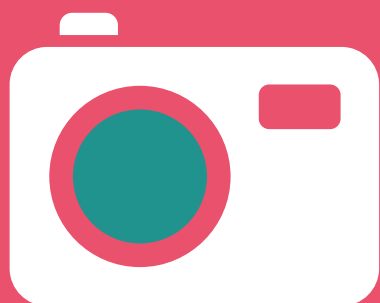


Housing First England



The picture of Housing First in England 2020

SURVEY REPORT

The picture of Housing First in England 2020

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Housing First England

Homeless Link's Housing First England project has been working to promote, support and grow a national movement of Housing First services across the country since 2016. The project aims to increase and sustain the use of Housing First (where appropriate for a specific client group experiencing multiple disadvantage) and undertake activities that focus on leadership, research, and supporting practice.

Acknowledgements

We would like to extend our gratitude to the Housing First services taking part in this research, who took time out of their busy schedules to complete the survey. This research is funded by Comic Relief, The Nationwide Foundation and our project partner, Crisis.



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Chapter 1

Executive summary

This report is based on findings from an online survey completed by 87 Housing First services across England in 2020. For selected questions, findings are compared with a similar survey completed by 28 services in 2017. Both surveys attracted high response rates of over 80%.



Scope and capacity

- The 87 services that responded have a combined capacity to support 1,995 people. This compares with 28 services responding in 2017 with a capacity to support an estimated 350 people.¹ **Overall, we estimate an almost six-fold increase in the capacity of Housing First services across the country since 2017.** The North West and West Midlands have the greatest capacity due to the large-scale Ministry of Housing, Communities and Local Government (MHCLG) pilot projects being undertaken in these regions.
- The number of services is unevenly distributed across the country, with a concentration of services in the South East (23% of services) and London (20%). The greatest increase in the proportion of services in a region is in the South West; no services responded from this region in 2017, compared with 13 services in 2020.
- On average, individual Housing First services are larger than in 2017. The majority of services support between six and 20 individuals at any one time compared with between four and 12 individuals in 2017. In 2017 the largest service responding was able to support an estimated 56 people; in 2020 three services are able to support more than 100 people (the largest of which is able to support more than 250).

Funding and housing

- In total, 66% of services receive local authority funding – most commonly through Rough Sleepers Initiative (RSI) funding or the homelessness grant provided by MHCLG to local authorities. Very few receive local authority funding via adult social care (9%) or public health (6%).
- Funding periods tend to be limited (often contrary to the intention of the service providers and commissioners to continue services long term); services frequently identified this as a challenge.
- **Social housing was used by 81% of services responding in 2020 compared with 61% of those responding in 2017.** In tandem, use of the private rented sector (PRS) among participating services has decreased from 57% in 2017 to 35% in 2020.
- For nearly all services, the tenancy is held by the Housing First client rather than the service provider. Nearly all services provide self-contained, scattered-site housing (97%). Just over one in twenty (6%) offer shared accommodation as an option for some clients.

Profile of people accessing Housing First

Support needs

- Housing First services in England specifically work with those facing multiple disadvantage, including long-term experiences of homelessness, high rates of mental health problems and substance misuse.
- Contact with the criminal justice system, experience of abuse or trauma and physical health needs were also common, as were sustained and recurring periods of homelessness. Despite this support needs profile, only a small proportion of clients (just over one in ten) across the services access adult social care.

Demographic profile

- Services provided demographics for client groups; findings should be treated with some caution but do give an overall indication of who services are currently reaching.
- On average, two-thirds of each service's clients are male and one-third female.
- There are six services whose clients are all female – these services can support 80 women between them.
- For most services the majority of clients are White (89%). On average one in 20 clients are Black and the same proportion are of Mixed Ethnicity.
- Overall, services tend to work with those aged between 35 and 59. Three services specifically mentioned working with people under 25; one was a service for care leavers, one was a service for people aged 18-25, and another works with a youth service within a wider Housing First project.

Delivery models

- **Most services have caseloads of six or fewer clients per support worker.** Only three services reported having more than ten people on each caseload, and in two of these cases there were additional details in responses to other questions suggesting additional resources that were effectively reducing caseloads to a lower level.
- Referral routes and pathways into services vary, but commonly feature multiagency panels and services working in partnership to identify potential clients. Local authorities and outreach teams often have specific responsibility for identifying clients to put forward.
- Most services use an intensive case management (ICM) approach, often with some additional input from other services, an ICM+ model. A small number of services provide assertive community treatment, where clients are supported by a multiagency team.
- Services often reported having access to specialist input within the team or through enhanced access to an external service; this was usually substance misuse or mental health input. Other specialist inputs selected by ten or more services were internal peer support workers and staff with specific responsibility for landlord liaison.
- **Nearly all (93%) of services work with clients in an open-ended way 'for as long as required'** and one service stated that there was a long-term commitment from the provider and their commissioners despite the confirmed funding ending fairly soon.
- **Nearly all services responding stated that, if a resident moves away from their property, the service will continue to support them and help them to access alternative accommodation.**
- Where services had experienced a client no longer needing support from a Housing First worker, most services kept clients on the caseload as 'dormant' and able to return to support at any time. However, a fifth (13 services) of those responding have a system where the client graduates from the service and is no longer on the caseload.
- Just over half (53%) of services have closed one or more cases. The most common reasons for cases ending were cited as the resident becoming too vulnerable to live in dispersed accommodation, long-term prison sentences, and moving too far out of the area for the service to continue support.

Challenges and opportunities

- **By far the most commonly mentioned challenges were accessing suitable accommodation and the uncertain funding situation.** Other challenges often mentioned included accessing the wide range of support people need, including mental health and drug and alcohol support, and the challenges arising from Covid-19, including measures to keep both staff and clients safe.
- Challenges less frequently mentioned, but of particular interest are: exploitation of clients in their properties; securing engagement from people referred to Housing First; social isolation of residents in their new localities; and situations where clients need to move on to housing with more onsite care and support which is hard to secure.
- **Opportunities described by services included working in partnership with other organisations, teams and disciplines;** working in a flexible and intense way improving access to housing and support for their client group (six services); and the outcomes of Housing First. Several services also mentioned the growing profile or ability to share learning from Housing First, for example, via project evaluations.
- Six respondents answered questions on the changes being made as a result of Covid-19 and opportunities for expansion; three had already expanded capacity as a result of the pandemic and two are in the process of expanding (including one of the services that had already expanded). Several services commented that they are seeking additional resources through the Rough Sleeping Accommodation Programme,² with five planning to increase their capacity as a result of the programme.

Conclusions

- The 2020 survey and selected comparisons with the 2017 research demonstrate the rapid growth and development of Housing First over recent years.
- Results indicate that nearly all Housing First services work in line with the principles for Housing First in England.³
- Although Housing First has grown nearly six-fold since 2017, Housing First still represents a small proportion of the support provided to people facing multiple disadvantage.
- Key challenges include securing housing and short-term funding, which is at odds with the long term offer of Housing First support.
- Key benefits of the delivery of Housing First services are being able to work flexibly and intensively with people who are provided with long-term housing, and the outcomes this achieves, and the strong partnership ethos of Housing First services working with a wide range of teams and across disciplines.
- The research has provided evidence to inform the future of the Housing First England (HFE) project as we continue to provide support, information, training and research to encourage the expansion of Housing First.

