

Delivering high fidelity Housing First

Guidance for services

This document provides information on how services can be designed and delivered with high adherence (known as fidelity) to the Housing First principles. Services with high fidelity are the most effective at supporting people. This briefing explains why that is important and what the principles mean in practice.



Why is fidelity important?

Housing First is an internationally recognised and evidence-based model of housing and support for those with chronic housing, health and social care needs. Research on the approach shows that the effectiveness of services is linked to how closely they adhere to a set of key principles underpinning delivery. These principles were firstly identified in the US and were contextualised for England, by Homeless Link, in 2016¹.

The aim of Housing First is to end repeat and chronic homelessness for a group of people for whom other services are ineffective. Often deemed as 'unhousable' or 'poor at engaging', once supported using a Housing First approach, most individuals can sustain a tenancy and over time address other needs and integrate into society.

Services without high adherence to the principles are less effective, risk bringing the model into question and impact the ability for the approach to be understood and adopted by policy and decision makers.² It is therefore, vital that services understand the principles and work hard to ensure they are embedded in practice because when done well, Housing First has the potential to dramatically change the way housing and other services are provided.

Useful information

The Housing First England website³ contains several resources that can be used alongside this briefing to assist development and delivery. These include:

- The Housing First Principles for England and the Housing First non-negotiables¹
- Guidance and practical resources for commissioners, support providers and social landlords

¹ <https://hfe.homeless.org.uk/principles-housing-first>

² https://www.york.ac.uk/media/chp/documents/2013/np_and_jb.pdf

³ www.hfe.homeless.org.uk

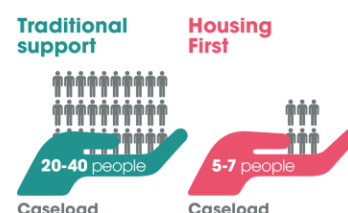
- Research into the implementation of Housing First in England
- Case studies and service evaluations from existing Housing First services

The Housing First Europe guide⁴ provides a wealth of information about Housing First that can aid understanding and implementation.

Target population and caseload size

Who is Housing First for?

Whilst the concept of Housing First is relevant to all people requiring housing and support, we advocate that services should primarily be available to people experiencing 'chronic' homelessness and severe forms of multiple disadvantage. Not only does this relate to limited affordable housing supply, but also to the cost of providing the support. In essence, this limited resource should be prioritised for those for whom other services are inaccessible and who face the highest level of vulnerability.



Individuals will have a combination of the following experiences and needs:

- **Experiences of homelessness or housing instability** – services are not only offered to people rough sleeping but are suitable for anyone that has been unable to access or sustain other forms of accommodation. This includes women and other hard to house groups that may not come into contact with traditional homelessness services.
- **Chronic health needs** – individuals have diagnosed or undiagnosed mental or physical health needs and may use high-cost health services without being effectively treated.
- **Drug and alcohol use** – individuals have addictions or dependency to drugs and/or alcohol. This exacerbates their health needs but is often used to self-medicate. It impacts on their ability to access services and often results in them leading quite chaotic lives.
- **Contact with criminal justice system** – individuals may have previous or current experiences of being arrested or imprisoned usually of a revolving door nature. Their criminal history or anti-social behaviour is likely to be linked to their substance use.
- **Experiences of trauma** – individuals are likely to have experienced interpersonal trauma including from childhood. They may have been in care or experienced distressing breakdowns in relationships with others. This impacts on their ability to build and maintain relationships and has usually led to, or exacerbated, the other needs.

The importance of caseload size

In order to a) adequately support people with these needs and, b) do so in line with the principles, Housing First workers should have a caseload of no more than seven people at any one time. Some services will operate with caseloads of five per worker due to the level of need or contextual factors which may impact service flexibility (e.g. if individuals are dispersed over a wider geographical area). Whilst there can be some

⁴ <https://housingfirstguide.eu/website/>

turnover of individuals (e.g. when someone dies or is incarcerated for a considerable period) this should not be expected and cases which are 'dormant' (inactive) should be able to re-access support at any time. Services often expand their capacity in order to take on more people

Assessing fidelity to the Principles

There is currently no formal accreditation process to ensure services in England adhere to the principles. To date Homeless Link has encouraged commissioners and providers to take ownership of reviewing fidelity. However, we have recently been commissioned to evaluate fidelity to the principles of the MHCLG funded regional Housing First pilots⁵ and have developed an assessment tool (currently unpublished) based on the principles and our knowledge of implementation in England. The following information is lifted from that tool which aims to identify an indication of low, medium or high fidelity to each of the seven principles. The information provided indicates what services must do to achieve high fidelity.

