

# Making Housing First an effective intervention

Recommendations for local and national policy makers

**At Homeless Link we are increasingly excited by the interest Housing First is currently receiving from local and national policy makers.**

Through our **Housing First England** project we hear first-hand from beneficiaries and providers what is needed to make Housing First an effective intervention across England. When done well, Housing First leads to positive outcomes for individuals experiencing multiple and severe disadvantage, such as increased tenancy sustainment, improved quality of life and reduced contact with the criminal justice system.<sup>1</sup>

There are likely to be people who will benefit from Housing First in every local area.<sup>2</sup> With a national commitment to halve rough sleeping by 2022, now is the time for local and national policy makers across a wide range of sectors to work with us to ensure that the right conditions are in place to make Housing First a viable part of every local area's provision for people experiencing multiple and severe disadvantage.

## What is Housing First?

Housing First is an internationally recognised housing intervention for people experiencing multiple and severe disadvantage, providing individuals with a permanent, non-conditional offer of independent accommodation.

Critically, though, Housing First is more than a housing intervention. The approach is underpinned by a set of principles<sup>3</sup> which differentiate it from housing-led services. At its core is an open-ended offer of intensive, high quality, holistic support,<sup>4</sup> which makes Housing First such an effective intervention for those whom current services are engaging ineffectively with.<sup>5</sup> Housing First cannot achieve the positive outcomes that it does without this intensive support being available.



# What is needed to make Housing First effective?

We estimate that there are currently around 30 funded Housing First projects across the country.<sup>6</sup> However, making Housing First a viable, effective option throughout England will require wider systemic change.

We are therefore calling on relevant local and national policy makers to work with us to ensure that the necessary support funding, access to housing, and co-ordinated service responses are in place.



## Funding for long-term support

Beneficiaries of Housing First require an offer of personalised support to help maintain a tenancy and work towards recovery and integration. This support is intensive, with support workers generally having between 5-7 people on their caseload, enabling high quality, flexible and frequent contact. The offer of support is open-ended, as a resident's recovery takes time and varies by individual needs, characteristics and experiences.

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 decreasing ineffective service use. Some providers have secured funding from statutory sources such as Clinical Commissioning Groups (CCGs), Police and Crime Commissioners (PCCs) and Public Health as a result.

Current Housing First projects are predominantly funded through housing related support and local authority local grants. However, it has been estimated that housing related support funding has reduced by 45% since the removal of the Supporting People ring-fence in 2009. Ongoing reductions to local authority grants have also put pressures on the local funding available for Housing First support.

### **Making Housing First an effective intervention across England will require:**

- Adequate revenue funding to allow services to offer residents the length and intensity of support that they need. This will encourage capital investment and enable commissioners and providers to effectively plan for the future.
- Longer commissioning cycles, replacing the norm of providing funding on a short-term, cyclical or 'pilot' basis. Without this, services face a cliff edge to their support revenue, which can potentially leave vulnerable people in accommodation without the intensive case management they require to keep it.
- Local commissioners to work together to pool funding, replacing reliance on a single source of funding. This could include Social Care (and the Better Care Fund), Clinical Commissioning Groups (CCGs) and Public Health, the Drugs and Alcohol Action Team (DAAT) and Police and Crime Commissioners where Housing First can help achieve priorities identified in their strategies.<sup>7</sup>



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## Increased access to appropriate accommodation

The majority of Housing First beneficiaries are supported in their own self-contained, dispersed properties. Unlike other approaches, accommodation is provided unconditionally; people are not required to accept support or engage with treatment such as drug and alcohol services.

Dependent on the local housing market, the housing offered to residents may be within the social or private rented sectors. Currently, stable tenancies at affordable rents are more common in the social rented sector. However, the private rental market can offer increased choice and flexibility in the location of the accommodation, and shorter waiting times for housing.

Although the current number of people supported by Housing First is low, supply is not meeting demand across all locations, including those where these services already exist. Strict local rules on who can be given social housing, and concerns around anti-social behaviour, are limiting available properties in the sector.

