



GUIDANCE



homeless link



**Housing  
First  
England**

Guidance for  
**Commissioners**

# Housing First

## Guidance for Commissioners

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**Produced by** Housing First England

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## Introduction

*“I firmly believe that Housing First provides an effective alternative model of delivery, which can benefit the most vulnerable within society, and enable suitable and affordable accommodation and support to be accessed, outside of the traditional and more prescriptive or linear methods of service delivery.*

*“It has also enabled more people to access other supported accommodation services, which otherwise may not have been available. We have also seen a considerable drop in repeat homelessness presentations, and the numbers attending our homeless drop-in centre has also decreased.” ~ Housing First Commissioner.*

This guidance aims to provide commissioners with the information needed to commission effective Housing First services in your area. The guidance contains background information about Housing First in England and further afield, some of the evidence for the success of the approach and working examples of tools and documents to support the funding of Housing First.

Commissioners play a key role in ensuring that those who need Housing First are able to access it. However, this fairly new approach is radically different to the traditional support offered to people with experience of homelessness and multiple and complex needs in England. It will be important that you construct the business case to demonstrate need, as well as ensuring the services offered are aligned to the key principles of the approach.

Housing First is not a low-cost option, but – for the people it works and is intended for – it is cost-effective and achieves better outcomes than most existing services.

It is recommended that you also refer to the [guidance for support providers](#).

### Housing First England

This guidance has been written as part of Homeless Link’s Housing First England project. Homeless Link is the national membership body for the homelessness and supported housing sectors in England. Housing First England is a three-year project which aims to make Housing First a viable and accessible housing option to support Homeless Link’s vision of a country free of homelessness.

Visit our website [www.hfe.homeless.org.uk](http://www.hfe.homeless.org.uk) and follow us on twitter @HF\_England for updates.

# What is Housing First?

Housing First is an internationally evidenced intervention, which has proven successful in supporting people with multiple and complex needs to maintain housing. The main premise is that an individual should not need to prove they are ready for housing and is instead given a permanent offer of their own home, along with an intensive long-term support package to enable them to maintain it.

A permanent offer of a home does not mean that they will remain in the same place for the rest of their life. It means that the offer of housing is permanent; if they lose or leave their accommodation, they will be supported to find another home. It is acknowledged that the Housing First cohort may experience some difficulties along the way, but that support will always be there for them.

Unlike traditional homelessness services, the only condition placed on the individual is a willingness to maintain a tenancy. People are not required to address any other needs they might have, or engage with other services, in order to keep their accommodation. The support and accommodation are not linked, and the ability to access one is not conditional on access of the other.

## History and growth of Housing First

The roots of Housing First are traced back to New York in the 1990s when Pathways to Housing offered this new housing and support model to 'chronically' homeless people<sup>1</sup> with severe and enduring mental illness. Psychiatrist Dr. Sam Tsemberis concluded that the traditional staircase approach was not working effectively. Some people became 'stuck' in services, often unable to fulfil the requirements for moving on, or were frequently evicted because of strict rules. There was a noticeable decrease in the take-up of services by individuals.

It was argued that the prevalent approach emphasised that homelessness was a result of a 'character flaw' in the individual. Pathways to Housing decided to try something different and found that giving people a stable base, from which to rebuild their lives, was hugely successful. They collected evidence on the outcomes and were able to promote their work.

Since the 1990s, Housing First has been widely adopted across the US and Canada and, more recently, is growing in popularity across Europe. Some countries have included Housing First in their national homelessness strategies. FEANTSA (the European federation of national organisations working with the homeless) published their Housing First Guide for Europe ([www.housingfirstguide.eu/](http://www.housingfirstguide.eu/)) in 2016, and have been instrumental in establishing the Housing First Europe hub, a platform for promoting and developing Housing First across Europe, of which Homeless Link is a member.

Housing First is not new to the UK. The first project was established by Turning Point Scotland in Glasgow in 2010. The London borough of Camden first commissioned their service in 2010/11 and other projects were developed in 2012, when Homeless Link funded nine pilots through the Homelessness Transition Fund. In

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<sup>1</sup> A term used in the US to describe "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years."; <https://www.hudexchange.info/resources/documents/DefiningChronicHomeless.pdf>

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2013, a service was commissioned by the Isle of Anglesey Council, which led to the Welsh Government recommending the use of Housing First in later guidance.

Over the last few years more areas have become interested in the approach and, since the beginning of the Housing First England project in 2016, we have been mapping where it is being used. There is now at least one service in every region across England and many more being planned.

Information about the use of Housing First in England, including an evaluation of the nine pilots and a scoping exercise, can be found at <http://hfe.homeless.org.uk/resource/research-evaluation>. A map of services in England can be found at [www.hfe.homeless.org.uk/services](http://www.hfe.homeless.org.uk/services)

## The key principles of Housing First

The Pathways to Housing model defined a set of key principles deemed integral to the success of Housing First. They also developed operational guidelines to enable support providers to replicate the model. However, as other countries began to use Housing First, service delivery had to adapt based on their national context, although research has shown that services that aligned to the key principles still achieve good outcomes.

The Housing First Europe movement slightly amended the Pathways to Housing principles to reflect the contextual differences between Europe and the US, and between countries within Europe. The main difference relates to the type of housing used, whether this is scattered across a community or single site (i.e. many Housing First homes in one block). There are arguments for both approaches, relating to community integration and isolation.

In 2016, Homeless Link published a set of principles for the use of Housing First in England that are aligned to the Pathways to Housing and Housing First Europe principles. We strongly recommend that any service being designed or delivered is underpinned by these principles to achieve the best outcomes for the people they are supporting.

### Housing First England principles

1. People have a right to a home
2. Flexible support is provided for as long as is needed
3. Housing and support are separated
4. Individuals have choice and control
5. An active engagement approach is used
6. People are supported to identify their strengths, goals and aspirations
7. A harm reduction approach is used

The principles for England can be found here: <http://hfe.homeless.org.uk/principles-housing-first>

## Why are the principles important?

Adherence to the core philosophy of Housing First is important. Research shows that the more a service aligns to those principles, the better the outcomes achieved. This is known as fidelity. In the scoping exercise

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mentioned above, we found that fidelity to the core principles of Housing First across services in England varied greatly, which is one of the reasons we established the Housing First England project.

Various researchers (as noted by Pleace and Bretherton, 2012, 2015) have raised concerns about potential issues arising if services do not adhere to the core philosophy. These concerns are:

- A likelihood of reduced effectiveness and positive outcomes for individuals
- Failure due to low fidelity may bring the model into question
- The approach cannot be implemented strategically, or in policy, if it is unclear what it is

It is therefore necessary that any service commissioned and delivered in England, and calling itself Housing First, should have high fidelity to the underlying principles.

## Caseload size

Due to the level of individual need and intensity of support, Housing First teams have small caseloads. One worker should not be supporting any more than seven individuals to ensure that the intensive, flexible, wrap-around support can be provided. Many Housing First projects have started with just ten individuals in the first year.

As the support offer is open-ended, individuals will remain on the caseload in subsequent years, but the intensity of the support may vary (including the capacity to have 'dormant' cases). For this reason, there is potential to take on a couple of new people but, on the whole, services will need to increase capacity in order to increase the caseload considerably.

For further information on service specifications, see 'What does a Housing First service look like?' below.

## Evidence for Housing First

### Improved lives for individuals

Housing First is the most researched intervention for homeless people with multiple and complex needs. The international evidence base indicates that Housing First achieves positive outcomes for people and is a cost-effective way of supporting those needing this type of service. The studies undertaken vary from large scale randomised control trials to smaller qualitative studies, yet all indicate the same trends.

There is no standard set of outcome measures for Housing First. However, three key outcome areas are highlighted in the FEANTSA Housing First Europe Guide. These are:

- Housing sustainment or retention
- Enhancing health and wellbeing
- Improving social integration

### Tenancy sustainment

Evidence suggests that, across all services and all countries, 70-90% of clients sustain their tenancies. Not only is this the most compelling argument for offering Housing First, but it also indicates that people with multiple and complex needs are able to, and do, sustain tenancies.

The evaluation of nine services in England showed high levels of success in reducing long-term and repeated homelessness, which is associated with very high support needs. The report highlighted 74% tenancy sustainment across five services.

