‘Housing First’ or ‘Housing Led’? The current picture of Housing First in England

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Let’s end homelessness together

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Key Findings

There are estimated to be around 58,000 people each year in England who are in contact with homelessness, substance misuse and offending services and who experience multiple and complex needs[1]. Current models of homelessness accommodation do not always meet this need. Last year the two biggest reasons for accommodation based services declining referrals or refusing access to clients were either that the person was assessed as being too high risk to other clients or staff (77%) or that their needs were too high (76%)[2]. New approaches are required for those whose needs are not being met and to address the system failure of traditional accommodation and support models.

Traditionally homelessness services in England have taken a 'staircase' or linear approach to housing people experiencing homelessness, whereby people progress through a series of accommodation and treatment services until they are 'housing ready' and can access independent housing. Housing First makes no conditions and provides an immediate housing solution with 'wrap around' support to an individual to help them maintain it.

While Housing First offers a long term accommodation solution, the evidence base on the scale of Housing First in England and the extent to which the principles of the model are being used in practice, is limited. Whilst there is a large body of research and evaluation on the effectiveness of the model in the US, Canada and some European countries, less exists in the English context.

This report summarises evidence about the scale of the current use of Housing First in England, how it is funded, and the challenges and opportunities for rolling it out on a national scale. It finally examines the gaps in current evidence, policy and practice that could be addressed to help Housing First be credible housing solution to people experiencing multiple disadvantage across England. Key findings include:

- There is no single definition of Housing First. Instead replication of the original Pathways model in New York focuses on the following key principles: housing as a basic human right; immediate provision of permanent scattered site housing; respect, warmth and compassion for all clients; no requirement regarding housing readiness; a commitment to working with clients for as long as they need; separation of housing and services; use of an assertive case management (ACM) and an intensive case management team (ICM)[3]; Consumer choice and self-determination; a recovery orientation; harm reduction rather than abstinence with regards to substance misuse (Pleace and Bretherton 2013a, 2015; Johnsen and Teixeira 2010).
- In England, Housing First does not represent such a large paradigm shift for homelessness service delivery as it does in the US as floating support is mainstream in homelessness provision, harm

[1] Bramley, G. and Fitzpatrick, S. (2015) Hard Edges Hard Edges: Mapping severe and multiple disadvantage, Lankelly Chase Foundation. http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf
[2] Homeless Link (2015) Support for single homeless people in England: Annual Review 2015. http://www.homeless.org.uk/sites/default/files/site-attachments/Full%20report%20-%20Single%20homelessness%20support%20in%20England%202015.pdf
[3] ACTs comprise social workers, nurses, psychiatrists, peer counsellors and employment workers. The teams are located off-site, but are on-call 24 hours a day, seven days a week, on a time-unlimited basis and provide most services in a client's home or neighbourhood. The ICM team has a case management role and works with chronically homeless people with relatively fewer support needs and provides some direct support itself, though its main role is focused on case management, connecting people with the externally provided mental health, health, support and other services they need.

reduction is wide spread in practice and client centred models are strongly endorsed by practitioners (Johnsen and Teixeira, 2010, 2012). However, there is still a mainly treatment first approach by services.

- There strong evidence that Housing First provides strong and consistent outcomes for tenancy sustainment of between 70 to 90%. Outcomes in relation to mental and physical health, substance misuse and social integration are more mixed but are generally positive.
- Currently around a third (34%) of homeless accommodation providers are using or exploring Housing First[4] as a form of accommodation for their clients. Our scoping research suggests Housing First would be targeted at between 10-20% of people currently in contact with homelessness services.
- Current practice in England shows that fidelity to the Housing First model is mixed. Whilst there are some services adopting the core philosophy of Housing First, others appear to be drifting from the model and can be described as 'Housing led' approaches due to their lower intensity of support, range and duration and targeting lower needs clients. A small number of projects represent a much greater drift from the model, and appear more akin to floating support with independent accommodation.
- The target client groups for Housing First was predominantly rough sleepers (71%) and those with multiple and complex needs[5] (70%). 17% target their project at women only or young people (16-25 year olds) which corresponds with overall trends with homelessness services who report increasing numbers among these groups and targeting services at them[6].
- The main source of funding for Housing First is housing related support (31 %). 27% receive local authority local grants and 15% of Housing First projects were funded through fundraising or charitable sources. Very little funding comes from other sectors including social services (4%) criminal justice (2%) and substance misuse (2%).
- Most projects had funding for between two and three years (29%), and just over a quarter (27%) of projects that were funded for 12 months or less in the form of pilots. Only 9% were funded for more than five years.
- The most common 'wrap-around' support model was a mobile support team (60%). Over half (51%) of projects were using an intensive case management system where they use support from several providers and 40% of providers were using lower intensity support models. Only 47% of respondents said that there was a separation of housing and support services.
- In terms of accommodation, 49% of Housing First projects use social rented accommodation and 51% use private rented accommodation (PRS).
- By far the biggest barrier to setting up a Housing First project was reported as access to suitable and affordable accommodation in both the social and private rented sectors. This included securing social housing either through the local authority or registered social providers and persuading them to be flexible with their allocations policy. In the PRS, landlords were reluctant to

[4] 25% report currently using a Housing First model and 9% are exploring it (Homeless Link (2015) Support for single homeless people in England: Annual Review 2015 http://www.homeless.org.uk/sites/default/files/site-attachments/Full%20report%20-%20Single%20homelessness%20support%20in%20England%202015.pdf)

[5] Defined as people with two or more of the following support needs: mental health, learning disability, substance misuse, offending behaviour

[6] See for example Support for single homeless people in England: Annual Review 2015, Homeless Link

let to people on housing benefit. Providers also struggled to raise money for a deposit and find properties within their Local Housing Allowance rate.

- Other barriers and challenges stakeholders identified were:
    - An inconsistent definition and understanding of Housing First among providers and commissioners – there are local variations with some projects referring to floating support models as Housing First.
    - Variation in effective partnership work dependent on the locality. There was inconsistent buy-in from commissioners, providers and other agencies including adult social care, health, criminal justice and substance misuse agencies across local authority areas
    - A rigid, inflexible culture within local authorities and registered providers of social housing to take referrals, implement the Housing First models and be flexible with their housing allocations policies
    - Lack of co-commissioning arrangements, longer term funding and reductions in overall homelessness services and budgets.
    - Practical barriers in recruiting staff with specialist skills to work with the target client group, getting referrals from other agencies at project set up and setting up service level agreements with other providers.
    - Lack of appropriate methods to evaluate the outcomes of Housing First including long term monitoring of the programme and tools for support workers to measure client progress.
- Few of the service users we spoke to had heard of Housing First, but on the whole they were in favor of the model. They were positive about the idea of having a permanent tenancy that was tailored for their needs and that support could alter in frequency depending on their ongoing requirements. However, some expressed concern about the fairness of the model in terms of which client group it was targeted at and how it would be accessed. A lot of current service users thought access to Housing First should be open to everyone and questioned the extent to which it would be effective with people who were considered to be ‘chaotically homeless’ even with intensive support.

