 women in tenancies, 16 women were still in tenancies (including five planned moves within this) at June 2017, representing an 80% tenancy sustainment rate. This rate of tenancy sustainment is similar to the broader evidence on Housing First in England and in other economically developed countries, where rates of between 70% to 90% are being achieved.

In addition, three of the 20 housed women had been supported by the project to move on from tenancies to live with other family members following difficulties with living independently. Only one tenancy was abandoned.

Of the remaining 13 people, three people were awaiting rehousing and there were 10 cases where the service had signed off the service user before a formal tenancy offer had been made. Reasons included: planned move to a care home; being supported by another housing service; five women disengaged; three women were returned/ recalled to custody.

Staff working in Threshold Housing First, and other agencies, all highlighted difficulties in accessing affordable and adequate housing in Greater Manchester. Delays in identifying housing was a barrier to continuing engagement in a number of cases. However, by mid-2017, the service had established relationships with four housing providers, a number of private landlords, and every landlord in one area - and finding appropriate accommodation was becoming less problematic.

Staff and users highlighted the importance of securing appropriate housing for people's ability to get on with their lives:

*The thing is, when they got their accommodation, they realise they can achieve something...they've always wanted to change things in their life, but they've not been given that opportunity, because they've all exhausted services and resources... (Staff member)*

*I'm more settled... I've been having a lot of problems going on so it's like a massive weight off of my shoulders knowing that I am staying put. (Service user)*

*I have never felt that anywhere has been home, but here, with the help they have given me, just doing things, I've got it to how I want it, I'll never move now, that will be me now.... And I feel safe. (Service user)*

#### *Impact on health and well-being*

There was no monitoring data available on changes to health and substance abuse. However, women described how the support was helping them to better manage their emotions, supporting their mental health generally, and helping them reduce their anxiety by dealing with problems immediately and providing support.

*Don't get aggressive with people, don't get violent, ring me, sound off to me' and we talk about it the next day... It's really helped, really really helped, because I am quite aggressive and I lose my temper real quick ... with them I can swear and get it all out, and then say thank you!... I'd be lost without them. (Service user)*

Threshold Housing First staff believed that there had been some definite changes in women's mental and emotional health in the main because the service could offer an intensive service

– this meant that staff could assist people quickly to decrease anxiety, stress and worry, and also spend the time needed to reassure clients and undertake health enhancing activities like going to the gym and for walks.

The project had supported many women with domestic violence situations, linking women into specialist domestic violence services and ensuring that properties were secure and they had access to personal alarms. Whilst this was not always successful first time, many service users explained that the project (often working with women’s centres) was succeeding in helping them address previous domestic abuse in their lives – having a major impact in terms of assisting them away from physically and emotionally harmful situations.

There were also examples of people establishing better relationships with other family members, however these social outcomes were more varied and most women were not yet well socially integrated into their communities. Staff identified a key need for specialist support or training for staff to assist women with potentially regaining contact with their children who had been removed from their care.

Threshold Housing First staff reported that some clients had achieved reductions in substance misuse whilst others were still struggling with substance misuse issues and not engaging very well with services. Staff continued to encourage women to engage with specialist service within the harm reduction approach of Housing First. Three of the service users interviewed said that they had given up alcohol since being with the service, when previously they were heavy drinkers. A fourth service user interviewed felt that the support of the project had enabled them to reduce their alcohol intake.

*I feel better in myself as well you know, like I’ve cut down on the beer, they have changed my life to be honest, you know, getting out of [area] and keeping out of trouble... (Service user)*

### *Offending behaviour*

Women who were in sustained contact with Threshold Housing First appeared to show a marked reduction in convictions and offending behaviour, compared to the patterns of conviction they reported prior to engaging with the service. Only four women were either returned to prison and/or committed an offence, during the period for which they were supported by Threshold Housing First.

Staff felt that the stable base and support, with a high degree of encouragement and positivity, had made a difference. Statutory agencies spoke about how the service was providing ‘protective factors’ via stable accommodation and getting people out of abusive situations, and addressing other ‘criminogenic’ risk factors related to reoffending (such as addressing financial problems).

## **Conclusion**

Threshold Housing First delivered some positive results in its first two year pilot phase. There was clear evidence that it has provided effective support that was highly valued by the women using the service and by partner agencies. There were good rates of tenancy sustainment for those rehoused, and although there had been difficulties sourcing properties, better sourcing of housing was in place at the end of the pilot.

The research indicates that there is a case for exploring variants of the Housing First model which are specifically focused on homeless women with complex needs. This does not require any change to the core principles of the original Housing First model, though some operational modifications, for example around the management of potential domestic violence, are necessary.

There is a case for Threshold Housing First to be integrated into the strategic response to homelessness across GMCA, where it has the potential to play a preventative role, deliver relief from homelessness at a crisis point and provide sustainable exits from homelessness for women with high and complex needs.

# Acknowledgements

We would like to thank all the women using Threshold Housing First for choosing to share their views and experiences with us, as without their support this research would not have been possible. Our thanks also go to the teams running and managing Threshold Housing First and everyone involved in the service who has helped us with the research. We are also grateful to those working in agencies working in partnership with Threshold who gave up their time to be interviewed for the research.

Deborah Quilgars and Nicholas Pleace

York, September 2017.

# Disclaimer

The views presented in the report are not necessarily those of Threshold or the University of York. Responsibility for any errors rests with the authors.

# 1 Threshold Housing First

## Introduction

This report presents the results of an independent evaluation of Threshold Housing First by the Centre for Housing Policy at the University of York. Threshold Housing First is an innovative service designed to provide a Housing First service for homeless women with high and complex needs, including a history of offending behaviour. This report explores the first two years of Threshold Housing First, describing the service, reporting on the experiences of the homeless women who have used the service and the outcomes that have been achieved.

The report draws on qualitative and quantitative data, collected with free and informed consent, which were fully anonymised for the purposes of the analysis presented in this report. The authors' undertook interviews directly with the women using Threshold Housing First and with the workers and managers providing the service, they also talked to the partner agencies working with Threshold. In total, 14 interviews were conducted with women using the service<sup>2</sup>, four with staff managing and providing Threshold Housing First and eight with representatives with partner agencies<sup>3</sup>. The authors also asked Threshold to collect some additional data alongside their standard administrative data. No individually identifiable data were shared by Threshold with the authors. Approval for the research design and methods was provided through the University of York's ethical review process.

This first chapter of the report provides a description of how Threshold Housing First has developed. The second chapter provides an overview of the experiences of the women who have used Threshold Housing First and the processes by which they accessed and engaged with the service. Chapter three is focused on the experience of the women using Threshold Housing First and the range of support which they were provided with. Chapter four focuses on the outcomes of the services, both utilising monitoring data and the views of the women using Threshold Housing First and staff and partner agencies. The fifth chapter looks at the relative cost effectiveness of Threshold Housing First, exploring the cost to the public finances of using Threshold compared to standard service responses for women with complex needs experiencing homelessness. The final chapter draws together the key findings and discusses the future for Threshold Housing First, including the potential for the service to help reduce sustained and recurrent homelessness across the Greater Manchester Combined Authority.

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<sup>2</sup> Eight customers were interviewed in 2016 and six customers in 2017. Two customers were interviewed in both years, so a total of 12 individual women participated in the research.

<sup>3</sup> Eight agency representative were interviewed in July 2017: 4 statutory criminal justice providers; 1 women's centre; 1 charity working with offenders; 2 housing providers (1 refuge provider; 1 mainstream housing provider)

## The Housing First Concept

During the 1980s, there appeared to be growing numbers of homeless people with high and complex needs, including severe mental illness, in the United States, Europe and the UK. Policy makers and service providers tried adapting mental health service models, used to resettle former psychiatric patients from hospital into the community, as means to create new homelessness services for this group of people.

Mental health services tended to prepare former psychiatric patients for a new life by providing support and treatment that was designed to make them able to manage a wholly, or largely, independent life. Homelessness services were designed to follow the same broad approach, providing access to support and treatment that would make someone 'housing ready' and able to live as independently as possible. In these services, housing was only provided once someone was seen as being able to live a largely or wholly independent life. As they were based on the idea of homeless people taking steps towards independent living, these services were also sometimes known as 'staircase' services.

Successes were achieved with staircase services, but the rates at which people with high needs were able to sustain an exit from homelessness were variable. Sometimes, mixed results in ending homelessness were linked to only limited resources being available to staircase services<sup>4</sup>. However, there was also evidence of homeless people becoming stuck within staircase services, unable to complete all the steps required to be offered independent housing. Homeless people could also move from one staircase service to another without ever exiting homelessness<sup>5</sup>. In some countries, staircase services had strict rules, which meant that, for example, being caught drinking or using drugs could result in instant eviction, reducing the numbers who successfully used these services. Some homeless people also left these services before the process of resettlement was completed because they found the rules governing behaviour and treatment compliance difficult to cope with<sup>6</sup>. This was less common in the UK, where services tended to have relatively more flexible and tolerant approaches<sup>7</sup>, but there was clear UK evidence of homeless people with complex needs moving from one homeless hostel to another and another, at considerable financial cost, without their homelessness being resolved<sup>8</sup>.

The original Housing First service was developed in New York by Dr Sam Tsemberis<sup>9</sup>. Housing First worked in a different way from staircase services. Rather than being made 'housing ready' before they were provided with housing, homeless people with complex needs were placed directly into their own home<sup>10</sup> and given access to floating (mobile) support. Everyone using Housing First had complex needs, but the original service offered a mix of intensive case management (ICM), where a Housing First worker provided direct support and helped arrange access to other services someone wished to access, alongside assertive

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<sup>4</sup> Rosenheck, R. (2010) 'Service Models and Mental Health Problems: Cost Effectiveness and Policy Relevance' in Ellen, I.G. and O'Flaherty, B. *How to House the Homeless* Russell Sage Foundation: New York, pp. 17-36.

<sup>5</sup> Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an international review* Edinburgh: Scottish Government.

<sup>6</sup> Sahlin, I. (2005). 'The staircase of transition: Survival through failure' *Innovation* 18, 2, pp. 115-136.

<sup>7</sup> Pleace, N.(2008) op. cit.

<sup>8</sup> Pleace, N. and Bretherton, J. (2013) *Camden Housing First: A 'Housing First' Experiment in London* York: University of York.

<sup>9</sup> Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minneapolis: Hazelden.

<sup>10</sup> Or as rapidly as possible, following a short stay in temporary accommodation.

community treatment (ACT), a multidisciplinary team provided directly by Housing First for those with the highest needs. Within New York, in the early to mid 1990s, research began to show that the new model was working, as it spread to other cities this success was repeated, making Housing First increasingly mainstream in America. The idea of Housing First started to reach Europe in the late 2000s, although the first services were not really up and running until the 2010s. By 2017, Housing First was forming a core component of the Canadian, Danish, Finnish and French national homelessness strategies, was developing in Italy, Portugal and Spain and shifting from small pilot projects into mainstream commissioning of homelessness services in the UK, in cities such as Glasgow, Newcastle and in the London boroughs<sup>11</sup>.

The original Housing First service was designed to work in a specific context, where there was very little social housing and where access to welfare benefits and health and mental health services was determined in part by income, with poor working age people without children having limited entitlement to services. This meant that Housing First, designed to work in New York, was a kind of welfare state in miniature, directly providing mental health, drug and alcohol and other services to service users, who would otherwise not be able to access this support. As there was little social housing, the private rented sector was used to provide settled homes, with Housing First offering a housing management service to private landlords in return for taking their service users as tenants<sup>12</sup>. In the UK and in Western Europe, Housing First was being introduced into a quite different situation, where access to welfare benefits, healthcare and provision of social housing was much more generous and extensive than in the United States. This meant that when Housing First was first attempted in the UK and in other Western European countries it often used an intensive case management model, linking service users to externally provided services, rather than having a multidisciplinary team built into Housing First<sup>13</sup>.

The *Housing First Guide Europe*<sup>14</sup>, developed by FEANTSA, which is a reference point for the *Housing First England: The Principles*<sup>15</sup> developed by Homeless Link defines the core elements of Housing First in the following way:

- Housing is a human right
- Choice and control for service users
- Separation of housing and treatment
- Recovery orientation
- Harm reduction
- Active engagement without coercion
- Person centred planning
- Flexible support for as long as is required

Summarising the Housing First model, it is designed on the basis that someone is placed as rapidly as possible in the home they will live in and provided with support to stay in their home. That support is highly flexible and is in large part designed by the service user, the

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<sup>11</sup> <http://hfe.homeless.org.uk>

<sup>12</sup> Tsemberis, S. (2010) op. cit.

<sup>13</sup> Pleace, N. (2016) *Housing First Guide Europe* Brussels: FEANTSA. There are some important exceptions to this, the national French Housing First programme follows the original model of Housing First quite closely and does include multidisciplinary (ACT) teams, with a similar model being used in Denmark.

<sup>14</sup> <https://housingfirstguide.eu>

<sup>15</sup> <http://hfe.homeless.org.uk/principles-housing-first>

terminology used varies between countries, but Housing First can be seen as broadly following the principles of co-production<sup>16</sup>.

In Housing First, access to housing is not conditional on behavioural change or compliance with treatment. For example, someone who is drinking does not have to stop drinking before they are housed, nor is their continuing to live in that housing conditional on their stopping drinking, once they have moved in. Housing First is not however a passive service, it does not require people using the service to show abstinence or engage with support and treatment, but it emphasises the strengths in each person using the service and promotes the idea that positive change is possible. People using Housing First are encouraged, but are not *required*, to pursue a better life, with stable housing, positive social support, community engagement and improvements to mental and physical health, being the core goals. Control ultimately lies with the service user, determining what support they will take and what direction they want their life to go in.

Success with Housing First has been considerable. Across the World, homeless people with high and complex needs are being rehoused at higher rates by Housing First than have been achieved by some previous service models and, in the UK, there is clear evidence that the early Housing First pilots were sustainably rehousing homeless people, with high and complex needs, who had been in hostel systems and experiencing homelessness for many years<sup>17</sup>.

## Threshold Housing First

### Homeless Women with Complex Needs

Since the 1960s, single homelessness among people with complex needs has been seen as a largely male experience. Women were present among groups like long-term and recurrent rough sleepers and could, like homeless men with complex needs, be in emergency accommodation and hostel systems on a repeated basis or for long periods of time, but their numbers were small. While an increasing proportion of women was recorded from the 1990s onwards, it appeared that most single homeless people with complex needs were men.

Newer research has raised important questions about this picture of homelessness. There is evidence that women may often react to homelessness in a different way to men, relying on informal means, staying with friends, relatives and acquaintances, to keep a roof over their head, rather than necessarily using homelessness services. There is also some evidence that women were exhausting their options in terms of staying in other people's homes, using up their welcome, before they approached formal homelessness services. Most importantly, women living in these precarious situations, with no housing rights, sometimes little or no privacy and what can be a risk of abuse or violence, include homeless women with high and complex needs<sup>18</sup>.

The presence of what may be significantly greater numbers of women within the homeless population of people with high and complex needs has implications for homelessness strategy and the design of homelessness services. However, this is not simply a question of

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<sup>16</sup> <http://www.housingeurope.eu/section-47/elosh>

<sup>17</sup> Bretherton, J. and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services* York: University of York.

<sup>18</sup> Pleace, N.; Bretherton, J. and Mayock, P. (2016) 'Long-Term and Recurrent Homelessness Among Women' in Mayock, P. and Bretherton, J. *Women's Homelessness in Europe* London: Palgrave Macmillan, pp. 209-234.

numbers. Alongside the evidence that women may respond to homelessness in a different way, there are also the questions around the routes that women take into homelessness. Among single women with high and complex needs who experience homelessness, there is strong evidence that experience of domestic or gender based violence is extremely high, both in the sense of the factors directly associated with causing their homelessness and in their experience of abuse and violence through their lives. Women's homelessness cannot be assumed to simply replicate male experience. The routes women take into and through homelessness, their needs, their characteristics and their experiences are not the same as for men<sup>19</sup>.

This raises the question of the extent to which specific services are required for women. Housing First is, compared to some earlier service models, potentially more accessible to women, who are offered their own, self-contained home and support that is designed to be highly responsive to their needs and follow their preferences. Yet it may be the case that women's needs are sufficiently different, on a frequent enough basis, to consider the development of gender specific services to fully meet those needs, including the creation of a Housing First service focused on homeless women with complex needs.

## Homelessness and Offending

There is longstanding evidence of associations between homelessness and offending. In the context of the UK, there are associations between repeated small offences and short-term custodial and community sentences linked to illegal drug use, mental health and physical health problems, economic marginalisation and recurrent and long-term homelessness<sup>20</sup>. The relationships are not straightforward, being in prison for a short sentence does not 'cause' homelessness and being homeless does not 'cause' someone to start committing offences or to become involved in anti-social behaviour. However, there is a broad association between combinations of experiences, which include addiction, mental health problems and contacts with the criminal justice system and long-term and repeated homelessness, for both women and men<sup>21</sup>.

Research, policy and practice has emphasised the importance of residential stability in preventing reoffending once someone had completed a custodial or community sentence. A settled home, community integration and economic integration, alongside any needs for treatment or support being met, is regarded as important in preventing recidivism. Service responses to homelessness, including Housing First itself, are broadly designed to achieve something very similar, providing the stability of a settled home, good social networks and positive connections to society<sup>22</sup>.

