



Evaluation of the Threshold Housing First Project for Women Offenders

Interim report

CONFIDENTIAL DRAFT

Revised

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November 2016

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Acknowledgements

The authors would like to thank the women using Threshold Housing First for sharing their stories and their views of the service with us. We would also like to thank the staff team for all their considerable support which greatly facilitated the research.

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University of York, 2016.

Disclaimer

Views expressed in this report are not necessarily those of Threshold, Cheshire & Greater Manchester Community Rehabilitation Company, the New Charter Housing Trust Group or the University of York. Responsibility for any errors lies with the authors.

Executive Summary

- Threshold, within the New Charter Group, began developing a new Housing First service in 2014. The service was the first in the UK to be focused entirely on women with high and complex needs, who had a history of homelessness and of contact with the criminal justice system. The service covers three authorities within Greater Manchester, Tameside, Stockport and Oldham.
- The University of York, which has led a number of research projects on Housing First and which has helped develop guidance on Housing First, was asked to undertake an evaluation of the first two years of Threshold Housing First, looking at the lived experience of the women using the service. This first report presents interim findings from the work undertaken during 2015 and 2016.
- There is evidence from around the world that Housing First services can be very effective for homeless people with high and complex needs. This includes people with repeated or long-term experience of homelessness.
- Threshold Housing First can support up to 12 women with high and complex needs, who have experience of homelessness, at any one time. While the service was initially designed to work with women who are former offenders, the remit has been widened to include all homeless women with high and complex needs. Many of the women with whom Threshold Housing First has been working do have a history of offending and sometimes of repeated contacts with the criminal justice system. Eight of the women using the service have participated in round one interviews with the University of York research team. Further interviews, tracking the experience of women, will take place in 2017.
- Seventeen women were referred to Threshold Housing First during 2015. The main sources of referral were the Probation service and from other New Charter Group services. Service users reported that the referral and assessment processes had gone smoothly. Not everyone who was referred chose to engage with Threshold Housing First, although the majority, 12 women, did opt to use the service.
- Women using Threshold Housing First tended to be in their early 30s, all had children, although none had children living with them at the point of referral, because children were living with relatives, or had been taken into local authority care. Reported rates of mental health problems, problematic drug and alcohol use and contacts with the criminal justice system were very high, reflecting the focus of Threshold Housing First.
- The women using Threshold Housing First reported that they had all been homeless for at least 1-3 months at referral, 11 of the 17 reported that their total experience of homelessness exceeded one year. Ten of the women reported they had experienced homelessness at least three times.

- Experience of domestic/gender-based violence was universal among the women using Threshold Housing First. Women using Threshold Housing First were reported as needing security and protection from former partners when they were re-housed. This dimension of Threshold Housing First, which had to replicate elements of sanctuary schemes, to work towards ensuring women were safe in their homes, is an aspect of providing women-only Housing First that has not been highlighted by previous research and evaluations.
- The University of York research team assessed the fidelity of Threshold Housing First to the original model of Housing First, developed in North America. Unlike some North American Housing First services, but in common with the other Housing First services in the UK and some of the Housing First services in Europe, Threshold Housing First is a case management only service. This means Threshold Housing First works via extensive collaboration with other services, such as women's centres, rather than having a dedicated in-house multidisciplinary team that directly provides mental health, health, drug/alcohol and other treatments and services. Although there are some operational and resource differences with the original North American model, Threshold Housing First closely follows the core philosophy of Housing First and shows high fidelity with the original service model.
- Women using Threshold Housing First reported that the provision of settled, secure and adequate housing by the service was a fundamentally important part of the support they received. They reported that life became more settled, predictable and that they also felt safer and better able to plan, because their housing needs had been met. Issues could occur with abuse and violence from former male partners, which meant that Threshold Housing First had to work to maintain a woman in a housing situation where she felt safe and able to get on with her life, either by helping with security, or with enabling a move if necessary.
- The need to manage former relationships that threatened the well-being of women using Threshold Housing First is in quite marked contrast to the findings reported by evaluations looking at the experience of homeless men with complex needs using Housing First services. In the case of many men, extreme isolation and an absence of relationships forms a support need, while for the women using Threshold Housing First, the need to build and maintain positive social networks could still be present, but often alongside a need to effectively manage risks associated with former relationships.
- Location was important for the women using Threshold Housing First, in part for safety reasons, but also in terms of proximity to social networks and access to services and transport. The women using Threshold Housing First tended to be content with the condition and location of the housing they were offered. As part of the New Charter Group, Threshold Housing First was able to access social housing within Tameside, Stockport and Oldham.

- Support provided by Threshold Housing First was reported as being flexible, comprehensive and readily accessible by the women using the service. Women reported that the project team, which saw some changes in personnel during 2015/16, were sensitive to their needs, respectful, professional and highly supportive. Particular emphasis was placed on the practical support that the staff team made available to the women using Threshold Housing First.
- The frequency, rapidity and reliability with which the support provided by Threshold Housing First were universally praised by the women using the service. The level and extent of the support provided was compared positively to other services.
- The emphasis on positivity, using a strength-based approach that focused on the highlighting the capacity of the women using Threshold Housing First to achieve things for themselves, rather than simply highlighting and trying to meet various support needs, was viewed as a strength of Threshold Housing First. Showing that someone using Housing First can actively work towards their own life changing for the better is, often, seen as one of the strengths of the original Housing First services, and this approach was being replicated by Threshold Housing First.
- Access to entertaining and structured activities during the day and access to in-house counselling were both highlighted as areas in which Threshold Housing First might improve. However, these criticisms were given within a context of attitudes towards Threshold Housing First being extremely positive, from both service users and staff.
- Work on the cost effectiveness of Threshold Housing First is ongoing, but preliminary estimates indicate that the service is likely to be cost effective. For some women, Threshold Housing First may prove both more effective and to have a *significantly* lower cost for the public purse than would be the case, if they were using conventional services or remained homeless.
- The findings at this interim stage of the evaluation of Threshold Housing First are positive. Although there are challenges for Threshold Housing First, significant progress has been made in developing a new Housing First service and in focusing that service specifically on homeless women with high and complex needs.

1 Threshold Housing First

Introduction

In 2014, Threshold, working with Cheshire & Greater Manchester Community Rehabilitation Company (CRC) and New Charter Housing Trust Group, set up a two-year Housing First Pilot for women offenders. The project includes an independent evaluation of the service by the Centre for Housing Policy, University of York. This report presents the interim findings from this evaluation.

