

An evaluation of Basis Yorkshire's Housing First pilot

By Emma Bimpson

Leeds Social Sciences Institute, University of Leeds

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FOUNDATION

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sex work project



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About Leeds Social Sciences Institute

Leeds Social Sciences Institute works to support and enhance social sciences at the University of Leeds, and promotes relations with public, private and third sector partners.

About the Author

Emma Bimpson is a postgraduate researcher in the School of Sociology and Social Policy at the University of Leeds. Emma's PhD research focuses on the ways that local systems of housing and homelessness providers have responded to austerity, developing research interests and practitioner experience in social housing and welfare policy.

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1. Forward

'It's not rocket science', a phrase we use repeatedly at Basis when we talk about our Housing First work. It was identified through conversation with women that they wanted the most basic of things- a home, it seemed such a simple and heartfelt request. That seeded the project and with WY-FI's investment Basis Yorkshire were able to take that idea forward. It isn't rocket science. To shut and lock your door, to wash up, to get into a fresh bed. All things that the women we work with value more than most people would recognise. Housing First (HF) is a model that is increasingly advocated as a way forward for those people who are experiencing far greater challenges and complexity than others. We've had a fantastic opportunity to see what can be achieved by combining our rights-based ethos with the HF approach. Very early on, we recognised that those approaches were complementary and created the perfect conditions for women to have real options in their lives. The project takes account of the specific experiences and needs of women and understands that trauma must be accounted for in how women experience the service. The project hasn't been without challenges. When women are identified as sex workers in the community, there is always stigma and sometimes hostility. Being able to protect and safeguard women and empowering them to challenge abuse and violence is key to the project. Having a home, a safe place to be, is central to that. So no, it's not rocket science. And as the evaluation seeks to demonstrate the myriad ways that it has benefitted women, services and communities, it's worth remembering that at the centre of this is a woman who said; *'I'd just like to have a home'*.

Gemma Scire, Basis Chief Executive Officer.



2. Executive Summary

- 2.1 Basis began their Leeds-based Housing First (HF) pilot in November 2016, funded by the Big Lottery and WY-FI's Innovation Fund to relieve homelessness, alcohol and drug use, reoffending, and mental health issues in West Yorkshire. The pilot funded 6 HF tenancies for 12 months, along with a dedicated caseworker from Basis and a housing support worker from Foundation.
- 2.2 It is clear from the outcomes that the conditions in which the project has operated have provided the right environment for the work to flourish. In particular, the ethos of the organisation, the structural issues of criminalisation being directly and radically changed in Leeds and subsequent shifts in responses to women sex working (see Sanders and Sehmbi 2015¹), and the infrastructure of the WY-FI programme.
- 2.3 Situating the pilot within the WY-FI programme placed the experiences of women who are particularly marginalised by 'the system' at the centre of the project. WY-FI's embedded models of co-production, co-ordination, support, and accountability have meant that the project has been able to influence change for the women involved and for the operations and strategy Basis and its partner organisations.
- 2.4 HF has gained increasing attention as a housing solution for people experiencing chronic homelessness as a result of a combination of very complex social support needs. HF is not a solution for all existing homelessness but for a small part of the homeless population whose needs are not met by existing models of housing and support. The Basis project responds to a particular need for housing provision in Leeds which meets the needs of sex working women with multiple and very complex needs.
- 2.5 HF has been adopted in countries all over the world and is becoming more common in the UK, demonstrating positive results and gaining widespread support. Evidence has demonstrated high tenancy sustainment rates, varying degrees of improvement in health and well-being, and cost benefits when compared to other services.
- 2.6 Choice, unconditional support and harm reduction are among the key principles of HF, and are closely aligned with Basis' own ethos. The Basis project rates high against the HF fidelity scale. Basis offer non-judgemental support to their beneficiaries and

¹ Sanders, T. and Sehmbi, V. (2015) *Evaluation of the Leeds Street Sex Working Managed Area*. University of Leeds
<http://www.nswp.org/sites/nswp.org/files/Executive%20Summary%20Leeds,%20U%20of%20Leeds%20-%20Sept%202015.pdf>

promote safer sex working choices. The Basis project is one of the only HF projects for sex working women in the country. Women recruited for the project experienced a high level of support needs relating to histories of homelessness, substance use, domestic violence, mental and physical health issues, self-harm or suicide attempts, and have had children removed from their care. These issues meant that existing models of housing and support in the city had not met their needs.

- 2.7 The importance of gender-based issues was a critical driver behind the project. With so little women-only housing provision in the city, and with sexual and domestic violence risks associated with sex working, Basis identified an urgent need for their HF pilot. The project has made a significant contribution to the HF evidence base through this gender-based perspective.
- 2.8 The Basis HF pilot has demonstrated positive outcomes across a range of key indicators. With the exception of a woman who abandoned her property shortly after starting her HF tenancy, and another who moved on after deciding that she didn't need the intensive support, all 6 HF tenancies were sustained over the 12 months.
- 2.9 Finding appropriate housing in the city which met HF's emphasis on choice was particularly difficult, and depended on the dedicated efforts of Foundation's housing support worker and Basis' caseworker. All but one tenancy secured was with the social rented sector (SRS), with one in the Private Rented Sector (PRS). PRS and SRS landlords demonstrated resistance to offering housing to the women Basis worked with, reflecting the substantial stigmatisation and additional challenges that sex workers face.
- 2.10 Enabling the right to a safe and stable home is the primary principle of HF and was by far the greatest strength of the project, working on an emotional, psychological and practical level. This created the conditions necessary for Basis women to work through a range of difficult and complex experiences, without the fear or consequences of losing a tenancy. Having a comfortable home environment was described by women as one of the most important features of their progress.
- 2.11 This approach was embedded within Basis and Foundation's approach to tenancy management, which reassured women that their home and safety was the most important concern. This approach resolved a number of issues relating to mental health and safety relating to domestic violence, including issues of control and coercion. Furthermore, relatively minor costs associated with tenancy management

incidents were offset by avoiding the costs of abandoned properties and the additional costs incurred by public services. Separating tenancy management issues from housing support was incredibly important for the women worked with on this project, where one might have been jeopardised through complications with the other.

- 2.12 The dedicated, assertive and flexible support provided by Basis' caseworker and Foundation's housing support worker were of critical importance to the success of project. Without having such a low case load, the HF caseworker would not have been able to support women in the way that they needed. In some instances support demanded daily visits to local healthcare professionals over a sustained period of time and coordination of multiple local agencies. This actually saved two women from having leg amputations, and another woman was not expected to survive her alcohol-related illness past the life of the project but is now making positive progress in her health. This project has not only provided a lifeline to the women worked with but also passed on considerable savings to public services, such as acute medical care.
- 2.13 The project not only provided dedicated casework from Basis but also facilitated the work of a large number of local partner organisations who would struggle to make contact with women and carry out their work without having a stable HF address, or the trusted caseworker with to liaise with.
- 2.14 The Basis HF pilot has also brought about change in wider local housing systems, by inviting council housing representatives to attend visits to women in custody and provide a more effective appraisal of housing options before prison release.
- 2.15 Providing women with choice and control at every stage of the project was essential. The location of properties had important implications for womens' work but also their safety and well-being, where particular areas presented difficult past and present situations. Proximity to support networks were also of critical importance for individual recovery.
- 2.16 Choice, control and gender-consciousness was also embedded within tenancy management, where female-only maintenance operatives were arranged for HF beneficiaries, in line with considerations around a trauma informed approach.
- 2.17 A harm reduction approach was also a critical factor in the project's success. One woman has stopped sex working since being part of the project, whilst others

reported a positive impact in terms of safer working practices and a reduction in harm.