Introduction

The Housing First model was first developed in New York in 1992 by the 'Pathways to Housing' organisation, as a response to the problems they saw facing mentally ill patients who had no alternative housing options other than to access homeless shelters or live on the street (Atherton and McNaughton Nicholls 2008; Pleace and Bretherton 2013a). The premise of the model opposes the traditional staircase or linear approach to housing people experiencing homelessness, whereby people are progressed through a series of accommodation services until they have proved they are 'housing ready' and can access independent housing. The staircase or linear approach works on a 'treatment first' philosophy (Padgett et al., 2006), in that clients have to address their problems before progressing to the next stage, with housing as the end goal. In contrast Housing First prioritises access to an independent tenancy and whilst support is assertively encouraged, relapse or failure to engage does not result in the tenancy ending (Salyers & Tsemberis, 2007).

Since it was first developed Housing First has been widely replicated in the US, Canada, Europe. Its use in England has been relatively limited, with the first scheme being developed in London in 2010. However, there is a growing interest in developing better housing responses for people with multiple and complex needs. Housing First offers an approach that can tackle the issues this client group experience which are not met or suited through the traditional hostel system: multiple evictions and abandonment, non-engagement or chaotic engagement with services, antisocial behaviour, and multiple support needs and behaviour that are considered too high risk for staff and other residents.

There have been some small scale studies and evaluations of how Housing First operates in England, the most recent of which evaluated nine services funded through the Homeless Transition Fund (Pleace and Betherton 2015). However, there has not been a comprehensive analysis of the scale of the current use of Housing First, how it is funded, and the challenges and opportunities for rolling it out on a national scale. This report – produced as part of a scoping project with funding from LankellyChase Foundation and Comic Relief- seeks to address these questions and sets out the findings from a rapid evidence review, an online survey with homelessness providers and local authorities; in-depth interviews with stakeholders currently using or interested in Housing First; and a series of commissioner events; and focus groups with people with experience of homelessness.

Review of the current evidence

There is a large body of evidence that exists on Housing First. The evidence covered in this paper is not a systematic or comprehensive in methodology but is intended to draw out gaps in the literature which highlight further work and practice needed in the English context (for an up to date comprehensive mapping of Housing First literature between 1990 and 2014 please see Raitakari and Juhila 2015). This review examines the definitions and principles behind Housing First looking at the extent to which the 'fidelity' of the model is used and agreed internationally. It then looks at the evidence of outcomes and effectiveness of Housing First and gaps in the evidence base.

Definition and philosophy of Housing First

There is no single definition of Housing First. The original pathways model describes the principles of Housing First in the following terms (Pleace and Bretherton 2013a, 2015; Johnson and Teixeira 2010):

- Housing as a basic human right
- Immediate provision of permanent scattered site housing
- Respect, warmth and compassion for all clients
- No requirement regarding housing readiness
- A commitment to working with clients for as long as they need
- Separation of housing and services
- Use of an assertive case management (ACM) and an intensive case management team (ICM)[7]
- Consumer choice and self-determination
- A recovery orientation
- Harm reduction rather than abstinence with regards to substance misuse

The extensive use of Housing First has led to some criticism about the extent to which replicas of the original pathways model still adopt the core ethos and principles. As Pleace and Bretherton (2012) highlight as Housing First has been implemented "*what appears to be a globally influential idea has been simplified, diluted and sometimes significantly changed*". The issue of model drift is seen as a potential concern in three ways (Pleace and Bretherton 2013b):

- Firstly, moving away from the specific pathways approach may lessen the effectiveness of Housing First (Tsemberis, 2011; Pleace and Bretherton, 2013a; Stefancic et al, 2013; Nelson et al, 2014; Watson et al, 2013).
- Secondly, if numerous versions of Housing First emerge and fail it may question the Housing First model (Stefancic et al, 2013).
- Finally, if it not clear what Housing First is it is difficult to implement it from a policy and strategic perspective (Pleace 2011).

[7] ACTs comprise social workers, nurses, psychiatrists, peer counsellors and employment workers. The teams are located off-site, but are on-call 24 hours a day, seven days a week, on a time-unlimited basis and provide most services in a client's home or neighbourhood. The ICM team has a case management role and works with chronically homeless people with relatively fewer support needs and provides some direct support itself, though its main role is focused on case management, connecting people with the externally provided mental health, health, support and other services they need.

To try to combat this Pathways to Housing has developed a fidelity checklist and manual which is intended to ensure that new Housing First developments in America follow the structure of the original model (Tsemberis, 2010b).

Due to the specificity of the pathways model in treating mental health patients in the context of the US another suggestion has been to develop a Housing First typology that is a relatively broad practical framework to define and compare Housing First in an international context (for more see Pleace and Bretherton 2013b). This typology agrees that the core principles are:

- a separation of housing and support services
- support is intense, open ended and flexible
- people accessing the service are chronically homeless
- a harm reduction approach is used; and
- and people are given choice and this is respected.

Discussions around fidelity of the model in Europe have also centred around differentiating between Housing First and Housing led services. Here, the suggestion[8] is that 'Housing – Led' applies to lower intensity services (in terms of support intensity, range or duration) which may also be targeted at lower needs groups of homeless people who are not chronically homeless. In contrast 'Housing First' is used to describe services that are not following the Pathways model exactly but which *reflect* or are *influenced* by the Pathways core philosophy or paradigm. These two concepts will be used in this report to assess to current practice of Housing First projects in England.

When considering the English context it is important to draw on analysis undertake in Australia which concludes that Australia should not be aiming to provide an exact replica of the Pathways Housing First model but that projects should have the flexibility to develop interventions that suit local conditions and meet the needs of specific target groups (Johnson et al 2012):

> *The idea of 'program drift' emphasises the importance of establishing our own evidence base and avoid falling into the trap of trying to compare program success against the Pathways to Housing model. Consequently, implementing a Housing First approach in Australia should be evaluated with an understanding of the specific characteristics of Australia's welfare and housing system. (Johnson et al 2012)*

The same can be assumed for the English context which has a very different welfare system and housing market from both the US and the rest of Europe. An evaluation of nine Housing First services in England found that, with only one exception, while projects were adopting the core philosophy of Housing First and English services looked similar to some of the European versions of Housing First, they were less closely related to the pioneer US services in the detail of their operation (Pleace and Bretherton 2015).

[8] made by the jury of the 2010 European Consensus Conference on Homelessness (ECCH)

Outcomes and effectiveness of Housing First

There is evidence that Housing First provides strong and consistent outcomes for tenancy sustainment. Outcomes in relation to mental and physical health, substance misuse and social integration are more mixed but are generally positive (Johnsen and Teixeira, 2010).

Rates of housing sustainment from 70% to over 90% have been achieved by various models of Housing First (Pleace and Quilgars, 2013). This includes randomised control trials in the US where clients had around an 80% retention rate in housing over a two-year period. The study found that the degree of residential stability were significantly greater than for those in a Continuum of Care[9] control group (Tsemberis et al., 2004). A Canadian study found 90% of clients still in stable housing one year after being housed. Of those still in stable accommodation, 85% perceived the ongoing tenure to be secure and believed themselves to have a positive future (Toronto Shelter Support & Housing Administration, 2007).

