

No Place Like Home

Transatlantic approaches for helping homeless women

Sarah Walters, 2017

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About the author

I am a Development Manager with a Big Lottery Fulfilling Lives programme run by Shelter called Inspiring Change Manchester. My background is in law and I have worked previously in Advice Services as Senior Adviser, Team Leader and Manager. At ICM I lead on several strands including Housing, the Women's Work and developing our GROW Trainee programme. I am proud to lead our Housing First pilot in Manchester which sees those homeless and excluded given the chance of a settled home.



Executive Summary

The aim of this Winston Churchill Memorial Trust Fellowship was to compare and contrast projects working with and accommodating homeless women in emergency, transitional or permanent housing in Canada and the United States. There was also a wider focus on the nature of the support offered to those women, and how this might be harnessed in the UK.

How did projects address trauma particularly around the removal of children?

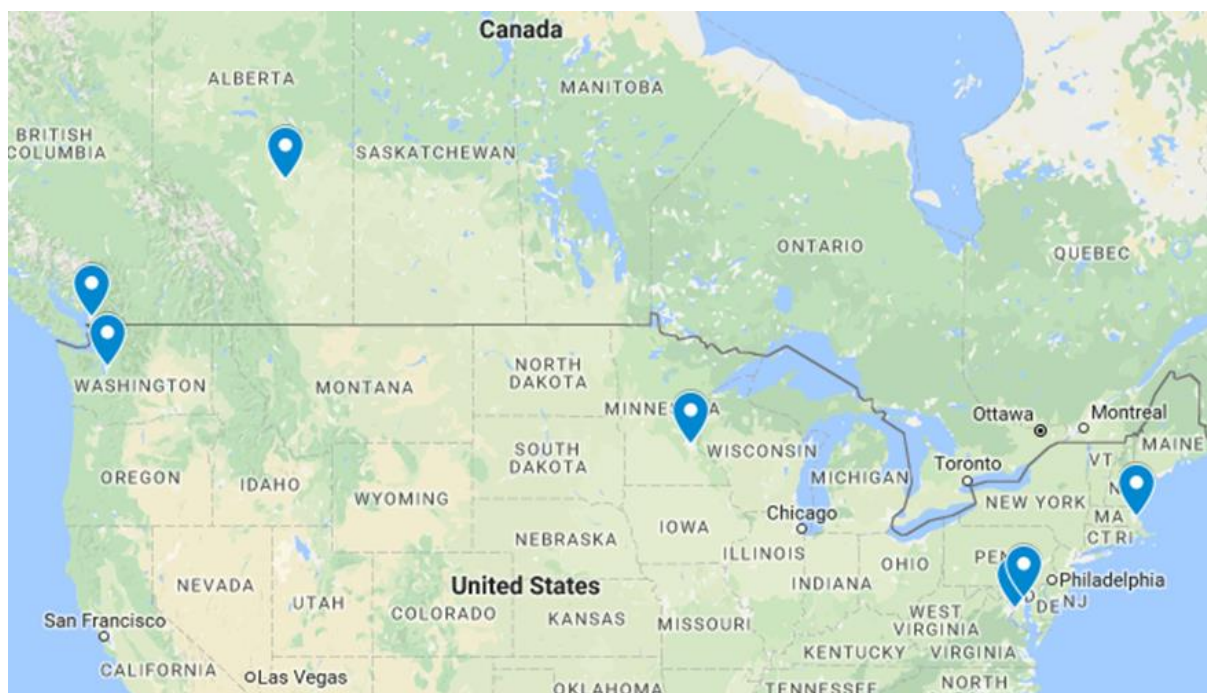
How did the voice of those women inform the services that were delivered?

How were solutions scaled up across county and state boundaries?

How did the mix of funding from different income streams work together?

The trip identified good practice in Canada and the United States - city authorities and projects were investigated in Vancouver, Edmonton, Seattle, Minneapolis, Washington DC and Baltimore. The final stop was Boston, where the conclusions of the whole trip were brought together through a conversation with the American Round Table to Abolish Homelessness whose campaigning reach is country-wide to end homelessness, particularly for women.

Cities visited, June-July 2017



Major findings

1. **Single homeless women without children were not recognised as a separate population** within strategic targets and therefore were not specifically catered for within provincial or state funding. They made up 1:4 of the chronically homeless population but did not receive a proportionate allocation of funding towards research, which would inform policy and attract specific provision.
2. **Gender-specific provision** of homeless services did exist in some areas and, when it existed, it **was shown to be essential** to help homeless women who were likely to be more disconnected from support, suffering trauma through domestic or sexual abuse and more complex when seeking help.
3. **Cross-sector funding of provision worked well**; particularly where health and housing jointly funded initiatives. Trust by city funders in specialist women's providers as the experts resulted in more flexible and nimble service provision, able to adapt and respond to changing external environment. A whole city approach was inspiring in principle, but required capital buy-in from all partners across sectors to effectively eradicate homelessness.
4. **Housing First works well for women for whatever target group**: sex workers, those recovering from substance misuse, those fleeing domestic violence, those with complex needs. It is not the only useful model; shared housing addresses the social isolation that Housing First can cause and provides build in peer support for those who do not want to live on their own. Conditionality around the support offer and a high barrier approach seemed to have less success in terms of sustainment.
5. **Private rented accommodation can offer a quick pragmatic solution** for homeless women however high rents, demand outstripping supply, imposition of onerous landlord regulation, and relative ease of eviction rendered this model of rehousing generally unsustainable as a long-term accommodation option.
6. **Trauma-informed working with specialist mental health provision was vital**; projects where mental health support was built into provision showed sustainability and good outcomes.
7. **Co-production was not much in evidence** with a lack of the authentic voice of those with lived experience really driving the design of services forward.
8. The **supply of affordable good quality accommodation was a challenge** across all cities visited. Regulation to preserve some types of stock was one solution; non profits owning property to rent to their tenants was much in evidence. Federal tax incentives raise millions of dollars to fund house building and incentivise the market. A single vulnerability assessment tool to prioritise housing had mixed impact and sometimes militated against partnership working.
9. Discussions of housing options for women could not avoid **larger global macro-economic issues** surrounding the lack of affordable housing, gender inequality around pay differentials, lack of any housing safety net, and the reduced housing options for anyone who was poor.

Introduction

What do we need to do?** Again, we need to look at women as their own population group, we need to gather data and do research on women. We need to listen to the voice of women who are homeless who have experienced homelessness and we need to meet their needs; we need to build programs for them and also meet their aspirations and their hopes. It is no longer acceptable to lump women in with men. We are our own population and **we must end homelessness for women.

Anne Miskey, CEO Downtown Women's Center LA,
NAEH Ending Homelessness Conference, Washington DC, 18 July 2017

Separate provision and diverse services for women

It seems in North America the argument over whether there should be specific services for women is much further on. In all cities visited as part of this trip, the question was not whether services specifically designed for women should exist at all, but what those services and provision should look like and who should fund and resource them.

We have more of a debate around first principles in Manchester. The supposition that there should be women's centred provision is not accepted by all players. Indeed, a focus on ending street homelessness has the potential to skew the perspective of funders to a predominantly male experience both in the UK and Northern Europe.¹ Because there are fewer women rough sleeping, fewer resources, research or provision is deemed necessary. This misses the hidden homelessness which characterises women's experience and perpetuates a system that does not work well for them.

The overall assumption that lies behind the findings and recommendations of this report is that **targeted women centred provision is vital to end homelessness for women.** This is not to argue that excellent, diverse, specific men's services which work together to end homelessness should not be provided; everyone needs a safe, affordable, decent place to live. But women are not well served in the system and have particular characteristics around trauma and hidden homelessness which require specific attention and this report addresses these.

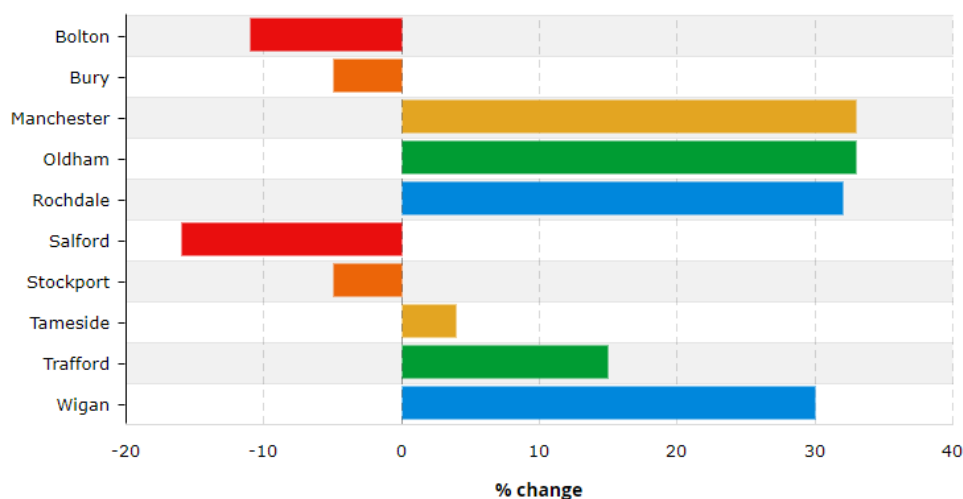
Consequently, the meta-narrative behind all of the recommendations assumes that women-only provision should be part of the building blocks of a successful housing strategy; the question that is addressed is what does that provision look like?

¹ Reconsidering Gender in Homelessness: Joanne Bretherton Centre for Housing Policy University of York May 2017

The question that lay at the heart of the research trip was what do homeless women in Manchester need? Currently there is a lack of women only accommodation options for women without children. At the time of writing there is one direct access hostel which provides single rooms and shared facilities for around 33 women and allows the council to discharge temporary homelessness duties². The UK research on what works for homeless women is patchy and has not driven wholesale systems change. There is also a lack of creative, co-produced solutions for women with complex needs which embeds holistic working with the voice of vulnerable women. Homeless mothers are invisible and for those who are separated from their children as a result of their complex needs and housing situations, the trauma of homelessness is compounded.

In Greater Manchester, there is a huge rise in rough sleeping and begging as well as presentations to homeless services. The statistics from Shelter show 4,428 people no longer have a permanent roof over their heads. Of these, 4,239 are currently living in temporary accommodation with 189 sleeping rough.

Change in number of homeless people in Greater Manchester



Shelter (June-Dec 2016)

Figures for 2016 showing increase from 2015

Yet there are tremendous opportunities. There is in the city a consensus across sectors and individuals that homelessness needs to be tackled with some radical ideas. Devolution offers opportunity for solutions across 10 authority areas. The new GM Mayor has made homelessness a priority and placed it at the top of his reforming agenda; drawing together activists, politicians, grassroots organisations, national charities operating in Manchester, the private sector, housing providers, those with lived experience of homelessness and concerned individuals to work together to find solutions. The Manchester Homeless Charter preceded the election of the Mayor but has set the course for working together. Being

² Manchester City Council are currently planning to open a mixed emergency hostel for new rough sleepers in Chorlton

Manchester there is plenty of passion, argument and wit. As Tony Wilson said: "it's Manchester – we do things differently here".

Aims of the research

At the outset, the aims of the research were to develop a suite of gender-specific options for housing and supporting vulnerable women which could be presented to relevant parties for implementation in Manchester. The aims had some detailed objectives:

1. To identify practical, sustainable options for crisis, transitional, and permanent housing for homeless women.
2. To see projects where the voice of women has informed and driven the service delivery. To compare and contrast with externally determined initiatives.
3. To understand the extent and limitations of gender specific services and to explore the support offer for women. To highlight differences with the offer to men.
4. To see how projects for women have been rolled out across a wider geographical footprint. To understand how system change across county borders works and the key challenges and successes from this.
5. To understand the impact of family separation on homeless women; identify ways to mitigate its effect.
6. To see how Housing First for women can be scaled up across authorities.

Methodology and itinerary

With such a wide ranging brief and a finite amount of time, an in-depth analysis of every project visited was not going to be possible. Over 30 projects were visited or investigated in 7 cities and 2 countries with connections with over 50 individuals (see Appendices 1 and 2). Further research is suggested out of these visits which takes some of the minor themes and develops them. Contemporaneous notes were taken at interviews which were face to face, roundtable meetings, meetings over the phone, at a conference, over dinner (and lunch!) and whilst touring sites.

My immediate reflections were published via a blog and can be viewed at <https://sjwaltersblog.wordpress.com/>.

The research began with a visit to Vancouver which included visits to 2 leading organisations: Atira Women's Resource Center and RainCity Housing. An interview was held with the Executive Director who ran a large randomised controlled trial of Housing First across Canada. The project followed more than 2,000 participants for two years, and was the world's largest trial of Housing First. Discussions at this level centred around the viability of scaling up Housing First across 10 local authorities. From there to the *7Cities Housing Conference* in Edmonton, Alberta, where the theme of the conference was Building a Better Tomorrow by Building Resiliency Today. Here, examples of a whole system approach to ending homelessness were seen by tackling the issue through bringing providers together in a single commissioning framework.