European Housing First services end homelessness for at least eight out of every ten people.<sup>2</sup> The table below shows some of the results found in research conducted across European Housing First services.

Table 1. Sustaining a Tenancy

Housing First Service	% of services users in housing after one year of Housing First support <sup>3</sup>
Discus Housing First Amsterdam (2013)	97%
Copenhagen	94%
Turning Point Scotland Housing First Glasgow	92%
Casas Primeiro Lisbon	79%

### Health and Wellbeing

While improvements in health, wellbeing and substance misuse are more mixed than outcomes relating to tenancy sustainment, on balance changes in these areas are positive.

The evaluation of nine Housing First services in England found evidence of improvements in mental and physical health among service users. Table 2. shows responses from 60 people who provided evidence about their health and wellbeing before and after the Housing First intervention.

<sup>2</sup> [https://www.york.ac.uk/media/chp/documents/2013/np\\_and\\_jb.pdf](https://www.york.ac.uk/media/chp/documents/2013/np_and_jb.pdf)

<sup>3</sup> <http://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf>

**Table 2. Health and Wellbeing improvements reported in England**

	'very bad or bad' physical health	'very bad or bad' mental health	'drink until they felt drunk'	illegal drug use
<b>A year before Housing First</b>	43%	52%	71%	66%
<b>Current</b>	28%	18%	56%	53%

Evidence generally suggests stabilisation, and some reduction, in drug and alcohol use and whilst improvements in this area are not uniformly reported, what is clear from the research is that use of drugs and alcohol does not increase.

Examples of this can be found in a range of studies. For instance, in a 2013 Housing First Europe research project<sup>4</sup> it was found that in:

- Amsterdam: 70% reduced their drug use, 89% reported improvements in their quality of life and 70% reported improvements in their mental health
- Glasgow: Drug and alcohol use was reported to have stabilised or reduced in most cases
- Lisbon: 80% reported a lower level of stress
- Denmark: 32% reported improvements in alcohol use, 25% an improvement in mental health and 28% in physical health
- France: six months prior to Housing First, people had spent an average of 18.3 nights in hospital. After a year in Housing First the time spent in hospital had fallen to 8.8 nights on average.

### Improving social integration

Like the outcomes relating to health and wellbeing, indicators of improvements in social integration are also mixed. This could be attributable to the target cohort and their related needs, and social integration may in fact be a longer-term goal of the service, rather than a realistic goal set for the first few years (when many of the studies are undertaken).

Some examples of evidence of social integration are:

- The Casas Primeiro service in Lisbon which reported that almost half the Housing First service users had started to meet people in cafés to socialise, with 71% reporting they felt 'at home' in their neighbourhood and 56% reporting feeling part of a community.
- The evaluation of nine services in England found that 25% of people reported monthly, weekly or daily contact with family a year prior to using Housing First, rising to 50% when asked about current contact.

Evidence that Housing First has the capacity to help homeless people with high support needs into paid work is not extensive in Europe or North America. Again, this is likely a longer-term goal for Housing First services due to the nature and complexity of the needs of the target cohort.

However, there is evidence of reductions in anti-social behaviour and contact with the criminal justice systems. 78% of people using the nine services evaluated in England reported involvement in anti-social behaviour a year prior to using Housing First, compared to 53% when asked about current behaviour.

<sup>4</sup> <http://housingfirstguide.eu/website/the-case-for-housing-first-in-the-european-union-a-critical-evaluation-of-concernsabout-effectiveness/>

**Evaluations** are being carried out on many of the Housing First services in England and provide a good insight into the benefits of Housing First to their residents. We will be uploading evaluations to the Housing First England website: [www.hfe.homeless.org.uk/resource/research-evaluation](http://www.hfe.homeless.org.uk/resource/research-evaluation)

### Cost-effective services

In some countries, including the USA, Housing First is argued to be a lower cost option, providing cashable savings to the public purse, dependent on the country context and the wider provision of services.

However, researchers in the US have noted an important caveat, in that two conditions result in the ability of Housing First to deliver cost savings. These are that the services work with people with very high and complex needs, and that those individuals are making extensive, inappropriate, use of emergency medical and other services and/or have high rates of contact with the criminal justice system.<sup>5</sup>

On the surface, Housing First can seem an expensive offer for the number of people being supported. The approach is not low cost, but it is cost-effective for people with the most complex needs. As discussed above, positive outcomes are achieved for individuals who may not be successfully engaged and supported by traditional services. The evaluation of nine services in England did find Housing First to be cheaper than high support hostels and it is therefore important that it is an option for those with the highest needs.

While your department may not see large savings, evidence shows that the Housing First approach could **save up to £15,000 per person, per year**<sup>6</sup> through reduced use of expensive public services and wider savings. Further, a report by the Joseph Rowntree Foundation suggested that scaling up Housing First in the UK could save around £200m per annum after two years in costs related to the current group of homeless adults with the most complex needs<sup>7</sup>.

People eligible for Housing First are likely to have had frequent contact with criminal justice and emergency health services. Use of the Housing First approach reduces their contact with these costly services. Without access to effective interventions, an individual's needs are likely to deteriorate with increased contact and use of expensive services.

For more information relating to the cost benefits and effectiveness of Housing First, we recommend you look at:

- <http://hfe.homeless.org.uk/sites/default/files/attachments/Evaluation%20of%20nine%20services%20in%20England.pdf> (pages 51-61)
- <http://www.centreforsocialjustice.org.uk/library/housing-first-housing-led-solutions-rough-sleeping-homelessness> (pages 49-51)

<sup>5</sup><http://www.homeless.org.uk/facts/our-research/housing-first-in-england-evaluation-of-nine-services>

<sup>6</sup><http://www.homeless.org.uk/facts/our-research/housing-first-in-england-evaluation-of-nine-services>

<sup>7</sup><https://www.jrf.org.uk/blog/solve-homelessness-we-need-housing-first>

# Why commission Housing First?

The previous section outlines the compelling international evidence-base for Housing First. In the context of continued funding cuts, we know that local authorities need to make difficult decisions. Recommissioning provides a chance for innovation, and many commissioners are considering Housing First as a more appropriate option for people in their community with the most complex needs.

Because Housing First is challenging to the status quo, you are likely to need to make a robust business case by collecting relevant data to ensure political and strategic buy-in, and enable evidence-based commissioning.

## The psychology behind Housing First

From a human psychology perspective, there are several reasons why Housing First may be so successful.

Maslow's Hierarchy of Needs is a model that helps us to understand human motivation. Maslow states that a person will only be motivated to function at their optimum once a variety of other physical and psychological needs have been met. The very initial stages relate to very basic human requirements of physiological wellbeing and safety. Individuals who are not physically and emotionally safe and stable, will not be able to go on to develop support networks, self-esteem and realise their potential. Housing First provides safety and security through housing and the long-term offer of support.

Another area of psychology which is useful to consider is Attachment Theory, which hypothesises that the relationship between an individual and their main caregiver, in the first few years of life, determines how they go on to relate to others and the world. The attachment bond enables the child to be physically and emotionally safe within their environment, with other people, and within themselves. Severe abuse and neglect can deeply affect this attachment bond and have a long-lasting and pervasive impact on the individual.

How safe someone feels will depend on their resilience and past experiences. Those affected by trauma, particularly early childhood trauma, will find it difficult to feel physically and emotionally safe in settings that others may find tolerable. They can also struggle to comply with conditions and rules imposed on them which may replicate the control and power they experienced during past interpersonal abuse.

There is strong evidence linking early childhood trauma to adults experiencing multiple disadvantage.<sup>8</sup> Traditional services, for this group of people, can be retraumatising. Housing First prioritises giving someone physical safety in a home, long-term trusting relationships that provide security, and removes conditions and rules to empower an individual to take control of their own life and begin recovery.

## Strategic relevance

Statistics about the numbers of people sleeping rough, collected by the Department for Communities and Local Government, has shown a steady increase in street homelessness since 2010. The Autumn 2016 count found 4,134 individuals sleeping rough across England - the highest in several years. Our annual review of

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<sup>8</sup> <http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/>

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frontline services for single homeless people also found that the number of bed spaces available to this population has been decreasing:

[www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england](http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england).