Chapter 2

Introduction and methods

This report presents the findings from an online survey of Housing First providers undertaken in 2020. The aim of the survey is to provide an overview of the scale and scope of Housing First in England, including the overall capacity of services, the operating models used, the types of housing accessed and funding arrangements. The survey is in part a follow up to a similar survey undertaken in 2017, and selected data is compared across the two surveys.



Background

Housing First is an international evidence-based approach that uses independent, stable housing as a stepping stone to allow individuals experiencing multiple disadvantage to begin recovery and move away from homelessness. Housing First provides intensive, flexible, and open-ended support and existing evidence has shown that it successfully ends homelessness for at least eight out of every ten people across Europe.⁴

Housing First, as developed in 1992 by Sam Tsemberis within Pathways to Housing in New York, is based on a core philosophy that is applied across all international Housing First services. In England, this philosophy is built on the principles for Housing First in England:⁵

- People have a right to a home
- Flexible support is provided for as long as it is needed
- Housing and support are separated
- Individuals have choice and control
- An active engagement approach is used
- The service is based on people's strengths, goals and aspirations
- There is a harm reduction approach.

More information about the principles for Housing First, and resources for those involved in the commissioning, funding or delivery of Housing First services can be found on the Housing First England website: www.hfe.homeless.org.uk

In the 2017 Autumn budget, the Government committed £28 million to fund three Housing First pilots in Greater Manchester, Liverpool City Region and the West Midlands, and Housing First is included in the Government's 2018 Rough Sleeping Strategy.⁶ These developments since the first survey show that Housing First is gaining recognition as a vital part of England's response to homelessness. In our reporting we do not refer to specific services by name, but describe findings in aggregate for an overall picture. To find specific services visit Homeless Link's online map: <https://hfe.homeless.org.uk/services>

Methods

The 2020 survey was designed using the 2017 survey as a basis. Questions addressed the following key topics: capacity, funding, the needs of residents, support provision, and the forms of housing used.

Housing First England (HFE), run by Homeless Link, maintains a list of all the Housing First services it has been in contact with in England; this is the most comprehensive list of such services available because Homeless Link provide much of the training and networking available in this area. This list was used as a basis for sending a survey via Survey Monkey to key contacts in all known services. In addition, direct contact was made with very large regional Housing First services and organisations with multiple services to encourage responses.

The survey was first distributed in March 2020; however, it became clear that the pressures relating to the Covid-19 response meant that survey response rates would be poor, so the project was put on hold until August 2020. The survey was distributed for the second time between August and October 2020. Those who submitted early responses in March were given the opportunity to update the information provided in September.

In total, 105 services were identified for the sample and 87 services responded, representing a response rate of 83%. This compares with a response rate of 88% in 2017, which accounted for 28 services. These very high response rates indicate the level of buy-in that services have to feeding into the growth and development of Housing First. As may be expected with a long and fairly detailed survey, responses dropped off towards the end of the survey in both years and the earlier questions are the most complete. Some services only provided initial top-line data, but most provided fairly full responses. Data was analysed using SPSS and Q software.

Chapter 3

The scale and scope of provision

This chapter describes the number and size of Housing First services by region. It also describes the client group supported by services and the type of accommodation accessed.



Regional distribution of services

Services are unevenly distributed across the country, with a concentration of services in the South East (23% of services) and London (20%). Since services vary in size, the number of services in a region are not indicative of available capacity. Although the largest number of services are based in the South East, they can support 225 individuals, while the North West can support 453 individuals across only 9% of the country's services (including the largest service at the current time, Greater Manchester Housing First).⁷ The greatest increase in the proportion of services is in the South West; no services responded from this region in 2017 compared with 13 services in 2020.

Figure 1: Regional distribution of services

Region	2017		2020	
	No. of services	% of services	No. of services	% of services
South East	7	25%	20	23%
London	6	21%	17	20%
South West	0	0%	13	15%
West Midlands	2	7%	9	10%
North West	5	18%	8	9%
Yorkshire and the Humber	3	11%	7	8%
North East	2	7%	6	7%
East Midlands	2	7%	4	5%
East of England	1	4%	3	3%
Total	28	100%	87	100%

Base: all responding, 87 services in 2020, 28 in 2017

Capacity of services by region

The 87 responding services in 2020 (have a combined capacity to support 1,995 people. This compares with 28 services responding in 2017 with the capacity to support an estimated 350 people.⁸ Overall, we estimate that there has been a six-fold increase in the capacity of Housing First across the country since 2017.

Figure 2: Region by number of people who can be supported

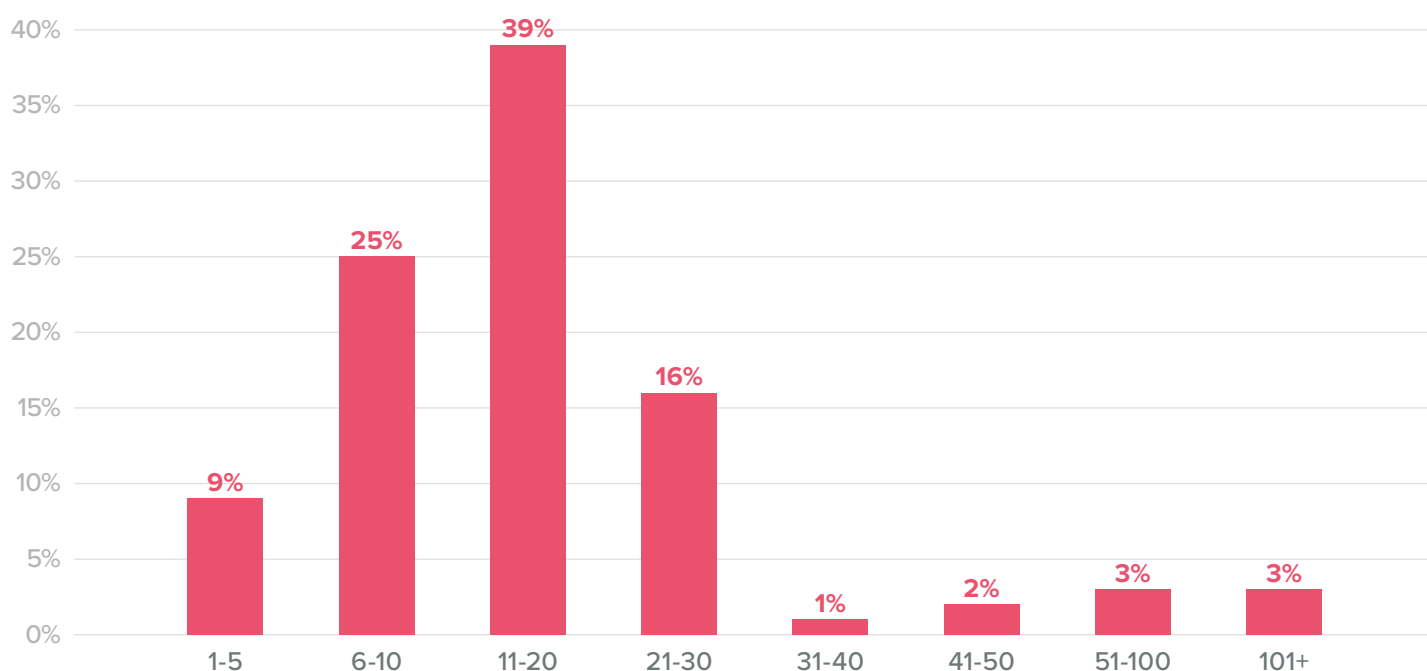
Region	2017		2020	
	No. of individuals services can support (est.) ⁹	% of total	No. of services	% of services
North West	81	23%	453	23%
West Midlands	41	12%	408	20%
Greater London	84	24%	325	16%
South East	44	13%	225	11%
South West	0	0%	210	11%
East Midlands	33	9%	148	7%
Yorkshire and the Humber	49	14%	106	5%
North East	16	5%	76	4%
East of England	2	1%	44	2%
Total	350	100%	1,995	100%