There have been attempts to use the criminal justice system to manage levels of rough sleeping through enforcement, using arrests, fines and possible imprisonment as a means by which to reduce visible homelessness. These attempts at regulation of homelessness through the Police and Courts, which date back in the nineteenth century and well beyond, can have a high financial cost. If homelessness services can play a role in reducing contact

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<sup>19</sup> Bretherton, J. (2017) Reconsidering Gender in Homelessness. *European Journal of Homelessness*, 11(1), pp. 1-21.

<sup>20</sup> Kemp, P.A., Neale, J. and Robertson, M. (2006) Homelessness among problem drug users: prevalence, risk factors and trigger events. *Health and Social Care in the Community*, 14(4), pp.319-328.

<sup>21</sup> Bowpitt, G., Dwyer, P., Sundin, E. and Weinstein, M. (2011) Comparing men's and women's experiences of multiple exclusion homelessness. *Social Policy and Society*, 10(4), pp.537-546.

<sup>22</sup> Padgett, D.K., Heywood, B.F. and Tsemberis, S.J. (2016) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

rates with the criminal justice system, there are potential financial benefits and, in preventing both crime and the experience of homelessness, clear benefits in enabling often vulnerable people with complex needs to make a sustained exit from homelessness.

In some cases, such as in Canada and France, Housing First programmes have been used to reduce the financial costs of homelessness to the mental health and health systems. Alongside improving outcomes for homeless people, there is scope for financial savings and the more efficient use of mental health services, by reducing levels of homelessness associated with severe mental illness<sup>23</sup>. In the Netherlands, Housing First has been employed as a response to long term and recurrent homelessness within the context of a wider strategic initiative to reduce crime and nuisance behaviour, with the reduction of nuisance behaviour being a specific goal of Housing First<sup>24</sup>.

## The Development of Threshold Housing First

Threshold Housing First began to be developed through a collaboration with the Cheshire and Greater Manchester Community Rehabilitation Company, which was looking for a new and effective service that could meet the needs of women with a history of offending, high and complex needs and who also had a history of homelessness. Threshold Housing First represented the first significant attempt to develop a specialist form of Housing First, targeted on homeless women who had a history of offending, in the UK, coming into operation as more orthodox versions of Housing First, using intensive case management to work with long-term rough sleepers and homeless people with complex needs were still being piloted.

At the time of writing, Threshold Housing First as a service focused on homeless women with high and complex needs and as a service which is concerned with reducing contact between people with experience of homelessness and the criminal justice system, is unusual and may still be unique. Initially, Threshold Housing First was a pilot service focused on Tameside, Stockport and Oldham, three local authorities that are part of the Greater Manchester Combined Authority<sup>25</sup>, a major conurbation in the North West of England.

Threshold Housing First was designed to support 12 women at a time, using a team of two full-time workers, one of whom had managerial responsibility. Over the course of the two-year period covered by this report, management and staffing arrangements changed so that the two workers were both able to carry a full caseload and a specific part-time manager for the service was also employed.

There is close collaboration with the Women's Centres in Greater Manchester, which are designed to offer practical and peer support to women with a history of offending. Threshold Housing First is designed with close adherence to the philosophy of Housing First, which means it is shaped – in a real, operational sense – by the expressed needs and preferences of the women with whom it works.

As this report details, as Threshold Housing First has developed and moved towards a steady-state of operation, it has become apparent that a distinct form of Housing First service is in

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<sup>23</sup> Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D. and Aubry, T. (2014) *National at Home/Chez Soi Final Report* Calgary, AB: Mental Health Commission of Canada.

<sup>24</sup> Wewerinke, D., Al Shamma, S. and Wolf, J. (2013) *Housing First Europe. Local Evaluation Report Amsterdam* <https://housingfirstguide.eu/website/housing-first-europe-local-evaluation-report-amsterdam/>

<sup>25</sup> <https://www.greatermanchester-ca.gov.uk>

the process of development. The original Housing First, British and European pilots of Housing First and, increasingly, the homelessness strategies incorporating Housing First have been built around a set of expectations about who homeless people with complex needs are. That expectation has been shaped by research and experience derived from working with an overwhelmingly male population. As we are now starting to learn, our understanding of that population was incorrect, as women having the same experiences were less visible than men, rather than necessarily present at lower rates. A key difference for women, based on this research and the experience of Threshold is the presence of both negative and fractured relationships, with former partners who were abusive or violent and broken or weak relationships with children who no longer live with the formerly homeless women with complex needs who use Threshold Housing First. Long-term and repeated homelessness among men, by contrast, is often characterised by sustained isolation, by an absence of relationships.

This means that Threshold Housing First is working in a sometimes different way to other Housing First services, because it is helping women manage existing relationships, working to ensure women's safety from some current and former relationships and seeking to help women rebuild some relationships. By contrast, Housing First services working with many of the men experiencing long-term and recurrent homelessness will be attempting to create social networks for profoundly isolated individuals. There are shared issues across all Housing First services, such as working to ensure a Housing First service user has physical control over their home and is not within relationships that are potentially damaging, for example if they are attempting to manage addiction<sup>26</sup>, but Threshold Housing First indicates that there are gender specific aspects to providing Housing First for women.

Threshold Housing First is now entering a process of expansion, with the intention being that it will expand to include more homeless women with complex needs and work over a larger area of the Greater Manchester Combined Authority. As this process of expansion and change occurs over the next three years, the University research team will continue to work with Threshold and their partners to track the achievements of Threshold Housing First.

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<sup>26</sup> Bretherton, J. and Pleace, N. (2015) op. cit.

## 2 The Women using Threshold Housing First

### Introduction

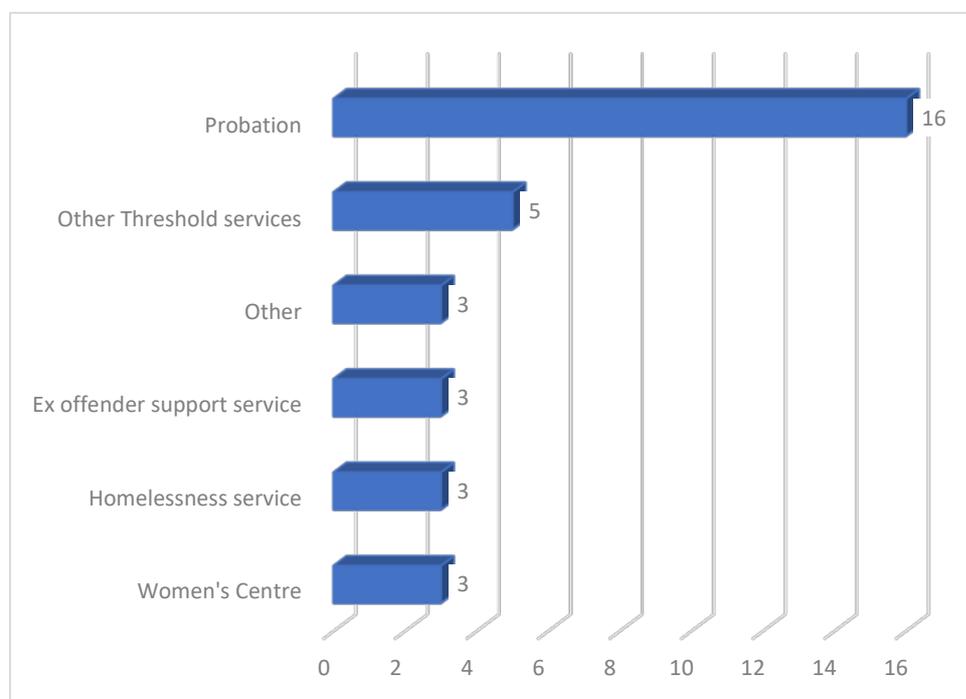
This chapter draws on anonymised statistical data collected on women using Threshold Housing First and the results of interviews with women using Threshold Housing First, the Threshold staff providing Housing First and partner agencies. The first part of this chapter looks at the referral routes to Threshold Housing First and the second part explores the characteristics of the women using the service.

### Referrals

Data were available on the women using Threshold Housing First between April 2015 and April 2017. In total, 33 women made use of the service over that period, with 14 open cases at the end of the pilot. As noted in Chapter 1, Threshold Housing First was designed to support up to 12 women with high and complex needs, with experience of homelessness, at any one point.

Criminal justice related services were the main referrers to the service. Overall, 49% of referrals came from Probation, with another 9% coming from other support services for ex-offenders. The Women's Centre referrals were also from services working with ex-offenders, bringing the total referrals from criminal-justice related services to 67% (Figure 2.1). Other referral sources included homelessness services and other Threshold services.

**Figure 2.1** Referral Sources for Threshold Housing First (number of women)



Source: Anonymised data collected by Threshold

## Perspectives on referral and assessment procedures

Overall, referral and assessment arrangements seemed to operate well. Staff reported a strong demand for the service in all areas, and clearly could have filled additional spaces on the service had these been available. Service users did not report any problems with referral procedures, although they were not always quite sure about exactly who and how they were referred. Some explained that they were nervous meeting new workers but, when introduced, that they were approachable from the outset.

Agencies reported that referral and assessment mechanisms for the project worked well. However, in one case, there was a long wait between initial assessment and being allocated a worker. A couple of people commented that the process and/or forms were quite lengthy but understood that this was necessary given the risk profile of the women. There was just one suggestion for better information sharing at this stage to reduce the burden on customers:

*Women been through long process and everything is form filling, asking them the same questions and they are quite probing some of the questions, and it can bring up lots of stuff, I don't know whether another thing maybe data sharing in terms of sharing our assessment forms or something? (Agency representative)*

## The Women using Threshold Housing First

### Characteristics

The youngest woman to use Threshold Housing First was 18 at referral, the oldest was 52. The average age was 32 and the median age was 30, showing this was a relatively young group, but not one in which young women predominated (seven of the 33 were aged under 30 at referral). Almost all the women using the service (97%) were of White European origin, all were British citizens and all had English as their first language.

The majority of the women (79%) were parents, but none had their children living with them at the point of referral. Sometimes children were old enough to be living independently, but interviews showed that the offending profile of some of the women had been associated with children being taken into care. The women were almost all single at the point of referral (82%) and the small number with current partners were quite likely to live separately from them. At referral, all the women using Threshold Housing First were reliant on welfare benefits, i.e. no one was in paid work.

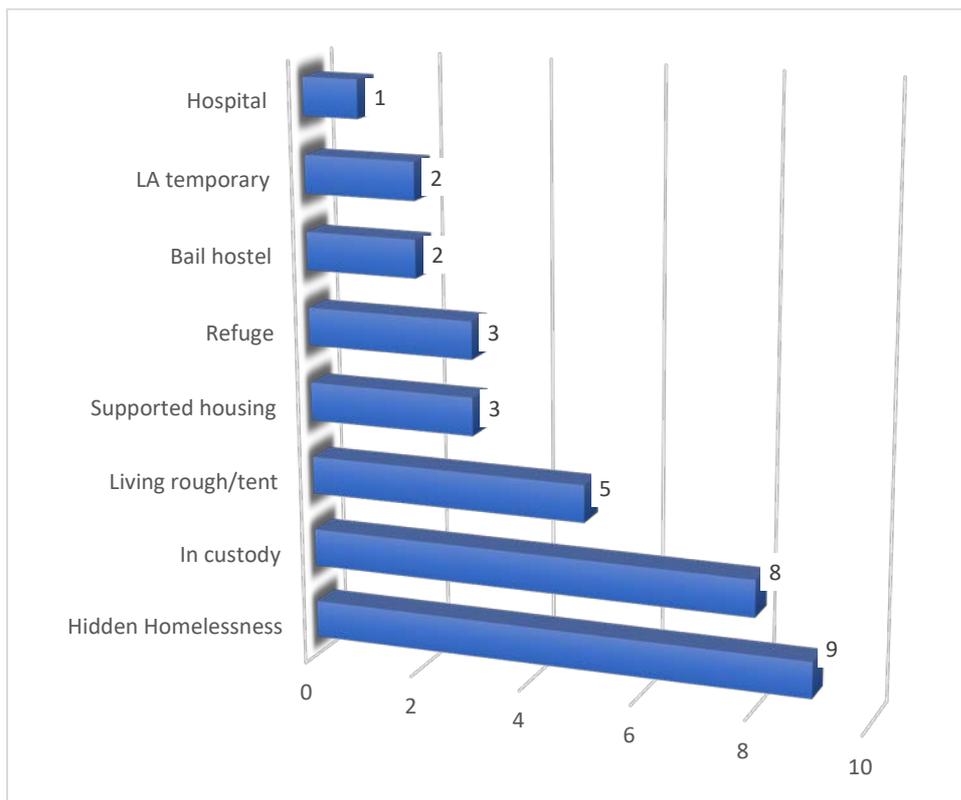
### Housing Situation at Referral and Experience of Homelessness

The majority of the 33 women who used Threshold Housing First between April 2015 and April 2017 were recorded as homeless at point of referral (19 women, 58%), with the next largest group being women about to leave prison with no home to go to (11 women, 33%). A small group of women were at risk of homelessness, including risks associated with domestic violence (3 women, 9%).

The women were living in a wide array of settings when they were referred to the service. There were reports of living rough, living in tents, women who were referred while still in prison or in a Bail Hostel and evidence of hidden homelessness. Sixteen different living arrangements were reported by the 33 women.

As noted in Chapter 1, in the UK and internationally, evidence is indicating the extent to which women with complex needs may be experiencing multiple forms of homelessness, particularly hidden homelessness, which have made them less visible than single homeless men with high support needs<sup>27</sup>. The women using this service were not of course a representative sample, in part because referral arrangements incorporated the criminal justice system and because the numbers were too small, but the diversity of experience of homelessness (and risks of homelessness) among a group of women with complex needs is quite a striking finding, particularly the extent of hidden homelessness. A small group of women were living in refuges at the point they were referred (Figure 2.2).

**Figure 2.2** Homelessness and Living Situation at Referral (number of women)



Source: Anonymised data collected by Threshold

Self-reported data on homelessness are only broadly indicative, as memory becomes unreliable over time and there is evidence that people have differing ideas about what constitutes a state of being 'homeless'. However, while not entirely reliable as a guide to experience of homelessness, the reports from the women using Threshold Housing First indicated that homelessness had often occurred more than once in their lives. Close to two-thirds of the women reported they had been homeless more than twice (58%), while 13 women using Threshold Housing First reported they had been homeless once or twice in their lives<sup>28</sup>. Overall, the women reported the following:

- thirteen reported they had been homeless once or twice
- eleven reported they had been homeless between three and five times

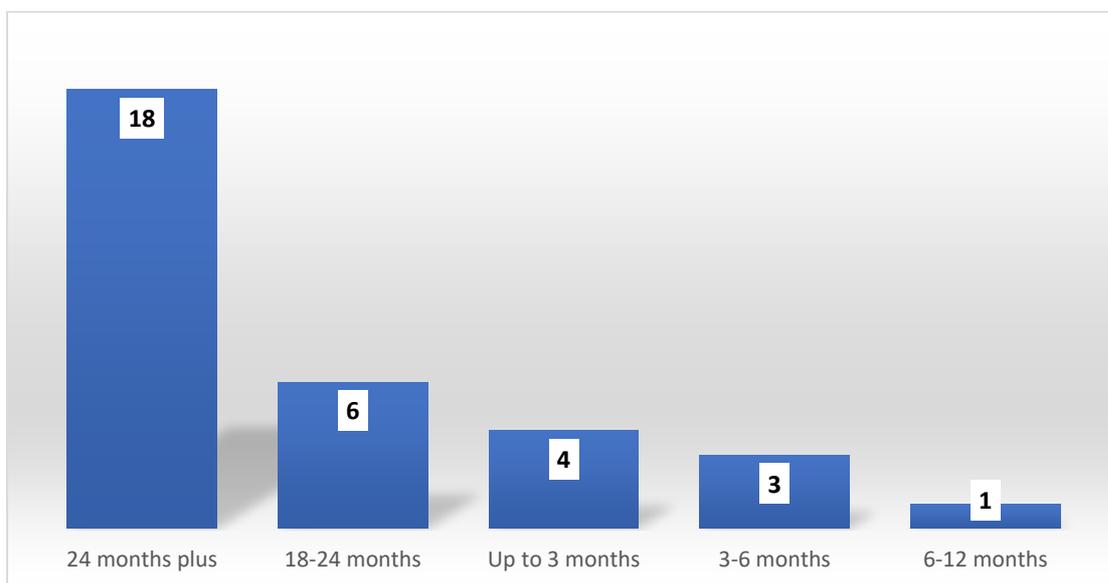
<sup>27</sup> Bretherton, J. (2017) op. cit.; Mayock, P. and Bretherton, J. (eds) (2016) *Women's Homelessness in Europe* London: Palgrave Macmillan.

<sup>28</sup> Data were not collected for one service user.

- eight reported they had been homeless more than five times.

The women using Threshold Housing First were also asked to provide estimated information on the total amount of time they had spent in homeless hostels and temporary supported housing (because they were homeless). Again, this information is not a precise guide to their experiences prior to using the service, but gives an indication of what those experiences were like. Alongside reporting frequent experiences of homelessness, the women often reported that they had spent considerable time in hostels and supported housing for homeless people<sup>29</sup>. Eighteen women reported they had spent two or more years living in these environments (56%) with another six (18%) reporting periods of between 18-24 months. Seven women had spent less than six months in hostels or temporary supported housing (22%).