This first section of the report introduces the Housing First concept, the project's aims and the remit of the evaluation. Section 2 looks at the project referrals, both process and profile of service users. Section 3 examines the delivery of the project to date, with views from both service users and staff as to the impact of the project. Section 4 presents the interim conclusions from the evaluation.

The Housing First concept: Background to the project

Housing First has been described as the most significant innovation in meeting the needs of homeless people with complex needs that has occurred in the last 30 years¹. Hostels and supported housing have traditionally been designed to train homeless people to live independently – making them ‘housing ready’ – before providing them with their housing. While these services can help end homelessness, there is extensive evidence that people with complex needs can become ‘stuck’ in these services, never reaching the point at which they would be defined as ‘housing ready’ and offered a home. When homelessness services operate within a framework that assumes homelessness is caused by individual behaviour that must be strictly ‘corrected’ to deliver housing readiness, performance can be poor, with only a minority of service users eventually exiting homelessness². The ‘housing-ready’ approach, which has been characterised as delivering ‘housing last’ after expecting homeless people have completed multiple steps, is now broadly regarded as unsuitable for many homeless people with *high and complex* needs in North America³, Australia⁴ and Europe⁵.

Developed by Sam Tsemberis in New York in 1992, building on existing innovations in supporting people as they left psychiatric hospital, Housing First began to attract attention in the mid-1990s⁶. Rather than delivering ‘housing last’ at the end of a process that was

1 Pleace, N. (2016) *Housing First Guide: Europe* Brussels: FEANTSA. <https://housingfirstguide.eu/>

2 Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an international review* Edinburgh: Scottish Government <http://www.gov.scot/Resource/Doc/233172/0063910.pdf>; Pleace, 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 http://www.feantsaresearch.org/IMG/pdf/np_and_ib.pdf

3 Goering, P. et al. (2014) *National at Home/Chez Soi Final Report* Calgary, AB: Mental Health Commission of Canada. http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_at_home_report_national_cross-site_eng_2.pdf

4 Johnson, G.; Parkinson, S. and Parsell, C. (2012) *Policy shift or program drift? Implementing Housing First in Australia* AHURI Final Report No. 184 http://www.ahuri.edu.au/publications/download.asp?ContentID=ahuri_30655_fr&redirect=true

5 Volker Busch-Geertsema (2013) *Housing First Europe: Final Report* Brussels.

6 Tsemberis, S.J. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minnesota: Hazelden.

designed to make someone housing ready, Housing First moved homeless people straight into their own independent housing, offering a range of mobile support services to assist them as they adjusted to living in an ordinary community. This was not the only innovation, as Housing First *separated* housing from support, there was no expectation that behaviour should change in set ways before housing was offered, nor any requirement that behaviour had to change in order for someone to retain housing. Housing First gave someone a home, if not immediately then very rapidly, and then supported them to live in it, there were far fewer rules than in traditional homelessness services. Alongside not requiring someone to behave within set ways in order to access and to retain housing, Housing First used a harm reduction approach, supporting but not requiring someone to stop using drugs or alcohol, equally, while support was available, no one was required to engage with psychiatric, health or social services. The starting point for a Housing First service is that housing is a human right, not something that has to be earned⁷.

Housing First was never intended as a general response to homelessness, but was always focused on homeless people with high and complex needs, often centring on severe mental illness and problematic drug/alcohol use, but including poor physical health, limiting illness, disability, social isolation and long term worklessness. Housing First services often work with groups of homeless people who are variously described as experiencing chronic or entrenched homelessness, but who can also be described as long-term and recurrently homeless people.

There are some misconceptions about Housing First. One is that Housing First is no more than an American version of the widely used resettlement and tenancy sustainment team models which use ordinary housing and provide mobile support to facilitate independent living, community integration and health and well-being⁸. There are some points of comparison, such as widespread use of case-management based approaches, an emphasis on service user choice and control and working within a harm reduction framework. However, Housing First is distinct in several respects:

1. Housing First services offer generally much more intensive support, the original service model and Housing First services in Canada, Denmark and France using a mix of Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams, while all Housing First services employ a very high staff to service user ratio, with most services having a client load of between 3-10 people per worker. By contrast, tenancy sustainment teams might have client loads of 30 plus people per project worker.
2. Housing First services offer support for as long as is needed, unlike many other forms of mobile support service for homeless people with high and complex needs, which tend to be time-limited.
3. Housing First services follow a *recovery orientation* which emphasises that positive change is possible for the people using the service and that help is available to achieve

7 Padgett, D.K.; Heywood, B.F. and Tsemberis, S.J. (2015) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

8 Pleace, N. and Quilgars, D. (2003) *Supporting People: Guidance on Services for Homeless People* London: ODPM.

that change, a focus on what an individual can achieve, and potentially achieve, centred on recognition of individual strengths is integral to the Housing First approach. This is distinct from service models that mainly seek to address support needs that are seen as presenting a potential risk to housing stability.

Housing First services began to deliver considerable successes, successfully housing 80% or more of homeless people with high and complex needs for one year, with that performance being sustained over time. These rates were later to be closely matched and sometimes exceeded by Housing First pilots in Canada, Denmark, Finland, France, Ireland, the Netherlands, Portugal, Spain, Sweden, with Housing First becoming integral to national homelessness strategies in France, Denmark, Ireland, Canada and the USA. At international level, the European Commission, FEANTSA, the European Federation of Homelessness Organisations and OECD have recommended consideration of Housing First as a core part of strategies to tackle homelessness⁹. In England, successful pilots of Housing First services¹⁰ have led the federation of English homelessness organisations, Homeless Link, to promote the development of Housing First via the *Housing First England* project¹¹.

As Housing First has matured in North America and begun to spread across the UK and Europe, there have been some experiments with the model. Some of these experiments have been controversial, introducing variants of Housing First that do not entirely match the original service model, which has attracted criticism from the advocates of Housing First as lacking fidelity with the original approach¹².

Another approach, which is less common, has been to try to adapt the Housing First model to very specific groups of homeless people. Threshold Housing First is an example of this kind of experiment, taking Housing First - designed for homeless people with high and complex needs - and focusing a service on women offenders with a history of homelessness. Innovation centred on the needs of homeless women is, comparatively, unusual, as it has long been thought that women were only a minority within the long term and repeatedly homeless population. However, there is now growing evidence that women's homelessness is a serious social problem and the extent to which women may experience sustained and recurrent homelessness associated with high and complex support needs, may well have been underestimated¹³.

Threshold Housing First is a potentially important innovation. This interim report looks at how this experiment with the Housing First service is progressing.

