Reducing, changing or ending Housing First support

Research Report, November 2021

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1. Introduction

1.1 Context and Purpose of the Study

A core feature of Housing First is the provision of ongoing support for as long as is needed. Open-ended support is as much a part of the original model as adopting the principle that housing is a human right, that housing and support should be separated and that people with experience of homelessness using Housing First must be respected, listened to and exercise real choices around how they live and the support they receive.[1]

Housing First was built on the basis that the relationship between it and the people whom it enabled to live in their own homes was generally not going to be short-term, indeed it was likely to often last for years.[2] The reason for this was simple, Housing First was not a generic homelessness service, it was intended for people whose often long-term and recurrent homelessness was strongly associated with multiple and complex needs. Housing First was meant for people experiencing homelessness who frequently presented with addiction, severe mental illness, disability, limiting illness and who were often deeply socioeconomically marginalised and stigmatised.

Many Housing First services in the UK and Europe are relatively new, so there is limited evidence about the experience of support changing, reducing or ending over time. For example, in England, only 45% of Housing First services had been operating for two years in 2020[3]. Whilst the model has been operating for longer in some parts of the US and Canada, the contexts and models are different, and we cannot assume that the results of overseas research will apply here.

Much of the UK and international research is focused on Housing First services and programmes that are in a process of *expansion*, exploring ways to remove obstacles to success, such as ensuring there is a sufficient supply of affordable housing or the right mix of sustainable funding in place. Less attention is being paid to how Housing First manages transitions in individual support needs, both within services themselves and in respect of when and how to refer people on to more, or less, intensive services when the need arises. In social policy and homelessness policy terms, the early 2020s are still within the Housing First 'Gold Rush' period, because most of the research attention is focused on service expansion, not on logistics.

This study was commissioned in order to build the evidence base on how Housing First services in England are managing transitions and flexing support, and to find out what kinds of endings occur in Housing First and how these are managed in keeping with the principles.

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[1] Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Hazelden: Minnesota.

[2] Padgett, D.K. (2007) There's no place like (a) home: ontological security among persons with serious mental illness in the United States. *Social Science and Medicine*, 64 (9), 1925-1936.

[3] Housing First England reported 32 active Housing First services in England in 2017, compared to 105 services in 2020, https://hfe.homeless.org.uk/picture-housing-first

1.2 Approach and Methods

The focus of this study has been on building a qualitative understanding of practice, management and commissioning, through interviews with a total of 14 diverse Housing First projects, including a 'deeper dive' at five of them. This is supplemented by quantitative data gathered through a national survey of Housing First projects, and a review of relevant UK and international evidence.

Our research activities have included:

Introductions to the study and group discussions
These were held at three Housing First England forum meetings in April/May:

- Manager's Forum, 14th April
- Commissioners' Forum, 5th May
- Supporting Young People, 12th May

At the Managers' and Young People sessions, we began to explore practice in this area through the use of short scenarios of different types of potential 'endings'. Notes from these discussions were analysed and used to inform the subsequent design of topic guides and survey questions.

Case study site and fieldwork
This was conducted remotely by video-conference or phone, due to the pandemic, in 5 purposively sampled, Housing First services:

- The Bridge Project/ Bradford MBC
- Brighter Futures, Stoke
- Jigsaw (previously Threshold), East Manchester
- St Mungo's/ LB Camden
- Two Saints, West Berkshire

Sampling criteria and the key characteristics of each service are presented in Appendix 1.
From these projects, we interviewed a total of 39 people (through a mix of individual and group interviews), including:

- 5 managers
- 19 staff (including 3 peer/ lived experience workers)
- 1 Housing First customer
- 8 commissioners
- 6 professionals from partner agencies/ multi-agency forums

The bulk of this activity took place during June and July.

The aim of the fieldwork was to understand in some detail and from a range of perspectives the relevant policies and practice in these projects, cases in which Housing First support had been reduced, changed or ended and the strategic and operating context and how this influences policy

and practice. Having obtained participants' consent, we recorded and took notes from all of our interviews to support our analysis of the data.