Of particular interest in relation to Housing First, is the finding in the 2016 review that 73% of service providers stated they could not offer someone a service due to their needs being too high, and a similar percentage stating they refused someone a service due to concerns about risk. This implies that those with the most complex needs face difficulty accessing existing services. Nonetheless, and despite cuts to funding, many providers are developing innovative responses to meet the needs of people in their area, which include Housing First.

The Hard Edges report estimates that there are 58,000 people in the UK living with multiple and complex needs.<sup>9</sup> These individuals are likely to have poorer physical and mental wellbeing than the general population, and are at risk of harm due to their homelessness, substance use and/or exposure to violence and abuse. Many will have experienced adversity from a young age. There is increased focus in policy and practice on improving service provision for these individuals, as their experiences of multiple disadvantage often result from traditional provision being unable to meet their needs, rather than the problem being with the individuals themselves.

For useful documents related to the strategic context around multiple and complex needs, as well as data sets, see Appendix 1.

## Establishing need in your area

Housing First is most cost-effective when offered to individuals with multiple and complex needs who have sustained or repeated periods of homelessness and unemployment, and whom many traditional services have been unable to support successfully. Individuals are also likely to have had repeat contact with high cost public services in the health and criminal justice sectors.

In the Housing First principles for England, multiple and complex needs are defined as persistent and interrelated health and/or social care needs, which impact an individual's life and ability to function in society. These may include:

- Entrenched street homelessness, repeat service use or being otherwise vulnerably housed
- Mental, psychological or emotional health needs
- Drug and/or alcohol dependency
- Contact with the criminal justice system
- Physical health needs
- Experience of domestic violence and abuse

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<sup>9</sup> <http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/>

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Commissioners looking for evidence of need and deciding how to define the cohort will find information in local data, tools and strategies. Tools for making your case may include:

- **Joint Strategic Needs Assessments** that provide relevant local data
- **A Street Needs Audit**, which gives a detailed assessment of the street activity taking place, and the needs of those involved e.g. [www.nihe.gov.uk/belfast\\_street\\_needs\\_audit.pdf](http://www.nihe.gov.uk/belfast_street_needs_audit.pdf)
- **Health Needs Audit tools and guidance** to help you understand, plan for and improve the health of people who are homeless in your area: [www.homeless.org.uk/our-work/resources/homeless-health-needs-audit](http://www.homeless.org.uk/our-work/resources/homeless-health-needs-audit)

Many local authorities have Rough Sleeper Action Groups or similar multi-agency groups to monitor rough sleeping or complex needs cases in the area. There may be other relevant multi-disciplinary panels in which to understand the need and cohort.

### CASE STUDY: Oxford City Council

Oxford City Council first started to think about the Housing First model back in 2012/13, as they had several entrenched rough sleepers for whom it was felt there was no suitable, available accommodation. The majority had been sleeping rough for more than 10 years and many had never accessed any accommodation at all. Some had accessed hostels for very short periods of time, but had not been able to maintain their stay. The Council started conversations with a local service provider that was in a good position to take on a small Housing First project (5/6 units). The commissioner and provider worked in very close partnership to increase the chance of success and to ensure synergy with the Homelessness Strategy.

Since the start of the project, a high number of the initial target group have been successfully housed and the Steering Group have therefore recently started discussions about changing the cohort for the project to people who cannot sustain accommodation in supported housing or have a history of repeat homelessness. The group believe it is important that the project can adjust to reflect the changing need of the homeless and rough sleeping population in the city.

### CASE STUDY: Brighton

During August and September 2014, a research programme about rough sleeping in the City, Picture the Change, conducted 29 in-depth interviews with people using homelessness services there. The research recommended continuing and expanding the local Housing First service (based on learnings from the pilot) to provide another housing option for the most vulnerable people straight from the street or emergency accommodation. The report can be found here: [www.homeless.org.uk/facts/our-research/picture-change-repeat-homelessness-in-brighton](http://www.homeless.org.uk/facts/our-research/picture-change-repeat-homelessness-in-brighton)

Housing First can also be used where individuals are identified as stuck in the traditional supported housing pathway. Offering a different and more appropriate option can free up bed spaces and ensure that individuals do not repeatedly cycle around services without positively moving forward.

### **CASE STUDY: Camden Adult Pathway**

As the number of bed spaces within the Local Authority Adult Pathway has tightened, the complexity of need dealt with by Pathway services has continued to increase. The London Borough of Camden responded by introducing new service models, such as Camden Housing First (commissioned for 20 people in 2014 after a successful three year pilot), and commissioning a review of Camden Adult Pathway in 2016. Consultation with frontline staff and service users on the Pathway articulated interest in the success of Housing First in housing people with complex needs, people who 'revolve' repeatedly through services, and as an alternative to hostels. It concluded that "Camden Housing First is a service model that works well for those who find the hostel environment a challenge and 'revolve' around the first two stages of the Pathway" and recommended the increase of capacity of the Camden Housing First service from 20 to 30.

Camden Adult Pathway Review Refresh Report 2015 identified 87 service users who were considered as suitable for referral into a Housing First service.

While many Housing First projects in England have been commissioned to provide an option for those people known to homelessness services, others have been developed to address the needs of other populations in the area. The model is a potential solution for a range of people with complex needs including offenders, women, vulnerable care leavers and young people.

### **CASE STUDY: Housing First for women with offending histories**

Threshold Housing, part of New Charter Housing, worked with partners to develop a Housing First pilot for women offenders with complex needs. Support is available for women who have local connections with Oldham, Tameside and Stockport.

Providing solutions for women in prison and seeking alternatives to custodial sentences is high on national and local agendas. Since the start of the Threshold Housing First service, none of the women have re-offended. An evaluation and impact report of the service can be found here:

<http://hfe.homeless.org.uk/resource/research-evaluation>

## **Cost benefit and outcomes**

As discussed above, Housing First is not a low-cost option and your department may not see cashable savings. However, it is a more cost-effective service for people with complex needs who, the evidence indicates, achieve more positive outcomes through this approach compared to traditional services.

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The York University evaluation<sup>10</sup> does however evidence some cost savings with Housing First. The research compares the costs of Housing First (£26-40 per hour) to other support options of varying intensities, with the biggest savings found where the approach is compared to high intensity supported housing:

- *Scenario 1: Within a year, an individual has contact with an outreach team and then moves into a high support hostel before being resettled and provided with floating support. The cost savings of providing an individual with Housing First instead is estimated at £3048 – £4794.*
- *Scenario 2: An individual is housed and remains in a high intensity supported housing placement for 18 months. If instead they were offered Housing First, the estimated savings are £16,380-19,656.*

Since this research was conducted, we have also learned of Housing First schemes which are likely to be saving local authorities considerable amounts of money. These include a scheme for people with high and complex needs who were previously living in high-cost registered care facilities, and another scheme provided to, and funded by, people receiving personal independence payments via the Care Act. Both schemes are supporting individuals to lead independent lives and achieve more positive outcomes.

Throughout the course of the Housing First England project, we are undertaking research into cost-effectiveness and any savings of the different models of Housing First. We will also be sharing any similar work conducted by services on our website: [www.hfe.homeless.org.uk](http://www.hfe.homeless.org.uk).

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<sup>10</sup> <http://www.homeless.org.uk/facts/our-research/housing-first-in-england-evaluation-of-nine-services>

# What does a Housing First model look like?

While Housing First services in England follow the same principles, they may look slightly different depending on the local context and who is providing the service. Local authorities/funders and their providers have designed and developed services to suit their area. We will be evaluating some of these models over the course of our project, however, we hope this general overview will enable you to effectively commission a service in your area.

## Assertive Community Treatment vs. Intensive Case Management

Internationally, there are two types of teams providing support to people accommodated using the Housing First approach:

- **Assertive Community Treatment (ACT)**

ACT teams are multi-disciplinary and tend to be used in areas where access to wider mainstream support (e.g. health and social care services) is limited. This is particularly relevant in the United States where the 'welfare state' is minimal.

- **Intensive Case Management (ICM)**

ICM teams look like an intensive floating support service and are found in areas where there is wider support provision. ICM teams act as navigators, supporting their beneficiaries to access and engage with existing mainstream services (when the client is ready). ICM is the model most commonly used in the UK; due to the range of other public services available there is less need, and funding, to provide the ACT model. We are aware of only one example in England of a new service that will have some multi-disciplinary support within their Housing First team.