⁹ Pleace, N. (Forthcoming) op. cit.

¹⁰ Pleace, N. and Bretherton, J. (2013) *Camden Housing First: A 'Housing First' Experiment in London* York: University of York; Bretherton, J. and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services* <http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20-%20full%20report.pdf>

¹¹ <http://www.homeless.org.uk/our-work/national-projects/housing-first-england>

¹² Padgett, D. et al (2015) op. cit.

¹³ Mayock, P., Sheridan, S. & Parker, S. (2015) "It's just like we're going around in circles and going back to the same thing ...": The dynamics of women's unresolved homelessness Housing Studies DOI:10.1080/02673037.2014.991378

The Threshold Housing First service

Threshold, working with Cheshire & Greater Manchester Community Rehabilitation Company (CRC) and New Charter Housing Trust Group, has established the new Housing First Pilot for women offenders in three local authority areas in Greater Manchester: Tameside, Stockport and Oldham.

The project aims to provide suitable long-term housing for women who have recently left prison, or are currently subject to supervision in the community, alongside intensive support from specialist workers to assist their reintegration into the community. The project assists women former offenders who are homeless, at risk of homelessness or have a history of repeat homelessness, and who have complex needs.

The project can support approximately 12 women at any one time. Two full-time workers are employed, one of whom also carries management responsibilities and carries half a caseload (four services users; the second full-time worker has eight users). All of the women are joint worked between the two workers due to the complexity of their support needs. The project is currently exploring the recruitment of peer mentors, which are used in some other existing Housing First services.

The responsibility for the delivery of the pilot lies with Threshold, supported by a Stakeholder Group of interested parties. An external project manager was employed in the first year to set up and oversee the early development of the project.

The project has close links with Threshold Living – Threshold's property sourcing and management services, who work with private and public sector landlords to source housing.

It is envisaged that the project will run for at least two years.

During the course of the evaluation, the core functions of the Threshold Housing First service have undergone some changes. Women with complex needs, alongside those who have complex needs and a history of offending, who are homeless or at risk of homelessness have become eligible for the service.

Research aims and methods

The overall aim of the research is to evaluate the extent to which Threshold Housing First meets its aims and objectives. In particular, the research is assessing the extent to which the pilot is:

1. effective in helping women (and their families) sustain independent tenancies;
2. effective in reducing recidivism;
3. effective in helping women (and their families) address health and support needs, alongside wider social integration;
4. cost-effective compared to alternative responses for women offenders in the community;
5. effectively coordinated with women's centres in Greater Manchester as sources of

peer and practical support for the women using Threshold Housing First.

A number of methods are being utilized to meet the research aims, including:

A monitoring system

A simple monitoring system was developed with Threshold to collect key data on service use over the two years. The system collects information on a case by case basis so both service inputs and outcomes can be observed. Project staff members are responsible for the day to day collection of the data.

Longitudinal interviews with service users

All women utilising the service in its first year were invited to be interviewed by the University of York research team about their experience of the project. Eight women agreed to an interview, which took place at the project's offices. These service users have been asked if they would be willing to take part in a second interview in the second year of the project. All agreed to this in principle (interviews are entirely voluntary and users can change their mind about taking part at any time).

Service users received a £20 shopping voucher as an incentive to participate and in recognition of the time given to the research.

Interviews with staff and key agency representatives

Face-to-face interviews with key staff were carried out at the end of Year 1, and these will be repeated at the end of the second year of the pilot. Additionally, telephone interviews with other key agencies will be carried out at the end of the second year of the pilot (and/or a two hour focus group to bring together the key agencies to review the project). These interviews/focus group allow service development over the course of the project to be fully understood and appraised. Other key representatives will include offender managers, prison resettlement officers, social or private landlords, women's centres, Pennine Care and other housing and support providers.

Cost assessment utilizing case histories

Unit costs will be calculated for the operation of the Housing First model. A cost assessment exercise will be undertaken by reviewing the accommodation and reconviction outcomes from the project, and assessing possible savings utilising detailed case studies.

2 Referrals to the Threshold Housing First project

Introduction

This chapter discusses the referrals to the service and provides a profile of the Threshold Housing First customers. The data focus on the calendar year 2015.

Referrals to the service

The project had a steady number of referrals over 2015, totalling 17 women. Assessments were usually undertaken within a very short time frame – 11/17 referrals were assessed within 2 weeks.

During the course of the research, some changes were made to the referral criteria for Threshold Housing First. While women with a history of offending, homelessness and characterised by high and complex needs were still able to access the service, the requirement that women had to have a history of offending was dropped.

Table 2.1 Referrals to the project and assessments made, 2015

	NUMBER OF REFERRALS	NUMBER OF ASSESSMENTS
APRIL	4	-
MAY	2	4
JUNE	-	1
JULY	3	3
AUGUST	4	5
SEPTEMBER	-	-
OCTOBER	2	2
NOVEMBER	2	1
DECEMBER	-	1
TOTAL	17	17

There were two main sources of referrals: firstly, the Probation Service (6 referrals); and secondly, via New Charter Group services (5 referrals – 2 from the Greater Manchester Offender Project, 2 from Threshold; 1 from New Charter). Other third sector agencies also referred to the project (2 referrals from Shelter; 1 from H3, a Stockport based housing service). Two referrals were made by women's centres, and one referral came from a Youth Offending Team.

Customers described an easy referral route to the project. As indicated above, women were referred from a range of other agencies, and although they didn't always have lots of information on the service, they were hopeful (if not sometime sceptical) about the possibilities of finding somewhere settled to live.

Staff described how women were referred to Threshold Housing First at different points, ranging from still being in prison to being homeless and in temporary accommodation (see below). The support team described that coordination between agencies as working well, with necessary information being in place with sufficient speed to allow assessments to proceed smoothly. Establishing the package of support that each customer still needed coordination, but no real problems were reported.

That includes ordering furniture packages, setting up GP appointments, seeing if they've got any debts, look at budgeting. If they are on short sentences, which usually they are ... a lot of it is benefits, Housing Benefit so they don't fall into arrears. We've got some good networks with women's centres ... good support from them, they can attend courses in there, volunteering... (Staff member)

Threshold Housing First demonstrated there was a clear demand for its services. Referrals came through steadily over the first six months, and the project had to close its doors to new referrals after nine months as all places were taken up. The project had a capacity to work with 12 women at any one time – the recruitment of 17 people indicates that five people did not successfully engage with the project. Given the complexity of client's background and support needs (see below), this rate of attrition is quite low¹⁴. Staff reported that there was no single pattern as to why women did not engage. This pattern was broadly comparable with research findings on other Housing First services, that tend to work successfully with approximately 75-80% of the people referred to them¹⁵.