Principle 1: Everyone has a right to a home

Housing First is fundamentally rights-based. Everyone has the right to a home that provides them with 'ontological' security; a place of continuity, predictability and from which self-identity is strengthened.



Having a home

- Housing is the need that is focussed on primarily by those providing support. Individuals are not required to prove housing readiness nor should they need to engage with other services (e.g. substance use/health) in order to obtain housing.
- The offer of home is permanent, but the home may not be. For numerous reasons a property may be unsuitable or the individual may breach their tenancy and lose their home. Services should continue to support individuals to find new properties and to relinquish tenancies before planned moves if this is appropriate.
- The individual should be supported to make the house their home. Furniture should be provided or sourced and additional personalised items can be purchased through use of personalised budgets.

Accessing housing

- The housing should be affordable to that individual which means falling below the Local Housing Allowance rate for that area. If a subsidy is used there is a risk that the property will become unaffordable to the tenant if removed. Housing costs are covered by welfare benefits.
- Barriers to accessing housing should be explored and, where possible, overcome or flexibly responded to. This often relates to housing history including arrears and anti-social behaviour.
- Individuals have the right to refuse properties without it impacting other housing offers and the support.
- In preparation for moving into a home, individuals should be supported to understand what it means to have a tenancy (e.g. their rights and responsibilities), to consider the areas in which they might like to live and how they will manage challenges such as isolation and unwanted visitors.

⁵ <https://www.gov.uk/government/news/housing-secretary-james-brokenshire-awards-funding-to-reduce-rough-sleeping>

Housing type

- Housing should be provided based on suitability for that individual and could be social or private housing. Attempts should be made to ensure individuals are able to make informed decisions and that their expectations around housing access and affordability are managed.
- Individuals should be supported to access dispersed independent accommodation and should hold a tenancy. The tenancy should be the same type as anyone else living in that type of housing. Individuals should want to take on a tenancy. Exceptions to this are where the person wants to live with a partner/friends or to live in communal housing which might impact type of tenure. They should be fully informed about what this means for them.

Examples of low fidelity provision

- Individuals are only able to access communal or congregate living (such as a hostel) with staff on site. They are subject to restrictions such as set visiting times/overnight stays, routine welfare checks or monitored access.
- Individuals have limited choice over where they live. Housing is identified before people are engaged with the service and offers are restricted
- Judgements are made about whether the person is ready or likely to succeed in housing.
- The person is given a license agreement or the tenancy is held by the support provider.
- The tenancy includes conditions about engagement with support or regarding support needs.
- The person is unable to live with a partner or friend.
- The person would be unable to pay their rent if they were not connected to a Housing First service.
- An individual is given an empty property without support to furnish and personalise it

Principle 2: Flexible support is provided for as long as is needed

Relationships are the key tool for change and the 'glue' that makes Housing First work. Removing vital support before the person is ready, or if needed in the future, can lead to relapse. None of us are ever completely independent.



Funding of support

- Adequate funding is in place for high quality support staff and the additional funds advisable for Housing First services (money for engagement activities, travel, personalised budgets).
- Commissioners do not expect that support will taper over time for new referrals to be made. This can be the case but it should not be a requirement of the funding. Instead commissioners may increase resource of the service to expand the caseload size.
- The frequency of support provided fluctuates and is led by the individual accessing the service.
- Those involved in the Housing First service consider how it will be sustained and which other partners are needed for the service to become embedded in local commissioning and delivery.
- Services collect evidence on their impact in order to make the case for more funding.
- Residents are informed the support provided is open-ended even if the available funding is time limited.
- There is a commitment to secure more funding and/or a plan of how support will be provided should the service close.

About the support service

- The capacity of the service does not exceed more than seven individuals to each full-time support worker and there should be no expectation that support will taper off for this capacity to be increased.
- The service provides person-centred support and is based on meeting the needs of individuals rather than having fixed hours of operation. Many services offer an out of hours duty number and provide support in the evenings and weekends if this is required.
- Support is provided at a time and place agreed by the individual being supported so long as this does not pose a risk to the support staff. Support workers are prepared to be reactive and flexible in determining when and how they spend time with people.
- The service can accommodate fluctuations in support contact over time. Individuals may meet their support worker 10 hours in one week and one hour the following. Increased contact tends to take place in the move in stage and at times of crisis, so referrals and move-ins are staggered to ensure availability of staff.
- If people are hospitalised or imprisoned the team will continue to have contact them and work proactively to sustain the tenancy. For long prison sentences the case may be temporarily closed (e.g. dormant) until a time when that person is preparing for release and may wish to re-access Housing First.
- Residents are introduced to wider team members for support to continue when their lead worker is unavailable.

