UNIVERSITY of York

Housing First in England

An Evaluation of Nine Services

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Disclaimer

Views expressed in this report are not necessarily those of Bench Outreach, Brighter Futures, Changing Lives, CRI, SHP, St Mungo's Broadway, Stonepillow, Thames Reach, Homeless Link, the Greater London Authority or Brighton & Hove City Council.

Responsibility for any errors lies with the authors.

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Housing First in England: Research Summary

Research by Joanne Bretherton and Nicholas Pleace at the University of York has highlighted the potential effectiveness of the Housing First approach in reducing homelessness in England. This observational study of Housing First services showed high levels of success in reducing long-term and repeated homelessness, which is associated with very high support needs. The successes of these English Housing First services reflect the results of positive evaluations of Housing First in North America and Europe.

- Housing First is designed to provide open-ended support to long-term and recurrently homeless people who have high support needs. Unlike many homelessness services, Housing First provides long-term or permanent support to people with ongoing needs.
- People using Housing First services are much more likely to have severe mental illness, poor physical health, long-term limiting illness, physical disabilities and learning difficulties than the general population. They are often highly socially marginalised, stigmatised and lack social supports and community integration. They are likely to be economically inactive and to have histories of contact with the criminal justice system. Rates of problematic drug and alcohol use are also high.
- Housing First uses a client-led approach that resembles the personalisation agenda in the UK. The people using Housing First services exercise choice and have control over their own lives. Housing and support are also separated, i.e. getting access to housing and remaining in housing is not conditional on accepting support or treatment. Service users are also not expected to stop drinking or using drugs in return for accessing or remaining in housing. Housing is also provided immediately, or very rapidly, and there is no requirement for service users to be trained to be 'housing ready' before they are offered a home. All Housing First services operate within a harm reduction framework.
- Evidence from North America and Europe shows widespread success for Housing First. Housing First services that offer security of tenure, are client–led, use harm reduction, offer open ended support and do not make access to, or retention of, housing conditional on compliance with treatment or modification of behaviour, *all* appear to be effective.

There are however some debates about whether all Housing First services are equally effective, centring on the forms of housing and support provided.

- Nine services were evaluated in this observational study. Data were collected from 60 service users using an anonymised outcomes form, equivalent to 42% of the 143 service users across the nine services. Twenty-three service users agreed to in-depth interviews. Focus groups were held with the staff teams in all nine services, and each service was also asked complete a 'common point of comparison' questionnaire that explored service philosophy and operation.
- Five services operated in London, two on the South Coast, one in the Midlands and one in the North East. The services used relatively intensive forms of case management to provide open-ended support, with eight of the nine services using various combinations of ordinary private and social rented housing that was scattered across their areas of operation. One of the eight services was found to be operating a hybrid approach. Client loads were between five and 10 service users per Housing First worker. All nine services were prepared to work with people who exhibited anti-social behaviour, who had problematic drug/alcohol use, who had a criminal record, who were not being treated for current mental health problems and who had a history of rent arrears or a history of arson. Just over one quarter of all service users were women (27%).
- Sixty service users, who shared information with the researchers through an outcomes form, reported they had been homeless for an estimated average of 14 years per person. Eighty per cent of this group reported they had lived in hostels or temporary supported housing for two years or more, prior to using Housing First.
- The bulk of service users (78%) were housed as at December 2014. Most of the Housing First services had been operational for less than three years and some for much shorter periods, which meant assessment of long-term effectiveness was not yet possible. Fifty-nine service users had been successfully housed for one year or more by five of the Housing First services (74% of their current service users).
- There was evidence of improvements in mental and physical health among Housing First service users. Of the 60 people completing outcomes forms, 26 (43%) reported 'very bad or bad' physical health a year before using Housing First, this fell to 17 (28%) when asked about current health. Thirty-one (52%) of the same group reported 'bad or very bad' mental health a year before using Housing First, falling to 11 people (18%) when asked about current mental health.

- There was some evidence of reductions in drug and alcohol use. Among the group of 60 service users completing outcomes forms, 71% reported they would 'drink until they felt drunk' a year prior to using Housing First, falling to 56% when asked about current behaviour. When asked about illegal drug use, 66% of the same group reported drug use a year prior to using Housing First, falling to 53% when asked about current behaviour. The in-depth interviews with 23 service users found some progress away from drug and alcohol use, but also some evidence that this pattern was uneven.
- There was some positive evidence around social integration with neighbourhoods and with re-establishing links with family. Among the 60 service users who anonymously shared outcomes data with the research team, 21 (25%) reported monthly, weekly or daily contact with family a year prior to using Housing First, rising to 30 (50%) when asked about current contact.
- Anti-social behaviour appeared to have fallen. Of the 60 service users supplying outcomes data, 78% reported involvement in anti-social behaviour a year prior to using Housing First, compared to 53% when asked about current behaviour.
- Gains in health, mental health, social integration, drug and alcohol use and levels of anti-social behaviour were not uniform. There was also the possibility of deterioration in mental and physical health. However, there was no evidence of *increases* in drug or alcohol use, or anti-social behaviour, since engaging with Housing First.
- Service user views of Housing First, based on the 23 in-depth interviews, were often positive. Service users saw the freedom, choice and sense of security from having their own home as the key strengths of Housing First. Service users also valued the open-ended, intensive and flexible support they were offered. Service providers shared these views about what made the Housing First approach effective.
- Indicative costs shared with the research team illustrated the potential for Housing First services to save money. The Housing First services cost between £26 and £40 an hour (approximate figures). Assuming that someone using a Housing First service would otherwise be accommodated in high intensity supported housing, potential annual savings ranged between £4,794 and £3,048 per person in support costs (approximate figures). There was also the potential for reductions in use of emergency medical services and lessening contact with the criminal justice system. Housing First could deliver potential overall savings in public expenditure that could be in excess of £15,000 per person per annum (approximate figures).

- There are strong arguments for exploring the potential of Housing First as a more *cost effective* approach to long-term and recurrent homelessness. However, Housing First is not a 'low cost' option as it is a relatively intensive service offering open-ended support.
- The evidence of this research, indicating that Housing First in England can replicate the successes seen in North America and Europe, strongly suggests that there should be further experimentation with Housing First across the UK. Housing First services were successfully engaging with long-term homeless people with often very high support needs, delivering housing sustainment and showing progress in improving health, well-being and social integration. There was also potential for Housing First services to reduce some costs.
- Housing First is not a panacea and it is not the case that Housing First should simply replace existing homelessness services, as there are other ways in which long-term homelessness can be reduced. Homelessness also exists in many forms, only some of which Housing First is designed to end.
- There is the potential to use Housing First in new ways, for example exploring use for specific groups of homeless people, such as women and young people with high support needs. Equally, Housing First might be used as a preventative model, targeted on vulnerable individuals who are assessed at heightened risk of long-term homelessness. Experiments with preventative use had occurred in Brighton and Hove.
- The Housing First services which this report examined were often in a precarious position, as their funding was often both short term and insecure. Two services were threatened with immediate closure during the course of the research, three more, at the time of writing are scheduled to close. Contracts were sometimes as short as six months in duration. Current commissioning practice does not provide the consistency and duration of funding that Housing First services, which are an open-ended support model, require. There is scope to explore the use of health and social care commissioning as a way to sustain these services, which was being explored in Brighton and Hove. However, there is also a need to enhance the evidence base to a clinical standard of proof, if health commissioners are to engage with supporting Housing First services.

1 Introduction

About the Research

The Goals of the Research

This report presents the results of an evaluation of nine Housing First projects undertaken between July 2014 and January 2015. The evaluation was designed to explore the effectiveness and possible future role of Housing First in England.

The evaluation explored whether Housing First is an effective alternative to accommodation based services [i] and low intensity floating support [ii] in reducing long-term and recurrent homelessness. The key features of an efficient, effective, sustainable Housing First model for England were examined. This meant that the evaluation was concerned with the extent to which Housing First services were able to deliver a settled home and improve health, well-being and social integration for long-term and repeatedly homeless people.

The evaluation also explored the comparative costs of Housing First. In the current policy context, a service model such as Housing First may need to show that it is comparably cost effective in order to receive support from policymakers and service commissioners.

The research was also designed to explore how a service model that was pioneered and refined in the USA, fits with existing British practice. There are some differences, for example, between a North American "client-led" approach and some British approaches to service delivery, such as personalisation, which actually gives service users more direct control over their lives[iii]. Concerns have been raised by homelessness service providers in France[1] and Ireland[2] that Housing First is being introduced on the basis of North American evidence, without sufficient consideration of the effectiveness of existing homelessness services.

Methods

Some practical issues influenced how the research could be conducted. Some of the nine Housing First services had been operational for years, others for

[i] i.e. homeless hostels and supported housing.
[ii] i.e. tenancy sustainment services and floating support services using low intensity case management (including time-limited services).
[iii] http://www.sitra.org/policy-good-practice/personalisation/

less than one year. This made direct comparison difficult because the nine Housing First services were at different points of development. It was not possible to explore long-term outcomes because even the longest running of the nine services had only been fully operational for a few years at most.

The research was resourced to provide approximately five weeks of researcher time within a six-month timetable running from late July 2014 to January 2015. Available resources for the research meant it was only possible to visit each of the nine Housing First projects once. It was not possible to employ an experimental or quasi-experimental method [iv], i.e. directly comparing outcomes between Housing First and other homelessness services. Time constraints also meant it was not possible to employ a longitudinal observational approach that would have allowed tracking of outcomes for Housing First service users over time. The research comprised three main elements:

- Contrasting English Housing First services with the Housing First services developed in other countries was important. The reason for doing this was to establish the extent to which English services actually reflected philosophy and practice elsewhere. Testing the effectiveness of Housing First in England had to begin by ensuring that a Housing First approach was indeed being used[3].
- The research team undertook in-depth interviews with service users. Clearly, if long-term and repeated homelessness was to be reduced by Housing First, views on the effectiveness of the approach had to be gathered from the people for whom it was intended.
- Resources were only available for one round of data collection using a cross-sectional approach, but it was important to try to gather statistical information on the outcomes being achieved by the nine Housing First services. Service users and providers were asked to complete anonymised outcomes forms for this purpose.
- Understanding the context in which the Housing First services was essential to interpreting outcomes and to this end a focus group with the staff teams providing Housing First was conducted in each of the nine services.
- It was very important to try to establish whether Housing First services represented a cost effective approach. Part of this centred on the successes that Housing First was able to achieve in terms of housing

[iv] i.e. randomised control trial (RCT) or comparison group methodology.

sustainment, health and well-being and social integration. It was also important to determine the relative financial costs of Housing First.

The research began by asking each of the nine services to complete a 'common point of comparison' questionnaire. This questionnaire aimed to establish how close to international versions of Housing First the nine services were and whether, and to what extent, they might differ from one another.

The research team referred to the *Pathways Housing First Fidelity Scale* (ICM version) and the *PSH Self Assessment* developed by the University of Pennsylvania in developing the common point of comparison questionnaire. The former was developed by the pioneering - arguably the archetypical - Housing First service that began operation in New York in 1992[4]. The PSH (Permanent Supportive Housing) Self Assessment, by contrast, was developed to explore how a range of different homelessness services were operating and performing, and was used to help develop a wider framework within which to categorise the nine services[5]. European reviews of the evidence base for Housing First[6], North American research[7] and the Canadian national guidance on Housing First were also referred to[8].

The research team sought to interview three service users from each of the nine Housing First projects being evaluated. A £10 cash incentive was offered, which was paid immediately on meeting the respondent. This approach was adopted in part because there were only sufficient resources to allow for a single visit to each of the nine Housing First services. In total, 23 interviews were achieved, equivalent to 16% of current service users[v]. During three of the visits to Housing First services, four service users made themselves available and all were interviewed. The procedures for conducting the interviews were reviewed by the Ethics Committee for the Department of Social Policy and Social Work at the University of York.

The nine Housing First services were asked to complete outcomes forms, i.e. a questionnaire, centred on health and well-being, housing sustainment and social integration for every service user they were working with. As a longitudinal study was not possible, the outcomes forms relied on measuring outcomes from the perspective of service users. The form was designed to be administered by a support worker from the Housing First service with whom each respondent was familiar. Responses were anonymised before they were

[v] See Chapter 3.

sent to the research team. The Ethics Committee of the Department of Social Policy and Social Work at the University of York reviewed the process of data collection. It was possible that people who were interviewed by the research team also completed outcomes forms.

There were some methodological concerns with using this approach. There was reliance on memory among research subjects and service providers oversaw some data collection about outcomes. As the questionnaire was to be administered by the service providers, it did *not* include direct questions on what long-term and recurrently homeless people thought about the Housing First services, focusing instead on housing, health and social integration. Anonymised data were collected from 60 people using the nine Housing First services, equivalent to 42% of all service users who were engaged with the Housing First services[vi]. At least some responses were received from all nine services, but this data did not necessarily constitute a representative sample of service users across all nine Housing First services[vii].

Focus groups were conducted with the staff teams in all the Housing First services. These groups were primarily designed to understand the context within which each service was operating. As noted, this was to help control for variations in context that might influence service outcomes.

The resources available for this research did not allow for a systematic analysis of cost effectiveness, but it was nevertheless possible to move beyond crude comparisons. Some American comparisons of the cost of Housing First services have contrasted the 'cost per night' of Housing First with someone staying in emergency shelters, in prison or in psychiatric hospital. Such comparisons are of limited utility because they do not cover all costs. Cost comparisons therefore centred on comparing Housing First, which is designed to handle the entire process of resettlement, with 'treatment as usual', i.e. the entire process of resettlement for long-term homeless people which might include outreach services, supported housing and low intensity floating support for tenancy sustainment. This approach was influenced by American and Australian methodologies[9].

[vi] The total number of service users at the point data collection took place was 139. Some challenges can exist in collecting data from formerly long-term and recurrently homeless people with high support needs, and service users were of course informed that they were entirely free to refuse to participate if they did not want to.

[vii] Four responses were received from Bench Outreach, 12 responses were received from Brighter Futures, 7 from CRI Brighton, 11 from Changing Lives, 8 from the two SHP services, 8 from St Mungo's Broadway, 7 from Stonepillow and 3 from Thames Reach (See Chapter 3).

To explore costs, local authority commissioners and the nine Housing First services, were asked to provide support costs for the services they commissioned and provided. In a context where commissioning of services is commercially sensitive, it was not possible to use the exact costs which were shared with the research team. However, the service providers and service commissioners agreed to the research team using approximate costs to explore cost effectiveness.

The Report

The next chapter briefly reviews the evidence base of Housing First and discusses the differences emerging between European practice and the original American projects. This chapter provides the wider international context in which the research results should be seen and acts as an introduction to Chapter 3, which describes and defines the nine English Housing First services explored by this report. Chapter 4 focuses on outcomes, looking in detail at housing sustainment, health and well-being (including mental health and drug and alcohol use), social integration (including economic activity, community participation and social networks, i.e. friends and family) and also explores the views of service users and providers on Housing First. Chapter 5 is focused on the comparative cost effectiveness of Housing First and explores the cost of the Housing First services versus 'treatment as usual'. Chapter 6 is a discussion of the possibilities and practicalities of using Housing First at a strategic level.