Base: all responding, 87 services in 2020, 28 in 2017

Size of services

On average, individual Housing First services are larger than in 2017. The majority of services currently support between six and 20 individuals at any one time (Figure 3), compared with between four and 12 individuals in 2017. Previously the largest service was able to support an estimated 56 people. In 2020, three services are able to support more than 100 people (the largest of which is able to support more than 250).

Figure 3: Number of individuals Housing First services are able to support

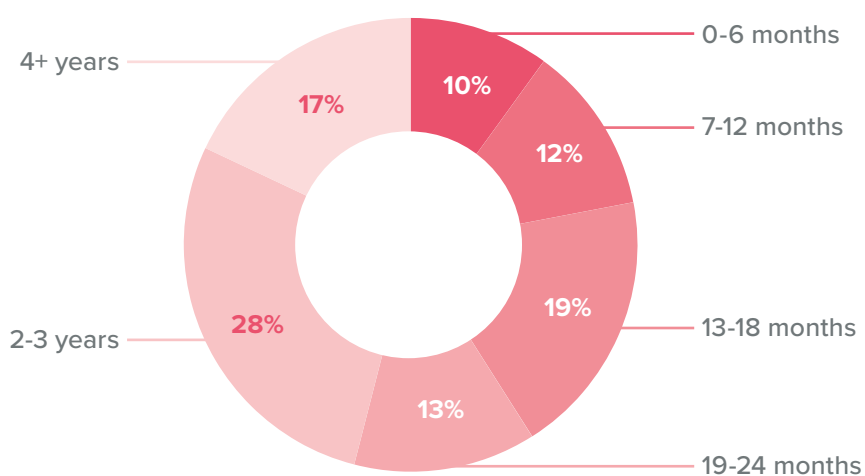


Base: all responding, 87

Development of Housing First services in England

The length of time that services have been in operation shows the development rate of Housing First in England (Figure 4). Less than a quarter of services are in their first year of operation (22%, compared with 37% in 2017); nearly half (45%) have now been operating for more than two years. This data shows that, although a large evidence base demonstrates the effectiveness of Housing First in ending homelessness for individuals facing long-term housing challenges,¹⁰ Housing First is a relatively new addition to England’s response to homelessness, with many services still in their infancy. However, having successfully demonstrated positive outcomes for residents, many services have moved on from a pilot stage to become integrated within existing local homelessness service provisions.

