EXAMPLE

Housing First Terms of Reference

***“****Sounds simple b*ut many housing first models have shown that it’s always more cost-effective to try to end homelessness rather than manage it”

1. **What is Housing First?**

The goal of the Housing First principle can be summarised in two sentences:

*“The services operating according to the Housing First principle do not want to get rid of their clients. Instead, the purpose is to provide clients with a permanent dwelling – that is, a home.”*

*“A Home of Your Own: Housing First and ending homelessness in Finland”, Y-Foundation, 2017.*

Housing First offers secure long-term accommodation with intensive support to individuals who have multiple complex needs and have experienced chronic, recurrent homelessness. Housing First offers immediate housing without any requirement to show capacity for tenancy readiness. Housing is provided after a period of **engagement** and **partnership planning**, and there is no requirement for clients to be equipped to be ‘housing ready’ before they are offered a home.

As the name implies, the model is founded upon a ‘housing first’ – **person centred principal** rather than ‘treatment first’ philosophy, and operates a harm reduction approach to substance misuse.

The service offers a stable environment with a personalised and comprehensive, service user led approach to reduce levels of repeat homelessness and support individuals on the pathway to independent living and where appropriate recovery.

1. **Definition of Multiple, Complex Needs:**

Clients that experience several problems at the same time, such as mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown. Research has shown clients with multiple and complex needs have ineffective contact with services, usually resulting in poor communication and mistrust of services and local authority support. Clients with complex and multiple needs are perceived as hard to reach and even more difficult to house due to them not fitting into any eligibility criteria or risk matrix for ‘standard’ housing services.

1. **Example Housing First Partnership**

The Housing First pilot will be delivered in partnership and through a shared commitment to working flexibly in the interests of achieving positive outcomes for people who meet the eligibility criteria set out below.

The primary agency partners in the delivery of Housing First in Example are:

* Support provider
* Housing provider
* Local Authority team commissioning the service
* Drug and alcohol service
* Police
* Adult Social Care and Mental Health

Other partners may be invited to work with the partnership as and where appropriate (for example Probation, Children’s Services).

1. **Eligibility criteria for the Example Housing First Service:**

We are seeking to work with entrenched rough sleepers through the Housing First model:

1. It’s important we take a client led approach and having flexible access criteria is key to this working for clients with complex needs.
2. Clients could be known to local services and:
3. Have a history of long term homelessness

ii) Have multiple, complex needs and fall into three or more of the following categories:

* Severe mental illness and mental health problems, or learning disability
* Problematic drug and/or 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

iii) Locally connected at the point of referral according to the definition utilised by the Local Authority

vi) Entitled to UK benefits including help with housing costs.

1. Potential exclusions subject to a detailed Support Provider Assessment:
* Inability to manage a tenancy due to severe ill health where hospitalisation, residential care, or alternative housing maybe required
* Where an individual is acutely mentally unwell and where a duty to accommodate and support lies with mental health services or learning disability services
* Where an individual presents without a diagnosis but is acutely mentally unwell

There are no exclusions for age, past behaviour or offending history. Each referral will be looked at in detail by the Housing First Referral Group when either they physically meet or via other communication methods when outside the meeting cycle, and a decision is required within a tight timeframe.

**Like any new service of this nature, it’s important to slowly increase capacity to ensure the service does not get overwhelmed or diluted.**

1. **Referrals:**

Referrals will be identified through the Support Provider *housing first manager and the Local Authority Housing Team* and discussed with Housing Provider, and other relevant agencies. Support Provider Housing First worker will work to engage with the potential client.

Once a referral has been deemed suitable for consideration, Support Provider will be expected to complete a comprehensive support and risk assessment plan. Once this decision has been made, Support Provider (as the support provider) will begin to build their own relationship with the individual.

Sign off for proposed tenant will be sought via the Steering Group and with the agreement of Housing Provider*.*

1. **The Role of the Example Support Provider in relation to landlords.**

We recognise that this is an innovative project that is not without risk for partner agencies who are supplying the Housing First units. We are experienced in partnership working with other Social Landlords, and other landlords across our service provision, and have direct experience of being the landlord directly for some of the most complex clients accessing services.

We will work proactively with our clients, to ensure that their tenancy is maintained. This will include being proactive about maintaining their benefit claim and rent payments. Where engagement is problematic, we will make innovative steps to re-engage where we believe there is potential for later crisis intervention. We will, with the client’s permission, monitor the benefit claim remotely through regular contact with the DWP and HB, so that this is maintained even through any period of disengagement by the client.

We will work with the client to ensure that they maintain homely and appropriate standards of cleanliness within the property supporting to motivate and providing practical assistance where necessary.

We will develop good working relationships with the community safety teams and local policing teams so that we can build a full picture of the client’s behaviour whilst in accommodation, and work closely with them to manage the community perception of our clients.

This is not an exhaustive list.

1. **Support Levels**

We know that all these clients will be unique requiring a different type of approach for each. Our staffing structure recognises this and there will be two staff members available to deliver dedicated intensive support to Housing First clients. Typically, a client could expect to receive 5-7 hours per week; this is likely to be spread across multiple contacts across the working week rather than in blocks, to ensure that we have on going contact.