2 Housing First

Introduction

This chapter briefly describes the evidence base for Housing First. The chapter moves on to discuss the different forms of Housing First and suggests that a working definition of Housing First, centred on a shared core philosophy, is emerging.

The Global Evidence Base

The global evidence base for Housing First is now extensive[10]. The US Federal government defines Housing First as an 'evidence based' approach based on the extensive research conducted in the USA, although key criticisms of Housing First have also been developed in America[11]. An experimental evaluation of the *At Home/Chez Soi* Housing First programme in Canada is producing important data on the effectiveness of Housing First[12]. In France, Housing First pilots in Paris, Marseille, Toulouse, and Lille, which are part of the *Un Chez-Soi d'abord* programme, are evaluated using a randomised control trial[13]. The recent *Housing First Europe*[14] study drew on observational evaluations of Housing First services in Amsterdam, Copenhagen, Glasgow and Lisbon[viii]. During 2012-2013, a small-scale Housing First pilot in the London Borough of Camden was also found to be delivering good results[15].

This evidence shows that Housing First ends long-term and recurrent rough sleeping (street homelessness) associated with high support needs. Housing First has also been successful in housing the population of long-term homeless people who can get caught in a 'revolving door'. This 'revolving door' group of long-term homeless people are repeatedly resident in shelters, hostels or short-term supported housing for prolonged periods, but are evicted, leave, or are unsuited to these services for various reasons, and are consequently never housed. Housing First services typically rehouse between eight and nine out of every ten long-term and recurrently homeless people they work with. This is a higher success rate than for most other homelessness services targeted at this group[16].

This success in ending long-term and repeated homelessness has blunted some of the criticism that has been directed at Housing First. Accusations that Housing First services appeared successful because they were 'cherry picking'

[viii] The study also included a homeless service in Budapest that was found to fall outside the definition of a Housing First service.

relatively easy to house individuals have faded in the face of evidence of widespread success with housing high need, long-term homeless individuals in several countries[17].

Other criticisms, again originating in the USA, are less easily countered. Housing First has been accused of delivering less than other homelessness services, as although there is strong evidence of housing sustainment, gains in health, well-being and social integration are more uneven[18]. In the US context too, variations in Housing First services have been criticised, arguing that it is not clear that the many reports of Housing First 'success' are all actually talking about the same type of service[19].

There is some evidence, that once housed by a Housing First service, formerly homeless people do experience gains in health and well-being, reductions in drug and alcohol use and increased social integration[20]. However, it is also fair to say that these gains are not uniform and that Housing First is not universally successful. The global evidence base indicates that Housing First services may not be able to engage successfully with between approximately 5%-20% of long-term and repeatedly homeless people with high support needs[21].

Once someone has a secure home, it is argued by advocates of Housing First, improvements in health, well-being and social integration will then start to occur. However, criticism has been directed at the lack of clear explanation, or evidence of a consistent process, by which a settled home supposedly becomes a catalyst for gains in health and social integration[22].

There is growing evidence that adherence to a core philosophy, centred on key ideas from the pioneering Housing First services, delivers real effectiveness in reducing long-term and recurrent homelessness. This philosophy centres on how the people using Housing First services are viewed, the level of empowerment and choice they are given and a flexible, non-judgemental, open-ended provision of support within a harm reduction framework[23]

Defining Housing First

A recent Australian review argued that Housing First could not, realistically, be used in the same form in every country because there are too many

differences in context[24]. European reviews of Housing First have reached the same conclusions[25].

The origin of Housing First as a global phenomenon and a key reference point for all Housing First services is the *Pathways to Housing* organisation. Pathways established the first real example of a Housing First service in New York in 1992[26]. The Pathways model was initially targeted specifically on homeless people with a severe mental illness and was itself based on a supported housing model developed for people leaving long stay psychiatric hospital[27]. Pathways was highly influential in the design of both the Canadian *At Home/Chez Soi* and the French *Un Chez-Soi d'abord* national Housing First programmes. The core philosophy of Pathways is as follows[28]:

- Immediate housing, without any requirement to show capacity to be able to live independently (to be 'housing ready') before housing is provided. The term 'Housing First' comes from this aspect of the model.
- Provision of support through floating (mobile) support teams visiting individuals in their own homes. Two models of support are used. Intensive Case Management (ICM) uses a case management model alongside direct practical housing related support to assemble a support package involving several service providers. Assertive Community Treatment (ACT) is an entire health and social care system in miniature, with a team of specialists working for Pathways to Housing, who provide psychiatric, drug and alcohol and medical services. Peer support is also integrated into the model, with specialists also working to enhance social supports (personal relationships) and economic inclusion for clients.
- Housing is regarded as a basic human right.
- Respect, warmth and compassion for all clients. A 'client' is a long-term/recurrently homeless person using the service.
- A commitment to working with clients for as long as they need. Importantly, Housing First contains a commitment to remain engaged with someone even if they (repeatedly) lose their housing. For example, if someone is arrested and faces short-term imprisonment or is admitted into psychiatric hospital, the Housing First service will *remain* engaged with that person. However, there is an assumption that some clients will eventually 'graduate' from Housing First and live entirely independently[29].

- Scattered site housing, independent apartments (that clients should live in the community in ordinary apartments, not be grouped together within apartment blocks or all housed in a single building). The Pathways approach generally uses private rented sector housing, with clients being given a lease, i.e. not a full tenancy. Pathways to Housing itself holds the tenancy, this allows for rapid movement into alternative housing if needed and may reassure private landlords, but also means that service users do not have the same housing rights as another citizen who is renting a home.
- Separation of housing and services. This means service users do not have to receive psychiatric or drug/alcohol treatment if they choose not to. Neither their access to housing, nor their retention of that housing will be affected if they refuse these services. However, this 'separation' of housing and services is not total. Service users have to agree to a weekly visit from Pathways to Housing staff. Pathways to Housing also exercise financial controls over service users, effectively managing their bank accounts to ensure rent and utilities bills are paid.
- Consumer choice and self-determination. Broadly speaking, this reflects the personalisation approach to service delivery, i.e. the package of support that an individual receives is something that they determine for themselves with the help of Housing First frontline staff. However, the Pathways approach exercises significantly more control over client choice than would be the case for a British service following a personalisation approach.
- A harm reduction approach is employed in relation to problematic drug and alcohol use. The primary goal is the reduction of alcohol and drug related harm rather than immediately stopping use, though the ultimate goal is to reduce or possibly stop use[30].

Pathways to Housing has been criticised for not following through on the logic it supposedly advances. While the human rights of formerly homeless people using the service are supposedly emphasised, they are not permitted full housing rights, are subject to financial controls and, arguably, still ultimately expected to modify their behaviour to conform with social norms[31].

Subsequent definitions and approaches to Housing First differ from the Pathways approach in two key areas. These two areas are *where and how* service users are housed and the *means* by which they are supported.

Finland's national homelessness strategy, which has reduced long-term homelessness by 25%,[32] is centred on what can be seen as a Housing First

approach. However, there are a number of differences between the Finnish and Pathways definitions of Housing First[33]:

- Housing is sometimes provided in large, dedicated apartment blocks, in which only people who have experience of long-term and recurrent homelessness using Housing First services are housed.
- Each individual in a communal Housing First service holds their own permanent tenancy and can remain in their apartment indefinitely. Someone can move from communal Housing First service into ordinary housing, but there is no expectation that any service users will 'graduate' into ordinary housing, or no longer require support.
- Support staff are on site in communal models of Housing First.
- There is no expectation that someone using communal Housing First must always agree to a weekly formal meeting with a worker, although fairly regular contact is maintained to ensure well-being. No financial controls are exercised over individuals using communal Housing First.
- A case management model is used to provide support in communal Housing First, creating packages of necessary services through joint working with other service providers.

Communal Housing First services have been criticised for potentially undermining promotion of social integration, because they are physically separated from the neighbourhoods in which they are located[34]. In Denmark, outcomes for communal services were not as good as for scattered Housing First, though both sets of services were still relatively successful[35]. This question is not yet resolved. Some evidence from Finland suggests that social integration can be promoted in communal versions of Housing First[36]. Some British experience suggests that using scattered housing for vulnerable people can sometimes produce negative effects, including isolation and even persecution by neighbours[37]. The use of communal or congregate models of Housing First, using a single apartment block is also quite widespread in the USA[38].

Other European models, using scattered ordinary housing, can also differ in how they operationalise Housing First[39]:

- Services may only use case management, e.g. psychiatric, drug/alcohol, medical and other services are provided through joint working.
- Some services may only use social housing.
- Individuals hold a full tenancy for their apartment or house. There is no expectation they will eventually move on.

Another point of variation is the extent to which peer support is provided by Housing First. Some Housing First services use a dedicated peer support worker who has been long-term homeless (in Finland this is called an 'expert by experience'). Other Housing First services employ people as support workers who have direct experience of long-term homelessness, while some only use informal peer support or do not use peer support at all. Housing First services can also vary considerably in size, in the extent to which they may exercise some financial control over service users and in whether set meetings with support staff are required.

Reviewing the existing evidence, it is possible to argue that Housing First services that follow a shared core *philosophy* tend to be successful in ending long-term and repeated homelessness. This core philosophy can be summarised as follows[40]:

- Offer permanent housing with security of tenure.
- Enable real choice for service users over all aspects of their lives, using a personalisation framework or an equivalent client-led approach.
- A clear focus on long-term and recurrently homeless people with high support needs.
- Using a harm reduction framework.
- Offer *open-ended*, not time restricted, access to *intensive* support with no expectation that support needs will necessarily fall steadily, or that any individual using Housing First might cease to require support.
- Separation of housing and care, i.e. access to, and retention of, housing is not conditional on treatment compliance.

The original Pathways model set requirements for regular meetings with workers, provided leases rather than full tenancies and exercised financial controls over the individuals it supported, to ensure rent was paid. Some evidence suggests that these elements may actually not be necessary in delivering an effective Housing First service, i.e. that full tenancy rights can be granted, there may be no need to exercise financial controls or, necessarily, to require meetings with staff at set points in time.

3 The Nine Housing First Services

Introduction

This chapter describes the nine Housing First projects evaluated by this research. The first section summarises the operation of the services. The chapter then compares how the nine projects were targeted, how they provided housing and how the support they offered was delivered. The chapter concludes by summarising the key similarities and differences between the nine Housing First projects.

The Housing First Services

Table 3.1 summarises the basic operation of the nine English Housing First services that took part in this research. In total, the services were working with 143 formerly homeless people as at the start of November 2014. Changing Lives Housing First, which operated in Newcastle Upon Tyne, had the most service users, 34 in total, while both the SHP service in the London Borough of Redbridge and the CRI Housing First service in Brighton and Hove were the smallest, with eight service users each.

Five services were operating in London, two being focused on specific boroughs (Lewisham and Redbridge). There were also services in the North East (Newcastle upon Tyne), the Midlands (Stoke-on-Trent) and on the South Coast (Brighton and Hove and in West Sussex). None of the Housing First services were in rural areas, although the West Sussex project run by Stonepillow was not in the midst of a major city or conurbation.

As can be seen from Table 3.1, several of the Housing First services had only recently begun operation. Collectively, the nine Housing First services examined by this report were still quite young services in 2014.

Table 3.1: The Nine Housing First Services

Name of Service	Area of Operation	Date started operating	Number of service users @ November 2014	Types of housing used	Types of support provided
Bench Outreach Housing First	London Borough of Lewisham	January 2014	15	Local Authority	Case management
Brighter Futures Housing First	Stoke-on-Trent City Council	2009[1]	25	Housing Association, Private rented sector, Local Authority	Case management
CRI Housing First Brighton	Brighton and Hove City Council	September 2013	8	Housing Association, Local Authority	Case management
Changing Lives	Newcastle upon Tyne City Council	March 2012	34	Private rented sector, Local Authority	Case management
SHP Housing First GLA	Greater London Authority	February 2012	17	Housing Association	Case management
SHP Housing First Redbridge	London Borough of Redbridge	March 2013	8	Private rented sector, Local Authority	Case management
St Mungo's Broadway Housing First	Greater London Authority	February 2012	13	Housing Association, Local Authority	Case management
Stonepillow Housing First	West Sussex	March 2014	10	Short term Housing Association HMO	Case management
Thames Reach Housing First	Greater London Authority	April 2012	13	Housing Association, Private rented sector	Case management

1. Initial experiments with a Housing First model began during 2009, the service only expanded more recently.

The Focus of the Housing First Services

All nine services were specifically targeted on people with sustained and recurrent experience of homelessness who also had high and complex support needs. This included two main groups:

- People with sustained or recurrent experience of living rough. This included people whose experience of living rough extended over several years or more.
- People who had spent significant time – often years - on an ongoing or recurrent basis, in supported housing for homeless people, homeless hostels or transitional housing but who had not been successfully rehoused.

The people with whom the nine Housing First services worked all had unique characteristics, needs and experiences. However, all nine Housing First services were working with people who presented with several of the following support needs:

- Severe mental illness and mental health problems.
- Problematic drug and alcohol use.
- Poor physical health, including limiting illness.
- Physical disabilities.
- High rates of experience of contact with the criminal justice system.
- Sustained experience of worklessness.
- Limited educational attainment.
- Poor social supports i.e. lack of friendships, a partner and contact with family members.
- Showing challenging behaviour.
- A learning difficulty.

A number of the Housing First services had been specifically commissioned to target long-term rough sleepers. In London, this included people who were identified in the CHAIN database as 'entrenched' rough sleepers[ix]. All nine services focused on people with high support needs with sustained and recurrent experience of homelessness. There were widespread reports that the Housing First services were often engaging with 'well known' service users whose homelessness had not been resolved despite sustained contact with existing homelessness services.

[ix] http://www.broadwaylondon.org/CHAIN.html

All the Housing First services were prepared to work with the following groups:

- People exhibiting anti-social behaviour.
- People presenting with problematic drug/alcohol use.
- People with a criminal record.
- People not receiving treatment for current mental health problems.
- People with a history of rent arrears.
- People with a history of arson.

All the Housing First services conducted assessments. If an individual was thought to present too much of a physical threat to staff or as too ill to be realistically able to live independently, the services would not work with them. Equally, however, these assessment processes were designed to *ensure* that someone was a long-term or recurrently homeless person with high and complex needs, because this was the target client group of the nine Housing First services.

Table 3.2 shows the proportion of women using the nine Housing First services as at November 2014. Overall, women represented just over one quarter of service users (27%). Women have been appearing at higher rates among the long-term and recurrently homelessness populations since the 1990s[41] and this appears to be reflected in the pattern of service use shown below. Only one of the nine services had no women service users during the period when the research was conducted.

Table 3.2: Women using the nine Housing First services

Name of Service	Women	As percentage	Total
Bench Outreach Housing First	4	27%	15
Brighter Futures Housing First	7	28%	25
CRI Housing First Brighton	2	25%	8
Changing Lives	14	41%	34
SHP Housing First GLA	5	29%	17
SHP Housing First Redbridge	0	0%	8
St Mungo's Broadway Housing First	3	23%	13
Stonepillow Housing First	1	10%	10
Thames Reach Housing First	2	15%	13
All	38	27%	143

The Housing First service users were ethnically diverse, but that diversity tended to reflect where the service was located. Thus London services were

more likely to be supporting people who were Black British or Asian British than the services located elsewhere.