- 2.18 Harm reduction in relation to problematic drug use meant that women were supported to maintain drug treatment programmes. Five women have started on Methadone since they got their HF tenancies. All have stayed on 'script', sometimes with short breaks but most have been supported to get back on script within days. Again, the cost of support to manage these programmes and interventions to manage any lapses presents significant cost savings for health and public services by avoiding escalation, crisis situations and reducing chaotic behaviours.
- 2.19 Funding for social inclusion activities was built into the project and some of the women have taken up cooking classes and computer courses. However, due to the serious nature of the issues that many women were experiencing during the project, these activities offered value in terms of future aspirations and goals rather than immediate benefits, which became apparent towards the end of the project.
- 2.20 Coproduction and peer mentoring was one of the central features of the project and its design, however, this has also been one of the most challenging aspects. Finding someone willing to act as a peer mentor for sex workers, and who is willing to openly discuss their experience with others has proved incredibly difficult. Women were consulted throughout the project by staff, yet a rigorous process of coproduction still requires exploring. This may be attributed to the continued stigma and trauma experienced by women who sell or have sold sex.
- 2.21 Women housed with Basis HF have been supported to reach levels of independence which may not have been achieved in other services. Three of the women housed have ended their intensive support towards the end of the project, which demonstrates the value and cost benefits of having such a flexible support service based on this model.

3. Introduction

Housing is one of the most significant barriers faced by some of Basis' beneficiaries in achieving safe and settled living. Basis support women and those who identify as women (cis and trans) who, due to the nature of their work, lifestyle and the stigmatisation they face, are often widely excluded from both general needs and temporary housing services. This lack of appropriate and secure accommodation perpetuates cycles of homelessness and crisis for the women Basis support, and also results in costly emergency interventions from health, criminal justice and other public services.

Basis work with many women who could be described as having multiple forms of exclusion and complex needs. WY-FI's Innovation Fund delivers and commissions projects in West Yorkshire which set out to address issues specifically relating to mental health, drug and alcohol use, reoffending and homelessness. After a successful bid for a year-long Housing First (HF) pilot from November 2016, Basis were granted funding for 6 HF tenancies through WY-FI's Innovation Fund. Basis HF is one of the only HF projects specifically for sex working women in the country, which is surprising given the obvious fit between the principles of HF and the needs of this particular group.

Like Basis, HF is driven by non-judgemental support and choice, which is critical for sex working women who are already significantly stigmatised and excluded by essential services. Homelessness services in the UK are generally based on a 'staircase' system, where people must demonstrate that they are 'ready' for independent housing, through engagement with services and behavioural change. However, an emphasis on individual behaviours within housing, support and alcohol or drug treatment services has also been found to have adverse effects. Evidence reviews of homelessness services shown how an emphasis on behaviour change may, in some cases, result in people disengaging with services and remaining in cycles of homelessness².

Basis do not expect their beneficiaries to desist from sex work as a legal activity. Instead, they support women to make safer choices about their work and reduce any harm associated with activities linked to street sex working (including arrests for indecency, anti-social behaviour, etc.). This can include encouraging women to work legally, or 'off street' rather than visible street-based work. This has obvious implications for women's safety and for relationships with their community and their housing, which normally excludes women

² Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review*. Edinburgh: Scottish Government
<https://www.york.ac.uk/media/chp/documents/2008/substancemisuse.pdf>

for sex working at home. Sex working women are disproportionately represented amongst the street homeless population, may exchange sex for somewhere to sleep for the night and are generally less engaged with street homelessness services³. Sex working women who experience homelessness are also commonly found to have problems relating to drug and alcohol addiction, which are often intertwined with sex work and homelessness⁴.

Following in the footsteps of the successful and pioneering Managed Area approach to sex work in Leeds⁵, which has enabled greater engagement of women with services, Basis identified the potential value of a HF project for women with some of the most complex needs and who had cycled through homelessness services over a period of time. By continuing principles of harm reduction and choice which have proved so valuable to sex working women in the city, HF offers a new opportunity for women to achieve settled living. Basis are integral to the development of the holistic support strand in the Safer Leeds Partnership Sex Work Strategy and in partnership with Foundation housing association and a range of other local partners, have extended the successes of this holistic approach into their housing programme.

For Basis, there is a distinctly gendered element to issues of housing and welfare in the city which presents further justification for their HF pilot. The timing of this pilot project is especially pertinent, as the current political and economic context presents particularly challenging issues for women. A recent report demonstrated that 86% of austerity-led cuts to public services and taxes had impacted on women since 2010⁶. Alongside further extensions to the Benefit Cap and an increasingly punitive benefit sanctions regime, the number of people accepted as homeless by local authorities has risen by 44% across the country since 2009. Much of this increase is driven by London and the South East of England, and the official number of people accepted by the local authority in Leeds has only increased by a relatively small number of cases during that period⁷. However, statistics do not account for people who are not counted as priority need or who are found to have

³ Davis, J. (2004) *Off the Streets: Tackling Homelessness Among Female Street-based Sex Workers*. Shelter. https://england.shelter.org.uk/_data/assets/pdf_file/0003/49062/Off_the_Streets_Summary.pdf

⁴ Reeve, K., Casey, R., Batty, E., Green, S. (2009) *The Housing Needs and Experiences of Homeless Women Involved in Street Sex Work in Stoke-on-Trent*. Sheffield: CRESR. <http://www4.shu.ac.uk/research/cresr/housing-needs-and-experiences-homeless-women-involved-street-sex-work-stoke-trent-pdf-41975-kb>

⁵ Sanders, T., Sehmbi, V. (2015) *Evaluation of the Leeds Street Sex Working Managed Area*. University of Leeds. <http://www.nswp.org/sites/nswp.org/files/Executive%20Summary%20Leeds,%20U%20of%20Leeds%20-%20Sept%202015.pdf>

⁶ Cracknell, R., Keen, R. (2016) *Estimating the gender impact of tax and benefits changes*. House of Commons Library. <file:///C:/Users/Emma/Downloads/SN06758.pdf>

⁷ Table 792: total reported cases of homelessness prevention and relief by outcome and local authority, 2009-10 to 2016-17. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

made themselves 'intentionally' homeless through their actions, like many of the women who Basis come into contact with. Furthermore, official homelessness statistics are thought to hide the 'true' figure of homelessness through local authority prevention activities⁸, which often take place outside of statutory counts and assessments, and by not accounting for 'hidden homeless' people who may not present to services for help. Basis have identified a part of the population with very specific and complex needs which are not currently being met by existing housing options and homelessness prevention activity, and wish to contribute to provision and knowledge in the city through this pilot project.