The freeze on the Local Housing Allowance (LHA), the maximum level of housing benefit available to cover private sector rents, is contributing to a growing gap between private rents and people's incomes. This is particularly true of areas such as London and the South East.<sup>8</sup> Properties that are available within LHA rate are often of poor quality.

### Making Housing First an effective intervention across England will require:

- Increasing the stock of good quality, one-bedroom properties available to rent at sub-market levels, in all areas across the country.
- Increasing access to social housing by ensuring people who have experienced multiple disadvantages are among those prioritised to receive housing, and those who have experienced homelessness are not unfairly excluded.
- Improving the quality of private rented properties, and extending the length of tenancies, so that long-term security is provided to residents. Funding may be required locally to meet high upfront costs, including high deposits and fees.
- Removing the Local Housing Allowance freeze and reviewing LHA levels so they reflect the reality of each local rental market. Financial support for two-bedroom properties should not be reduced where single accommodation cannot be sourced.
- Continual financial support for new housing benefit claimants and those transferring to Universal Credit. This should be administered so that landlords are assured of continual rental payments and incentivised to make properties available to claimants.



## A co-ordinated approach to local service delivery

A Housing First service should, when someone wishes it, connect with other relevant services that will help the individual get the support they need to achieve their goals.

Residents often face a series of simultaneous challenges such as substance misuse and mental health problems. Housing First providers in several areas report difficulties supporting people to access wider health and social care services, which judge individuals' needs to be either too mild to meet a threshold, or too severe to be manageable.



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Some areas where Housing First is delivered use the MEAM Approach<sup>9</sup> to design and deliver better coordinated support for people experiencing multiple disadvantage. This has helped Housing First schemes to gain cross-sector coordinated support for individuals.

### Making Housing First an effective intervention across England will require:

- Developing better coordinated, cross-sector approaches for people experiencing multiple disadvantage in every local area across the country.
- Adequate funding for key services that prevent people's needs from escalating, such as mental health services, substance misuse services and domestic violence services.
- People who commission or provide drug, alcohol and mental health services to follow principles outlined by Public Health England (PHE)<sup>10</sup> and National Institute for Health and Care Excellence (NICE) guidelines,<sup>11</sup> so that there is no 'wrong door' for people with co-occurring conditions.

## References

1. Fitzpatrick-Lewis D, Ganann R, Krishnaratne S, et al. Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review. *BMC Public Health* 2011; 11: 638.
2. Homeless Link estimates that approximately 10-20% of people sleeping rough or in contact with services for single homeless people would benefit from Housing First. Housing First should be available alongside other interventions and accommodation options in a local area, so that individuals can access housing and support that best meets their needs.
3. For the Principles for Housing First in England, see: <https://hfe.homeless.org.uk/principles-housing-first>
4. For details of the difference between Housing First and Housing Led initiatives, see: <https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20or%20Housing%20Led%20scoping%20report.pdf>
5. For details of criteria for determining who would benefit from Housing First, see: <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>
6. See the Housing First England website: <http://hfe.homeless.org.uk>
7. Forthcoming research from Homeless Link will provide details of creative commissioning models being developed in local areas.
8. People under 35 who are unable to prove they meet an exemption are further disadvantaged, as they are only able to receive financial support up to the Shared Accommodation Rate (SAR).
9. The MEAM Approach is a non-prescriptive framework to help local areas design and deliver better coordinated interventions for people with multiple needs. It provides a practical seven-stage guide, which areas can adapt to local circumstances. For more information see: [www.meam.org.uk](http://www.meam.org.uk)
10. See: [www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services](http://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services)
11. See: [www.nice.org.uk/guidance/ng58](http://www.nice.org.uk/guidance/ng58)





## What we do

Homeless Link is the national membership charity for frontline homelessness agencies and the wider housing with health, care and support sector. We work to improve services through research, training and guidance, and to promote 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

Homeless Link, Minories House, 2-5 Minories, London EC3N 1BJ

020 7840 4430

[www.homeless.org.uk](http://www.homeless.org.uk)  @Homelesslink  @homelesslink

## Housing First England

**For more information:**

[www.hfe.homeless.org.uk](http://www.hfe.homeless.org.uk)

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