Housing Provision

Table 3.3 summarises the range of housing that the nine services offered. There was considerable variation between the Housing First services in how they were able to arrange access to housing. The three Greater London Authority projects had access to the Clearing House[x], a system designed to provide rapid access to social housing for people who were verified as being recurrent or sustained rough sleepers. The social housing provided through the Clearing House offered security of tenure – a two-year assured shorthold tenancy - but renewal was *conditional* on ongoing support needs. This meant that, if someone's support needs fell, they could theoretically be asked to move on from housing provided via the Clearing House.

Other services had their own specific arrangements, for example Bench Outreach had developed a close working relationship with the London Borough of Lewisham and secured access to council owned social housing. In other cases, for example Changing Lives in Newcastle and SHP in Redbridge, reliance on the private rented sector was high, which again meant that security of tenure was potentially more limited.

One service, Stonepillow, which was based in West Sussex, was delivering support within a shared house, offering *temporary* accommodation, which it operated as a social landlord. This was a hybrid model, heavily influenced by Housing First, but using a two-stage approach to housing sustainment, the first part of which was the stay in temporary accommodation. Once someone moved out from the temporary accommodation, support followed them, at which point the approach began to resemble Housing First more closely. Another service, Changing Lives in Newcastle, made some use of ordinary housing in which service users were neighbours, i.e. lived in the same street or in the same apartment block, though it also employed scattered housing.

[x] http://www.clearinghouseonline.org.uk/

Table 3.3: Housing Provision for the Nine Housing First Services

Name of Service	Housing Association Assured Tenancy (Permanent)	Local Authority Secure Tenancy (Permanent)	Private Rented Sector Assured Shorthold Tenancy (Secure)	Local Authority Probationary Tenancy	Temporary accommodation
Bench Outreach Housing First	Yes[1]	No[2]	No	Yes	Yes[3]
Brighter Futures Housing First	Yes	No	Yes	Yes	No
CRI Housing First Brighton	Yes	Yes	No	No	Yes[3]
Changing Lives	Yes	No	Yes	No	No
SHP Housing First GLA	Yes[4]	No	No	No	No
SHP Housing First Redbridge	Yes	No	Yes	No	No
St Mungo's Broadway Housing First	Yes[4]	No	No	Yes	No
Stonepillow Housing First	No	No	Yes	No	Yes[5]
Thames Reach Housing First	Yes[4]	No	Yes	No	Yes[3]

1) Also Housing First starter tenancies 2) No service users were yet in a secure local authority tenancy, but some were in probationary tenancies which would become secure after one year 3) While awaiting housing 4) Two-year shorthold tenancies, renewable subject to ongoing support needs. 5) Residence in temporary accommodation was required prior to provision of an independent tenancy.

Eight of the services[xi] reported that their service users could exercise some choice about where they lived. In several cases, service users could refuse between one and three offers of housing and could inspect housing before they took a decision to move into it. In most cases, the Housing First services

[xi] Not applicable in the case of the Stonepillow service.

also allowed service users to wait until a suitable home became available, without setting a specific time limit by which they had to accept a housing offer.

The services did not, generally, provide furnished housing, although all had arrangements in place to help service users to secure furniture, kitchen essentials such as cookers and fridges and televisions. The Thames Reach GLA service did provide furniture and the St Mungo's Broadway service provided personal budgets to service users that could be used to buy furniture. The temporary accommodation provided by Stonepillow was also furnished. Brighter Futures could also provide furnished housing.

Support Provided

All nine services provided the following forms of support:

- Case management.
- Help with developing social supports and community participation.
- Practical support e.g. managing a home, budgeting.
- Help with accessing education, training, volunteering and paid work.
- Emotional support.

External service providers, arranged via case management, provided the following services:

- Psychiatric and community mental health services.
- Medical services.
- Personal care services.
- Drug and alcohol services.
- Education, training and employment related services.
- Community participation events and services.
- Support with gender based violence/domestic violence issues.
- Additional practical and emotional support, as appropriate.

The use of peer support varied. The Changing Lives service in Newcastle had a paid peer support worker as part of the support team and some staff had lived experiences like those of the service users, with CRI in Brighton also following this approach. Overall, four of the nine services had dedicated peer support workers in place and/or recruited staff who had shared experiences with the service users. Two of the nine projects had no specific arrangements

around peer support and the remaining three encouraged informal peer support.

Eight of the Housing First services all reported the following about their support services:

- If someone has a severe mental illness or mental health problems, the service can arrange access to treatment as requested, but there is no requirement to accept treatment in order to continue living in the housing provided or to access support from the Housing First service.
- If someone has ongoing problematic drug/alcohol use the service can arrange access to treatment as requested, but there is no requirement to accept treatment in order to continue living in the housing provided or to access support from the Housing First service.
- A harm reduction approach is taken to drug and alcohol use. There is no requirement for abstinence in order to continue living in the housing provided or to access support from the Housing First service.

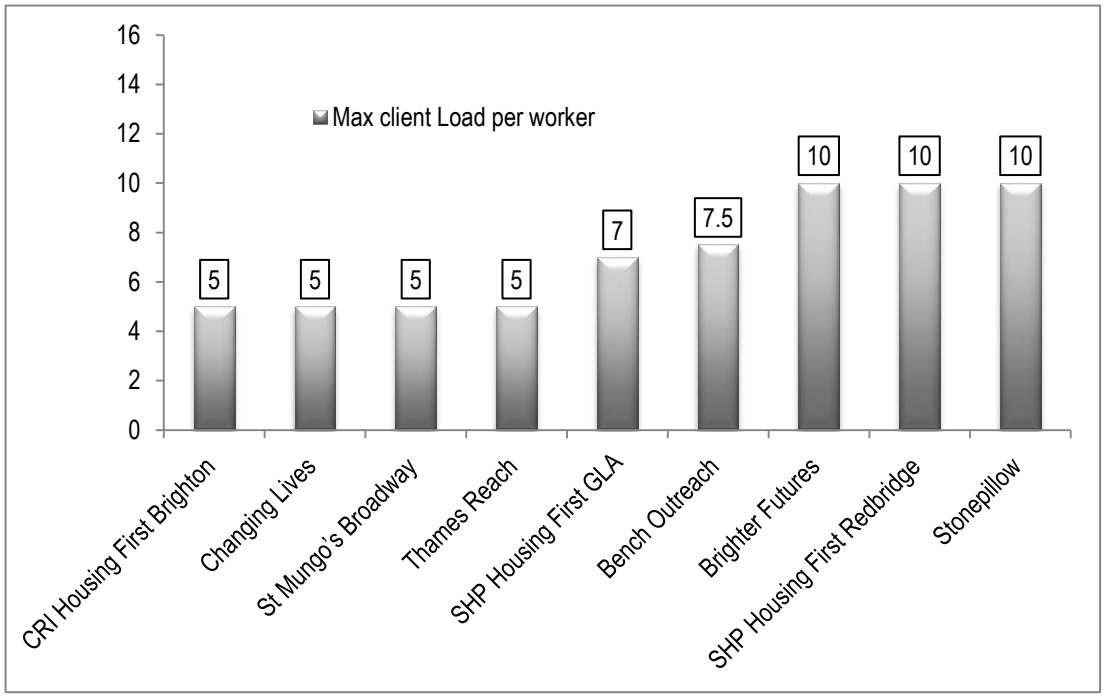
While Stonepillow operated in the same way as the others in relation to problematic drug/alcohol use, it differed in relation to mental health problems. Acceptance of treatment for mental health problems was a condition of receiving support, again showing some differences with a Housing First approach.

The UK tends to use accommodation-based services for lone homeless people, such as hostels and supported housing, but there is also quite widespread use of floating support. Resettlement and tenancy sustainment services for homeless people, like Housing First, work by placing someone in their own home in the first instance and then providing support. Unlike Housing First, these services are low intensity and the main emphasis is on case management[42]. There are some examples of 'intensive' versions of these services, such as the Tenancy Sustainment Teams used in the final stages of the Rough Sleepers Initiative in London, which mirror Housing First in many respects[43]. For the most part the nine services appear to have drawn on these existing approaches when developing support services, none followed a formal approach based on mental health service practice, such as Intensive Case Management (ICM)[44].

Figure 3.1 summarises the maximum number of service users that could be assigned to a single member of support staff in each Housing First service. It is important to place these figures in a broader context, as by British

standards for homelessness services, workers might typically expect to see client loads of 25, 30 or more[45]. By contrast, none of the nine Housing First services had a client load of more than 10 service users per worker.

Figure 3.1: Maximum Client Load per Worker in the Housing First Services



Some models of Housing First set specific requirements about the level of contact between support workers and the people using the service (see Chapter 2). All nine Housing First services reported that the frequency of meetings between support workers and service users was 'determined by service users' or 'agreed between service users and staff members'. This approach reflects practice in some European models of Housing First, which take a similarly flexible attitude (see Chapter 2).

In the provision of support services, all nine Housing First services were close to the core philosophy of Housing First approach described in Chapter 2. From a British perspective, all reflected the personalisation agenda in how they operated. SITRA defines the personalisation in homelessness and other housing related support services in the following terms:

> *Personalisation means individuals having maximum choice and control over the public services they require - moving from the culture of 'one size fits all' to tailoring support to meet individuals' aspirations and build on their strengths.* [46]

Comparison with Other Housing First Services

Housing First can be a relatively large scale and also relatively expensive service. Some of the pioneering American examples, for example, include full Assertive Community Treatment (ACT) teams and there are similar, highly resourced examples in Canada, Denmark and France. Communal and congregate models of Housing First, using dedicated buildings that provide housing with on-site support, as used in Finland, can have high capital costs associated with converting or developing the purpose-built housing (see Chapter 2).

The Housing First services discussed in this report were, by contrast, relatively small and relatively low cost. Using case management based approaches and for the most part ordinary rented housing kept their resource needs comparably low.

The English services evaluated by this research were in most respects adhering to the core philosophy of Housing First, one was not, but was nevertheless very heavily influenced by Housing First in how it operated. The English services looked similar to some of the 'Europeanised' versions of Housing First, but were less closely related to the pioneer US services in the detail of their operation (see Chapter 2).

4 Outcomes

Introduction

This chapter of the report looks at three key sets of outcomes for the nine Housing First services. After first considering housing sustainment, the chapter then moves on to explore health and well-being, including physical and mental health and issues around problematic drug/alcohol use. The chapter then considers the outcomes achieved in relation to social integration, that is, participation in economic, community and a personal life. The Chapter concludes with an overview of the views of the service users and service providers on the Housing First approach.

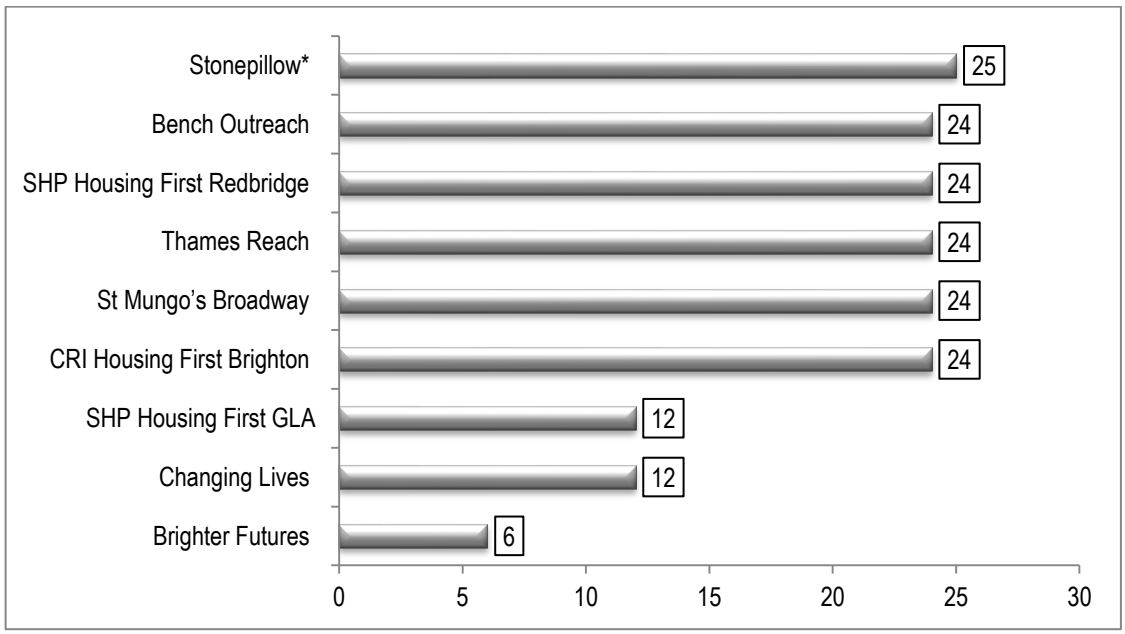
Housing Sustainment

Rates of Housing Sustainment

Four out of the five Housing First services in London reported that it typically took between 12-24 weeks to house someone using the Housing First service. One London project, the Greater London Authority service run by SHP, reported a shorter timeframe of 6-12 weeks, which was also reported by the Changing Lives Newcastle service. Brighter Futures in Stoke reported the shortest amount of time at six weeks. The Stonepillow service in West Sussex reported the longest period, typically more than 24 weeks, but this service employed a stay of several weeks in temporary supported housing, prior to moving someone into ordinary scattered housing (see Chapter 3). The maximum typical time required for rehousing that the Housing First services reported is summarised in Figure 4.1.

In most cases, service users faced something of a wait before they were housed. Operationally, perhaps because the services were all in contexts where there was not a ready supply of affordable housing for lone adults, i.e. service users were very used to being told housing would take time to secure, this does not seem to have caused any significant problems. By London standards, four of the services operating in the capital had very rapid access to social housing.