Figure 4: Length of operation of Housing First

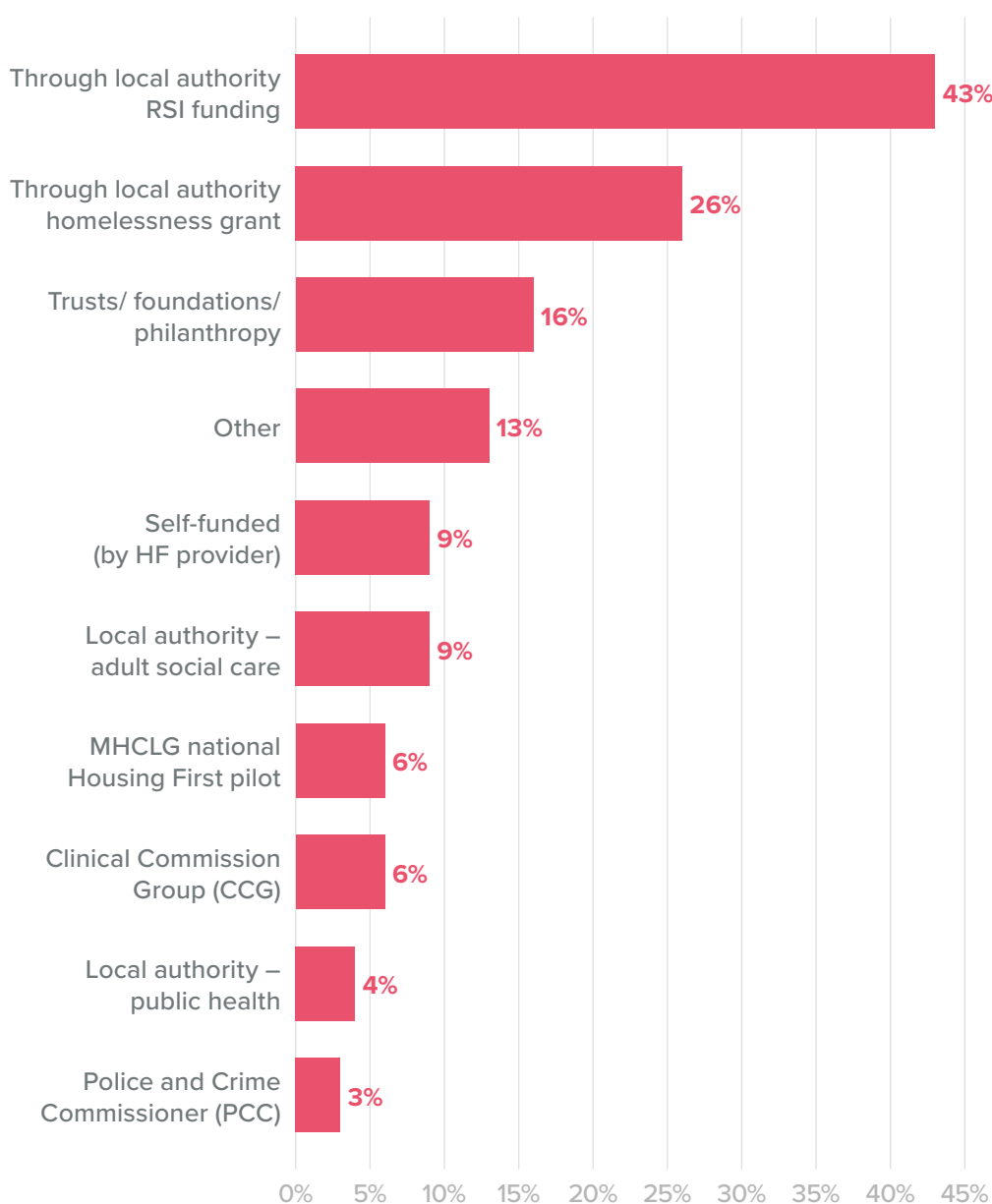


Base: all responding, 87

Funding

In total, 66% of services receive local authority funding from one or more allocation, which is similar to 2017 (68% received local authority funding). The most common local authority funding stream is through the RSI; this is very significant because RSI funding is only confirmed for a year at a time. Many (41%) of the services with RSI funding also receive funding from other sources too. A quarter (26%) of services receive funding from the more stable homelessness grant provided by MHCLG to local authorities. Far smaller proportions receive local authority funding via adult social care (9%) and public health (6%). The large MHCLG funded pilot areas differed slightly in how they responded with two responding for the whole regional project and in one case different services within the wider regional project responded. While these projects represent a small number of services, the amount of funding is highly significant.¹¹

Figure 5: Funding sources

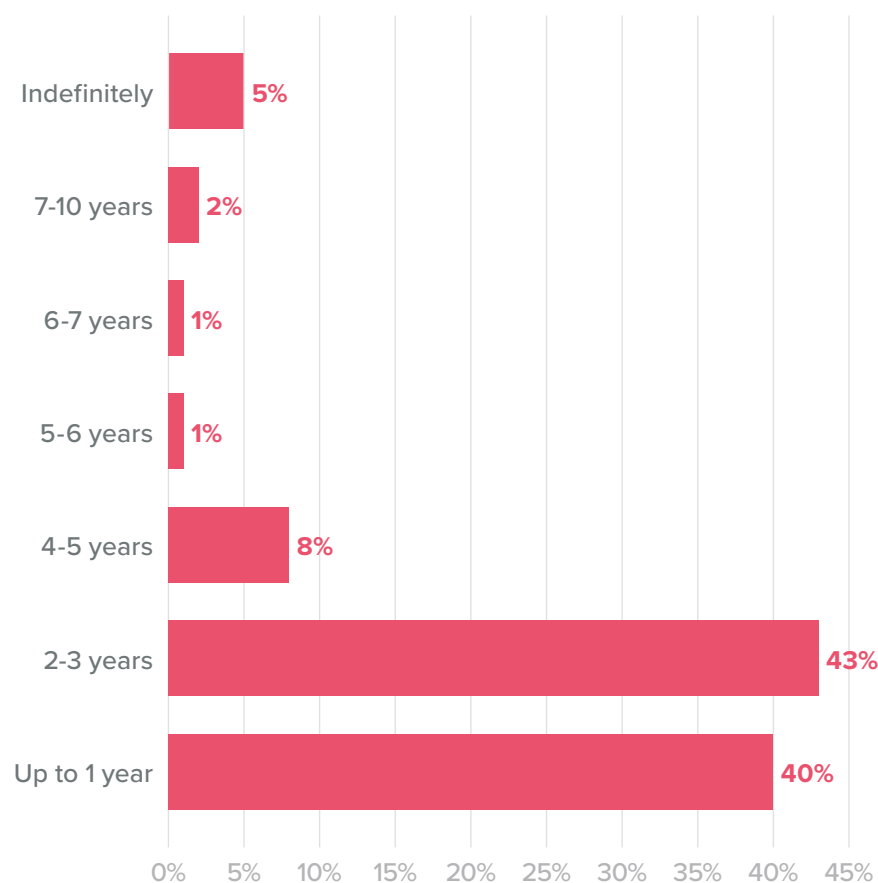


Base: all responding, 68

One of the key principles for Housing First is that residents are offered open-ended support for as long as they need. However, this is rarely matched by a corresponding offer of long-term funding for service providers (Figure 6). Local authority RSI funding tends to be limited to three years as a maximum, though often the funders and services have a firm intention to continue funding after the contracted or funded period. Funding from local authority homelessness grants, MHCLG national Housing First pilots and trusts/philanthropy are all referenced multiple times as offering funding for four or more years. The instances where services indicated indefinite funding (five examples of funding across three services) was where the service provider funds Housing First themselves (two cases), and where there are three sources of funding for one project (adult social care, public health and the Clinical Commissioning Group).

The short-term nature of funding for Housing First is a challenge for many providers, who struggle to reconcile their commitment to long-term support for residents with short funding cycles. Homeless Link’s research on the future funding of Housing First services explores this issue in more detail and asks how we can move towards more sustainable funding for services.¹²

Figure 6: Length of funding period



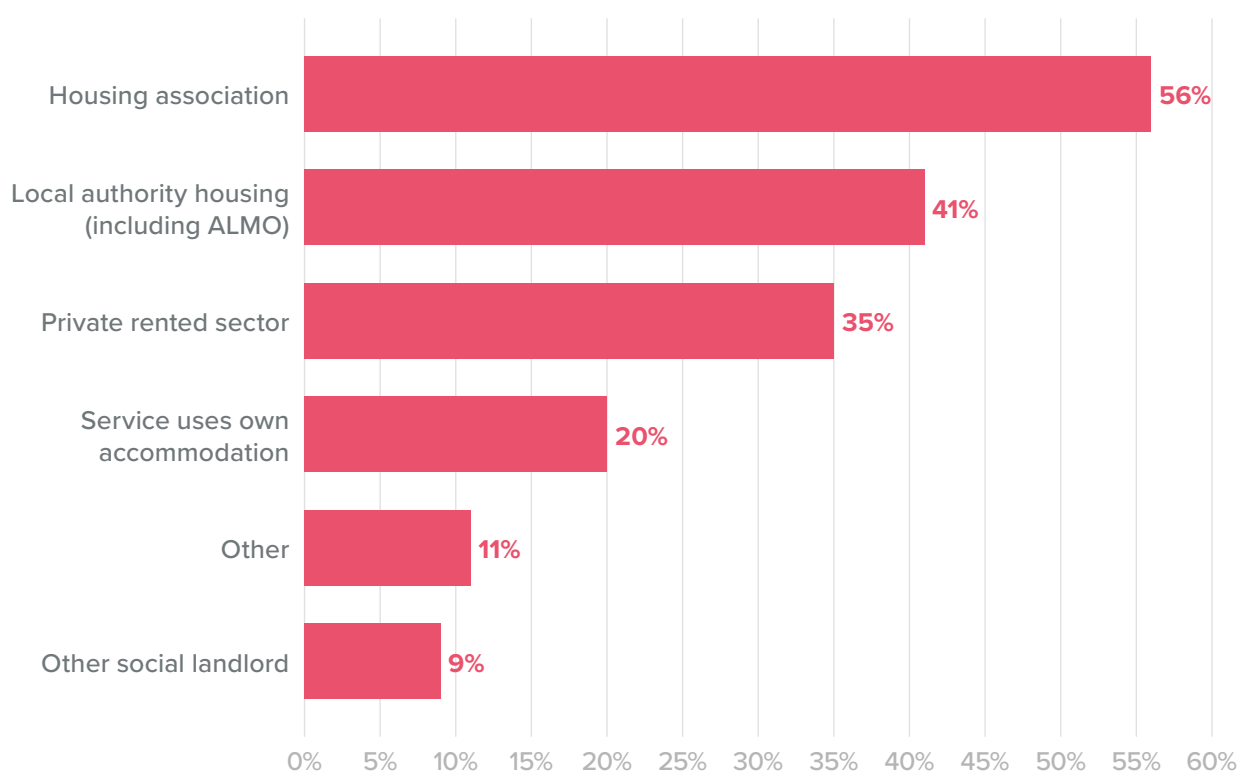
Base: 104 sources of funding described by 59 services responding