**Figure 2.3** Self-estimated time spent in hostels and supported housing while homeless (number of women)

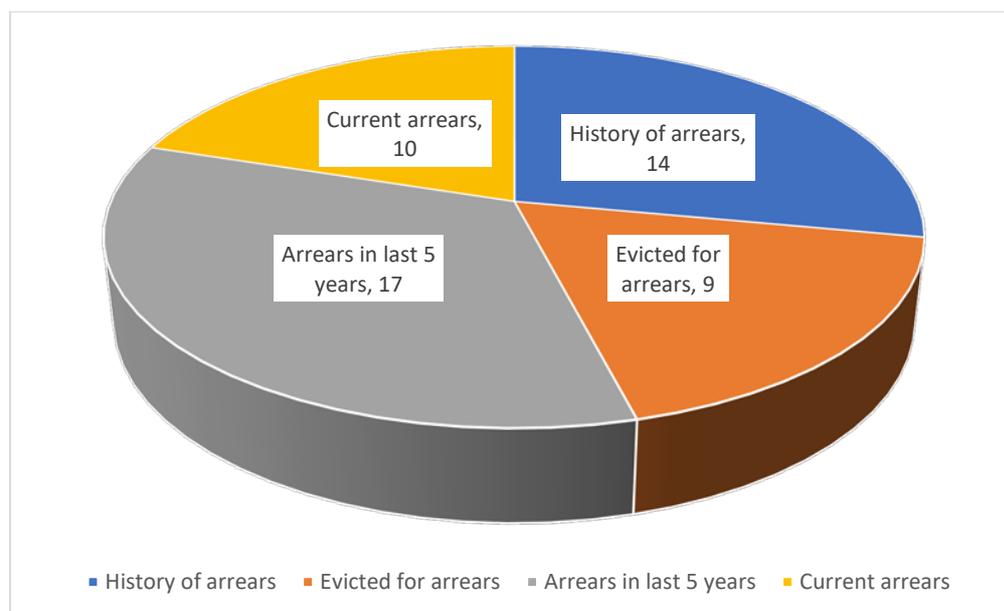


Source: Anonymised data collected by Threshold. Note: Data were not recorded for one service user.

The women using Threshold Housing First were quite likely to report a history of rent arrears. Fourteen women had a history of rent arrears, nine had been evicted because of rent arrears and ten had current rent arrears at the point of referral.

<sup>29</sup> Data were not collected for one service user.

**Figure 2.4** History of Rent Arrears (self-reported, number of women)



Source: Anonymised data collected by Threshold. More than one response possible.

Experience of statutory homelessness was quite widespread, with 19 of the women reporting that they had been found statutorily homeless at some point in their lives (58%). At referral, nine had current homeless applications, six of whom were recorded as owed the Main Duty under the homelessness legislation that was current between April 2015 and April 2017 (which will be replaced by the Homelessness Reduction Act 2017).

### Support Needs at Referral

Threshold Housing First employs a complex needs assessment scoring system which is completed at the point someone is referred to the service. The scoring system focuses on the following areas and is part of the formal assessment process:

- Engagement with frontline services
- Intentional self-harm
- Unintentional self-harm
- Risk to others
- Risk from others
- Stress and anxiety
- Social effectiveness
- Alcohol/drug abuse
- Impulse control
- Housing

A high score in any of these areas denotes a serious problem and support need<sup>30</sup>. Someone with poor impulse control, characterised as having frequent or severe outbursts of aggressive behaviour receives a high score on that metric, whereas someone without any record of such behaviour is rated as 'zero' (i.e. has no need in that respect). In respect of housing, to take

<sup>30</sup> Data were not collected for one woman using the Threshold Housing First service.

another example, a woman sleeping rough would receive the maximum score, a woman with settled housing and no related needs would again be rated as zero. Risks to others or from others, when severe, are scored more highly than the other potential support needs, where these are present.

Criticisms have been directed at scoring models that attempt to summarise what can be complex and nuanced patterns of need in a short series of questions. This is partly because individual need might not be fully represented, or be misrepresented, by quite simple indicators and also because some of these systems can be based on preconceptions about what characterises homeless people that may not reflect the reality of their situation or lived experience<sup>31</sup>. In this case however, the complex needs scoring system was employed as a standardised, initial, proxy measure of support and treatment needs which was followed by detailed assessment with the clear emphasis on personalisation (consumer choice) that defines the Housing First model, with women enabled to express their needs in their own way, choosing for themselves how they were supported and what services they wished to use<sup>32</sup>.

One further point is worth briefly noting here, which is that these sorts of broad assessment systems are, for obvious reasons, designed to record needs, rather than individual strengths. It is very important, as is evidenced in subsequent chapters in this report, to recognise that homeless people in general – and the homeless women using this service in particular – should not be ‘diagnosed’ as being composed only of a set of support needs, without recognising that they are complex human beings who also exhibit strength, capacity and resilience. Recognition of, and responses to, homeless people as fellow human beings lie at the core of the Housing First philosophy<sup>33</sup>.

The maximum level that someone using Threshold Housing First can reach on the complex needs assessment scoring system is 48. The minimum score is zero, denoting no needs under any of the headings. The system was designed with a steep curve. The ‘risk from others’ category moves from no concerns, rated zero, from ‘minor concerns’ which is rated with a score of ‘2’, to ‘definite risk of abuse’ which is rated 4. The highest score out of five levels is an ‘8’ which is ‘evidence of abuse or exploitation’. Even a relatively high score is therefore indicative of significant support needs.

At referral, the women using Threshold Housing First tended to score fairly highly. The average score was 31, which was 65% of the theoretical maximum, with a median score of 30. The minimum score reported was 24 (50% of the theoretical maximum and the minimum required for acceptance onto the service), while the highest was 46 (96% of the theoretical maximum). No trends were recorded across the different age groups among the women using the service.

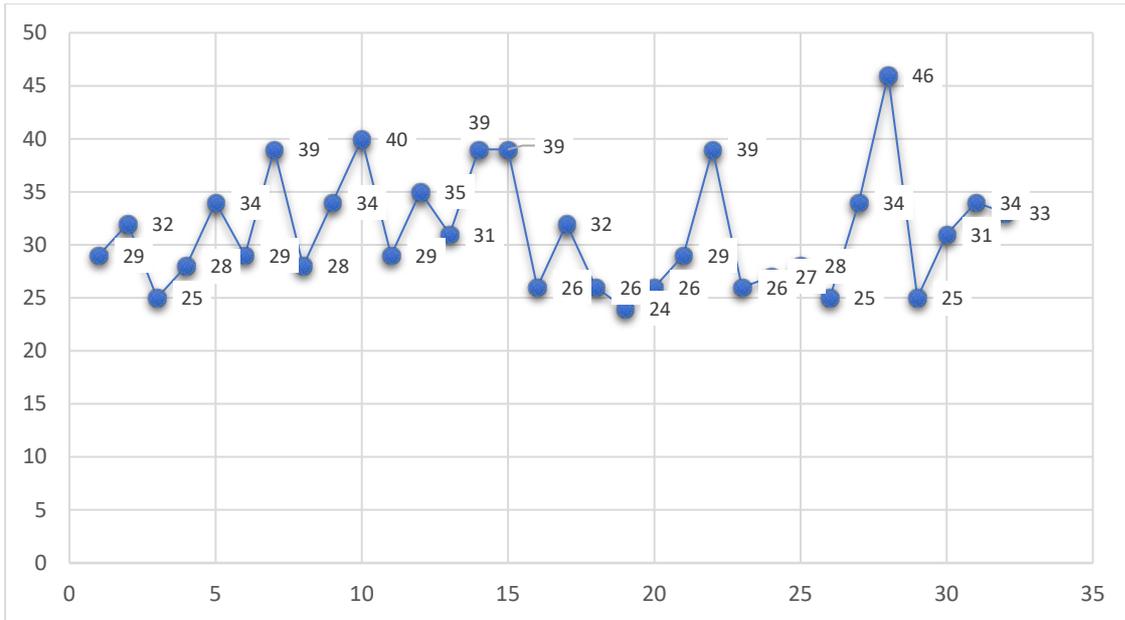
## Figure 2.5 Threshold Complex Needs Assessment Scores at Referral to Service

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<sup>31</sup> Johnson, G. and Pleace, N. (2016) ‘How Do We Measure Success in Homelessness Services? Critically Assessing the Rise of the Homelessness Outcomes Star’ *European Journal of Homelessness* 10.1, pp. 35-55.

<sup>32</sup> See following chapter and conclusions.

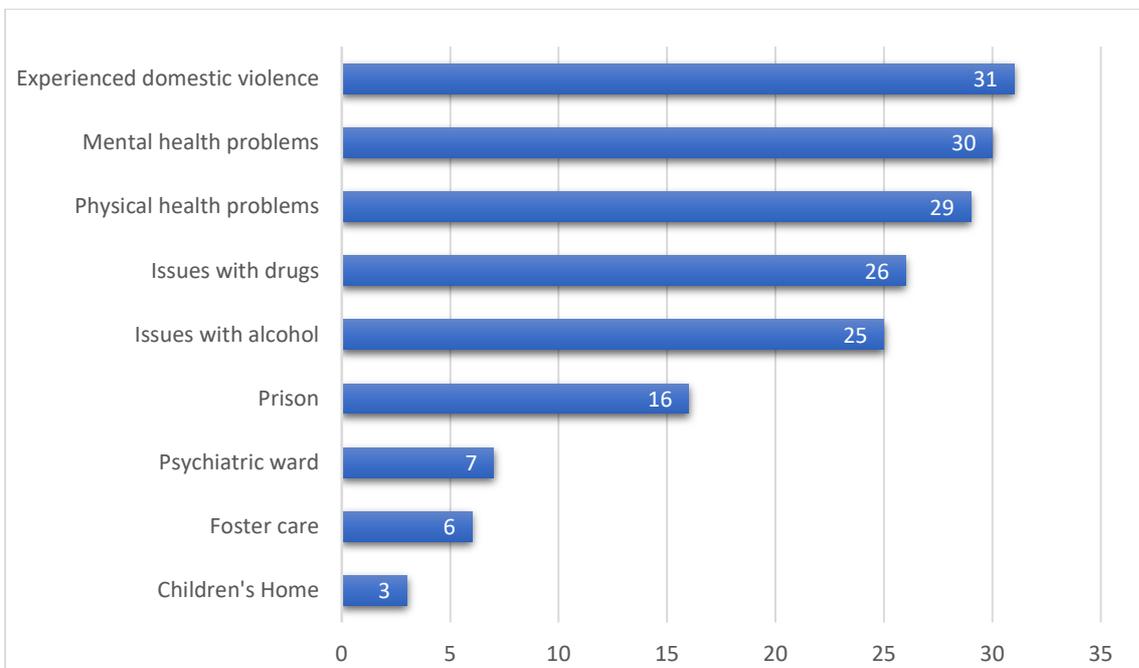
<sup>33</sup> Pleace, N. (2016) op. cit.; Tsemberis, S. (2010) op. cit.; Padgett, D. et al (2016) op. cit.



Source: Anonymised data collected by Threshold. **Note:** data were not collected for one woman using the service.

Self-reported data from the women using Threshold Housing First confirmed the broad pattern suggested by the complex needs assessment scores. Experience of domestic violence was near-universal (94%), with experience of mental health problems also being self-reported as very widespread (91%), as well as physical health problems. Drug and alcohol problems were also reported by almost all the women using Threshold Housing First. Experience of prison was also high (16 of the 33 women). Several women had experience of the care system as children and seven reported an experience of staying on a psychiatric ward or unit (Figure 2.6).

**Figure 2.6** Self-Reported Experiences of the Women using Threshold Housing First



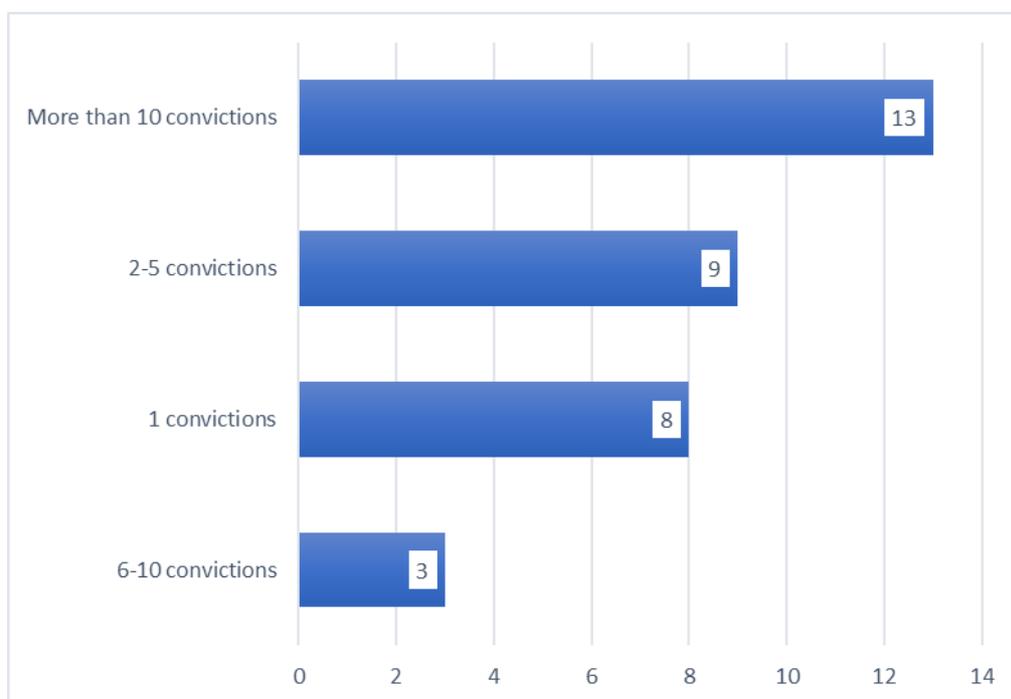
Source: Anonymised data collected by Threshold. **Note:** data were not collected for one woman using the service.

For the workers and managers of Threshold Housing First, the complexity of the women’s needs was often expressed in terms of the circumstances in which those women had found themselves and which they continued to experience at different levels. Women’s needs existed in an individual sense, because there were issues around mental health, physical health, addiction and other support needs, but also in terms of their former, current and fractured relationships, which often had direct influence on their well-being, quality of life and opportunities.

## Contact with the Criminal Justice System

The women who had been supported by Threshold Housing First had all had contact with the criminal justice system<sup>34</sup>. For one group, contact had not been extensive (eight women had one conviction each, 24%), but for another group contact had been repeated (13 women reported more than 10 convictions each, 39%). This latter group included women who were described as prolific offenders.

**Figure 2.7** Recorded convictions within criminal justice system (Number of Women)



Source: Anonymised data collected by Threshold.

The women had been convicted of theft and breaches of court orders, but this was a group of people who had also sometimes been convicted of serious offences. A few women had been convicted of assault and other violent offences, though the more serious charges of actual bodily or grievous bodily harm were not widely reported. Fourteen women had support in place from Probation services, which is normally employed only when someone has committed a serious offence and had been released from prison or let out on license.

The focus of the service on women ex-offenders who were homeless or at risk of homelessness and who also had complex needs would be expected to be reflected in these figures. Among women and men, longer-term and repeated homelessness is often associated with mental health problems, addiction, poor physical health, sustained worklessness and

<sup>34</sup> This information was reliable being provided by referral agencies (mainly within the criminal justice system).

repeated contacts with the criminal justice system. As support needs, such as mental health problems or addiction, can emerge following homelessness, the interrelationships between certain sets of characteristics and long-term, or repeated, homelessness are complex<sup>35</sup>.

## Summary

There was clear evidence that Threshold Housing First was working with a group of women who had all the characteristics of the groups of homeless people for which Housing First was designed. The women's needs were high and complex. They also had specific needs, for example in respect of domestic violence and separation from children, which were different from the patterns of needs that would usually be expected among long-term and recurrently homeless men<sup>36</sup>. As will be described in the remainder of this report, the women using Threshold Housing First also had strengths and capacities, which the service could enable them and encourage them to use.

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<sup>35</sup> Pleace, N.; Bretherton, J. and Mayock, P. (2016) 'Long-Term and Recurrent Homelessness Among Women' in Mayock, P. and Bretherton, J. *Women's Homelessness in Europe* London: Palgrave Macmillan, pp. 209-234.; Kemp, P.A., Neale, J. and Robertson, M. (2006) Homelessness among problem drug users: prevalence, risk factors and trigger events. *Health & social care in the community*, 14(4), pp.319-328.

<sup>36</sup> Bowpitt, G. *et al.* (2011) *op. cit.*; Jones, A. and Pleace, N (2010) *A Review of Single Homelessness in the UK 2000 - 2010*, London: Crisis.

## 3 Using and Delivering Threshold Housing First

### Introduction

This chapter explores the use of Threshold Housing First by the women who were supported by the service and also details some of their views about the service. The chapter opens with an overview of the patterns of service use and then describes the day-to-day experiences of using and delivering Threshold Housing First.

### Use of the Threshold Housing First

#### Duration of Support

In total, 33 women had made use of Threshold Housing First between April 2015 and April 2017. Nineteen cases were closed (57%) and 14 were open (43%) as at the end of the pilot period. Average duration of support was just under eight months, with a median figure of just over six months, but the range was considerable, with a few women not engaging with the service for long, while others had experienced more sustained support.