Online survey

Housing First England sent the survey to the 110 Housing First Service Managers on its mailing list during July and August 2021, to which 41 responses were received. The survey aimed to widen out and triangulate the findings from the more in-depth fieldwork sites, to generate some estimates of the numbers of people whose Housing First support has ended for different reasons, and to identify volunteers for follow-up interviews.

Follow up interviews

Interviews were conducted in August and early September with one representative (usually the manager) of a further 9 Housing First projects (listed in Appendix 2), most of whom were recruited via the online survey. The purpose of these interviews was to understand in more detail the different approaches of a wider number of services. Having obtained participants' consent, we recorded and took notes from all of our interviews to support our analysis of the data.

Literature Review

We conducted a light touch review of the relevant international academic and UK-based grey literature, including emerging evidence from the Department for Levelling Up, Housing and Communities (DLUHC) pilots and the Scottish Housing First Pathfinder. This considered the learning from wider evidence in response to emerging fieldwork findings.

Stakeholder event

An online stakeholder event was held on the 4 October. In addition to the research team and Homeless Link, 10 stakeholders attended (listed in Appendix 2). They included managers and/or commissioners from three of the case study services and leads and evaluators from two of the combined regional authority Housing First pilots. The purpose of the session was to share and reflect on the emerging findings and to consider and develop the implications and recommendations from them.

Limitations of the methods

Whilst we were very pleased with the high levels of engagement throughout the study, we also recognise its methodological limitations. We are not confident in the generalisability of the findings. Whilst we took great care to select diverse case study sites for fieldwork (see Appendix 1), those projects who responded to the survey and volunteered to take part in further interviews may well to be those who have developed their practice and policy in this area the most.

The estimates of people exiting Housing First support for various reasons gathered from the national survey provide interesting context and insight; however, there are reliability challenges:

- Some projects did not appear to have provided a full set of figures and a couple of responses suggested that more than one person from the same project had completed the survey. We excluded these from our analysis.

- Ambiguity over definitions and terminology have made us cautious in interpreting the numbers of customers which survey respondents reported left the service/ended their support because they are settled and no longer need the support.

1.3 Report Structure

The report is structured in four chapters.

Chapter 2
Presents the context to the report in relation to the international development of Housing First.

Chapter 3
Considers more definite endings from Housing First Support in which cases are closed: deaths, permanent moves to long-term care or supported accommodation projects; clear decisions by individuals to leave the project; or instances where funding comes to an end.

Chapter 4
Considers how support is flexed in Housing First, through custodial sentences, periods of 'dormancy' or through to 'graduation'. It presents our findings in relation to whether, how and when projects discuss potential transitions out of Housing First support with their customers.

Chapter 5
Explores how managers and commissioners of Housing First plan for the delivery of flexible support over time. It presents case studies of policies, processes and structures, alongside relevant international practice on this topic, before concluding with a series of recommendations for commissioners.

2. Context: The Development of Housing First

In this chapter, we set the context for our findings within the development of Housing First internationally and within the UK. We explain how the principle of 'open-ended support' has been justified on grounds of cost effectiveness; and identify the factors underlying the tendency of Housing First services to 'keep hold' of its customers.

2.1 Open ended support in high fidelity Housing First

Support for Housing First from Federal government in the US centred on its capacity to outperform some existing services in providing sustainable exits from homelessness for people with high and complex needs. Housing First did this by replacing the emphasis on behavioural modification, abstinence and being trained to be 'housing ready' with a housing-led, consumer-led (co-productive) harm reduction model. Only a minority of people experiencing homelessness in the USA had high and complex needs, but they could use huge amounts of resources, staying in what were supposed to be transitional or temporary services on a repeated or sustained basis without their homelessness being resolved. Housing First rapidly took people in this group out of homelessness and succeeded in keeping them out of homelessness in around eight out of every ten cases, compared to the four or five out of ten that housing ready services were achieving.[4]

Housing First also succeeded because it had similar operating costs to the housing ready services it was starting to replace. These costs were distributed in a different way. Housing ready services were transitional, they were fixed-site services that sought to change behaviour, end addiction, ensure treatment compliance and train people to live in their own home. Sometimes this process took place on one site, in other cases, there would be physical moves between gradually less institutional and more home-like settings as each stage, steps in what are also sometimes called 'staircase' services, was completed. This was expensive, but, if everything worked, the expense was short term, and the result was someone who was more or less independent and who would not return to homelessness. Housing First had a cost per day was substantially less, but it was designed on the basis that it would stay with someone much longer than they would use a housing-ready service, so the costs more or less evened out.[5]

The costs of Housing First were very important. Housing First could offer ongoing support to people with high and complex needs without costing more than the transitional, comparative short term service interventions it was designed to replace.