Ending support

- The reduction and ending of support will be led by the needs and wishes of the client rather than the funder or support provider.
- When appropriate (e.g. if someone disappears, is in prison, is not engaging for a prolonged period) the case will become dormant on the caseload. Dormant cases should be able to re-access support at any time.
- Cases will be closed if someone requiring support in the future is unlikely (e.g. if a person moves into a high-care facility or if someone moves out of area and has appropriate support there)
- Individuals may positively 'graduate' out of the service when they have had a period of stability and have achieved the aspirations identified. Graduated clients will be removed from the active caseload but should be aware that they can re-access support at any time if required in order to prevent relapse.

Examples of low fidelity provision

- The number of support hours and length of support is time-limited and set by the funder or support provider.
- There is no plan in place, or no motivation to identify a plan, for sustaining the service after the existing funding ends.
- Caseloads are increased so that individuals are not able to access flexible and persistent support.
- People are unable to re-access the service once their case is closed or dormant.
- Support is driven by the completion of standard assessment tools which benefit the provider rather than the person.

Principle 3: Housing and support are separated

We all have power to make decisions about our lives that does not impact our housing. Equally, we rarely lose our support systems if we move to a new house. Housing First residents have the same right.



- In Housing First the resident holds the tenancy, therefore, any decision they make about accessing support does not impact their housing. The only way a tenancy will be impacted is if they breach the agreement, as is the same for any other resident in that type of housing.
- If the individual leaves or loses their home, they will continue to receive support from their Housing First worker. The worker will continue to engage them and find another home.
- If an individual is at risk of eviction or abandonment, steps should be taken to enable a planned move and relinquishing the tenancy to prevent arrears and costly evictions.
- Loss of housing should be expected and planned for. It should be considered as an opportunity for learning rather than failure.

Examples of low fidelity provision

- Individuals lose their tenancy if they stop engaging with support.
- There are clauses in the tenancy around engagement with support.
- Support is linked to the tenancy and therefore does not follow the person should they leave or lose their home.
- Support is provided to residents of the building/housing units rather than being attached to the individual.

Principle 4: Individuals have choice and control

Years of homelessness and disadvantage can be deeply disempowering, institutionalising and dehumanising. Housing First works to reverse the impact of trauma, putting the individual at the centre of decision-making.



Choice and control – housing

- Within reason, individuals should have choice over where they live. This could be identifying areas they do want to live in and being given the opportunity to turn down a property if they feel it is unsuitable for them.
- Individuals are provided with information in which to make decisions about their housing; such as managing expectations around LHA rates in different areas, or around understanding the housing allocations procedures.
- Individuals can decide what their home will look like. So long as there is no health and safety concern, residents' homes should not be judged through the expectations and standards of others.
- Individuals have access to personal budgets or additional funding to personalise their home.

Choice and control - support

- Individuals have choice over when, where and how they are supported. This may change over time but should be led by them.
- Individuals have choice over how they spend their time and the focus of the activities they undertake with their support worker.

- Individuals have choice over which other services they access and which other partners are involved in their support.
- Individuals have access to personal budgets or other funding in order to begin recovery, undertake activities and integrate in their community.
- The way in which the client and worker identifies support activities and measures progress should be determined by the client.

Examples of low fidelity provision

- Properties are identified before conversations have been had with the individual.
- Single offers of housing are presented and/or there is little choice offered regarding locations/properties.
- Individuals have no access to resource to furnish and/or personalise their home.
- Individuals are penalised for having visitors or living in ways that do not meet the expectations of others.
- Hours and type of support is fixed.
- Individuals are expected to engage with other services as part of the support planning.
- Traditional support assessment and monitoring tools are used and these are not meaningful to the individual.

Principle 5: An assertive engagement approach is used

Trauma impacts an individual's ability to build trusting relationships and access help. It is our responsibility to find ways of engaging and supporting people that suits them, is non-threatening and allows relationships to thrive.



- Support is tailored to the individual. This includes when and where people are seen and how the time is spent. Support is unlikely to be formal and will initially be focussed on engaging and building a relationship.
- Staff will provide a flexible service that may be out of office hours and at weekends depending on the individual's needs. Many services have a support mechanism (e.g. duty phone line) for out of hours, which is available to staff, landlords and neighbours.
- Staff are persistent, assertive and consistent in their approach. It is understood that people may not always engage with the service, or may take time to build trust, so staff try new and creative ways of building and sustaining relationships.
- Staff take a 'do whatever it takes' approach to the support provided whilst balancing and respecting the needs and wishes of individuals. Depending on the person this may require daily visits or monthly phone calls/letters.
- Staff are provided with adequate support to assist them in delivering assertive support; including reflective practice and/or clinical supervision.