Figure 4.1: Maximum Time Typically Taken to House a Service User (Weeks)



* Typically taking more than 24 weeks, Stonepillow required a stay in temporary accommodation (see Chapter 3)

Figure 4.2: Service Users Housed by Housing First Services as at December 2014

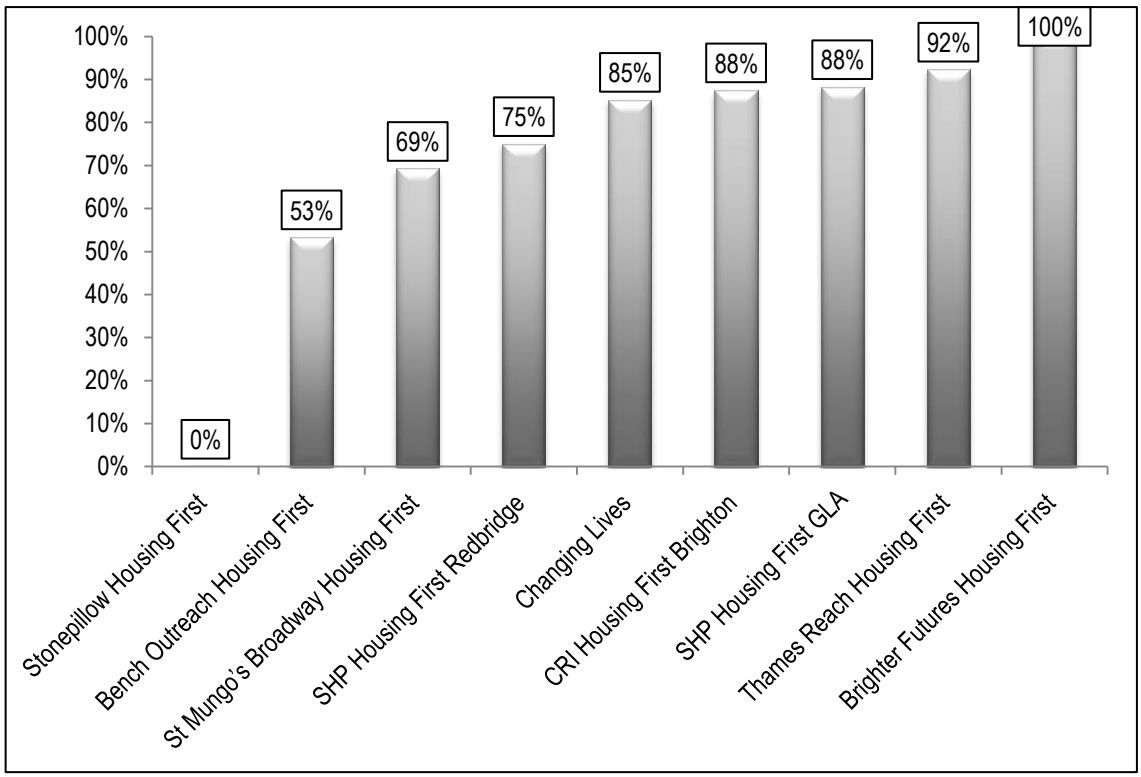


Figure 4.2 shows the proportion of their current service users that the nine Housing First projects had housed, as at December 2014. Overall, 111 of the 143 current service users were housed by the Housing First services (78%). One service, Stonepillow, had not yet housed anyone at the point data were collected, and was using a hybrid approach rather than entirely following a

Housing First model (see Chapter 3). Without the Stonepillow service included, the rate of housing was 83%. Some of the services had not yet been operational for one year, but there was clear evidence of housing sustainment:

- Changing Lives had housed 30 service users for one year or more.
- CRI Brighton had housed four service users for one year or more.
- St Mungo's Broadway had housed eight service users for one year or more.
- The two SHP services had housed 17 service users for one year or more.
- Collectively, Changing Lives, CRI Brighton, St Mungo's Broadway and the two SHP services had a current client load of 80 in December 2014, i.e. 59 of their 80 current service users had been housed for one year or more (74%)[xii].

Some data were available from service users who shared information via the outcomes form. Seventy per cent were housed. Four people in a council tenancy had been with a Housing First service for an average of 17 months (median 14 months), another 23 in private rented sector housing had been with a Housing First service an average of nine months (median eight months) and 13 people in housing association tenancies had been with Housing First for an average of 29 months (median 31 months).

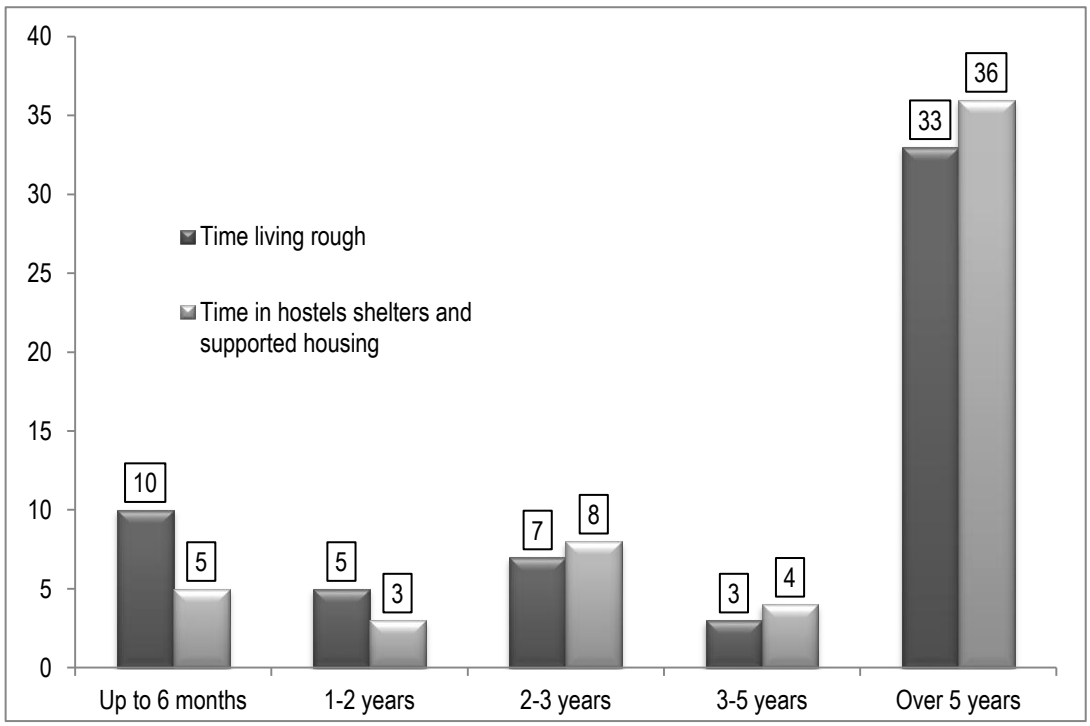
Previous Experiences of Homelessness among Service Users

There was evidence of sustained experience of homelessness among service users who completed an outcomes form (Figure 4.3.). Seventeen per cent

[xii] Figures were not available from Brighter Futures and Thames Reach.

reported having experienced living rough for a total of up to six months, a further 21% for a total of between one and three years, while 62% reported having total experiences of living rough lasting three years or more. Fourteen per cent reported they had lived in shelters, hostels and/or supported housing for totals of up to two years, with a further 21% reporting totals of two to five years. Strikingly, 60% reported having lived in these types of homelessness services for a total of five years or more.

Figure 4.3: Total Life Experiences of Homelessness Among Service Users (persons)



Source: Outcomes Forms, Base: 60 service users. Based on total life experience of these situations, i.e. may not refer to single, continual periods of living rough or in homelessness services.

In total, 27 of the 60 formerly long-term and recurrently homeless people who completed the outcomes form (45%) reported that they had been living in accommodation based services for more than five years and had *also* lived rough for five or more years. These figures were based on their estimated total experience of these situations, i.e. periods of living rough and in homelessness services may have been interspersed rather than continuous.

Among the service users who completed an outcomes form experience of homelessness was often much sustained. The 60 service users reported that they had been homeless for an estimated average of 14.7 years per person (median 14 years). Ten of the respondents were women, averaging 10.1 years of homelessness (median 8.5 years). Among the 50 male respondents, the

average was higher at 15.7 years (median 15 years). Experience of homelessness increased, as would be expected, with age, those over 50 reporting an average of 19.6 years of homelessness (median 20 years) while those aged 40-49 reported an average of 17.4 years (median 15). Figures were lower for those aged 30-39 (10.8 years average, 10.5 median) and under 30 (6 years average, 5 median)[xiii].

The respondents to the outcomes questionnaire also reported past histories of eviction. Fifty per cent reported that they had been subject to one or more evictions from a flat or house due to anti-social behaviour and 23% reported being evicted because of damage they had caused to a house or flat. Fifty-eight per cent reported a history of rent arrears and 28% reported being evicted from a house or flat due to rent arrears. Sixty-one percent also reported that they had been evicted from an accommodation-based homelessness service, i.e. a shelter, hostel or supported housing due to anti-social behaviour.

Views on Housing Outcomes

Rates of housing satisfaction tended to be quite high among those housed service users who had completed an outcomes form. As noted in Chapter 1, these data need to be treated as indicative because they were not a representative sample of all Housing First service users.

- 62% of service users who were housed reported they were "very satisfied" with their housing, with an additional 26% reporting they were "fairly satisfied". Only 13% reported they were dissatisfied with their housing[xiv].
- 80% reported that they felt safe in their homes, all or most of the time[xv].
- 89% reported they could "do what they want, when they want" in their home and 76% reported they could "get away from it all" in their home[xvi].

Service users who were interviewed by the research team also generally reported high satisfaction with housing[xvii]. A few of the people interviewed

[xiii] Nine of the 60 respondents were under 30, 14 aged 30-39, 19 were aged 40-49 and 17 were 50 or over (age data were missing for one respondent).
[xiv] Base: 39 respondents to the outcomes form who were housed at the point of data collection and answered the question.
[xv] Base: 39 respondents.
[xvi] Base: 39 respondents.
[xvii] In the case of the Stonepillow service, the accommodation in which service users were living was for the most part temporary.

were not satisfied with their housing, for reasons that could include the state of repair, area safety, heating and damp issues. However, most of this group also reported that Housing First provided help when there were issues with their housing.

> *I'm 43 now and I've never had my own place, so it's a first for me and I like it. Hopefully I don't mess up. I've got no intentions of getting in arrears.* Housing First service user (female)

> *I feel stable, because everywhere else I've been it was just like a flying visit sort of thing, if you know what I mean? Just go there, stay there for a little bit and move on to somewhere else, because I've never been in a place for a long time, and this is where I want... Well, something has kept me there, and I don't know what, but it must just be because I'm content.* Housing First service user (male)

> *Anything, like they said to me, 'Any problems you have in the house or whatever problem you have, just call us. We need to help you.' So, they'll be helping you. All the issues like housing benefit issues, rent issues, all these things they help me with; everything, yes.* Housing First service user (male)

> *They helped us with moving in; they helped us getting it furnished.* [Housing First worker] *still comes and sees me, to make sure I'm settling in okay and I haven't got any issues. Basically any problems that I have, I can go to them and they'll help me with them. I haven't had any problems as such but, as I say, they've helped me get it furnished and apply to some charities and things like that; they've helped to get me a few bits and bobs.* Housing First service user (male)

> *No, now I've got my own place I've got a lot of things to do, yes! I'm still decorating and I got my cooker, fridge and washing machine Monday, I've got all that brand new so I've got all that. I've got to plumb my washing machine in today. I've got an electric cooker and I thought it'd be easier than a gas because I thought, just plug it in, and it's not the case. You've got to get a cable, which doesn't come with it. So, yes, I'm learning new things, different things that I wasn't expecting.* Housing First service user (female)

> *It's clean and tidy. It's semi-secure. Because it's a tower block no-one really knows anybody, but everyone lives behind closed doors. It's like you don't know who's coming in, who's coming in with you; you've got no idea who's in the building.* Housing First service user (male).

Issues in Providing Housing

In London, three of the Housing First projects had access to social housing through the Clearing House arrangements, which while it was reported as taking between 12-24 weeks to secure housing, represented unusually rapid and reliable access to social housing in the context of London. A potential concern about this arrangement was that two-year assured shorthold tenancies were offered. These tenancies were renewable, subject to ongoing (high) support needs. However, while someone could theoretically be asked to move on, the arrangement was generally thought to effectively offer ongoing security of tenure.

> *So for a Housing First person there's a presumption the two years isn't enough and that will need to be renewed for at least another two years, and then after those two years it would be looked at again, and still there is a presumption that it still won't be enough. So yes, after two years it needs to be reviewed, but that review can't even take place if it is of distress to the service user.* Housing First service provider.

Bench Outreach had a successful working relationship with a local authority that provided relatively rapid access to social housing. Another provider, Brighter Futures, had access to its own social housing stock.

Use of the private rented sector could present challenges, both in terms of finding housing that is affordable and of a reasonable standard. There could be issues with the standard of some social rented housing. However poor space standards, failure to meet safety requirements and poor repair were more commonly reported by those Housing First services making use of the private rented sector.

One potential issue in using the private rented sector is that benefits are usually only available to cover the rent for a room in a shared house for anyone aged under 35. However, this did not appear to be an issue for the Housing First services that used the private rented sector, as an exemption to

benefit rules for homeless people who have been living in qualifying homelessness services for three or more months was used.

Housing Affordability and Living Costs

Beyond securing housing with a rent that would be paid, either entirely or largely by welfare benefits, there were additional challenges centring on living independently in housing on a limited income. One of the more commonly reported aspects was a restricted diet.

> *No. There's no way in a million years that's possible. It's just too tight. The only way it's manageable is to sacrifice and I'm a cheapskate… I'm a member of every local food bank…there's a local food bank that says that because I'm a member I can turn up every week and get cheap products for a pound and that does help. Then I can just pick up some fruit and veg from the market and mix up something, or give me a few onions and veg and you can have something substantial. I've eaten more bread and watery soup in a day than anyone can imagine; toast, toast, toast.* Housing First service user (male)

> *I tend to not buy as much as I should. I just get £10 and see if I can afford it; £10 from Iceland or Pot Noodles or noodles that are only like 20p. You know, the basic one, and just beans and soup. That's all I can get.* Housing First service user (male)

In some cases, the Housing First services provided limited financial support to help service users over cash shortfalls, for example if there was a comparatively large or unexpected bill. Support would also be provided by Housing First services if an individual had their benefits sanctioned or reduced, with Housing First staff representing the service users in disputes.

Living on a highly restricted income could have potentially negative consequences for social integration. The possible limitations placed on travel, capacity to socialise (including seeing family) and on communications, such as being able to afford a telephone, might undermine efforts at social, community and economic integration.

Health and Social Integration

Housing First is designed to promote gains in health and well-being, both by creating a stable foundation on which someone can start to move away from the experience and effects of homelessness and through ensuring that support and care are available when requested[47] (see Chapter 2).

The evidence indicated that the Housing First services were often providing their service users with what they regarded as their homes. This chapter now considers the extent to which the nine Housing First services were delivering these positive outcomes.

General Health

The 60 service users who provided outcomes data quite often reported that their general health was better than it had been a year before they started working with Housing First. Overall, 38 service users reported better health since using Housing First (63% of the 60 service users). There was a corresponding decline in reports that health was 'very bad' or 'bad' (60% described their health in these terms, a year before receiving Housing First, compared to 28% since receiving Housing First, see Table 4.1).

Table 4.1: Changes in General Health (persons)

Health	Year before Housing First	Receiving Housing First	Difference
Very bad	14	3	-11
Bad	22	14	-8
Fair	18	22	+4
Good	4	14	+10
Very good	2	7	+5
Total	60	60	-

Source: Outcomes Forms, Base: 60 service users

Further evidence of improvements in general health were reported when the research team interviewed Housing First service users. Both the importance of having a settled home and the orchestration of treatment and care services by Housing First were praised.

> *Yes, he's with Housing First, he's one of the staff. He drops me anywhere. If I need to have like a hospital appointment or doctors or anything then he'll take me.* Housing First service user (female).

> *Yes, happy, healthier. Everybody, like people I work and the people at Housing First, when they saw me before, they now move after two weeks they look at me and say 'You look a different man.' Yes, it's different when you live by yourself and nobody to stress you out. You arrive at home; everything is clean like it's supposed to be. Living with other people it's so dirty, it's not good, then you stress, then you say something, they stress as well. So, I'm very happy.* Housing First service user (male).