The capacity of the service was 12 women<sup>37</sup>, meaning the service was operating a little above capacity, with 14 women receiving support. Housing First services can operate slightly above nominal capacity when their caseload includes people who, while they still require the service, have reached a steady state where they are increasingly managing on their own. This allows a Housing First service to manage a nominally somewhat larger caseload, because some people are reaching the end of the time when they will require Housing First. Equally, a new Housing First service may need to build up to full operating capacity, because everyone will be a new, high-need, service user requiring intensive support, meaning that, initially, everyone may require the maximum possible support<sup>38</sup>.

Current cases tended to have been supported for longer than closed cases, with an average of nine months of support and a median of seven months. Just over half of current cases had been supported for more than six months. For closed cases, the figures were just under seven months of support on average, with a median of just under six months. Almost two-thirds of closed cases had been supported for six months or less.

Of the 19 women who had engaged with Threshold Housing First between April 2015 and left the service before the end of April 2017:

- Eight had made planned moves on from the service. Half of this group had reached a point where they were living independently, others had ended their service use in a planned way (for example they were moving away from Greater Manchester).
- Three women opted to end their support from the service.
- Three women committed offences and were returned to prison.
- Four women broke contact with the service.
- One woman using the service died.

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<sup>37</sup> See Chapter 1.

<sup>38</sup> Tsemberis, S. (2010) op. cit.; Pleave, N. (2016) op. cit.

All Housing First services are characterised by attrition and by graduation. Attrition refers to the loss of service users who either choose not to engage with Housing First for very long, or whose use of the service comes to an abrupt and unplanned end. Graduation, of course, refers to someone who had reached a sufficiently stable situation to mean they can live independently without continued support from Housing First, though they may still require some housing-related support from lower intensity services, such as a tenancy sustainment service.

On current evidence, attrition rates from Housing First services are in the 30% to 10% range, depending on the specific needs of the people they are working with, their resources and the contexts in which they are operating. A good rule of thumb is that Housing First services typically house about 80% of their service users for at least one year<sup>39</sup>, although results from a 2014/15 analysis of pilot Housing First services in England suggested a slightly lower figure of around 75%<sup>40</sup>.

By contrast, graduation from Housing First services appears to be quite an unusual event, with sustained patterns of service use being more of a normal outcome. In part, this is because a lot of Housing First, in the UK, in Europe and North America, is still quite new. In some senses we are still unclear what the long-term outcomes of a Housing First programme are, because a lot of these services have yet to be operational for as much as five years. Some of the research that is available shows graduation can occur, but that people may continue to use Housing First for quite long periods<sup>41</sup>.

One difficulty in assessing the engagement that has happened with Threshold Housing First is that there is no real framework for comparison. As our understanding of the distinctiveness of women's experience of homelessness starts to grow, it is becoming apparent that comparing a Housing First service, which works with both genders or which is focused more heavily on men, with Threshold Housing First may not be valid, as like is not being compared with like<sup>42</sup>. It is not clear what should be expected from a Housing First service focused on women, or indeed which engages specifically with former offenders, because there is little to directly compare such a service with. This is a very high need group of women<sup>43</sup> who may collectively represent a higher and more complex combination of needs than the pilots of Housing First in the UK typically deal with, even though these services are also working at the upper end of complex needs with the homeless people they are engaging with<sup>44</sup>.

Assessing what Threshold Housing First has achieved to date and drawing a broad comparison with other Housing First services, both in the UK and internationally, three points can be made:

- There may be a higher rate of attrition than for some other Housing First services.
- However, Threshold Housing First appears to achieve 'graduation' for the women using the service at a more rapid and frequent rate than some other Housing First services are able to achieve.

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<sup>39</sup> Pleace, N. (2016) op. cit.

<sup>40</sup> Bretherton, J. and Pleace, N. (2015) op. cit.

<sup>41</sup> Padgett, D.K. (2007) There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science and Medicine*, 64(9), pp.1925-1936.

<sup>42</sup> See Chapter 1.

<sup>43</sup> See Chapter 2.

<sup>44</sup> Bretherton, J. and Pleace, N. (2015) op. cit.

- There was evidence of sustained contact between Threshold Housing First and homeless women with high and complex needs, nine women had been supported for a year or more, another five for over six months.

## The Support Provided

As with any Housing First service, Threshold Housing First provides a defined range of support, centred around housing-related help and intensive case management. Unlike some earlier service models, there is a high degree of what was originally termed consumer choice, which can be broadly defined as reflecting the principles of personalisation and co-production, in how Housing First is delivered. Service users do not receive the same, standardised, package of support, because they play the central role in determining what that support is. For the women using Threshold Housing First, the mix of support they received centred around four main areas:

- Housing sustainment
  - Daily living skills
  - Management of finances and debt
- Health and wellbeing
  - Mental health
  - Physical health
  - Addiction
- Social integration
  - Avoiding anti-social behaviour
  - Avoiding criminal activity
  - Engagement in education, training, volunteering and employment
- Social Networks
  - Positive relationship with a partner
  - Positive relationships with children
  - Positive relationships with family and friends
  - Positive relationships in the neighbourhood

Chapter four describes the outcomes achieved by Threshold Housing First in respect of these different outcomes. The remainder of this chapter outlines the key elements of the service begins by outlining perspectives of staff and agencies on the type of support provided, followed by detailed reflections from the women being supported by Threshold Housing First on the service they were receiving.

## Staff and Agency Views on Service Delivery

Threshold Housing First staff spoke about the holistic nature of the Threshold Housing First service:

*Housing First is a wraparound, its holistic and its tailored to that woman and it can look however she wants it to look and focus on what she wants it to focus on, they can build up a really positive working relationship with the support worker, “you said you were going to do that and you did do that for me” ... you can build up that rapport and really achieve things. (Staff member)*

Staff also spoke about the intensity of support as being key to service delivery. They were able to work with 6-7 customers at one time and offer a very responsive service to customers. Building successful, trusting relationships was at the centre of service delivery. The service was as customer led as possible, with a daily welfare check as standard to ensure the safety of women:

*...building relationships, that's very important as a lot of these women have not had that from people or organisations... it is very different from anything they have come across and many of these women will have had lots of different sorts of rejections, lots of sort of doors closing, no, no, no, we don't want to know if you are going through a low week or a low period, whereas with us that is absolutely fine, you don't want to see us this week or next week, that's absolutely fine... we will still be contacting you every day to make sure you are okay, and that is fundamental in how successful this is, they don't get that anywhere else (Staff member)*

Being persistent was also key to service delivery:

*That's what really stands out, what is the really positive thing that we do is: Persistence, persistence, persistence, we keep chipping away... We don't give up. (Staff member)*

The service wanted to ensure that their customers felt valued. This was seen as essential for people to start believing in themselves:

*They've got people... but they are not there, no-one gives, no-one cares, no-one supports and it is that attitude, we are here for you, it's about you this, we are going to get you a roof over your head, and we are then going to start looking at what needs getting addressed and what you want to be doing, valuing them I suppose, whereas they might never have had that, or had that kind of feeling, even if they've had their own social worker, the state of social care, you don't get that quality time.. it's the support really that makes them want to stay with us...if they need us for 7 hours a day we are going to be there... it's there every day if you want it... (Staff member)*

Staff also explained how they were using motivational interviewing techniques to deliver a strength based approach to working with women. It was crucial to stress people's potential, rather than limitations stemming from traumatic past experiences:

*...positivity, by saying well done, bigging them up, as they've probably never had it... by just being positive and giving them that confidence, that kind of thing, it makes a massive difference... (Staff member)*

Agencies spoke very highly of the support provided by the Threshold Housing First services. The high intensity of the support was one of the most valued elements of the support. There was a recognition that other services, particularly statutory providers, did not have enough time to support the women on a day-to-day basis with tasks such as accessing GPs, other health services and helping them manage their tenancy. The service was able to offer support with, 'All the bits that hold everything together really'. The daily welfare checks were also felt to be incredibly valuable:

*The part of the service that I found really good was that they rang them every day, and the women really really took to that, a few of mine just said it's really nice, I know that I'm going to get that call today and someone cares... I didn't find many of the*

*women didn't respond to that... they could say that they were having a good day, as well as when having a bad day and could off-load.... Rather than getting to a crisis... (Agency representative)*

Agencies also praised the service for adopting a client-led approach to service delivery. The service was able to work closely with women to identify possible activities and opportunities that could enrich their lives and well-being.

*It's an absolutely fantastic service... We do the things that needed to be done from a risk management perspective, they would also take on the women's perspective of what they want, it was very client led.... (Agency representative)*

The Threshold Housing First service was also felt to offer a good balance between offering support to women but being sensitive not to create a dependency on them. The service was also seen to be offering 'appropriate' levels of support over time to meet increasing or reducing need.

## **Joint Working**

Project staff described a highly networked system of joint working in the three local authority project areas. They described close working relationships with statutory providers, women's centres, a range of homelessness and third sector providers, specialist alcohol and substance misuse services and housing providers (both social and private landlords). Staff felt that good inter-agency working arrangements, including sharing of information, had been established.

Without exception, the agencies interviewed for the evaluation confirmed that there was excellent joint working arrangements between themselves and the project. They explained that there was a lot of communication between them, and also other key providers, to ensure that the best possible support was available for women. Sometimes, joint appointments were used at key points in service delivery (for example, when a property was found), and also to re-engage users for one agency or another. It was also reported that there was effective joint working at times of crisis, with the Housing First service responding quickly. Co-location of services further enhanced communication, for example where Housing First delivered the service from local women's centres.

*We just seem to have gelled... we will text and email each other and keep each other in the loop...I think they communicate really well... I've just found them brilliant, I really have, I can't praise them enough... (Agency representative)*

One housing provider described a shared information protocol that they had in place with the service, and really appreciated having a 'named contact' with the service.

## **Using the Threshold Housing First Project: The Views of Women**

### **A comprehensive service**

Customers explained that the project assisted them with all aspects of their lives:

*There's not one thing that I've asked for help with and they've not helped me, there is nothing that they've said no to or I can't do that, absolutely everything, they are brilliant.*

*Things they help me with... my housing, bills, debts, anything like, if I'm low on money and I need a food parcel, they will help me out with that, any forms, going to the doctors with me, anything I need help with, I can ask her and she will help me with. If it's anyway impossible, she will work around it and we'll get it done. (Service users)*

Women described a very 'hands on' service, which offered lots of practical help. Assistance included:

- Finding and furnishing accommodation
- Helping to decorate their accommodation
- Helping sort out bills and benefits
- Buying food/ meals (including shopping)
- Getting food parcels
- Buying clothes (including shopping)
- Buying a mobile phone
- Attending activities/ meetings with them (for example, women's centre/ drug services)
- Open bank accounts
- Register with doctors/ dentists
- Helping with contact with children
- Helping make house secure from violent ex-partners
- Sort out medication/ health matters
- Accessing courses
- Accessing the gym
- Going for walks or to local places like museums

Without exception, the women using the service described this practical support as very helpful to them:

*...She has helped me get some clothes, because I had nothing... she's helped me sort my benefits out, she is helping me decorate my flat, she's got an award for me*

*She also bought me a mobile phone as well which has been a really big help so I could get in touch with people, doctors, benefits, that's been a real big help (Service users)*

Women also described a project that offered them considerable emotional support. This support was hugely appreciated by the women, not least because many women had such little support in their past and present lives.

*I don't have many people in life but [the worker] is one of them... I'd be pretty in the sh\*t if not...*

*... it's fair to say that she has been there more for me, in the past four month, than my mum has in my entire life. I don't look at her like a mum, but she is just somebody who has supported me like my own family should have done, really. (Service user)*

Very few women could think of how the service could do anything further for them. The first interim report highlighted a request for counselling support and more help with leisure activities such as swimming. In the second round of interviews, one of the women would have dearly loved to be able to horse ride (and a second was hoping to train in horses); this area may be worth investigating in the future. A couple of users also suggested that it would be good if the project allowed them to travel in the worker's cars (something also raised by one agency).

## Frequent/ available service

The majority of women in 2016 and 2017 described a high level of contact with project staff. Daily contact by phone was standard, with face-to-face varying according to how often they wanted to see workers. Service users appeared unanimously happy with the level of support, receiving enough support but also not too much support.

The frequency/ intensity of the service was higher than other services that people were in contact with or had been contact with in the past – and was preferred by users.

*You go in and have a chat with your probation officer and see how you are and how you are doing and everything... but these are more better because you see them near enough every day like, well I do, and I've got their numbers and everything, they have just said, 'If you need anything, just give us a ring'... I prefer talking to these than the probation officer, obviously, you know.*

*She will take the time out of her weekend or watching the soaps at night, she will take the time out, an hour or half an hour, to ring me, to see how I'm doing – that is really good that. Cos I have been with a few different agencies before, that were a bit like this but they were rubbish, they were a lot worse, they never rung me on a weekend just to see how I'm doing and stuff like that, that's really good. (Service users)*

The daily welfare checks appeared to be really appreciated as it showed that the workers really cared about them, as one woman explained, 'you know that they are still thinking about you'. Another woman said:

*I have phone contact every day, even at weekends – welfare checks, I love those welfare checks... because who phones at the weekend to see if you are alright? Nobody. But they do... It made me feel good that somebody is actually worried about me... it's amazing... it gives me that little boost every day, I like it. (Service user)*

## A reliable service

In part due to the nature/ intensity of the service, and in part due to the professional commitment of the workers employed, women stressed the reliability of the service – it was available to them when they needed it, for whatever they needed. Where workers were busy, they got back to customers as quickly as possible. They also actioned support as quickly as possible. In short, women felt they could rely on – and trust – Threshold Housing First to support them. From the perspective of staff, this meant that they “did not give up” on the women using the service.

*They told me that they would get me a property, which they have done; they told me that they would support me, which they have done; that they would get me into education – and I'm getting an apprenticeship in January... a few month ago I wouldn't have even thought about doing college...(Service user)*

One woman described how this kind of reliability of service was rare in her experience. This woman felt that she had been let down by a range of services, including Probation, her CPN and workers in supported accommodation. The tenacity, competence and reliability of Threshold Housing First spoke to women's self-esteem – there was an unspoken understanding that the women's lives mattered. It also enabled the service to be very responsive to women's needs.

*They always get back to me, a lot of services where they say we will do this, we will do that, you just get passed from pillar to post – but when they say they are doing something, they do it... I've had a really hard life and nothing has ever been seen through, basically, but with them, they have... They have not let me down once...I've been passed around from pillar to post, no-one has really helped me at all... they pass you to one person and that person will work with you, and they will leave and another person will come along, and you end up explaining it all again, then they say they will do this and then 3 weeks later you are on the phone and asking if anything has been done and they are like, 'Oh, I'm just getting round to it'...(Service user)*

Another woman explained:

*[the worker] has never once failed. It's like there are 10 [worker's name]...everything is consistent, she won't just do something and then it gets left for a bit, it's constant, because we have everything on my plan, and we go through everything every single week. (Service user)*

In quite profound ways, the Housing First workers were almost offering the support of a parent or guardian, providing the consistent and constant support needed to ensure that women felt safe, valued and supported going out into the world. As described earlier, many women had very difficult childhoods, as well as adulthoods, and found it very difficult to trust others, possibly as a result of insecure attachments in childhood. It was really important that the service was able to offer consistent and ongoing support to women. Some women had often experienced multiple rejections and been abandoned in the past. One woman told us how the service had told her, *'I won't abandon you, it's you that's got to abandon me, you've got to sign me off...Basically I thought I was worthless and now I now I'm worth it'*.

Unfortunately, there had been a change in staff after one year and some service users had found this hard, even though the service tried to transition this carefully and explain the reasons why.

*I'm not picking on [previous worker], but I feel like she has distanced herself from me... I know she had got a lot going on, but to me it's like, when I needed you most, you have gone and left me, but she doesn't actually work for them now, I think that is the reason why... (Service user)*

## **A 'positive' advocate approach**

Women felt that the Threshold Housing First service were very positive with them and about their future.