4. Housing services in Leeds

The housing options available to the women Basis work with in Leeds presented a significant justification for the HF project. The only emergency accommodation currently available for women in Leeds is the mixed gender hostel at St George's Crypt, 8 women-only hostel beds at Francis House and a small amount of Private Rented Sector (PRS) accommodation arranged by the council with floating support. Homelessness services do not typically meet the needs of sex working women. Hostels require women to adhere to a strict curfew, which was an issue for women working through the night. In traditional homelessness services such as those in Leeds, women are also required to keep to strict keywork appointments, often booked early in the morning when women may have finished working very late. Women must present at LCC's Housing Options at 8.30am to arrange emergency accommodation, a time when women are more likely to be unavailable due to irregular working hours. The evaluation findings have stimulated a recognition of the particular needs of women selling sex and is informing adaptations and flexibility within the existing housing pathways.

As a result of these restrictions, many women avoid entering the hostel system at all. However, it is those services detailed above which would have supported women to find housing in the community or through the social housing bidding system. Women are more likely to sofa-surf or stay with customers, contributing to hidden homelessness and potentially very unsafe living situations. The emerging housing-led model of provision in Leeds which offers access to Private Rented Sector (PRS) housing with additional floating support arrangements is also not enough to address the needs of some of the women who Basis work with, in terms of flexibility and the hours of support required. Chaotic periods of

⁸ Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B. (2017) *The Homelessness Monitor: England 2017*. Crisis. https://crisis.org.uk/media/236823/homelessness_monitor_england_2017.pdf

living and a host of issues which include drug and alcohol use, physical and mental health issues and domestic violence requires intensive housing management as well as dedicated and individual support to prevent tenancies from failing. HF offers support to needs which housing-led approaches are not designed to support. HF projects are consistent with LCC's aims to minimise the use of temporary accommodation, enable greater access to settled accommodation, and improve partnership working arrangements between landlords and support providers in the city.

Whilst recognising the problems with emergency and temporary housing services for women who sex work, and the benefits of offering women settled accommodation at the first instance, the value of women's refuges and supported accommodation must not be underestimated. There has been a substantial decline in the availability of women-only hostels and refuges nationally, and in Leeds over recent years. For women escaping violent situations, the provision of immediate and safe housing can be a matter of life or death. A recent review of evidence shows that 9 out of 10 women killed by men in 2016 were killed by current or former intimate partners, in a home they shared with them⁹. This raises the importance of providing immediate housing for women at risk and also highlights the reasons why women may avoid mixed gender hostels.

Basis have had negative feedback from women about the mixed gender hostel accommodation in the city. One of Basis' beneficiaries had recently accessed the service following an incident of domestic violence at her flat. However, she left the hostel because she felt unsafe. The hostel has no en-suite rooms, which means that women have to walk down corridors to use the bathroom, and all the communal areas such as kitchen and sitting rooms are shared. Many of the women who would be sent to the hostel have experienced violence in relationships and for some, there is a risk that their ex-partners could also be housed there. Emergency accommodation in the city which suits women's needs is, therefore, currently lacking and the need to address underpinning issues that contribute to the lack of access to, and sustainment of generic housing provisions is clear.

⁹ Women's Aid. (2016) *Femicide Census. Profiles of women killed by men.*
<https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/femicide-census/>

5. Housing First evidence

Taking personal health and safety issues as some of the strongest potential benefits of this HF project, stable and secure housing would provide the base from which a range of issues could be managed and maintained at a far lesser cost than emergency interventions at crisis points. The evidence from 'Housing First', as opposed to 'housing-led' approaches, will now be summarised.

HF emerged during the 1990s through the *Pathways to Housing* model, and continued developments in housing for people leaving psychiatric care in the US¹⁰. HF offers access to secure and supported accommodation in the first instance, based on 'normalised' housing in the community and avoiding the segregation of people into institutional services. However, rather than a replacement for all traditional homelessness services, it is important to note that HF projects are designed specifically for people experiencing chronic homelessness, often associated with mental health disorders and substance dependencies, and who have needs that are not addressed by existing models of housing and housing-related support—such as sex working women.

Housing through this model is not dependent on conditions of behaviour and engagement with support services which, for a particular part of the homeless population, have been found to perpetuate cycles of homelessness¹¹. Through unconditional housing, support and service user choice, the HF model has demonstrated positive outcomes in terms of tenancy sustainment, and has been widely adopted across Europe and in the UK. Evidence reviews demonstrate compelling arguments for commitment to the model.¹²

- HF projects have resulted in a more successful rehousing rate for people who are most frequently homeless as a result of complex support needs than other homeless services.
- There is also evidence that some people achieve improvements in health and well-being, although this evidence is more inconsistent.
- There is some evidence to suggest that HF presents lower operating costs than other homeless services when compared to intensive supported housing, especially when

¹⁰ Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. Minnesota: Hazelden.

https://www.hazelden.org/web/public/document/housingfirst_manual_sample.pdf

¹¹ Crisis (2010) *Staircases, Elevators and Cycles of Change*.

https://www.crisis.org.uk/media/20498/staircases_elevators_and_cycles_of_change_es2010.pdf

¹² Bretherton, J and Pleave, N. (2015). *Housing First in England. An evaluation of 9 services*. University of York.

considering the savings presented to wider public services which would intervene throughout the life of someone who is chronically homeless.

Whilst it is clear that people housed through HF projects require less support from services in the long term, the amount of time that people need to remain in those projects varies between individuals. This supports the open-ended nature of HF projects and acceptance that outcomes should be measured on an individual basis. This presents challenges for cost benefit analysis, which is one of the largest evidence gaps relating to HF. However, for the Basis project in particular, stark cost savings to public services such as acute medical care have been demonstrated.

There have been recent criticisms about HF projects which have a low fidelity to the HF model¹³, and are more 'housing-led' than Housing First¹⁴. Unlike 'housing-led' approaches which involve general needs accommodation and floating support and are often limited to an hour a week with support workers who have high case-loads, HF offers intensive support and housing management through caseworkers who support a small number of women. This is a critical difference. HF has been successful because of the intensive, assertive and holistic support it offers.

Following the success of Housing First projects in the US, projects have been successfully implemented across Europe and in England. Projects vary between country, housing market and policy context but in general, HF is premised upon service user choice and unconditional access to housing and support. An example of a project which set out to house people with such complex needs includes a three year pilot project in Glasgow by Turning Point Scotland's (TPS), where a rigorous review of evidence demonstrated broad success in maintaining positive relationships with significantly disengaged people, who had challenging support needs¹⁵. Threshold based in Manchester have also recently carried out a HF project for women who have frequent contact with the criminal justice system and who are homeless, where positive impacts have led to the funding of an ongoing HF service¹⁶.