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[4] Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an international review* Edinburgh: Scottish Government; Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies* London: St Mungo's.

[5] Culhane, D.P. (2008) The cost of homelessness: a perspective from the United States. *European Journal of Homelessness,* 2, 97-114.

There were similar, intensive, consumer-led (co-productive) models that used floating/mobile support but which, like the housing-ready services were designed to be time-limited, the most well-known of which was Critical Time Intervention (CTI).[6] This has much in common with Housing First, but is designed to wind down within a more or less set timeframe, transitioning someone from intensive floating/mobile support in their own home to lower intensity support, with an eventual goal of independent living akin to what housing ready services sought to achieve. CTI has yet to gain much momentum in the UK and Europe, there have been Danish experiments with the approach, but national policy there has veered towards Housing First instead.[7] The Danish logic was that Housing First was already a stronger practical, economic and political prospect than transitional, housing ready services, the time-limited CTI *might* be cheaper, but if Housing First were already a winning formula, there was no real reason not to go down that road.

As Housing First rolled out across the UK and Europe, it began to change in some respects. Maintaining 'fidelity' to the original model had proven challenging in the USA[8], although it had been implemented in a high-fidelity form in both Canada[9] and France[10], a broad tendency towards using intensive case management (ICM)[11], rather than the combination of assertive community treatment (ACT)[12] and ICM of the original model. ACT meant Housing First having its own interdisciplinary team, but this was in the US context in which psychiatry, addiction and medical services would otherwise not necessarily be readily accessible to people experiencing homelessness, something that was less of an issue in the relatively extensive public health systems in much of Europe and the UK. Making Housing First ICM-only, alongside variations on that theme, also gave it lower running costs.[13] Something that did not change, as the European[14] and later, through Housing First England, English guidance appeared[15], was the open-ended nature of service provision.

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[6] Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, HOUSING FIRST.HOUSING FIRST. and Wyatt, R.J. (1997) Preventing recurrent homelessness among mentally ill men: a" critical time" intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), pp.256-262; Herman, D., Conover, S., Felix, A., Nakagawa, A. and Mills, D. (2007) Critical Time Intervention: an empirically supported model for preventing homelessness in high risk groups. *The Journal of Primary Prevention*, 28(3), pp.295-312.

[7] Benjaminsen, L. (2013) Policy Review Up-date: Results from the Housing First based Danish Homelessness Strategy *European Journal of Homelessness*, 7(2), pp. 109-131.

[8] Greenwood, R.M., Stefancic, A., Tsemberis, S. and Busch-Geertsema, V. (2013) Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity *American Journal of Psychiatric Rehabilitation,* 16(4), pp.290-312.

[9] Aubry, T., Nelson, G. and Tsemberis, S. (2015) Housing first for people with severe mental illness who are homeless: a review of the research and findings from the at home—chez soi demonstration project. *The Canadian Journal of Psychiatry*, 60(11), pp.467-474.

[10] Rhenter, P., Moreau, D., Laval, C. *et al* (2018) Bread and shoulders: Reversing the downward spiral, a qualitative analyses of the effects of a housing first-type program in France. *International Journal of Environmental Research and Public Health*, 15(3), p.520.

[11] ICM based on the Canadian definition: One case manager brokers services; 12/7 coverage; 1:15 staff to service user ratio and proactive eviction prevention https://housingfirsttoolkit.ca

[12] ACT based on the Canadian definition: Wrap around services from a multidisciplinary team; 24/7 coverage; 1:10 staff to service user ratio and proactive eviction prevention https://housingfirsttoolkit.ca

[13] Pleace, N. (2018) op.cit; Pleace, N. (2016) *Housing First Guide Europe* Brussels: FEANTSA.

