

Basis Housing First Pilot.

The story so far

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1. Introduction

Housing is one of the most significant barriers that some Basis' clients face in achieving safe and settled living. Basis support women, some of whom are widely excluded from general and temporary housing services, due to the nature of their work, lifestyle and the stigmatisation they face. A lack of appropriate and secure accommodation perpetuates cycles of homelessness and crisis for the women Basis support, and also results in costly emergency interventions from health, criminal justice and other public services.

Basis secured funding for a year- long Housing First (HF) pilot from November 2016, funding 6 HF tenancies. The project will be one of the only HF projects for sex workers in the country, which is surprising given the obvious fit between the principles of HF and the needs of this client group. Like Basis, HF is driven by non- judgemental support and client choice. This is critical for sex working women who are already significantly stigmatised and excluded by essential services.

Homelessness services in the UK are generally based upon a 'staircase' system where people must demonstrate readiness for housing based on engagement with treatment services and behavioural change. However, HF offers access to secure and supported accommodation in the first instance. Unlike 'housing- led' approaches which involve general-needs accommodation and floating support, often limited to an hour a week with support workers who have high case- loads, HF offers intensive support and housing management through case workers who support a small number of clients. This is a critical difference. HF has been successful because of the intensive, assertive and holistic support it offers its clients, and this is also the reason that HF is only suitable for a particular profile of homeless people who have needs that are not addressed by existing models of housing and housing-related support.

Basis identified the potential value of a HF project for women with some of the most complex needs and who had cycled through the revolving door of homelessness services. Taking health issues as an example of the potential benefits of this project to the city, stable and secure housing would provide the base from which health issues could be managed and maintained at a far lesser cost than emergency interventions at crisis points.

This evaluation has been produced in collaboration with the Leeds Social Sciences Institute at the University of Leeds. The report presents findings collated from Basis staff after 8 months of the pilot, taken as an indication of its successes and lessons learned ahead. Findings will be shared with potential funders in a bid to extend the pilot and build on what it has achieved, as well as key local stakeholders which include; Foundation Housing, WY-FI, Forward Leeds, Joanna Project, and Leeds City Council (LCC), and all other organisations which have referred into the project. Basis also anticipate that the project will inform a growing national evidence base of HF projects, and strategic development around housing services for complex needs in the Leeds area.

2. Housing First- the evidence

Housing First (HF) originates from the Pathways to Housing organisation in New York. Following the success of Housing First projects in the US, projects have been successfully implemented across Europe and in England. Projects vary between country, housing market and policy context but in general, HF is premised upon service user choice and unconditional access to housing and support.

These projects are designed specifically for people experiencing chronic homelessness, often associated with mental health disorders and substance dependencies. People housed through HF projects are also more likely to experience social marginalisation and stigmatisation, as well as being long- term unemployed and having contact with the criminal justice system.

Evidence reviews demonstrate compelling arguments for widespread commitment the model in the UK¹.

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

Whilst it is clear that people housed through HF projects require less support from services in the long term, the amount of time that they need to remain in those projects varies between individuals. This supports the open- ended nature of HF projects and acceptance that outcomes should be measured on an individual basis.

An example of a project which set out to house people with such complex needs includes a three- year pilot project in Glasgow by Turning Point Scotland's (TPS), where a rigorous review of evidence demonstrated broad success in maintaining positive relationships and support with challenging or significantly disengaged clients². In light of compelling evidence from projects such as TPS and others, Homeless Link have championed the Housing First model as a national industry body.

A recent Centre for Social Justice report and recommendations following the introduction of the Homelessness Reduction Act also demonstrates mounting central government interest in adopting a national HF programme.

¹ For a comprehensive review of evidence based on Housing First projects see Homeless Link Housing First evidence reviews, and Bretherton, J and Pleace, N. 2015. Housing First in England. An evaluation of 9 services. University of York.

² Johnsen, S. 2014. Turning Point Scotland's Housing First Project Evaluation. Heriot- Watt University

3. Housing First key principles

Homeless Link have published 7 key Housing First principles for services in the UK ³. These principles are particularly relevant to the women who receive support from Basis and reinforce the potential of this Housing First pilot for reducing chronic homelessness in Leeds.

1. Access to housing that responds to need quickly and without conditions of engagement (aside from maintaining a tenancy).
2. Flexible support without fixed timescales, dependent on the needs of individuals.
3. Separate housing and support services, where engagement with one service does not impact the other. If tenancies fail, support continues and if clients do not engage with support services their tenancies are unaffected.
4. Service user choice (where possible) over the type and location of their housing and the level of engagement that they have with services. Person- centred planning and goals set by individuals are essential to HF.
5. Active engagement with clients, where staff have small caseloads and the capacity to proactively engage clients.
6. A service based on individual aspirations and strengths. The HF model is based on a philosophy that is service user- led, similar to the UK's personalisation agenda.
7. Harm reduction, where clients are supported to minimise immediate health risks as well as developing longer term strategies to recover and improve in other areas of physical and mental health.