Profile of Threshold HF customers

Demographic profile

The project was supporting a relatively young group of women, with an average age of 32.5. The range of ages spanned from 18 to 45. All the women were British, with English as their first language. All women were economically inactive at the time of referral.

Most women (13/17) had children (28 children in total), but no children were currently living with the women at the time of referral. The women's children had been adopted, were currently in care or were living with other relatives. All but two women were single at the time of referral; the other two people were living with a partner. Previous research looking at

¹⁴ The final report will examine client engagement and outcomes in detail.

¹⁵ Pleace, N. (forthcoming) op. cit.; Padgett, D. *et al* (2015) op. cit.; Goering, P. *et al* (2014) op. cit.; Pleace, N. and Bretherton, J. (2013) op. cit.; Bretherton, J. and Pleace, N. (2015) op. cit. At the time of writing, the main measure available to compare Housing First services and attrition levels (loss of service users before they are housed or lack of engagement) is the rate at which Housing First services are able to sustainably house service users for one year.

homeless women with complex needs has also found a high rate of separation from children, sometimes as a result of circumstances but with child protection interventions being relatively common¹⁶.

Accommodation situation and history

Six of the women were in custody at the time of referral (Table 2.2). They were serving varying lengths of sentences (8 weeks; 12 weeks; 4 months; 9 months; 12 months; 64 months). Table 2.2 shows that other women were living in a range of temporary or transitional living situations, including staying with friends/ relatives, temporary accommodation or supported accommodation. Two women were street homeless (one living in a tent) at the time of referral.

Table 2.2 Accommodation at time of referral

	NUMBER OF REFERRALS
CUSTODY	6
STAYING WITH FAMILY/ FRIENDS	3
REFUGE	1
TEMPORARY ACCOMMODATION (LA/ B&B)	2
STREET HOMELESS	2
HOSPITAL	1
SUPPORTED ACCOMMODATION	2
TOTAL	17

Women had been homeless¹⁷ for between 1 month and 4 years at the time of referral. Seven women had been homeless 1-2 times in their life, five had been homeless 3-4 times, and five had been homeless five or more times. Table 2.3 shows the estimated amount of time that women had been homeless in their life to date. As can be seen, whilst six women had been homeless for less than 12 months in total, five had been homeless between 1 and 3 years, five women had been homeless for between 3 and 5 years and one had been homeless for over 5 years.

All but one woman had been statutorily homeless in the past, with ten women having a current homelessness application. A mix of outcomes was noted from these applications,

¹⁶ Mayock, P. *et al* (2015) *op. cit.*; Reeve, K. with Goudie, R. and Casey, R. (2007) *Homeless Women: Homelessness Careers, Homelessness Landscapes* London: Crisis; Jones, A. (1999) *Out of Sight, out of Mind: The experiences of homeless women* London: Crisis.

¹⁷ Defined as in hostels, supported housing, rough sleeping, in temporary accommodation, with family and friends.

with five women being awarded a high priority, three a medium/ standard priority and two women being found intentionally homeless. Nine of the women had a local connection with Tameside LA, four with Stockport LA and four with Oldham.

Data revealed that all service users had stayed in at least three different accommodation places in the last five years (with an average of 4 places; range 3 to 12 places), indicating a relative lack of residential stability in the recent past. Interviews with women also revealed that even where women were officially ‘housed’ in the past, these accommodation situations were often unsuitable and/or unsafe, particularly in terms of experiencing domestic violence.

Table 2.3 Estimated total amount of time in life been homeless

	NUMBER OF WOMEN
1-3 MONTHS	3
3-6 MONTHS	3
6-12 MONTHS	-
1-2 YEARS	1
2-3 YEARS	4
3-5 YEARS	5
OVER 5 YEARS	1
TOTAL	17

Support needs

Research has shown that single adults who become homeless are much more likely to have experienced other forms of institutional living situations in their past¹⁸. This was also the case for women referred to Threshold Housing First. Six women had spent some time in care (residential and/or foster care) during their childhoods. A very high number of the women referred to the project (nine of 17) had spent time in a psychiatric hospital/ unit.

Reflecting the referral criteria, a majority (nine of 17) of women had received custodial sentences in the past (with six in custody at the time of referral, as reported above). Most women had received short-term prison sentences – for eight women, their longest prison sentence was a year or under. One woman had served 64 months. Five women had served a total of 12 months or under in prison, three had served between 2-4 years, whilst one woman has served a total of 13 years 4 months (over three sentences) (Table 2.4). Three women had

¹⁸ Anderson, I.; Kemp, P.A. and Quilgars, D. (1993) *Single Homeless People* London: HMSO; Bretherton, J. and Preece, N. (2015) *op. cit.*

received only one custodial sentence, three had received three sentences each and one had received 15 custodial sentences (information was not available for two women).

Current convictions included shoplifting and assault, theft, breach of court order, breach of suspended sentence, Section 47 (child protection) and an offence related to a dangerous dog.

Table 2.4 Estimated total amount of time spent in prison during life

	NUMBER OF WOMEN
UNDER 1 YEAR	2
1 YEAR	3
2 YEARS	1
3-4 YEARS	2
13 YEARS	1
TOTAL	9

As well as institutional experience, Threshold Housing First recorded whether women had health issues or support needs associated with alcohol, drugs, mental health, physical health problems, domestic abuse and/or other forms of abuse/ trauma. Table 2.5 shows that the vast majority of women had experienced these issues and had complex/ multiple support needs at the time of referral. Despite this, eight of the women were not currently registered with a GP (and 14 had no dentist) at the point of their referral.

The average Chaos Index score¹⁹ for the women was 33.18 (with a range between 25 and 46). A score of over 25 is considered complex needs.

¹⁹ Developed from the New Directions Team Assessment (Chaos Index) April 2008. Covers 10 areas of functioning:

Table 2.5 Health and well-being issues experienced by women

	NUMBER OF WOMEN
ALCOHOL ISSUES	14
DRUG ISSUES	14
MENTAL HEALTH PROBLEMS	15
PHYSICAL HEALTH PROBLEMS/ DISABILITY	8
EXPERIENCE OF DOMESTIC ABUSE	16
EXPERIENCE OF ABUSE/ TRAUMA	17

Note: Multiple replies possible (17 women in total)

3 Delivering Threshold Housing First

Introduction

This third section examines the operation of Threshold Housing First, reviewing the central elements of the approach and the success or otherwise of the project to date. This section draws on both interviews with customers and staff utilising and delivering the service, respectively.