[14] https://housingfirsteurope.eu/guide/

[15] https://hfe.homeless.org.uk/sites/default/files/attachments/The%20Principles%20for%20Housing%20First.pdf

As *Housing First in England: The principles* puts it:

> *Providers commit to long-term offers of support which do not have a fixed end date; recovery takes time and varies by individual needs, characteristics and experiences.*[16]

Housing First spread across the World, changing the debates around the best ways to respond to people experiencing homelessness with high and complex needs. While there were adaptations and modifications in practice and approach, the core idea that support be provided on an open-ended basis remained central to Housing First. This was because the idea that Housing First was working with people with very high and complex needs who would not suddenly get 'better' in a short period of time made intuitive sense and because it looked like Housing First, while it might work with people for longer periods than other homelessness services, did not cost more overall.

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[16] Homeless Link (2017) *Housing First in England: The principles* London: Homeless Link, p.3.

2.2 The tendency to keep people on in Housing First services

Both our research and the international evidence base show a tendency to keep people on by Housing First services. While Housing First is not passive and is designed to eventually withdraw where feasible, because it offers open-ended as distinct from permanent support, the evidence base indicates that when needs stabilise, Housing First often tends to scale back support, rather than ceasing to provide support. Several factors underpin this:

Expansionism is widespread

Expansionism is widespread. There is a tendency to be adding to Housing First services at the level of individual cities and, in some countries like Canada, Denmark and France, the expansion of pilot programmes into national programmes. In a context where places keep being added, reviewing whether or not existing Housing First service users might need less support is less of an imperative. At the time of writing, debates around Housing First centre on how to add significantly more places in England[17], not on how to more effectively manage places in existing Housing First services.

There is little pressure to cease Housing First support

Housing First services work with a high cost, high risk population, and this, combined with total costs that are not typically higher than transitional models like housing ready services, means there is often little or no policy/commissioner pressure on Housing First to cease support as soon as is feasible.

The impact of 'hollowed out' systems

In North America[18], Housing First can be operating in what might be termed 'hollowed out' systems, i.e. provision for people experiencing homelessness is either in the form of (often communal) emergency shelters, intensive 'housing-ready' services with high referral thresholds and Housing First, which also tends to have high referral thresholds (typically a psychiatric diagnosis).[19] This can mean that mid-range and higher level services are not available in the way they can be in the North West European context. Housing First can be operating in contexts where there is no lower intensity housing-led/floating support service to refer someone to, nor is there an intensive, fixed site service for someone whose needs have escalated beyond a point where it is safe to continue to support them. This can mean that North American Housing First services retain people because they cannot always reliably refer someone to other, suitable, services.

Retention of service users is a measure of success

Retention of service users has often been a key metric for measuring the success of Housing First services. One of the main arguments against housing-ready services in the USA and in favour of

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[17] https://Housing First.greatermanchester-ca.gov.uk/news/ending-rough-sleeping-metro-mayors-join-forces-to-call-for-extension-of-housing-first/

[18] NB: this is increasingly evident in both Canada and in the US, though there are regional variations.

[19] Padgett, D.K., Henwood, B.F. and Tsemberis, S (2016) op. cit.; Stefancic, A. and Tsemberis, S. (2007) Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention. *The Journal of Primary Prevention*, 28(3-4), pp.265-279.

Housing First was service user attrition. A large part of the reason why housing ready services had lower success rates than Housing First was because their users ran away from sometimes strict, even harsh, abstinence-based regimes and because the strict regimes in these services operated (to use American terminology) a 'one-strike' policy. People using housing-ready services might run off before their 'treatment' was complete and they might get thrown out for one infraction of the rules (the one strike policy). People also got 'stuck' in these services because they unable to meet the criteria of housing readiness. Housing ready services in the USA lost people before the process of making them housing ready was complete, sometimes at the rate of six of out every ten, so that only around 40% of service users were retained and rehoused. Housing First measured its success by *keeping* most of its service users, usually around eight out of every ten for least a year and keeping them in housing, i.e. Housing First was presented as outperforming North American housing ready services because it was keeping people.[20]