This guidance is written based on the ICM team model. However, as Housing First in the UK is still relatively new we may see some areas begin to adopt a similar structure to ACT teams – particularly in more rural areas where mainstream services are geographically more difficult to access.

There are few examples of a **multi-disciplinary team** providing support in the UK. However, Turning Point Scotland offers Occupational Therapy through their Housing First team, and we are aware of two examples in England where those supporting Housing First residents are from other sectors. Many services involve people with lived experience in paid or voluntary roles, and commissioners and providers may wish to consider what other expertise and experience they need when recruiting a new team.

## Staffing and support

It is important to ensure that the team structure is designed in line with the Housing First caseload size of one worker to every five to seven clients. Where possible, teams benefit from a dedicated manager or team leader who may also provide case management to a small number of individuals. The service must have the capacity to deal with staff absence and ensure that support is still available to residents.

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### Staff ratios

**OxHoP** Housing First employs one full-time equivalent project worker and 0.5 full-time equivalent peer support worker for a caseload of up to six people. The service cost includes some management time from the overall organisation.

**The Foxton Centre** in Preston has two full-time and one part-time staff members providing support to 16 people. There is additional volunteer support available.

Many services have 24/7 cover arrangements, usually provided by an on-call system. While use of this service may be low, it does provide reassurance to neighbours, landlords, and tenants.

The Housing First approach requires teams that are flexible, creative and persistent. Not all staff working in the homelessness sector will have the competencies and skills that lend to being an effective Housing First worker. There is more information about building a Housing First team in our provider guidance:

<http://hfe.homeless.org.uk/resource/guidance-toolkits>. We will also soon share information about the necessary competencies, skills and training needs identified by Housing First teams across England.

### Identifying the cohort

It is important that those involved in deciding who to offer the service to avoid making judgements about a person's ability to maintain a tenancy, based on their existing knowledge or experience of the individual. Housing First is about trying something different and believing in a person's ability to make positive changes.

### CASE STUDY: Eligibility criteria for Two Saints' Housing First Pilot

Between 2015 and 2017, Two Saints worked with entrenched rough sleepers through the Housing First model. Clients had to:

- ✓ Be known to local services
- ✓ Be Long Term Chronic Homeless - defined as street homeless for one year or more, or four or more episodes of homelessness within the last three years.
- ✓ Have multiple, complex needs and fall into three or more of the following categories:
  - Severe mental illness and mental health problems and or learning disability.
  - Problematic drug and alcohol use.
  - Poor physical health, including physical disability and limiting illness.
  - High rates of experience of contact with the criminal justice system.
- ✓ Poor, or no employment record or educational attainments.
- ✓ Poor social supports i.e. lack of friendships, a partner and contact with family members.
- ✓ Exhibiting challenging behaviour.
- ✓ Locally connected at the point of referral according to the definition utilised by the Local Authority and Rough Sleepers Teams.
- ✓ Entitled to UK benefits including Housing Benefit

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There are two main ways in which agencies in England identify individuals who will be offered Housing First:

- **Multi-agency approach**

Many Housing First services establish their caseload through discussions with partner agencies. In most cases the group is already established (e.g. a task and targeting group, or complex needs/homelessness forum) and in other cases a new group might be established to discuss referrals (e.g. at a steering group or stakeholder panel).

Groups may already have a list of people who are discussed on a regular basis or may allow any agency to suggest potentially suitable people. In both cases it is highly likely that the majority of individuals considered will be well known to most stakeholders who will, over many years, have had varying degrees of contact with the person.

- **Index assessment approach**

Some Housing First services use a numerical measure to assess whether the person is eligible for Housing First. The index most widely used is the [New Directions Team assessment](#) (otherwise known as the Chaos Index). This assessment focuses on the behaviours of an individual, their use of services and levels of risk-taking. The form enables services to establish a numerical value around the vulnerability of the person in order to target resources at those most suitable.

The assessment can be used in multi-agency group discussions or as part of a referral form where a stakeholder group does not identify suitable people and a referral system is in operation instead. Threshold Housing First service has incorporated a similar assessment into their referral form:

[http://thp.org.uk/sites/default/files/housing\\_first\\_referral\\_form.doc](http://thp.org.uk/sites/default/files/housing_first_referral_form.doc)

## Costs

As discussed above, existing research shows that services cost between approximately £26 and £40 an hour. Because of the nature and complexity of the needs of service users, there is a requirement to employ experienced support staff, which has an impact on staff salary costs (i.e. roles being aligned to senior support worker salaries).

Some services also include clinical supervision costs for staff and safety measures for lone workers, given the demanding nature of the role. There may also be some costs associated with the support and management of volunteers, particularly those with lived experience.

Additional costs that enable the service to run smoothly and residents to have the best chance of sustaining their tenancies may also be covered. Many Housing First services have financial capacity for:

- Staff travel – this can be costly if tenancies are dispersed across a large area
- Money for engagement activities e.g. coffees, food etc
- Personal budgets for residents to purchase items they need before being housed (e.g. a mobile phone, identity documents) and for their new home
- Money for rent deposits or bonds
- Additional money for contingencies, such as damage to properties or when the electric runs out
- Costs associated with specific training or support required by the staff (e.g. reflective practice)

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Some schemes in the UK have established personal budgets for the specific use of the resident. Personal budgets can empower people to make decisions, improve self-esteem and increase choice. They can assist in focusing the support plan and remove financial barriers. For example, some Housing First schemes use personal budgets to purchase essential household items and some are used as deposits to access private rented sector accommodation.

**Camden Housing First** offers generous personal budgets of £1,500 for the first year, and £1,000 for the second year that a person is engaged with their team. The personal budgets are used to purchase items for the tenant's new home, but can also be used for meaningful activities such as camping, buying a laptop or going to watch the football. In some cases, an individual may use their budget to meet their basic needs if their benefits have been stopped. Within reason, the service allows an individual to take the lead on how their budget is spent.

## Housing

The FEANTSA Guidance on Housing First emphasises that tenants' involvement in community and neighbourhood is an important part of maintaining a home, highlighting the "*distinction between being provided with accommodation and having a real home.*"<sup>11</sup>

A property fit for occupation includes:

- ✓ security of tenure
- ✓ privacy
- ✓ control over space (who can enter the home and when)
- ✓ physical safety and security
- ✓ affordability
- ✓ access to amenities
- ✓ choice of furnishings
- ✓ a private kitchen and bathroom
- ✓ working lighting, heating and plumbing

Housing should avoid areas characterised by high crime rates, nuisance behaviour and low social cohesion/weak social capital and where the individual might be subject to bullying or persecution. There is clear evidence that the wrong location can inhibit or undermine the recovery that Housing First services seek to promote.

Homeless Link's scoping report '*Housing First or Housing Led? The current picture of Housing First in England*' (June 2015) indicated that 49% of Housing First projects use social rented accommodation and 51% use private rented accommodation (PRS). Accessing housing is a key challenge in delivering a successful Housing First service in England, as the barriers are significant, and providers and commissioners are working towards finding solutions.

For further information on housing, see 'What are the housing options?' on page 27.

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<sup>11</sup> <http://www.housingfirstguide.eu/website/wp-content/uploads/2016/HFG/Chapter4.pdf>

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### Timescales

The concept and philosophy of Housing First present quite a contrast to how services have been commissioned and delivered to date. Housing First is about providing an open-ended offer of support to a specific cohort, some of whom may require support for the rest of their lives. This presents a number of challenges to those funding and delivering services, and requires a culture change in the way support provision is planned and perceived.

While many Housing First projects have started out as pilots, successful outcomes have meant that many have been re-commissioned with longer funding contracts and opportunities for extensions. Ideally, funding should be offered for as long as possible. However, commissioners and providers should have a plan in place should the initial source of funding no longer be available. This could include sourcing funding from other avenues (therefore collecting evidence is important), or ensuring there is a pathway out of the service to another support option. It is important that you consider plans for sustainability from the offset.

The hours of support provided will vary from person to person. Small caseloads allow Housing First workers to be flexible in the amount of time they spend with someone. Over time, people should require less support as they become more independent. In some cases individuals may wish to disengage from the service, or may feel they no longer need the support. It is important that there is enough capacity within the service to tolerate 'dormant' cases which are not actively engaging but who can, and might, require support again in the future.