High tenancy sustainment rates have also been achieved by Housing First projects in Europe. The recent evaluation of nine English Housing First projects found that 74% of current service users had been successfully housed for one year or more by five of the Housing First services (Pleace and Bretherton 2015). A 'Housing First Europe' research programme between 2011 and 2013 found that Housing First projects were delivering housing sustainment rates of over 90 per cent in Denmark, the Netherlands and Scotland and just under 80 per cent in Portugal (Busch-Geertsema, 2013).

A review of the extent to which Housing First services are effective in in promoting health and social and economic inclusion (Pleace and Quilgars, 2013) found that Housing First at the very least stabilise and sometimes improve health status. The evidence of broader measures of social integration is not as strong and in need of further exploration. In some cases research points to improvements (Busch-Geertsema, 2013) and others to stabilisation (Tsemberis et al., 2004). Housing First does not, overall, lead to any deterioration in mental health and studies have identified that Housing First clients spent fewer days in hospital and made fewer emergency visits than homeless people in more traditional service settings (Sadowski et al., 2009). Other evidence suggests that Housing First is at least as good as Treatment First approaches in addressing mental health (whilst being more successful on housing sustainment).

Examining substance misuse in more detail, the impact of Housing First on psychiatric symptoms and substance misuse have been limited (Pearson et al., 2009). In some cases Housing First clients did not increase their use of drugs and alcohol at 24 months (Tsemberis et al., 2004) and others show of a reduction in alcohol use (Padgett et al, 2006; Larimer et al., 2009). However, there is no evidence of drug and alcohol increases following rehousing yet a number of academics have argued that uncertainty remains regarding the applicability of Housing First for people with severe and active addictions (Kertesz et al., 2009, Kertesz and Weiner, 2009). A three year evaluation of Turning Point's Housing First project in Scotland showed that outcomes in relation to substance misuse were mixed, but positive on balance (Johnson 2013). There was an overall reduction in the severity of service users' dependence on illicit drugs, but little observable change as regards overall levels of alcohol dependency. However, several

[9] Continuum of Care supportive housing programs subscribe to the abstinence–sobriety model based on the belief that without strict
adherence to treatment and sobriety, housing stability is not possible.

service users had achieved abstinence from whatever their primary 'substance of choice' had been at the point they were recruited to the project (ibid).

There is very limited published evidence on impact on people's physical health and the extent to which Housing First services promote social integration (Pleace and Quilgars, 2013).The available evidence does not suggest that Housing First services currently impact on levels of economic participation but there are early indications that Housing First projects may have an impact on training, education and other meaningful activity (Pleace and Quilgars, 2013).

Cost effectiveness

In terms of cost savings, many reports conclude that Housing First is a highly cost-effective approach compared to linear models (Gulcur et al., 2003; Gilmer et al. 2009; Larimer et al., 2009; Gilmer et al. 2010; Padgett et al., 2011; Srebnik et al., 2013; Russolillo et al., 2014) and there have been studies which show Housing First offsets costs via a reduction in clients use of expensive emergency services and other services, as well as a reduction in criminal justice costs (Gulcur et al., 2003; Larimer, 2009). The evaluation of nine Housing First projects in England showed that indicative costs illustrate the potential for Housing First to save money in England (Pleace and Bretherton 2015). 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 (ibid).

However there has been some caution drawn in terms of the comparing Housing First to linear or continuum models. Whilst studies suggest that Housing First is more effective than existing models this could be explained by underfunding and limited capacity of linear models to achieve what they set out to do (Kertesz et al 2009, O'Connell et al. 2009).

Gaps in evidence in England

Addressing the English context in more detail, whilst some evidence exists on the positive outcomes of Housing First, Johnson and Teixeira (2010) found that stakeholders held mixed views about the potential efficacy of Housing First for homeless people with complex needs in the UK. Those largely in favour of Housing First viewed it as an innovative approach that may just 'work' for homeless people who have been revolving in and out of services for many years, and believe that it is thus worth trying. A smaller number not in favour of Housing First felt that it would do nothing to improve outcomes compared to existing provision (ibid). Five years on the use of Housing First in England has increased and the next section sets out the current picture of Housing First in England addressing the scale, scope and challenges for using the model on a larger scale.

A very recent systematic review of 184 publications on Housing First (Raitakari and Juhila 2015: p.173) typologises the literature on the model into nine orientations and concludes that the evidence follows very similar arguments, in that *"Housing First generates cost savings, increases wellbeing and is an effective route out of homelessness; high fidelity to Pathways Housing First is associated with better housing stability and quality of life outcomes; and there are many structural and cultural constraints to be taken into account when transferring Housing First from one locality to another"*. Among the commentaries literature, gaps exist in the following areas and are a reflection of our scoping exercise in England, and will be drawn out in more detail in the concluding section of this report:

- more research is needed on Housing First and other housing models in a European context
- previous research evidence on Housing First is not absolute and should it automatically be considered robust
- Housing First has led to outstanding outcomes in terms of housing sustainability but has shown less promising results in terms of recovery and social integration
- there are a number of structural and cultural constraints to be taken into account when transferring Housing First from one locality to another
- the most important for Housing First projects is to hold on to the Pathways ethos; defined as strong housing rights, scattered housing, off-site and intensive support, client choice, self-determination, and a resilient and compassionate attitude
- Housing First is not an all-powerful solution to long-term homelessness, and structural changes are crucial in the fight against poverty and marginalisation
- Housing First has lot to offer, but critical thinking and research are essential.

The current picture of Housing First in England

Scale of Housing First in England

Currently around a third (34%) of homeless accommodation providers are using or exploring Housing First[10] as a form of accommodation for their clients. Further analysis of the national picture shows regional variations in use of Housing First (see figure 1). The North West, East Midlands and Yorkshire and the Humber have a slightly larger proportion of Housing First projects when compared to all accommodation projects in England. In contrast, the South West and the North East under index on proportions of Housing First projects in comparison to total accommodation projects. The evaluation of nine Housing First projects in England found that they were relatively small and low cost in comparison to the large scale projects in Canada, Denmark and France. This was reflected in the in-depth provider interviews where projects in England were working with small client groups with one or two support workers per project.

"We are very keen to see our housing first pilot succeed for the benefit of our more complex service users. We are currently restricted in what we can offer due to accommodation options and having no additional funding but we currently have two service users that are appropriately housed using this method."