The next city was Seattle where consideration was made of the impact of a large 'top down' funding on provision through the Gates Foundation. Meetings were held with both funders,

intermediaries and grantees on this approach and analysis made of the impact and outcomes. Seattle, like Vancouver, faces a huge crisis in the provision of affordable accommodation and some solutions are being sought in the private sector. Meetings were held with the Director of the Landlord Liaison Project to discuss this approach further. DESC in Seattle is a leading provider of homes for the most vulnerable through Housing First. This was contrasted with a women's centre where conditionality was required for entrance and sustainment of accommodation around sobriety and engagement.

Minneapolis provided a fascinating example of a state approach to ending homelessness through one strategy, driven through by committed leadership at state level and expertise in drawing sectors together. From there to Washington DC where a wide-ranging discussion with the CEO of the National Alliance to End Homelessness prompted a meeting with PathwaysDC and a very interesting day with Open Arms Housing who provide permanent supportive housing for women and employ a peer specialist – one of the relatively few observations of women with lived experience working with vulnerable women.

A few days in Baltimore led to some meetings with the House of Ruth Maryland who provide a comprehensive intimate partner violence program with associated services and finally to Boston.

A meeting arranged in Boston was forged through a fortuitous link with Open Arms Housing but drew the trip together thematically to provide a springboard into wider international promotion of the need for a focus on women's homelessness. The American Roundtable to Abolish Homelessness has a reach across America which far exceeds its grasp in terms of influence across New England. The conversation pulled together the strands of research and findings from all 6 cities. It highlighted the numbers of women who are homeless and the lack of targeted data collection, research, policy and funding which could work to eliminate women's homelessness in the same way that youth and veterans homelessness has been so effectively tackled by a single focus.

My disclaimer is that conclusions made are from the analysis of the projects observed rather than an independent academic comparative study of all areas. The picture that is formed will not give a full perspective of the issue of women's homelessness across the whole of North America but more a viewpoint from the cities visited and conversations held.

Key themes

The structure of the report is written around models identified in the cities visited along with case studies illustrating these points. The key themes are:

1. Homelessness – theory (law, strategies, and models) meets reality.
2. Housing models – including shelters, single room occupancy, housing first, supportive housing and comments on the private rented sector. This concludes with recommendations for Manchester.
3. Whole system approaches to homelessness.
4. Models of support.
5. Co- production in service design and delivery.

Theme 1: Homelessness: theory meets reality

There is considerable commonality between women who face multiple disadvantage in the UK and their counterparts in the US and Canada. Although there may not be a universal definition of 'complex needs', the combination of homelessness, substance and alcohol misuse issues, mental health problems and some intervention by the criminal justice system (called 'Corrections' Stateside) is well recognised by those working with the women and by the women themselves³.

The testimony of lives hallmarked by poverty and adverse childhood experiences echoed wherever projects were visited and stories of domestic and sexual abuse, children removed, struggles around addiction and offending were very often intermingled. How then to design up housing models which support women to change and give women stable bases to start to address these issues in a way which is affordable and sustainable? What can be learned from models seen that could be used to help women in Manchester?

Statutory Obligations



Of course, in the UK, everyone has the right to housing.

US Case Manager, Seattle, WA

There are some misconceptions around the role of the UK government in providing housing for its citizens. Some homeless people, in some circumstances, are entitled to be provided with some accommodation by local authorities. The people and the circumstances covered are strictly defined by statute and a duty owed by the state to an individual can be easily lost.

The full duty to provide accommodation for homeless people was introduced in 1977 by the Housing (Homeless Persons) Act 1977 although this full duty has been further restricted by statute and case law. A duty in law can be onerous to discharge for local authorities. It places a mandatory requirement on them to act regardless of lack of resources and this compliance can be ensured through the courts. A power in law carries less obligation and local authority officers can exercise a considerable degree of discretion which is rarely able to be challenged. The UK judiciary are unlikely to interfere with a decision made by a housing officer on discretionary grounds unless it can be shown to be manifestly perverse and unreasonable⁴.

So who will have a right to an offer of housing that can be enforceable through the courts and meets conditions around affordability, location, quality and tenure? There are currently 5 statutory requirements ('hoops of homelessness') that are required to be fully satisfied before a duty is said to be owed, with challenges and exceptions throughout. The

³ See MEAM for further analysis of this group <http://meam.org.uk/multiple-needs-and-exclusions/>

⁴ Associated Provincial Picture Houses Ltd. v Wednesbury Corporation [1948] 1 KB 223 [link](#) is a civil case that sets out the standard of unreasonableness of public-body decisions that would make them liable to be quashed on judicial review, known as Wednesbury unreasonableness.

requirements follow sequentially, with each one to be fully met before the next hoop is attempted.

It is a form of housing snakes and ladders – with the homeless person as the counter. Only if a homeless person is eligible for help, homeless, in priority need (more vulnerable than an ordinary homeless person), not intentionally homeless and has a local connection to the area to which they are applying will a duty currently be owed to re-house. That duty can be discharged by providing a council or housing association property, or a suitable property in the private rented sector.

The Homeless Reduction Act (2017) is a highly significant piece of legislation which changes law quite significantly. The homelessness duty is triggered earlier, requiring local authorities act 56 rather than 28 days before someone becomes homeless. Priority need is to be discounted as is the element of intentional homelessness when looking at helping someone find a home and the emphasis is on prevention measures. It is yet to be seen whether the capacity of an already massively oversubscribed system will cope with the additional duties or whether the additional resources promised by the government will be enough to cope with demand. If prevention measures are not effective, the duty will only continue for households that are in priority need. The jury is currently out on whether the Homeless Reduction Act alone will be enough to end the homelessness crisis facing every major city in England.

Within the UK system, where do women who are homeless fit in?

We will look at a comparable archetype: women without dependent children as those who still have their minor children with them will be likely to be owed some sort of duty either by housing or social services under the Children Act 1989.

CASE STUDY



Photo 1 'someone like Shania' © Chris Arnade

Shania is 34. She has worked for a few years in temporary jobs and lived with her ex partner in a privately rented flat. She has some struggles with her mental health; when she is feeling well she is productive, creative and positive. When she is struggling, she can be erratic, self harming and sometimes violent. She has been diagnosed with split personality disorder, bi polar and drug induced psychosis. Shania's relationship broke down through violence, periods of absence due to her mental health resulted in her losing her job and she was served notice on her

private flat which she could no longer afford on her own. Fearing being street homeless she went to the local authority for help. They accepted a full rehousing duty to her and placed her in women's hostel – a temporary shared hostel for single women. She found this a stressful place to be, with active drug use and unstable women together and was evicted from there after assaulting another resident and threatening a member of staff. She went to her mother's but the relationship is volatile and lasted only a couple of days before being asked to leave. She slept a few nights on the street where she met a man who attacked her and then had 2 nights in a temporary mixed shelter provided by a faith charity. Here Shania met another man who she wanted to stay with, her mental health was not great at this stage and she did not feel safe on her own. She also thought she was pregnant. She went back to the local authority but they refused to take another application from her as they said there had been no change in her circumstances and she had lost the duty owed to her by her actions at the women's hostel. She came to Shelter who successfully argued that there had been a change in her circumstances through her pregnancy enough for another application to be taken and some more temporary accommodation to be provided in the interim. The local authority agreed to accommodate but indicated that were likely to find her to be intentionally homeless and the provision of temporary accommodation was a brief solution to her longer-term accommodation need. She registered for social housing but does not have a high priority.

In the mean time, her mental health is not great, employment prospects are not a priority and she has no obvious pathway for stable rehousing. Shania wants to live in South Manchester where she has some friends; private rents are expensive here and landlords require guarantors, deposits and fees. The wait for social housing is long and she does not have a high priority. *What options does she have?*

Shania encapsulates some of the issues facing women who are homeless in Manchester:

- The only women-specific provision is a temporary hostel, access to which is by referral through the homeless services at the city council. Lose a duty here and you lose access to the only women only hostel in Manchester.
- If you are not working, or working but on a low income, finding a private landlord who will take you is difficult. This is especially the case if your tenancy history shows some culpability in losing accommodation.
- Finding a social tenancy is difficult if you do not have the highest banding and will not solve an immediate housing crisis.
- Your vulnerability in terms of mental health may make you more susceptible to losing accommodation but will not attract any housing duty from mental health services unless you have been sectioned for treatment under the Mental Health Act.⁵

Definitions of homelessness

The example above, taken from an actual case, illustrates the danger of conflating rough sleeping with homelessness. Shania was without a permanent place she could call home from the time she left her private tenancy. There is a danger that concentration on those who are visibly on the streets overlooks women who will generally keep themselves safe by remaining in unsuitable relationships or moving between family and friends rather than be exposed. In the UK the legal definition of homelessness is set out in Part 7 of Housing Act 1996.

To be homeless means not having anywhere legal to occupy either in the UK or in the world. It includes where you may have a legal right to occupy but it is not reasonable for you to continue to occupy, for example where you are at risk of violence if you remain

This means you are still homeless if you :

- Stay a night here and there with friends
- Stay in a bed and breakfast where you are paying yourself night by night
- Sleep in a tent in an encampment
- Sex working only to have somewhere to stay
- Sleep in a hostel provided by a charity

Shania was homeless from the point of losing her tenancy, and was homeless when she came to Shelter for advice. She was not only homeless during the 2 nights she slept on the

⁵ S3 Mental Health Act 1983

streets. In North America, this would be called 'unsheltered' and there, as here, the numbers of men rough sleeping give the appearance that homelessness is only a male issue.

In the US, the legal definition of homelessness varies depending on the department. There is no single federal definition, although a number of programs, including those overseen by the Department of Housing and Urban Development (HUD), Department of Veterans Affairs, Department of Homeland Security, and Department of Labor use the definition enacted as part of the McKinney-Vento Homeless Assistance Act. Previously, a homeless individual was defined as a person who lacks a fixed night time residence and whose primary night time residence is a supervised public or private shelter designed to provide temporary living accommodation, a facility accommodating persons intended to be institutionalized, or a place not intended to be used as a regular sleeping accommodation for human beings. The law expanded in the definition in 2009 to include those defined as homeless under other federal programs, in certain circumstances, as well as those who were to imminently lose housing. Categories of homeless people were focused into 4 groups; chronically homeless, veterans, youth and families. There is an assumption that single women are captured within the families' programs; they have no specific provision within the chronically homeless population that is recognised at a Federal level.

US Department of Housing and Urban Development:
chronically homeless people are defined as being those with a disability, addiction, mental or medical illness, who have been homeless for at least 12 months, or have had at least 4 distinct episodes of homelessness within a 3 year period

In Canada, homelessness is defined as:

the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.

Along this continuum there are four main categories of homeless: unsheltered, emergency sheltered, provisionally accommodated and at risk of homelessness.

The definition also identifies eight situations which could lead someone to be homeless, including being precariously employed (part-time, temporary, low-pay) or having a serious and persistent mental illness. The goal of ending homelessness therefore includes ensuring housing stability includes the supports (such as supportive housing or income supports) that are required to remain permanently housed.

Rehousing Priorities

The strategy around prioritisation for rehousing in the US has changed and to understand models of state funded housing requires analysis of this and comparison with the current system.

Since 1994 the Federal Department of Housing and Urban Development (HUD) has been working with communities to address ways of meeting housing need by addressing housing and homelessness through a co-ordinated and strategic approach. This method introduced the Continuum of Care approach which provides grant funding for state and non-profit organisations to build houses and provide housing related services. Money is allocated on a per capita basis per state and there is a competitive process to secure grants with a requirement that programs awarded funds have to show how the strategic priorities of the Administration on Capitol Hill have been met.

Prior to 1994 program operators applied to HUD for funding on an individual level. Grants to fund emergency shelters were awarded in addition to these. Moves were made towards communities rather than individual operators bidding for funding with the decisions being made more by communities to reflect local need. Research was highlighting the need for good data collection and the need to see homeless people not as one homogenised group, but differing groups requiring different approaches and housing. Particular identification of those whose disabilities and long term homelessness required an approach which was different to those who could be more easily rehoused if given some financial support.

The HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing) changed the approach in a number of ways including more of a focus on rapid rehousing from street to home, using a Housing First approach which emphasised the need for providing housing rather than fixing other related issues first.

Homeless Strategies

Stable Housing is the foundation upon which everything else in a family's or individual's life is built – without a safe, affordable place to live, it is much tougher to maintain good health, get a good education or reach your full potential.

President Obama's prefatory letter
2010 Opening Doors Federal Strategic Plan to Prevent and End Homelessness.

In 2010 the Obama Administration published the Federal strategy which drove this vision forward. The vision that underpinned it was that 'No one should experience homelessness, no one should be without a safe stable place to call home'.