### When a tenancy fails

The philosophy underpinning Housing First is to provide unconditional positive regard to individuals being supported. Services acknowledge that the individual may struggle to maintain a tenancy but reinforce the message that they will always be there to support the person to try again should something go wrong (in line with Principle 3: Housing and support are separated). All stakeholders – including commissioners and housing providers – should be mindful of this and work to ensure that individuals are supported to find another tenancy should they lose or leave their home.

However, there may be situations where it becomes apparent that Housing First is not the most appropriate option for the person, for instance if they are clearly unable to maintain a tenancy with Housing First support after repeated attempts and little improvement. An example may be where problematic behaviour continues and leads to eviction in a second tenancy with little evidence of a willingness to change behaviour. Where there is a high risk of this scenario re-occurring, it may be considered that Housing First is not the right option and that another tenancy would be setting the person up to fail.

In such circumstances, it may be more appropriate for the individual to be referred back into other supported housing until such a time that they are more motivated and willing to try and maintain a tenancy. It is important that there is flexibility within the system and clear pathways back into other housing options.

## Multi-agency partnerships

We recommend that multi-agency partnerships are strengthened when designing and delivering a Housing First project. The Making Every Adult Matter approach is a useful framework which can be adopted by local areas to increase coordination and flexibility within service systems for people with multiple and complex needs: <http://meam.org.uk/the-meam-approach/>.

Commissioners should consider co-producing the design of the service with other agencies. Wider partnership working at a strategic level is crucial in identifying the cohort, developing the strategic direction and service design, and in gaining wider support and awareness of the service. At a delivery level, partnership working provides the structure required to deliver coordinated and flexible support to truly promote recovery. Housing First workers need to have access to information about services and how to support individuals to access them quickly when this is an identified goal.

Stakeholders may include:

- Potential service users
- Housing/homelessness officers
- Clinical Commissioning Groups
- Health and Well-being Boards
- Voluntary sector agencies
- Registered Providers
- National Probation Service
- Mental health services
- Providers of related services
- Youth Offending Teams
- Police and Crime Commissioner
- Domestic Violence Forum
- Public Health
- NHS Trusts
- Community Safety Partnerships
- Adult Social Care
- Police
- Providers of related services
- Her Majesty's Prison and Probation Service
- Community Rehabilitation Companies
- Substance Misuse Services
- Children's Social Care

### **CASE STUDY: Cambridge MEAM Housing First**

Cambridgeshire became a Making Every Adult Matter (MEAM) pilot area in 2011. A vulnerable street homeless person was taken onto the caseload and it was agreed that she would be offered a flat from a local registered provider. After a long period of homelessness, she signed an assured shorthold tenancy and moved directly from the street into her new home.

They called this provision a 'training flat' to distinguish it from the wider general needs housing entry criteria. Rather than having to achieve a certain priority status, and then bidding until successful, the individual is moved directly and supported to maintain a tenancy. They can remain in social housing as long as they are able to maintain the tenancy.

Instead of providing intensive case management, the primary method of support for this individual was to co-ordinate existing services to ensure that their needs were met. Where gaps in provision were identified, the MEAM co-ordinator encouraged service flexibility to bridge them. The approach was successful and has been offered to others on the MEAM caseload.

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### *Eligibility process*

When a vacancy becomes available for a training flat, a candidate is selected by a multi-agency group consisting of local statutory and voluntary sector partners. The group, which oversees the operational work in Cambridgeshire, includes the Police, Probation, Mental Health, Housing, Adult Social Care, Domestic Violence, Drug & Alcohol, and accommodation providers. The group will discuss the following:

The accommodation should be:

- ✓ Available or about to become vacant
- ✓ Appropriate for the needs of the individual

The potential tenant should:

- ✓ Be willing to accept an appropriate package of support (this may be extremely light touch)
- ✓ Be vulnerably accommodated (rough sleeping, friend's floors or other temporary accommodation)
- ✓ Not ordinarily be considered for housing due to perceived risk
- ✓ Have demonstrated reasonable engagement with Cambridgeshire's MEAM service or other services (the threshold for this is quite low, answering the phone from time to time or taking some action towards being accommodated would be reasonable)
- ✓ Have found difficulty in negotiating the usual housing pathways. For example, they may have difficulty in managing shared accommodation, or providers may perceive the risk to be too great to accommodate.

The operational group selects the eligible individual whose need is highest. The offer is unconditional excepting the terms of a tenancy agreement. Additional conditions may be added, in consultation with the potential tenant, if all parties believe that it will enhance the offer and add to the support.

### *Coordinating the support*

The individual is supported to identify the support they might need to help them maintain their tenancy. The MEAM co-ordinator, who is likely to have a good knowledge of the person already, will assemble all the services and hold a pre-sign up meeting to agree each agency's responsibilities and ensure a uniform approach. The prospective tenant will be involved with this process, which ensures all services commit to, and are accountable for, providing support.

### *Monitoring success*

Follow up meetings, either actual or virtual, take place periodically as required to review the following:

1. Has the individual benefitted from the accommodation?
2. Have they managed / maintained the tenancy?
3. Have there been any significant issues in the wider community?

The landlord of the training flat is involved in the process throughout. This gives them reassurance to accommodate other people with "higher needs", as well as a direct point of contact if there are any issues that they need support with.

### *Longer term housing and support*

After 6 months, the end of the assured shorthold period, a review of the individual's progress in the training flat takes place involving them, the MEAM co-ordinator, the landlord and other relevant members of their support network. Assuming they have managed and benefitted from the tenancy and not been an 'unreasonable' neighbour, the co-ordinator will begin to work on a greater permanence for the tenant. Usually this will involve

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an application to a City Council panel who have the ability to award an 'A' priority for permanent social housing.

On one occasion, the tenancy was converted to an assured tenancy and the person remained in the same location. This is not common due to the lack of availability of flats for this use locally, and it then took some time before another flat could be identified, meaning another person could not be offered the opportunity in the meantime. If it is felt that the tenant could benefit from a further period in the training flat, then the period can be extended to 12 months.

Even if a tenancy has been successful, the process of resettlement can take a significant time due to the demand on housing in the social sector, so it is not uncommon for tenants to still be in the flat up to two years later; longer on occasion. When a move to permanent social housing is secured, the support that has made the tenancy successful can still be accessed by the individual. This may include additional support that has been identified during the period in the training flat.

It will be useful to consider which local strategies may be relevant to the design and delivery of a Housing First project. It may be possible to lever in funding from other commissioning streams by looking at local strategies such as:

- Homelessness/Homeless Prevention
- Housing Strategy
- Health and Well-being Strategy
- Community Strategy
- Neighbourhood renewal
- Public Health Strategy
- Police and Crime Plan
- Domestic and Sexual Violence Plans

However, it will be important to understand the motivation and perspective of each type of commissioner. It may be that some commissioners will not fund Housing First but can consider adapting the services they currently commission to better meet the needs of this population.

### Housing First steering groups

The establishment of strategic and operational steering groups are useful to develop clear policies and procedures for the service and wider partnership working. They can assist in defining the roles and responsibilities of different stakeholders, engage local champions of Housing First, gain community support and promote effective communication.

**Brighton and Hove** set up a Housing First steering group and agreed Terms of Reference for its pilot. The group was used to discuss potential referrals and to share information about the progress and any issues encountered with those supported by the project. Community Safety provided advice and guidance regarding anti-social behaviour and hate incidents. The group assisted in the risk assessment of those persons being considered for accommodation.

**Oxford City Council** and **Thurrock Council** have regular steering group meetings to discuss the progress of the Housing First project and any adjustments that need to be made. The steering group is considered essential and is made up of representatives from different sectors including substance misuse and mental health services, accommodation providers, rough sleeper outreach team and the police.

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**Bournemouth, Poole and Weymouth Partnership** established a Housing First Operational & Referrals Group. Members include housing providers, the Rough Sleepers team, Drug & Alcohol Outreach Team, Community Safety, Commissioning Team, and Children's Services if applicable. Other partner agencies are invited to discuss individual cases if required. Meetings are every four weeks. The Housing First provider chairs the meetings.