*...they are always complimenting, picking out the good things...(Service user)*

At the same time, women described a service that whilst positive, was also honest and straightforward with people:

*...they are very straightforward, don't beat around the bush, tell you how it is, they don't leave you dangling...*

*They don't bull\*\*it you... and they don't talk down to you. (Service users)*

Service users described how the workers acted as an advocate or champion for the women. One woman explained how they had 'stood up for me'. Another woman very eloquently and

emotionally described how she felt that the service – working with the women’s centre - was on her side:

*They have both [women’s centre and threshold worker] fought for my corner, when I thought there was no-one out there, who’d want to take me on, or want to fight for me, I thought I was just on my own, that I was alone, but now obviously I can say that I’m not, having these ladies around, it’s just been great... there are people out there who do actually care about people like me ...[she cries] (Service user)*

## Choice and control

Service users spoke highly of a service that gave them as much choice and control as possible, also comparing favourably to other services which (sometimes for statutory reasons) were highly directive:

*They tried pushing me to do it, the [YOT] worker, they tried saying, [name], you’re doing this, you are doing that, and it was like, I’m not. These are like, you can do it, these things are there if you want it, just take it if whenever you want it... I think they know me here, for four month(s). I knew my YOT worker for eight nine months but she didn’t know me. They have actually took time out to get to know me and stuff, and that’s good. (Service user)*

Some service users struggled with self-direction, but felt that the workers had the right approach in explaining and facilitating options:

*I don’t have a clue sometimes what to do or who to go to, or what I need to be doing, and I don’t know, they put everything into place, I know you shouldn’t have everything done for you, but they do it with you, they explain things... not ‘get this done!’...it really helps... they are not overbearing...but they will teach you. (Service user)*

Another user felt that she also needed direction and appreciated this, and felt that their confidence was teaching her how to lead in the future:

*...being told what to do, in the right way, with confidence, do you know what I mean, it’s really good...with people who have got a bit more zazz about them, they draw you in a bit more... strong character produces strong followers, once you have been a follower, you become a great leader don’t you, you’ve got to be a follower before you get to be a leader don’t you, and if you’ve got someone good to follow, then you have cracked it...people like me who have been in foster care all their life, who don’t really have that support, this service really gives you that kind of base kind of thing. (Service user)*

Central to both a strengths based and customer-led approach was respect for the project’s customers and a willingness and ability to really listen to women – both about their circumstances and their priorities for the future. It appeared this was being achieved with empathy and, crucially without judging people. The same customer who explained the workers had ‘fought [her] corner’ explained the importance of this:

*When she came to visit me the first time, her sitting, her sitting with me and actually listening to my story, that were the most helpful because she took it all on board... she sat there and listened to ME, and not judged me – like other people who I’ve been to see, I feel like they are judging instead of listening to me, and she wasn’t like that...and she took everything on board and that’s what she has worked off and it has just been*

*brilliant, her support and how much she has taken the time out for me really – she is really good because she has took the time out for me and no-one ever does that for me. (Service user)*

## Fidelity with the Housing First Model

There was clear evidence that the Threshold Housing First was following the core philosophy of the Housing First model. Women were exercising real choice and control over the support they received with a positive and non-judgemental framework of service provision that respected their opinions and responded positively to their needs.

The degree to which exact fidelity with the original model of Housing First, which had been copied closely in some countries like Canada and France, but modified in other contexts, including the UK, is still being debated. Three areas of discussion exist. One is whether or not the original model's use of an in-house multidisciplinary team, including dedicated drug and alcohol specialists, peer mentors, mental health and medical professionals who work for Housing First is required outside the USA, where welfare and health systems are more broadly accessible (the US has no equivalent of the NHS for example). UK services, in common with those in some other countries<sup>45</sup>, have tended to deliver Housing First as an intensive case management service only, with workers providing some direct support, but facilitating access to the treatment, support, housing related services, education, training and other services that people accessing Housing First choose to use. There is clear evidence that Housing First services which do incorporate multidisciplinary teams are effective, from Denmark, France and Canada, as well as the USA<sup>46</sup>. However, some systematic and large scale Canadian research has reported that intensive case-management versions of Housing First may have similar levels of effectiveness<sup>47</sup>, while the smaller, less robust, UK and European evidence base suggests the same broad finding<sup>48</sup>.

Another area of discussion centres on whether housing should be ordinary self-contained flats and houses, or whether it is acceptable for people using Housing First to live in congregate and communal settings. This has not really been an issue in the UK, because the statutory homelessness system and other services have always sought to provide ordinary housing as the solution to most homelessness, hence Housing First services use ordinary, self-contained, scattered housing<sup>49</sup>. In Europe and the USA, some congregate Housing First services (blocks of flats where everyone is a Housing First service user) exist and there are

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<sup>45</sup> Pleave, N. (2016) op. cit.; Busch-Geertsema, V. (2013) *Housing First Europe: Final Report* European Commission: Bremen/Brussels <https://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf>

<sup>46</sup> Nelson, G., Aubry, T. and Lafrance, A. (2007). A review of the literature on the effectiveness of housing and support, assertive community treatment, and intensive case management interventions for persons with mental illness who have been homeless. *American Journal of orthopsychiatry*, 77(3), pp.350-361; Pleave, N. and Bretherton, J. (2013) The case for Housing First in the European Union: A critical evaluation of concerns about effectiveness *European Journal of Homelessness* 7(2), 21-41.

<sup>47</sup> Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Connelly, J., Sarang, A., Whisler, A., Hwang, S.W., O'Campo, P. and McKenzie, K., 2015. Effectiveness of Housing First with intensive case management in an ethnically diverse sample of homeless adults with mental illness: a randomized controlled trial. *PLoS one*, 10(7), p.e0130281.

<sup>48</sup> Busch-Geertsema, V. (2013) op. cit.; Bretherton, J. and Pleave, N. (2015) op. cit.

<sup>49</sup> Bretherton, J. and Pleave, N. (2015) op. cit.

debates about whether this enables formerly homeless people to become socially integrated in the same way as if they live in the community<sup>50</sup>.

Another area where Housing First services can differ is in the extent to which they employ peer support, the use of what are sometimes referred to as 'experts by experience' (people who have experienced long-term and recurrent homelessness) as peer support workers and sometimes as front-line staff. Broadly speaking the evidence base on using peer support, which is a part of the original Housing First model, is positive, but it is also somewhat incomplete, there being a lack of clarity about what the specific benefits may be and at what level peer support should be used in order to be beneficial. This was an aspect of Threshold Housing First that was still under development during the period covered by this report.

Taking the *Housing First Guide Europe*<sup>51</sup> as a reference point, which is the basis for *Housing First England: The Principles* developed by Homeless Link, Threshold Housing First can be assessed against the following list of core components of Housing First<sup>52</sup>:

- Housing is a human right
  - Threshold Housing First follows this approach, seeking to provide suitable, independent housing as quickly as possible to the women it supports.
- Choice and control for service users
  - The delivery of the Threshold Housing First service supports this principle.
- Separation of housing and treatment
  - This is also an intrinsic part of the design of Threshold Housing First.
- Recovery orientation
  - This aspect of Housing First, supporting people to believe positive change is possible and to recognise their own strengths, is integral to the service.
- Harm reduction
  - Threshold Housing First follows a harm reduction approach in relation to drugs and alcohol.
- Active engagement without coercion
  - This aspect of Housing First centres on positive engagement with people using the service and is part of the Threshold approach.
- Person centred planning
  - Again this is an integral part of the Threshold approach.
- Flexible support for as long as is required
  - This principle was challenging with respect to the development of Threshold Housing First which had time-limited funding, but the future of the service is now looking more secure (see Chapter 6).

## Summary

The level of engagement with Threshold Housing First could be variable, with some women opting not to take up the service, while others were unable to sustain contact because of external factors. When the service was taken up and contact was sustained, the quality and range of support on offer tended to be regarded very positively. Women were often highly

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<sup>50</sup> Quilgars, D. and Pleace, N. (2016) Housing First and Social Integration: A Realistic Aim? *Social Inclusion* 4.4, DOI: 10.17645/si.v4i4.672

<sup>51</sup> <https://housingfirstguide.eu>

<sup>52</sup> See also Chapter 1.

impressed by the services they were receiving and the workers delivering Threshold Housing First had a positive view of what they were achieving, as well as agencies that they were working with. While some questions around the importance of fidelity to the original American model in the delivery of Housing First are still not entirely resolved, Threshold Housing First was clearly following the core philosophy of Housing First and was compatible with working UK and European definitions of what a Housing First should be.

## 4 Outcomes

### Introduction

This chapter explores the trajectories of the women using Threshold Housing First, reporting on the outcomes that were achieved. The chapter opens with analysis of the anonymised data collected on outcomes, looking at exits from the service, housing outcomes and changes around health, well-being and social integration. The achievements of the service are also explored in more depth with reference to the interviews with women using Threshold Housing First, with the Threshold staff team providing and managing the service and from the perspective of partner agencies.

### Housing Outcomes

#### Housing Sustainment

By June 2017<sup>53</sup>, 18 of the 33 women using Housing First had been found tenancies by the Housing First service. Twelve tenancies were housing association properties; six were in the private rented sector. A further two women had been referred to the service already living in tenancies (one social; one private rented sector), but where their tenancy was at risk. The main measure of success in Housing First projects is the proportion of people housed who remain stably housed on an annual basis/ at the end of the evaluation. This measure allows for any planned housing moves where people move to another more suitable tenancy.

Of the 20 women in tenancies, 16 women were still in tenancies at the end of the evaluation (6 of these were closed cases (average of 9 month's contact); 10 still open (average of 8 months). This represents an 80% tenancy sustainment rate. This rate of tenancy sustainment is similar to the broader evidence on Housing First in England and in other economically developed countries, where rates of between 70% to 90% are being achieved, usually summarised as a rate of about eight out of every ten service users.

Five of these 16 women had made planned moves over time. This included two moves from the private rented sector to a social rented tenancy, and one move where the first tenancy was not suitable to meet the person's needs associated with a disability.

In addition, the project reported that three of the 20 women had been supported by the project to move on from tenancies to live with other family members following difficulties with living independently (all closed cases). For example, one woman was supported to move in with her brother following neighbour complaints and domestic violence at the property. Another had been a target for domestic violence in the community and chose to move in with her mother and son. A third was supported to move in with her mother following breaches of her order whilst living in the tenancy. In these cases, the women did not become homeless again in terms of rough sleeping or living in temporary accommodation.

Only 1 tenancy was abandoned. The client abandoned the tenancy and lost contact with the service (closed case).

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<sup>53</sup> Data on housing outcomes was available for a slightly longer pilot period (until June 2017), whilst data on referrals only reported until April 2017.

## Other Housing Outcomes

As reported above, 20 of the 33 women had been housed (or helped to sustain tenancies) over the course of the evaluation.

Of the remaining 13 women, three women were awaiting rehousing. One person was living in a care home for older people, another was in custody and one was living with relatives awaiting housing.

In addition, there were 10 cases where the service had signed off the service user before a formal tenancy offer had been made. This was for a variety of reasons, including both positive and not so positive outcomes:

- One woman made a planned move to a care home arranged by a hospital team;
- Another woman chose to be referred to another service for housing;
- One woman declined support whilst living in temporary accommodation;
- One woman disengaged and sadly died (was of No Fixed Abode);
- Three women disengaged whilst living with family or partner;
- Three women were returned/ recalled to custody (two from living with family).

## Housing Quality

Nine women who had been housed in the social rented or private rented sector chose to share their opinions of where they were living with Threshold Housing First staff as part of the monitoring:

- All of the women in social housing were either fairly (four women) or very satisfied (two women) with their current home.
- Of the three women in the private rented sector, two were very satisfied and one reported that she was 'not at all satisfied'.
- The women in social housing reported they felt physically safe all or most of the time.
- One woman in private rented housing reported not feeling safe, the other two reported feeling safe most of the time.
- All the women in social housing reported that they felt in control of their home, as did two of the three women in the private rented sector.
- All the women in social and private rented housing reported that they would 'be sorry if I had to leave here and move somewhere else'.
- All the women in social rented housing and two of the women in private rented housing reported that their home made them feel they were 'doing well in life'.
- The women in social housing reported that they could do 'what they wanted, when they wanted' in their homes, which was also reported by two of the women in the private rented sector.
- All the women in social and private rented housing reported they could 'get away from it all' in their homes.
- Space standards in both social and private rented housing were described as sufficient with the exception of one woman living in the private rented sector.
- All the women in social housing described their homes as in 'good condition' as did two of the women living in the private rented sector.

- All the women in both the private and social rented sectors reported that they could afford the rent and the utility bills, also reporting that after they had paid the rent there was 'enough money left to live on'.

These findings indicated that when women had been placed in settled housing by Threshold Housing First, outcomes in terms of the quality and safety of the housing were often good, if not always entirely perfect. The women using the service, who had been rehoused, were often positive about their homes. They explained that the properties were in good condition and were either furnished or the project had helped them to furnish the property.

*It's a bedsit but its fully furnished, newly decorated, new carpets, new blinds, it's really nice. (Service user)*

The location of the properties was very important to service users. A number of women described how they were relieved to be living away from where they previously lived for safety reasons in the case of domestic violence and/or being away from wider negative influences of peer groups and problems associated with poor neighbourhoods. As described in the next chapter, a couple of users had to make a subsequent move to escape partners following them, but this was achieved and they were very pleased with the new properties. Threshold Housing First appeared to have succeeded in finding people properties in quiet neighbourhoods.

In most cases, women accepted the first property they were offered. Whilst they tended to have little choice over the type of accommodation being sourced, people were quite happy with this as long as the location and condition of the housing was suitable. The women had quite modest aspirations that centred around crucial concerns related to safety, comfort and refuge. One service user interviewed was not happy with her housing in the private rented sector; she really wanted to move into a Threshold property (especially as she had been housed in the past by them and had been impressed by both the accommodation and support). A second was living with family members waiting for rehousing and found this situation very hard.

Threshold Housing First staff also reported that some of the properties sourced were of quite a high standard whilst there were one or two that they really did not feel were suitable for people's needs. In one current case, they explained they were trying to get a person moved to a new property. Where housing was found, agencies reported that this was usually of a good standard and customers were happy with the properties. One property was reported to be a 'lower level of habitable property', having some problems with electrics and with a lack of furniture and curtains, however the respondent went on to explain how the Threshold Housing First helped sort out all these problems quite quickly.

## **Securing Housing**

### *Perspective of staff and other agencies*

Staff working in Threshold Housing First, and other agencies, all highlighted difficulties in accessing affordable and adequate housing in Greater Manchester. A shortage of housing was a general problem, with customers with complex needs and often failed tenancies in the past, finding it almost impossible to access housing without specialist assistance.

However, over time, Threshold Housing First had established relationships with housing providers. By mid-2017, they were working with four housing providers (three offering two

properties per year and one offering four properties per year) and a number of private landlords, as well as an agreement with every landlord in one of the three areas. The interim report noted considerable early success in accessing properties. However, it appeared that there were greater difficulties in accessing housing in the second year of the project, with some customers having to wait a number of months for housing. Due to these delays, the service made a decision to offer support to women who were waiting for housing, as they felt it was unfair not to do so, although they acknowledged that the ideal model would be to secure housing almost immediately and offer support alongside this.

Agencies also identified the wait for housing for some customers as the biggest challenge of the service in 2017. For example, one provider explained that they were supporting one of their clients who was currently sleeping rough but they were waiting for accommodation to be found. This agency representative was also trying other avenues to house their client. Another agency explained that the project seemed to find properties quite quickly in its first year but then the source seemed to dry up – they explained it was hard to keep clients engaged at this point and they had sometimes taken women off the service to get them a place somewhere else. Another agency reflected that the service was still undertaking intensive work with one of their clients whilst awaiting housing waiting for housing.

*Housing... that is the one problem with the service...they didn't seem to have access to actual properties... I could have referred all my caseload into them practically! (Agency representative)*

*I think it would be great if there were more properties available...because the staff are willing to do the work and usually the clients are willing to put their bit in too, it's just having the facilities there, the actual house and stuff. (Agency representative)*

*I believe that they do really good work but their hands are tied awaiting on properties... (Agency representative)*

#### *Perspective of Service Users*

In the first year of the service, customers were often amazed at the speed that the project was able to find them housing, often within a couple of weeks of referral. Only one of the eight women interviewed in 2016 described some problems with this process – where there had been some delays and problems with the flat – although these were overcome in the end. Most of the people interviewed in 2017 had been housed for some time (with some having planned moves with the service), however one interviewee had been waiting for rehousing for some months, she was staying with family but was really looking forward to getting her own home. She thought that the project should usefully provide supported accommodation to women whilst they were waiting for their independent property.

### **Impact and Meaning of Successful Rehousing**

Staff at Threshold Housing First highlighted the importance of housing:

*The thing is, when they got their accommodation, they realise they can achieve something...they've always wanted to change things in their life, but they've not been given that opportunity, because they've all exhausted services and resources... (Staff member)*

Customers explained that getting a property was a huge weight off their shoulders, that really did provide an opportunity for them to start building a new life.

*Just hearing those words that I've got a property on Monday, it has taken a big weight off my shoulders, it's like wow, it's a Godsend. She has been working with me for two weeks and she has just been so amazing, she's been my angel basically, I want to cry when she phoned me to let me know, I couldn't believe how quick she did it for me...when they phoned me this morning, I was over the moon – even though the sun was out I wanted the moon out to – to jump over!*

*What would you say is the most useful thing so far?*

*Getting me a property, because I thought how am I going to get myself sorted like without having somewhere to live, you know...it drives you on the beer because you've got nowhere, do you know, so and I am absolutely grateful that they have got me a property. First step isn't it?*

*I'm more settled... I've been having a lot of problems going on so it's like a massive weight off of my shoulders knowing that I am staying put. (Service users)*

The importance of a home in creating a sense of security and safety, sometimes called a sense of ontological (life) security has been highlighted in American research among longer term users of Housing First services. The role of housing as a base on which to build, providing settled and safe living was found to be significant in housing sustainment and movement away from homelessness among people using Housing First for five years or more<sup>54</sup>. Project staff explained that they referred to people's new housing as their 'forever home', this term seemed to be realised in some user accounts:

*I have never felt that anywhere has been home, but here, with the help they have given me, just doing things, I've got it to how I want it, I'll never move now, that will be me now.... And I feel safe. (Service user)*

*I feel like I'm making a nice home, it's not just a place, it's a home, and it's mine, I can call it mine, so that's a nice feeling as well, to say that I've got my own home. (Service user)*

One service user was currently facing a second housing move as they had dogs and there had been complaints from other neighbours. This was causing her considerable distress and felt like this was making her start all over again as she had felt settled in the flat.

## Health and Wellbeing

### Mental Health

Twenty-one women chose to share their own assessment of their mental health with Threshold Housing First. Of this group, 14 (two-thirds) described their mental health as good, a small number described it as 'good' (three women) and another small group of four women as bad, or very bad.