The interviews with service users did show that in a few instances that Housing First service user's physical health was very poor and unlikely to improve significantly. While there were benefits associated with living in their own home and also from enhanced access to health and care services arranged via case management, those individuals with long-term limiting and degenerative illness were not going to see significant improvements in their health. Equally, there were inevitably some cases in which physical health had deteriorated or was likely to do so.

Mental Health

The 60 service users who provided outcomes data reported improvements in mental health, compared to one year before they had started working with Housing First. Overall, 40 service users reported better mental health since using Housing First (66% of the 60 service users). There was a decline in reports of 'very bad' or 'bad' mental health (52% a year prior to working with Housing First, 18% since working with Housing First, see Table 4.2).

As was the case with physical health, interviews with service users across all nine Housing First services also saw reports of improvements in mental health. Here, emotional and practical support from Housing First staff, access to treatment via case management and having a safe and secure home were all praised as contributing to better mental health.

The interviews with service users also showed that positive changes in mental health were not necessarily consistent or uniform across all those who engaged with Housing First. Some people were facing on-going severe mental illness and were yet to experience any positive changes; there were also those whose mental health might deteriorate while using Housing First.

Table 4.2: Changes in Mental Health (persons)

Mental health	Year before Housing First	Receiving Housing First	Difference
Very bad	15	5	-10
Bad	16	6	-10
Fair	20	24	+4
Good	5	15	+10
Very good	4	10	+6
Total	60	60	

Source: Outcomes Forms, Base: 60 service users

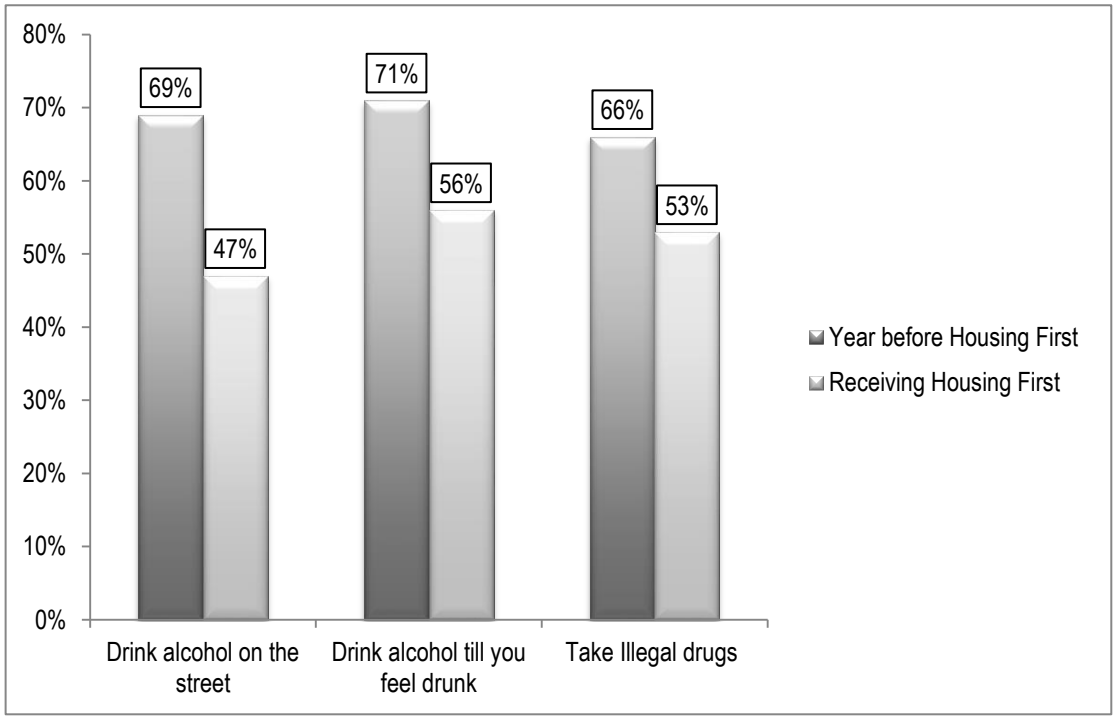
It is now they've put me on the right medication, but when I ended up in the nut house last year, [Housing First service] *were there for me and that. They helped me and came up and that, because they put me in a* [psychiatric] *hospital…but they was there all the time and that. They sorted my stuff out, what I needed and that.* Housing First service user (female)

Yes, I've never been so happy like I've been this last year because I've been doing the things on my own as well and people have been helping me a lot as well. I don't feel lonely with these people who've been helping me. I don't feel lonely because I can call them, they can call me. Housing First service user (male)

I don't feel as anxious and it's more easy to talk. My eye contact still struggles but that's just with people. I've always had that problem. Yes, everything else, I'm doing all my day-to-day stuff. Housing First service user (male).

Drug and Alcohol Use

Figure 4.4: Changes in Alcohol and Drug Use (Percentage)



Source: Outcomes Forms, Base: 60 service users

Among the service users who provided outcomes data, some reductions in both drug and alcohol use were reported. As can be seen in Figure 4.4, while there were some positive changes, these were less extensive than was the case for reported gains in physical and mental health.

The interviews with service users across the nine Housing First services suggested a similar pattern. There were examples of individuals whose drug and/or alcohol use had reduced markedly, including periods of total cessation, during their contact with a Housing First service. Equally, some of the people interviewed reported that their drug and alcohol use had not really changed fundamentally. Some service users reported they were about to, or had, sought help from Housing First services to reduce their use.

> *Yes, I'm on a script now, I'm on methadone. I'm reducing every couple of months so hopefully about another year I should be off methadone.* Housing First service user (female)

> *It was just, as I say, I had problems with drugs and that and it has taken me a while to sort myself out. I'm happy that I'm on the right track now. As you see, I'm not dossing about, I've got my own flat, I'm all sorted.*

> *I'm going to a treatment centre and doing everything right.* Housing First service user (male).

> *Yes, fine, as I say I've been clean drugs wise for, is it four months? Yes, four months. If I've been here four months then that's the amount of time I've been clean. I voluntary go and do weekly tests with the addiction thing. Two reasons, one because I want to stay clear, and if I do a weekly test then it is impossible for me to use anything, because it would show up.* Housing First service user (male).

> *No, I've been doing it since I was 12 years old. I tried to give up loads of times but at least for me it's a bit difficult. I don't know how to explain anyway because when I smoke I feel normal. When I'm not stoned I don't feel okay, I don't enjoy doing the things I'm supposed to do… they want me to stop smoking, they don't come to me, 'You have to stop,' but they always make sure that they are there to help me and if I need help anytime, just tell them; they're there to help me.* Housing First service user (male).

Experience of sustained, problematic drug and alcohol use was widespread among the Housing First service users who were interviewed. Many reported that they had used multiple substances for a long period. There was however no evidence from the research that drug and alcohol use had actually *increased* among anyone using Housing First services.

> *I used to drink now and again, but not to the states that I used to get into before I went to prison, because before I went to prison I was drinking a lot. I mean, I'd done 22 years of addiction in heroin and crack cocaine, 26 years of alcohol abuse, and then 28 years of diazepam abuse. So when I went to jail at 40, I'd been on Valium for 28 years at that point…*Housing First service user (male).

Economic Integration

Levels of paid work among the service users were very low, only one person who was interviewed and only two of the 60 people who provided outcomes data were in currently in work (3%). These very low levels of economic engagement had existed prior to service users engaging with Housing First and this had not changed once they were using the services. Housing First is intended to promote social integration in order to lessen the chances of

homelessness recurring (see Chapter 2), but the barriers between long-term homeless people and employment are often significant[48]. There is new evidence that specifically designed homelessness services designed to promote economic inclusion can be effective in increasing social integration[49].

Community Participation

There was some evidence from the service users who completed outcomes that Housing First brought a greater sense of being part of a community. When asked about how strongly they felt they belonged to their neighbourhood, 64% reported that they felt fairly strong or strong sense of belonging, compared to 38% one year before they started working with Housing First (Table 4.3).

Table 4.3: Strength of Feeling about Belonging to Neighbourhood (persons)

Belong to their neighbourhood?	Year before Housing First	Receiving Housing First	Difference
Don't know	3	4	+1
Not at all	22	9	-13
Not very strongly	10	7	-3
Fairly strongly	13	24	+11
Very strongly	8	12	+4
Total	56	56	

Source: Outcomes Forms, Base: 56 service users (four respondents did not answer the question)

Service users were less likely to report they were 'not at all' or 'not very strongly' linked to neighbourhood after they had begun receiving support from Housing First (57% a year prior to receiving Housing First, 28% since getting Housing First). Of the group who had been housed[xviii], most reported they had a fairly or very strong sense of belonging to their neighbourhood, the small number who were awaiting housing were less likely to report a sense of being part of a neighbourhood.

The interviews with service users across the nine Housing First services also showed some evidence that moving into their own home had sometimes

[xviii] 42 service users

brought a greater sense of connection to a neighbourhood. Relationships were formed with neighbours, local shopkeepers and other people in the area with whom service users had regular contact.

In some cases, individuals with experience of long-term and recurrent homelessness would consciously cease to see some of their previous social circle. For example, if they were reducing or aiming to cease drug use they might avoid former friends who were still using.

> *Okay, I don't mind my own company. I've got some friends that'll come round. I've not given my address out to loads of people because I don't want that, I want to change my life, not stay in the situation I was in. I'm making changes for the better.* Housing First service user (male)

> *…most of the people that I hang around with or have relationships with around, around* [area] *itself are all people I've met through the system, through the hostels who are actually the ones that wanted to change their life from the addiction. Just to live a normal life, because I had to break away from the drinking circle, otherwise I would have been doing the same thing again and again, and I was getting tired of it, but yes, everyone is all supportive.* Housing First service user (male)

It was also the case that some of the service users who were interviewed did not feel any particular sense of connection to the area in which they lived. There were however some service users who valued the absence of attention from people around them, reporting that they enjoyed a sense of peace.

> *It's fine, it's quiet, everybody keeps themselves to themselves. You've got no hassle in there like everybody knocking on each other's doors. It's not like a hostel or anything.* Housing First service user (female).

As in respect of health, mental health and drug and alcohol use, gains in social integration were not uniform. There were some people using the Housing First services who did not report any improvements in their social support, community participation, or in the wider sense of being a part of society, who remained isolated and who sometimes felt stigmatised.

Social and Family Networks

In some cases, the people using Housing First who were interviewed by the research team had existing social networks with which they had maintained contact while homeless and continued to use now they were housed.

> *I've got children in the borough, so that's helpful when I'm fitting into the times of their world. I don't live with them I have to check in the morning, check in the evening and if it's the weekend I might go round… It's my friends who help me, loan me some clothes, hand-me-ups, hand-me-downs, you know. I say, 'That's very nice of you!'* Housing First service user (male).

In other cases, Housing First had taken an active role in helping someone re-establish family and other personal relationships. One example was facilitating travel to see relatives who were not in easy reach; another was supporting service users to become involved in social activity.

> *Yes, because I'm actually in touch with my daughter now after 16 years because of recent history. She lives quite far and I couldn't afford the fare last year so they bought me tickets to go down, which was helpful. They got me a coach ticket; they sorted out all my fare for me. If I need it again, if I can't afford it then I just ask. I don't make a habit of it but I just ask if they can help a little bit and they will help. There's not much they will say no about really.* Housing First service user (female).

In some cases, the main or sole source of social support available to someone using a Housing First service was the staff team. Isolation was reported and discussed by a few of the people who were interviewed.

> *Yes, like I said, I'm a very depressed person and shy, I like to stay in my corner but they* [Housing First] *always make sure they talk to me, they see I'm okay. If I don't answer the phone they're going to keep calling and calling until I answer the phone. Some people who I used to work with before, they'd call me once and I didn't answer the phone that's it. So, they're very good.* Housing First service user (female).

Table 4.5 is based on responses to the outcomes form and shows that frequency of contact with family increased for some people using Housing First. A year prior to using Housing First, 38% of service users who completed

outcomes forms were in weekly or daily contact with family, rising to 54% of service users once they were using Housing First.

Rates of disconnection from family, which may have been for good reasons, such as experience of physical or sexual abuse by family members, remained quite high among this group. Twenty-nine per cent reported no contact with family while using Housing First (Table 4.4).

Table 4.4: Changes in Contact with Family (persons)

Contact with family	Year before Housing First	Receiving Housing First	Difference
None	20	16	-4
Few times a year or less	10	4	-6
Several times a year	5	6	1
Monthly	9	8	-1
Weekly or daily	12	22	+10
Total	56	56	-

Source: Outcomes Forms, Base: 56 service users (four respondents did not answer the question)

There was less evidence from the outcomes forms that Housing First had made a difference to patterns of socialising. Fifty-seven per cent of service users reported that they had socialised at least once a week a year prior to working with Housing First and this had only risen slightly to 64% of service users when receiving Housing First support. A smaller group reported rarely or never socialising, representing 25% of service users one year prior to Housing First and 18% of service users once receiving Housing First[xix].

Again, it is important to note that gains in social support were not uniform. Some service users remained socially isolated in the same way as they had when experiencing homelessness. There were also potential barriers to re-establishing family connections and to socialisation, for example it was very problematic to travel any distance or to socialise when reliant on benefits as a sole source of income. Communications, such as a mobile telephone or home Internet connection, might also not have been affordable for some service users.

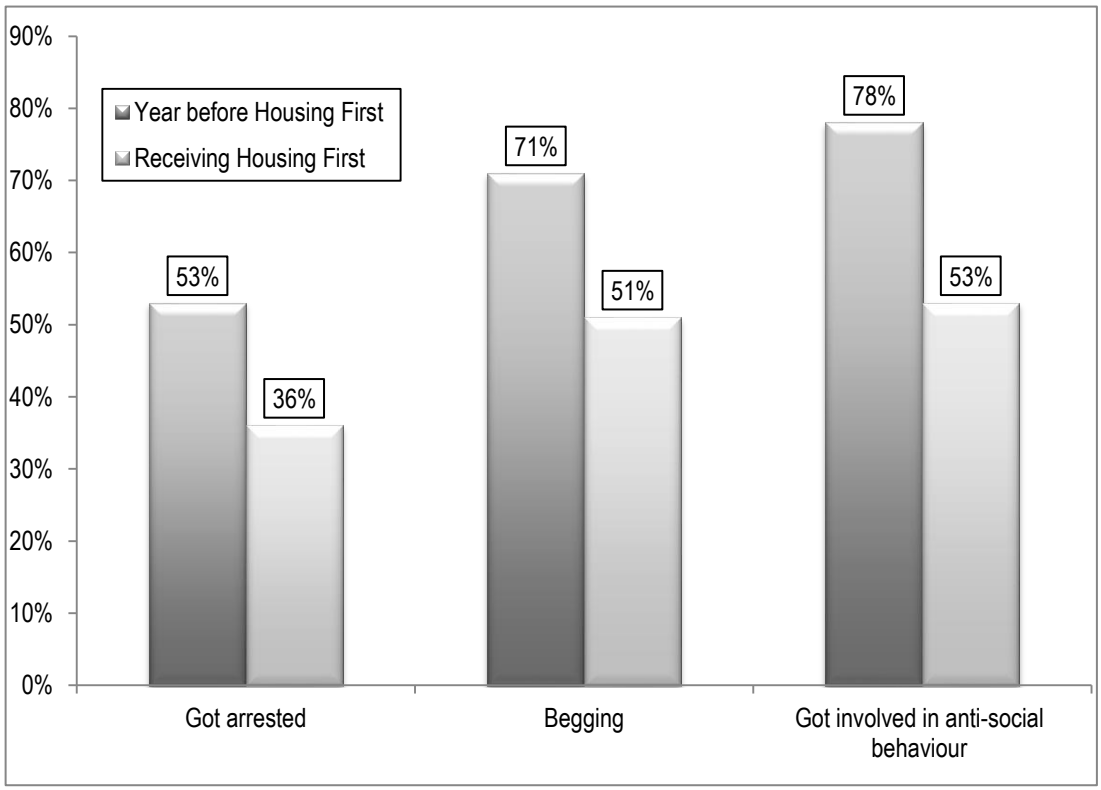
[xix] Base: 56 respondents who provided outcomes data and answered this question.