Examples of low fidelity provision

- Individuals are expected to engage with support determined by the service provider or commissioner.
- Individuals are reprimanded for non-engagement with support; including being removed from the caseload or permanently excluded from the service.

- Limited attempts are made to initially engage with someone or continue engagement at times when the person is not having regular contact with support. Support is always offered in the same way and at the convenience of the support worker.
- Staff and stakeholders do not understand why there may be fluctuations in support and have unrealistic expectations about progress.
- Staff are not adequately supported to take an assertive approach and experience compassion fatigue, burnout or vicarious trauma.
- The individual has no option to change support worker even if the relationship is not working.

Principle 6: The service is based on people's strengths, goals and aspirations

Focussing on the deficits of a person rather than their strengths will not motivate them to change their behaviour and prevents the opportunity to build resilience and reinforces low self-worth. By helping them to identify and work towards their dreams we can build individuals' resilience, hope and self-esteem.



- The way in which assessment and support planning is undertaken is likely to be discursive and informal and is focussed on the goals and aspirations of the individuals.
- Staff hold the hope that people can reach their goals and provide encouragement and opportunities to learn when things do not go to plan. They have unconditional positive regard.
- Individuals are supported to identify their strengths and coping mechanisms and to develop resilience in other areas. They lead the conversation about areas of need and are supported to identify coping strategies.
- Individuals are supported to get to know their local community and to begin building relationships outside of the homelessness sector. This includes reconnection with family and friends if desired.
- The service involves, or makes links with, people with lived experience who can show that recovery is possible and offer a different type of support.
- Hard outcomes and soft outcomes are viewed with equal importance. Seemingly small changes (e.g. turning up for an appointment, buying something for the home or expressing an interest in trying something new) can be significant markers of progress.
- Quantitative and qualitative reporting is used and accepted as evidence of the support relationship, change, progress and challenges. The outcomes for support are determined by the resident.

Examples of low fidelity provision

- The support provided and outcomes desired are determined by the support or housing provider or through the commissioning.
- The way in which activity is assessed, recorded and monitored is not person-centred and is focussed on meeting the needs of the provider or commissioner.
- The focus on the support is about addressing tenancy, health or social care issues and there is little time for identifying goals and aspirations.
- Individuals are labelled or judged by their health conditions or substance use instead of being seen as an individual with strengths.
- The tenant's history determines the way the worker supports them. The potential for change and reconnection is not fully considered.

- Individuals are deemed independent once housed but before they are integrated into the community and feel positively about other areas of their life.

Principle 7: A harm reduction approach is used

Moving into a home will not make people change overnight and there are numerous reasons as to why someone might not yet wish to engage with services or become abstinent. We must take a holistic approach to reducing harm and improving well-being.



- Whilst there is no condition around behaviour change and/or access of services, staff take a proactive and encouraging approach to inform residents about local services and support them to access when ready.
- Staff support individuals holistically to think about their health and social care needs in relation to harm and risk, and support individuals to reduce the negative impact on their lives (motivational interviewing).
- Support staff hold the hope for individuals that change is possible, supporting them to identify the steps required for change (cycle of change).
- Staff are aware of harm reduction and relapse prevention techniques and use them in support.
- Residents are linked into their local community, local services and their local recovery community. They are supported to build relationships and assets.

Examples of low fidelity provision

- Conditions are placed on the individual through the tenancy or support plan around abstinence or engagement with services.
- Staff are not trained to support individuals around harm reduction techniques and supporting change/increasing motivation.
- Services focus on sustaining the tenancy but do not support individuals to begin recovery in other areas of their life.
- Services prioritise the needs and demands of other agencies over the wishes of the tenant.

The importance of balancing the principles in practice

Each of the seven principles is important in supporting an individual to exit homelessness, recover in other areas of their lives and become an active member of their community. Entering accommodation and sustaining a tenancy is just one part of the Housing First approach and should be considered carefully alongside the other principles. This means that different principles may come into conflict, such as:

- Finding a balance of active engagement over an individual's choice not to access support sometimes
- Finding a balance between the right to have a tenancy and engagement in criminal activity
- Finding a balance between the choice of not engaging with mental health services and the need to reduce harm from drinking as self-medication

Housing First is not above the law and where there is a safeguarding, mental capacity or criminal issue, teams work with statutory agencies. However, ethical dilemmas such as those above need to be regularly reflected on in relation to all the principles and the individual being supported.



What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Let's end homelessness together

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