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<sup>54</sup> Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social science & medicine*, 64(9), 1925-1936, p. 1934.

Unfortunately, there was no monitoring data available on changes to mental health. However, women described how the support was helping them to better manage their emotions and difficult situations that they were often facing, and helping them reduce their anxiety by dealing with problems immediately and providing support.

*Don't get aggressive with people, don't get violent, ring me, sound off to me' and we talk about it the next day... It's really helped, really really helped, because I am quite aggressive and I lose my temper real quick ... with them I can swear and get it all out, and then say thank you!... I'd be lost without them.*

*I phone up [the worker] with a problem. I have no way of sorting this out, but [the worker] says, 'Calm down, give me 2 minutes, I'll sort it out', she phones back and it is sorted and I'm like, 'Wow', the big weight has gone off my shoulders, and I'm not stressed anymore for the whole day, otherwise I would be stressing for the whole week until I saw her... It's made me a happier person, definitely – and it's hard to make me happy! ... I get stuck in my little depression bouts, and obviously if I can't get out of them depressions then I'm going to stay like that, but [the worker] helps me out of it, she drags me out... go for a coffee, that gets me out of the house, it gets me meeting people and seeing the world, better than my own four walls. (Service users)*

Women described variable contact and experiences with mental health services. Whilst obviously playing a crucial role in some of their lives, the women were more likely to speak about how Threshold Housing First was supporting their mental health more generally – in terms of helping them to move on with their lives and look forward to the future.

*They have just helped with everything, absolutely everything, they have got my confidence back up... cos I've felt for the past few years, with my ex-partner, I've been like in a little shell and I've not been able to get out of it, but seeing them, talking to them and making plans with them, it has kind of opened me up a little bit... It sounds crazy like... she has done loads, absolutely loads. (Service user)*

For one woman, the service appeared to represent the last option for them, and one that had really transformed their mental health. This user was interviewed twice and she explained that there she had 'gone downhill' a few times, turning her phone off, but that the Housing First worker always managed to re-engage her, get her out and about and back on track.

*I know 100% that I would have topped myself – and I would have done it properly this time, there were no options for me, there was no avenues to go, there was nothing, I didn't have a clue what I was doing, the staff at [supported accommodation] were not doing anything to help, I was asking them... I had nothing, there was nothing I could do... but now I've got the world now! I feel so much better, taking care of my hair and my makeup – ask them what I was like when they first met me... I was just slumming, really bad, I was so depressed.... A different outlook on life now, completely. (Service user)*

Threshold Housing First staff believed that there had been some definite change in women's mental and emotional health in the main because the service could offer an intensive service – this meant that staff could assist people quickly to decrease anxiety, stress and worry, and also spend the time needed to reassure clients and undertake health enhancing activities.

*It is the time that we can give these ladies... Instead of that once a week somebody is coming around, they can ring me and say, 'I'm not feeling great, can you come around tomorrow?' I can spend all morning with them, do some baking, whatever it is that they want to do, for their mental health. I'm taking women to the gym as well and getting monthly passes for the gym to enable them to go on their own. That all helps their mental health. (Staff member)*

Project staff could also make direct referrals into one local mental health access team, and were seeking to replicate this in the other two local authority areas to ensure speedy referrals could be made where needed. The project was also hoping to also facilitate access to counselling services in the near future, something that service users had highlighted as needed.

Whilst agencies did not comment on mental health impacts in detail, a number did consider that the Threshold Housing First offered a potentially transformative service to women. The time and commitment to the women using the service, and the client led ethos, meant that there was a real opportunity to empower women to regain control of their lives and future in a positive way.

*A massive difference, an absolutely massive difference...the women that they work with, the investment that they can give is what they really need, it's the empowerment, it's the increase in their self worth... they can advocate for them, it is person centred. IF they had the stock of houses there, there wouldn't be a service that matched up to it, it's just absolutely outstanding, it just rises above anything else that I've heard of or worked with. (Agency representative)*

*I think it is having a massive impact... It gives somebody a great deal of independence and I'm guessing that that person would feel quite valued as well, you know, here is a property, we are going to help you, and eventually achieve a level of independence where you no longer need us, that is quite empowering for a person who has perhaps never had stable accommodation before. (Agency representative)*

## **Addiction**

Nine women had received support in relation to drug use and eight with alcohol use from Threshold Housing First. Threshold Housing First staff felt that some clients had achieved reductions in substance misuse that had not been captured by the monitoring to date. Others were still reportedly struggling with substance misuse issues and not engaging very well with services. Staff continued to encourage women to engage with specialist service within the harm reduction approach of Housing First. One agency representative commented that support with substance misuse had been helpful for one of their clients.

Three of the service users interviewed said that they had given up alcohol since being with the service, when previously they were heavy drinkers. A fourth service user interviewed felt that the support of the project had enabled them to reduce their alcohol intake.

*I feel better in myself as well you know, like I've cut down on the beer, they have changed my life to be honest, you know, getting out of [area] and keeping out of trouble... (Service user)*

## Physical Health

Twenty-one of the women opted to share their views on their physical health with the service. Twelve described their health as 'fair' and eight as 'good'. One reported that their physical health was 'very bad'.

Eight of the women who had moved into settled housing in the private or social rented sectors were registered with a GP, although only five reported they were registered with a dentist. Data were incomplete with respect to other women using the service, although a further 12 reported being registered with a GP and a further three with a dentist.

Use of A&E was still occurring while using Threshold Housing First, with six women reporting they had done so. This may reflect the underlying health status of the women, which both Threshold's anonymised administrative data and the evidence collected by the research team indicates could sometimes be poor.

The women were asked about their levels of physical activity, their diets and smoking. Most smoked and had not yet given it up, while only a few reported they were eating healthily. However, 14 women did report themselves to be 'physically active'.

Women did not talk about assistance with physical health to a great degree in the interviews, with the exception of staff always being there to help arrange, and often accompany them, to the doctors and other medical appointments, and how this was much appreciated.

## Social Integration

### Education, Training and Employment

Engagement with education, training and employment was limited among the women using Threshold Housing First. Existing research into the engagement of homeless people with these kinds of activities has stressed the importance of settled housing in providing a base from which to undertake education, training and work seeking activity<sup>55</sup>. Employers also usually expect someone to have a recognisable address before they will offer a job. The criminal records and the support and treatment needs of the women were also significant potential barriers to engaging in formal economic activity. Some data indicate that former women prisoners may face even more barriers to work than male former offenders, ranging from educational disadvantage through to harsh popular and cultural attitudes towards women offenders<sup>56</sup>.

Whilst there was very little concrete progress with formal ETE, a number of women described a positive outlook on the future, and some identified very specific ambitions in their lives often related to training for a particular occupation. It was notable that a number described how they wanted to train in a particular area, rather than simply saying they wanted to get back into work. The service appeared to be assisting women to imagine new possibilities in their lives, a first major step to transforming their lives.

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<sup>55</sup> Pleave, N. and Bretherton, J. (2016) *Crisis Skylight: Final Report of the University of York Evaluation* London: Crisis.

<sup>56</sup> Prison Reform Trust (2015) *Working it out: Employment for women offenders* London.

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Employmentbriefing180515.pdf>

*They have changed my mind-set about everything... things are looking up for me, things are starting to change and look good for me, and I quite like that idea, I like the feel of it. It has proper changed my mind-set about everything and thinking positive.*

*...way you're living is better.... Imagined a better place... better place than before...*

*... you know, I thought I had nothing so I might as well just let go [with alcohol], but now it's coming back up, and I can look to the future now...get on courses...I want to work... I know I'm going to get to the top, with their help, I know I am... (Service users)*

One woman who was hoping to get support with getting a place and funding for a HND explained that the worker had not yet had the time to look into this.

## **Crime and Anti-Social Behaviour**

The women who used Threshold Housing First all had been convicted for at least one or two offences. Thirteen of the 33 women had a history of repeated convictions, with a small number of this group being people who could be described as prolific offenders<sup>57</sup>.

The nine women who had been housed by Threshold Housing First and who were still living in either their private rented sector or social rented sector housing had collectively committed and been convicted of 72 offences. One woman had committed a single offence, another five had committed between two and five offences and three had committed more than ten offences, for which they had been charged and sentenced. Since they had been housed by Threshold Housing First they had not been convicted of any offences.

Looking at all the 33 women who had used Threshold Housing First, who collectively had been sentenced for a large number of offences<sup>58</sup>, there was evidence that offending behaviour continued among some individuals. As described in Chapter 2, three women were returned to prison and their contact with the service ceased, a fourth woman also spent time in prison, but was an open case, still receiving support, as at April 2017.

However, offending behaviour was confined to this small group, only four women were either returned to prison and/or committed an offence, during the period for which they were supported by Threshold Housing First. These data are not conclusive in the sense that the reasons why offending patterns change over time are complex and can reduce simply as people become older. Nevertheless, women who were in sustained contact with Threshold Housing First appeared to show a marked reduction in convictions and offending behaviour, compared to the patterns of conviction they reported prior to engaging with the service.

Whilst Threshold Housing First was provided for women offenders, or those at risk of offending, few women discussed this aspect of their lives with the researchers. Although probing questions were avoided in the interview, it appeared that support with offending issues were also not central to the support service. One woman explained that they had asked her if she needed any support with (re) offending, she had said no, and they had left it at that. However, one woman explained that the Threshold service could potentially help her to avoid custody:

*I: What difference has the Threshold service made so far?*

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<sup>57</sup> See Chapter 2.

<sup>58</sup> See Chapter 2.

*Everything, I don't know, I can't really explain it, it's just like is it real?! This time [in prison] if I had known more about Threshold, I think I would have gone straight towards working with them, as well as the women's centre, cos that is what I should have been doing on Probation, and then if I had known I could have got somewhere housing wise, I probably would have gone in a different direction and stuck to it..*

*I: Which would have meant...*

*No prison.(Service user)*

Threshold Housing First staff explained that monitoring had found a significant reduction in offending. Staff felt that the stable base and support, with a high degree of encouragement and positivity, had made a difference. Effective inter-agency working with probation and other agencies also helped to keep customers on track.

A number of agencies reported that the service was having a direct impact on reducing reoffending. Two statutory agencies spoke about how the service was providing 'protective factors' via stable accommodation and getting people out of abusive situations, and addressing other 'criminogenic' risk factors related to reoffending such as addressing financial problems, helping with family and other social networks and providing someone who 'cares':

*...giving them a life back independently, gives them something to live for and stay out of trouble for... I genuinely believe that it reduces risk, risk of harm, to the women themselves, to the public, to reoffending... (Agency representative)*

*...certainly in terms of the risks for reoffending, having a stable address and this level of support massively helps that, she has now been reduced to medium risk [from high], a large part of that was having this stability and this extra support... (Agency representative)*

The mainstream housing provider interviewed explained that the support from the project had enabled anti-social behaviour to be minimised in their tenancies:

*I'm not saying that there are no issues as there always will be issues with clients with complex needs moving into a home... there is a lot of support that goes in, there is a high degree of empathy and sympathy but also from the client a willingness to try and get their lives back on track and maintain the home that they've got. (Agency representative)*

## **Social Networks**

### **Relationships with (ex-)Partners**

Only two people were recorded as living with a partner as at April 2017. As Chapter 2 showed, 31 of the 33 women using the service had experienced domestic violence in the past, and interviews with service users and project staff confirmed that many women were currently escaping domestic violence.

Project staff explained that the service had supported many women with domestic violence situations, linking women into specialist domestic violence services and ensuring that properties were secure and they had access to personal alarms. In one area, they could access a sanctuary scheme for customers. Multi-agency working was key to progress with

links to women's centres courses and referrals to MARACs. The project also talked about healthy relationships. Some customers were now safe for the first time in a long time. The project also has links with the police for one housing provider's properties so they all have markers so it is a known domestic violence address. They also have access to their housing group's security team who can patrol outside properties. However, staff admitted that they were not successful in every case and some moves had been made for women to escape partners who were still pursuing them, into both refuges and on to new tenancies in other areas.

Service users explained that the project (often working with women's centres) was succeeding in helping women address previous domestic abuse in their lives – this was having a huge impact in terms of assisting them away from physically and emotionally harmful situations.

*I: What difference has the Housing First service made to you?*

*It's just given me a new lease of life, it's like I can think about taking care of myself, instead of just like having to worry about my ex-partners, I don't have to go out grafting so I have to pay them so I can stay there, it's just took all that weight away (Service user)*

Two of the women interviewed explained that the project had re-located them during their period of support because of the risk of domestic violence, one women had to go into a women's refuge for a couple of weeks and had now been resettled, the second woman now felt she had a much safer house.

*This one is better as it has got a front and a back door, the first one only had a front door and he used to stand in front of it, so I had no exit...so I didn't feel particularly safe in that place... and I've got security doors now as well so I feel a lot safer. (Service user)*

## Relationships with Children

Only two women were living with children at April 2017, although the majority of service users were parents, whilst some children were now grown up, many had experienced their children being taken into care. Whilst it was not possible for the project to transform women's lives in two years to allow the return of children, a number of service users and staff reported positive steps forward in terms of assisting with contact arrangements.

*I've got children, they are fostered out, I've got a letter-box, so [the worker] is going to help me see if there is a way that I can send letters and photos and things like that to it, so we are looking into that as well. (Service user)*

One women, interviewed twice for the research, had already had children adopted but was being supported to visit her new baby in foster care. The service user and project staff both thought that this contact would have broken down if it was not for the support. As well as attending appointments, the worker had advocated for her to ensure that the same contact worker, as changes were causing her anxiety. The service user explained:

*[The Housing First] worker even comes to contact sometimes, because if I'm having a really bad day, I struggle at contact, leaving the baby, like walking away from her, so [the worker] has to come just for the separation bit, which has massively helped me,*

*well it has stopped me picking up my daughter and walking away with her...They interact with social services because they don't believe a word I say... (Service user)*

## Relationships with wider Family and Friends

Twenty-two women shared details about their level of contact with family. The largest single group (twelve women) reported seeing family daily or several times a week, with the next largest group of five reporting several times a month. Four women reported seeing family a few or several times a year, with only one reporting no contact. This group of women were not necessarily representative of lone homeless women as a whole, but the contrast with what would normally be expected among men with the same experience of homelessness, i.e. very high rates of social isolation, is quite striking and again points to the differences that can exist between women and men who become recurrently or enduringly homeless<sup>59</sup>. Again, data were not complete, but anonymised data shared by Threshold showed 17 women were recorded as having support from family and friends.

Some women interviewed explained that their relationships with family had improved. For example, one woman said that contact with her mother had broken down two years ago, but they had recently re-established contact. This same woman had been rehoused close to other family members and she was now able to assist her sister with childcare. Another woman explained that after two years support:

*I've got my family back now as well because they have seen how good I've been doing...so that is another good thing that has come out of it all as well. I'm happy about that... really that is through Threshold because they have helped me get back on the straight and narrow. (Service user)*

Few women spoke about friends. A couple of service users clearly felt that the project was providing them with a support network through the workers. One person felt that the workers were like 'friends', and another explained,

*I don't have family, well I do but they are all mentally ill and in supported or sectioned or in long term places, so I don't have that support network, so this kind of gave me my support network...somebody who I could talk to or get on the phone... she just gives me that place to be able to, I don't know, exert myself and then just calm down. (Service user)*

## Relationships with Neighbours/ Neighbourhood

Seventeen women shared their views on how they felt about their neighbourhood. Only three women out of the seventeen who shared their opinions reported a 'fairly strong' attachment to their neighbourhood with the remainder reporting they either felt only a limited attachment or 'did not know' if they felt a strong attachment to their neighbourhood. The nine women who had been housed in the private rented and social rented sectors by Threshold Housing First reported that they did not know if they felt a strong attachment to their neighbourhood. Although they are incomplete, these data might be seen as suggesting a low level of social integration among the women, but it must be remembered that only some were in settled housing and that some neighbourhoods can have a low level of social

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<sup>59</sup> Bretherton, J. (2017) Reconsidering Gender in Homelessness. *European Journal of Homelessness* 11(1), 1-21.

integration, particularly where an area is characterised by socioeconomic deprivation, as some parts of Greater Manchester are<sup>60</sup>.

It was clear from the accounts of both service users and Housing First staff that many of the women found it difficult to go out unaccompanied and this was likely to have limited their ability to connect with neighbours and the neighbourhood more generally. As one woman explained, *'I keep myself to myself really, it's the best way to be really....I don't like going out anywhere on my own'*. However, this user went on to explain that the worker was helping her with this and accompanied her to museums or for walks. Others were being helped in similar ways. One service user mentioned that she always had problems with neighbours but her new ones were quiet and had been helpful to her.

## Summary

Threshold Housing First was delivering some important outcomes with a group of long-term and recurrently homeless women, with histories of offending and with high and complex needs. Positive housing outcomes and an increase in residential stability were being achieved for women whose lives had been characterised by homelessness and there was evidence of clear reductions in offending behaviour, particularly among women who had been rehoused, but also more generally. There were also some positive impacts reported by women on the impact of the service on their mental health and well-being. Whilst impacts in some areas, notably social integration, were more varied it would not be realistic to expect any Housing First service to deliver universally positive outcomes in a very short period of time. Recovery from the experiences that may have been important in causing homelessness, or which arose during homelessness and made exiting homelessness more difficult is not an overnight process.

