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Reducing, changing or ending Housing First support

Executive Summary, November 2021

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Let's end homelessness together

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CONTENTS

1. Introduction	3
1.1 Context	3
2. Key Findings	5
2.1 Transitions out of Housing First support	5
2.2 Flexing Housing First support	5
2.3 Implications for commissioning and management	6
3. Conclusions and Recommendations	7

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1. Introduction

This study explores how support is reduced, changed or ended in Housing First services in response to changes in people's needs and wishes; long-term moves to prison, care or supported housing; or the end of life.

We collected qualitative data about practice, management and commissioning through interviews with 48 stakeholders, linked to 14 different services. This was supplemented with a national survey to which 37% (n=41) of service managers on Housing First England's database responded, and a targeted review of the relevant UK and international literature.

1.1 Context

Our review of the international development of Housing First provides context for and suggests considerable alignment with the study findings. The review highlighted the focus on the *expansion* of Housing First – both in the UK and beyond, in the research and operationally. There has tended to be greater emphasis on adding new places (and understanding the effectiveness and cost effectiveness evidence to support this) than on how best to manage existing places within services.

The emerging evidence, internationally and from this study, suggests that when individuals' needs stabilise, Housing First tends to scale back, rather than cease support. Customers are more likely to be retained where there is a lack of suitable alternative services to which they might be reliably referred.

Internationally, the success of Housing First services tends to be measured differently to that of traditional services, often focusing on the *retention* of service users; not least, because it is the attrition of service users from 'staircase' models, which makes them less effective. It has generally been accepted that Housing First is working with people with very high and complex needs who would not suddenly get 'better' in a short period of time. Staircase models were successful because they delivered transitions to independent living for some, so performance was measured by how efficiently they achieve that.

Homelessness services in England are typically time-limited; local authority funding has reduced, and much is short-term and competitively accessed. Funding for Housing First in other economically comparable countries tends to enjoy longer-term arrangements, as does funding in England for housing and support for those with care needs.

There are huge challenges trying to maintain an open-ended Housing First support model when funding is only in place for a year or two. There may be a temptation to try and 'move people on' from Housing First support within a set timeframe. Housing First services which actively encourage transition within time limits, or which fail to engage or retain people are criticised (rightly) for low fidelity and/or dysfunction. However, this can make it difficult to explore positively how best to deliver changes or endings to Housing First support.

Without mechanisms to encourage appropriate changes in support, there is a risk that Housing First may 'pool' those who should be receiving other support, and be unable to accept new referrals. The original model in the US had both a more intensive, interdisciplinary Assertive Community Treatment (ACT) team as well as an Intensive Case Management (ICM) offer; people could step-up and down between the two.

The targeting of Housing First impacts on the type and numbers of endings. In England, the government-funded pilots have targeted long-term *rough sleepers* with complex needs - a narrower definition than in other countries. The higher the threshold for access to Housing First, the fewer customers are likely to reach a point where support can be reduced, and the greater the need for care, including palliative care. This is a question of balance; but there is a risk that Housing First, whilst rightly targeting those with the highest and most complex needs, may be reaching people too late.

2. Key Findings

2.1 Transitions out of Housing First support

The most common reason for case closure in Housing First projects is death. Supporting a person to die with dignity in their own home can be a positive outcome; however, access to palliative healthcare and to the right training and emotional support for staff is essential.

Some Housing First customers have or develop care needs, and cannot – or can no longer – live safely in an independent tenancy. In these cases, Housing First workers advocate for them to access the right assessments, accommodation and care. This process takes time, given barriers to accessing mainstream care and support for this cohort, and the need to support the individual to make a choice, as far as is possible, about where they live and how they are supported.

A small but significant minority of Housing First customers decide to leave the service because they do not want a tenancy and/or the support of the team. In some cases, this could have been prevented by better referral practice; but in others, it takes months of active engagement and experimentation to support the person to make this decision and transition as safely as possible out of the service.

Some cases have been closed, or are being prepared for transition because of funding sunsets – i.e. systemic failures, rather than the choices or needs of the individual. The current short-term funding structures do not align with the principles of Housing First, despite the best efforts of managers and staff to plan, communicate and manage uncertainty and enforced endings.

2.2 Flexing Housing First support

Housing First recognises that people's needs will fluctuate as their circumstances change; 'recovery' is not linear. The elasticity of the support – its ability to flex up and down responsively - as well as its 'stickability' is key.

According to our survey, around 6% of those receiving Housing First support have received a custodial sentence of 12 weeks or more in receipt of the service. Services work with the individual to decide whether and how to continue support during the sentence and on release and in the majority of these cases, the case remains open. This maintains the relationship and helps prevent homelessness and re-offending on release.