The purpose of the group is:

- To process and assess referrals
- To bring referrals to the group identified by outside meetings and agencies i.e. Rough Sleepers Team and Drug & Alcohol Outreach Team will have input from hostels and hostel manager's meetings
- To monitor the progress of those supported by Housing First
- To assess what works and what has been less successful
- To feed strategic issues to the Housing First Steering Group
- To provide monitoring and client data to the Housing First Steering group

# What are the funding options?

Housing First is underpinned by the conviction that flexible, long term support is required to achieve positive outcomes for people with the most complex needs. The York University report on the use of Housing First in England identified that services were often in a precarious position, as their funding was often both short term and insecure.

While it is extremely useful to establish pilots and learn from their evaluation, commissioners should be aware of the second principle of Housing First (flexible support is provided for as long as is needed) and avoid piloting schemes that lack sustainability. Commissioners may also want to consider the limited time in commissioning cycles.<sup>12</sup> It is usual to tender for a contract for an initial duration of three years, with provision for an extension of up to two years. If a pilot is not recommissioned, support should not be withdrawn unless there is a robust exit strategy in place.

## Funding sources

Housing First projects are funded through a variety of different services. In 2015, our Housing First scoping exercise identified that the following funding sources were being used for Housing First:

- housing related support (31%)
- fundraising or charitable sources (15%)
- provider voluntary incomes
- 'Other' funding sources including Department for Communities and Local Government, Greater London Authority, Homeless Transition Fund, and Making Every Adult Matter
- few had funding from other sectors, although one had funding from the Clinical Commissioning Group

The map of services on our website includes information about how each project is funded. While most are currently funded by local authorities through Housing Related Support, many fundraise from trusts and foundations. Commissioners may want to work with providers to identify potential funding from charitable sources, national initiatives (e.g. Prime Minister's Challenge funds and the Health Foundation) and innovation funds (e.g. NESTA).

## Local commissioning

A handful of services currently receive some funding from statutory sources such as Clinical Commissioning Groups (CCGs), Public Health and the Better Care fund. The holistic nature of Housing First support has been shown to improve outcomes across a range of health and social care needs in addition to reducing anti-social and criminal behaviour, and reducing ineffective service use.

It may be worth considering which other local commissioners might be interested in Housing First and how the approach links to the priorities identified in their strategies. This could include Social Care (and the Better Care fund), CCGs and Public Health, in addition to the DAAT and Police and Crime Commissioners. The Clinks briefing 'Engaging with Police and Crime Commissioners'<sup>13</sup> is a useful resource.

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<sup>12</sup> <http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20or%20Housing%20Led.pdf>

<sup>13</sup> [http://www.clinks.org/sites/default/files/basic/files-downloads/clinks\\_pcc-member-briefing\\_final-web.pdf](http://www.clinks.org/sites/default/files/basic/files-downloads/clinks_pcc-member-briefing_final-web.pdf)

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**Thurrock Housing First** pilot is jointly funded through Housing, Adult Social Care and Public Health. The contract is initially for a one year pilot scheme to support 5 service users. If successful, and subject to available funding, this could be extended in terms of time and/or number of service users.

There is however a need to enhance the evidence base to a 'clinical standard' of proof, if health commissioners are to commission Housing First services. Providers and commissioners will need to scrutinise their services to identify the savings to health and social care and demonstrate the common outcomes that can be achieved.

### Sustainability through pooled funding

A strategic approach to pooled funds across social care, health, criminal justice and housing may provide longer term security of funding. Commissioners should consider long term implications and providers must demonstrate the worth of their services through effective outcome monitoring and evaluation.

*"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."<sup>14</sup>*

### Rental income

The separation of housing and support is a key principle of Housing First and the costs for both these elements are met separately. Rent is usually covered by Housing Benefit / Universal Credit, with any top up or service charges being paid directly by the tenant. The tenant is also responsible for any utility bills.

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<sup>14</sup> <http://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20or%20Housing%20Led.pdf>

# What are the housing options?

Housing First prioritises access to housing as quickly as possible. The principles for Housing First in England recommend that people are supported to access self-contained, dispersed accommodation and, where possible, that they hold their own tenancy. The accommodation should be provided on the basis of suitability: a stable, affordable, good quality unit in a neighbourhood which allows for community integration.

## Your context

The type of housing offered through Housing First will be completely dependent on your local housing market and whether social housing is available. Commissioners and providers should work together to establish the most suitable accommodation options on offer that allow optimum choice for new tenants. This may be within the social or private rented sectors, or a mixture of both.

## Permanency

Housing First is the permanent offer of a home, not the offer of a single, permanent home. It is unrealistic to expect that the accommodation initially offered to an individual will be their home for life. Tenancy lengths, housing markets and individual circumstances may mean that a person either loses or leaves their initial property. Where possible they should be supported to find new accommodation, and there should be flexibility within the system to allow them to refuse accommodation they do not think will suit their needs.

## Dispersed vs. single site and shared housing

The original Pathways model of Housing First emphasised the need for dispersed site accommodation. In other contexts there are examples of single site blocks of Housing First units, and the use of Housing First in shared housing. In England, the majority of beneficiaries are supported in their own, self-contained and dispersed units, but there are examples of shared houses where people have not wanted to live alone.

### Dispersed and shared housing

**The Wallich Housing First** service was introduced in April 2013, on the Isle of Anglesey, following an increase in rough sleeping and entrenched homelessness. A business case was presented to develop Housing First, instead of traditional hostel provision, to the Supporting People Planning Group that is responsible for the governance of the programme locally. The proposal was approved for an initial 12 months.

Initial provision was to support 12 individuals in dispersed site, private sector properties. The capacity of the service has since increased and currently the number stands at 20, for the same contractual price. All residents hold their own tenancy and the service will support people into shared housing if they express this preference.

91 individuals have accessed the service and are no longer receiving support. Of these, 78% are still maintaining their tenancies, of which 43% remain in the housing they were allocated when support ended.

A number of Housing First **teams in London** source dispersed flats through the Private Rented Sector. Due to the housing market, properties are often found in areas further away from central London. Residents report

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being happy to move away from previous associates but there are issues related to contact with existing support agencies and the time required by the team to travel to people.

**The Foxton Centre** in Preston has five houses that accommodate three people sharing in each, and is about to add a sixth. Two of the houses are for women only, with one specifically for street sex workers. There are also two flats - one for male and one for female tenants. The tenancies are not time limited.

## Social housing

Social housing can provide the most stable and affordable tenancies to individuals supported by Housing First. Some providers and commissioners have been successful in obtaining a 'quota' of housing from social landlords (Registered Providers and local authorities). This has either been via their own allocations policy/team or through direct arrangements with local registered providers.

When considering this type of agreement, it is worth thinking about the longer term implications. As Housing First does not obligate tenants to move on, the number of properties required may increase over time.

(See Appendix 2 for further information.)

## Private rented sector housing

Many Housing First schemes use accommodation sourced through the private rental market. There are some benefits to this, such as increased choice and flexibility in where the accommodation is located and less time waiting for housing, but also a number of challenges, which can compromise the principles of Housing First.

Not only can affordable PRS housing be hard to find (depending on LHA rates), it can also be of poor quality and less stable than social housing. Housing First support workers may end up spending a great deal of time sourcing housing for people, especially where assured shorthold tenancies are not renewed, although there are a few cases where specific job roles within the project are responsible for housing.

(See Appendix 2 for further information.)

### **CASE STUDY: The Foxton Centre**

The Foxton Centre is provided with a grant from Preston City Council to provide services for rough sleepers including an assertive outreach response. The City Council and the Foxton Centre have worked for many years in partnership at addressing the needs for this vulnerable and complex client group.

The Council was successful in a bid to address housing needs of single people and took this opportunity to develop a Housing First approach in conjunction with the Foxton Centre. This was initially a pilot project and properties were sourced from the private sector. The private landlord is one the Council has worked with for many years and they fully embraced the project's aims and objectives.

During the pilot, the Council leased the properties and paid the agreed lease amount up-front. It also furnished the properties and involved the first residents in this process, giving them a sense of ownership.

### Social Investment

A growing number of commissioners and providers are beginning to use social investment to finance their work. This involves the use of repayable finance, but the investor is also interested in the social impact that is created. A briefing on Social Investment,<sup>15</sup> produced by Homeless Link in partnership with Big Society Capital, provides a basic introduction to social investment and the types of products that are available e.g. Social Impact Bonds.