The principles of HF reflects Basis' own ethos as an organisation supporting women who face significant exclusion from housing services and stigmatisation as sex workers. Offering non- judgemental, unconditional and person- centred support underpins the day- to- day services that Basis provide.

4. Housing services in Leeds and the national context

Homelessness services do not typically meet the needs of sex working women, due to curfews and inflexible requirements for engagement. Hostels in Leeds require women to adhere to a strict curfew, which was an issue for women working through the night. Women were also required to keep to strict keywork appointments, often booked early in the morning when women may have finished working very late. The only emergency accommodation currently available for women in Leeds is at St George's Crypt, Francis House and a small

³ Homeless Link, Housing First in England. The key Principles.

amount of Private Rented Sector (PRS) accommodation arranged by the council with floating support. Women must present at LCC's Housing Options at 8.30am to arrange emergency accommodation, a time when women are more likely to be unavailable due to irregular working hours.

As a result of these restrictions, many women avoid entering the hostel system at all. It is those services which would have supported them to find housing in the community or through the bidding system. Women are more likely to sofa-surf or stay with customers, contributing to hidden homelessness and potentially very unsafe living situations. The existing housing-led model of provision in Leeds which offers social or private rented housing with additional floating support arrangements is also not enough to address the needs of some of the women who Basis work with. Chaotic periods of living and a host of issues which include drug and alcohol use, physical and mental health issues and domestic violence requires intensive housing management as well as dedicated and individual support to prevent tenancies from failing. HF offers support to needs which housing-led approaches are not designed to support.

However, HF projects are consistent with LCC's aims to minimise the use of temporary accommodation and enable greater access to settled accommodation. Partnership arrangements between social or private landlords and support providers have also received national support for their success in enabling community-based services and independent living. Furthermore, Leeds no longer takes an enforcement-based approach to sex working and Basis are integral to the development of the holistic support strand in the Safer Leeds Partnership Sex Work Strategy. In partnership with Foundation Housing and a range of other local partners, Basis have extended the successes of this approach into their housing programme.

5. The Basis Project

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

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

This evaluation of Basis' HF pilot reflects some of these challenges in implementing and maintaining the project during the first 8 months.

The partnership between Basis and Foundation Housing, as well as other local partners, addressed these challenges and was critical to the success of the project. Foundation Housing have significant experience working with people who have multiple and complex

needs and offer a range of specialised supported housing services, including supported accommodation for offenders.

Funding

The pilot project was funded through the WY-FI Innovation Fund. Total costs include housing for 6 women, project running costs, and staffing for Basis and Foundation Housing over the period of a year total £99, 184. Funding included 1 full- time HF Support Worker (Basis), 1 part- time Housing Management worker (Foundation), and 1 part- time Co-production Worker (Basis).

Recruitment

The Basis Housing First pilot received funding for 6 Housing First tenancies, starting from November 2016. 6 women had already been identified by Basis or referred from WY-FI, St Giles Trust or Joanna Project as potentially suited to the project. The women were sex workers, homeless and had complex needs

- There were 19 referrals to the project in total.
- 13 of the women were assessed. 6 did not engage in the assessment process, 2 of these women have now moved out of Leeds permanently.
- Of the women assessed 2 did not fit the Housing First criteria as they were already housed in stable accommodation. 1 woman was not accepted onto the waiting list as she stated she did not want her own tenancy so it was an unsuitable referral.
- 10 women were assessed as being suitable for Housing First.
- 7 women, aged between 29- 47, have been housed through the project.
- 3 women remain on the waiting list. One woman is not currently considered an emergency. Another is in very unsuitable accommodation but has not engaged with Basis. Foundation's Housing Management Worker has continued efforts to contact the client so that she can be reassessed. The last woman on the waiting list is already in a LCC tenancy but Basis believe that she will not sustain it without intensive support.

Finding housing

Choice is one of the most important success factors for HF projects and especially for Basis clients. Providing women with choice in the location of housing enables them to choose how, when and where they work. However, housing choice presents one of the greatest challenges for Basis' clients. Foundation's Housing Management Worker, Sue Jones, provided a critical contribution to the project through her role in accessing housing and developing relationships with private and social landlords.

- The majority of women wanted to live close to the managed area in Holbeck in order to work, at least at the start of the project. Some women wanted to move away later on.
- 6 women were given properties in their first choice area.
- One client wanted to live in another area, near to her mother and children. This area has very little affordable housing. PRS landlords did not want to accept someone on benefits and especially not somebody with such complex needs. Sue attempted to find housing for several weeks before offering the client housing in another area. This property was accepted and Sue is currently helping rehouse the client in her preferred area.