Figure 1: Regional distribution of Housing First projects in England

	East	East Midlands	London	North East	North West	South East	South West	West Midlands	Yorks & Humber
Proportion of voluntary sector providers using Housing First	13 %	12%	13 %	3 %	17%	13%	8%	11%	10%
Proportion of total accommodation projects by region	13%	8%	15%	6%	13%	14%	14%	9%	8%

Source: Online Housing First survey, N= 59/61
Homeless Link Annual Review telephone survey with providers, N=353/357

Motivations to establish Housing First in England

The evidence review has shown that Housing First was originally established to address the needs of chronically homeless people with mental illness who could not get access to housing. The results from the survey of providers and local authorities conducted by Homeless Link show a more diverse range of motivations for starting a Housing First model (graph 1). The most common reason, similar to the original pathway model, is based on local needs assessment (41%). Another common motivation was due to evidence of effective outcomes from existing Housing First projects from the US and Europe (37%), this also came through strongly in the in-depth provider interviews. Many providers we spoke to had seen the strong outcomes evidence in the US and wanted to see if it worked with their clients with complex needs. In addition, when stakeholders were asked what would motivate them to roll out or advocate for a Housing

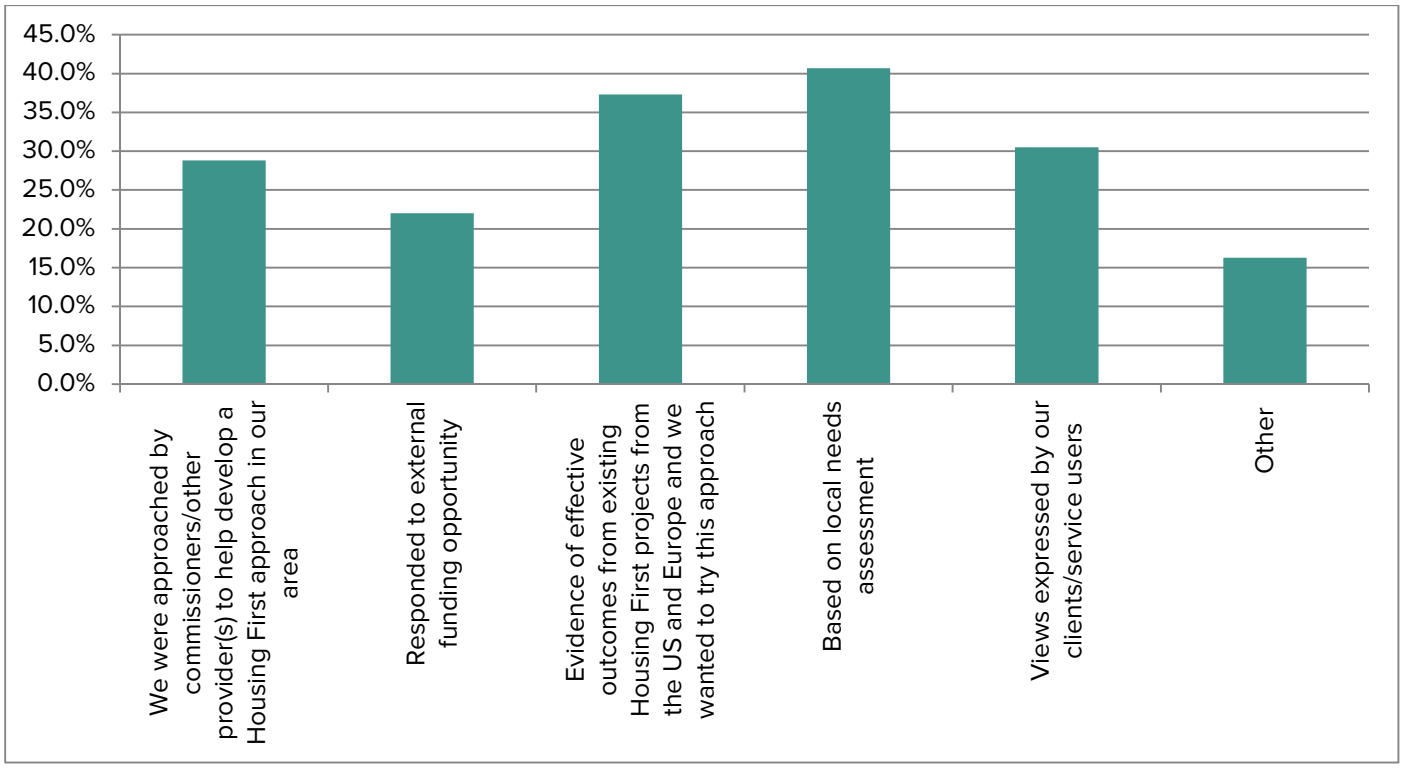
[10] 25% report currently using a Housing First model and 9% are exploring it. Homeless Link, Support for single homeless people in England: Annual Review 2015. http://www.homeless.org.uk/sites/default/files/site-attachments/Full%20report%20-%20Single%20homelessness%20support%20in%20England%202015.pdf

First approach, evidence was a key driver, particularly improved evidence on clinical and long term outcomes in the UK.

Three in ten (30%) providers started a Housing First project in response to views expressed by their clients and service users and 29% were approached by another provider or commissioner to develop a Housing First approach in their area. 22% of respondents said they developed their project in response to an external funding opportunity. The 'other' category included providers being requested by their local authority, negotiating with commissioners in their area to find a housing option for a particular group which included people leaving care and prison, and the need to find a housing option for people who had failed repeatedly in other forms of hostel accommodation.

Further analysis of Homeless Link's 2015 annual review of support for single homeless people showed a difference between those projects that are using/exploring Housing First and those that weren't in terms of the main barriers to accessing accommodation. Whilst the primary and secondary barriers across all accommodation projects remained not having any suitable or affordable accommodation available in their area, among those that were using Housing First the third biggest barrier was that the client was excluded from housing providers due to previous behaviour (15% of providers) compared to 5% of those not using Housing First at all.