Investors finance activity designed to achieve significant social outcomes by providing working capital to voluntary, community and social enterprise providers to deliver services. Investors assume a large part of the risk that the interventions they fund will be successful. If interventions succeed, the investors will, in addition to enabling these outcomes, receive a financial return on their investment.

Where it is unclear how feasible it is to use social investment to fund Housing First support, with concerns related to required outcomes (which may impact how closely the service can adhere to the principles of Housing First), social investment has been used to lever in capital to purchase properties.

### More information

We are publishing specific guidance for Social Landlords and on accessing the Private Rented Sector for Housing First on our website: <http://hfe.homeless.org.uk/resource/guidance-toolkits>.

Appendix 2 gives further information about the challenges and solutions relating to accommodation.

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<sup>15</sup> <http://www.homeless.org.uk/our-work/resources/introduction-social-investment>

## Monitoring and Evaluating Housing First

It is important for commissioners and service providers to effectively monitor outcomes achieved through Housing First. However, the methods in which information is collected, recorded and reported may differ to the mechanisms and expectations of traditional supported housing commissioning and provision. It is vital that the philosophy and principles of Housing First are embedded at a commissioning level, to ensure that, operationally, those accessing the service have the best chance of recovery.

### What to monitor and why

The evidence base for Housing First is based around three key themes.

#### 1. Fidelity to the principles

The use of Housing First must be adapted to suit the context in your area. However, research shows that a service with higher fidelity to the principles sees better outcomes in the long term. If the service is not designed or delivered using the principles, it is not Housing First.

As a commissioner, you should ensure that your chosen provider designs and delivers their service in line with the principles. At the time of writing there is no specific assessment tool to check fidelity, but the principles document is designed to allow providers to self-assess. In addition, the [guidance for support providers](#) gives more details about how these principles work in practice.

#### 2. Outcomes for individuals (monitored over time)

The evidence base for Housing First provides information on outcomes in three domains: tenancy sustainment, health and wellbeing, and community and financial integration (see Appendix 3). Throughout the course of our project we will provide further information on which outcomes are measured by Housing First teams in England, and recommend different tools that can be used to effectively monitor individuals over time.

**Oxford City Council** receives quarterly monitoring information. The Housing First Service provides information about the number of referrals, how many people have moved in/out and updates on each case. The main outcome measure is 'sustainment of accommodation'. The provider is therefore in a position to provide personalised and flexible support in order to achieve this outcome. To date, no one has left Housing First accommodation in an unplanned way and there has been no reported anti-social behaviour.

Currently it appears that most teams do not use any formal support planning procedures, as they attempt to move away from the traditional methods of supporting people, which often haven't worked for them in the past. While it is important that the support provider monitors individual outcomes, this must be balanced with the principles of Housing First.

Instead of undertaking a formal support planning process, teams monitor soft outcomes with no expected timeframes of when an individual will achieve their goals. For this reason it is also important to ensure that the requirements in your commissioning contract do not begin to influence the support offered to the individual. Reporting of qualitative information will be as important as reporting on quantitative data collected.

### Housing First staff said...

“Due to the different approach, our commissioners expect us to report on different outcomes to the other services in the pathway. Along with quarterly reports submitted to commissioners, I send monthly updates on the individuals we are working with.”

“Our quarterly reports to commissioners generally include an update on each person and statistics about how often we have engaged with them, whether they’ve accessed any services or appointments and any other things they are doing. We’ve also compiled very simple client feedback surveys to present to our commissioners. At milestone marks e.g. 6 and 12 months, we have included case studies which tend to show outcomes in a strengths-based style, without the need for formalised paperwork. It means you can include direct quotes and their ideas/suggestions which I think is what Housing First is all about!”

### 3. Cost-effectiveness of the service

There is also evidence about the cost-effectiveness – and in some countries cost-saving – of Housing First. Collecting evidence that this approach attains better outcomes for individuals, compared to other services, will help prove its efficacy and need.

Cost benefit analysis compares the likely costs of providing services if the Housing First intervention did not exist. The methodology may include collection of data about the person’s personal history and service use in the previous 12 months (or longer) and a comparison after using Housing First for the same length of time.

Costs may include:

- tenancy breakdown
- costs of emergency accommodation
- admission to hospital due to a general health issue
- drug treatment costs
- use of hospital Accident & Emergency departments
- Criminal Justice System costs and the costs of dealing with the consequences of crime, such as hospital treatment of victims and repair of damage to property
- Children in care costs
- Costs of temporary accommodation
- Domestic violence; the costs arise from hospital, ambulance and Criminal Justice costs
- Social costs associated with rough sleeping and being assaulted while sleeping rough
- Imprisonment
- Appearances in court

Social return on investment studies can help demonstrate the value of activity not usually given an economic value and understand where the most impact was being made. Commissioners should identify what data to collect to better evidence its worth.<sup>16</sup>

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<sup>16</sup> <http://www.homeless.org.uk/our-work/resources/show-your-impact/collecting-quantitative-data> and <http://www.homeless.org.uk/our-work/resources/show-your-impact/analysing-and-communicating-data>

## Homeless Link

Homeless Link's [Show your Impact](#) and [Demonstrating your Worth](#) include resources to help deliver monitoring and evaluation. Discussing with other commissioners (e.g. from health or criminal justice sectors) what information is needed will help you and the support provider to build this into your monitoring and evaluation at the start of service delivery. The range of tools used to measure these outcomes vary and we hope to recommend some easy to use, and helpful, methods of collecting data throughout our project.

Some Housing First providers are beginning to produce costed case studies to evidence the impact of their work. Any information available about an individual's use of public services, before they are supported by Housing First, will help and it may be beneficial for you to build partnerships for information sharing early on.

### **CASE STUDY: Brighton and Hove Housing First**

#### *Strategic Outcomes*

- Contribute to the reduction of rough sleeping in Brighton and Hove
- Enable individuals to maximise their potential for independence and to sustain accommodation
- Minimise admissions to institutions such as hospitals, prisons or residential care
- Work within the Housing First principles
- Develop new approaches to working with people with multiple and complex needs
- Reduce repeat homelessness.

#### *Individual Outcomes*

- Percentage of service users sustaining accommodation
- Improvements in health and wellbeing
- Reduction in use of emergency health services such as Ambulance call-outs and A&E
- Increased social, family and community networks
- Reduced anti-social behaviour and offending.

These were measured through the Outcomes Star or other outcomes measuring tools agreed between commissioners and the provider. All targets and expectations were agreed prior to the initiation of the contract.

## External evaluation

As Housing First is innovative and relatively new, many services are being externally evaluated. You may wish to consider funding an evaluation or working with the support provider to consider how this could be undertaken using existing resources. We are adding service evaluations to our website.

## Further Information

More Housing First resources can be found on the [Housing First England website](#), and these will be developed and added to over the course of the project.

Available example documents include:

- Service specifications
- Selection and award criteria
- Reviews of service provision
- Reporting and other protocols

Please sign up to our newsletter to be first to hear about opportunities to meet other members of the Housing First network, regional and national events and the publication of new resources.

If you feel we have missed something important from this guidance, please get in touch so that we can understand current practice and update our information: [joanne.prestidge@homelesslink.org.uk](mailto:joanne.prestidge@homelesslink.org.uk).