Brought together, these various factors created a different set of metrics for Housing First compared to earlier models of homelessness service. Housing ready and similar services were successful because they delivered transitions to independent living, their efficiency rating was determined by how quickly and efficiently they managed that transition. Failure for these services lay in the housing solutions they arranged breaking down, but more significantly, in not being able to get people through the housing readiness process, in not delivering the transition to settled housing. For Housing First successful rehousing stemmed from successful service retention and engagement, people were housed by Housing First and stayed housed because they were using Housing First services, keeping people onboard, keeping them *using* Housing First, was central to the arguments about why Housing First should replace some other services.[21]

Both the Canadian[22] and the French[23] national pilot Housing First programmes were partially evaluated using this same logic. One of the key criteria for success was how many people were successfully engaged and *retained* by Housing First services. In Canada[24], in the USA[25] and in Europe[26], Housing First services that actively encourage transition, i.e. set nominal or actual time limits after which someone would be generally expected to move on to independent living or use, other, lower intensity services, have been (rightly) criticised as showing low fidelity to the Housing First model. A failure to retain people, let alone actively try to get people to try to change their use of support and move away from Housing First services, is a measure of dysfunction. This creates a policy, practice and political context that makes even positive attempts to explore how best to deliver changes to support, including ceasing to use Housing First, rather less than fashionable.

[20] Pleace, N. (2008) op.cit.

[21] Padgett, D.K., Henwood, B.F. and Tsemberis, S (2016) op. cit.

[22] Aubry, T., Goering, P., Veldhuizen, S., Adair, C.E., Bourque, J. *et al* (2016) A multiple-city RCT of housing first with assertive community treatment for homeless Canadians with serious mental illness. *Psychiatric Services*, 67(3), pp.275-281.

[23] Estacahandy, P., Agha, A. and Roebuck, M. (2018) op. cit.

[24] Anderson-Baron, J.T. and Collins, D., 2018. Not a "forever model": the curious case of graduation in Housing First. *Urban Geography*, 39(4), pp.587-605.

[25] Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. and Goering, P. (2013) The Pathways Housing First fidelity scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 16(4), pp.240-261.

[26] Greenwood, R.M., Stefancic, A., Tsemberis, S. and Busch-Geertsema, V. (2013) Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity. *American Journal of Psychiatric Rehabilitation*, 16(4), pp.290-312.

2.3 The risks of inappropriately open-ended support

England in context

In the UK and in England in particular, short-term, competitive, funding of homelessness services that were delivered on a time-limited basis has been the norm for decades. Most homelessness services are provided by housing associations, charities and NGOs and while some are largely or entirely charitably funded, most draw all or most of their income from competitive tendering for (mainly) local government contracts.[27]

The Housing First model has always been rather at odds with English practice in commissioning and funding homelessness services. This was partially because, before Housing First, services were either fixed site, generally rather liberal (harm reduction, choice-led or orientated) or floating support, also generally rather liberal, that were designed to provide three, six, nine, twelve and generally less than 24 months of support. The convention was that homelessness services, unlike social care or supported housing for other groups with care or treatment needs, were inherently time-limited. This both fed into and was reinforced by a tendency to work to very short horizons, as local authority budgets generally fell each year, long-term commitments were risky and might break down.

In the last decade, these pressures have intensified in England, sustained and significant funding cuts have made the successful, ongoing funding of all homelessness services increasingly difficult, including Housing First.[28] Both a long-term tendency towards funding transitional, time-limited homelessness services and a funding regime that only really allows for short, or at best, medium term funding of services puts Housing First significantly out of sync with the legacy systems used to fund homelessness services. In England, there are challenges in resisting a temptation to 'move people on' from Housing First support within a set timeframe and, perhaps rather more significantly, in trying to maintain an open-ended Housing First support model when there often might only be funding in place for a year or two.[29]

In the EU and OECD, where Housing First is relatively widespread, this pattern of continual funding sunsets is not present in the same way. Funding can, as is the case for Italian Housing First services[30], be similarly precarious to the situation in England, but other countries do not tend to have so many short term arrangements, nor experience the continual cuts to funding seen in England. Some of Europe lacks both Housing First and has relatively little in terms of state funded homelessness services, but this is those countries with relatively lower GDP that have generally smaller social protection systems.[31] In several economically comparable countries, however, not

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[27] There are some differences between administrations, particularly with regard to Northern Ireland where the Northern Ireland Housing Executive has administrative responsibility for homelessness.