¹³ Tsemberis, S., Stefancic, A. (2012) *Pathways Housing First Fidelity Scale (ACT version)*

http://www.housingfirsttoolkit.ca/sites/default/files/Pathways_Housing_First_Fidelity_Scale_ACT_2013.pdf

¹⁴ Homeless Link (2015) *'Housing First' or 'Housing Led'? The current picture of Housing First in England.*

<http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20or%20Housing%20Led.pdf>

Pleace, N., Bretherton, J. (2013) *The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness.* https://www.york.ac.uk/media/chp/documents/2013/np_and_ib.pdf

¹⁵ Johnsen, S. 2014. *Turning Point Scotland's Housing First Project Evaluation.* Heriot- Watt University

¹⁶ Quilgars, D., Pleace, N.(2016) *Evaluation of the Threshold Housing First Project for Women Offenders: Interim report.*

<http://hfe.homeless.org.uk/sites/default/files/attachments/Interim%20Evaluation%20Threshold%202016.pdf>

In light of compelling evidence from projects across England, and with evidence compiled by Homeless Link as a national industry body¹⁷, HF has gained increasing political support. A recent Centre for Social Justice report¹⁸ and recommendations following the introduction of the Homelessness Reduction Act demonstrates mounting government interest in adopting a national HF programme. It is important to reiterate that HF is not advocated as a model to replace supported housing and other homelessness services but rather a model which has presented positive outcomes for people with needs which are not met by other services.

6. Housing First key principles

Homeless Link have published 7 key HF principles for services in the UK¹⁹. As this report has shown, these principles are particularly relevant to the women who receive support from Basis and reinforce the potential of this pilot for reducing chronic homelessness in Leeds.

1. People have a right to a home. HF provides access to housing that responds to need quickly and without conditions of engagement (aside from maintaining a tenancy).
2. Flexible support without fixed timescales, dependent on the needs of individuals.
3. Separate housing and support services, where engagement with one service does not impact the other. If tenancies fail, support continues and if beneficiaries do not engage with support services, their tenancies are unaffected.
4. Service user choice over the type and location of their housing and the level of engagement that they have with services. Person-centred planning and goals set by individuals are essential to HF.
5. Active engagement with service users, where staff have small caseloads and the capacity to proactively engage.
6. A service based on individual aspirations and strengths. The HF model is based on a philosophy that is service user-led, similar to the personalisation agenda in social care.

¹⁷ See Housing First England at Homeless Link for detailed reports and evidence.

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

¹⁸ Centre for Social Justice (2017) *Housing First. Housing-led solutions to rough sleeping and homelessness.*

<https://www.centreforsocialjustice.org.uk/library/housing-first-housing-led-solutions-rough-sleeping-homelessness>

¹⁹ Homeless Link, Housing First in England. The key Principles.

<http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf>

7. Harm reduction, where service users are supported to minimise immediate health risks as well as developing longer term strategies to recover and improve in other areas of physical and mental health.

The principles of HF reflects Basis' own ethos as an organisation supporting women who face significant exclusion from housing services and stigmatisation as sex workers. Offering non-judgemental, unconditional and person-centred support underpins the day-to-day services that Basis provide. The principles of Housing First also align with Trauma Informed Care (TIC) and Psychologically Tailored Environments (PTE)²⁰. Women who Basis support may experience issues with mental and emotional well-being, as a result of complex and sometimes traumatic histories. Issues with depression, anxiety and more serious mental health issues are more widespread among the chronically homeless population. Furthermore, issues with trust and previous relationships may significantly impact on the relationships between staff and service users. For housing and support service workers who may not have specialist clinical training, these needs may be overlooked. The success of HF projects depend upon services adapting their practice to meet the needs of their service users and taking a reflexive approach. Basis have taken on board guidance around TIC and PTE and has embedded these principles within its approach to HF.

7. The Basis Project

Basis have consulted HF evidence reviews and literature in the design of this pilot, in order to ensure that the project is as true to the original requirements of HF as possible. The project achieves a very high score on the HF fidelity scale²¹. However, as evidence from other HF projects have shown, projects must negotiate a number of local limitations and dependencies. Including;

- The availability of social or even private landlords willing to offer tenancies or management agreements to HF projects.
- Adequate and consistent staffing levels from within the HF project.
- Access to peer mentors for co-production work.
- Sufficient access to local support services for drug, alcohol, and other health-related issues.

²⁰ For more information see Homeless Link (2017) *An introduction to Psychologically Informed Environments and Trauma Informed Care Briefing for homelessness services.*

http://www.homeless.org.uk/sites/default/files/site-attachments/TIC%20PIE%20briefing%20March%202017_0.pdf

²¹ Tsemberis, S., Stefancic, A. (2012) *Pathways Housing First Fidelity Scale (ACT version)*

http://www.housingfirsttoolkit.ca/sites/default/files/Pathways_Housing_First_Fidelity_Scale_ACT_2013.pdf

- Community hostility to people with complex support needs, such as women involved in selling sex, which reflects wider societal stigmatisation and discrimination.

This evaluation of Basis' HF pilot reflects some of these challenges in implementing and maintaining the project.

7.1 Partnership working

The partnership between Basis and Foundation housing, as well as other local partners, was critical to the success of the project. Foundation have significant experience working with people who have multiple and complex needs and offer a range of specialised supported housing services, including supported accommodation for offenders. Funding for a dedicated housing support worker from Foundation was built into the Basis HF project to enable intensive tenancy management.

Project funder WY-FI's 'navigator' approach was also a key element to the project, by linking their beneficiaries to a range of local agencies in order to resolve problems associated with homelessness, addiction, re-offending and mental health. WY-FI facilitate a Multi-Agency Review Board (MARB) in the city for case review work. The MARB meets once a month and brings a range of professionals from police, mental health, housing, social services, probation and drug treatment services together to discuss particular cases which require coordinated multi-agency support. The effective co-ordination of local support services is critical for HF and WY-FI's approach and infrastructure has influenced wider system change in Leeds to enable this.

7.2 Funding

The WY-FI Innovation Fund is funded by the Big Lottery Fund's Fulfilling Lives programme. Total funding for the Basis project came to a total of £99,184 and covered a one year period.

The budget covers costs for:

- Housing for 6 women
- Project running costs
- Staffing for Basis and Foundation Housing over the period of a year total, including 1x full-time HF Support Worker (Joan Coulton, Basis), 1x part-time Housing Management worker (Sue Jones, Foundation), and 1 part-time co-production Worker (Basis).

The project was extended to February 2018, using money which had not been spent on Basis' Co-Production Worker. This post was recruited at the start of the project but became vacant due to staff sickness. Despite efforts to fill the post, the Co-Production worker was not recruited again and money was diverted to extend the life of the project.

Basis have also recently been successful in securing additional investment from the Tudor Trust for a further 3 years to sustain the project, reflecting the credibility of the project and the positive outcomes it has delivered.

7.3 Recruitment

The Basis Housing First pilot received funding for 6 HF tenancies, starting from November 2016.

- There were 19 referrals to the project in total.
- 6 women had already been identified by Basis or referred from WY-FI, St Giles Trust and the Joanna Project as potentially suited to the project.
- At the time of recruitment, the women were current street sex workers, homeless and had a range of complex support needs. Some women were assessed in custody prior to release.
- 13 of the women were assessed. 6 did not engage in the assessment process, 2 of these women have now moved out of Leeds permanently.
- Of the women assessed 2 did not fit the Housing First criteria as they were already housed in stable accommodation. 1 woman was not accepted onto the waiting list as she stated she did not want her own tenancy so it was an unsuitable referral.
- 10 women were assessed as being suitable for Housing First.
- A total of 8 women, aged between 29-47, have been housed through the project. One of those women was housed for a very short time before she abandoned her tenancy.
- 3 women remain on the waiting list. One woman is not currently considered an emergency. Another is in very unsuitable accommodation but has not engaged with Basis. Foundation's Housing Management Worker has continued efforts to contact so that she can be reassessed. The last woman on the waiting list is already in a LCC tenancy but Basis believe that she will not sustain it without intensive support.