### Appendix 1. Resources around multiple and complex needs

#### Documents related to the strategic context surrounding this population

- Hard Edges report into Multiple and Complex needs in the UK: <http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/>
- JRF strategy to solve poverty with Housing First recommendations: [www.jrf.org.uk/report/we-can-solve-poverty-uk](http://www.jrf.org.uk/report/we-can-solve-poverty-uk)
- CSJ report recommending Housing First as response to chronic homelessness: [www.centreforsocialjustice.org.uk/library/housing-first-housing-led-solutions-rough-sleeping-homelessness](http://www.centreforsocialjustice.org.uk/library/housing-first-housing-led-solutions-rough-sleeping-homelessness)
- St Mungos research into the needs of homeless women: <http://rebuildingshatteredlives.org/read-the-report/>
- Lankelly Chase research into women and girls facing multiple disadvantage: <http://lankellychase.org.uk/multiple-disadvantage/publications/women-and-girls-facing-severe-and-multiple-disadvantage/>

#### Data sets (national and local)

- The DCLG national and local statutory homelessness, homelessness prevention and relief statistics: [www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness](http://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness)
- Information about homelessness facts and figures and research about homelessness: [www.homeless.org.uk/facts-figures](http://www.homeless.org.uk/facts-figures)
- An online tool that presents health data on populations in England: <http://www.localhealth.org.uk/>
- Offender Management Statistics include regional and local data on offending: [www.gov.uk/government/collections/offender-management-statistics-quarterly](http://www.gov.uk/government/collections/offender-management-statistics-quarterly)
- Statistics around Multi-agency public protection arrangements (MAPPA): [www.gov.uk/government/collections/multi-agency-public-protection-arrangements-mappa-annual-reports](http://www.gov.uk/government/collections/multi-agency-public-protection-arrangements-mappa-annual-reports)
- Data about the prevalence of crime and domestic abuse: [www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice)
- A tool to find the levels of violence against women and girls in local areas; including the estimated cost of domestic and sexual violence in an area: [www.pcc-cic.org.uk/article/violence-against-women-and-girls-useful-data](http://www.pcc-cic.org.uk/article/violence-against-women-and-girls-useful-data)

## Appendix 2: Housing challenges and solutions

Challenge	Details	Solutions
Housing Benefit and Local Housing Allowances	<ul style="list-style-type: none"> <li>LHA caps apply to Private Rented Sector (PRS) tenants</li> <li>From 1 April 2019, LHA caps will apply to tenants in general needs social housing if a claimant has signed a new or renewed tenancy from 1 April 2016.<sup>17</sup></li> <li>Under 35's are only eligible for the Shared Accommodation Rate (SAR) unless they meet an exemption.</li> <li>Accessing properties available within the LHA cap is challenging</li> </ul>	<ul style="list-style-type: none"> <li>Better management and use of shared accommodation where tenant expresses a preference for shared</li> <li>Make use of Discretionary Housing Payments to meet the shortfall in rent</li> <li>Apply for exemptions to the SAR; the SAR does not apply to some people under 35 including: <ul style="list-style-type: none"> <li>Over 25s who have lived in hostels for three months plus (does not need to be consecutively) and have accepted support services to help settle before moving to the PRS</li> <li>Over 25s who have left prison and are under Multi Agency Public Protection Arrangements (MAPPA)</li> <li>Care leavers aged under 22.</li> </ul> </li> <li>Negotiate rent with landlord</li> <li>Facilitate access to social housing if this is a more affordable option than PRS</li> </ul>
Availability of social housing	<ul style="list-style-type: none"> <li>Individuals are excluded from housing register due to previous tenancy breakdown or not meeting eligibility criteria</li> <li>Some social landlords may be sceptical at taking on Housing First tenants or may no longer have homelessness in their remit or business plan</li> </ul>	<ul style="list-style-type: none"> <li>Establish partnerships with willing social housing providers, develop service level agreements and clear protocols</li> <li>Agree a quota from within local authority allocations, to be used for Housing First</li> <li>Consider using a service such as Homefinder UK to search for vacant social housing properties</li> <li>Consider Community Led Housing and Community Land Trusts and its potential to provide a vehicle for accessing housing<sup>18</sup></li> <li>Refer to our Social Landlord guidance</li> </ul>
Assured shorthold tenancies and fixed term tenancies	<ul style="list-style-type: none"> <li>Private landlords only offer ASTs and therefore accommodation is not stable</li> <li>Many social landlords no longer offer assured tenancies and offer starter, followed by fixed term, tenancies</li> </ul>	<ul style="list-style-type: none"> <li>Support is not linked to the tenancy so a person should be supported to find another home whether they are intentionally, or unintentionally, homeless.</li> <li>The commissioner or provider may wish to take on a long term lease (and the risks associated with that) and sublet the tenancy to increase stability</li> </ul>

<sup>17</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/571559/autumn\\_statement\\_2016\\_web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571559/autumn_statement_2016_web.pdf), p.44

<sup>18</sup> For more information, visit <http://locality.org.uk/projects/communityled-housing/communityled-housing/> and <http://www.communitylandtrusts.org.uk/>

		<ul style="list-style-type: none"> <li>• Social housing offers more stable and long term tenancies</li> </ul> <p>Discuss project goals with both social and private landlords to see whether there is any negotiation on tenancy length</p>
Standards within the Private Rented Sector	<ul style="list-style-type: none"> <li>• The level of private sector availability of decent standard accommodation will differ by area.</li> <li>• Private landlords may be slow, or reluctant, to undertake maintenance and repairs</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners and providers can work to identify good landlords, and build relationships with them</li> <li>• Support individuals to property viewings and highlight essential repairs</li> <li>• Provide plain English information for tenants on their rights and responsibilities</li> <li>• Ask landlords to show other properties</li> <li>• Work with accredited landlords</li> <li>• Be ready to advocate when properties are of a poor standard</li> <li>• Refer to our PRS for Housing First guidance</li> </ul>
Private landlords unwilling to accept Housing Benefit or Universal Credit	<ul style="list-style-type: none"> <li>• Perceptions of client group may be negative</li> <li>• There may be concerns that the rent payments will not be made</li> </ul>	<ul style="list-style-type: none"> <li>• Develop relationships with private landlords, look for opportunities to raise awareness of Housing First and the support on offer to sustain tenancies</li> <li>• Advocate for direct benefits payments to the landlord</li> <li>• Have a clear offer to the landlord about what support and housing management actions can be offered</li> <li>• Offer additional bonds/deposits or finance to landlords should something go wrong</li> <li>• Offer a 24 hour duty line</li> </ul>
Additional costs relating to renting from private landlords	<ul style="list-style-type: none"> <li>• Requirement for rent deposits, agency fees and rent in advance</li> </ul>	<ul style="list-style-type: none"> <li>• Many local authorities have rent deposit and rent in advance schemes to encourage take up of housing in the private sector</li> <li>• Ensure funding in commissioning contract for a personal budget to cover additional costs</li> <li>• Commissioner or provider acting as 'guarantor' and pledging to cover costs if needed</li> <li>• Refer to our PRS for Housing First guidance</li> </ul>

### Appendix 3: Information on outcomes monitoring

This section provides some further information on the areas of change in which individual outcomes can be measured and reviewed. However, the tools mentioned are not exhaustive and we hope to provide commissioners and providers with more guidance around effective monitoring tools to use in Housing First services.

#### Sustaining housing

Information to collect here may include:

- Number of people who have sustained a tenancy for one year
- Instances of anti-social behaviour before and during Housing First service support

Commissioners may want to monitor the number of people who are supported to maintain a tenancy. Serious anti-social behaviour is often associated with tenancy failure and so the prevention of anti-social behaviour may also be an outcome measure related to sustaining housing.

#### Health and wellbeing

The Marmot Review 2010 recognised that housing was one of the critical determinants of health. The Care Act 2014 also recognises the contribution of housing; emphasising better information, strengthened prevention and a more personalised approach. Housing is defined as a 'health related service'.

Robust information which satisfy the demands for a clinical standard of proof about the impact on health regarding the health and well-being outcomes will help build a case for health and social care funding. This would consider health benefits and savings to acute health spending as well as impact on people's wellbeing. A 'control' group is often requested by clinicians, to prove the causality between health improvements and the intervention. However, this type of research can be costly

Our Housing First research programme aims to explore the type of outcomes required to lever in funding from a variety of commissioning streams and the type of measurement tools which can be used to collect this information.

Positive outcomes may include engagement with primary health services to meet their physical and mental well-being needs, as well as referral to specialist services and reductions in unplanned hospital presentations, healthy eating and cooking skills as well as harm reduction. Access to wider services is dependent on whether the individual wishes to address other needs, and should not be a condition placed on them in order to access the service.

#### Social integration

Indicators of social integration may include social support such as family and friends, community integration such as positive relationships with neighbours and economic integration, including paid work and participating in informal and formal education, training and job-seeking. Expectations of progress in this area should be realistic for the individual and their current state of health and wellbeing.

*There is very limited published evidence on impact on ...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).<sup>19</sup>*

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<sup>19</sup> [‘Housing First’ or ‘Housing Led’ ? The current picture of Housing First in England’, Homeless Link 2015](#)



## What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless or who live with multiple and complex support needs. We work to improve services and campaign for policy change that will help end homelessness.

## Let's end homelessness together

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