Anti-social and Criminal Behaviour

Long-term and recurrent homelessness can be associated with contact with the criminal justice system and anti-social behaviour that is, not infrequently, linked to illegal drug use and problematic consumption of alcohol[50]. However, it should never be assumed that everyone experiencing long-term and recurrent homelessness has a history of these forms of behaviour.

Figure 4.5 is based on the responses to the outcomes forms. Since they started using Housing First 10 fewer service users had got arrested (equivalent to 10% of all service users), 12 fewer had been involved in anti-social behaviour (20%) and 15 fewer had been involved in begging (25%). Clearly, however, criminal behaviour, begging and anti-social behaviour had not stopped in all cases.

Figure 4.5: Changes in Crime and Nuisance Behaviour (Percentage)



Source: Outcomes Forms, Base: 59 service users (one did not answer the questions)

Again, the results of the interviews with service users confirmed these findings across all nine projects. Crime, anti-social behaviour and begging had not stopped in all instances, but many service users reported that they were either less involved in these activities than had once been the case, or had ceased being involved altogether. The research did not uncover any

evidence that crime or anti-social behaviour has actually *increased* among any service users since they had been in contact with Housing First.

This is an area where there is a sometimes a complex interplay of factors involved. Unpicking the role of Housing First services in facilitating positive changes is more complex than, for example, in relation to housing sustainment. Individual decisions, linked to growing older, experience of prison, probation support and also the effects of limiting illness and disability, alongside access to a settled home and support via Housing First, could all play a role and have differing levels of importance.

> *Yes. I don't go much down…and drink much in the streets now. I don't go much like I used to with all of that crew when the Police go around and take the cans and drinks and all of that. I don't go much there, maybe once a month… I don't go much now there since I've been in the flat.* Housing First service user (male)

> *Probation Officer as well, she just makes sure, same thing as* [Housing First worker]*, it's just another line of support. If I've got any problems she'll be there to help… I haven't been in trouble for a long time now.* Housing First service user (male)

> *I've stopped doing that. It doesn't interest me anymore. I used to do it for the adrenaline at first. Plus I was drunk when I did it, so I didn't have a care in the world; just when I was on the street I had a bed for the night, you know, a police cell. Yes.* Housing First service user (male).

Views of Housing First

Overall Opinions on Housing First

Views of service users

Among those service users who were interviewed, positive views of all nine Housing First services were commonplace. It was unusual for a service user to be critical of the support they were receiving.

> *Yes. It is hard out there, bloody, especially in the wintertime. I couldn't do it now, it'd kill me now I reckon because of my health and everything but, yes, they've been great, really great. They contact me twice a week; they come round on a home visit once a week just to see how I am in there. I couldn't ask for much more.* Housing First service use (male).

> *No, I think they do a great job. Well, they have for me, personally. As I say, they've helped me no end. That's all I wanted was my own place and being settled and through their help I've got that… If you'd asked me that this time last year, everything was just chaotic and I wouldn't have thought a year down the line I'd be as settled as I am but I am, so it's all good, yes.* Housing First service user (male).

This positivity about Housing First was not universal; there were a few whose experiences were more negative. A few service users reported that while the support services were good, other outcomes, such as the quality of housing they had access to, were less satisfactory.

One caveat to these results was that this was a group of people who had, at least at the point of interview, successfully engaged with a Housing First service and who had experienced (generally) positive outcomes. Within the resources available to the research, it was not possible to track and interview this very small group of service users for whom Housing First had not worked and contact with the service had ceased.

Another key finding from the interviews with service users was the extent to which they often favoured having their own home compared to living in homelessness services, which they usually described using the term 'hostels'. One positive difference these service users identified was exercising control over their own living space, meaning they were not subject to rules governing when they could come and go or micromanaging other aspects of their lives. Another centred on living in their own scattered housing, i.e. not living alongside or among a large group of other homeless people, which some had found a disruptive and difficult experience. Users of the Stonepillow service, which used temporary, communal, supported housing (see Chapter 3), did however also view their living arrangements positively.

> *…the regulations they have to follow for that sort of establishment are, you know. Everybody I know who's lived there, we often sit and chat about it now, have an old boys' day if you like, agrees that the rules are so strict that they're very difficult to live with, they're very miserable.* Housing First service user (male).

> *Yes. Just all the people knocking on your door asking for things and then there are troubles and drugs and alcohol. Since I've been here I haven't*

had a single problem with the neighbours, not even one problem. Housing First service user (female).

You know what hostels are like. People knock on your door asking for this, the other, 50 pence, a can, cigarette pack, which you've got to roll up and then there are always fights. You have to share things; they rob you if leave your door open. Here, you close your door and you've got no more problems. Housing First service user (male).

Yes, there's not really many negatives. Positive is I've got my freedom really. I haven't got to answer to anyone, or be at someone's beck and call in a hostel all the time, or, 'Lend us this, lend us that.' Housing First service user (male).

For the staff involved in delivering Housing First who were interviewed by the research team, there was a generally a perception – again across all nine services – that they were part of an innovative and effective way of tackling long-term and recurrent homelessness. A key finding from these focus groups with the staff providing Housing First services was the way in which staff thought having a stable home, and the support to keep that home, formed a foundation from which service users could start to build or rebuild their lives, their homes acting as a catalyst for social integration. This result echoed some of the research results from work that has looked at outcomes for Housing First service users over the medium to long-term[51].

Most definitely, but with I think, definitely, yes. I've seen it with our clients. Like I said they, when they do go in there isn't that pressure for them to engage, but I think of their own accord they will sort of start asking about sort of local services they can be linked in to and stuff, so yes. Housing First service provider.

Sometimes it is difficult to focus just solely on the tenancy when you can see there are so many other things that need fixing but I think with the ones that have been successful so far, things kind of slot into place once they get into this whole idea of housing and wanting to keep the home and wanting to keep it tidy and making appointments and going to the doctor's. It all starts to kind of click into place. Housing First service provider.

> *So if you could see the change, so if they're thinking like that because a lot of them have been on the streets for a long time, so when they're on the streets they get used to that way of life. So suddenly when they get into one of the Housing First projects, like their flats, and then their mind-set changes they don't want to go back to that rough sleeping. They're really, really happy to be in that flat.* Housing First service provider.

Another key finding from the interviews with staff teams was the view that Housing First had succeeded where other services had not, both in engaging 'hard to reach' people with complex needs and in successfully addressing their homelessness. Housing First was often seen as a new way of working that could represent a way out of long-term and repeat homelessness for people whom other homelessness services had not been able to help.

> *With the hostels it's very much getting them to engage, getting them housing ready within like such a short space of time, and I think with the client group I think pushing them to do something when they are not ready it doesn't work, it doesn't work. I think working with our clients on a more sort of informal, relaxed way, I found them to, even though our clients are supposed to be non-engagers, they've* ***never engaged with services****, we've got a good sort of like engagement, got them linked in with services. So, definitely, definitely the informal way of working with clients is, to me, it works. And I think probably the level of the support that we are able to offer them as well. I think in hostels it is a key worker once every two weeks, which lasts for about 20 minutes, if the client turns up. With our clients we can visit them on a daily basis. And yes, and we are kind of like fortunate to be able to sort of like go to appointments, go to other, we can take them out for coffee, if they want to go shopping we can take them shopping, and we've got that flexibility to be able to do that, and the time to do that within the Housing First.* Housing First service provider (emphasis added).

> *I think there's also an element with regards to chaotic and entrenched street homeless people that they haven't actually got or been offered many opportunities...whereas what we're saying is, 'We will provide you an opportunity. The door is open' and then… 'What would you like? Where would you like to end up? It's your journey'. I think that's where we*

differ as well because we offer them an open door. Housing First service provider.

So we're talking 10, 15 years on the streets so, come on, these are people that most people walk past and don't think of how they're coping or how they've had to cope within the last whatever amount of years they've been out there. So I think it was a very good project to get funding for and helping people that obviously were very vulnerable in society… Housing First service provider.

Attrition

Most of the Housing First services had only become operational relatively recently and rates of attrition, i.e. loss of service users, were generally low. Had the services been operational for longer, the rate of attrition may have been higher. The more established services had experienced a small number of failed tenancies, but severe illness and death were also reasons for service contact coming to an end. In one example, a Housing First service had lost five of the people it had worked with over three years. However, in two cases this was because the service users had died, while another had ultimately been assessed as having a severity of mental illness that meant they could not be managed in the community. Only two service users had actually broken contact, just one of whom had actually lost a tenancy. The vulnerability and level of support needs of the people that the nine services were working with was often very high, meaning the reasons for broken contact could be multiple and complex.

Housing First Outcomes in Context

The findings of this research closely resemble those of other evaluations of Housing First in Europe and North America.

- The nine services are housing people with long-term and repeated experiences of homelessness who have high support needs. This includes long-term rough sleepers, people who have been living in accommodation-based homelessness services for years and people who have never had a home of their own. In common with results from Housing First in Europe and North America, Housing First in England was successfully ending the most complex and potentially damaging form of homelessness.

- The Housing First services have a low rate of attrition, retaining contact with almost all the long-term and recurrently homeless people they were working with. Sustained engagement with high need homeless people was another key achievement of Housing First in other countries.
- There is evidence of gains in physical and mental health and positive changes in levels of problematic drug and alcohol use, criminal activity and anti-social behaviour. As has been the finding of research on Housing First in other contexts, these effects are not uniform (see Chapter 2). Nevertheless, tangible gains were being achieved in all these areas.

5 Cost Effectiveness

Introduction

This chapter explores the cost effectiveness of the nine Housing First services. The first section discusses the ways in which cost effectiveness can be measured and describes the approaches used in this chapter. The remainder of the chapter explores how the costs of the Housing First services compare with treatment as usual in different contexts.

Measuring Cost Effectiveness

Limitations in Some Existing Approaches to Measurement

Sometimes the costs of a Housing First service are compared with the costs of residential or hospital care. For example, a day of Housing First support is much cheaper than someone staying in a psychiatric ward in a hospital for a day[52].

There is a considerable problem with these sorts of cost comparison. When a Housing First service is working with someone with mental health problems, a core goal, if the service user wishes it, is to connect them to all the services they need using case management[xx]. Often this can mean a package of support, involving health, social services, charitable services and support, alongside Housing First. This means that while the cost of Housing on its own is considerably lower than hospital or residential care, the *actual* cost of Housing First supporting someone with mental health problems - because of all the other services that can be involved – is much higher. Another difficulty is that people may not stay in psychiatric wards for very long, because of the emphasis on treatment in the community, whereas Housing First is a long-term service model. Housing First may be cheaper on a day-to-day basis, but someone may use it for much longer than they are in hospital.

A second argument advanced in favour of Housing First is that it can create *cost offsets*[53]. For example, a long-term homeless person enters a hospital Accident and Emergency (A&E) department fifty times a year - which is not

[xx] Some Housing First services use an ACT team or an equivalent approach, which directly provides mental health, drug and alcohol, services, for example the Housing First service has its own psychiatrist and psychiatric nurses. This model does not appear to be operating in the UK at present (see Chapter 2).

impossible[54] – there is a clear financial cost resulting from that person attending so often. Use Housing First to house that person in their own home, put the correct supports in place, including proper access to a General Practitioner[xxi] and better access to primary health care and, possibly, some gains in well-being from being rehoused and their A&E use should theoretically stop. Housing First thereby reduces the operating costs for A&E. Equally, if someone who is long-term and recurrently homeless is repeatedly arrested, kept in Police cells and is subject to short term imprisonment, the costs of that person for the criminal justice system are high. Use Housing First to help reduce or even stop any criminal and nuisance behaviour, the costs caused to the criminal justice system stop.

The problem with cost offset arguments is not that financial savings do not occur - because they do - but that those savings are not *realisable*, i.e. they cannot actually be made. Long-term and repeated homelessness is the single most extreme and damaging social problem the UK has in terms of the impact that it has on the people who experience it[55]. However, it is also the case that relatively *few* people experience this form of homelessness[56].

Collectively, long-term and repeatedly homeless people represent a fraction of total activity for large-scale public services. Taking A&E departments in hospitals as an example, for all that they make a disproportionate demand on services, long-term and repeatedly homeless people represent much less than 1 per cent of total activity. Stopping demands from long-term homeless people does not – measurably - create more staff time and certainly would not be enough to allow for a cut in staffing. Equally, the criminal justice system has so many other people to deal with that reducing contact with long-term homeless people does not free up time in a way that is realisable[57].

Finally, there is the possibility that Housing First might cause costs to rise. For many long-term and recurrently homeless people, the issue is not over-use of services; it is poor access to services, particularly medical services[58]. A Housing First service, should, when someone wishes it, connect them to the health and personal care services they need, but have not been using. The financial costs of that person to society may spiral *upwards*, as they begin to receive all the health and other services that they require, particularly, if

[xxi] Family Doctor.

someone has severe physical or mental health problems for which they were receiving no treatment.

Measuring Lifetime Costs

Clearly, there is the potential for Housing First to reduce the financial costs of homelessness to society by reducing long-term and repeated homelessness. However, advancing oversimplified or unrealistic arguments that Housing First 'costs less per day' or allows major public services to 'spend less' is unhelpful.

An alternative approach is to look at lifetime costs. This presents the total financial costs of a long-term or recurrently homeless individual to society during their life, along the lines that were used when discussing 'million dollar Murray' in the USA. This way of doing things can make the potential savings that a Housing First service might make clearer and show a cost benefit from ending long-term and repeated homelessness. Someone who is long-term or repeatedly homeless may cost more than another citizen because:

- They tend to be long-term workless, paying little or no income tax, while reliant on welfare benefits for prolonged periods.
- Being homeless may worsen their health and well-being, meaning they make higher use of health, mental health and social services.
- They may be more likely to be involved in criminal or anti-social behaviour, for example if they also have problematic drug/alcohol use.
- If their homelessness is not tackled, there may be high costs associated with extended and often repeated use of homelessness services, ranging from supported housing, hostels and direct access (night shelters) through to daycentres and other forms of support.

The key point here is that these costs can persist for years, or even decades, if homelessness is not stopped. This means that a long-term and recurrently homeless person could cost a lot more, in financial terms, than most other citizens and that collectively, this group of people may have a high financial cost attached to them. Alongside showing the long-term costs of this form of homelessness, this approach also shows the *total* cost each individual may generate while experiencing long-term or repeated homelessness.