7.4 The profile of Housing First tenants

All of the women who were housed through the project can be described as having multiple and complex needs. Of the commonly used complex needs criteria, the 8 women in total who were housed through Basis' project had experienced a substantial number. This highlights the need for a housing and support model which successfully facilitates multi-agency support, and some of the reasons why existing services do not work for these women.

Mental health: All women had mental health issues including depression, anxiety, psychosis, and personality disorder.

Physical health: 7/8 women had physical health issues including Deep Vein Thrombosis, abscesses, COPD and breathing problems (related to crack smoking), and malnourishment.

History of domestic violence (control or coercion): 7/8 women had partners who have spent time in custody for violence, including one whose violent ex-partner is currently remanded for 6 months until trial.

Problematic drug use: 7/8 women used heroin, crack, spice, and amphetamine tablets. Most women are using a combination of several drugs.

Problematic alcohol use: 2/8 women had completed a detox. Another is totally alcohol dependant and is also using crack and heroin.

History of homelessness, including sofa-surfing: All women had experienced homelessness and many have exchanged sex for a place to sleep.

Time in prison: 5/8 women had spent time in prison, usually for breaching probation or not appearing in court on shoplifting charges.

History of suicide or self-harm: All have a history of harming themselves usually by cutting.

Children removed or with family members: 7/8 women have had children removed or voluntarily placed them with family as they have not been able to offer a stable home.

7.5 Finding housing

Given the range of complex issues listed above, finding appropriate housing was a significant challenge. Providing women with choice in the location of housing is one of the most important elements of HF, and enables women to choose how, when and where they work. Foundation's Housing Management Worker, Sue Jones, provided a critical

contribution to the project through her role in accessing housing and developing relationships with private and social landlords. Sue worked proactively to find suitable tenancies for all of the women housed through the project, and remained in continual contact to maintain those tenancies. Dedicated staff from Basis and Foundation were able to share local contacts and knowledge in order to set up and maintain each tenancy. Whilst some HF projects in the UK have engaged with the Private Rented Sector (PRS) in order to find accommodation for women within short timescales, Basis preferred to access housing with social landlords through management agreements to ensure greater tenancy security. However, some PRS housing has been used. Leeds and Yorkshire Housing has been very supportive of the project and has offered to provide more housing if the project continues.

7.6 Evaluation method

This evaluation is the product of consultation with Basis and key local partners. Information has been collected through service user questionnaires, interviews and regular discussions with Basis staff. The author did not directly communicate with Basis' beneficiaries due to ethical considerations and other sensitivities. Instead, it was agreed that Basis staff, who were trusted and known by the women worked with, would collect information and share with the author to inform this report. This evaluation provides a social rather than cost-oriented analysis, due to the challenges in measuring economic impact for Housing First projects over a short period of time.

8. Case study 1

J was assessed for Housing First on 20/12/2016 and was of no fixed abode and had been for around 2 months. J had previous extended periods of homelessness. At the time of assessment she had a number of painful abscesses on her leg and was at risk of amputation due to inconsistent attendance of medical appointments.

J described herself as being 'Depressed' and 'Anxious' at this time with low self-esteem. J was not on a methadone script; she was using heroin and crack daily as well as drinking between 5-9 cans of extra strength lager. She advised staff at assessment that getting on a script was her top priority. J was street sex working in the Managed Approach area and really didn't like it, she said she felt unsafe and it caused a number of problems with her partner that sometimes escalated into violence.

Since moving into Housing First, J's leg is no longer at risk of amputation due to the intensive support that the Basis caseworker provided. J was supported to access appropriate medical care. Following an initial visit to a GP, J was supported to attend appointments to redress her abscesses with the nurse 3 times a week. Each of those appointments lasted an hour and were very painful for J. After those appointments, Basis' HF support worker took J to get any food shopping and picked up her methadone script. Basis' support worker spent around 6 hours per week with J, not including drug treatment appointments. Without this support, it is likely that J would have lost her leg.

J has managed to maintain her methadone script and maintain appointments with regular support from Basis and from Forward Leeds. J is no longer using heroin at all, she is still drinking daily however this has reduced to around 2 cans a day. She is no longer using crack daily but is still using it recreationally a couple of times a week. J has also visited the GP to discuss her mental health and is now on medication for this too. J is no longer sex working and she is much happier because of this, she feels safer and it has improved her relationship with her partner.

When J was interviewed for the Housing First evaluation she indicated very positive improvement in her physical health, mental health, drug use, sex work practice, physical safety and stability in housing as has said she would recommend the service to others.

9. Successes

The following sections reflect the key principles of HF which are outlined at section 7 in this report. A detailed summary of each woman's journeys through the project can also be found at **Appendix A**.

9.1 The right to a home

The security of having settled accommodation and continual, unconditional support from Basis was the described by HF beneficiaries as the most positive part of the project, directly improving mental health and creating the conditions necessary for women to make positive changes in their lives.

The right to a safe home was embedded within the project's approach to tenancy management, which is in many ways substantially different to other social or supported housing. Under normal circumstances, requests for lock changes due to tenants losing or sharing keys with others would present a rechargeable repair to tenants. This fear of

financial and tenancy management penalties resulted in a woman not reporting her concerns, until Foundation's housing support staff advised her that her request would be immediately actioned with no charge or further implications. In fact, a rapid response to requests for lock changes was actioned on three separate occasions for women who were at risk of violence from partners or clients. Reassuring Basis HF beneficiaries about their principle of providing and maintaining the right to a secure home mitigated a number of situations which could have resulted in tenancy breakdown. The minor costs incurred through these issues also avoided a substantial amount had women abandoned their properties.

Several women highlighted the importance of moving into housing which had white goods, carpet, furniture and other essential items like cutlery and crockery which are often not provided in social or PRS housing. All of the white goods provided remain in the HF properties. The careful balancing act for people managing substance addiction and other problems was highlighted by women who valued the feeling of living in a home rather than in temporary accommodation, as one woman commented:

'it gives me that sense of security that I knew... so I could get on with getting better getting out of my addiction because I didn't have to worry about furniture, where's this coming from, all the extra stresses that go with it.'

Basis have continued to challenge some negativity from local residents who were unhappy with sex working women living nearby. Despite a substantial amount of hostility, Basis and Foundation caseworkers met with LCC, West Yorkshire Police and with their ASB team on a number of occasions and advocated for this woman to keep her tenancy due her to significant progress for her right to a home and recognition of her vulnerability. Those meetings were also an opportunity for the people attending from the ASB team to learn about the laws around sex work and to feel more confident about offering support to women they encounter who are sex working.

9.2 Flexible support

The need for support plans, caseworkers and local partner organisations to be flexible was critical to the success of this project. The women involved have experienced particularly stressful periods of time, periods of disengagement, and periods of relative stability. The effective communication and close working arrangements between those partners made responding to crisis events possible and has proved a significant success for this project.