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<sup>60</sup> Once housing costs are taken into account 19.4% of households across Greater Manchester are living in poverty, see: Inclusive Growth Analysis Unit (2017) *Patterns of poverty in Greater Manchester's neighbourhoods: Analysis of small area poverty estimates for 2014* <http://hummedia.manchester.ac.uk/institutes/mui/igau/growthmonitor/GM-MSOA-poverty-briefing-note-2017.pdf>

## 5 Estimates of Cost Effectiveness

### Introduction

This chapter estimates the broad cost effectiveness of Threshold Housing First.

### Contrasting Threshold Housing First and ‘Treatment as Usual’

Drawing on recent analysis on the costs of single homelessness in England<sup>61</sup> it is possible to produce some broad estimates on the potential cost savings that can be achieved by Threshold Housing First. This is simply a process of contrasting the likely patterns of service use by a homeless woman with complex needs if she is without Threshold Housing First, compared to her patterns of service use if she is using Threshold Housing First.

There are three basic scenarios that can help understand the broad cost effectiveness of Housing First:

- Threshold Housing First significantly reduces the service use of a woman who has made very extensive use of homelessness services and NHS services and who has had sustained and recurrent contact with the criminal justice system, providing a solution to homelessness which has a much lower cost than her previous patterns of service use, i.e. a *cost saving* is generated by Threshold Housing First.
- Threshold Housing First ends the homelessness of a woman whose patterns of service use are expensive, but which may not be much more expensive than using Housing First. Here the scenario which is explored centres on the potential *cost effectiveness* of Threshold Housing First, i.e. the service might have similar financial costs to existing services, but may end homelessness more efficiently.
- A woman is experiencing sustained or repeated homelessness while she has only limited contact with services, for example a woman with complex needs has spent significant time living rough. In this scenario, the costs of providing her with Threshold Housing First will mean there is an initial spike in spending, because she is using the service and the service is connecting her to health, welfare, social care, drug and alcohol and other services which she requires, but has not been accessing. In this scenario, financial efficiency may be increased over the medium to long-term because, if her homelessness persists, the costs of ending her homelessness are likely to escalate.

These three estimates are of course predicated on the assumption that Threshold Housing First will be effective. There will be situations, as this report has described, where engagement with the service will not occur, or where it is not sustained, and in which resources have been used without there being a clear, positive outcome. Equally, however, a service like Threshold Housing First may produce some benefits which have financial implications, even in those instances where housing is not necessarily secured and sustained,

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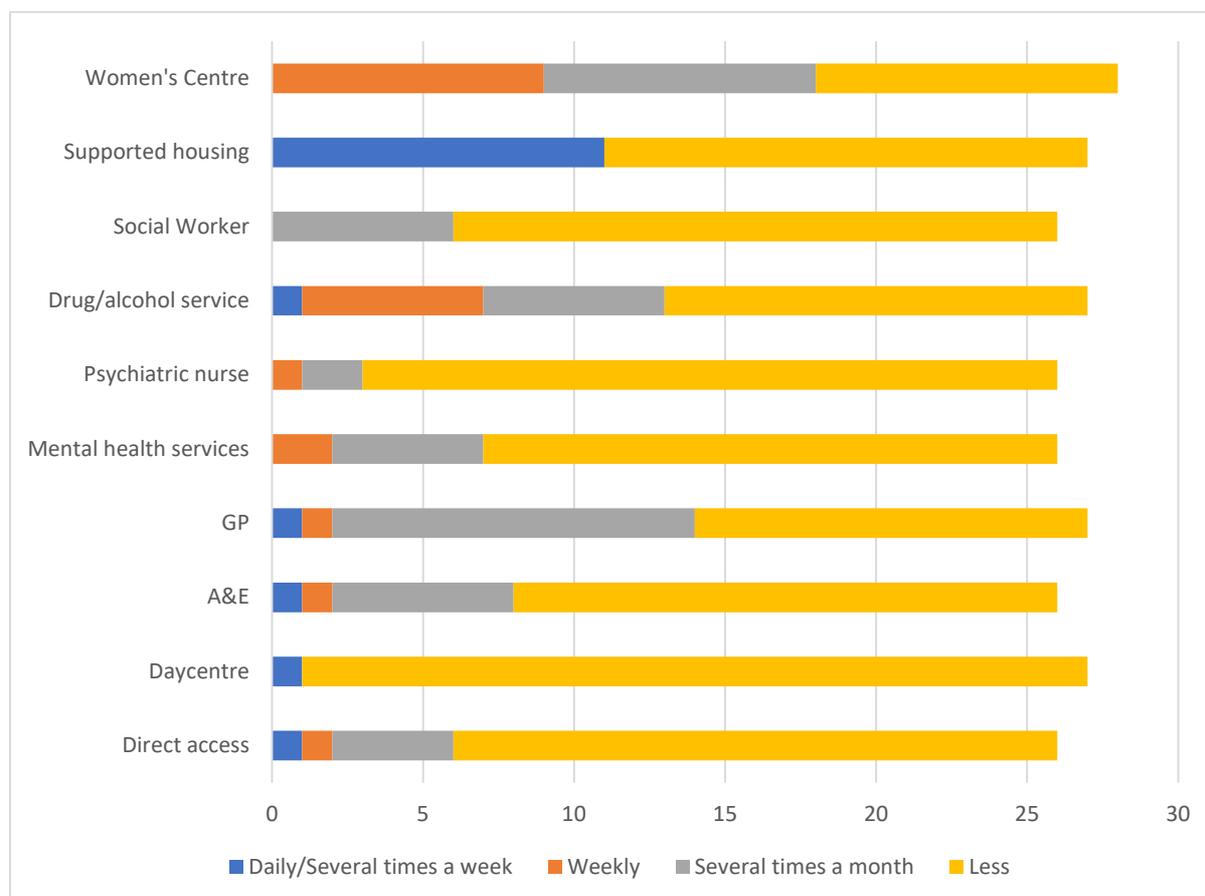
<sup>61</sup> Pleace, N. and Culhane, D.P. (2016) *Better than cure? Testing the case for enhancing prevention of single homelessness in England* London: Crisis.

i.e. relative stability while supported by Threshold Housing First may produce short and medium-term reductions in some service use.

## Estimating the Cost Effectiveness of Threshold Housing First

Figure 5.1 shows patterns of service use at assessment reported by the women using Threshold Housing First. Women’s centres received quite high usage, as did drug/alcohol services and GP services. Use of A&E, direct access (night shelters), day centres and psychiatric nurse and mental health services was less common. As described in Chapter 2, contacts with the criminal justice system at assessment were widespread and in some cases, frequent.

**Figure 5.1** Self-Reported Patterns of Service Use at Assessment (number of women)



Source: Anonymised data collected by Threshold.

Exact data on how these patterns of service use had changed with contact with Housing First were not recorded by the administrative data collected by Threshold. However, there was a clear picture from the fieldwork that when women had engaged successfully with Threshold Housing First, housing stability and support from the Housing First workers had reduced overall service use. One area that was recorded, changes in offending over time, showed a marked reduction once women were using Threshold Housing First<sup>62</sup>.

<sup>62</sup> See Chapter 4.

## A High Cost, High Saving Scenario

The approximate cost of Threshold Housing First for the first ten months was £92,000 (between 1<sup>st</sup> November 2015 and 31<sup>st</sup> August 2016) i.e. about £9,200 a month. This would mean an approximate total of £766 per person, per month, assuming 12 women were being supported, which would equate to £9,192 per woman using the service per year and an annual budget of some £110,000. These costs include only the support element of the Housing First service, housing costs are handled through the benefit system (and/or any income the women using the service may earn).

For the purposes of this scenario, it will be assumed that one woman would have the following pattern of service contact over the course of one year:

- Two weeks living rough, visiting a day centre every day
- One month hidden homelessness, visiting a day centre three times a week
- Three months in a homeless hostel offering low intensity support
- Six months in temporary supported housing offering more intensive support
- Ten visits to A&E because she is not registered with a doctor
- An emergency admission to hospital, including an ambulance
- Arrested and charged three times for minor offences
- Arrested and charged, serving one month's imprisonment
- Spends two weeks in a residential mental health service
- Sees a community mental health service once a week for three months
- Sees a drug and alcohol worker twice a week for two months

The approximate costs of this pattern of service use, exclusive of accommodation costs for the hostels, would be in the region of<sup>63</sup>:

- £208 for day centre use.
- £1,152 for the support provided by a homeless hostel offering low intensity support for three months.
- £6,006 for the support provided by medium intensity supported housing for six months
- £1,989 for 10 A&E visits.
- £3,636 for a hospital admission, being brought in by ambulance.
- £2,157 for being arrested and detained three times.
- £2,786 for being arrested and imprisoned for one month.
- £7,168 for staying in a residential mental health service for one month.
- £1,950 for use of community mental health services.
- £1,116 for use of drug and alcohol worker services
- Approximately £28,168 in total support costs.

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<sup>63</sup> Estimates are based on data collected for the Pleace, N. and Culhane, D.P. (2016) op. cit. which covered a few local authority areas, none of which were in Greater Manchester. Costs in Manchester may be higher or lower. See Pleace, N. and Culhane, D. (2016) for sources. Data on prison costs (female open prison) are based on Ministry of Justice Figures from *Costs per place and costs per prisoner by individual prison: National Offender Management Service Annual Report and Accounts 2015-16 Management Information Addendum*.

There is an element of accommodation cost for the hostel stays, which are *not* included here, although rents for hostels and supported housing which is provided on a congregate or communal basis may be higher. As institutional costs, hospital stays and imprisonment are presented as a total.

Based on the patterns indicated by the research presented above, it is realistic to envisage a different scenario if the woman in this scenario were successfully using Threshold Housing First. There would be the cost of the service itself, around £9,192 in support costs per year, but assuming the service ensured she was stably housed and in contact with the right services, subject to her own choices about the support she needed, other costs might be much lower. Assuming there was zero offending, a not unrealistic scenario given the findings shown in Chapter 4, criminal justice costs would be zero.

A further assumption that her mental health needs would be supported might mean there was no need for admission to residential mental health services. However, as her drug and alcohol and mental health issues would remain, contact with community mental health services and with drug/alcohol services might need to be retained at similar levels, leaving those costs the same. Equally, while she should be supported to register and attend a GP, her health needs would remain, so the A&E costs, ambulance and hospital admission costs would not occur, but she would attend the GP multiple times over the course of a year (we can assume say 10 consultations at around £650 in total). The GP might arrange access to drug/alcohol and mental health services more quickly and on a more sustained basis, which can be allowed for by doubling her use of these services.

Her costs, in terms of service use, would therefore drop to approximately £15,974, some **£12,196 less** than the scenario where she is not using Threshold Housing First. Again, this is net of accommodation and housing costs, the figures are just in relation to spending on services, in summary<sup>64</sup>:

- £9,192 on Threshold Housing First support
- £650 on GP appointments
- £3,900 for use of community mental health services.
- £2,232 for use of drug and alcohol worker services
- £15,974 in total spending, a saving of **£12,196**.

It can be seen that achieving this kind of result even ten times produces what start to become quite significant savings, meaning that a service like Threshold Housing First starts not only to pay for itself, but actually reduces total expenditure on homeless women with high and complex needs. Of course, the picture is likely to be somewhat more complex than this, because we know that the costs of single homelessness are not constant<sup>65</sup>, so this chapter will briefly move on to consider two other illustrative scenarios.

There are potentially higher costs than these for some women experiencing recurrent and sustained homelessness. These would arise, for example, if she had spent more time in NHS residential mental health services, served a longer prison sentence or where she had been resident in supported housing offering high intensity support, which would have a higher weekly cost. Finally, of course, if her residence in supported housing had been more

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<sup>64</sup> See Pleace, N. and Culhane, D.P. (2016) *op. cit.* for sources for these estimates. This study on costs covered a few local authority areas, none of which were in Greater Manchester. Costs in Manchester may be higher or lower.

<sup>65</sup> Pleace, N. and Culhane, D.P. (2016) *op. cit.*

sustained, i.e. she had been resident in hostels or temporary supported housing for the entire year, the savings would also be greater.

## A Medium Cost Scenario

The financial case for a service like Threshold Housing First may not always rest on generating large savings, it will also sometimes be a matter of greater efficiency being delivered for the same level of spending. This has been a crucial argument in supporting the development of Housing First and other housing-led services in the United States. In the USA, the use of Housing First has been encouraged not because the service necessarily saves money - in fact costs can be broadly similar to other homelessness services – but because Housing First ends recurrent and long-term homelessness among people with high support needs more *efficiently* than other services, i.e. better outcomes are achieved for a similar level of spending<sup>66</sup>.

For the purposes of this scenario, it will be assumed that one woman would have the following pattern of service contact over the course of one year:

- Two months living rough, visiting a day centre every day
- Two months of hidden homelessness, visiting a day centre five days a week
- Eight months in a homeless hostel offering medium intensity support
- Eight visits to a GP she is registered with
- Arrested and charged twice for minor offences
- Sees a community mental health service once a week for six months
- Sees a drug and alcohol worker once a week for six months

In this scenario, the woman is in a more stable situation, she has been in medium intensity supported housing for a longer period and is registered with a GP, who has facilitated access to drug/alcohol and mental health services for a more sustained period. She has been arrested, but has not been imprisoned, nor have her mental health problems reached crisis point and required an admission into an NHS residential psychiatric service.

The approximate costs of this pattern of service use<sup>67</sup>, exclusive of accommodation costs for the hostel, would be in the region of:

- £832 for day centre use.
- £8,085 for the support provided by medium intensity supported housing for six months
- £520 for visiting a GP eight times.
- £1,438 for being arrested and detained twice.
- £3,900 for use of community mental health services.
- £3,244 for use of drug and alcohol worker services
- Approximately £17,999 in total support costs.

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<sup>66</sup> Culhane, DP (2008). The costs of homelessness: A perspective from the United States. *The European Journal of Homelessness*, 2(1), 97-114.

<sup>67</sup> Estimates are based on data collected for the Pleace, N. and Culhane, D.P. (2016) op. cit. which covered a few local authority areas, none of which were in Greater Manchester. Costs in Manchester may be higher or lower. See Pleace, N. and Culhane, D. (2016) for sources.

Here, an alternative scenario in which she is being supported by Threshold Housing First looks similar in terms of cost. Her treatment needs will still be present, so use of the GP and access to community mental health and drug/alcohol services may be very similar. The costs that may not occur, based on what this research has shown, are those associated with being arrested and, of course, the daycentre and supported housing costs that will not arise because she has been housed by Threshold Housing First.

- £9,192 on Threshold Housing First support
- £520 for visiting a GP eight times.
- £3,900 for use of community mental health services.
- £3,244 for use of drug and alcohol worker services
- Approximately £16,836 in total support costs, a **reduction** of £1,163.

In this scenario, Threshold Housing First costs about the same as the pattern of service use that would have occurred if the woman had not had access to the service. The difference of course, lies not so much in the costs, but in the fact that she has sustained an exit from homelessness, with all the attendant risks and costs associated with sustained and recurrent homelessness being removed. In this kind of scenario, Threshold Housing First is still paying for itself and generating a small saving, but, crucially, similar levels of spending are achieving more, because an exit from homelessness has been achieved.

### **A Scenario where Threshold Housing First may increase Short-Term Costs**

The exception to a service like Threshold Housing First either offering a potentially better outcome at a similar cost, or a significant financial saving and a better outcome is where recurrent or sustained homelessness associated with high support needs is not associated with significant service use. This would be a situation in which a woman with complex needs was living rough, squatting or in some other arrangement, such as living in a tent or a car, and was making little or no use of support services. She might access food and low level support at a daycentre, but would not stay in emergency accommodation, she has no contact with the NHS and, if she is committing any crime, she does not get caught doing it.

In this instance, costs go from what is probably a very low level to a considerably higher level. Part of this is because instead of receiving little or no support, she is instead receiving Threshold Housing First, but the main costs may be because Threshold Housing First starts to connect her to the benefits system, NHS and other services. This is a possible scenario, but in reality costs are unlikely to be near-zero on a sustained basis if her homelessness is sustained. 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>68</sup>. Equally, as homelessness persists, the costs of extricating someone from it tend to increase.

The referral points for many of the women using Threshold Housing First are also important to note here, as many had been in prison. The role of Threshold Housing First in providing the residential stability and support that can reduce recidivism is clear, the service was associated with marked reductions in offending. The potential for cost saving and for better use of spending on homelessness associated with a history of offending also extends to the reductions in contacts with the criminal justice system.

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<sup>68</sup> Pleace, N. and Culhane, D.P. (2016) op. cit.

## Potential Savings in Local Authority Spending

The potential savings for local authorities and across the Greater Manchester Combined Authority, centre on two main areas of expenditure:

- Provision of temporary supported housing
- Administration of the statutory homelessness system, specifically:
  - Homelessness prevention and relief
  - The Main Duty

Again, the financial benefits of Threshold Housing First can be shown by using an illustrative example. Focusing just on local authority spending, if we assume a woman with complex needs visits a Housing Options Team three times, receives two preventative interventions which are unsuccessful and is accepted as statutorily homeless and owed the Main Duty on her third visit, being placed in temporary supported housing for six months before she is rehoused, the potential direct cost might look broadly as follows<sup>69</sup>:

- Two unsuccessful preventative interventions costing £800 each.
- Found statutorily homeless and owed the Main Duty, costing £800.
- Temporarily accommodated in a B&B will assessment is carried out, £70 a night for two weeks, £980.
- Placed in supported housing on a temporary basis for six months, at £230 a week in support costs, £5,980 (the benefits system will pay her rent).
- Total costs of £9,360.