Whilst some Housing First projects in the UK have engaged with the Private Rented Sector (PRS) in order to find accommodation for clients within short timescales, Basis preferred to access housing with social landlords through management agreements to ensure greater tenancy security. However, some PRS housing has been used. Leeds and Yorkshire HA has been very supportive of the project and has offered to provide more housing if the project continues.

6. Case study

J was assessed for Housing First on 20/12/2016 and was of no fixed abode and had been for around 2 months. J had previous extended periods of homelessness. At the time of assessment she had a number of painful Ulcers on her leg and was at risk of amputation due to inconsistent attendance of medical appointments. J described herself as being 'Depressed' and 'Anxious' at this time with low self-esteem. J was not on a methadone script; she was using heroin and crack daily as well as drinking 5 – 9 cans of extra strength lager. She advised staff at assessment that getting on a script was her top priority. J was street sex working in the Managed Approach area and really didn't like it, she said she felt unsafe and it caused a number of problems with her partner that sometimes escalated into violence.

Since moving into Housing First, J's leg is no longer at risk of amputation due to intensive support for her to attend redressing appointments with the nurse 3 times a week. J has managed to maintain her methadone script with regular support to attend appointments with Forward Leeds and to pick up her methadone from the pharmacy. J is no longer using heroin at all, she is still drinking daily however this has reduced to around 2 cans a day. She is no longer using crack daily but is still using it recreationally a couple of times a week. J has also visited the GP to discuss her mental health and is now on medication for this too. J is no longer sex working and she is much happier because of this, she feels safer and it has improved her relationship with her partner.

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

7. Successes

The following sections reflect the main areas for monitoring and outcome measurement captured by Housing First projects. Information has been collected through service user questionnaires, interviews and discussions with Basis Housing First staff. A summary table of outcomes can be found at Appendix A.

Partnership working

- As stated, the partnership between Basis' HF outreach worker Joan Coulton and Foundation's Housing Management Worker Sue Jones was critical to the success of the project. Dedicated staff from each organisation were able to share contacts and expertise in order to set up and maintain each tenancy.
- Housing Management from Foundation also reflected the specifically gendered experience of housing need. Rapid responses to requests for lock changes were provided to women whose safety was at risk, without the usual penalties charged to the tenant. Female repairs operatives were also arranged for women where needed.
- Other partner organisations have commented on the importance Joan and Sue's roles for their work with the women housed in the project.
- Relationships between HF workers and WY- FI Navigators has also been extremely positive and has been very important to the success of the project to date.

Drug use

- One woman has returned home after 5 months in residential rehab in Lancaster. This is a woman who at Christmas 2016 was expected not to leave hospital after suffering severe liver failure. She is now engaging with all her physical health support and is looking at volunteering courses.
- 5 women have started on Methadone since they got their HF tenancies. All have stayed on 'script, sometimes with short breaks but most have been supported to get back on 'script within days.

Physical and mental health

- 2 women have spent time in hospital to address issues with serious ulcers on their legs and have received treatment. Both women have suffered for months with this but haven't been able to go to hospital as they weren't on Methadone.
- The security of having settled accommodation and continual, assertive support from Basis was described by clients as providing a direct improvement in mental health.

Personal safety

- 1 woman was supported to make and follow through with a complaint about her violent ex-partner which has resulted in him being recalled to prison for breaching his restraining order. He has now been released and while she continues to see him she knows that she can ask for support when she needs, 'we' have a "safe phrase" that she can use to alert 'us' if she needs 'our' input in an emergency and 'we' are currently talking with her about moving to another property when she feels ready.

- 1 woman has supported her partner through his detox programme with St Anne's. She had always dissuaded him from doing this as they were sofa surfing together and she felt vulnerable without him. Now she has her own tenancy she felt secure enough to encourage him to go and address his alcohol issues which were leading to physical violence against her.
- 1 woman called 'us' when a violent partner would not leave her property and HF staff went and made him leave. She said she felt much safer knowing 'we' could do this for her.

Sex working

- Whilst not a requirement or aim for women in the Basis Housing First project to stop sex work, street- based sex work presents clear risks in terms of safety and any moves away from risky behaviours would be viewed as a positive change. Women reported that there had been a positive impact on their sex working practice, with one woman reporting that she had stopped sex working since the HF project.

Financial security

- Clients have applications in for PIP which, if successful, will improve their situation. Another has opened a Credit Union account for her benefits to be paid into rather than a male friend having them paid into his account as she was doing.