The low case load per caseworker, and a dedicated HF caseworker at Basis, meant that Joan was able to arrange her case work around the needs of the women she worked with, which varied significantly throughout the 12 months. As outlined in the previous case study and by another HF beneficiary who also needed support to manage abscesses, dedicated support to manage chronic health issues not only avoided potential leg amputations but saved a substantial cost in acute medical costs and subsequent costs to public health and welfare.

The success of the project's flexible approach was also demonstrated when one woman went into rehabilitation, shortly after starting her HF tenancy. The HF place was left open for her and she returned after 5 months in rehabilitation. At Christmas 2016, this woman was not expected to leave hospital after suffering severe liver failure. She is now engaging with all her physical health support and is looking at volunteering courses.

Flexible support also accounted for lapses in drug treatment programmes, where women were quickly supported to get back on methadone script and back on track. This dedicated support at particular moments was crucial for Basis' beneficiaries, and has enabled women to manage and recover from substance addiction, as well as avoiding spiralling situations of crisis and other health issues.

9.3 Housing and support are separated

As stated, one of the primary successes of the Basis HF project has been the access that a stable home provides to a range of support services which are collectively needed to manage complex needs. It was critical that disengagement with support services did not affect these tenancies. Partner organisations commented on the importance of having an address as a stable base for contact. Contact with some of the women housed through the project was generally difficult, due to irregular working hours and sporadic location, particularly during chaotic periods of time. Having an address to coordinate contact and assertive efforts to engage meant that women did not fall through the support network available and were supported through to more stable living situations.

It was also critical that tenancy management issues did not affect the support offered to the women with whom Basis worked with. One individual had caused some minor damage inside her flat as the result of a particularly difficult period of mental health. However, instead of tenancy warning letters and reprisals which could have caused further stress and risked her leaving the HF project, Foundation's dedicated housing support worker was able to provide reassurance and work with her to rectify the damage whilst support continued.

Again, this break away from the sometimes punitive system that is embedded within tenancy management was critical to the success of this project.

9.4 Choice and control

The specifically gendered requirements for housing and support were recognised by Basis and Foundation early on in the project but has been a continual learning experience. Responding to the risks and consequences of gendered violence and the requirement for a trauma informed approach has been a central part of the support provided for almost all of the women housed, and has demanded the provision of real choices throughout the project. One examples of an issue identified by Foundation's housing support worker was the need to consider the appropriateness of sending male maintenance operatives to women's homes. Sue was able to arrange for female maintenance operatives to attend repairs calls, something that required a dedicated housing management contact to facilitate.

The location of properties is one of the most important elements of choice in a HF project. All 6 women initially housed in the project were given properties in their first choice area. The majority of women wanted to live close to the 'beat' in order to work, at least at the start of the project. Some women wanted to move away later on. Of those women, a large proportion were local to the area and had lived in unstable or unsafe accommodation in the area prior to HF engagement.

Women also have applications in for Personal Independence Payments (PIP) which, if successful, will improve their situation by increasing financial independence. Another has opened a Credit Union account for her benefits to be paid into rather than a male friend having them paid into his account as she was doing.

9.5 Active engagement

As demonstrated by the previous case study, the small case load had allowed for an approach to tenancy support which would not have been possible through floating support services. At one point, the support for a single beneficiary totalled over 6 hours per week, which could only feasibly be managed by a caseworker with no more than 6 people.

By assertive committed support, Basis HF beneficiaries were supported to manage complex and serious health concerns which would have likely been inadequately attended to without the support provided by caseworkers. The cost of Basis' caseworker during this time is also likely to be substantially less than the potential cost of acute medical care and subsequent health and social care had those women had to go through amputations.

Foundation's dedicated housing support worker was also critical to the success of the project. This combination of assertive engagement, coordination and regular communication between Basis and Foundation ensured that 6 HF tenancies were sustained over the pilot period, with one woman deciding that she did not need such an intensively supported housing programme and another absconding shortly after moving in from prison.

The multi-agency review board (MARB) and WY-FI's facilitation of proactive local public service meetings was also a key part of this project's success. At one of these meetings, a safeguarding representative from LCC identified one of the cases brought by Basis as a high level risk and escalated the case to Adult Social Care, accessing a social worker and providing that individual with the necessary support. These meetings facilitate access to a range of important partners around one table and allow for immediate decisions to be made.

Another success of WY-FI's involvement is the rapid access that was facilitated between a Basis HF beneficiary and Forward Leeds, a drug and alcohol treatment service in the city. The relationship between Basis and Forward Leeds enabled access to a rehabilitation service, not long after that individual entered the HF tenancy. Without such quick access to the treatment service, this HF placement could have been unsuccessful.

For the women who have chosen to leave HF towards the end of the project, their contact with WY-FI and the many other local services which they have come into contact with will continue, and demonstrates the benefits of an effective local partnership.

9.6 A service based on strengths, goals and aspirations

The attention to creating a positive living environment for women was a particular strength of the project, where women were supported to set up a home and consider their future, rather than making do with an emergency provision. One individual had burned some of her soft furnishings because she was having visions of insect infestations, as a result of her mental illness. She was provided with new bedding and cushions and her property, which was already in need of redecoration. The relatively small cost of those items and paint helped to provide a sense of home again.

As part of the Housing First project, Basis provide a budget for training and other personal development activities. The value of the Housing First model and its principle of unconditional support without time restrictions is clearly demonstrated here:

'I mean I have thought about it because I was talking to Joan about it. I wouldn't mind doing a hair dressing course but at the moment, I don't think I'm in the right frame of mind'

One service user had signed up to take part in the Jamie Oliver Ministry of Food course through the personalisation fund, not only as a means to learn cooking skills but as way of meeting people. Other service users had signed up to a computer course and a peer mentoring course.

Three of the women housed have now requested to end the intensive HF support based on their progress and choice to live independently of that support.

9.7 A harm reduction approach

The principle of harm reduction underpins Basis' ethos as much as HF. Basis do not base their work around stopping sex work, nor does their HF project carry this aim. Instead, Basis encourage their beneficiaries to consider the risks of street-based sex work and to consider less risky, legal behaviours such as home-based sex work as a realistic and practical step. Women reported that there has been a positive impact on their sex working practice since moving into their HF tenancies, with two women reporting that they had stopped sex working since the HF project and a number of others reducing their frequency of working.

One woman had previously dissuaded her partner from going through his detox programme because they were sofa surfing together and she felt vulnerable without him. Now she has her own tenancy she felt secure enough to encourage him to go and address his alcohol issues which were leading to physical violence against her.

A woman was supported to make and follow through with a complaint about her violent ex-partner which has resulted in him being recalled to prison for breaching his restraining order. He has now been released and while she continues to see him she knows that she can ask Basis for support when she needs. Basis have a "safe phrase" that she can use to alert them if she needs support in an emergency. Basis are currently talking with her about moving to another property when she feels ready. Another woman called Basis when a violent partner would not leave her property, HF staff attended and asked him to leave. She now feels safer knowing that Basis could support her in this way.

This harm reduction approach is also embedded within Basis' approach to substance use. Five women have started on Methadone since they got their HF tenancies. All have stayed on 'script', sometimes with short breaks but most have been supported to get back on script within days.

Two of the women housed on the project had spent time in prison during the last 12- 18 months. Neither had been to prison/been arrested/committed offences since being in the HF project.