The North American and, increasingly, European, discussion of the extent to which a Housing First service replicates the original Housing First service is described under the banner of 'fidelity'. Housing First fidelity is measured in various ways and can be contentious, with arguments that only exact *replication* of the original service can be truly effective on the one hand²⁰, and those arguing that there must be some adaptation, to allow for the fact that Housing First is not always being used in North America, on the other²¹. There is not the space, nor any real utility, in entering into the detail of these debates here, but the forthcoming *Housing First Guide: Europe*, which was developed in collaboration with Sam Tsemberis, has developed a set of key principles which are viewed as immutable if something is going to call itself Housing First²²:

- 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 that is available for as long as is required.

To this list, advocates of the unaltered use of the original Housing First model would add scattered ordinary housing, i.e. people living in ordinary flats and houses that are not all located on the same site, but dispersed across communities. In the British context, this is not really an issue, because unlike some North American examples of Housing First, all the UK Housing First services that are currently operational appear to employ scattered housing.

Threshold Housing First is, in terms of the core principles of Housing First, a high fidelity service. It bears a close relationship with the philosophy, approach and objectives of the original Housing First service. There are operational differences, which reflect the location of Threshold Housing First in the UK and the now fairly widespread tendency for Housing First

²⁰ Padgett, D. *et al* (2015) *op. cit.*

²¹ Johnson, G. *et al* (2012); Pleave, N. and Bretherton, J. (2013) *op. cit.*; Busch-Geertsema, V. (2013) *op. cit.*

²² Pleave, N. (Forthcoming) *op. cit.*

services to use an intensive case management model, rather than have an in-house multidisciplinary team using ACT or a similar model for providing support.

Below, the delivery, and success, of the key elements of a Housing First approach in the Threshold project are assessed. The criteria were those which defined as most important by the women using Threshold Housing First, as any evaluation of Housing First has to begin with what is identified as important by the people using the service. The criteria identified were as follows:

- Access to settled, secure, (dispersed) housing
- Intensive support
- A strength based approach
- Choice and control
- Recovery orientated / harm reduction approach

The chapter ends by considering whether there are any improvements required to the project as it moves into its second year.

Access to settled, secure housing

The underlying principle of Housing First services is that housing is a human right and that people are better able to move forward with their lives if they are housed in settled, secure housing from the outset, with support delivered as needed. This first principle means that receipt of housing is not conditional on accepting support at the beginning or indeed any point²³.

Interviews with both staff and service users confirmed that Threshold Housing First had been very successful in identifying suitable properties for women, sourced within a reasonable timescale. The close relationship with Threshold Living meant that the project was well placed to find properties quickly for customers. There were of course limits to resources, but it was possible to offer service users some choice of housing. Women had also been able to make planned moves while with Threshold Housing First, for example changing location if they had a preference or need to live in another area.

...the idea behind Housing First and the principles, it is something that we're really trying to stay true to. However, there are difficulties with that because you've still got the limited resource and it's about what's affordable, what's available, so there's still all those things that come into play, but we do ask the women where they would like to live, what area they would like to live in...we do make it clear to the women that any properties that become available, look for those in those areas where you want to live, go, have the opportunity view it and then it's entirely up to you if you want it... (Staff member)

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 described some

²³ Tsemberis, S. (2010) op. cit.

problems with this process – where there had been some delays and problems with the flat – although these were overcome in the end.

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 more²⁴. Staff at Threshold Housing First also 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)

The properties were often bedsits, or in a few cases, one bed flats. Whilst modest, without exception service users were pleased with the accommodation. 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

²⁴ 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.

peer groups and problems associated with poor neighbourhoods. Threshold Housing First appeared to have succeeded in finding people properties in quiet neighbourhoods; in only one case, did someone turn down a property due to concerns about the location.

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.

Generally, staff members were also satisfied with the accommodation sourced for their customers. However, they did raise one issue that needed addressing, that of having access to some appropriate accommodation where people could stay on leaving prison, waiting for the housing to be signed up / practical arrangements to be made etc. They cited one case where a customer went back to previous associates and ended up back in prison. One interviewee also explained that she had gone to live with her violent ex-partner whilst waiting for the accommodation to be prepared, which was clearly an unacceptable interim arrangement.

Women could experience insecurity in their homes as a result of former partners. This meant that Threshold Housing First could be required to take on elements of a sanctuary scheme²⁵, i.e. physical safety and provision to ensure that a woman felt safe in the housing she had been provided with. Threshold Housing First could, in extremis, also arrange moves for women if that were needed.

This is a dimension of providing Housing First services that has not been highlighted by previous research or evaluations. Women often form a significant proportion of the people using Housing First services and may experience difficulties or risks from former partners. However, the universality and often enduring nature of the experience of domestic and gender based violence among the women using Threshold Housing First created specific pressures for Threshold Housing First.

Previous research has indicated that a challenge for Housing First services is a near-total absence of relationships and social networks among Housing First service users, a substantial proportion of whom are male. By contrast, the work on Threshold Housing First, a service for homeless women with complex and high support needs, has highlighted what may be an important gender difference, the need for a Housing First service for women to help support those women in managing the challenges and risks arising from former relationships, alongside supporting the development of positive social networks.

²⁵ Jones, A., Bretherton, J., Bowles, R. and Croucher, K. (2010) *The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Remain in Their Own Homes*, London: Communities and Local Government

Intensive support

One of the key features of the Threshold service was a high staff: service user ratio (1:6), enabling staff to deliver a much more intensive level of service than is the case in many homelessness and support services. The research evidence suggested that this model supported the delivery of a comprehensive, frequent and reliable service for service users.

A comprehensive 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)

Customers described how the project assisted them with many different areas of their lives. It was clear that the service was very comprehensive in its scope, with women feeling as though they were supported with ‘everything’:

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.

Everything – she has supported me in absolutely every way possible... (Service users)

A couple of customers explained that they had worked together with the service to draw up a list of activities or a plan to get their life back on track. People 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)
- 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
- Sort out medication/ health matters
- Accessing courses
- Accessing the gym

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)

In addition to a range of practical assistance, crucially, 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. Staff also reported the importance of emotional support in what Housing First was able to offer.

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

... it's fair to say that she has been there more for me, in the past four months, 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.

What has been the most useful help so far?