Housing

In England, accommodation for Housing First is sourced via several sectors and it is not uncommon for Housing First services to access accommodation from more than one source: 45% of survey respondents used multiple sources of accommodation (Figure 7). Social housing was used by 81% of services responding in 2020, compared with 61% of those responding in 2017. This equates to 17 services accessing social housing in 2017 and 45 in 2020. In tandem, use of PRS accommodation among participating services has decreased from 57% in 2017 to 35% in 2020.

For nearly all services, the tenancy is held by the Housing First clients; in three cases the service holds the tenancy.

Figure 7: Sources of housing used by Housing First



Base: all responding, 65

Most services use self-contained, scattered-site housing (97%), with just 6% also offering shared accommodation as an option. Although Housing First usually recommends self-contained accommodation, shared accommodation can be a positive option for those who do not want to live alone or have a companion or partner with whom they want to live.

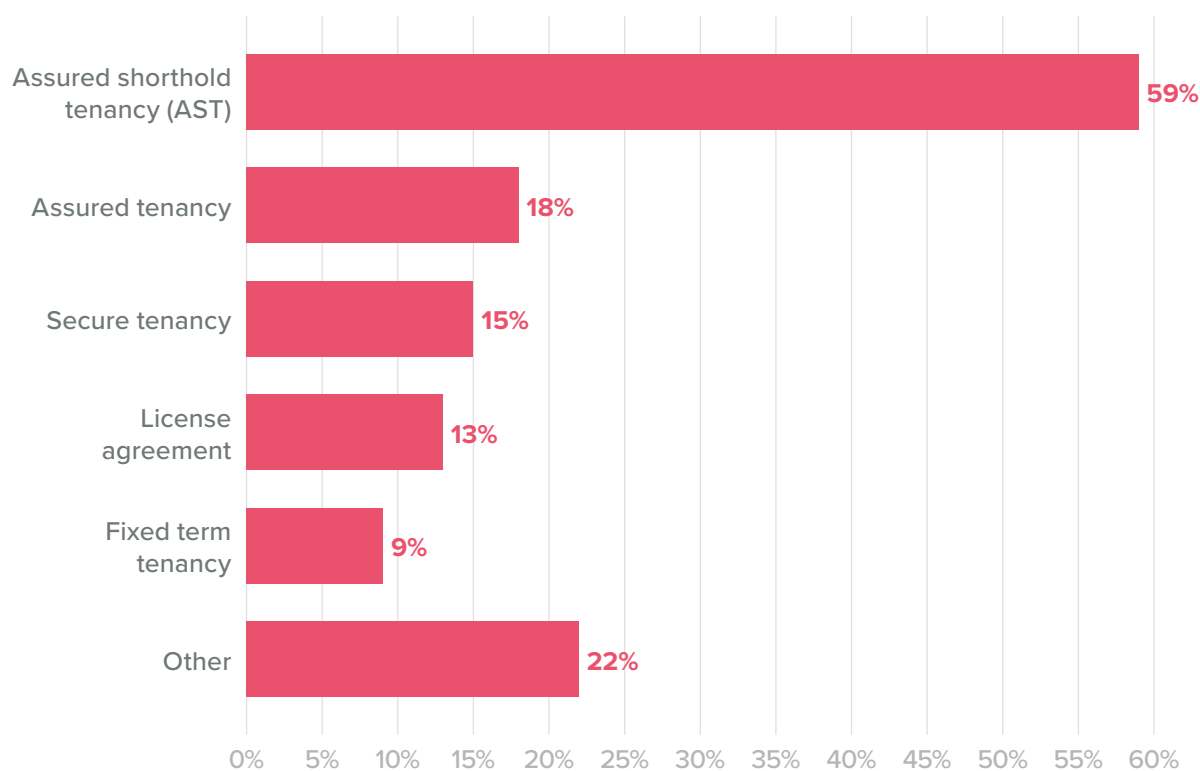
Figure 8: Type of accommodation provided to clients

	% of services	No. of services
Accommodation scattered across an area (i.e. not all in one particular building/street)	97%	66
Congregate accommodation (i.e. within the same building)	4%	3
Shared accommodation	6%	4
Other (please specify)	9%	6
Total	100%	68

Base: all responding, 68

Reflecting the key recommendation that Housing First residents should be provided with the same type of tenancy as any tenant, most services help their clients to secure assured shorthold tenancies (59%).

Figure 9: Tenancy types residents hold



Base: all responding, 68

There are a range of ways in which accommodation is accessed for Housing First clients. The most common responses referred to where a housing association commits to a certain number of places for Housing First clients (47% of services responding). Three in ten services (29%) had flats or houses allocated by the local authority. In a quarter of services, clients go through the local authority allocations scheme; this would usually mean a client is supported to ‘bid’ for social housing via choice-based letting systems used to help those with a high priority on the social housing waiting list to secure a home. A third (32%) of services apply directly to private landlords for all or some of their clients’ accommodation.

Figure 10: How is access to accommodation secured

(respondents could choose more than one option)

	% of services	No. of services
Local authority allocations scheme (client applies to waiting list)	25%	17
Local authority housing units allocated for use by Housing First	29%	20
Direct application to a housing association	18%	12
Housing association allocates units for use by Housing First	47%	32
Direct application to a private landlord	32%	22
Total	100%	68

Base: all responding, 68

Chapter 4

Profile of those receiving Housing First support

This chapter describes the target group for Housing First services in England, as well as the demographic and supports needs profile of those receiving Housing First support.



Target group

Findings suggest that Housing First services in England specifically target the group of people for whom Housing First internationally has been shown to have the most success: those with long-term experiences of homelessness, and high rates of mental health problems and drug/alcohol misuse, as well as other support needs.

Respondents were asked what proportion of people had various support needs 'on entry to the service'. Those who estimated that more than half of their clients had a particular support need are included in the table below.

Nearly all services responding (97%) reported that 'most' or 'almost all' of their clients had a substance misuse issue. A similar proportion (95%) reported that 'most' or 'almost all' had a mental health issue.¹⁴ The proportion who reported that most clients had been in contact with the criminal justice system was also very high at nearly nine in ten (88%). Slightly lower proportions reported that most or all of their clients had experienced violence or abuse or had physical health issues (68% and 64% respectively).