The plan centred its focus on 4 population goals with time targets attached. The 2015 Amendment to the Plan extended the timeframes, including strategies around youth homelessness. The lack of Congressional support in expanding permanent supportive

housing meant that the goal to end chronic homelessness was not met by 2015 and the target was extended to 2017. The aims of the 2015 amendment were:

1. To prevent and end homelessness among Veterans in 2015
2. Finish the job of ending chronic homelessness in 2017
3. Prevent and end homelessness for families, children and youth by 2020
4. Set a path to end all types of homelessness

The overarching strategy that is being worked towards at a federal level is that homelessness is *rare, brief, and non-recurring*. Programs that are funded by the Department of Housing and Urban Development (HUD) are required to measure their outcomes against these 3 drivers.

RARE – *targeted prevention strategies work to make sure that homelessness, when it happens is not common. This part of the strategy concentrates on ‘diversion’; preventing citizens from becoming homeless by identifying other resources that may be used so that the homeless system is not entered. This can include landlord negotiation to enable a tenant to remain, or paying to facilitate accommodation provided by someone else, for example paying towards the utility bills of a family member to enable someone to remain during a temporary period of homelessness. The funds allocated towards diversion also include rental subsidy, employment advice and support or rapid rehousing options. Diversion is an approach rather than a funded program, using problem solving conversations which are based on people’s strengths and sometimes using mediation to secure accommodation. There is a need to be wary of a gatekeeping approach which prevents people from entering a system by diverting them from limited resources but that was not evidenced on the trip. It seems that the numbers of options available ensure that the spirit of this approach supports the agenda.*

BRIEF – *if homelessness cannot be avoided the strategy demands that it is as brief a time as possible. From the moment that someone is accommodated in temporary accommodation be it either a shelter or some other form of temporary housing, action is being taken to move them out. The analogy used is of a natural disaster. People housed in a church hall after a flood are not expected to remain there until they are deemed worthy of moving on. Work starts so that the first night in the shelter is the last; homelessness is reduced to a brief time which limits its effects and consequences.*

ONE TIME – *the solutions found work to ensure that homelessness does not quickly repeat. The revolving door of homelessness, where people come into receive help and leave with an unsatisfactory solution that lasts for a brief time before returning for further help, costs the system, the person and is ultimately unproductive. Non-recurring homelessness asks to find solutions that are affordable, sustained and beneficial for the applicant. The housing can be funded through rapid rehousing or permanent*

supportive housing, what is key is that it is a solution that sticks, a solution that means that homelessness is not repeated.

Poverty, income inequality and inclusive growth

The need to meet this criterion brought sharply into focus issues that were observed across 7 cities. The aim of this research trip was to investigate models of rehousing women. What could not be avoided when discussing the options for non-recurring homelessness amongst women were discussions around wider socio-geographic issues.

These included the gender pay differentials – women in the US earn 76c for every \$1 earned by men which will restrict their choices when looking for accommodation; childcare responsibilities restrict some women from being able to access some employment opportunities, the care of elderly relatives which falls on their shoulders results in some carers eroding their own safety nets. This was in addition to geo-political factors including migration, colonialization and capitalism, and larger macro-economic issues around gender inequalities across the world.

Officials and workers in every city stated that there was a 'housing crisis' in their state⁶.

"My initial impressions [of Vancouver] are ones of disbelief and shock..the number of homeless people has grown, 30% over 3 years. The situation is a kind of apartheid"

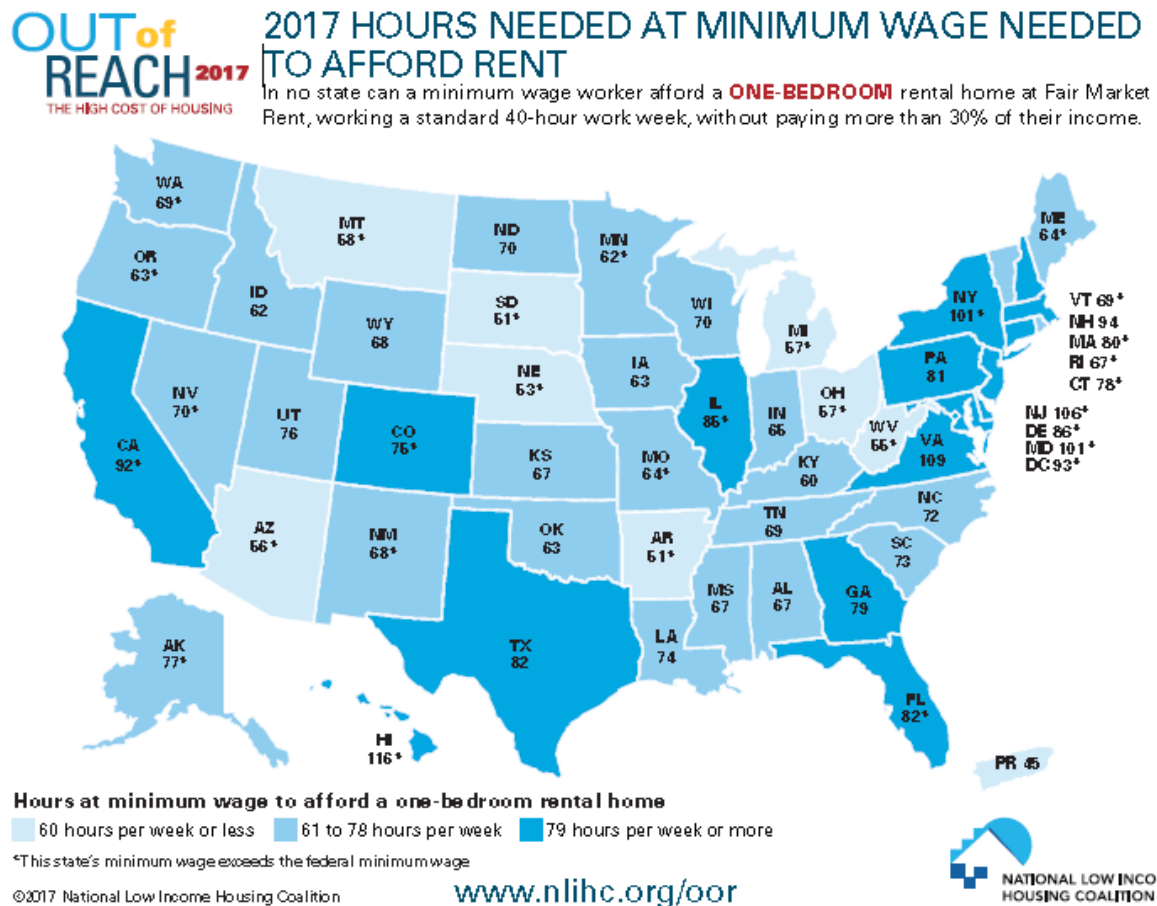
Miloon Kothari, former United Nations
special rapporteur on the right to adequate housing

Factors present in North America have resonance in the UK. The gentrification of areas previously housing low income families has resulted in them having to leave as they are priced out; there is a lack of good quality affordable housing in most cities and the economics of building following conventional pathways does not deliver profits for private developers. Housing cannot be built cheap enough; America has a shortfall of 7,000,000 homes across the country; in no jurisdiction, can someone earning the minimum wage afford a 2-bedroomed property. (NAEH stats). 'Container' housing in Orange County is great – but at \$250,000 a piece, it is not a scalable solution.

The National Low Income Housing Coalition Out of Reach report (2016) showed that full-time workers who receive the minimum wage cannot afford a two-bedroom rental home in any state in the U.S. without spending more than the recommended 30 percent of their income. This annual "Out of Reach" report compares minimum wages and housing costs in states across the country. This year's results show the hourly wage rate needed for a

⁶ *'housing is the most important political issue in Canada today'* Councillor Scott McKeen Opening The 7Cities Conference in Edmonton

“modest” two-bedroom rental is more than double the federal minimum wage of \$7.25 per hour in all but four states.



Vancouver has a 0.1 vacancy rate for rented accommodation; a 2-bedroomed apartment will cost \$1700 per month; women requiring state financial assistance will receive \$325 per month on welfare. They may be able to access a time limited rent supplement of \$450 per month but the numbers clearly do not stack up. *In Manchester, UK, there are 3 areas currently where Local Housing Allowance rates meet current private rent. We face the same issues and need to be aware of the example facing us.*

The sector is also facing a change of Administration at the White House and an approach that is not always sympathetic or conversant of the many structural factors that are at play.

'I think poverty to a large extent is (also) a state of mind. You take somebody who has the right mindset, you can take everything from them and put them on the street, and I guarantee in a little while they'll be right back up there....And you take somebody with the wrong mindset, you can give them everything in the world, they'll work their way back down to the bottom.'

Senator Ben Carson, Housing and Urban Development Secretary
26 May 2017

One size rarely fits all. There are models that work which can be adapted and tweaked to start to address the shortfall. There is also the genuine desire on behalf of City officials and cross sector workers to collaborate to find solutions for those who are more vulnerable members of society. That willingness to go the extra mile goes along way

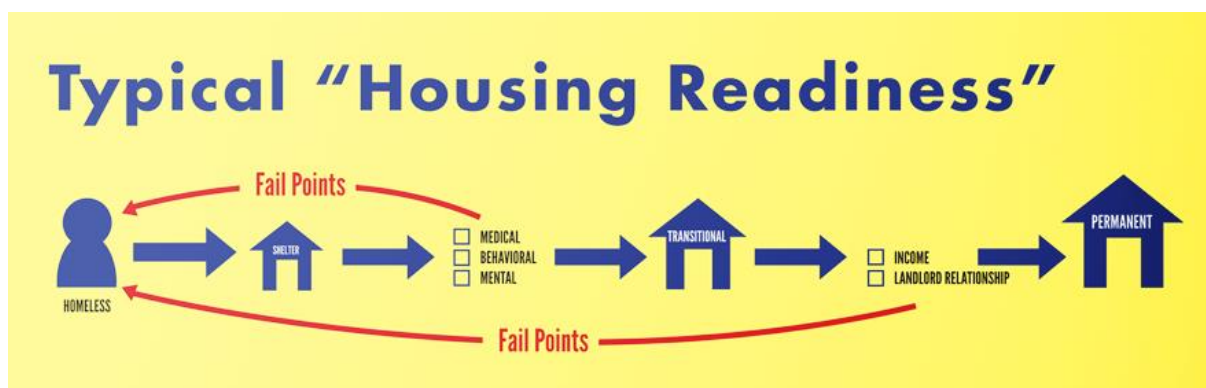
Theme 2: Housing Models

"Soon her eye fell on a little glass box that was lying under the table: she opened it, and found in it a very small cake, on which the words 'EAT ME' were beautifully marked in currants. 'Well, I'll eat it,' said Alice, 'and if it makes me grow larger, I can reach the key; and if it makes me grow smaller, I can creep under the door; so, either way I'll get into the garden, and I don't care which happens'"

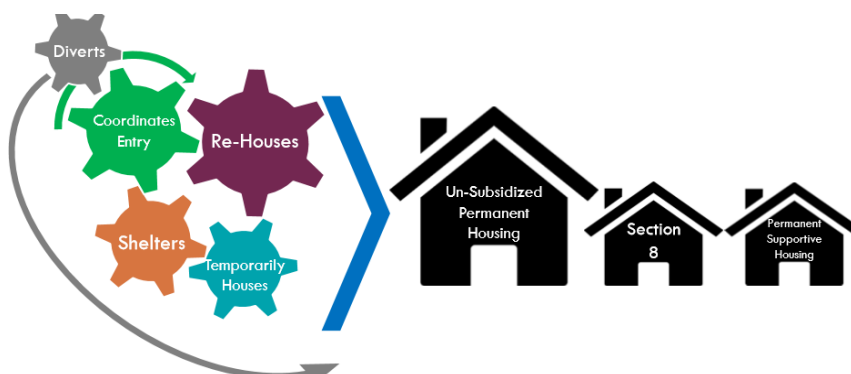
Alice in Wonderland, Lewis Carroll

Women searching for accommodation which fits them must feel like this. Too complex for some programmes, not complex enough for others, they have told me that they tailor their story to the service that may help them; promising sobriety, chastity, abstinence, solvency, rejection of current partners - anything - in order that they can find somewhere safe. Provision which adopts a low or no barrier approach where women can present without fearing exclusion, keeping anonymous if they prefer, is one way of eliminating this.

The American model of rehousing was traditionally structured and time-limited.



A shelter stay is for no longer than 90 days; transitional housing was available for 2 years during which the tenant should look to become housing ready; and tenants hoped for a Housing Choice s8 Voucher which funded permanent supportive housing. In 2010 there was a change in approach and the Department for Housing and Urban Development de-emphasised the role of transitional housing and encouraged a shorter stay in shelters. The mainstream approach became Housing First with an emphasis on rapid rehousing and diversion.



Thanks to
Luanda Arai,
Building Changes,
Seattle

In practice, what did this provision look like?