It's just knowing that someone is there, just supporting you, through everything, it's someone to talk to, that's a big help.(Service users)

A lot of its emotional support, a lot of its reassurance and advocacy, but not taking away the empowerment, obviously you are trying to encourage that empowerment. (Staff member)

Frequent/ available service

Women who had just started with the service described how they were usually in daily (or more than daily) contact with staff. Others who had been with the project for some months explained that they saw the workers every week or two weeks. As with the nature of support, service users were unanimously happy with the level of support, always receiving enough support (and 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)

As the quote above indicates (and again below), service users explained that the workers were often providing a service outside of their normal working hours. This commitment to their jobs – and more importantly to the women – was hugely valued, and women described how this help made a real difference to their ability to cope with their emotions and difficult situations that they were often facing.

They are not supposed to leave their phone on, but [worker] does – like if I've had a really bad day on a Friday, she will leave her phone on on the Saturday, and she's not getting paid for that, and she leaves her phone on at night sometimes – '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)

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 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)

A strength based approach

All of the women using the HF service had experienced very difficult and traumatic life experiences. As a result, they often presented with challenging issues and behaviours themselves, and were used to services focusing on all their 'problems' rather than strengths. The service identified the importance of focusing on their potential, and used motivational interviewing techniques to help people to build confidence and start to see a positive future. This strength based approach, rather than 'deficit' model, was identified by both staff and women:

...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...

...it's about things like the women's centre's confidence building courses, making some new friends, positive influences in her life, getting back in contact with family...so that she feels confident and able not to repeat behaviour from the past...it's about slowly, slowly, this is the start of a journey, alright all these things have happened but we're not going to give up...as she wants the support from us. And we'll do whatever, to try to build her confidence, so that she knows she has got choices in her life, there are ways she can help herself. (Staff members)

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

It was remarkable that most 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.

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... I'll be at that top, I'll be coming back seeing you and I'll be working, hopefully, I'll have a nice property... I just want to be back to a normal life. (Service users)

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 bullshit 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 her 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)

Although the terminology varies, the emphasis on the possibility of positive change, what in American terminology is referred to as a 'recovery orientation', is at the core of Housing First. Attention is always focused on what each customer or service user can do, what their strengths or capacities are, emphasizing their capacity to meet challenges²⁶. In the Netherlands, where Housing First has now been established as a mainstream form of service provision for homeless people for several years, services like the Housing First service in Amsterdam refer to what they do as a strength-based approach, centring on building self-confidence²⁷.

Choice and control

The Housing First model prioritises the self-determination of service users. This approach can be quite different from traditional homelessness services where the service provider is much more proactive in identifying and pursuing options for service users. This choice and control should include the capacity for service users to refuse support. Human rights are at the heart of this principle, with respect for service users, and non-judgemental staff members, delivering services.

One staff member explained that this new approach was initially not that easy to understand or deliver:

.... I'll be totally honest with you, at first I struggled with it a bit, only at first, because I've always been a support worker and it's been, yeah, come to [service], let's do this, let's do that, let's go to the alcohol service, and you are sort of pushing your beliefs onto them – and I think with Housing First, it's about stepping back and taking on board that you go at your pace – and at first I think I struggled with it a little bit, but you soon get into what the service is all about. And it is about them, what they want, you are going to go round and round in circles – and we have – but sometimes they are making small steps (Staff member)

²⁶ Pleace, N. (Forthcoming) op. cit.

²⁷ Wewerinke, D.; Al Shamma, S. and Wolf, J. (2013) *Housing First Europe: Local Evaluation Report Amsterdam Brussels*.

However, this approach was highly valued by service users, and compared 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)

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)

It is not about us solving problems for people, it's just showing them that they can access these things and they don't have to do it on their own and, you know, if you want to become an air hostess, let's go and find out how to do it. It's about knowing that we've got the resources to help that to happen. (Staff member)

Harm reduction

As described in Chapter 1, Housing First follows a harm reduction approach but with no treatment or sobriety pre-conditions. In some Housing First services, with ACT (assertive community treatment), drug and alcohol specialists and mental health professionals are part of the Housing First staff team, with such services operating in Canada, Denmark, France and the USA. Many Housing First services use an (intensive) case management approach, sometimes in combination with an ACT team, but more often as the sole form of support they

offer. In the UK, Housing First services generally access specialist support from other statutory and voluntary services²⁸.

From the outset, Threshold Housing First was set up to work closely with local women's centres to help facilitate access to resources that could support a harm reduction approach. Both staff and service users highlighted this as a particularly important resource for people, and it was clear that the project and women's centres were joint working successfully.

One staff member explained:

If we can get them to the women's centre, it's like Pandora's box... (Staff member)

All service users had experienced domestic violence in the recent past, and this was one area where the women's centre could provide lots of support through specialist programmes and support groups. Service users, however, often needed a lot of support attending these resources, as well as wrap around care to enable people to work through very tough personal experiences.

They support with me with loads of things, like they support me with going down to the women's centre, because for the last four years I've been a really bad domestic violence relationship... I'm with the women's centre and I wouldn't have done that if [names of workers] wouldn't have come down with me every single time for the first month, just to support me, it's really good, they have supported me all the way through that... and when I finally gave my statement to the police, it was [worker] who was there, my mum didn't even come out, it was [worker] who sat there, pretty much holding my hand...she has been a star, she has.

I'm always at the women's centre, so I do all the groups there... they are really good...(Service users)

The vast majority of women had mental health problems (see Chapter 2). Many also had drug or alcohol issues. Some were being supported by CPNs and/ or Alcohol and Drug Services, others were looking to reconnect with these services. Women described variable experiences with these 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.

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 Oldham and keeping out of trouble...

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

²⁸ Except one woman who was so pleased with the support from the project that she said she didn't feel a need to access the women's centre anymore.

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 users)

For one woman, the service appeared to represent the last option for them, and one that had really transformed their mental health.

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)

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?

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)

Finally, the service (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)

Recommendations for improvements

Service users struggled to identify how the project could be improved. Most felt the project could not be improved and found it hard to identify any faults with the project

I couldn't say a bad word about them... she picks some [bad] clothes when out shopping with her!!!!

Give [worker's name] Manager of the Year! (Service users)

There were two proposals from service users for extending the type of support being offered by the service, firstly, the availability of specialist counselling services, and secondly, helping people to identify and access leisure activities in their neighbourhoods (this really loved swimming and would have liked support to take this up again).