10. Case study 2

An unexpected outcome from the pilot has been the improved engagement with other women who are not housed through the Housing First project but who have stayed with women who are. Women who have been in particularly unsafe situations have been staying with Housing First women, who have all had prior risk assessments and have unexpectedly provided a safe and regular space for contact between Basis and their beneficiaries.

A recent example of this is a woman, K, who was referred to a Women's Lives Leeds complex needs worker. This worker had tried many times to find her but this has proved very difficult as she was staying with a boyfriend then had to leave that property, she was then reported to be staying with a very abusive and dangerous man who is known to Basis. K would call the service sometimes from a borrowed phone or ask for support when seen occasionally on outreach but could not give Basis a number or make firm arrangements to meet with staff which resulted in her being encouraged to attend drop-in as the only way to support her.

This woman was eventually asked to leave by the Housing First tenant due to the negative impact she was having. However, this contact enabled Basis to organise methadone treatment and discuss housing options with the woman who had been sofa surfing with other tenants. This further demonstrates the value of stable housing for working with individuals and putting vital support and treatment services in place.

11. Challenges

The following challenges have provided Basis with important learning points to build into future development of the project, and also contributes to WY-FI, LCC and other local partner organisations.

11.1 Assessment and recruitment

The assessment process itself has presented considerable learning opportunities for Basis and LCC. Basis took a proactive approach to recruitment and visited women in prison who needed housing once released. Interviewing women in custody proved to be difficult way of gauging an accurate picture of women's needs. For some women who accepted a HF tenancy, having somewhere to live was an absolute priority but the intensive support framework surrounding HF may not have been appropriate for them.

HF is not intended to be a universal response to homelessness and housing need, so recruitment to projects must be carefully considered. In response, Basis have been in discussions with LCC about making joint visits to women in custody. This will ensure that somebody can be present to discuss a range of alternative housing options and support women to choose the most suitable option for their needs.

One particular situation also highlighted the need to more effectively communicate the principles of the project to service users. After moving into a HF tenancy, a woman abandoned the property shortly afterwards following an incident in the house where she had sold some of her furniture. This woman believed that she would be evicted as a result, left the property and disappeared from contact with Basis. The unconditional and supportive ethos behind the project had not been sufficiently communicated, and decisions had been based upon her previous experiences and assumptions about housing services. HF represents a radically different approach to many other housing services and it appears that this might not have been conveyed to women early on.

11.2 Location flexibility

Whilst all women were initially housed in preferred locations, those preferences changed throughout the project and present a constant challenge. One particular HF beneficiary wanted to live in an area near to her mother and children which had very little affordable housing. PRS landlords did not want to accept someone on benefits and especially not somebody with such complex needs. Sue attempted to find housing for several weeks before offering this woman housing in another area, demonstrating some of the limitations in securing properties in a wider variety of areas. This property was accepted and Sue is currently helping to rehouse her, in her preferred area.

One woman reported anxieties about the location of her accommodation, due to the proximity of her home to the streets where she sex works and the risks associated with clients knowing where she lives. She is now being supported to relocate as part of the project.

Another woman required relocation due to the pain in her leg, which has resulted in difficulties managing the stairs up to her current flat. Basis is currently looking to relocate her to ground floor accommodation.

Another service user reported a desire to move location as a result of negative experiences, and to be near to her mother who was relocating. Proximity to her mother is a fundamental part of her recovery. Being close to family and support networks was critical for the women housed through HF, as this quote demonstrates:

‘I don’t want to live in this area because it’s just... I’d like to live in a nicer area because just for me it served a purpose at the time, it were near my mums and I needed to be near my mum because I was so ill. I still want to be near my mums but my mums moving to get out of this area so I want to move to.’

11.3 Co-production and peer support

The Basis project was designed with co- production and peer support as central elements, including experts by experience throughout the duration of project. Peer mentoring has proved very successful for substance recovery models. However, finding people willing to act as peer support workers based on past sex working histories is particularly difficult, given the stigma attached to that work, people being unwilling to speak openly about those backgrounds and potential triggering of traumatic experiences

Feedback from women who have been involved in sex work is that once they have stopped sex working they do not wish to return to anything that reminds them of a highly stigmatised period in their lives, even with the support provided by a specialist sex work service like Basis.

The co-production worker recruited as part of the project resigned for health reasons. A subsequent post was provided by WY-FI but has also left, presenting issues of consistency and continuity for the women in the project. The reasons for this are unclear, but in work that is gendered and pervaded with trauma and high levels of violence and abuse, the role of women peer mentors is particularly challenging.

12. Feedback from women worked with through the project

The importance of assertive, proactive, dedicated and unconditional support was clearly integral to the sustained tenancies and the range of personal developments achieved by the women in the project, who provided the following comments:

‘I just don’t want to lose them, I’d be lost without them’

‘This is the first time in a couple of years that I have felt secure and happy with my housing situation and it can only get better.’

‘It’s done a hell of a lot of good things for me, it’s stopped me working on the way, on the beat, it’s done all sorts for me, my money’s sorted out, they do everything for me really’

'I had remembered I had been given this house but it were a nice feeling knowing in rehab that I had this place to come back to.'

'I'm trying to do a lot more for myself now because obviously going to the doctors and things I have got to stand on my own two feet because I have relied on Joan for so long but obviously if I need her she will be there for me if I really desperately need her but I do need to let her have some other person to help'

'I think I still need probably a little bit of help round stuff, especially coming out of rehab and having so much support'

13. Stakeholder feedback

Having the right people in the roles for this project was clearly recognised as one of the most important factors for the success of this project. Joan was frequently described as '*one in a million*' and not simply good at her role but someone who visibly loves what she does. Stakeholders recognised the passion needed for this work, commenting that '*it's all about your attitude and commitment to this role*'.

All stakeholders emphasised the importance of Joan and Sue's low caseload. The intensive nature of the support that was needed required caseworkers to spend entire days with one individual, without which the significant health needs of several women in the project would not have been resolved.

The benefits of this project for local partnership working could not have been overstated. The manager of a local partner organisation commented on the unique way that the Housing First project had coordinated the work of a number of local services and, had actually facilitated their work. By enabling a permanent address which continued throughout some particularly unstable and chaotic periods, and through the assertive and persistent efforts of the case worker and housing support worker involved, a range of critical interventions were able to take place. A stakeholder suggested that greater clarity around roles and responsibilities to local partners at the start of the project would have been an improvement.

One stakeholder commented on the normal system of housing and support and said that '*people don't fit neatly into a box, so options don't work*', whilst another stated that '*people are passed from pillar to post*' and have to explain their story repeatedly. Under the HF model, having intensive and flexible support workers meant that women were able to

access all relevant local support services whilst having the stability and consistency of a home.

The housing support that was provided by Sue as part of the project was given substantial emphasis by stakeholders, who expressed doubt about the likelihood of Basis women being housed anywhere else. One stakeholder described the poor quality of housing available to her under normal circumstances, which can support a spiral of chaos and prevent settled living. Sue's efforts in providing the HF women with a positive home environment were recognised as essential. The following comments from other local agencies demonstrate the value of the project and of having intensive support roles.

'Clients engagement has always been sporadic at best but I feel this had improved once HF where involved'.