Emergency Shelters



Photo by Jason Brawn

Downtown East Side Women's Centre, Vancouver provides practical support, necessities and hot meals to over 500 women and children each day. The shelter was started in 2006 as a response to women feeling unsafe in mixed shelters and it was given additional funding by BC Housing after several sexual assaults occurred on the streets. There are no assessments, no barriers to entry, no requirements, no expectations. Observations on the day visited were that women came in and out without hindrance, or a name taken, or a question asked. That meant that some women clearly struggling with mental health challenges were not individually engaged; some women did not speak to anyone whilst they were looking through tables of donated clothes. If the women decide they wish for further help, support is given for a continuum of services including help with rehousing and health. The Centre states that they are there to help solve immediate crisis and work to establish stability and provide a platform for further engagement. 70% are indigenous women. They provide a 50-bed shelter which is used by 150 women each night; as one leaves the bed, another moves in.

How do you cope with the demand if there are no barriers?

We don't!

Angelina's Women's Centre, Seattle is run by the YWCA, started by the redoubtable Mona Tschurwald. It began in the 1980s as the numbers of women increased on the streets. It occupies a large building in downtown Seattle, opening, Tardis like, to reveal dormitory style bed space, laundry rooms, a large kitchen and cafeteria area as well as computer rooms, lockers for the women to use, and office space. The facility sleeps 80 who sleep there each night, with beds for 20. The other 60 are required to sleep on chairs which, they say is preferable to being outside, especially in winter. Here were signs of corporate social responsibility as Amazon staff prepared food for the women for lunch which they had bought earlier in the day. This theme of business playing its part through commitments of resources and cash to be part of the solution facing homeless people was important. Manchester City Council cannot solve the crisis facing their citizens without contributions from all sectors. This does not mean tokenism in any way but the real commitment and input of assets.



Amazon staff and Mona (front) preparing lunch at Angelina's kitchen

This visit considered bringing models of rehousing back to Manchester. This autumn for the first time there will be separate women's emergency shelter for destitute asylum seekers run and funded by churches. The mainstreaming of women only emergency shelters is still not in evidence.

Simpsons Property Services, Minneapolis runs the Adult Shelter Connect provision for the whole of the city. All referrals for night shelters come through them. Steve Horfield, Simpson's Housing Services Executive Director recognises that for women the process of destabilisation of the family caused sometimes by economic factors, causes significant trauma and that when they present, women have higher needs especially around mental health. He suggests that the right to shelter for families in Minnesota incentivises women to present for help. For single women, he is mindful of providing separate provision. This does

not have to be expensive. One shelter run by Simpsons has separate and distinct entrances for men and women, separate eating spaces and lounge spaces, separate laundry and washing facilities. Alongside this thoughtful, practical approach sits a relational model of case management, each woman is greeted by name, they are known and barriers that may be causing them to resist help are begun to be addressed.



St Olaf's church; where people receive help through city wide Adult Shelter Connect



Steve Horsfield from Simpsons Housing Services

Single Room Occupancy

The economic challenge of renting property in cities for citizens who have little or no income is confirmed by evidence from the National Low Income Housing Coalition. One method to address this is through Single Room Accommodation provision which forms a vital part of the housing strategy in Vancouver. The fact that housing falls under Provincial jurisdiction means that Vancouver can retain SRO's, and through a public-private partnership known as the SRO Renewal Initiative renovations have been undertaken which preserve them as stock in the city.

SRO's are found across North America especially Vancouver where the city has enacted specific legislation to ensure that they remain part of the housing stock. They can be rented out by night, day or monthly rates and form a bridge between the street and more permanent accommodation.

Single Room Occupancies are single bedrooms, required to be less than 320 square feet, in multi tenanted properties. Residents use shared bathrooms with very rudimentary cooking facilities. SRO's are often contained in hotels which were historically rooming houses, designed for loggers coming into town to spend their wages on a night of socialising but have become essential provision to house homeless men and women. Vancouver currently has 9000 units of SRO's across the city (mainly in Downtown Vancouver), around 5000 privately owned and 4000 publicly owned and has ensured their continuance by enacting the SRA Bylaw which prevents the loss of low income housing and the subsequent

displacement of Vancouver's Downtown by regulating its alteration, conversion and demolition.

The quality observed is mixed. Some are high end properties run by non-profits (eg Atira's Women's Resource Society) which are fitted out well and are well maintained. Some are run by 'slum' landlords, whose properties are not maintained and whose residents live for decades in filthy, unacceptable conditions.

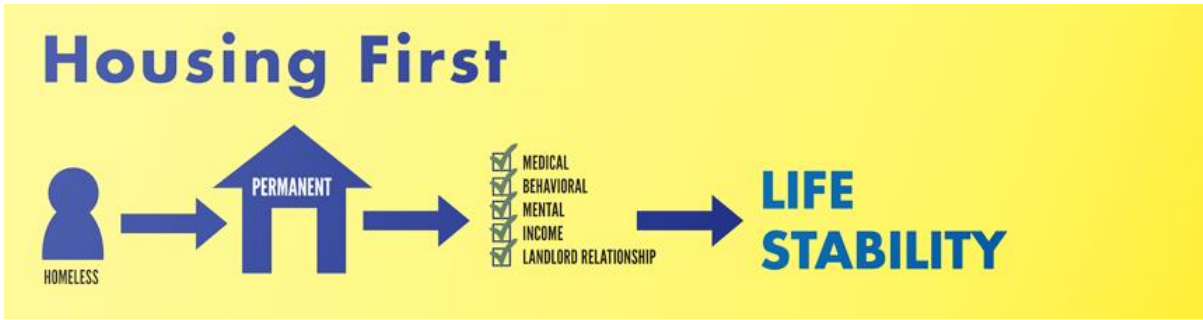
These pictures are of the Balmoral Hotel in Downtown Vancouver: privately owned but poorly maintained and closed under an emergency order by Vancouver City Building Inspectors in June 2017.



In Seattle, SRO's were sold off as the city boomed; being bought up by professionals with a high salary who benefited from central locations and rising property prices. There was no legislative protection. For women being in a mixed unit without support is better than being on the street but not by much, however provision which does not give autonomy over cooking and bathing feels like an inadequate solution. At best SRO's give a woman somewhere to sleep, receive services, healthcare and support and enable a springboard to permanent housing. At worst, they are dangerous and unsafe places, and limited rehousing options mean one with no exit. Some Balmoral residents had been there for decades.

Housing First

The journey of roll out of the Housing First model across the USA is both illuminating and timely for the UK. It has travelled from a niche program designed for the most complex with a close team of expensive professionals around them, to a nationwide strategy which is mandated and measured across the country. The contrast with the time limited conditional process is clear.



Christy Respress (Executive Director of Pathways DC) was involved from the first program in New York learning from the great Sam Tsemberis and then moving to Washington DC to implement it in Columbia State. Pathways DC now has 478 people in scattered site Housing First, and runs 3 programs:

1. For those with mental health issues
2. For those with health conditions and medical needs
3. For homeless veterans

The teams use either a Case Management model or an Assertive Community Team model and the success in terms of tenancy sustainment rates remain equally impressive - 85% overall – with 95% retention for those veterans being housed. Christy says that there has been a dramatic shift in attitudes to Housing First ‘like night and day’. What was considered an unusual approach that would never work for such a complex group is now accepted as the norm. The question is not - how will this ever work? But how can we keep it close to the model that it should be? Especially within a restrictive funding structure and an approach which requires the providers to have a congruence bias which agrees with a harm reduction approach.

Observations of Housing First were made in every city. It is a model which has proven itself over a 20-year period to be a successful way of rehousing chronically homeless people for whom other housing options are either not available or just do not work. At its heart, it is a revolutionary concept: that the ‘undeserving’ should be as entitled as anyone to a safe, secure place to live. Sam Tsemberis has said housing first ‘welcomes complexity, shares the risk, changes power relations and works’⁷.

A system which is focused purely on building resiliency in individuals does not address either structural flaws, or challenge a neoliberal agenda which takes an individual as the driver of their own future. It also does not address the huge inequalities which pervade that narrative. Men and women with complex needs face more barriers than most in terms of accessing accommodation which they can afford, which is of good quality and which also gives them the support they need to maintain. Housing First addresses this by providing accommodation; in this regard men and women receive the same offer. Where the offer differs for women is the support. Women going into Housing First properties in North America are likely to have worse mental health, an increased level of trauma through domestic or sexual violence, and often physical ill health. It is worth comparing the 2 models

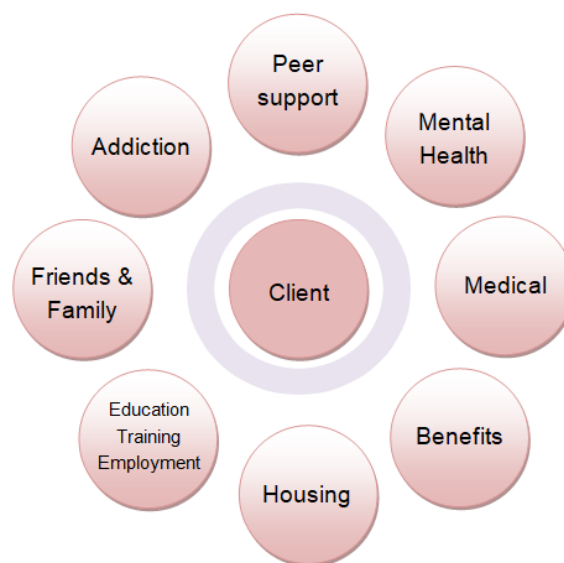
⁷ Sam Tsemberis at Crisis Conference London 20th April 2017

of support as whilst Housing First is on the cusp of national roll out in the UK, getting the model right and recognising the importance of an approach that works for women, will be key to its success.

Assertive Community Treatment (ACT)

ACT places the client at the centre of support. The team work around them whilst on the street, identifying the critical time that they can move into a property. The team support them throughout the transition into housing and beyond; working with small caseloads within a multidisciplinary team. ACT teams have around 8-10 clients on caseload at any one time.

ACT MODEL



The Canadian Homeless Hub research unit gives the following for characteristics of ACT teams operating in Canada, defining it as a multi-disciplinary team of professionals that provides wrap-around service directly to the client.

- The team members are available 24/7 and provide real-time support
- The ACT team meets regularly with the client and with each other (could be daily)
- The team is mobile, often meeting clients in their homes
- The staff to client ration is generally 1 ACT team per 10 clients
- The program components are informed by client choice, peer support and a recovery-orientation
- Services are offered on a time-unlimited basis, with planned transfers to lower intensity services for stable clients

Members of an ACT team include:

- Clinical/medical staff (psychiatrist, doctor, nurse, substance abuse specialists)
- Peer Support workers

- Generalist case managers who have varied professional/experiential qualifications and who broker access to housing and complementary supports

ACT Teams may also include:

- Housing support/tenancy expertise (landlord support, housing support per securing housing, move-in and maintenance of housing unit, rent subsidy/income support specialist)
- Basic skills training (cooking, cleaning, numeracy per paying rent)
- Education/employment specialist (dedicated to broader goals of social integration and self-sufficiency)

In the *At Home/Chez Soy* project, a 2-year randomised controlled trial across 5 states in Canada the average annual program costs (for housing and support) was \$22,000 for ACT participants.

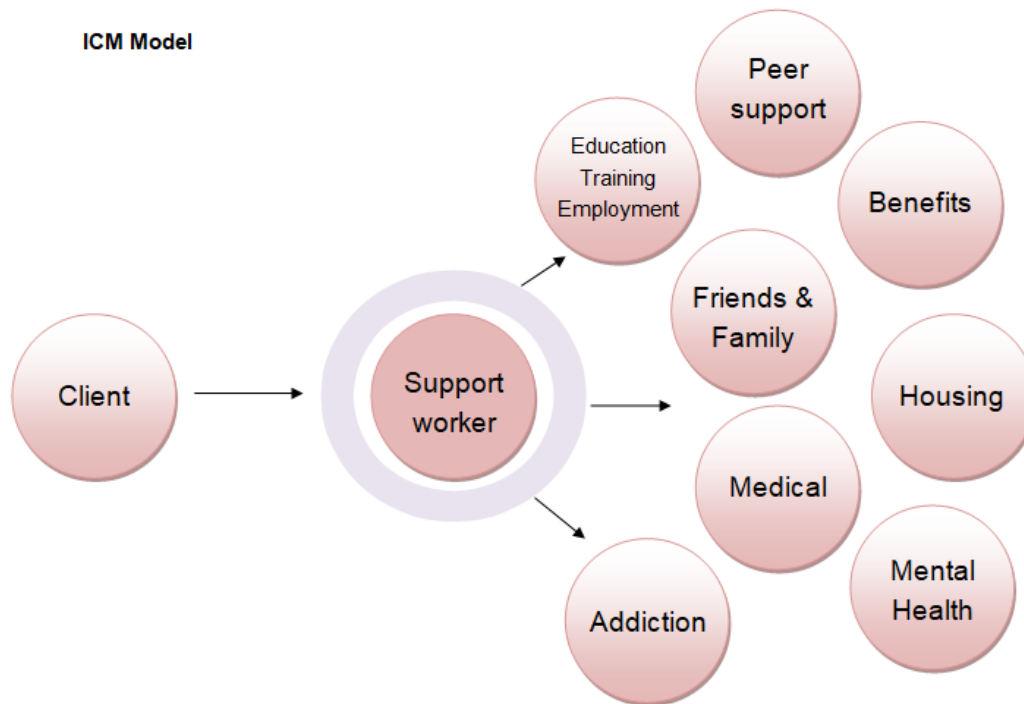
The target for this type of support are those who have the most complex needs; the ones for whom every regular service has given up and considered them 'un-housable'.