...maybe something like counselling, especially for people who are trying to turn their life around, I've been a drug user but now I want to stop, with the groups that I'm going to, there is something there that made me turn to drugs...and it's like I need to deal with that problem, so that would help but I think maybe that might mean just getting my CPN worker back or maybe counselling...(Service user)

Whilst the project had only been up and running for less than a year, some staff and users felt that it had already proved its worth and should be advertised more locally and made available in other areas of the country:

There should be more people out there who do this sort of work, you know, in other areas...(Service user)

To be honest, it should be rolled out everywhere because it does make a difference - of course we are going to have blips, but it's about not giving up, not taking it personal and seeing the positive – you know – what people can achieve – because everyone has got that, you know what I mean, and I am a massive advocate, I really believe in the service, everyone in the team does. (Staff member)

4 Cost Effectiveness

Introduction

New Charter Group has undertaken some preliminary examinations of the cost effectiveness of Threshold Housing First, reported in September 2016. These calculations, based in part on estimates, indicate that Threshold Housing First may be helping to reduce public expenditure. Recent work conducted by the Centre for Housing Policy and University of Pennsylvania can also be used to look at the cost effectiveness of Threshold Housing First.

Calculations of Cost Effectiveness

Threshold Housing First cost approximately £92 thousand between 1st November 2015 and 31st August 2016 (just over £9,200 per month). These costs covered the support element of the service only, i.e. direct contact between workers and the Threshold Housing First service users and the management of the Threshold Housing First team.

Using the analysis tools developed by the New Economy for the Greater Manchester Combined Authorities, New Charter has estimated that Threshold Housing First is delivering a 1:2.51 ratio, in terms of cost effectiveness, i.e. expenditure of £1 is offset by £2.51 in savings in other areas of public expenditure. This is based on projected reductions in offending associated with stable, appropriate housing and access to the support provided by Threshold Housing First, and benefits accruing to the children of the women using Threshold Housing First.

The assumptions behind these calculations have not been shared with the University team and the authors are therefore unable to report on their validity. However, there is growing evidence that reductions in long-term and recurrent homelessness, associated with high support needs, which broadly characterised the women using Threshold Housing First, can be associated with significant savings for the public purse.

Recent research, focusing on patterns of service use among 86 single homeless people, all of whom had been homeless for at least three months, and found that estimated public spending on the 86 people for 90 days was £742,141 in total and £8,630 on average. These costs were based on their use of emergency health services, stays in homelessness services and contacts with the criminal justice system (23% of the respondents were women)²⁹. Over 90 days, the 20 women from this cohort of 86 single homeless people cost £10,905 in service use on average, with a median cost of £6,354 (total costs estimated at £218,101)³⁰.

²⁹ Pleace, N. and Culhane, D.P. (2016) *Better than Cure? Testing the Case for Enhancing Prevention of Single Homelessness in England* London: Crisis.

³⁰ New analysis conducted for this report, using data from Pleace, N. and Culhane, D.P. (2016) op. cit.

Assuming that Threshold Housing First was working with 12 women at any one point (the level for which the service was designed), the average costs for each woman would be in the order of £766 per month (in support costs, based on spending of £9,200 per month). Three months of support would equate to spending, on average, of £2,299 for each woman being supported by Threshold Housing First. The total costs for women experiencing three months of homelessness indicated by the 2016 costs research were £10,995 on average³¹, indicating the potential for considerable savings from a Housing First intervention. The women who took part in this costs research, all of whom had been homeless for at least three months, were characterised by high support needs, including some, limited, contact with the criminal justice system.

The calculations for the 2016 costs research including nominal rent costs, i.e. if someone were staying in a homeless hostel or supported housing, an allowance was made for rent, alongside the costs of providing support. Looking purely at support costs, which allows a more direct comparison, the 20 women participating in the 2016 costs research, had cost an average of £8,902 in support costs for homelessness services, NHS service costs and in contacts with the criminal justice system³². The comparison can only be illustrative, because larger, matched data allowing a quasi-experimental or randomised control trial would be necessary to fully ascertain the cost effectiveness of any Housing First service model, but it is possible to look at the kind of savings that Threshold Housing First could potentially make.

- Based on the recent work on the costs of single homelessness, women experiencing sustained and recurrent homelessness, with high support needs, could be costing as much as £8,902 in average support costs over a three-month period. The average support costs for Threshold Housing First were, by contrast, some £2,299 per woman using the service over a three-month period, a net difference of some £6,603. In this illustrative estimate, an average potential saving of £6,603 every three-months, some £26,412 a year, would be made if a woman, with high needs, were supported by Threshold Housing First rather than remaining homeless and having contact with temporary supported housing services, emergency accommodation and emergency NHS services. This also includes possible savings from reduced contact with the criminal justice system.
- Actual potential savings from Threshold Housing First would vary. Some women using the service over a three-month period, or 12-month period, would require more support than others. Equally, some women would have higher rates of contact with other services – if they were not being supported by Threshold Housing First – than would be the case for others. It is possible that a woman experiencing homelessness can have a low rate of contact with services, even if she has high support needs, which would mean contact with Threshold Housing First would, in such a case, generate increased expenditure, at least in the short-term.

³¹ Pleace, N. and Culhane, D.P. (2016) op. cit.

³² New analysis conducted for this report, using data from Pleace, N. and Culhane, D.P. (2016) op. cit.

- The savings that could be made through use of Threshold Housing First could in some cases be greater than these illustrative estimates suggest. This is because, compared to the 20 women participating in the costs research, the women using Threshold Housing First tended to have higher support needs and, particularly, a higher rate of contact with the criminal justice system (only two of the 20 women in the cost research had been arrested in the last 90 days)³³.

Estimates produced in 2015 also suggested that, compared to homelessness being rapidly ended or effectively prevented, public expenditure could be much higher if a woman were allowed to experience homelessness for one year, compared to if she were housed and provided with support³⁴. There is also evidence from Europe³⁵, the USA³⁶ and Australia³⁷ showing that it is more cost efficient to provide effective services for homeless people with complex needs, providing access to settled housing and the right mix of support, than to allow homelessness to persist. Again, this is because long-term and repeated homelessness among people with complex needs is associated with high rates of contact with emergency health services and criminal justice systems. Homeless women with complex needs may, according to the best available evidence, be less likely than men to make sustained stays in emergency accommodation, hostels or supported housing schemes³⁸, yet the evidence suggests that their homelessness will still be more expensive if it is allowed to continue, than if it is effectively resolved.