'X spent a number of months in rehab after receiving her HF accommodation; however, she has fully engaged and shown huge improvements even after returning to her property'

'The client has very complex needs and is also subject to DV and restraining order against ex- partner, this often makes it difficult to contact her, but working very closely with a multi- agency approach has made this a little better and that we all constantly update each other as professionals makes this better'

'The client in question is very complex and has multiple needs and this required and close working relationship between myself, Joan and Sue Jones from Foundation. It was a pleasure working with such dedicated professionals. We all updated each other in a timely manner and shared risk information immediacy.'

'Of all the meetings we have to attend each month I really think the MARB is the best use of time as things really do get done there!'

14. Next steps

The project has now been extended for a further 3 years following a successful funding application to the Tudor Trust, which means that the work that Basis have started can continue. Whilst it is early days and Basis would expect some of the women in the project to experience challenges going forward, the stability that the project has provided is clear. Housing provides the base needed by the women in the project to address a number of complex needs but also for a range of organisations to do their work in partnership. Without

stable housing, their work would likely be less coordinated. Some of the women in the HF pilot have at least 5 organisations working with them to address issues which, if unsupported, could lead to crisis points. This project has provided the base that they need to work together to support their beneficiaries and minimise further risk.

The dedicated support of Basis' Support Worker and Foundation's Housing Management Worker, and the trust that was built between them and the women in the pilot was also critical to the project's success. This would not have been achieved through housing-led approaches alone, which are not designed to meet the sheer complexity and volume of support needs that the women in this project had.

As this report clearly demonstrates, the project has mitigated some significant health risks. Two women in the project could have had life-changing disabilities as a result of leg amputations, one woman was at risk of alcohol-related death and several others faced substantial risks if substance abuse had not been managed. Furthermore, the cost savings to the city in terms of acute medical interventions and other associated services are also significant. Basis will continue to monitor the impact of their HF project in relation to other local services and assess its contribution.

With continued and dedicated support from Basis staff, women housed through the project have a greater chance of managing complex needs and achieving independence. Basis have used some of their personalisation fund for arts and craft materials to help women with mental health issues. Basis wanted to do more with their personalisation fund and look into improving other aspects of their beneficiaries' lives but at just 8 months into the project, many of the women they supported on the pilot had more significant issues to manage. With continued funding, Basis are able to extend their work beyond managing crisis and support women with a range of other personal development activities.

Basis will continue to monitor and evaluate the outcomes of HF over the next three years and maintain the close working relationship with local partners. More communication with local partners about the project and clarity around roles and responsibilities will further improve partnership working. Co-production and peer mentoring remains a challenge for the project but Basis are committed to recruiting peer mentors for ongoing review of the project, as well as supporting the women taking part.

Appendix A- HF women's journey						
	Move in	Move on	Offending information:	Substance misuse	Physical Health	Other agencies
1	30/12/2016	Still in HF. Continuing to do well. Is now bidding on council properties with support from Sue and will be moving on from HF in January	Never been to prison, no recent offending	On methadone script, since moving in to HF property	Before HF she had untreated abscesses on her leg and Joan has been taking her to the Drs to get dressings changed up to 3 times a week and there is now no longer a danger that she is going to have her leg amputated.	Forward Leeds
2	24/03/2017 (as released from prison)	09/09/2017 – Still in property but no longer receiving housing first support on her request. Her property is with Leeds and Yorkshire Housing and she has been referred to Engage for step down support. She still continues to get support from WY-FI and their connected local services.	Recent criminal history, currently supervised by CRC. 23/1/17 -18 weeks imp (released 26/3/17); 3/2/17 3 month Imp- released 24/3/17 Hasn't been to prison/been arrested/committed offences since in HF service	On methadone script since leaving prison	No significant physical health issues	WYFI (intensive support) Forward Leeds Probation Peer mentor support (from WYFI) Referral to be made to Engage
3	22/12/2016	Still in HF but support ended week ending 11/12/17 as she is maintaining her sobriety and no longer needs the intensive support. Will start bidding on council properties from early next year.	No offending behaviour that staff are aware of	Not drinking and maintaining recovery since moving into HF property. Prior to HF drinking very heavily (1.5 litres of vodka a day) and very poor physical health as a result of this.	Before HF physical health very poor, was told by the hospital she would die imminently and had Hep C diagnosis but was not in a position to engage with treatment due to alcoholism and chaotic lifestyle. Now no longer drinking alcohol after a successful period in rehab, receiving Hep C treatment, other health issues now being managed and is engaging really well with appointments and health needs.	WYFI (intensive support)
4	20/03/2017	09/09/2017 remained in property but no longer receiving HF support on her request. Her property is private rented and is	No known	On and off script currently and using on top, same as before moving into HF	Has depression, anxiety and is anaemic. Before HF she had been to A&E twice due to risk of blood clots. Still injecting in legs and not managing anaemia very well but has been	WLL Complex Needs Worker (intensive support) Forward Leeds

		receiving support from the Women's Lives Leeds Complex Needs Worker. Still engaging with Basis through Complex Needs worker.			repeatedly offered support around this by the Housing First team but engagement has been sporadic. She is engaging well to address these health issues now with WLL Complex Needs Worker. Also has an established relationship with this worker and engages well with her.	Referred to Engage
5	27/02/2017	Still in HF and engaging with support. Is now on script and has been for some months. Still hasn't reoffended. Is getting support with her mental health and is back on medication for this which she says is helping. Is now on benefits which took some time. Physical health better as she is engaging with support from GP	Criminal history. 28/3/14- 6 months imprisonment 2/10/14 - 6 months Imp 1/7/15- 30 weeks imp 12/10/15- 16 weeks imprisonment 2/3/16- 22 weeks imprisonment Hasn't been to prison/been arrested/committed offences since in HF service	Now on methadone script. Before moving into HF she was using heroin and crack and not on script. Now on script but still using heroin and crack on top.	Physical health is not good. She has abscesses; staff have offered support on a number of occasions to address these issues. Staff continue to offer her support with this but we have not imposed sanctions for not engaging and continue to offer support.	Joanna Project Forward Leeds
6	09/02/2017	Still in HF. Physical health much better. Moving into a council property in early 2018 but will still receive HF support as it is needed. Still on methadone and has been supported to stay on script despite a few lapses. She continues to engage with Joanna Project and is in touch with her family and children more now.	No known offending behaviour	Now on methadone script. Prior to HF using heroin and not on script due to non-attendance of appointments	No physical health issues currently, had swelling and pain in legs from DVT and abscesses but has since spent time in hospital and received a lot of support from Joan and Sue and these issues are now resolved.	Joanna Project Forward Leeds

7	08/03/2017	Still in HF. Engaging well with support. Reported violent partner to police following a vicious assault couple of months ago. HF worker supported her to do this. He is now remanded until March 2018. She is still on methadone. Continues to use crack but is engaging well with drug treatment provider. Has had a couple of lapses off script and been supported by HF team to get back on it very quickly.	No criminal record	Now on methadone script. Prior to HF using heroin and crack	Previous to HF had generally poor physical health due to homelessness and violence from partner, having a stable home has generally improved her physical health, she is still in a relationship with her partner.	WYFI (intensive support) Forward Leeds
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