Housing First is sometimes criticised for encouraging 'dependency'. Narratives and practice around what it means to promote 'independence' can be contested and need reflection and challenge; nevertheless, we heard many examples of Housing First services supporting people to do things for themselves and to develop resilience and resources beyond the service.

Workers had slightly different views as to whether, when and how the idea of a transition out of Housing First support should be raised with individuals, depending on the individual customer, worker style and the funding of the project. There was broad consensus around the typical indicators of stability, but also a recognition that this varies by individual and must be person-led. Transition out of Housing First services should not be a service-led goal; the power must lie with the customer. There is a difference between saying 'you might not need us in the future' and saying 'we might not be here for you in the future'.

Around a third of services responding to our survey said they have formal guidelines or procedures for either increasing or reducing the support which customers receive; the majority do not. Almost all said that, if the person chooses not to have support but the worker feels the risks are high, they might implement procedures or informal methods to maintain some proactive contact: one worker described this as 'stealth mode'. Services recognised the importance of *actively* leaving the door open, not just telling people to call if they need help.

Within the participating services, there had been very few 'graduations'; where there had been, people tended to be younger and had perhaps formed a stable relationship, got into work or volunteering, or moved out of area. Some likened this phase to ongoing membership of a family or community, rather than a cliff edge of support, as might be experienced in traditional services. However, it was clear that different services were using different terminology and processes for this stage, and some had none.

2.3 Implications for commissioning and management

41% of services responding to our survey said that they had developed guidelines, policies and procedures setting out when and how to close cases and manage dormancy. However, some of the longest running services had decided that they did not need a set of procedures in this area because each person and decision would be different.

All providers described 'leaving the door open' for individuals; but only a few had a procedure in place or had started to plan how this might work in practice in terms of caseload management. Where services had begun to plan and change structures and roles in order to offer lower intensity support more sustainably, this tended to involve:

- Widening the relationships so that the individual is can be seen by another member of the team – perhaps a 'floater' or even a manager; and/or
- Commissioning Housing First alongside a wider network of services, or developing other offers within the Housing First service, such as peer mentoring or less intensive tenancy sustainment support, thereby allowing for step-down and step-up.

The learning from international experience and evidence suggests that Housing First is most effective when it is embedded within a network of other services; and that this can enable better management of changing support needs.

3. Conclusions & Recommendations

It is clear that Housing First does not and should not operate as an island. The study highlights:

- How much the functioning of the systems surrounding Housing First services impact on their ability to hold on and to let go of customers in a way that is genuinely person-led not service-led. For example, Housing First may end up needing to provide intensive management for longer where housing tenure is insecure, or where its customers are not able to access the care they need.
- How the funding and commissioning of Housing First, and the way in which it fits into wider homelessness and multiple needs strategies shapes the extent to which its customers are transitioned out of Housing First support. For example, where Housing First is offered only to those with the longest histories of exclusion, the opportunities for recovery and 'graduation' may be fewer.

Housing First has to part of a strategy and systems that allow it to be used preventatively, to be able to refer down to suitable lower intensity housing-led support and refer up to more intensive, suitable supported housing or residential care when needed.

The following recommendations follow on from the study's findings:

Longer-term funding

Longer-term funding, ideally from integrated budgets, is essential where people have long term needs. Multi-agency ownership can also diversify pathways into and out of Housing First.

Performance measurement and language

Housing First needs to develop alternative ways of defining and describing 'success' and 'transitions', ideally co-produced with people with lived as well as professional experience. A reflective and continuous improvement approach to managing performance rather than the rigid application of KPIs is needed to avoid perverse incentives.

Commissioning an 'elastic' service

Careful caseload management and a move towards commissioning for the needs of a whole cohort with fluctuating needs, rather than for a number of 'units' can create the conditions for a truly responsive offer. However, this vision must be driven by dialogue and partnership working across housing and support services.

Strengthening the local offer

Strengthening the local offer, so as to embed Housing First in a network of local services and other sources of support. Depending on local needs and assets, this might include:

- Housing and care models which are accessible to this group as they age and/or develop care needs;
- Trauma-informed floating support or Critical Time Intervention;

- Community-based resources which allow people to drop-in and access peer and community support; and
- Housing advice, advocacy and tenancy sustainment

Practice development

Ensure learning, development and ongoing reflective practice for those providing support and more widely across relevant systems in relation to the Housing First principles, strengths-based practice, trauma-informed/ attachment-informed practice, and positive risk.



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.

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