Housing First using an ACT team is an effective way to end homelessness for women who are chronically homeless. An adoption of this model would go some way to ending homelessness for some women on Manchester's streets.

ACT Housing First be expensive. Commissioners balk at the idea of unlimited support even though the cost of a failure of support in terms of a revolving door of homelessness or repeated time in custody for example costs more. Pathways DC in Washington's Housing First's ACT team does not receive funding en bloc. The constituent elements are funded through the individual partners. Savings to the public purse are considerable and a whole system approach to commissioning would realise some of these. This is further discussed in key theme 3 – whole city approaches.

Intensive Case Management (ICM)

Intensive Case Management takes a team-based approach to supporting individuals through providing a support worker to work with the client who then links that client with other services. The goal is to help clients maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations. It is designed for clients with lower needs than those requiring ACT, but who are identified as needing intensive support for a shorter and time-delineated period. Case managers carry a case load of around 15-17 clients.



The Canadian Homeless Hub research unit gives these characteristics of Intensive Case Management.

- One-on-one case manager to client relationship using a recovery-oriented approach (the team of case managers many include Housing and Complementary Support Workers)
- The case manager brokers access to mainstream services that the client identifies as needed to attain his or her goals
- The case manager often accompanies clients to meetings and appointments in support of their goals/needs
- Case managers are available on a regular schedule; caseloads are often shared to assure coverage of 7 days per week / 12 hours a day
- The staff to client ratio is generally 1 case manager per 15 clients
- The duration of the service is determined by the needs of the client, with the goal of transitioning to mainstream services as soon as possible

In the *At Home/Chez Soy* project, the average annual program costs (for housing and support) was \$14,000 for ICM participants.

Observations from the trip were that most programs using a Housing First approach were adopting a Case Management approach. The benefits are attractive; larger caseloads resulting in lower staffing costs, and linking into services that are there rather than having to find the specialities within teams. A diluted version becomes essentially a brokerage service. ICM in North America relies more on a relational model with the case manager rather than with a team of specialists. For women who need some help and support to be able to connect with services, case management provides a vital link.

In some places the mandatory nature of a Housing First approach to secure federal funds seems to have resulted in deviation from some of the principles which underpin it. Provision previously reliant upon SRO's, run as a conventional supported housing models with conditionality attached to the support and the accommodation, are now asked to adopt an approach which places more power in the hands of the tenants and gives more risk to the accommodation provider. Where the tension is highlighted is in single site accommodation projects where a harm reduction approach can cause clashes between residents. Some single site accommodation was visited which still has a curfew for visitors, a requirement for 30 days' sobriety before entry and more criteria for entry than the Pathways to Housing original model.

Program Directors talked of the challenge of housing people who were taken through the co-ordinated entry system and spoke of the difficulty of accepting people into their accommodation without knowing if they were alcohol or drug dependent. Challenges would emerge where women, working on being drug free, would be housed in single site accommodation next to those who were still using. They felt that their recovery was jeopardised and clashes would break out between them. A harm reduction approach allows for continued drug or alcohol use although there is a strong 'nudge' towards cessation. Housing First on single site requires an approach which tackles this and evidence from Baltimore was that single site was a challenging context and Housing First tenants often required more specialist support than a case manager could provide. This specialism was not funded through an ICM model.

So, how to scale up Housing First so that it remains true to its radical approach?

Cameron Keller, now an Independent Consultant but previously head of the Canadian Randomised Controlled Trial at Home/Chez Toi which ran Housing First across 5 states over 2 years with a Treatment as Usual comparator, suggested several key elements of scalability which the UK should take note of:

- Teach on Fidelity of the Model across the partners; teach, assess, teach some more.
- Find a way of establishing a Community of Practice across providers so that learning can be shared and training provided for specific teams.
- Notwithstanding fidelity, encourage freedom to adapt to local conditions and cultural sensitivities. Scattered site housing may be preferable for some groups but for Canadian Aboriginals, for example, being housed together is part of their way of living and reflects their cultural values. Any Housing First roll out should be flexible enough to reflect this.
- Involve the funders from the start – and maintain their involvement through the programme.
- Do not underestimate the potential loneliness and social isolation for tenants and that there will be bumpy roads, especially at the beginning.
- Housing First needs to be a cross jurisdictional, whole government model; it is not housing only; a recovery model requires all partners, health, substance

misuse, training and volunteering to be involved as well as the need to challenge the public perceptions of people with complex needs and their role in society.

It is hoped that Housing First is adopted across the UK as a way of rehousing chronically homeless, complex women. It is vital that Cameron's points are incorporated so that the model can be scaled up effectively.

Permanent Supportive Housing

There are some women for whom Housing First is not the solution. Everyone needs somewhere to live, but for some the complexity of their mental health or severity of their physical needs means that independent living is not suitable. For these women, the provision of permanent supportive housing is the key, providing a safe place to live. The hallmarks of a Housing First approach are there; and there is acceptance that ongoing support will be required.

It is **permanent** because it does not require a woman to move on; if rent is paid and tenancy conditions are maintained, the property is there for life.

It is **supportive** because those who are eligible for it receive the support they need to maintain it.

It is **housing** like any other citizen would occupy; with no additional clauses in the tenancy agreement to reflect their disability or additional needs.

In *Olmstead v. LC* (1999) the Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when (inter alia) the person's treatment professionals determine that community supports are appropriate.

Unjustified isolation, we hold, is properly regarded as discrimination based on disability

U.S. Supreme Court, *Olmstead v. L.C.* (1999)

The view was prevalent amongst interviewees that mental health is the 'orphan' of the health care system. Permanent supportive housing has the potential in the US alone to become the mental health safety net. Seattle has the third largest number of permanent supportive housing units in the US, providing 2500 units of accommodation for this group. Mental health system provision is office based and not provided on the street. Accommodation is funded generally through a s8 voucher scheme. This scheme allows the payment of rental assistance to private landlords on behalf of millions of Americans. The largest part of the scheme is the Housing Choice Voucher Scheme. This is either 'tenant – based' enabling

tenants to move between properties, carrying their voucher status with them or 'project-based' rental assistance programs, under which units are reserved within a building for low income tenants in return for a federal government guarantee to make up the difference between the contribution of tenant and the rent. Leaving and losing a subsidized project will result in the loss of access to the project-based subsidy. Tenants are required to contribute 30% of their salary towards the rent; the rest is covered by the government.

In 2014 the Housing Choice Voucher program accounted for \$18 billion of Federal funds. Project based rental assistance accounted for \$12 billion. Low income tax credits were funded by \$7 billion so they make significant contribution to the housing landscape.

There can be stigma with a s8 voucher; tenant based vouchers require landlords to take them which they may be reluctant to do much as landlords in the UK do not wish to take tenants who are required to use housing benefit. The receipt of a s8 voucher does not guarantee a suitable property, however the provision of project based voucher support has facilitated many projects which house women.

One of the startling differences between North American cities and Manchester is the variety of accommodation available for women and the multiplicity of projects and programs.

Atira Women's Society, Vancouver is an impressive example of an entrepreneurial flexible organisation operating a vast array of women's models of housing from sites in Downtown Eastside as well as Burnaby, Surrey and White Rock areas of Vancouver. Some of the housing projects and services are outlined below – showing the scope of the offer and the range of the accommodation available:

- Long term permanent supportive housing for women needing palliative care.
- Short stay (6 months) supportive housing for women with significant mental health diagnoses linked to long term permanent supportive housing for women including some dedicated units for those who have significant mental health diagnoses.
- Transitional housing (12 months) for those who have experienced violence or abuse inclusive of those who are transwomen.
- Long term transitional housing for young women within a supportive environment
- Housing for indigenous older women.
- Housing for older women who require pre-and post-stabilization housing who are seeking support to reduce and or stop their problematic use of substances. This facility also includes 10 beds available for women who have completed detox and are waiting for a bed in treatment, as well as 28 beds available for women who have completed treatment and are waiting to find safe, affordable, long-term housing.
- A women's only safe injection site.
- A purpose-built SRO block for women with children, health services available, support and parenting programs also.
- Facilities for women who are pregnant or who have just given birth who run the risk of children being removed because of a lack of a place to live.
- Affordable commercially marketed accommodation, with day care and facilities on site Housing outreach and homeless prevention programs including rent supplements.
- Outreach to First Nation, Metis and Inuit women affected by violence.
- Legal advocacy for children re-unification.
- The Family Project, comprising support for children who witness abuse and parenting support.
- A commercial private lettings agency which operates to cross subsidise the publicly funded work. Social enterprise selling art created by the women in a variety of formats.
- Development of container housing: using shipping containers from the local docks.

It is hard not to be impressed with the scale and ambition of Atira, the mix of their funding and flexibility of response. Their longevity in Vancouver has built partnerships with public funders and the charitable sector and they have a reputation for knowing what is needed for vulnerable women. What impressed also was the confidence placed in them by funders. 'we trust them to know what is needed; they are the experts' Celine Mouboules, City of Vancouver. This trust promoted a higher level of risk taking and nimbler responses.⁸

⁸ <https://sjwaltersblog.wordpress.com/2017/06/13/152/> on Atira's first women only safe injection site

Provision through the Private Sector

The private sector has become an increasing source of housing for families and working people in Manchester. 27% of the population rent privately in the city and, even accounting for a large student population, this figure is higher than the national average.

Increasingly private landlords house families mostly on low incomes with children in tenancies which offer little security. Homeless households including many families with young children, are increasingly placed in private rented homes; yet almost all local authorities cannot enforce registering or vetting private landlords in their area. In Manchester, the lack of new affordable house building and economic pressures resulting in difficulty in accessing mortgages to buy homes has resulted in a silting up of the social housing allocation. Last year 2700 homes were allocated through the Manchester Move register, a decline from 2015 of around 600.

Figures released by the government in June 2017 show the extent of the shortfall and the decline in the number of government funded homes built for social rent. In 2010 more than 36,700 homes were built with government money; in 2016-7 the figure had fallen to 1,102 across England⁹. More homes have been lost due to a change in government policy around the prioritization of affordable homes, rented out at 80% of market rate, rather than socially rented homes which are available at 50% of market rent. 120,000 homes were lost this way between 2012 and 2016. Couple this with a freeze in housing benefit rates, and measures taken to address austerity and the housing shortage is compounded.

Strategists and practitioners look to the private sector to house those who cannot access a dwindling social housing supply. The private sector has always provided a flexible source of accommodation for people on a low income, the challenge has been around quality and location, and lack of support for those with more complex needs. For low income tenants barriers to social housing are replaced by other obstacles such as a lack of a working, owner-occupying guarantor, high rents or exclusions on anyone who requires a rental subsidy through housing benefit (UK) or a s8 voucher (US). The no fault notice able to be used by private landlords in the UK to evict tenants can make renting privately an insecure choice, this is despite recent legislative changes outlawing retaliatory evictions.¹⁰

In North America, evidence showed that the private sector was being used to house vulnerable people for many of the same reasons as in the UK. The research showed that incentivising landlords to rent to those on a low income who required a rent subsidy was difficult both sides of the Atlantic.

However, whilst many politicians and activists assert that the private sector should increase supply to meet demand, the economics of housebuilding do not stack up. Building conventional houses using good quality building materials costs; and those requiring a rental subsidy cannot afford to pay the market rent. Officials in some cities were wrestling with dilemmas around how to build faster and to a standard which was acceptable without being

⁹ <http://www.independent.co.uk/news/uk/home-news/social-housing-government-funded-properties-rent-falls-97-per-cent-study-homes-communities-agency-a7799116.html>

¹⁰ Deregulation Act 2015

the gold standard. No one was happy with poor quality SRO's but the feeling was that if properties could be built quicker, perhaps using modular units or exploring the 'tiny' housing model, the supply issue could begin to be addressed quickly.

For women who are concerned about the implications of coming under the radar of authorities by applying for public housing, private rented accommodation is the only option. Certainly, in the US rapid rehousing policies see women rehoused into the PRS with the assistance of a rental supplement but the high cost of renting across all states is an issue for sustainability within the private rented sector. In addition, social housing provide help for those with higher support needs; projects which provide this within the context of private rented accommodation are rarer on the ground.

Landlord Liaison Project, Seattle

The pilot project, started in 2009 run through YWCA, saw 7000 people housed through partnership with private landlords. The tenants usually had poor credit ratings, half received a rental subsidy, many had been evicted multiple times. The landlords were private landlords prepared to take a risk, and who in return received guarantee of support for the tenants from dedicated workers, a 24hour telephone line for support and access to a risk mitigation fund. Landlords had access to free training and pre tenancy training was provided to tenants who were also linked into relevant community services. LLP in its current form is being redesigned as a service and referrals suspended. It is hoped that its value will be recognised and expanded going forward.