[28] Blood, I.; Pleace, N.; Alden, S. and Dulson, S. (2020) *A Traumatised System: Research into the commissioning of homelessness services in the last 10 years* Leicester: Riverside.

[29] Blood, I. *et al* (2020) op.cit.

[30] Lancione, M., Stefanizzi, A. and Gaboardi, M. (2018) Passive adaptation or active engagement? The challenges of Housing First internationally and in the Italian case. *Housing Studies*, 33(1), pp.40-57.

[31] Pleace, N.; Baptista, I. and Knutagård, M. (2019) op. cit.

only is there funding, but there is often funding for the expansion of Housing First programmes and services.

As such, the challenges around retention of people using Housing First can be summarised as follows:

Inappropriate support

If someone is receiving more support than they may need, or particularly when discussing Housing First, more support than they want, this goes against the Housing First model. There are safeguarding issues for both people using Housing First and for staff if someone is presenting with a level of need and/or potential risk to themselves and/or others that is beyond what a Housing First service is designed and resourced to handle.

Inappropriate resource use

Both overprovision and under-provision of support, relative to need, are inherently ineffective. Time, expertise and housing resources are being expended to help someone who requires either more support than can be offered, or for whom the level of support offered by Housing First is greater than they now require.

Pooling/silting up

A Housing First service can continue to take on new people and retain people from its existing caseload if they cease to require extensive contact. New people can be supported for several hours a week, if several existing people who have been using Housing First for a while cease to require anything other than an occasional check on their wellbeing. Alongside this, there will be a certain amount of attrition, because people will unfortunately pass on, leave the area or experience other life changes. However, capacity will eventually be reached.[32] Without formal mechanisms to encourage appropriate changes in support, that enable someone moving to higher or lower support services by leaving Housing First when appropriate, services can start to see pooling of people who should be receiving other forms of support and lose capacity to take on new people.

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[32] Pleace, N. and Bretherton, J. (2019) op. cit.

2.4 Managing different needs

Differences in Housing First service design

UK Housing First services and those operated in much of Europe, tend to be intensive case management (ICM)[33] models, which means they do not offer the more intensive assertive community treatment (ACT)[34] interdisciplinary teams built into the original model. The original model of Housing First was designed to offer ACT to the very highest need groups and offer the still relatively high-end level of support offered by ICM to other people using Housing First.[35] As the creator of Housing First, Sam Tsemberis puts it:

> …in HF, the services component should take different forms depending on the severity of needs of clients served. For clients with severe co-occurring diagnoses, an Assertive Community Treatment (ACT) team is well- suited; for those whose mental health and addiction problems are moderate but not severe, Intensive Case Management (ICM) is a fitting clinical intervention. For HF programs that serve families, support services teams are also staffed by a family system therapist and child development specialist.

This means the original model could scale up and scale down support in ways that went beyond putting in more or less hours to support each individual, instead being able to alter the *nature* of support on offer. This is not an option that is available to much UK Housing First and many European Housing First services, because the funding for ACT is not in place, and in any case, it is seen as superfluous when everyone has access to public health, mental health, addiction and social care services.[36]

In France, a national Housing First programme has adopted the ACT/ICM model which means this kind of formal scaling up and scaling down is possible. However, as it is supported by mental health funding, the French *Un chez-soi d'abord* programme is intended for people experiencing homelessness with a psychiatric diagnosis[37]. This means that the formally scalable support it can offer has *narrower availability* than many UK services, which tend to work with a more broadly defined group of people experiencing recurrent and sustained homelessness. The Canadian national Housing First programme also tends to operate on a similar basis to the French one and can pivot between ICM and ACT in the same way, but again, is a mental health service with high referral requirements.[38] By contrast, Housing First in Denmark, Finland[39], Italy, the Netherlands,

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[33] ICM based on the Canadian definition: One case manager brokers services; 12/7 coverage; 1:15 staff to service user ratio and proactive eviction prevention https://housingfirsttoolkit.ca

[34] ACT based on the Canadian definition: Wrap around services from a multidisciplinary team; 24/7 coverage; 1:10 staff to service user ratio and proactive eviction prevention https://housingfirsttoolkit.ca

[35] Tsemberis, S. (2010) op. cit.