While evidence on Housing First services, both in the UK and around the World, is still being collected, the results of existing research can be summarised as follows³⁹:

- Housing First services tend to be more cost effective than existing homelessness services which use a step-based, or staircase model, i.e. outreach, followed by emergency accommodation, followed by supported housing and then resettlement into an ordinary tenancy. This is because the specific group of people for whom Housing First services are intended, i.e. long-term and recurrently homeless people with complex needs are less likely to be effectively supported in traditional services, they become ‘stuck’ at a point before they are judged ready to live independently, sometimes find the demands and rules of the services hard to deal with or get caught in a ‘revolving door’, repeatedly using services that are unable to sustainably end their homelessness. Housing First services tend to achieve one year of sustained housing

³³ New analysis conducted for this report, using data from Pleace, N. and Culhane, D.P. (2016) op. cit.

³⁴ Pleace, N. (2015) *At what cost? An estimation of the financial costs of single homelessness in the UK* London: Crisis.

³⁵ Pleace, N.; Baptista, I.; Benjaminsen, L. and Busch-Geertsema, V. (2013) *The Costs of Homelessness in Europe: An Assessment of the Current Evidence Base* Brussels: FEANTSA.

³⁶ Culhane, D.P. (2008) The Costs of Homelessness: A Perspective from the United States *European Journal of Homelessness* 2(1), 97-114;

³⁷ Zaretsky, K. et al (2013) *The costs of homelessness and the net benefit of homelessness programs: a national study* Melbourne: AHURI final report no. 205.

³⁸ Mayock, P. and Bretherton, J. (Eds.) (2016) *Women's Homelessness in Europe* London: Palgrave Macmillan.

³⁹ Pleace, N. (2016) *Housing First Europe Guide* Brussels: FEANTSA <http://housingfirstguide.eu>

for eight out of every ten service users, i.e. recurrently and long-term homeless people and other homeless people with complex needs.

- Housing First will not necessarily always save money, but the evidence indicates that Housing First services tend to achieve more for the same, or a similar level of resources. The same or similar levels of expenditure on Housing First tends to be more effective than using more orthodox services, where Housing First is clearly targeted on long-term and recurrently homeless people and other homeless people with high and complex needs.
- For some homeless people, particularly those with very high needs and high rates of contact with emergency services and the criminal justice system, Housing First can be more cost effective than orthodox services. The women using Threshold Housing First are characterised by very high support needs and the current UK and international evidence indicates that Housing First will often be less expensive than orthodox services for homeless people with very high support needs.

5 Emerging Findings

This is an interim report from an ongoing evaluation. Outcomes for Threshold Housing First are being monitored over time and the final evaluation report for the service will consider the overall effectiveness of the pilot. For now, this report describes the results of the first stage of the evaluation, talking to women who had begun to use Threshold Housing First and gathering the perceptions of staff to explore the initial stages of the operation of the service.

Threshold Housing First is a small experiment and the usual caveats apply in the sense that this is not a representative sample of women offenders with complex needs who are at risk of homelessness and there is a need to be careful about generalising from a project of this size. There is no comparison or control group, but then Threshold Housing First would need to be a considerably larger service to allow for a statistically robust comparison or control group study.

Having noted the limitations of this study, the key finding to report is that Threshold Housing First appears to be working very well. Women who have had multiple, hugely traumatic experiences over sustained periods of time, who have run into difficulties with and been let down by mainstream services, whose lives seem to have been characterised by both violence and an instability that for some must have felt like chaos, have been successfully supported. There is evidence here of strengthening self-esteem, improvements in health and well-being and growing ambition, moving way beyond the goals of older and more orthodox homelessness services that ultimately sought little more than promoting housing stability.

From the perspective of agencies with an interest in reducing recidivism among women, the known risk factors associated with desistance were being delivered by Threshold Housing First. Shifts away from criminal activity do not occur in an identical way, there is variation and it can be significant, but engagement in productive activity, settled housing and access to social support are all important factors in reducing recidivism and promoting desistance. In these respects, Threshold Housing First is, by promoting housing stability, bolstering self-esteem and ambition and providing both emotional and practical support, reducing risks of reoffending. The relationships between Threshold Housing First and other services are also important here, with services like the women's centres also providing ways for the women using Housing First to reconnect with social and economic life in a positive way, through training, volunteering and education.

As a homelessness service, Threshold Housing First has helped to start identify and to start to solve a need, because as research has increasingly highlighted, long-term and recurrent homelessness associated with high and complex support needs and with offending behaviour, is not a social need that is confined to lone, middle aged men. There were more referrals to Threshold Housing First than the service was able to accommodate.

The key test of Threshold Housing First is of course what the women using the service thought about it. Success was not universal – there is no Housing First service anywhere, let alone any other form of homelessness service that engages entirely effectively with every single referral – but for the women who did use Threshold Housing First, the experience was a very positive one. It is unusual to receive such universally positive feedback from

customers or service users about a service, but the women were pleased with the support, viewed the staff team extremely positively and saw themselves as making significant progress away from homelessness as a result of Threshold Housing First.

There are challenges on the horizon. One centres on the continuity and sufficiency of funding, as while the service is performing very well, the women using it may require support for some considerable time and the possible limitation to a two-year pilot potentially risks some of what has been achieved. Expansion seems a sensible course, there appears to be the demand and the indications of success required to justify increasing the size and perhaps the geographical coverage of the service, although a number of satellite offices would be necessary to cover what is effectively Britain's second city after London. Again, financial uncertainty would need to be removed, or at least significantly lessened, over a three to five-year period, before possible expansion could be contemplated.

There are also the changes in the context in which Threshold Housing First is operating. The benefits system is contracting, raising increasing barriers to benefits, showing a continued emphasis on using sanctions – despite evidence of the particularly adverse effects on homeless people – and reducing the amounts available. There is at the time of writing a plan to effectively end new secure tenancies in social housing by reducing all new lets to two years, while efforts to generate new housing supply are meeting with limited success. In addition, the homelessness sector itself is receiving further cuts, which are reducing services, as are ongoing constraints and reductions in spending by health and social services. To a point, such changes can be managed by a Housing First service, but if Threshold Housing First finds itself having to deal with issues and support needs that were hitherto managed by external services, the pressure on resources and the staff team will be difficult to manage.

It is important to be aware of the challenges Threshold Housing First will continue to face and to be cautious about generalising from a small piece of research like this. However, Threshold Housing First has achieved a lot of positive outcomes and based on the data available so far has been an almost unqualified success. There is enough here to argue that the potential for using specialised Housing First services for women with high complex needs requires wider investigation, in the light of a growing awareness of the actual nature and extent of women's experience of homelessness.

At this interim stage in the evaluation, the key messages about Threshold Housing First centre on successful engagement with women with very high needs, evidence from those women that they are moving away from homelessness and towards greater social integration and a very positive view of the service by both service users and staff.