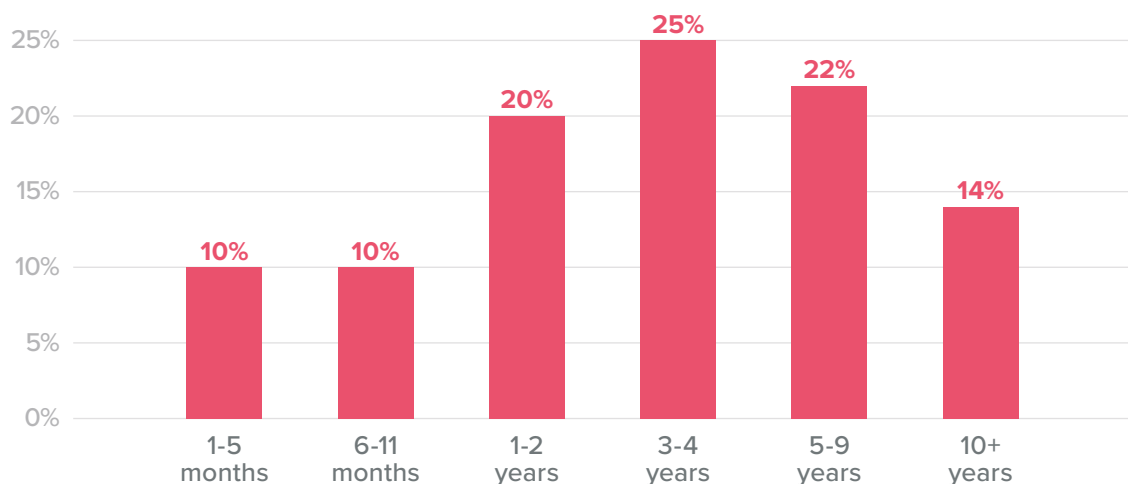
Figure 11: Services stating that all or most clients had the following support needs on entry to the service

	% of services	No. of services
Physical health issues	68%	44
Mental health issues	95%	63
Substance misuse issues	97%	64
Experienced violence or abuse	64%	41
Been in contact with the criminal justice system	88%	57

Base: all responding, 65

Services in England mainly support homeless people who have experienced homelessness on a sustained and recurrent basis (Figure 12). Of responding services, 22% reported that most or all of their clients had experienced homelessness for between five and nine years before accessing Housing First, and 14% said that clients had experienced homelessness for more than ten years. A small number of services appear to work with individuals with comparably shorter experiences of homelessness.

Figure 12: Length of homelessness prior to accessing Housing First
 (% of services saying most or all of their clients have been homeless for given periods)



Base: all responding, 59

Demographics

Services provided demographics for their client groups, including age, gender, ethnicity and sexuality, with each estimating the proportions of their clients in the various groups. The figures presented are averages of the estimated percentages given by services. Some services appeared to give numbers instead of estimated percentages so, where it was possible to check using previous answers, these have been reworked into percentages. Given these factors, while the findings should be treated with some caution, they do give an overall indication of who services are reaching. More precise data about the demographic breakdown of Housing First clients and how effective services are at reaching different groups is an area for further research and analysis by Homeless Link – for example, a new Housing First module on In-Form may provide opportunities for analysis in this area.¹⁵

On average, two-thirds of each service’s clients are male and a third female. There are six female-only services which can support 80 women between them. Three services support one or more clients who are non-binary or third gender.

For most services, the majority of clients are White (89%). On average one in 20 clients are Black and the same proportion are of Mixed Ethnicity. A very small proportion of clients are Asian.

Services were asked the proportion of clients who are LGBTQ+ ‘to the best of their knowledge’ (in recognition that this data is not always collected or complete). Twenty-eight services indicated that one or more of their clients was known to be in the LGBTQ+ group. Seven services indicated that 10% or more of their clients were LGBTQ+.

Overall, services tend to work with people aged between 35 and 59 (on average 74% of clients fall into this group). A significant minority of clients (just below a quarter (23%) on average) are aged 25 to 35. Although the data did not enable analysis on the youngest age group, three services specifically mentioned working with people under 25 in their service; one was a service for care leavers, one was a service for people aged 18-25 and another works with a youth service within a wider Housing First project.

Chapter 5

Operating models

This chapter describes the way services operate, including the caseloads, support models, access to specialist interventions, and experiences of clients moving on from Housing First services.



Staffing levels and caseloads

On average, services have four full-time staff (or the equivalent with staff working full and part time). Ten services have just one member of staff. These services stated that they were able to support between five and ten clients. The service that said ten clients commented that they had additional support from another team. The greatest number of staff in a service was 59 – reported by the largest Housing First project.

Figure 13: Number of staff (full time equivalent)

No. of staff (full time equivalent)	% of services	No. of services
1	12%	10
2	30%	25
3	24%	20
4-5	18%	15
6-10	12%	10
10+	4%	3
Total	100%	83
Mean average	4.3	

Base: all responding, 83

Small caseloads are a key feature of Housing First, because they enable the flexible and intensive support required by clients. The data shows that services generally meet this essential ‘fidelity’ criteria, with 96% operating with caseloads of up to ten clients for a full-time member of staff and most (71%) with six clients or fewer on each caseload. There are three services who stated they have caseloads of greater than ten in the initial question about caseloads. However, in one case the respondent stated that there are additional staff seconded to the team, which may effectively reduce the number of clients per staff member. In another, it appears that the current caseload is around five clients per staff member. In one case, the data suggests that the caseload is at ten (two members of staff with 20 clients).

Figure 14: Caseload per staff member

No. of clients on caseload	% of services	No. of services
1-3	6%	4
4-6	66%	45
7-9	24%	16
10+	4%	3
Total	100%	68

Base: all responding, 68

Reaching clients

Respondents were asked an open question about how they identify clients for their service. This was interpreted in different ways, but the main themes in responses were as follows:

- Multiagency panels or meetings are used to identify and discuss Housing First as an option for people (24 services mentioned this)
- There is a referral form for partner agencies to complete (20 services)
- The Housing First provider works with a range of agencies to identify those most in need; for example, people facing the most complex barriers to moving away from homelessness, or those for whom other accommodation options are unsuitable (17 services)
- Outreach teams identify those most suitable for the service (14 services)
- Nine services stated that they work specifically with the council to identify suitable clients.

A subsequent open question asked respondents to describe the pathway into their service. The most common response (28 services) was that a range of agencies can refer into the service. This varied from those who listed specific referral agencies – for example, outreach and hostel providers – to those who had a more open process with many organisations able to refer. Two respondents mentioned that people can self-refer to the service. The second most common response (26 services) was that the local authority is the route to accessing the service and completes the referral.

Nine services said that referrals from outreach teams are the route into the service. Eight services identify clients from their own work in an area; this tends to be when the service provider is responsible for outreach or is specifically working with people with multiple and complex needs in the area. Three specialist services commented that the route into the service was through being from a particular client group – so a care leaver (who would be identified in partnership with social services) or being identified as a woman suitable for the service at a domestic violence MARAC (Multi Agency Risk Assessment Conference). One service said potential clients went to an assessment centre while their referral was assessed.