[36] Pleace, N. and Bretherton, J. (2019) op. cit.; Housing First England/Homeless Link (2020) *The picture of Housing First in England 2020* London: Homeless Link.

[37] Estacahandy, P., Agha, A. and Roebuck, M. (2018) Fidelity Study of the "Un chez-soi d'abord" Housing First Programmes in France *European Journal of Homelessness*, 12(3), pp. 155-177.

[38] Aubry, T. (2020) Analysis of housing first as a practical and policy relevant intervention: the current state of knowledge and future directions for research. *European Journal of Homelessness* 14(1), pp. 13-26. Some Canadian services are ICM only.

[39] The Finnish model of 'Housing First' was developed in Finland and refers to a broader, housing-led, integrated homelessness strategy, which contains similar sorts of services to the North American version of Housing First,

Portugal and Spain tends to follow the approach used in the UK, i.e. they are ICM-only (or offer similar support) and again, do not require a psychiatric diagnosis.[40] The USA too has a mix of ACT/ICM and ICM only Housing First services, with quite a degree of variation between some Housing First services.[41]

Referrals and gatekeeping

Managing the flow into Housing First services can be an effective form of controlling demand for services. Rather than promoting outflow, either because someone requires more support or less support, which as noted has been seen as at odds with a choice-led, co-productive model, Housing First caseloads are kept at the resourced level by raising requirements for entry.

Canada and France both run their national Housing First programmes as what are, in effect, targeted mental health interventions[42], with a psychiatric diagnosis and/or additional tools sometimes being used to determine whether they are eligible for Housing First, e.g., determining whether a psychiatric diagnosis is linked to sustained/recurrent homelessness and addiction. In the original model of Housing First designed by Tsemberis[43], someone had to:

- Be experiencing long-term homelessness
- Have a mental illness, specifically a psychiatric diagnosis
- 'Show an interest' in the Housing First programme, if not initially, then over time.

Signing up to Housing First usually meant agreeing to hand over 30% of regular income to help towards rental costs (the US lacks a housing benefit system) and agreeing to weekly visits by a Housing First team member.[44] The US housing and urban development (HUD) department criteria for Federally (nationally) funded Housing First required a psychiatric diagnosis and for someone to be chronically homeless. The definitions of 'chronically homeless' have altered over time, but essentially refer to repeated and long-term homelessness:

> *'Chronically Homeless Individual' refers to an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months.*[45]

In practice, what this means is that the thresholds for accessing Housing First manage demand for Housing First. There is some evidence that high thresholds can mean that someone who is ineligible for Housing First and cannot access the support it offers can deteriorate to the point of

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alongside preventative, supported housing and housing-led lower intensity support services, see Allen, M.; Benjaminsen, L.; O'Sullivan, E. and Pleace, N. (2020) *Ending Homelessness in Denmark, Finland and Ireland* Bristol: Policy Press. Denmark also operates an ACT-only version of Housing First.

[40] Pleace, N.; Baptista, I. and Knutagård, M. (2019) op. cit.

[41] Fenwick, K., Henwood, B., Lengnick-Hall, R., Stefancic, A. and Gilmer, T. (2019) Exploring variation in Housing First implementation: The role of fit. *Human Service Organizations: Management, Leadership & Governance*, 43(5), pp.392-406.

[42] See above.

[43] Tsemberis, S. (2010) op. cit.

[44] Tsemberis, S. (2010) op. cit.