Graph 1: Motivations for establishing a Housing First project



Source: Online Housing First Survey
N=59/61

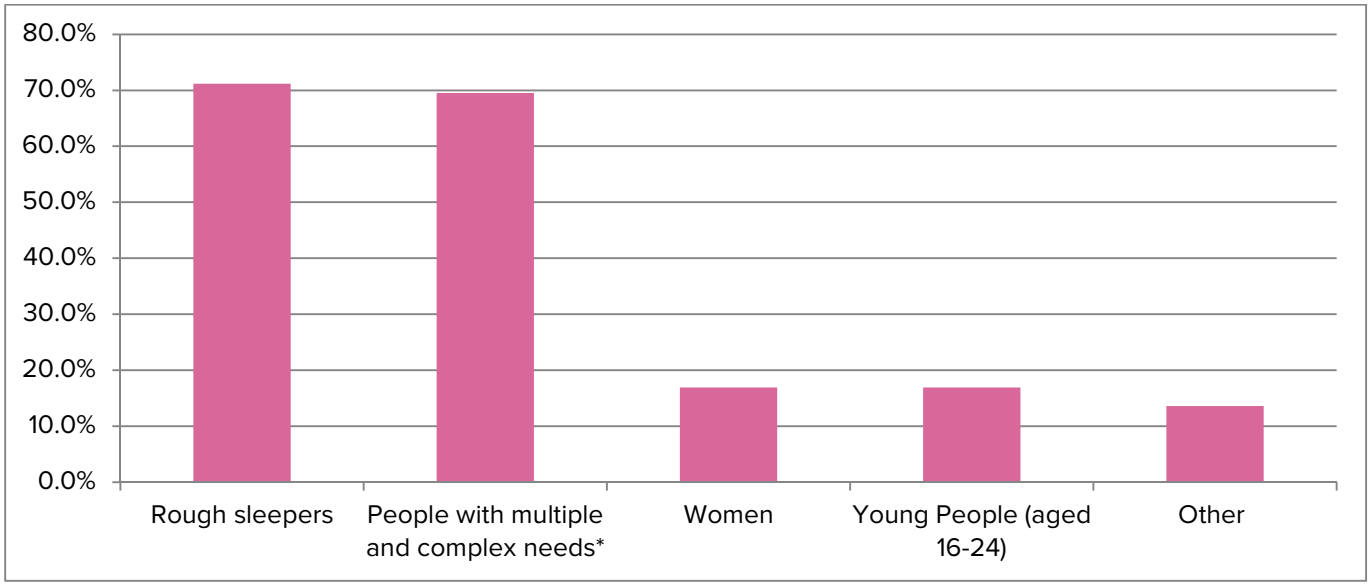
Target client group

The Housing First projects, whether previously funded, currently in place or about to start, were predominantly targeted at rough sleepers (71%) and those with multiple and complex needs[11] (70%). 17% targeted their project at women only or young people (16-25 year olds) which correlates with overall trends with homelessness services seeing increasing numbers among these groups and targeting services at them. Other categories included clients with multiple exclusions from other services; those 'stuck' in the housing pathway; and single men who are non-priority need. The two main groups fit with the original Housing First philosophy/paradigm which states that service users should be chronically homeless and have high rates of severe mental illness, poor physical health, problematic drug and alcohol use and may also exhibit low-level criminality and nuisance behaviour. The extent to which people stuck in the pathway and single men who are non-priority need are an appropriate client group for Housing First could be disputed and this questions the understanding and correct use of the model among providers in England.

Whilst there is no data to exactly quantify the number of people seen to be appropriate for Housing First projects, interviews with providers and stakeholders and results from the survey estimate it is between 10-20% of people currently rough sleeping or using homelessness services. Providers on the in-depth interviews usually knew who their clients would be before they set up a project. They were usually people who were well known to services and had been through the system many times before and were not able to live in traditional accommodation models:

"I think it's a good model for clients who struggle to fit into the main stream of Supporting People funded services. Supported living should never be a one size fits all as clients are different but more importantly, long term entrenched lifestyles do change what people need and the support that can fit their needs at the time. Long may Housing First continue I would say."

Graph 2: Target client group for Housing First



Source: Online Housing First Survey
N=59/61

[11] Defined as people with two or more of the following support needs: mental health, learning disability, substance misuse, offending behaviour

Funding and commissioning Housing First

One the key issues in the English context is how the philosophy behind Housing First can fit into the commissioning structure. In most areas funding is constrained by commissioning cycles with a maximum of five years and the unlimited nature of Housing First support raises questions about how it can fit into funding which often offers time limited support. The main source of funding, similar to other homeless accommodation, is from housing related support (31%). 27% was through local authority local grants (Figure 2). The in-depth interviews with providers and local authorities showed that Housing First was funded as part of the housing support pathway and would replace bedspaces in hostels as part of the commissioning process.

15% of Housing First projects funded through fundraising or charitable sources. The in-depth interviews showed that some organisation paid for Housing first through their own voluntary incomes because they couldn't find commissioners who would fund Housing First or it allowed them flexibility in the way they offer support. Outside of this there were very few projects which had funding from other sectors. None of the survey respondents identified health funding, and just one in-depth interviewee had received funding from the Clinical Commissioning Group (CCG). Responses in the 'other' funding sources included Department for Communities and Local Government, Greater London Authority, Homeless Transition Fund, and Making Every Adult Matter all of which were time limited in their funding streams so don't offer long term solutions to Housing First models.

Figure 2: Funding source of Housing First project

Funding source	Percentage of Housing First Projects
Local authority local grant	27%
Housing related support (formerly Supporting People)	31%
Social Services	4%
Fundraising/charitable sources (incl. Charitable Trust, fundraising and individual donations)	15%
Criminal justice	2%
Substance misuse - such as Drug Action Team	2%
Other	20%

Source: Online Housing First Survey
N= 59/61

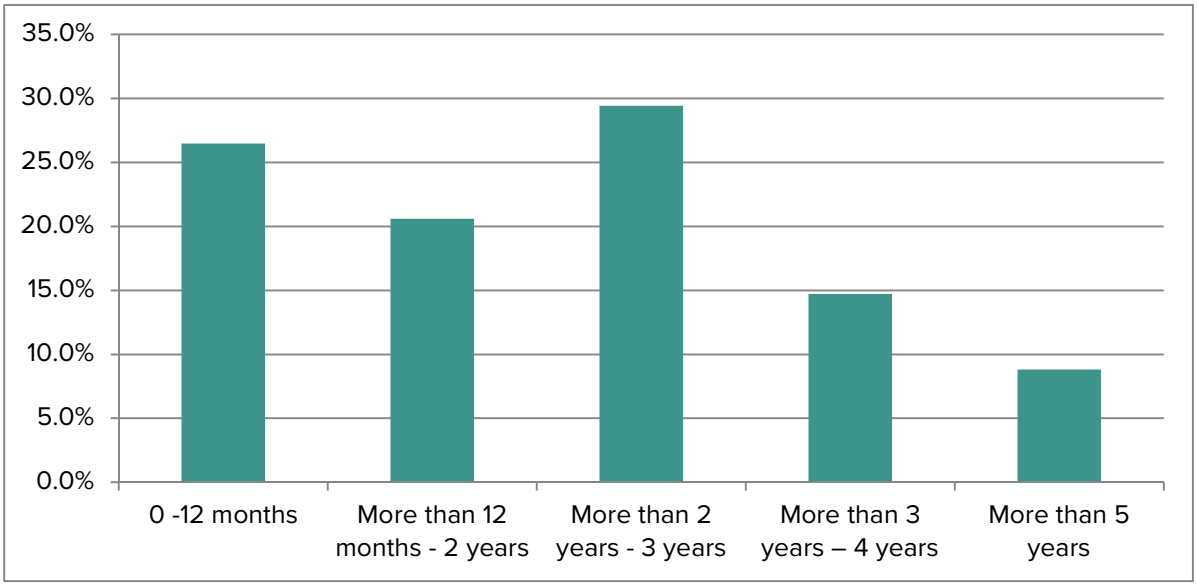
Most projects had funding for between 2 and 3 years (29%). Just over a quarter (27%) of projects were funded for 0-12 months in the form of pilot projects to test the model out (graph 3). Providers involved in pilot projects were, in most cases, asked by commissioners to look at the outcomes for the pilot to justify extending the model further and some projects had not been continued.

"[I have] concerns that our current grant is only 18 months. The very nature of our client group tells us that some may need this time just to get some level of independence away from the street. The short term nature of grants versus the long term nature of Housing First models, don't sit well together."

Only 9% were funded for more than five years. One of the main issues for Housing First projects is the access to longer term funding especially given that most of the client group are static and unlikely to no longer require the support in place. Whilst support may become less intensive over time, some projects who had ended after the pilot phase spoke about how they had to make arrangements for existing clients to be integrated into current housing pathways or adult social care accommodation. Both providers and stakeholders saw more integrated and cross commissioning on a large scale as one of the only ways of sustaining Housing First projects in England over the long term.