This is only an illustrative example, but the local authority has spent the equivalent of the cost of a year of Threshold Housing First, while only getting the woman to the point where she housed. This woman has complex needs, she will require something like Threshold Housing First in order to sustain her tenancy, i.e. there will be more spending needed to sustain an exit from homelessness. By contrast, a referral to Threshold Housing First would, if all goes well, remove these costs. The potential role of Threshold Housing First at strategic level in the Greater Manchester Combined Authority, in the context of the 2017 Homelessness Reduction Act, is discussed in the next chapter.

## Measuring Costs

Ideally, systems should be in place to measure costs more effectively. One way to do this is to compare two groups of very similar women over time, with one group using conventional services to end their homelessness and the other using Threshold Housing First. This kind of study can be extremely useful, because it can clearly evidence the kinds of cost benefits that a service like Threshold Housing First may generate, but, in practice, this kind of work is difficult to get funded in the UK.

Another approach is to merge or collect data on historical patterns of service use. Understanding what women's patterns of service use were prior to engaging with Threshold

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<sup>69</sup> For assumptions/sources see Pleave, N. (2015) *At What Cost? An estimation of the financial costs of single homelessness in the UK* London: Crisis.

Housing First and then comparing changes in service use over time, can give a good indication of where financial benefits may be achieved. The longer the period that can be analysed, the better in terms of understanding what the cost benefits of a service like Threshold Housing First are.

In the meantime, it is possible to estimate and to model, as has been attempted in this chapter. It can be seen there is the potential for Threshold Housing First and similar services to deliver better results for similar expenditure and, in some cases, to potentially reduce overall spending. However, there is a real need to collect hard data that can show how patterns of service use may change as a result of engaging with Threshold Housing First and – ideally – to run a trial that will compare Threshold Housing First with the other service options for women with a history of homelessness and high and complex needs.

## Impact of Project on Agencies

A number of agencies commented that the Threshold Housing First service had a positive impact on their service, in terms of supporting their work, either via relieving the pressure on them where they did not have enough time to support their clients, or by supporting their agencies aims by helping women into a more stable situation so that their work is likely to be more effective. A refuge provider also pointed out that people stay in refuges longer because they cannot access appropriate properties. Whilst it was not possible to cost these impacts, these would represent cost savings.

*The service that I work in, it relieves us as if they are attending an appointment with the support worker, I don't need to necessarily see... it helps us to have someone there giving extra support... (Agency representative)*

*We are trying to do some in-depth work around thinking skills, problem solving, well when you've got someone coming in who is street homeless, it's very hard to do that kind of work, when their acute needs are so high, and our service there is very little that we can do about that, so unless you get that sort of stable base, that is the foundation that we need to work on, I don't see how we can do any meaningful work really, you know, goal setting, goal achieving, if someone doesn't know where they are going to sleep tonight, how can we talk about problem solving or look at reducing reoffending... massively, massively positive... (Agency representative)*

## Summary

At present it is not possible to provide exact data on the cost effectiveness of Threshold Housing First. Modelling the potential costs of the service compared to other possible patterns of service use indicates that there is clear scope for Threshold Housing First to potentially deliver better outcomes at a similar or lower cost than existing services.

## 6 The Future for Threshold Housing First

### Introduction

This final chapter critically assesses the achievements of Threshold Housing First and then considers the case for further development of Housing First services with a specific focus on homeless women.

### The Achievements of Threshold Housing First

Threshold Housing First represents a significant innovation and a significant achievement. Much has been accomplished by a service that has highlighted an extremely damaging form of homelessness among women with very high and complex needs, recognised and supported their strengths and provided them with a sustainable exit from homelessness. Among the women who agreed to be interviewed, the crucial role that Threshold Housing First had played in facilitating an exit from homelessness and helping them with their other needs was emphasised again and again. For some of the women, engaging with Threshold Housing First had been life changing. These findings are reinforced by the findings from discussions with partner agencies about the contribution of Threshold Housing First and in the opinions of the staff about the quality of the service they were providing.

No service is perfect and there are issues with attrition and challenges in securing the right kind of housing with sufficient speed, but these issues should not distract from the very considerable achievements of Threshold in developing and piloting this Housing First service.

Threshold has actively promoted the Housing First service and engaged proactively with partner agencies. As is described below, collaboration with a philanthropic partner has now assured the future of the service for the next three years and created the potential for Threshold Housing First to undertake a key role in the Greater Manchester Combined Authority response to homelessness at a strategic level.

### The Case for Dedicated Housing First Services for Women

This is the first examination, so far as the authors are aware, of a Housing First service focused specifically on women. While Housing First services have been working with women since they first became operational in New York in the early 1990s, their focus has tended to be more towards men, because these services were targeted on men who were long-term and recurrently homeless and living rough or in emergency accommodation. Understanding of the possible extent of homelessness among women with complex needs is starting to change, as new evidence reveals the extent to which this group relies on friends, relatives and acquaintances to keep some sort of roof over their head starts to become apparent, and the hidden nature of women's homelessness begins to be properly understood<sup>70</sup>.

That the women using Threshold Housing First have distinct, gender-specific, support needs is self-evident. The main evidence for this can be summarised as follows:

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<sup>70</sup> Bretherton, J. (2017) op. cit.

- The extent of experience of gender-based or domestic violence and abuse, both as a factor in homelessness causation, but also as a near-universal life experience among the women using Threshold Housing First. The successful management of former and ongoing abusive relationships, ensuring women are safe, secure and are getting the support they need, is a core function of the service, because without ensuring the safety and wellbeing of the women using it, the Threshold Housing First service cannot provide a sustainable end to their homelessness.
- The consequences of fractured relationships also created specific needs. These women had very often lost contact with their children, in some instances having them removed due to Child Protection concerns, which again could often mean they had specific support needs.
- Threshold Housing First was targeted on a specific group of women in the sense that alongside high and complex support needs and often sustained experience of homelessness, many were ex-offenders. Whilst their engagement with Threshold Housing First often showed their strength and capacity, the support needs of these women were very high. There are hints from other research that women with experience of sustained and recurrent homelessness may have typically higher needs than men. Whilst it is not possible to confirm this, the women using Threshold Housing First had typically higher needs than the largely male groups using the English Housing First pilots<sup>71</sup>. The initial pilot of the Camden Housing First service, which has since expanded also found some evidence that women had typically higher needs than men<sup>72</sup>.

These kinds of support needs and experiences are, of course, not limited to women. Men will sometimes experience domestic violence and abuse and there can be high support needs associated with what is a highly traumatic experience. Men will also experience fractured relationships with their children and, as with women, there are male individuals who represent the highest extremes of complex need found among homeless people.

It is arguable to say that experiences will not necessarily be processed and coped with in the same way by each gender, i.e. women may need other women who understand their needs, within a broader cultural context in which men may also feel more comfortable receiving support from other men for the same reason. It is clear that men and women use health services in different ways, for example<sup>73</sup>, and that may suggest they want and need different things from homelessness services.

Yet the real differences and the case for dedicated Housing First services for women may ultimately rest on the differences in the frequency and extent of these experiences. The reality is that men experience domestic violence and abuse at a fraction of the rate experienced by women, so that while domestic violence is not a wholly female experience, it is, in the UK and globally, an overwhelmingly female experience<sup>74</sup>. Equally, long-term and recurrent male homelessness is often broadly characterised by an absence of relationships

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<sup>71</sup> Bretherton, J. and Pleace, N. (2015) op. cit.

<sup>72</sup> Pleace, N. and Bretherton, J. (2013) op. cit.

<sup>73</sup> Bertakis K.D., Azari, R., Helms, L.J., Callahan, E.J. and Robbins J.A (2000) Gender differences in the utilization of health care services. *Journal of Family Practice*. 49(2).

<sup>74</sup> Garcia-Moreno, C., Jansen, H.A., Ellsberg, M., Heise, L. and Watts, C.H. (2006) Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, 368(9543), pp.1260-1269.

for protracted periods<sup>75</sup>, whereas almost all the women using Threshold Housing First had children and very recent ex-partners. Whether women who are long-term and recurrently homeless tend to have even higher support needs than men is not yet possible to judge, but that possibility also exists.

There is no evidence to suggest that there is any requirement to modify the core principles of the Housing First in order to provide a service focused on women with high and complex needs. In terms of the core philosophy of Housing First, Threshold Housing First is a high fidelity model. However, some modification to the detail of operation, for example in relation to handling the widespread experience of domestic violence and abuse among women using the service, is likely to be required.

## A Strategic Role for Threshold Housing First in the Greater Manchester Combined Authority

The Greater Manchester Combined Authority (GMCA)<sup>76</sup> elected its first Mayor in 2017. One aspect of the Mayor's campaign was a focus on the growing levels of people living rough across Greater Manchester. The *Greater Manchester Mayoral Homelessness Fund* was established in 2017 and is designed to assist local organisations to tackle homelessness in all of its forms across the Manchester region. Greater Manchester now has a strategic goal to end rough sleeping by 2020, or earlier, if possible. The GM Mayoral Homelessness Fund will eventually take the form of a crowdfunded Community Foundation, working as an independent charity which will disseminate funds to local organisations through a grant application process.

At strategic level, GMCA is functioning as one of the 'early adopter' (pilot) regions which are testing the implementation of the 2017 Homelessness Reduction Act (HRA). The HRA, drawing on recent Welsh legislative reforms, brings a new focus and intensity on homelessness prevention across the entire statutory system, representing the most radical change in English homelessness law since the original 1977 legislation was introduced.

The HRA changes the emphasis in the homelessness legislation from a 'reactive' approach, i.e. acting after homelessness has occurred, to a preventative approach, i.e. stopping homelessness from occurring where possible. Since 2003, England has been moving towards an increasingly preventative focus in response to homelessness, but the process has now been taken further and faster by recent Welsh legal reforms, which appear to have reduced overall levels of homelessness. Local authorities are required to intervene at earlier stages, up to and beyond 56 days before homelessness will occur, to prevent homelessness and to take reasonable steps to ensure people who become homeless can secure accommodation. The goal is that support should be in place before anyone reaches a point where they have nowhere safe to stay.

The HRA places new responsibilities on public services to deliver a coordinated response to homelessness. The NHS, for example, should notify local authorities if it is working with someone who may be facing homelessness. Greater coordination across public services is a

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<sup>75</sup> Busch-Geertsema, V.; Edgar, W.; O'Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons from Research*, Brussels: Directorate-General for Employment, Social Affairs and Equal Opportunities.

<sup>76</sup> The Greater Manchester Combined Authority includes ten local authorities: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan, see: <https://www.greatermanchester-ca.gov.uk>

key goal for GMCA and work is underway by the Greater Manchester Health and Social Care Strategic Partnership Board to develop a GMCA wide, coordinated, response to homelessness at the time of writing<sup>77</sup>. A recent planning document notes:

*Our objective will be to drive a shift towards prevention and earlier intervention so that fewer individuals and families face the risk or reality of homelessness; and those that do face crises and more swiftly supported into recovery and stability. This will mean both a focus on more effective proactive investment in prevention and driving down reactive costs. The system will be designed to tackle underlying issues as early as possible and local services will be integrated to provide people with an individually tailored pathway approach to provide the whole package of support they need to get sustainably back on their feet and improve their life chances, not just to get a roof over their heads.<sup>78</sup>*

In practical terms, as will be the case in other combined authorities such as Liverpool City Region and Sheffield City Region, alongside individual local authorities with responsibility for housing, this means the development of a GMCA wide strategic approach which will have the following elements:

1. **Universal Prevention**, designed to provide advice and assistance to anyone potentially threatened with homelessness.
2. **Targeted Prevention**, focused on people at greater risk of homelessness.
3. **Crisis Prevention and Relief**, which is designed to very rapidly end homelessness when it has occurred.
4. **Recovery**, which covers accommodation and support services targeted on enabling people to exit from homelessness as rapidly as possible.
5. **Move-On Support**, which provides longer term support to any homeless person requiring it to sustain independent living.

There are a range of service models designed to support this broad approach including housing advice services, rent deposit and bond schemes, debt and money advice services, sanctuary schemes for those at risk of domestic violence and an array of floating support and accommodation-based services. All of this service provision is designed to work in a coordinated way with health and social services, with local authority and voluntary and charitable sector services working towards a common goal of maximising homelessness prevention.

Threshold Housing First has moved from a position of working as a pilot service which Threshold was supporting with its own resources to one in which the core service will be supported by a philanthropic source for the next three years. The goal for Threshold Housing First is to develop working relationships beyond the three GMCA local authorities in which it currently works, Tameside, Stockport and Oldham<sup>79</sup> and towards building a strategic level role with the other authorities across Greater Manchester as a whole. This will involve developing contractual arrangements with local authorities which will allow Threshold Housing First to begin a process of snowballing together additional funding, expanding

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<sup>77</sup> See: <http://www.gmhsc.org.uk/assets/11-Health-and-Homelessness-FINAL-1.pdf>

<sup>78</sup> Greater Manchester Health and Social Care Strategic Partnership Board (31<sup>st</sup> March 2017) report on Health and Homelessness, see <http://www.gmhsc.org.uk/assets/11-Health-and-Homelessness-FINAL-1.pdf>

<sup>79</sup> See Chapter 1.

geographical coverage and the overall size of the service as it progresses. Service users and agencies involved with threshold Housing First both wanted to see the service expand to new areas. One agency representative also strongly argued for developing a preventative arm of the service to assist women with complex needs who were struggling with tenancies.

There is a clear case for exploring direct support for Threshold Housing First across GMCA as part of the overall homelessness and rough sleeping strategy. The roles for the service can be summarised as follows:

- Removing entrenched rough sleeping among women with complex needs from GMCA.
- Addressing recurrent homelessness among women with complex needs who are 'stuck' in existing services.
- Breaking the association between offending, contact with the criminal justice system and sustained and recurrent homelessness among women.

A recent theoretical exercise has explored the potential for integrating Housing First into the nearby combined authority, Liverpool City Region<sup>80</sup>. This exercise was not based on the actual implementation of a Housing First service across that region, but instead focused on how the practicalities of implementing Housing First would work, talking to homeless people and to many of the agencies that would be involved in implementing Housing First. This exercise identified several points of interest:

- International evidence shows that where Housing First has been used successfully in strategic responses to homelessness, it has been given a clear role within a wider integrated homelessness strategy.
- A shared database on supported housing use across Liverpool City Region indicated the presence of a high cost, high risk group of homeless people who were effectively stuck in existing temporary supported housing services, staying in services for protracted periods or moving between one service and another in a 'revolving door' situation in which their homelessness was not being resolved.
- Particular weaknesses existed around prison release as it related to homelessness, with issues around poor coordination and an absence of services designed specifically to support ex-offenders facing a high risk of sustained or recurrent homelessness.

The Liverpool study failed to explore gender issues in any detail, but has highlighted the potential roles that Housing First can play within the integrated, coordinated and preventative homelessness strategies that will be required under the HRA. These can be summarised as follows:

1. **Universal Prevention**, Housing First would not be expected to play a role in these front line services
2. **Targeted Prevention**, where systems are properly coordinated, women who are identified as having high support needs and as at potential risk of homelessness can be effectively triaged to Threshold Housing First, i.e. the service can be incorporated into the preventative functions of the wider homelessness strategy.

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<sup>80</sup> Blood, I.; Copeman, I.; Goldup, M.; Pleace, N.; Bretherton, J. and Dulson, S. (2017) *Housing First Feasibility Study for the Liverpool City Region* London: Crisis.

3. **Crisis Prevention and Relief**, Threshold Housing First has a clear role when homelessness has occurred and a woman has high and complex support needs.
4. **Recovery**, the Housing First model is designed explicitly to support this element of a homelessness strategy and Threshold Housing First can again be targeted on women with complex needs.
5. **Move-On Support**, can be provided by Threshold Housing First where a woman requires longer term support for independent living, again focused on those cases when someone has high and complex needs.

The role of Threshold Housing First within wider homelessness strategy across GMCA centres on women with high and complex needs. One aspect of this role is a capacity to end homelessness among women with these characteristics who are sleeping rough, which this research demonstrates. Threshold Housing First can support the specific agenda of the Mayor in relation to ending rough sleeping across GMCA by 2020. Within broader homelessness strategy Threshold Housing First can fulfil three important roles:

- Acting as a preventative service when women at risk of homelessness have high and complex needs.
- Providing a sustainable exit from homelessness at a crisis point when a woman with high and complex needs has just become homeless, i.e. a 'relief' function.
- Preventing sustained and recurrent homelessness among women who have become homeless and who require support to enable them to make a lasting exit from homelessness.

## Summary

Threshold Housing First has delivered some very positive results. While the service is not perfect, there is clear evidence that it has provided effective support that was highly valued by the women using the service and by partner agencies. The research indicates that there is a case for exploring variants of the Housing First model which are specifically focused on homeless women with complex needs. This does not require any change to the core principles of the original Housing First model, though some operational modifications, for example around the management of potential domestic violence, are necessary. There is a case for Threshold Housing First to be integrated into the strategic response to homelessness across GMCA, where it has the potential to play a preventative role, deliver relief from homelessness at a crisis point and provide sustainable exits from homelessness for women with high and complex needs.