Criminal activity

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

Furnishing and white goods

- Several clients highlighted the importance of moving into housing which had white goods, furniture and other essential items like cutlery and crockery. The careful balancing act for people managing substance addiction and other problems was highlighted by clients who valued the feeling of living in a home rather than in temporary accommodation. All of the white goods remain in the HF properties

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

Personal development

- As part of the Housing First project, Basis provide a budget for training and other personal development activities. The value of the Housing First model and its principle of unconditional less time- limited support is clearly demonstrated in the following extract.

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

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

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

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

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

8. Challenges

Contact and communication

- One of the project's greatest challenges is also one of its strengths. Engaging with this client group is often difficult, due to irregular working hours and sporadic location. However, HF provides a stable base from which support workers from Basis and other organisations can locate and work with clients. Partner organisations commented on the importance of having an address to contact their clients.

Location flexibility

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

'with it being on the beat as you know it's a bit too much now because some of them know where I live and but yeah they are trying to get me out and move me'

- One service user requires relocation due to the pain in her leg, which has resulted in difficulties managing the stairs up to her current flat. Basis is currently looking to relocate this client.
- Another service user reported a desire to move location as a result of negative experiences and links to the area and due to her mother relocating. Proximity to her mother is a fundamental part of her recovery

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

Co- production and peer support

- The Basis project was designed with co- production and peer support as central elements, including experts by experience throughout the duration of project. Peer mentoring has proved very successful for substance recovery models. However, finding people willing to act as peer support workers based on past sex working histories is particularly difficult, given the stigma attached to that work and people being unwilling to speak openly about those backgrounds.
- The co-production worker recruited as part of the project resigned for health reasons. A subsequent post was provided by WY-FI but has also left, presenting issues of consistency and continuity for the women in the project- an issue the HF project is seeking to address.

9. Client and stakeholder feedback

The importance of assertive, proactive whilst understanding and dedicated support was clearly integral to the sustained tenancies and the range of personal developments achieved by the women in the project.

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

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

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

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

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

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

All stakeholders provided positive feedback in relation to communication and partnership working, commending the dedicated work of Basis' and Foundation's staff above all. Whilst collaborative working was highlighted as a particular success, one stakeholder commented on needing greater clarity around roles and responsibilities.

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

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

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

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

10. Next steps

Basis are now looking for funding to extend the project beyond November 2017. Whilst it is early days and Basis would expect some of the women in the project to experience challenges going forward, the stability that the project has provided is clear. Housing provides the base needed by the women in the project to address a number of complex needs but also for a range of partner organisations to do their work in partnership. Without stable housing, their work would likely be less coordinated. Some of the women in the HF pilot have at least 5 organisations working with them to address issues which could lead to crisis points. This project has provided the base that they need to work together to support their clients and minimise further risk.

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

As this report clearly demonstrates, the project has mitigated some significant health risks. 2 women in the project could have had life-changing disabilities as a result of leg amputations, one woman was at risk of alcohol-related death and several others faced substantial risks if substance abuse had not been managed. Furthermore, the cost savings to the city in terms of acute medical interventions and other associated services are also significant.

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

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

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

		receiving support from the Women's Lives Leeds Complex Needs Worker.			repeatedly offered support around this by the Housing First team but engagement has been sporadic. She is engaging well to address these health issues now with WLL Complex Needs Worker. Also has an established relationship with this worker and engages well with her.	Referred to Engage
5	27/02/2017	Still in HF	<p>Criminal history.</p> <p>28/3/14- 6 months imprisonment 2/10/14 - 6 months Imp</p> <p>1/7/15- 30 weeks imp 12/10/15- 16 weeks imprisonment 2/3/16- 22 weeks imprisonment</p> <p>Hasn't been to prison/been arrested/committed offences since in HF service</p>	Now on methadone script. Before moving into HF she was using heroin and crack and not on script. Now on script but still using heroin and crack on top.	Physical health is not good. She has abscesses; staff have offered support on a number of occasions to address these issues. Staff continue to offer her support with this but we have not imposed sanctions for not engaging and continue to offer support.	<p>Joanna Project</p> <p>Forward Leeds</p>
6	09/02/2017	Still in HF	No known offending behaviour	Now on methadone script. Prior to HF using heroin and not on script due to non-attendance of appointments	No physical health issues currently, had swelling and pain in legs from DVT and abscesses but has since spent time in hospital and received a lot of support from Joan and Sue and these issues are now resolved.	<p>Joanna Project</p> <p>Forward Leeds</p>
7	08/03/2017	Still in HF	No criminal record	Now on methadone script. Prior to HF using heroin and crack	Previous to HF had generally poor physical health due to homelessness and violence from partner, having a stable home has generally improved her physical health, she is still in a relationship with her partner.	<p>WYFI (intensive support)</p> <p>Forward Leeds</p>