"We would be very keen to support any work being developed, seems opportune (and necessary) to move from local pilots to something with a more national reach, which formalises an ideal model and could attract larger scale funding. I think this would be best done in partnership to achieve scale."

Graph 3: Length of funding for Housing First models



Source: Online Housing First Survey
N= 59/61

Service design and delivery

The rapid evidence review shows that the original pathways model has been widely replicated across the US, Canada and Europe. The survey asked current providers of Housing First projects in England about the current components of their Housing First projects, and whilst we did not undertake a full evaluation or fidelity checklist, the responses help indicate how Housing First is currently being set up and delivered in England. Graph 4 shows which elements of the Housing First model are being used by projects in England.

The most common support model was a mobile support team (60%). Over half (51%) of projects were using an intensive case management system where they use support from several providers and 40% of

providers were using lower intensity support models. Other models of support that were not used as widely was 24 hour wrap around support (11%) and assertive community treatment (6%). These models of support were not used mutually exclusively by Housing First projects, and in a number of cases more than one type of support was being delivered dependent on the individuals they were working with. The use of lower intensity support raises questions about the extent to which these can be described as 'Housing First' or as discussed previously would fall into 'Housing led' projects. Peer support was being used by 28% of projects. Follow up interviews discussed how integral peer support was in running projects and engaging with difficult clients who had a history of non-engagement with services and authorities.

One of the guiding principles of Housing First is the separation of housing and support. Whilst support is encouraged it is non-compulsory and does not result in eviction or lose of accommodation based on engagement. Only 47% of respondents said that there was a separation of housing and support services. The follow up interviews indicated that whilst in theory projects would like to adopt this approach, the nature of how the service was commissioned and the expectation by the local authority and the housing provider for clients to receive support meant in practice this would be difficult to adopt. In most cases clients wanted to engage with support so this had not been an issue.

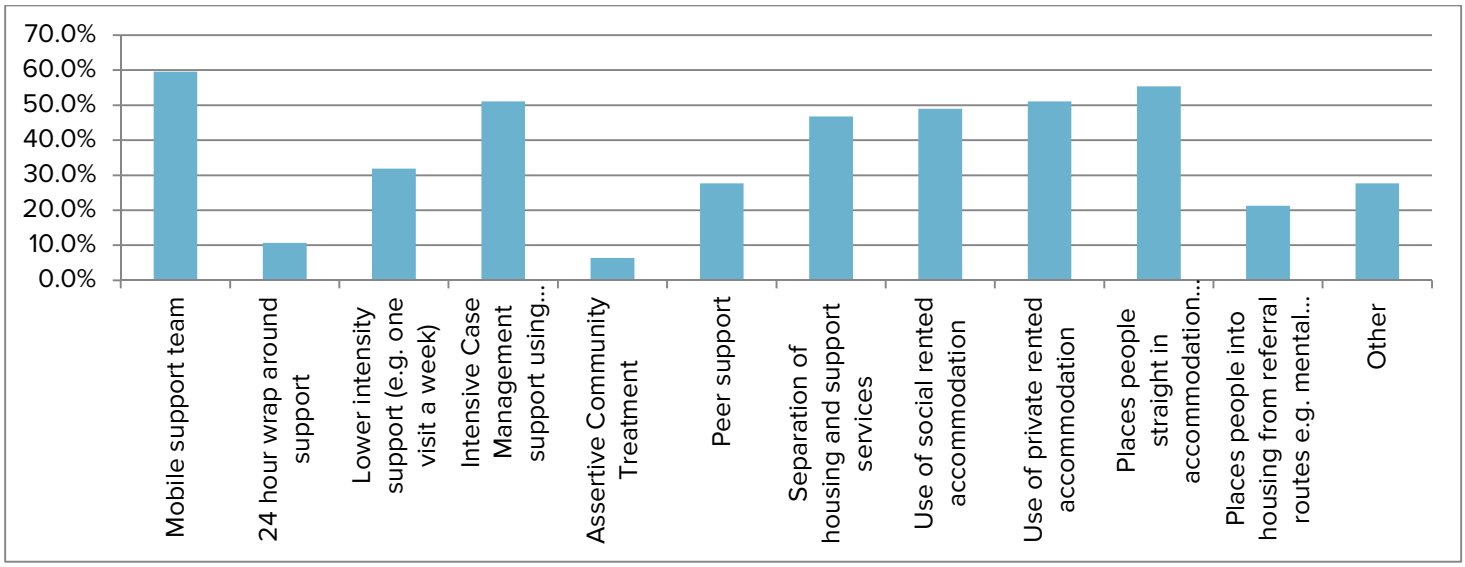
The length of support is also a critical factor. Housing First is based on the premise that service users have access to support for as long as they need it. The in-depth interviews showed that this could very rarely happen under the current commissioning arrangements. There was only one provider whose funding allowed them to work indefinitely with clients. Whilst projects would not abandon clients, if funding ended they would make arrangements to transfer clients to other types of support and in some cases this meant change of accommodation.

The type of accommodation used for Housing First in England is one of the factors that set it apart from how the model operates in other countries. Access to permanent low cost housing is very difficult especially in London and the South East. The client group Housing First is targeted at can also add further barriers as in many cases they may have abandoned social properties, have pre-existing rent arrears or banned from registered providers due to antisocial behaviour. Responses to the survey showed that 49% use social rented accommodation and 51% use private rented accommodation. The high use of private rented accommodation for Housing First raises questions about the longevity and stability for tenants and the risk of eviction and affordability if they move back into employment at any point.

The referral routes of clients also showed some interesting findings. 55% providers said they placed people straight from the streets into accommodation and 21% said they used referral routes such as mental health services. This is also linked to access to accommodation in the English context as the evaluation of the nine Housing First projects in England showed a time lag between first working with a client and getting them into accommodation. 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 and the shortest time was 6 weeks by the project in Stoke. By London standards this represented very rapid access to social housing. The nature of the housing market in England and the difficulty in accessing accommodation means that in many cases people are placed in temporary accommodation before they are able to find a permanent tenancy.

Other elements that were listed by respondents included grants for furniture and tenancy set up, service level agreements with registered social providers, steering groups and a welfare benefits specialist.

Graph 4: Elements used by Housing First projects in England



Source: Online Housing First Survey
N=47/61

Challenges and learning in the English context

Housing First is still in the development stage in England, and providers and stakeholders spoke about a number of barriers and challenges they had experienced and were still experiencing in delivering the model in their area. Figure 3 shows the barriers experienced by projects taking part in the online survey.