	% of private renters	Rental Vacancy Rate ¹¹	Average Market Rent 1 bed apt	Assistance with Rent (not exhaustive)
Vancouver	52%	0.1%	\$1950 ¹²	\$325 rent subsidy \$450 housing supplement
Seattle	37%	1.9%	\$1726 ¹³	Rental Assistance Program for low income households for up to 6 months
Minneapolis	28%	4.5%	\$1179	Landlord state-wide risk mitigation fund; low income rental classification for property tax, rental assistance programs
Baltimore	33%	9.4%	\$1109	Monthly rental allowance assistance for 12 months \$340 for a 1-2-person property
Washington	59%	6%	\$1883	Emergency rental assistance program (once per year)

¹¹ US Census Bureau Q1 figures 2017

¹² Padmapper.com 16/6/17

¹³ Rentcafe.com 1/17

Some form of private rented model where incentives to landlords were used to encourage renting were used throughout the projects visited. However, there significant issues around use of the sector that were evidenced but cannot be ignored if looking to the PRS as a solution.

1. Imposing regulatory drivers on private landlords to drive up the quality of PRS can result in higher eviction rates as tenants are evicted after complaining about property conditions. There is real cost in terms of a punitive regulatory system which does not have the safeguards necessary to protect the poor.
2. Insecurity of tenure and ease of evictions do not equate to a sustainable provision for vulnerable women. 170 households are evicted in the UK each day. Figures in the United States are much higher; where 90% of tenants do not get legal representation¹⁴.
3. Building homes in the PRS cannot be made cheap enough to make the economics stack up. The problem therefore becomes one of economics one rather than one of supply. Where property built to high specifications costs \$250,000 but is also required to be rented out at a low rent, the financial incentives for private landlords are not there. Seattle has considered house building which is faster and not to a gold standard to try to reduce costs. It is a difficult balancing act.
4. Mandatory obligations for social responsibility through legislation regarding property development have mixed results. S106 agreements raise money for local authorities to be used for affordable housing. Outline planning obligations are attached to land that is the subject of a planning permission and are used to mitigate or compensate for the negative impacts of a development or to prescribe the nature of a development. The amounts raised even between neighbouring authorities can vary widely¹⁵ , Manchester raised £1.5m over the last year; Salford raised £6.5m. The City of Vancouver enacted byelaws around SRO's requiring them to be part of the housing stock with a like for like replacement policy. Incentives are also there around grants for renovations for landlords who are leasing property for affordable rent. Certainly, in Vancouver it does not feel like it is enough.
5. Leaving market forces to determine solutions for women with complex needs and little economic power will never be successful. Housing that can be rented at the welfare rate of \$375 in Vancouver is minimal. The free market has no conscience and certainly feels no responsibility to those who cannot contribute to it. Using it as a model for re-housing homeless women without funding support, considering tenure or addressing affordability is doomed to fail.

¹⁴ Pursuing access to Justice and civil right to counsel in a time of economic crisis R Engler Roger Williams Law review (2010)

¹⁵ Manchester Evening News 21st September 2017 'When the M.E.N. asked Manchester's leader Sir Richard Leese why the city had only clawed in £1.5m over the last year, in contrast with Salford's £6.5m, he said he was 'surprised', but that 'Salford have lower housing standards because they don't have the same specification and design standards'. Salford's lead member on planning Derek Antrobus insisting it simply drives hard bargains with developers and adding that 'our approach is one of high quality and means Salford is now one of the key growth areas in the country'.

Housing Models - Conclusions and Applications to Manchester

Manchester Need	North America	USA Funding	Recommendations
<i>Provision of emergency night shelter accommodation</i>	Provision of some women only shelters; no barrier using a single point of access and single assessment tool.	Philanthropic City authority	<i>Manchester needs women only emergency night shelter provision. The new homeless provision for new rough sleepers should reflect this by having at least separate women's entrances and sleeping/washing/eating facilities.</i>
<i>Entrenched rough sleepers</i>	Housing First through an implementation of homeless strategy using ACE model for the most chronically homeless population	S8 Housing Choice Voucher program Charity contributions Medicaid funding for housing related support (will fund everything apart from rent)	<i>Fewer entrenched women rough sleepers on Manchester's streets. For those that are – use Housing First model as likely to have exhausted all other rehousing options</i>
<i>Women with severe mental health diagnoses</i>	Specific provision of either permanent or transitional accommodation with support Mental health provision not generally available on the street	Medicaid Foundation funding egg Gates Foundation through Building Changes High Needs Family Program	<i>Facilitated access to specialist acute mental health provision along with development of supported housing options for those whose mental health is so severe that Housing First is not appropriate</i>
<i>Women requiring rapid rehousing</i>	Employment skills and training	Rent subsidy provision County Risk Reduction Funds for private landlords	<i>Targeted help with rent; development of GM wide landlord risk mitigation fund to incentivise private landlords. Financial help with deposits and time limited rental shortfall linked to employment strategies.</i>

Housing Models - Conclusions and Applications to Manchester

Manchester Need	North America	USA Funding	Recommendations
<i>Women with health needs who are homeless</i>	Behavioural health agencies provide supported housing as landlords and mental health support providers Projects provide palliative care for women	County funding Health funding S8 Housing Choice Voucher program Philanthropic giving Low Income tax credits to fund housebuilding Income supplement to homeless adults for housing and personal needs, supplemented with Medicaid and grant funds for services ¹⁶	<i>Women only health provision including specialist gender specific drug services. Health funding for housing programmes seeing it as a health intervention Housing specialists employed by accountable care agency to work within supportive housing units for high users of healthcare services</i>
<i>Women wanting to reunify with children</i>	Specific funded programs including High Needs Family Program (Seattle) Accommodation projects allowing transition to staying with mothers (Atira Vancouver) Women offenders leaving prison residential project (Seattle)	Family Reunification voucher Gates Foundation S8 voucher contribution	<i>Provision of large enough property where contact with children can happen; development of peer support models for those whose children have been removed along with pathways for dedicated mental health support where trauma needs clinical interventions</i>
<i>Women fleeing domestic violence who need housing</i>	Housing First for women fleeing domestic violence (Seattle) Specific bed space in communal SRO's – (Vancouver)	Gates Foundation Income assistance	<i>Development of targeted Housing First project for women who are fleeing DV along with specialist help and trauma informed working. Domestic violence provision of IDVA's embedded in homeless services and provision</i>

¹⁶ See LIIF Whitepaper(2017) on Innovative Models of Health and Housing

Theme 3: Whole City Approaches



Seattle, from the Building Changes offices

Women who are homeless do not only have to find somewhere to live but often must navigate interactions with a myriad of unconnected services. The social care system does not support women with complex needs well; priorities are competing, certainly funding of statutory services does not generally recognise co-occurring multiple needs.

This recent analysis from Professor Suzanne Fitzpatrick and Glen Bramley from Heriot Watt University highlights who is most at risk of becoming homeless in the UK¹⁷.

White male	Mixed ethnicity female
Relatively affluent childhood in rural south of England	Experienced poverty as a child
	Brought up by a lone parent
Unproblematic school career	
Graduated from university at 21	Left school or college at 16
Living with parents at age 26	Living as a renter at 26
	Spells of unemployment
No partner	No partner
No children	Own children
Predicted probability of homelessness by age 30:	Predicted probability of homelessness by age 30:
0.6%	71.2%

The UK has developed systems around health and welfare which act *independently* but would better serve the women's homeless population if they were *interdependent*. The

¹⁷ Homelessness in the UK: who is most at risk? Glen Bramley & Suzanne Fitzpatrick

current system leads to women falling through gaps in service provision or trying to navigate through impenetrable and complex pathways only accessible to a few and only then with informed support.

If it is accepted that women have multiple priorities, challenges, and family composition, then it follows that systems and services should reflect this. The programmes which impressed most in terms of their provision were those who had multiple projects catering for multiple needs of different women. What is clear is that to facilitate this approach, a whole city approach to housing and supporting women really helped.

Minneapolis is one city with such an approach.

Heading Home Hennepin, 2005 Minneapolis

Heading Home Hennepin is a 10-year coordinated state-wide strategy to prevent and end homelessness. It sought to execute a system shift throughout the county by connecting services and adopting a systemic response to homelessness. The plan aligned with the Federal homeless strategy which concentrated on 4 population goals; veterans, chronic homeless, families and youth and used the performance measures as determined by HUD to benchmark progress. The expectation was that all providers at all levels together with the community would engage to end homelessness.



Cathy ten Brooke (left), State Director to End Homelessness, recognises that the biggest pressure on this laudable aim is the availability of affordable housing and the barriers that anyone with complex needs faces in terms of getting housed. She also accepted that homelessness had not been ended and the extension of the 10-year plan includes additional measures to address current fiscal circumstances. The plan is attractive. It calls upon the business community, police, transport and health to work together to end homelessness in a way which improves lives, tells stories that work towards producing some cost savings downstream. It is this 'one city' approach driver which has fuelled the Manchester

Homelessness Charter¹⁸, a collaboration between city and citizens which pulls all together, united in the aim of ending homelessness, drawing on all resources of the willing from all sectors to provide a solution.

Talking to policy makers and deliverers in Minneapolis, it was notable that the sense of all pulling together across sectors was not universally recognised although operational changes to the way homeless people access services were welcomed. There has been considerable

¹⁸ <https://charter.streetsupport.net/>

political will and drive from state commissioners to endorse the approach and make it more than a practical amendment to service delivery. Coordinated entry has helped, a standardized access, assessment, and referral process for housing and other services across agencies in a community. The streamlining of entry has seen Simpsons Housing Services, for example, act as the single point of entry for Adult Shelter Connect, clarifying the identification of those entering the shelter system.

Pathways Home, the City of Seattle's person centred response to people experiencing homelessness feels more top-down. Prompted by a lengthy report¹⁹ by an external consultant, this initiative seeks to address head on the homeless crisis that is facing Seattle.

The city of Seattle has around 650,000 citizens; the city of Manchester has around 550,000. The Point in Time count of 2017 calculated the number of unsheltered citizens at over 5000 – Manchester has around 200. Notwithstanding the differences in methodology, these figures indicate some of the huge challenges facing the city. For the first time, Pathways Home requires contractual compliance to indicators before payments are released. The Poppe report recommends efficiencies in the system based on performance based strategies with a focus on those who have been street homeless the longest. There is a strong focus on rapid rehousing into the private sector and away from the provision of shelters and transitional housing.

This does not help women. In a system where those who have been sleeping on the streets the longest are prioritised, women fleeing violent partners are required get help through refuges. The number of spaces at refuges is limited and often cannot take women who are still using substances and have complex needs. Pathways Home indicates that domestic violence services are exempted from the coordinated entry system and not viewed as part of the analysis as outcome measures were so different. A lack of concentration upon women as a distinct group however, means that once again, as in Manchester, the offer for homeless women is the same as that for men with all the concomitant weaknesses that the approach brings. It does feel like an opportunity missed. Homelessness has a touch point with so many different public services - police, health, environmental health, transport, criminal justice, council, education services, mental health services, emergency services and many more. A plan which does not include these players is one that will be fundamentally flawed.

Alberta in Canada has such a plan. In 2008 the Alberta Secretariat published a 10-year plan to end homelessness in Alberta. At the heart of this was Housing First with a top priority of rehousing Albertans into permanent housing. Emergency services and shelters exist to facilitate a rapid exit out of homelessness and into permanent rehousing. Once a homeless person or family are rehoused, client centred support is available, varying depending upon the nature of the support that is required.

Coordinated systems – so vital to ensure success of this, requires agencies to work together; no one is released from prison or hospital without a home to go to; and payment for services are conditional upon this. The Albertan strategy sees a shift to outcome-driven

¹⁹ Barbara Poppe and associates The collective for impact Recommendations for the City of Seattle's Homeless Investment Policy: The Path Forward – Act Now, Act Strategically, and Act Decisively

Key Theme 4: Support



What does a service designed for the needs of women look like in terms of **the support that is offered**? Many thousands of miles may have separated the women receiving services in Canada and North America from the women in Manchester but the profiles of the women could have been interchangeable.

In a 2016 assessment of homeless women in Downtown Los Angeles, women who were surveyed experienced sexual assault at a rate of nearly twice that of the general population²¹. Higher levels of trauma than that experienced by men, a more acute level of poor mental health and repeated experiences of children being removed along with generally poorer physical health require a more nuanced support offer.



Artiste lives at the Alliance Apartments in Minneapolis. She has been there for 12 years. Her story sounded familiar. Abused as a young child by a family member, her mother was an alcoholic and she had abused drugs and became dependent upon them which had led to periods in gaol after being convicted of drug related robbery. This cycle repeated itself inexorably between the ages of 18 and 45. She had multiple children: 5/6 were taken away into family or authority care. She had

poor educational outcomes, never having finished school.