Estimates in 2003 and 2008 by the New Policy Institute and the New Economics Foundation were that each single homeless person cost society, in

financial terms, annual costs to the state were £24,500 and £26,000 *more* than an ordinary citizen (2003 and 2008 figures)[59]. However, total costs of long-term and recurrently homeless people, including long-term rough sleepers may be higher. For example, a Department of Health study estimated that people living rough and in homeless hostels are 3.2 times more likely than the general population to require inpatient care (be admitted into hospital) and once in hospital, to cost 1.5 times as much as average patients to treat[60].

Table 5.1 shows an illustrative example of the kinds of financial costs a person experiencing long-term or repeated homelessness might incur. This example assumes someone is homeless for one year and they have the characteristics of many of the people using the nine Housing First services, i.e. severe mental illness, problematic drug use and contacts with the criminal justice system. This assumes that the individual is arrested and prosecuted twice for shoplifting and imprisoned for two months. They are also taken to A&E in an ambulance twice, admitted as an inpatient for a long stay and that they are also given four outpatient appointments, all of which they miss. The person also spends three months in low intensity supported housing, five months in high intensity supported housing and lives on the street for the remaining two months.

The illustrative costs shown are not unrealistic; there is some evidence to suggest that use of A&E, contact with the criminal justice system and use of homelessness services may be higher for many long-term and recurrently homeless people. If these costs, or something close to them were replicated year after year for ten years, something like a quarter of a million pounds would have been spent on this individual. All of these costs have the potential to be reduced or removed by a Housing First service, the Housing First service will itself cost money, but it may be significantly less per year than the costs of long-term and recurrent homelessness.

Table 5.1: Illustrative One-Year Financial Costs of Long-Term and Repeat Homelessness

Seen by ambulance crew and taken to hospital (twice)[1]	£466

Non-elective long stay[1]	£2,716
Outpatient appointments (missed)[1]	£436
Arrested and prosecuted for shoplifting twice[2]	£7,000
Imprisoned for two months[2]	£5,460
Stays in low intensity supported housing for three months (support costs)[3]	£1,274
Stays in high intensity supported housing for five months (support costs)[3]	£7,260
Total	£24,612

1. Curtis, L. (2014) *Unit Costs of Health & Social Care* PSSRU 2. DCLG (2010) *Evidence Review on the Costs of Homelessness* London: DCLG 3. Based on commissioning support costs given by local authorities in response to requests from the research team for this report (see tables 5.2 and 5.3) approximate figures of £98 per day in support costs for low intensity supported housing and £330 per day for high intensity supported housing.

Comparing Housing First with 'Treatment as Usual'

Another useful way of measuring costs is to explore the costs of Housing First compared to the usual pattern of services used to reduce long-term homelessness. As a broad illustration, a service response, for example in London or another metropolitan area, might be as follows:

- Contact between a long-term and recurrently homeless person and a street outreach team.
- A stay in communal or congregate accommodation-based services (direct access services, hostels/supported housing) that are designed to enable someone to be able to live independently and resettle them into a social or private rented tenancy.
- Resettlement into ordinary housing being supported by a floating support service for three months.

Costs will vary between locations, with services in London for example, being more expensive than those elsewhere. There will also be variations in cost depending on the nature of support being provided. For example an intensive, specialist accommodation based service for drug/alcohol users who are long-term homeless may cost more in terms of support services than some other forms of accommodation based service.

Table 5.2 compares the cost of one year of the eight Housing First services that used scattered housing[xxii] with the cost of an illustrative 'treatment as usual' process over the course of one year. The costs shown are based on actual costs of providing support shared with the researchers by local authorities and the Housing First service providers. Exact costs are commercially sensitive within a context where homelessness services are competitively commissioned and it was the preference of local authority commissioners and some service providers that these were not shown.

The total costs of providing one hour of Housing First support, including administrative costs and salaries, ranged between approximately £26 an hour and £40 an hour. In Table 5.2, Housing First services are typically providing three hours of support a week (the reality would be more variable, as needs might both fall and rise several times over the course of one year). Using this assumption, Housing First has lower support costs than a 'treatment as usual package' that includes six months in *high-intensity* supported housing (such as a specialist drug/alcohol project). The savings would, using these illustrative figures, be between approximately £4,000 (the lowest cost Housing First service) through to approximately £2,600 (the highest cost Housing First service).

Based on these cost assumptions, Housing First is not always cheaper than treatment as usual based around *low or medium intensity* supported housing (Table 5.2). However, the people for whom Housing First is intended are a very high need group and it is debatable whether or not low and medium intensity supported housing services would be sufficient for their needs.

[xxii] Stonepillow provided temporary supported, communal housing with on-site staffing; these costs would be similar to other supported housing projects.

Table 5.2: Illustrative Comparison of Support Costs Housing First and Treatment as Usual

Treatment as usual		
Contact with outreach team (three contacts)		
£240*		
Stay in supported housing for six months (support costs)		
Low Intensity[1]	Medium Intensity[2]	High Intensity[3]
£2,548	£4,680	£8,580
Resettlement into rented housing by floating support service (support costs) @ one hour of contact every two weeks for three months		
£468*		
Total costs of treatment as usual (support costs)		
Low Intensity	Medium Intensity	High Intensity
£3,256	£5,388	£9,288
Costs of one year of support from Housing First @ three hours of contact per week		
Lowest cost Housing First[4]		
£4,056	£4,056	£4,056
Differences in cost of using Housing First compared to treatment as usual		
+£1,238	**-£894**	**-£4,794**
Mid-range cost Housing First[5]		
£5,304	£5,304	£5,304
Differences in cost of using Housing First compared to treatment as usual		
+£2,486	**-£354**	**-£3,546**
Highest cost Housing First[6]		
£6,240	£6,240	£6,240
Differences in cost of using Housing First compared to treatment as usual		
+£3,422	**+£852**	**-£3,048**

Based on actual cost data on support costs only, approximate amounts are shown, as information was commercially sensitive. *Approximately £30 per hour. 1. £98 per week 2. £180 a week 3. £330 a week 4. £26 an hour 5. £34 an hour 6. £40 an hour. Based on scattered site Housing First services only.

If these figures are changed, so that the total stay in supported housing increases to nine months, then the lowest cost Housing First services (£26 an hour) are cheaper than all the forms of 'treatment as usual' shown in Table 5.2. Both the mid-range Housing First services (£34 an hour) and the most expensive Housing First services (£40 an hour) are also cheaper than the medium and high intensity 'treatment as usual' packages if the stay in supported housing increases to nine months.

These figures exclude housing costs, both the rents for social and private rented sector housing and the rent payable for people living in supported accommodation. Rents in supported housing may actually be higher than those for private or social rented housing, but costs will vary considerably

between areas, with London typically being more expensive. Both Housing First and other services have rental costs, the main argument in favour of Housing First is that it reduces support costs, which is the focus of Tables 5.2 and 5.3.

Longer Term Use of Supported Housing and Other Potential Savings

Table 5.3 shows the (illustrative) support costs of sustained stays in supported housing for 18 months in comparison to the costs of using Housing First services for the same period. It is when the use of supported housing becomes more sustained, at 18 months and beyond, that the potential for Housing First as an alternative approach that can have lower financial costs becomes apparent. Based on this research, longer term use of Housing First is likely to be financially cheaper than sustained and repeated stays in medium and high intensity supported housing in England.

Table 5.3: Illustrative Support Costs of Housing First and Supported Housing (sustained use)

Stay in supported housing for 18 months (support costs)		
Low Intensity[1]	Medium Intensity[2]	High Intensity[3]
£7,644	£14,040	£25,740
Using Housing First for 18 months (support costs) @ three hours contact per week		
Lower Cost Housing First[4]		
£6,084	£6,084	£6,084
Difference		
-£1,560	**-£7,956**	**-£19,656**
Medium Cost Housing First[5]		
£7,956	£7,956	£7,956
Difference		
+£312	**-£6,084**	**-£17,784**
Higher Cost Housing First[6]		
£9,360	£9,360	£9,360
Difference		
+£1,716	**-£4,680**	**-£16,380**

Based on actual cost data on support costs only, approximate amounts are shown as information was commercially sensitive. 1. £98 per week 2. £180 a week 3. £330 a week 4. £26 an hour 5. £34 an hour 6. £40 an hour. Based on scattered site Housing First services only.

For those long-term and repeatedly homeless people with high support needs who spend significant time in supported housing, Housing First may offer a

lower cost alternative. As described in Chapter 4, there is also some evidence of good housing sustainment outcomes and, for some Housing First service users, gains in well-being, health and improvements in areas such as criminality and problematic drug/alcohol use.

Returning to the illustrative example of the costs of long-term and repeated homelessness shown in Table 5.1, the wider potential of Housing First services to save money can be briefly explored. As noted, Table 5.1 shows the following illustrative costs for a long-term homeless person over one year:

- Emergency use of the NHS and non-attendance at four outpatient appointments totalling £3,618.
- Contact with the criminal justice system totalling £12,640.
- Use of supported housing for homeless people totalling £8,534.

If it is assumed that due to contact with Housing First the same person is not taken to hospital as an emergency admission, but instead sees a GP for an hour in total and attends four outpatient appointments, is not arrested and does not, because they are housed, use supported housing, there is the following potential for savings.

- Assuming three hours of contact per week from the lowest cost Housing First service[xxiii] (£26 per hour), a total cost of £4,726 in support and health costs, including £672 for GP time and the outpatient appointments[xxiv]. A *saving* of **£19,886** compared to the illustrative health care, support and criminal justice costs of £24,612 shown in Table 5.1.
- Assuming three hours of contact per week from a medium cost Housing First service (£34 per hour), a total cost of £5,974 in support and health costs, including £672 for GP time and the outpatient appointments. A *saving* of **£18,638** compared to the illustrative health care, support and criminal justice costs of £24,612 shown in Table 5.1.
- Assuming three hours of contact per week from the most expensive Housing First service (£40 per hour), a total cost of £6,910 in support and health costs, including £672 for GP time and the outpatient appointments. A *saving* of **£17,702** compared to the illustrative health care, support and criminal justice costs of £24,612 shown in Table 5.1.

[xxiii] Costs are approximate, see Tables 5.2 and 5.3.
[xxiv] Assuming £234 for one hour of GP time and £436 for the four outpatient appointments, source: Curtis, L. (2014) *Unit Costs of Health & Social Care* PSSRU

High Support Needs, Types of Housing First and Cost Effectiveness

Researchers in the USA have noted an important caveat about the potential for Housing First to save money. Essentially, Housing First has the capacity to deliver cost savings under two conditions[61]:

- The Housing First service is working with people with very high and complex needs.
- Those people are making extensive, inappropriate, use of emergency medical and other services and/or have high rates of contact with the criminal justice system.

If someone is long-term or repeatedly homeless, has high support needs but does not use emergency services, their financial costs to society on starting to use Housing First could, as noted above, rise significantly. Equally, someone may be experiencing these forms of homelessness but avoid trouble with the Police or not commit any crime, so there may be no difference to criminal justice costs linked to ending their homelessness. If someone is experiencing homelessness and does not have high support needs, the potential for financial savings is much lower.

The nine Housing First services discussed in this report have lower direct costs than some other forms of Housing First. This is essentially because they use a case management model rather than, as some models of Housing First providing health, mental health and drug and alcohol services using their own medical and specialist workers. The potential for cost savings, using the kinds of Europeanised versions of Housing First being employed in England, is greater than for some of the more highly resourced versions of Housing First, for example the pioneering models from the USA (see Chapter 2). However, it must always be remembered, as in the illustrative example above, that a Housing First service using case management will often generate additional financial costs for health, social services and the voluntary and charitable sectors.

Other Dimensions of Effectiveness

There are problems in assuming that Housing First will always save money and in advancing arguments in favour of Housing First simply on the basis of assumed cost effectiveness. Changing some of the assumptions in the illustrative examples given above would give a different result. The three hours of contact per week shown in the tables is based on responses from some of the nine Housing First services about what their typical rates of contact were, but all reported that the level of support they provided could vary considerably. Sometimes, the level of support required might lessen over time, although this is a high need group of people and their needs are ongoing (see Chapter 6), but raise the levels of support from three to four, or from three to six hours and Housing First starts to look considerably more expensive. The total financial costs of using Housing First, including those for other services, always need to be considered as well.

There are alternative reasons to look at Housing First and one of these is the case for regarding Housing First as a cost *effective* service model, rather than necessarily being a cost *saving* model. Some American research has argued that while housing-led approaches to reducing homelessness like Housing First may not, in overall terms, save very much (or any) money, their greater effectiveness in ending homelessness means there is a powerful case for using them. Homelessness is a situation of unique distress and if it is prolonged or repeated, the potential for damage that it can cause an individual is very great. This links to the wider point about what homelessness services are for and what their place is in society. While there are reasons to explore costs and cost savings, the case for Housing First and other homelessness services is always ultimately a moral one, about being a society that does not tolerate, often very vulnerable people, experiencing homelessness[62].

6 Strategic Roles for Housing First

Introduction

This final chapter considers the potential for Housing First to play a strategic role in reducing homelessness in England and the wider UK. The Chapter begins by discussing the strengths and the limitations of Housing First, drawing specifically on evidence about the nine Housing First projects explored by this research. The Chapter then moves on to explore the potential strategic role for Housing First, arguing that the UK should look more towards some of the European versions of Housing First than to the pioneer Housing First services from the USA when considering strategic use of Housing First. The Chapter concludes by considering the obstacles to using Housing First in England and the wider UK and how these might be overcome. The case for reviewing the strength of current evidence is then briefly discussed.

Strengths and Limitations of Housing First

The Scope for Extending Use of Housing First

There is a clear case for extending use of Housing First in England and the wider UK. Not only was there evidence of success within each individual Housing First services, there was also clear evidence of consistent successes across all nine services. This is a key finding of this research and worth reiterating, all nine Housing First services showed very similar levels of success across health, well-being and social integration and the eight scattered housing services all showed similar success in housing sustainment. The caveat of some of the services only having recently begun operation is also worth restating, but in all nine cases, the outcomes being achieved were largely positive.

This statement is based on the results of short-term research into nine Housing First services operating in England that had some methodological limitations (see Chapter 1). However, there is enough evidence here to indicate that several of these nine services were already highly successful responses to long-term and repeated homelessness. The more recently operational Housing First services were also closely following the approaches

to service delivery that have delivered successes for Housing First in a range of different contexts. No single element of the research presented here could be successfully portrayed as providing a comprehensive and methodologically robust picture of the nine services. However, the collection of outcomes data, the interviews with service users, the interviews with staff and to a lesser extent the administrative records from the nine Housing First services all indicated the same findings. The findings of this research also closely resemble those of longitudinal observational studies, comparison group and randomised control trials conducted on Housing First services and programmes elsewhere in the World (see Chapter 2).