Figure 3: barriers to setting up and running a Housing First model

Barriers to setting up and running a Housing First model	%
Securing buy-in from commissioners	10%
Securing buy-in from local providers	20%
Securing funding	27%
Securing suitable properties/accommodation	46%
Agreeing referral routes/access to the Housing First properties	14%
Developing a Housing First model which is appropriate for our local area and existing commissioning arrangements	20%
Involving appropriate partner agencies in providing wrap-around support	10%
Lack of appropriate method to evaluate outcomes of the model	12%
Other (please specify below)	17%

Source: Online Housing First Survey
N= 59/61

By far the biggest barrier is access to suitable properties and accommodation. This included securing social housing either through the LA or registered provider and persuading them to be flexible with their allocations policy. This was not only in areas where housing was in short supply such as Brighton or London but also where providers were struggling to access social housing from local registered providers. Key to this was working in partnership with the local authority and providers to develop service level agreements and change local allocations policies to give greater access to social housing for Housing First purposes:

"For this model to grow and for pressure to be put on providers by the local authority of social housing to offer more accommodation, housing allocation policy needs to change to include this offer of accommodation and get more buy in from providers who are providing social housing. Budgets need to be agreed via the local authority to be able to incentivise accommodation provided through the private sector."

There were unique challenges associated with accessing the private rented sector, similar to problems experienced more widely. Projects reported struggling to find landlords who would take clients on housing benefit and raising the money for the large deposit required to move someone in to the property. In more expensive areas finding properties within the LHA rate also proved difficult. There was also the question of whether using the PRS was an appropriate tenure for Housing First clients, as most tenancies are only 12 month fixed term assured short-hold tenancies unless the properties have been leased longer term by the

provider or local authority. In some cases only inappropriate properties (both social and private) were offered to Housing First projects which felt like they were setting the client up to fail, for example in areas where the client had previously been involved in antisocial behaviour or placing someone with long term substance misuse issues in a supported accommodation for older people.

There were also some challenges with getting commissioners (cited by 10% of projects) and providers (cited by 20% of projects) on board with the model. However, this was not as much of an issue as we had first envisaged. The in-depth interviews and commissioner events showed there was a lot of interest and motivation to start a Housing first model in local areas.

For many, the concept of Housing First was new and seen as risky in terms of working with a client group that posed perceived challenges in terms of their behaviour and disengagement with services. This was both in terms of giving housing tenancies especially among housing managers in local authorities, but also support and multi-agency working particularly from health and adult social care teams. This was proving a barrier to providing 24 hour wrap around support. In a broader sense commissioning was made more difficult by not having the right buy-in from cross sector partners including adult social care, criminal justice, health, and substance misuse. In most areas stronger partnerships had been forged with individual agencies but this was not consistent across all sectors, and health was often cited as an area that needed to be involved more effectively, as although many clients had long term limiting illnesses health partners were less engaged and rarely contributing financially to the model.

Housing First projects also spoke about the difference between frontline and strategic/managerial staff. Even where senior buy-in to the model had been sought frontline staff were reluctant to take referrals, allocate tenancies or work with clients, particularly those who were 'known' to services. There was a sense of risk associated by some to the model and a fear of failure if people chose not to engage with the support being offered.

The commissioning framework and culture within which Housing First models are operating was seen to cause difficulties. As previously discussed the length of funding available restricted how the length of model and the support capacity which accompanies it. More widely the funding environment and loss of homelessness contracts and additional housing and homelessness services made establishing a Housing First model which was integrated into the housing offer or pathway even more of a challenge in areas where it does not exist.

"A housing first model would assist our clients with complex needs / rough sleeping. However, due to cuts in funding we no longer have a street outreach service (we had plans to include housing first in any new tender). We have no plans or funding available at present to commission for a service."

In areas where there were Housing First projects in operation, staff also felt they were stretched to capacity with their current caseload:

"We are currently at capacity with 20 clients. The service has 1 coordinator and 3 support worker. I think we are stretched to give the intensive support that these clients require. The clients would benefit more if we had a maximum of 5 clients per worker."

In some areas they had struggled to recruit staff with specialist skills to work with the clients who had experienced entrenched homelessness and complex needs. The flexible approach required for Housing First in terms of 24 hour intensive support made it difficult to cover staff in terms of absence and leave. The nature of the model also meant that clients would become very attached to their support worker so it required services to think differently about staffing rotas and how they cover out of hours support.

12% of respondents to the survey felt that there was a lack of appropriate method to evaluate outcomes of the model. There was strong emphasis by commissioners that Housing First models had to evidence their cost-effectiveness before they were commissioned on a long term basis. Local authority based commissioners stressed that savings to the NHS, whilst positive, did not save money in their budget and evaluations and cost/benefit analysis needed to address this. As well as the overall evaluation framework and longer term monitoring of how successful Housing First is in England providers also discussed the metrics and monitoring tools used by support workers to measure client progress. Frontline staff thought the outcomes star tool did not work for this client group and engagement with this tool was not always appropriate. Clients often had a 'honeymoon period' where they achieved strong outcomes but a small setback could result in them going 'off track' and give the impression Housing First was no longer working. Where pilots are 12 months or less they have to demonstrate outcomes very quickly but this is not always feasible with more complex cases.

There is also still a lack of understanding of what Housing First is. Whilst the paradigm drift for the English context can be expected to some degree, the in-depth interviews showed that there was a lot of variation in the model. In some cases Housing First was being used to describe independent tenancies with floating support. In addition, the expectation by commissioners that Housing First clients would exit the service or 'float off' support caused problems in terms of the longevity and often static client group that local areas are working with. Whilst some progress is expected with clients there will be others who will require ongoing support but there is little understanding of this.

"[Local Authority commissioners] still appear exceptionally keen on the idea of "exiting/graduating" clients appropriate to using it as a broader (something more akin to "intensive floating support") tool as opposed to true Housing First. A number of LAs have also modified/diluted the client criteria to accord to this. For example, I know of LA contracts (and LA contracts currently out for tender) that require HF clients to demonstrate ability to pay service change and NOT have histories of perpetrating ASB before they are deemed eligible for referral".

In a lot of cases Housing First projects spoke about trying to manage a flexible housing model within a rigid working environment. Within LAs there was very little room for mistakes or being creative and service level agreements can be difficult to negotiate.

Finally there were a number of practical barriers in setting up and using a Housing First model. A lot of projects talked about barriers with the referral process in their initial start-up, as other agencies didn't know the project existed so they were not receiving any clients and were slow to start which caused barriers among 6 to 12 month pilot projects who were trying to demonstrate need and evaluate outcomes. Housing First was still seen as a new concept in many areas and as they were setting up a scheme from

scratch, many were unsure how to go about setting up paperwork, forms, and service level agreements. In many areas people said they felt they were working in isolation.

Views of Housing First from those experiencing homelessness

Seven focus groups were conducted with people currently in contact with homelessness services across England. This included people using day centres who were rough sleeping, those living in accommodation based services and young people aged between 16 and 24.

Very few people taking part in the focus groups had heard of Housing First and we did not speak to anyone who had experience of the model. Most feedback about the concept of Housing First was positive, everyone liked the idea of having access to a permanent tenancy straight away without having to access or live long term in hostel accommodation first. Some concerns were raised about social isolation and loneliness when people first leave hostels but on the whole participants were in favour of the model.

Participants raised the question of how these properties would be acquired by the organisations running the Housing First projects as most of them had struggled to access accommodation. In their experience social housing was difficult to access and private landlords usually needed financial incentives to take part in schemes which offered tenancies to people who had previously experienced homelessness.