Artiste heard of Alliance Apartments whilst she was in prison. She took advantage of the programs offered to her whilst in for a prolonged period and started to get the help she needed. She said that she had become ‘tired of hiding her secrets’ and made the decision that now was the time to change. Before she had been housed with Alliance through Aeon Housing she had never held her own tenancy; being housed gave her the opportunity to start to deal with some of the issues that had dogged her life and held her back. Through her mental health support group, she began to explore the trauma that had hallmarked her life including the trauma of being separated from her children. ‘What we are hiding holds us back’ she explained, ‘I began to start forgiving myself and I began to hear my voice coming

²¹ Kassenbrock,R (2016) Downtown Women’s Needs Assessment

back'. She returned to school; worked for her General Education Diploma and accessed higher educational programs.

The support she was offered mirrored the support in other women centred programs. It was non-judgmental, affirming, warm, person- centred, consistent. Atira WRS (Vancouver) was hallmarked by this approach too. Across all the projects visited; the culture of staff was underpinned by strong values around acceptance, safety, collaboration and empowerment. The work of Cris Sullivan (Michigan State University) was reflected. This identified three main service delivery elements as being vital for good working with particularly domestic abuse survivors; orientation to the whole person, unconditional validation and acceptance and information provision and action.²²

Projects where there were larger elements of conditionality (Jubilee Women's Centre Seattle and Kateri House in Minneapolis) nevertheless exhibited these values. Time and resources had been spent to make the women's places as attractive as possible, the quality of the furnishings was high spec; the women lived in lovely, comfortable, well maintained properties - this reinforced the values behind so many of the programs. 'You are worth it' was not a fatuous advertising puff but an expression of commitment and intent to all the women living there.



Garden at Jubilee Centre Seattle

It was evident that **how** services are delivered is as key as **what** is delivered. The approach most valued by women was that which was not deficit focused i.e. concentrating on what was lacking, rather it was strengths based which recognised the sheer survivor power and resourcefulness that they had exhibited, particularly around domestic abuse, to keep safe and alive.

²²Exploring the core service delivery processes of an evidence based community advocacy program for women with abusive partners. Allen, N.E., Larsen, S., Trotter, J.L., & Sullivan, C.M. (2013). Journal of Community Psychology

Trauma informed approaches

it is not enough to say that housing and poverty alone cause homelessness - trauma plays a large part

Janice Miller, Director of Client Services of House of Ruth, Maryland

Janice speaks for many and she is pushing for acknowledgment that provision of housing alone is not enough and that the impact of trauma must be acknowledged. Those who experience trauma are not exhibiting a failure of character but a consequence often of earlier childhood experiences.

There is a recognition that women requiring services were adversely affected by trauma and trauma informed approaches were essential. Services in the UK run the risk of paying lip service to trauma informed care but an appreciation of the nature of the traumas experienced by women with complex needs should determine the environment and culture as much as the bricks and mortar of provision. Exposure to trauma can increase the risk of a large range of vulnerabilities, mental health problems such as PTSD, depression, anxiety, substance misuse or eating disorders can all spring from trauma and as practitioners, key to helping women is both enabling them to understand why their reactions are such and avoiding triggers in service delivery and design.

Practitioners at the Boyle McCauley Health Centre in Edmonton take a trauma informed approach to their patients. The practice is the only non-profit community owned and operated Health centre in Edmonton and the surrounding area. It has piloted the Adverse Childhood Experience (ACE) assessment tool in its practice and has seen significant results.

ACE sees a firm correlation between early childhood experiences and long term health outcomes. Dr Francesco Mosaico from BMHC has used the tool with all his patients and sees remarkable results. The seminal Adverse Childhood Experiences study was undertaken by CDC-Kaiser Permanente who conducted a trial between 1995 to 1997 with over 17,000 surveys of patients relaying their childhood experiences and current health status and behaviours. There were 2 waves of collection. The results were staggering.

Results by gender of an adverse childhood experience which is determined by the following, all of which relate to the first 18 years of an interviewee's life

ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect	16.7%	12.4%	14.8%
Physical Neglect	9.2%	10.7%	9.9%

And ACE score by gender:

Number of Adverse Childhood Experiences (ACE Score)	Women Percent (N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

The conclusions are that as the number of ACEs increases so does the risk for the following:

- Depression
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement
- Multiple sexual partners

Dr Mosaico's work with his patients confirmed this. He is working towards a system in Edmonton where all emergency services identify potentially complex clients by an 'ACE' score. If a paramedic is alerted that client A has an ACE score of 8, for example, he may immediately be aware that this patient is likely to be anxious, in a constant state of flight or fight and may be triggered by stressful situations. Dr Mosaico is not there yet, but an informed approach to working with women who have had multiple disadvantage and complex lives needs to take account of this work. Effective and appropriate support cannot be given unless acknowledgement is given of the effect of trauma. This is one way to ensure that re-traumatization is not perpetuated by the staff working in those settings. It needs to work in conjunction with access to trauma specific services particularly around facilitating quick access to specialist mental health pathways for clinical interventions and support.

In every project visited women had faced the trauma of having children removed. Person centred planning in some projects identified that family reunification was an aim of the women and set plans in place to take steps to encourage stability so that this was possible. Some specific projects, YMCA Passage Point in Seattle for example, were designed around family reunification for women offenders. Very often though, there was nothing specific for women; child welfare provision varied from state to state, the right to shelter does not exist for families in every state and women, often already traumatised through homelessness had that compounded by a lack of support around children being removed.

Where it was addressed, women found their own support through talking with their peers in a supportive environment. Artiste started talking about her experiences when she was involved in a mental health support group. Access to specialist trauma counselling around child removal and loss was required but rarely seen.

Support Model Applications

We recognise women need a trauma informed approach. At ICM we will:

- *Revise* our trauma training to ensure all staff are updated and skilled to deal with better symptom management of trauma
- *Use* the trauma informed care metrics to assess our service against TIC measures
- *Support* the development of a peer led support group for women whose children have been removed
- *Work to increase the access* and the pathways to specialist mental health provision for dealing with trauma

Key Theme 5: Co-Production



Here's Scott Redd from Aeon Housing with Artiste. Scott is the Director of Supportive Services and Resident Connections and his role entails three things: housing stability, partnership with community resources, and community engagement. He speaks for many in the sector when he says that there are few opportunities to build leadership for women with complex needs and authentic participation of those with lived experience is still lacking in terms of workforce development.

Co-production is becoming a much-referenced theme in public services, both internationally (Bovaird 2007; Alford, 2009) and in the UK. (New Economics Foundation 2008). Co production is, at its heart, a radical and transformational shift in power from services which are designed and provided by those who hold the purse strings, to services designed and delivered by the people who use them. At its most diluted, co-production is tokenistic and ultimately disempowering. At its most powerful, it shifts minds, power bases and budgets in a way which upsets the status quo and sees seismic changes in how services are delivered.

Over 30 projects were visited or contacted during this Fellowship visit. Even the most progressive, nimble and innovative projects did not have convincing strategies around co production. Some saw service user involvement as the antidote to the 'professionalization of poverty', citing 50% of their board comprising those with lived experience of services. For many, however, it was something at which they accepted they could do better.

The issue does not only lie with providers. The hearts and minds battle needs to be won with the funders of services who can require the workforce within any new contract to include those with lived experience. In Vancouver funding coming from health providers appear reluctant to use peers within existing teams. Catharine Hulme from RainCity Housing commented that her experience was that embedding peers within a new team was easier. 'We have to be prepared to take risks' she said 'but it fits with the RainCity values around strengths based work which is why it is so important that we have peers as part of our model'. In Washington DC the added value of peers was seen in funding provided through the Department of Behavioral Health who play a critical role in terms of building peers into the model including adjustments to billable hours The Department, like many others in the States, also run a Peer Specialist Certification program which aims to train peer specialists and provide guidance around ethics etc. Attendance and accreditation through this program however, does not guarantee a job. To make a difference, tenders need to require those with lived experience to be employed on programs with performance management measures in place if not translated into practice.

The voice of those who have used services being heard was most in evidence in 3 main areas:

1. Youth programs where there was a different approach to services and more of a cultural acceptance that youth would be involved in decisions around their transition through programs.
2. The use of peers in drug and alcohol services where benefit was seen around the recovery community and the value of peers was recognized in supporting those who were attempting to address their substance misuse.
3. Housing First using an ACE model. The original Pathways model had peers as playing an integral part of the service model, their role being as vital as clinical input from a therapist. The ICM model of support makes that role optional and although some people with lived experience were case managers within programs, strategic workforce planning around the recruitment of those with lived experience was not a priority. Nor, more crucially, was it funded. The original Pathways model operates now in only 3 areas; Washington DC, Vermont and Philadelphia. The roll out of a Housing First approach using Intensive Case management model has, it could be argued, missed an opportunity to embed the voice of those who have experienced services as an intrinsic part of the model rather than as an optional extra.

One of the barriers to co production in terms of workforce is the requirement for support workers to have a college degree and, often, a Masters in social work or counselling. The level of educational requirements for peer specialists would be generally unattainable for someone moving out of addiction or homelessness.



Tecoy is an exception to this. She works as a peer specialist worker with Open Arms Housing in Washington DC. She experienced poor mental health, substance dependency, homelessness and was incarcerated many times including a stretch at the Corrections Facility of 7 years. She reached the point when she was tired of this type of life and when she was released in 2010 she entered a 12 step programme at a Community Corrections facility where she was diagnosed with PTSD. She moved to permanent supportive housing and then accessed some mental health provision from federal funding. Tecoy now works

with Open Arms Housing Clients. She is working towards a BS Degree in Social Work at the University of the District Columbia. In her capacity as a Peer Support Specialist she has engaged in advocacy on behalf of individual residents and in legislative advocacy, taking residents to rallies and to testimony in front of the DC City Council. She runs weekly coffee hours, monthly community meetings, works with residents one-on-one to provide supportive services, emotional support, resource finding, and assistance with activities of daily living.

At Inspiring Change Manchester, the voices of those who have experienced the services and systems we are trying to change are central. This is one area where Manchester can perhaps teach the US about how the strengths of those who have lived experience of complex needs can inform not only their own recovery but also make a difference in services.

Conclusions

The home is the centre of life. It is a refuge from the grind of work, the pressure of school, and the menace of the streets. At home, we can 'be ourselves'.

Everywhere else we are someone else. At home, we remove our masks. it is the sturdiest of footholds. When people have a place to live, they become better parents, workers and citizens.

Matthew Desmond, *Evicted - poverty and profit in the American City*

What women need is somewhere to call home. Whatever the nature of that accommodation, the need for a stable safe affordable place to call home is an absolute foundation for stability, as key as good nutrition and medical care.

It was clear from my trip that **homeless single women without children were not considered a separate group** within the homeless population and thus no specific research was being done in terms of their routes into homelessness and the best solutions out of it. There was provision for emergency, transitional or permanent housing but the quality, availability and conditionality varied across the projects. There was a lot of great person centred caring support, tailored and trauma informed. The values of staff across some exemplar programs, such as Atira in Vancouver, stood out as exceptional. Non-judgemental and affirming, staff would consistently encourage a harm reduction approach in a way which often went above and beyond. Where it appeared less successful was where conditions around sobriety were imposed, along with requirements for attendance at classes and every night spent inside. Housing First impressed across the piece, scaling up and working across sectors to bring real change to the lives of those in poverty. The federally funded s8 Housing Choice Voucher Scheme was vital to lift households out of poverty, providing help to 2.1 million households in the private rental market in the US with a further 1.2 million households living in public housing. Around 67% of low income renting families however, receive no federal financial assistance²³ and the signs from the White House are not looking positive in terms of more resources.

One **predominant theme across all cities and countries was the lack of decent, stable, affordable accommodation.** Housing First works but does not drive up supply. Private rented sector has stock but profit drives the market and the poor have no bargaining power. Particularly in the US, eviction is easy and 90% of tenants are not legally represented²⁴. Women are more affected by this because they have lower earnings and childcare

²³ American Housing Survey 2013 table C-17 RO

²⁴ Pursuing access to Justice and civil right to counsel in a time of economic crisis R Engler Roger Williams Law review (2010)

responsibilities. They are also likely to be more complex when they present for help and require more help from more services. Specific solutions for women can be seen to work and when they do, women not only survive but thrive. The strengths which are used to cope with adverse circumstance can be used to more positive ends and co-production and opportunities for those with lived experience can play a big part in a strength based approach.

There is also **strength and diversity within the women's sector organisations who are starting to sound a collective voice**. The Washington DC Interagency Council on Homelessness has assembled a Women's Services Task Force to bring stakeholders together and review women's ability to access safe and stable housing, the shortage of temporary shelter accommodation and the intersection between domestic/intimate partner violence, sexual assault and trafficking. Collective action is central. The 'fatter the wallet the louder the voice' can no longer prevail.