Support models and access to specialist services

Services were asked to select from a list which support model best described their approach. The most common response was intensive case management (ICM) where clients are supported by an intensive support worker; this was selected by over half (55) of respondents. The next most commonly selected option was intensive case management but with additional support from coordinated services (26%) – ICM+. Just under one in ten (9%) of services provide assertive community treatment, where clients are supported by a multiagency team. Other responses generally described a variation of ICM+, with teams supported by specific specialist services such as the criminal justice system or drug-misuse services.

Figure 14: Support model of Housing First services

	% of services	No. of services
ACT (assertive community treatment) – residents are supported by a multiagency team	9%	6
ICM (intensive case management) – clients are supported by an intensive support worker	55%	36
ICM, with enhanced support from coordinated services (ICM+) – service operated within established multiple disadvantage networks (e.g. MEAM or Fulfilling Lives) and drawing upon this network to provide a wide range of support for residents	26%	17
Other	11%	7
NET	100%	66

Base: all responding, 68

Services were also asked what, if any, types of specialist or additional services they have access to within the team, or through a service level agreement (SLA) or enhanced access to an external service. Fifty-one services selected one or more option. The most commonly identified specialist support was for substance misuse, with 22 services having access to this through an SLA or tailored access to an external service; 13 services had specialist support within the team. The second most commonly selected specialist support was mental health input; 21 services stated that they have this resource via enhanced access to external services, and 16 had this resource within the team. Other specialist inputs selected by ten or more services were internal peer support workers and staff with specific responsibility for landlord liaison.

Figure 15: Does the service benefit from access to specialist services

(based on those giving at least one response)

	Directly employed/seconded to Housing First service		Through an SLA or other tailored access to an existing service	
	% of services	No. of services	% of services	No. of services
Qualified mental health specialist i.e. community psychiatric nurse	31%	16	41%	21
Qualified substance misuse specialist	25%	13	43%	22
Qualified domestic abuse specialist	12%	6	20%	10
Worker with a specific responsibility for landlord liaison	31%	16	18%	9
Peer support workers	25%	13	8%	4

Base: 51, based on those giving at least one response to this question

Figure 15: Does the service benefit from access to specialist services

(based on those giving at least one response)

	Directly employed/seconded to Housing First service		Through an SLA or other tailored access to an existing service	
	% of services	No. of services	% of services	No. of services
Qualified mental health specialist i.e. community psychiatric nurse	31%	16	41%	21
Qualified substance misuse specialist	25%	13	43%	22
Qualified domestic abuse specialist	12%	6	20%	10
Worker with a specific responsibility for landlord liaison	31%	16	18%	9
Peer support workers	25%	13	8%	4

Base: 51, based on those giving at least one response to this question

On average just over one in ten clients across the services access adult social care; however, one-third of services reported no client with support and 10 services said a fifth of their clients were in receipt of adult social care. Seven services reported that one or more of their clients was receiving palliative care services.

Figure 16: Clients in receipt of support from adult social care

	% of services	No. of services
0%	35%	23
1-10%	27%	18
11-20%	23%	15
More than 20%	15%	10
NET	100%	66
Average	12.6%	

Base: all responding, 66

Nearly all services (93%) work with clients for as long as required and one service stated that there was a long-term commitment from the provider and their commissioners. This left three respondents who were less clear that they would be offering their service long term. One person who said that their contract specifies a certain timeframe for support explained that this is because the service's funding is due to cease at the end of March 2021. Another respondent who selected 'other limits on funding' stated that their current funding is only for one year but they hope it will continue beyond this. The third person did not comment.

High fidelity Housing First services offer long-term flexible support to a person rather than support attached to a specific tenancy. All but three (64) services responding stated that if a Housing First resident moves from their property, the service will continue to support the client and help them to access alternative accommodation. The remaining three responding to the question said they are unable to continue supporting those who have left their accommodation.

Figure 17: Length of time that the service can provide support to residents

	% of services	No. of services
As long as is required by each resident (subject to project funding)	93%	64
Contract specifies a specific timeframe for support	3%	2
Long-term offer commitment from us and the commissioners – open ended as much as it can be	1%	1
Other limits on the length of time that individuals can be supported	3%	1
Total	100%	68

Base: all responding, 68

Four in ten services (43%) had not experienced a client no longer needing support from a Housing First worker. Where this had happened most (19) services keep such clients on the caseload as 'dormant' and able to return to support at any time. However, one-fifth (13) of services have a system where the client graduates from the service and is no longer on the caseload.

Figure 18: What happens when Housing First residents no longer need support

	% of services	No. of services
This has not happened yet in the service	43%	29
The client 'graduates' from the service and is no longer formally on the caseload	19%	13
The client remains on the caseload as dormant and is able to return to support at any time	27%	19
Other	10%	7
Total	100%	68

Base: all responding, 68

Of those answering this question, nearly half of services (47%, 27 services) have not had to close a case. The most common reasons for cases ending were cited as the resident becoming too vulnerable to live in dispersed accommodation (identified by 15 services), long-term prison sentences (identified by 13 services), and moving too far out of the area for the service to continue support (11 services). Nine services have had a client who has died, with several reporting more than one death among clients. Three services reported that one or more client had left the service due to going into long-term psychiatric care and one service reported a client leaving because they moved to a palliative care service.

Chapter 6

The future, opportunities and challenges

This chapter draws on open questions about the challenges and opportunities faced by services at the current time. Sixty-five services made comments in the space available.



Challenges

The most commonly mentioned challenge by far (33 of 64 responses) was accessing suitable accommodation. This generally related to the speed with which accommodation can be secured for clients and getting buy-in from social landlords. Other issues in relation to accommodation were the unwillingness of private landlords to accept housing benefit or people with higher support needs. In addition, one service described issues with the standard of accommodation on moving in and challenges securing basic furniture and white goods.

The second most frequently mentioned challenge (17 mentions) related to funding; usually this referred to the duration of confirmed funding. For some services the ostensibly short-term funding (which in practice is often extended) impacts on recruiting the right staff and the confidence of housing providers to work with Housing First.

Other challenges mentioned by five or more services included:

- Accessing the wraparound support needs to create a complete package for clients – for example, access to adult social care, mental health services and drug and alcohol services (nine people)
- Covid-19-related challenges, including having to reduce visits during lockdown and the challenges of balancing the health and safety of staff and clients with the need for contact
- Challenges relating to working with people facing multiple disadvantage, including antisocial behaviour and maintaining boundaries; three additional services mentioned issues related to other people accessing the properties – in one or two cases this was cuckooing or tenancy take over and in one it was antisocial behaviour from associates of the client
- Securing initial engagement from people referred to Housing First who may be sceptical or unsure about being part of a Housing First project (raised by five services).

Challenges that were mentioned by fewer than five responding services, but would be likely to resonate with others, included: issues with welfare benefits and rent arrears; people who access Housing First but then need to move on to higher levels of care and support that are not forthcoming; and isolation of clients in their area of residence.