Service users also liked the concept that support in the Housing First model was client centred and not linked to the tenancy. Participants spoke positively about the idea of support being tailored to the individual which could taper off if they felt they needed it to, but equally they could go back for help at any point rather than this being time limited.

Most of the discussion centred on the eligibility criteria for Housing First. There were concerns about the 'fairness' of who could access Housing First. A lot of service users felt that the focus on chronically homeless people with complex needs was discriminatory against other people in homelessness services who had proved they were ready for independent accommodation but could not move on because of blockages in the current system and lack of affordable move on options. This supports the idea of commissioning more Housing Led as well as Housing First projects where intensity of support will be lower but people will have the option of accessing independent accommodation when they first become homeless. In particular, women and people who had experienced mental issues were in favour of this approach.

Participants were also concerned about tenancy sustainment among chronically homeless people, they felt that even with support they would not be able to retain their tenancy and felt the money would be better spent on other homelessness models.

What are the gaps in current evidence, policy and practice?

Whilst there are examples of Housing First and housing led models working in practice on a small scale the evidence in this paper has identified a series of challenges and barriers to fully integrating a Housing First model across England which Homeless Link has sought to address through its proposal for Housing First England. Integral to this is addressing the current gaps that exist in evidence policy and practice that have been drawn out through the scoping research and are set out below.

There are also a number of opportunities and challenges presented by the current policy context which should be considered throughout any further work around Housing First, including:

- The Care Act's new eligibility and payment structure for packages of support offers potential for financing wrap-around support for those living in Housing First beyond, pilot project stages
- The current government has signaled its interest in exploring Housing First further as a way to accommodate those with multiple and complex need which is an opportunity to pursue in partnership with them and other departments. *'We are particularly interested in exploring whether the impressive results achieved by the Housing First model could be replicated on a large scale in England... we are keen to see what results can be achieved and at what cost.'*
- Ongoing reductions to LA grants and housing related support, which is likely to put further pressures on local funding available for Housing First
- The likelihood of some reductions to the overall housing benefit budget, with some early signs of further reductions to Local Housing Allowance rates.
- Ongoing uncertainty for Housing Association relating to their capital funding and subsidies which will need considering when exploring how business models could facilitate availability of properties for Housing First.

Evidence

- **Long term evaluation/evidence base of Housing First in the English context.** Whilst there have been some evaluations conducted in England, these have either addressed individual pilot projects or have provided short term outcomes – the most recent of these conducted by the University of York across nine services in England. This identifies gaps in the current evidence base: the lack of women represented in Housing First services given their growing prevalence in homelessness services; the suitability of Housing First for other groups including young people; the use of Housing First as a preventative tool. The quality of evidence in the UK has also been identified as a barrier for investment by health and social care commissioners who felt the quality of evidence still did not meet the 'clinical standard' which would be required by most health commissioners. They would welcome further research to show how Housing First can demonstrably reduce health inequalities and improve health outcomes for those experiencing substance misuse needs.
- **Effective metrics for measuring outcomes across Housing First models and also how to assess client progress.** Feedback from current services shows that the outcome star is not an appropriate tool for clients in Housing First projects as distance travelled is often very small and this does not give an effective measure for showing the large steps that clients make after many years of disengagement.
- Homeless Link recommends that future research on Housing First in England should address the following elements:

- Be longitudinal in design to track the long term outcomes of clients
- Assess the appropriateness of the model for certain client groups (such as women at risk of violence, young people)
- Examine the extent to which Housing First has 'preventative' potential for those at risk of long term an repeat homelessness
- Measure the outcomes achieved through different settings of Housing First (such as dispersed vs congregate)
- Evaluate the health benefits of Housing First which satisfy the demands for a 'clinical standard of proof' about the impact on health. This would consider health benefits and savings to acute health spending as well as impact on people's wellbeing
- Develop metrics to measure outcomes across different areas of people's lives who are living in Housing First, so that commissioners and providers have a clearer set of joint outcomes to base decisions on.
- Be in an accessible format for commissioners, practitioners and funders to help inform decision making and design of Housing First projects regarding support type and length, sourcing and funding of housing units, cost savings/effectiveness of the model.

Practice

- **Flexible commissioning arrangements.** Housing First projects need a longer term and stable funding base, and should be more fully integrated into the housing offer in every local authority area. Commissioning needs to allow for flexibility to adapt as the client caseload and housing market alters.
- **Staff training** for voluntary sector providers, registered providers and local authorities using or planning to use Housing First. This is both delivering the model but also ensuring staff understand how it works and getting them on board with Housing First in their area and the shift in culture it requires.
- **Practical peer support and learning**: there was appetite to share practice in terms of set up, delivery, funding, common pitfalls etc. A lot of services talked about making a lot of mistakes in the beginning as they had nothing to learn from or base their model on and no-one to talk to.
- **A comprehensive definition (and understanding by practitioners, commissioner and stakeholders) of what constitutes Housing First in England**. Whilst it is recognised that the English housing market, commissioning framework, and welfare system means that Housing First will not exactly match the original US pathway model there are key elements which need to be in place and adopted by Housing First models in England to distinguish it from floating support which includes:
    - permanent housing and immediate access to this
    - provision of support in people's homes which is offered on a non-time limited basis
    - working with a client group who are classed as not 'housing ready'
    - separation of housing and support services
    - consumer choice and self-determination
    - recovery orientation
    - harm reduction rather than abstinence with regards to substance misuse
- **A full understanding of the implications of the Care Act** and how this can be integrated into the Housing First model.

Leadership

- **Leadership to provide a platform for a Housing First movement in England** which establishes a core set of principles (above) and helps translate these into practice. Providers and commissioners spoke of the isolation they felt and although there was great willingness not all knew how they could take this forward.
- **An English/UK network of Housing First.** There are opportunities to share policy and practice and challenge assumptions on how Housing First can be successful in the English context.
- **Help to broker cross commissioning relationships**. The model requires input from adult social care, criminal justice, health, substance misuse in order to provide effective wrap-around support. Most projects they described not having full engagement from one or more of these, in particular health was stressed as being missing from partnerships. This needs to happen at a national and local level
- **Access to capital funding to build new housing or adapt existing stock.** There needs to be better understanding of how to access and lever investment to secure new units as well as make use of existing stock – lack of accommodation was the main barrier cited in our scoping exercise. The involvement of funders, social investors and Housing Associations is needed to explore these opportunities.

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Methodology

There were five elements to the fieldwork which was carried out between April and June 2015:

1. Rapid literature review of US, UK, Canadian and European evidence. This identified 53 articles and reports on Housing First in peer review and grey literature.
2. Web survey to voluntary sector providers and local authorities which received 117 valid responses.
3. In-depth interviews with 15 stakeholders either running Housing First models or organisations who wish to advocate for the model.
4. Seven focus groups with people experiencing homelessness carried out with our Champions groups and expert Advisory Panel

5. Further analysis of Homeless Link's Annual Review of single homelessness support in England. This was based on a telephone survey of 357 accommodation projects in England representing 28% of the projects on the Homeless UK database. Projects were stratified by region, and then randomised to produce a sample for the telephone survey.

homeless link

What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

Let's end homelessness together

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