**A guide to Housing First for health professionals**

This briefing is an introduction to Housing First for health professionals, including G.Ps, dentists, occupational therapists, pharmacists, hospital and ambulance staff and palliative care teams. For more detailed information visit <https://homeless.org.uk/areas-of-expertise/housing-first/>. For local information, please contact the Housing First service in your area (see below).

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**5. Your local Housing First Service**

**3. Who it is for**

**2. Context**

**4. Housing First and your role**

**6. Supporting the approaches**

**1. What Housing First is**

**7. Next steps**

In Housing First [61 % of people have a longstanding illness/disability, and 21 % have a learning disability](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102005/Housing_First_Evaluation_Third_process_report.pdf). Many residents have [occupational therapy needs](https://homelesslink-1b54.kxcdn.com/media/documents/HF_Grants_Reports_Final.pdf) and require access to specialist support and equipment to live safely in their home.

Unconditional access to permanent housing with open-ended specialist support. Housing First adheres to seven key [principles](https://homeless.org.uk/knowledge-hub/the-principles-of-housing-first/), watch [Michelle’s Story.](https://vimeo.com/684255605)

Housing First can support the health sector.

* Talk to colleagues about Housing First
* Look at Housing First resources
* Connect with your local Housing First team
* Build partnerships and joint working protocols with Housing First teams

For every [£1 spent on Housing First, £1.56 is saved](https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/02/CSJ-Close-to-Home-2021.pdf), including to NHS services

The mortality of people experiencing homelessness is very high, [45 years for men and 43 years](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations/pdf) for women and sadly, death is the most common reason a person would exit a Housing First service. [Very few people have access to planned end of life care.](https://homelesslink-1b54.kxcdn.com/media/documents/Reducing_changing_or_ending_Housing_First_support_2021_full_report.pdf)

People facing multiple exclusion and disadvantage who experience a combination of issues. For many, their current circumstances are shaped by long-term experience of poverty, deprivation, trauma, abuse and neglect.

Housing First uses three key approaches:

1. [Trauma informed care](https://homeless.org.uk/areas-of-expertise/improving-homelessness-services/trauma-informed-car/)

2. [Strengths-Based practice](https://homeless.org.uk/areas-of-expertise/improving-homelessness-services/strengths-based-practice/#:~:text=It%20involves%20re%2Dframing%20the,organisations%20and%20those%20accessing%20them.)

3. [Harm reduction](https://homeless.org.uk/knowledge-hub/supporting-people-who-use-drugs/)

These structural inequalities intersect in different ways, manifesting in a combination of experiences including homelessness, substance misuse, domestic violence,

contact with the criminal

justice system and

mental ill health.

Health teams have a vital role in supporting Housing First residents at different points in their journey. Key points include:

You can read the above resources and seek training to ensure consistency in support.

**TO BE COMPLETED BY HOUSING FIRST SERVICE**

* The Housing First team can support people to attend appointments, complete paperwork and mediate conversations – remember to include them in multi-agency meetings
* Housing First workers have close relationships with residents and can notice changes in behaviour
* Regular communication will help to manage a resident’s health needs

Name of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral information (if relevant):

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Any other information:

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