Manchester needs to take the opportunities that present to reduce homelessness across the city and take advantage of the unique atmosphere of collaboration to put something transformational in place for women. Appendix 3 shows what we are planning to do with Inspiring Change Manchester from this trip, and I present below my recommendations for housing strategy, models and support.

My hope is that Manchester will be brave, will choose to take radical steps together, and halt the misery that homelessness causes.

Recommendations

HOUSING STRATEGY

1. **Homelessness strategies should include specific measures and targets for women;** recognising that they do not fit the chronically homeless profile of a man, are less likely to use mixed service provision and will be more complex when they do come to the attention of the authorities.
2. The **American federal strategy** of working towards homelessness being '**rare, brief and one time**' is a **good model** on which to base homeless policy.
 - **Rare** tackles prevention strategies, education, mediation
 - **Brief** ensures that if someone becomes homeless work is immediately undertaken to move them out rather than leaving them in shelters indefinitely
 - **One time** works to ensure that the options that are provided are sustainable; rehousing is into affordable accommodation; support is provided to help sustain tenancies
3. **Cross system funding works.** There is an increasing evidence base to show that funding at least health and housing together upstream produces good outcomes for all²⁵. Housing First, in particular, as a model of rehousing shows that a population of chronically homeless individuals with high service use already cost public services less after 6 months of being rehoused. These benefits increase the longer that tenants are housed.²⁶ A whole system approach works when business, statutory and third sectors commit not only words but capital solutions to end homelessness.
4. Good quality, affordable, secure **private rented accommodation can be a good option** for homeless women. Shelter's campaign to increase the length of private tenancies is vital this but other measures around limiting rent increases and increasing the supply of affordable housing are crucial including effective action against rogue landlords. The US use tax incentives (the Low Income Tax Credits) to raise money to build homes; the UK should look to incentivise landlords to build affordable homes through utilising tax incentives as well as robust enforcement of s106 Agreements.²⁷

²⁵ <http://www.bevanhealthcare.co.uk/index.php/en/outreach-services/bricss>

²⁶ Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems - The Journal of the American Medical Association (Vol. 301 | No. 13, April 1, 2009)

²⁷ Under S106 of the Town and Country Planning Act 1990, as amended, contributions can be sought from developers towards the costs of providing community and social infrastructure, the need for

HOUSING MODELS

1. Housing for women, be it emergency shelter, transitional time limited or permanent is crucial to ensure that the needs of women facing homelessness are met. The **provision of gender-specific emergency** housing provision does not have to be expensive but it is vital to provide homeless women with a safe place to stay. What is needed at the very least are facilities designed with gender in mind; emergency accommodation and drug services in particular will not attract women to use them if space is to be shared with men.
2. **Charities can play a crucial role** in freeing up the provision of housing by owning or renting accommodation on behalf of tenants. In a risk adverse climate for complex tenants, charities can take the lead in ensuring that good quality, well managed accommodation is available. The separation of the housing management function and support can work with the further possibility of cross subsidy through commercial lettings spin offs.
3. **Transitional housing with support is needed where permanent housing is not available**; the amount of time in emergency shelter should be as little as possible.
4. **Housing First** works to keep people housed **and can successfully be scaled up** across authority and county boundaries. It requires clear leadership and commitment from funders, fidelity to the principles including establishment of communities of practice for front line practitioners for this to happen. Further pilot programmes appear superfluous and time wasting. Whole scale implementation of a Housing First approach across the country for those with the highest complexity of need is now required.

HOUSING SUPPORT

1. Warm, **non-judgmental person-centred support** which gives a focus to the strengths of the women and builds on their capabilities rather than their deficits, is essential. Even better if the myriad of services they need to access are easily obtained and joined up. Better still if those services include specialist clinical mental health provision which can address deep seated trauma and adverse childhood experiences.
2. The involvement in services of **those who have been there** is the most valuable commodity within the workforce. Top-down paternalistic models don't work as well as empathetic, supportive, empowering relationships.

The housing crisis is affecting every low income community in every state in the USA and, unless urgent action is taken, that picture will be replicated in the UK. It will disproportionately affect women with low incomes, less able to find and fund affordable housing. There will be long term effects for women and their families in terms of stability and life chances if action is not taken. Urgent cross sector and cross bench political measures are needed to drive up affordable housing supply,

which has arisen because of a new development taking place. This funding is commonly known as section 106.

particularly in the major cities, and prevent a serious lack of housing becoming a national housing emergency.

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Appendix 1 Contacts and organisations

I am indebted to the large number of people who took time to speak to me and show me around their projects. They were all, without exception, informative, insightful and knowledgeable. Thank you!

Contact	Role	Organisation
Vancouver		
Abi Bond	Director of Affordable Housing	City of Vancouver
Celine Mouboules	Senior Planner	City of Vancouver
Tiggy Hall	EA to General Manager Community Services	City of Vancouver
Alice Kendall	CEO	Downtown Eastside Women's Centre
Cameron Keller	Consultant	Kaleidoscope
Catharine Hume	Co-executive Director	RainCity Housing
Niki Antonopolou	Executive Director, Operations (Vancouver)	Atira Women's Resource Center
Caithlin Scarpelli	Director, Development, Communications & Fundraising	Atira WRC (Vancouver)
Candice Quesnell	Executive Director, Operations (Fraser Valley)	Atira WRC (Fraser Valley)
Edmonton		
Kyle	Housing First Pilot recipient	Homeward Trust Edmonton
Prof Lois Gander	Researcher – DV and property management	University of Alberta
Peer Daniel Krause	Policy for BC Housing	BC Housing
Prof Peter Silverstone	Research – mental health and homelessness	University of Alberta
Dr Lorenzo Mosaico	Physician (ACE trial)	Boyle McCauley Health Center
Seattle		
Luanda Arai	Senior Manager	Building Changes
Anita Cech- wilkins	Marketing & Outreach manager	Jubilee Women's Center
Jessica Taylor	Residential Care Administrator & Care manager	Jubilee Women's Center
Carol Rozumalski	Occupancy Administrator & Care Manager	Jubilee Women's Center
Leslie Price	Senior Policy Adviser to the Mayor	City of Seattle
Tamera Kohler	Homeless Strategy & Investments Director	City of Seattle
Mona Tschurwald	Director Homeless Initiatives	YWCA: Landlord Liaison Project
Lily Hansell	Ops Manager – Angeline's	YWCA

Mindy Maxwell	Service Director	Valley Cities
Wendy Tanner	Service Director	Valley Cities
Annamaria Gueco	Department Manager	Sound Mental Health
Margret Graham	Communications Manager	Washington State Housing Finance Commission
Noah Fay	Senior Housing Program Manager	DESC
Anne Marie Edmonds	Program Specialist	Pierce County Human Services
Minneapolis		
Cathy ten Broeke	State Director to Prevent and End Homelessness	State of Minnesota
Amy Stetzel	Implementation Manager Inter-agency Council on Homelessness	State of Minnesota
Gail Dorfman	Executive Director	St Stephen's Human Services
David Jeffries	Director of Adult Shelters	St Stephen's Human Services
Annie	Director of family services	St Stephen's Human Services
Bree	Team Leader Street Outreach	St Stephen's Human Services
Laquadra Neil	Advocate – St Stephen's Shelter	St Stephen's Human Services
Steve Horsfield	Executive Director	Simpson Housing
David Hewitt	Director – Ending Homelessness	Hennepin county
Mikkel Beckman	Director - Housing co ordinator	Hennepin county
Alan Arthur	President & CEO	AEON Housing
Scott Redd	Vice president	AEON Housing
Artiste	Service User	AEON Housing
Washington DC		
Nan Roman	President and CEO	National Alliance to End Homelessness
Catherine Wallwork	Development and Communications coordinator	Calvary Women's Services
Marilyn Kresky- Woolf	Executive Director	Open Arms Housing
Tecoy Bailey- Wade	Peer Support Specialist	Open Arms Housing
Linda	Clinical Director	Open Arms Housing
Alethea	Scattered Site Manager	Open Arms Housing
Angelia Victoria Bowen	Resident	Open Arms Housing
Christy Respress	Executive Director	Pathways to Housing DC
Baltimore		
Janice Miller	Director of Programs and Clinical Services	House of Ruth, Baltimore
Beth Benner	Executive Director	Women's Housing Coalition

Boston		
Philip Mangano	President	American Roundtable to Abolish Homelessness
Mary Ellen Hombs	Senior Policy Officer	American Roundtable to Abolish Homelessness

Appendix 2: Program Matrix

	Housing Provider	Shelter	Transitional	Permanent Supportive Housing	Private landlord programs	Housing First	Services provider	Medical services	Mental Health services	Drop in centre	Drug/Alcohol services	Domestic violence	Strategic/ policy	Federal/State	Non profit	Advocacy	Research	Services user/peer	Funder	Federal/State	Non profit
Vancouver																					
City of Vancouver													x	x					x	x	
Downtown Eastside Women's Center							x		x												
Cameron Keller													x		x						
Raincity Housing	x		x	x		x															
Atira Women's Resource Center	x		x	x	x	x	x				x	x					x				
Peer-Daniel Krause													x	x							
Edmonton																					
Dr Lois Gander Uni of Alberta													x				x				
Professor Peter Silverston Uni of Alberta									x				x				x				
Kyle																		x			
Boyle McCauley Health Center							x	x	x		x						x				
Seattle																					
Building Changes													x		x				x		x
Jubilee Women's Center	x		x				x		x												
City of Seattle													x	x					x	x	
YWCA	x	x	x	x	x	x				x											
Valley Cities	x			x																	
Sound Mental Health	x			x			x		x												
Washington State Housing Finance Commission													x	x							
Pierce County																			x	x	
DESC	x					x	x	x	x		x						x				
Minneapolis																					
Minnesota State													x	x					x	x	
St Stephen's Human Services	x	x	x	x		x							x		x	x					
Simpson Housing Services	x	x	x	x																	
Womens' Housing Project	x					x															
Hennepin County													x	x					x	x	
Aeon Housing	x			x		x															
Artiste																		x			
Washington DC																					
National Alliance to End Homelessness													x		x	x	x				
Open Arms Housing	x			x		x															
Calvary Women's Services	x	x	x																		
Pathways DC	x					x											x				
Baltimore																					
House of Ruth	x	x				x	x		x				x				x				
Women's Housing Coalition	x			x																	
Boston																					
American Roundtable to Abolish Homelessness													x		x	x	x				

Appendix 3: ICM BUSINESS PLAN REVIEW IMPLEMENTATION (under review)

SUGGESTION	RESOURCES
<p>1. Trauma informed care: specific training on Adverse Childhood Experiences assessment tools and impacts. Work to facilitate pathways for specialist mental health provision for this; look at DBT and EMDR on occasion, better symptom management techniques and intensive reflective practice</p>	<ul style="list-style-type: none"> • Use of CCTIC (Creating cultures of TIC) assessment tool • TICometer measures (Trauma Informed Care) • Investigate Critical Time Intervention approach to see whether elements can be useful for delivery • Source Attachment Theory training in particular • Be more trauma aware in delivery
<p>2. Extension of the Housing First model for specific groups - suggestion is for women who are fleeing domestic abuse</p> <p style="padding-left: 40px;">HF for women with wrap around support; working with Manchester Women's Aid</p>	<ul style="list-style-type: none"> • Link up with Manchester Women's Aid to access IDVA and specialist support • Look at Asset Based Commissioning in terms of resourcing • Develop links with other projects expanding in this area including Standing Together against Domestic Violence London and SHP in Camden
<p>3. Establishment of community of practice for Housing First practitioners across Manchester</p>	<ul style="list-style-type: none"> • Connection with Homeless Link developing regional HF 'champions' to take this further and develop national Housing First champions • Allocation of resources for this
<p>4. Provision of shared housing for women; pilot this with 1 house of 4 women - 1 is lead resident 'looks after' other women; Housing First approach ie person centred support ;</p>	<ul style="list-style-type: none"> • Exploration of the model via site visits to Thames Reach as well as Nelson Trust in Stroud and Anawim in Birmingham • Decision on criteria for selection, process and staffing
<p>5. Revision of assessment tools for entry onto ICM to be gender specific - do we ask the right questions?</p> <p style="padding-left: 40px;">The US use assessment tool – (The VI-SPDAT (Vulnerability Index - Service Prioritisation Decision Assistance Tool) is a survey administered both to individuals</p>	<ul style="list-style-type: none"> • Need to chime with delivery refresh – Programme team to revisit the assessment tools used to ensure gender specific focus

and families to determine risk and prioritisation.)	
6. Extension of social prescribing model to include housing related services - recognising health and housing crossover and pushing for health funding for housing	<ul style="list-style-type: none"> • Link up with Groundswell and their model of peer health advocates
7. Setting up of peer support group for those whose children have been removed with work done on pathways for specialist clinical help where necessary	<ul style="list-style-type: none"> • Visit to projects in Birmingham and Stroud to see how they work with this • Identify those to lead on it, create space for group at the ICM Hub and support through resources
8. Coordinate women only space working with partners	<ul style="list-style-type: none"> • Back to Women's Voices group for discussion and implementation if they want it