Opportunities

Comments about opportunities were more varied and fewer strong themes came through, but the responses were wide ranging and interesting:

- The most commonly mentioned opportunity was working in partnership with other organisations, teams and disciplines (mentioned by eight respondents).
- Several services mentioned the model of Housing First as an opportunity in itself to work in a flexible and intense way, improving access to housing and support for their client group (six services).
- The outcomes of Housing First were mentioned as an opportunity by six services, and related to this, three services mentioned the growing profile of Housing First or the ability to share learning both in the homelessness sector and beyond, for example, via project evaluations.

Six respondents answered about the changes being made as a result of Covid-19, which has resulted in opportunities for expansion; three had already expanded capacity as a result of the pandemic and two are in the process of expanding capacity (including one who had already expanded capacity). Conversely, one service has reduced its capacity and one other has made no changes. Several services commented that they will be securing additional resources through the Rough Sleeping Accommodation Programme,¹⁶ with five planning to increase their capacity as a result of the programme.

Chapter 7

Conclusions and reflections

The 2020 survey, and selected comparisons with the 2017 research, provide firm evidence of the direction of travel for Housing First in England over the last few years. High response rates in both years reflect the level of buy-in that services have to feeding in to the growth and development of Housing First. This chapter outlines the key conclusions from the research and Homeless Link's reflections on the implications of the findings for the future of Housing First England.



Conclusions

- The results generally indicate that services that identify as Housing First operate with a high level of fidelity to the principles for Housing First in England – for example, operating with low caseloads, support that continues once a particular tenancy ends, and an open-ended and flexible approach to support drawing on different disciplines.
- Housing First has gone through a rapid period of growth and change over the last three years. The model is in operation across the country with many more people benefitting in 2020 – an estimated six-fold increase over three years.
- Despite this growth, the scale of Housing First services remains small compared with more traditional accommodation models provided to people who have experienced rough sleeping.
- Housing First services in England largely work with people facing multiple disadvantage including long-term or recurring rough sleeping and homelessness, addiction, mental ill-health, and trauma. There are a small number of services who are working with younger groups including care leavers.
- The ongoing tension between funding and commissioning models that have specific funding periods has not prevented the expansion of a model that offers long-term support at its core. However, the funding limitations do create tension and uncertainty for services.
- Services are increasingly accessing social housing, which is encouraging given that this provides the most stable, and usually the most affordable, accommodation with clear access to the housing provider.
- Responses show an enthusiasm and belief in multiagency, multi-discipline working, but highlighted challenges in terms of accessing resources needed from housing providers, adult social care, mental health and other services.
- The profile of Housing First clients is heavily skewed towards White, working-age men; there are some services specifically for women who are less likely to be identified through prolonged periods of rough sleeping. The diversity of clients, and the current reach versus the potential reach of Housing First, is an area for further analysis.

Reflections on the picture of Housing First in 2020

The rapid expansion of Housing First over the last few years, through a diverse range of projects across the country, should be promoted and celebrated. However, there is more to do if we want Housing First to be viable and accessible to all those who need it.

Fair access to housing and statutory services for those facing multiple disadvantage is key to the widespread implementation and success of Housing First; this is an area for ongoing influencing at a national level and advocacy at an individual case level. However, we will also continue to campaign for more sustainable approaches to funding, which reduce the inherent tension between the current short-term commissioning cycles and the long-term nature of Housing First support. We encourage commissioners and funders to explore and create a more stable funding environment, maximising funding periods within current arrangements and seeking new approaches, including pooled funding with statutory funders such as adult social care and CCGs, who do not work on the same cycles as the RSI and homelessness grant.

A small number of specialist services for women and young people demonstrate that there is potential value in broadening the scope of Housing First approaches on a larger scale; this should be explored in further depth. How Housing First reaches people from different groups in terms of gender, ethnicity and sexuality is an area for further research, so that Housing First is accessible to all those who require it.

The fidelity of projects to the key principles for Housing First depends on funding, commissioning, service design and local networks of support. Although the majority of services identifying as Housing First have high fidelity to the key principles, we will support others to move closer to the model, exploring with them the barriers and challenges they face in doing so.

Through the Housing First England project we will continue to provide support, information, training and research to encourage the expansion of Housing First. Please do get in touch: alex.smith@homelesslink.org.uk

End notes

1. The 2017 figures were medium estimate based on mid-point of responses to a question that presented a range. The 2020 figures are based on exact figures provided.
2. The Government's Next Steps Accommodation Programme (NSAP) was established in July 2020 to make funding available for local authorities to continue to support people accommodated under the 'Everyone In' scheme. The longer term funding strand is now referred to as the Rough Sleeping Accommodation Programme (RSAP): www.gov.uk/government/publications/next-steps-accommodation-programme-guidance-and-proposal-templates
3. The Principles for England, published by Homeless Link in November 2016, are based on the evidence initially gathered by Pathways to Housing in the USA, and are aligned with the core principles in the FEANTSA Housing First Guide Europe and can be viewed by visiting <https://hfe.homeless.org.uk/principles-housing-first> (accessed November 2020).
4. Pleace, N. and Bretherton, J. (2013). The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness. *European Journal of Homelessness*, 7(2), 21-41
5. Homeless Link (2016). Housing First in England: the principles. https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England_The%20Principles.pdf
6. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf
7. A map illustrating location and capacity of services by region can be found in The Picture of Housing First 2020 Headline Report at <https://hfe.homeless.org.uk/our-research>
8. The 2017 figures were medium estimate based on mid-point of responses to a question that presented a range. The 2020 figures are based on exact figures provided.
9. As above.
10. Crisis (2017). Ending Rough Sleeping: what works: An international evidence review. www.crisis.org.uk/media/238368/ending_rough_sleeping_what_works_2017.pdf
11. MHCLG provided £28 million of funding for the regional projects; see Homeless Link website for further details: www.homeless.org.uk/connect/news/2018/may/09/government-launches-its-three-regional-housing-first-pilots (accessed November 2020).
12. Rice, B. (2018). Investigating the current and future funding of Housing First in England. www.homeless.org.uk/sites/default/files/site-attachments/Investigating%20the%20current%20and%20future%20funding%20of%20Housing%20First%20in%20England_Aug18.pdf
13. Homeless Link (2016) Op. cit. www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf
14. The survey invited organisations to include the proportion of clients who had a mental health problem whether this was 'diagnosed or not diagnosed' in recognition that Housing First clients often do not access mental health services despite facing problems in this area; so this data reflects services' assessments of clients' mental health.
15. In-Form is a client relationship and service management system for the homelessness sector provided by Homeless Link – many Housing First services are within organisations using In-Form: www.homeless.org.uk/products/in-form-client-relationship-and-service-management. Homeless Link is currently developing a specific module of In-Form for Housing First services.
16. For information on the RSAP, see footnote 2.



Housing First England

For more information:

www.hfe.homeless.org.uk

[@hf_england](https://twitter.com/hf_england)

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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