1. **Identifying Units of Accommodation**

The following steps will be considered when identifying suitable units of accommodation:

* Assessment of the client to be used in the wider context of appropriate placement
* Assessment of the unit of accommodation becoming void
* Assessment of the area and known issues in the locality
* Assessment of location and suitability
* Who are the neighbours
* On balance, considering all of the above – sign off from the Housing First Group (but initial sign off to be given by Housing Provider/landlord prior to going to the Group).
1. **Governance**

The Housing First Group will oversee the service and will monitor and manage the day-to-day operational issues and delivery of the service. (Appendix 1).

1. **What happens at the end of year one?**

We are confident that the service will confirm the positive outcomes delivered in other Housing First projects. We will ensure that we record quantitative and qualitative outcome data on Support Provider data system and work closely with the commissioning group to report back against agreed outcomes for the service and the individuals accessing it.

We will work with our commissioners to gather quality data that supports a case for further funding and demonstrates the cost effectiveness of the interventions. We envisage this will impact on Health, ASB, Criminal Justice, and Local Authority and with a positive preventative role in reducing demands on high need social care services in the medium and long terms.

**Appendix 1 – Housing First Group**

1. **Housing First Group:**

The Group will oversee the introduction of Housing First service in Example, manage, and monitor the day-to-day operational issues and delivery of the services.

**Membership:** Support provider, Housing provider, Local Authority team commissioning the service, drug and alcohol service, Police, Adult Social Care and Mental Health. Other partner agencies will be invited to discuss individual cases if required.

1. **Frequency of Meetings:** Every 4 weeks during initial implementation, then when required. This meeting will be chaired by Example Council, as they are the lead authority for this service.
2. **Purpose of the Group:**
* To determine the strategic direction of the Housing First project
* To develop the Housing First project in line with the needs of the clients and good practice
* To take account of Example’s Preventing Homelessness Strategy and ensure the service respond accordingly
* To ensure strong partnership working between relevant agencies
* To process and assess referrals
* To monitor outcomes, targets and successes.
* To monitor service data, needs and resources.
* To bring referrals to the group identified by outside meetings and agencies i.e. Housing Service, Outreach Workers and Drug & Substance Misuse Teams. Will also have input from hostel manager(s).
* To monitor the progress of Housing First clients
* To assess what works and what has not worked
* To feed strategic issues to the Regional Homelessness Forum
* To manage any tenancy breaches and share learning

Support Provider will develop good working relationships with Housing Provider (and other landlords as may be appropriate), the ASB and Community teams and local policing teams so that we can build a full picture of the client’s behaviour whilst in accommodation, and work closely with them to manage the community perception of our clients.

1. **Monitoring**

The Housing First Group will need to agree monitoring information and any KPIs.

**Appendix 2 – Guidelines for setting up a “Housing First” service**

**Staff are Key**

Getting the right staff and management is key to our success

* We employ experienced support staff with a history of working with clients with complex needs
* They’re reliable, dynamic, flexible and innovative people
* They have excellent engagement skills and know when to increase or decrease intensive support
* They have excellent training, along with good quality support
* They have the ability to build strong trusting relationships with clients
* They have a ‘can do’ attitude and believe in the approach
1. **Preparation - client 1**

***It’s important to prepare the ground if you are thinking of setting up a housing first service. The housing is only part of the plan if it is to be successful. It’s strongly suggested that one client at a time is introduced to the model. Small caseloads are key in order to offer the right level of support, roughly 5-10hrs per week***

**There are key questions/points to consider:**

* Does your organisation understand and support the model?
* Is this a commissioned service or a pilot approach and how long is it for 1, 2 3 years?
* Do you have access to property, if so what type and who owns it?
* Do you have the correct staff skill level i.e., rough sleeping, substance misuse, and housing experience? Are they resilient and resourceful?
* Do staff understand and believe in the model?
* Have you identified possible clients?
* Are you working with them now, engagement and building trust?
* Have you engaged with all partner agencies and is this process led by the local authority (see TOR above) for guidance
* Benchmark?
* Exit strategy?
1. **Mobilisation**
* Identify clients, start to engage build trust, use the harm reduction approach principle x
* Start the conversation, engagement, mobile phone
* Finding the right housing, bring client with you, safe places
* Identify housing dispersed single flats/ASTs
* Separate landlord to support provider
* Get the team ready, recruitment staff are key
* Ensure key partners are on board
1. **Moving in**
* Just like all clients moving into independent accommodation
* Personalisation pot for each client £1k
* Keys, furniture who supplies, ensure flat furnished to a certain degree
* Manage expectations of staff, stakeholder
* Create a plan of support, visits, friends
* Engage with neighbours
* Ensure police and community safety are on board
* 24/7 flexible support, on call, weekend eve if required
* Move in date
* Intensive support if required for first period
* Bills, food, gas, electric
1. **Maintenance**
* Contact, responsiveness staff and client
* Engagement with services i.e. substance misuse, MH
* How is the team? Reflective practice
* Have 2 staff key working
* Feedback for the client. Stakeholder
* Keep working group informed of progress
1. **Next Client, easy does it and remember the principles**
* What have we learnt?