The case for Housing First, based on the results that the nine services had so far achieved at the time of writing in January 2015, can be summarised as follows:

- Successful, sustained, engagement of very hard to reach groups of homeless people with high and complex support needs, including challenging behaviour. The Housing First service users included many high need people with very experience of homelessness, including long-term rough sleepers identified by the CHAIN database system in London.
- Clear evidence of housing sustainment in those Housing First services that had been operational for one year or more, with positive indications for the other, recent, scattered site Housing First services.
- Gains in physical and mental health being widely reported by Housing First service users, alongside some evidence of improvements in problematic drug/alcohol use, crime and anti-social behaviour and social integration.
- Indications of lower operating support costs than some other homelessness services, particularly if someone were housed by a scattered Housing First service rather than spending significant time in high intensity supported housing.
- An 'Europeanised' version of Housing First is being used in England. This model gives service users full housing rights and delivers a greater degree of choice - within a personalisation framework - than was the case for US pioneer projects.

It seems possible to take the approaches used by the Housing First services in England and use them as the basis for the development of larger scale services. For example, all the London projects worked in a similar way and it was possible to envisage how they might be incorporated within a London wide

Housing First network. In smaller cities, the scope for a citywide Housing First service seems obvious based on the findings of this research. It is important to note that the population for which Housing First services are designed is a small one, meaning that a service might not have a very large capacity but nevertheless be sufficient to cover all, or most, of a city. There are logistical limitations, it becomes impossible for Housing First staff to find the right balance between time spent travelling and time delivering support if the area covered is too large to be practical and Housing First needs an affordable, adequate, housing supply.

The limitations of Housing First as a model for England and the wider UK relate in part to these nine services, but also reflect wider debates around what Housing First can achieve and what it is realistic to expect. Housing First is not a panacea; it will not necessarily work well with all the people for whom it is intended, even if the evidence is that it successfully engages with most of them.

Housing First cannot, on its own, be expected to deliver good physical and mental health, social integration, or where relevant, an end to criminality or to anti-social behaviour for every person it works with. In part, this is because outcomes are reliant on a range of services that Housing First has a key role in case managing. However, it is also the case that some service users will have life limiting illnesses, disabilities and enduring mental health problems that treatment and support may help mitigate, but which will be on-going.

The existing evidence is Housing First succeeds, in part, because it does not set expectations that cannot, in all cases, be reached or impose goals on individuals without their consent. Housing First also does not negatively judge those who have experience of long-term and repeated homelessness and seek to 'correct' their behaviour[63].

The Potential Strategic Roles of Housing First

Moving Beyond the American Model

The point that Housing First is an American model that needs to be adapted to work in different contexts has been made before[64]. In the USA and in Europe, Housing First services often change the detail of how support is provided, including lessening the requirements placed on service users and, as in Finland and in some US examples, in not always using scattered

housing[65]. It is the case that the relative strengths and weaknesses linked to the detailed differences between Housing First services still needs more scientific evaluation. However, there is enough evidence to be reasonably confident that adherence to a core philosophy, which is derived from pioneer Housing First services, has produced often unprecedented reductions in long-term homelessness in many contexts (see Chapter 2).

British experiments with Housing First are relatively new, so new that it is not possible to always report on the medium and long-term effectiveness of these services. The initial indications, based on this research, and outcomes in Scotland and Wales, is that Housing First services seem to work well in reducing long-term homelessness. This research has also shown successful engagement by Housing First with people who have very long-term histories of contact with other forms of homelessness service, without their homelessness ever being resolved (see Chapter 4).

There are those who argue that only complete replication of pioneering American Housing First services, i.e. Pathways, can deliver good outcomes for long-term and recurrently homeless people [66] (see Chapter 2). This argument is problematic on two levels. First, it does appear to be demonstrably wrong, as other versions of Housing First, if they are consistent with the core philosophy, are equally, if not more, successful[67]. Second, these kinds of arguments can lead to assertions that the pioneer model of Housing First is the only real solution to long-term and recurrent homelessness, to the point where it is argued that it should *replace* other forms of homelessness service[68].

The idea that the pioneer model of Housing First should simply replace other forms of homelessness service is difficult to sustain. There are three main reasons for this:

- Long-term and repeated homelessness associated with high support needs is just one aspect of homelessness. There is clear evidence that homelessness exists in other forms, which means a range of service responses are necessary. There are some groups, for example homeless families, where the main need is for suitable housing and health and support needs, while still present among a minority of homeless families, tend to be low. For most homeless families, a Housing First response would offer too much support relative to their actual needs.

- Other service responses to long-term and repeated homelessness can also be effective. It is not the case, for example, that temporary supported housing services that seek to make someone 'housing ready' are uniformly ineffective, as these services can and do achieve good results, albeit at lower rates than the international evidence shows for Housing First services[69]. Successes in ending long-term and repeated homelessness have also been achieved by other approaches, such as the Tenancy Sustainment Teams used in the Rough Sleepers Initiative, although these were arguably close to a Housing First model in many respects[70].
- Outside the UK, the Housing First approach has been used to inform the development of innovative services that have achieved success. Finland's extensive use of communal or congregate models of Housing First, converting existing shelters and other buildings into dedicated apartment blocks for long-term homeless people has seen large scale reductions in long-term homelessness[71]. There are also some successful American experiments with communal models of Housing First[72].

There may not be a strong argument for replacing existing homelessness services with the pioneer model of Housing First. However, wider use of Housing First at strategic level may well be beneficial in England and possibly across the wider UK:

- The research reported here and elsewhere in the UK[73] indicates a clear role for Housing First projects in reducing long-term and repeat homelessness among people with very high, complex needs and challenging behaviour. Clearly, the nine services were successfully engaging with very high need individuals with often extremely prolonged experiences of homelessness and living rough, who had often had repeated contact with homelessness services which had delivered positive outcomes. There was evidence that alongside maintaining contact with this group of service users, the Housing First services were also successfully and sustainably housing them.
- There is scope to use Housing First as a preventative service model. Where long-term homelessness is a potential risk for someone with high support needs, the same processes for delivering housing sustainment and gains in health, well-being and in other areas can be employed to sustain an *existing* tenancy. There is a longstanding interest in preventing long-term homelessness, particularly in the form of living rough in British public policy and experimenting with a Housing First model, as the core of a preventative approach seems logical. Discrete preventative Housing First services may not be

necessary; it is possible to envisage a Housing First service having both a role in reducing and preventing long-term and repeated homelessness. In Brighton and Hove, CRI Housing First had been employed as a preventative service model for two service users. Using indicators from service users' backgrounds, history and current presentation a decision was made to provide Housing First to prevent eviction and what was judged to be likely risk of repeated homelessness. In both cases, outcomes had been positive.

- Delivering an actual Housing First service may not always be possible to achieve, particularly when resources are limited, but looking at Housing First might still help enhance some existing or new services. The Stonepillow service, while not actually Housing First, was achieving positive results, for example, successfully and sustainably engaging with very high need long-term homeless people whom other services had not been able to help. For those providing and using the Stonepillow service, this was because the support being used was based on a Housing First model. Some will argue the Stonepillow approach was inherently limited by a lack of closer adherence to Housing First. However, where resources are tight and options are limited, moving as far as is possible towards Housing First may deliver some improvements, even if various constraints mean it is not possible to entirely adopt a Housing First approach.

One caveat to these positive roles that Housing First may have at strategic level is that the service model is still relatively new. Long-term outcomes are still uncertain, not just in the UK but globally, and success may not continue at the same rates over ten years as it has for between one and five years. Equally, homelessness itself is dynamic, and Housing First has been working well with long-term homeless people who are often middle aged older men who drink heavily, a pattern that may change as more high need women and more drug users enter long-term homelessness[74].

Barriers to Employing Housing First in England

This final chapter has presented positive findings about Housing First and argued that there is clear potential for reducing and preventing long-term and repeat homelessness in the UK. In practice, however, there are a number of potential barriers to the use of Housing First in England. These barriers include housing supply and current commissioning practice.

Housing Supply

> *I think it would be, but it is a constant cry across the city, there is not enough social housing…and that's the bottom line that there isn't enough for single people. And I think it is the same in pretty much every city across the UK, to be honest.* Housing First service provider.

Often the first question that is asked about Housing First is where the supply of affordable, adequate housing that it needs in order to work is going to come from. In Ireland, a strategic decision to move a housing-led model of homelessness services, including Housing First was immediately greeted with this question[75]. In Finland, the conversion of existing communal homelessness services - the shelters and hostels in cities like Helsinki - into communal Housing First services offering apartments, was in part a result of a strategic attempt to bring enough housing into use quickly enough to reduce long-term homelessness within a short timetable[76].

The nine Housing First services discussed in this report were generally not encountering very serious problems with securing housing. However, it was the case, as described in Chapter 4, that there was often a wait of three or four months before housing became available. Additionally, four of the London projects had specific arrangements, three of them with the Clearing House and the fourth with the London borough in which it operated, which gave them priority access to social housing. Elsewhere, while the pressures were not always as great on affordable housing supply and the social rented sector as was the case in London, it could still be a challenge to secure the right housing within a reasonably short timeframe. Another pilot Housing First service in Camden, which had no specific arrangements for accessing social housing and relied on Housing First staff directly negotiating with letting agents working for private rented sector landlords, found the process of finding adequate and affordable housing could take months[77].

Housing First cannot work without a housing supply being in place, as the approach is designed to house someone and then provide the supports needed to enable someone to create and sustain their own home. Due to the relatively low numbers of people who experience long-term and repeated homelessness, the amount of housing that Housing First services would be likely to require in any one location is not going to be very great. This may mean that it is possible to negotiate with social landlords and local authorities

to ensure that a sufficient supply of social housing is in place, but it is likely to often be the case that at least some use will need to be made of the private rented sector.

Using the private rented sector can present challenges. England and the wider UK offer very little security of tenure to private rented sector tenants. This is not to suggest that the private rented sector cannot offer good quality, affordable and longer term housing that is suitable for Housing First, but it is also a tenure where housing standards and security of tenure can also be very low. Here, North American experience and innovations in the UK in using the private rented sector could both be potentially useful.

Local lettings agencies in the UK effectively offer a full housing management service, the private landlord paying a small fee in return for which all aspects of housing management are handled for them, with the allocation of housing being determined by the local lettings agency. This model can help ensure that reasonable quality, relatively secure private rented housing which is as affordable as possible is made accessible to long-term and repeatedly homeless people, as well as to the wider homeless and potentially homeless population[78]. In North America, the pioneer Housing First projects effectively offered the same service to private landlords themselves, again ensuring a housing supply was in place. Although it was also the case that the pioneer Housing First projects also often held the actual tenancy themselves, effectively leasing the housing to a service user. While this practice of subletting may have reassured the private rented sector landlords, it also meant that service users did not have the housing rights that an ordinary citizen would have when renting a home[79].

Service Commissioning

There can be issues with the length of contracts that commissioners of homelessness services are able to agree. Funding levels for homelessness services have fallen and there have been significant cuts in some areas of England. In a situation of general fiscal constraint, Commissioners can face challenges in guaranteeing funding for a sustained period.

Five of the nine Housing First services discussed in this report face an uncertain future at the time of writing. Three were about to see their funding come to an end; others faced a precarious future, with their funding only being renewed on an annual basis. Two Housing First were facing closure

during the course of the evaluation reported here and were only reprieved at the last moment.

> *The way it was broken down, we were in the meeting and we were just told by the commissioner that there is no more money left and there just will not be any funding and I think everybody round that table was quite shocked because we couldn't believe it because then it's like how do you support the clients?...It definitely does work because there are so many other organisations that have got their own Housing First now, so it definitely works. To be quite honest, I don't think it's an expensive project really when you think about it... If I was a person who had that money I would be like, 'Well, you know what? It's worked; let's keep doing it'. It's not like they've tried it and it's failed, because it hasn't failed.* Housing First service provider.

Housing First is designed to provide on-going support. It is a fundamental part of the Housing First model to provide support for as long as a service user needs and not to stop providing support after a set period of time (see Chapter 2). In this way, Housing First *differs markedly* from many other forms of homelessness service provided in the UK. Many existing homelessness services are designed with an in-built assumption that re-housing of homeless people is a process that can be conducted within a timeframe, after which support will no longer be needed.

The reason for developing Housing First in the North America and Europe has been specifically because some people were found to be using homelessness services, built around an assumption that support could eventually stop, for what could be years, *without* an end to their homelessness. Housing First is designed for long-term and recurrently homeless people with high needs for whom time-limited services have *failed to deliver* an exit from homelessness. Housing First ends homelessness among people with high needs, it is a specialist open-ended service model designed for a minority of very high need homeless people whose need for support will be either long-term or permanent.

As noted in Chapter 5, Housing First can potentially reduce costs, although it is a service that remains engaged with formerly long-term and recurrently homeless people for as long as they need. Costs can be reduced in two ways. First, Housing First can lessen use of emergency services and in some cases

bringing down contact with the criminal justice system. Second and perhaps more importantly, Housing First can stop very long-term and repeated use of other types of homelessness services that are *unable* to resolve the homelessness of the specific group of high need homeless people for whom Housing First is designed.

Commissioners of homelessness services may be aware of the specific nature of Housing First, but it is possible that they will not be and will commission a Housing First service with an expectation that people will cease to need support after a given period, such as after six months or one year. It is important that the nature of Housing First is clearly conveyed to service commissioners, that the potential financial advantages are clear, alongside the moral and humanitarian arguments for reducing the most distressing and damaging form of homelessness.

This links to a wider point about who should be commissioning Housing First services. As the goal of Housing First services is to address sustained and recurrent homelessness among people with high and complex needs, there is an argument that Housing First should be a part of *social care* and *health* commissioning.

In Brighton and Hove, Housing First was being employed within a wider community care strategy to prevent vulnerable people from needing residential care and enabling them to live in the community. Prevention of use of residential care, or repeated stays in hospital, has been a core goal of health and social care policy in the UK dating back to the early 1990s. This use of Housing First, which focuses on the high health and personal care needs of long-term and recurrently homeless people, and enables access to an alternative, potentially more stable, source of funding, is worth further exploration. Personal budgets, within the new Care Act requirements, may also be a route to supporting Housing First services, where appropriate and Brighton and Hove City council is exploring possible pooling of personal budgets, where appropriate, as means to potentially fund Housing First services.

The Need for Robust Evidence

There is a difference between research indicating that a service model like Housing First is worth experimenting with and a robust evaluation that tests

Housing First approaches against existing homelessness services. The existing evidence suggests that a randomised control trial in England would probably confirm much of what is reported here (see Chapter 2). It is arguable that there is sufficient international evidence, particularly from the Canadian and French experimental evaluations (see Chapter 2), to mean that there is already a clear case for adopting Housing First in the UK, but it is also the case that there are important differences in context.

There are some other areas that need further explanation. Women represented just over one-quarter of Housing First service users and appeared to benefit from Housing First at similar rates and for similar reasons to men. However, there is growing evidence that women's experience of homelessness often differs from that of men[xxv], and the suitability of Housing First for women, including why women were not more strongly represented among Housing First service users, should be further investigated. The suitability of Housing First for other groups of homeless people, such as young people or those with specific experiences, such as repeated offending and imprisonment, could also be subject of more exploration. The potential for preventative use of Housing First could also be examined in more detail (see above).

One obstacle to health and social care commissioning centres on the UK evidence base. If health commissioners in the UK are to fund Housing First, the quality of the UK specific evidence base, particularly with respect to delivering a clinical standard of proof, must be improved.

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