[45] Henry, M. *et al* (2021) *The 2020 Annual Homeless Assessment Report (AHAR) to Congress* Washington DC: HU, p.2.

qualification. This means that when someone initially has support needs that are insufficient to warrant referral to Housing First, in the absence of other suitable support they will eventually get into Housing First, because their support needs are exacerbated in association with sustained or repeated homelessness.[46]

As has been noted elsewhere, the original Housing First programmes had restricted entry criteria for multiple reasons. One was that in order to ensure that someone had enough income to live in their own housing, a psychiatric diagnosis that gave them access to Federal welfare payments was necessary. Housing First could not accept people without a psychiatric diagnosis, because they had no funding stream to enable Housing First to work with them, attached to them. Local funders also attached criteria, New York requiring weekly Housing First team member visits, that brought the first US Housing First services (slightly) closer to the supervisory logic of the housing-ready services they were starting to replace.[47]

Criticism, that Housing First follows, rather than replaces the logic of housing-ready services, because it has a 'recovery orientation' and works towards bringing an individual to the point where changes in their behaviour, including engagement with treatment and support and positive shifts in patterns of drug and alcohol use (if not actual abstinence) has occurred. Elements of the original programme, particularly that someone was expected to positively engage with the *idea* of Housing First, fuelled these critiques.[48]

> *…our conclusion is that the two* models [housing-ready and Housing First] *should not be seen as entirely different, as they both aim to support clients' independence, motivation and recovery; in other words, both aim to render people as self-responsible as possible.*[49]

In England, some Housing First remains relatively open, following the example of some Northern European countries in being open to anyone at risk of homelessness due to high and complex needs and those who have experience of - broadly defined – long term or repeated homelessness.[50] Some services have adopted a more North American approach, carefully targeting what are generally limited[51] resources using tools to screen potential service users, such as the New Directions Team Assessment (NDTA), also known as the 'Chaos Index' to determine eligibility.[52]

In England - unlike any other country - the central government funded pilots have been aimed at people sleeping rough with complex needs[53], a much *narrower* range of people experiencing

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[46] Pleace, N. (2018) Op. cit.

[47] Padgett, D. (2013) Choices, Consequences and Context: Housing First and its Critics *European Journal of Homelessness* 7(2), pp. 341-347.

[48] Klodawsky, F. (2009) Home Spaces and Rights to the City: Thinking Social Justice for Chronically Homeless Women *Urban Geography* 30(6) pp.591-610; Hansen-Löfstrand, C. and Juhila, K. (2012) The discourse of consumer choice in the Pathways Housing First model. European Journal of Homelessness, 6 (2), 47- 68.

[49] Hansen-Löfstrand, C. and Juhila, K. (2012) op. cit., p. 64.

[50] Pleace, N.; Baptista, I. and Knutagård, M. (2019) op. cit.

[51] Blood, I. *et al* (2020) op.cit.

[52] Homeless Link (2020) *Eligibility and referrals in Housing First* https://hfe.homeless.org.uk/sites/default/files/attachments/Eligibility%20and%20referrals%20briefing_2.pdf

[53] In Greater Manchester, the West Midlands and Merseyside, see: ICF Consulting *et al* (2020) *Evaluation of the Housing First Pilots: Interim Process Evaluation Report*

homelessness than is the case for Housing First in other countries.[54] This creates potentially greater barriers to access than is the case in a country like France, which sets high entry requirements around a psychiatric diagnosis. This is because most of the 'high cost, high risk' homeless population in England is not sleeping rough at any one point in time and, for some groups such as women with complex needs, is unlikely to do so on a prolonged or repeated basis. Rough sleeping is only a tiny fraction of total homelessness in England.[55]

Most of the Housing First projects in England developed outside the DLUHC pilot programme, usually at the initiative of individual homelessness service providers, local authorities and with support from philanthropic bodies, tend to work on the same basis as many European services, i.e., being intended for anyone experiencing long-term/recurrent homelessness associated with complex needs.[56]

In terms of the issues Housing First is likely to face in managing changing support needs, referral mechanisms are important in four main ways:

High access thresholds

People are more likely to have significant, ongoing support needs when thresholds for access to Housing First are set at very high levels. To be clear, while it is strength-based and choice-led, Housing First is intended for people experiencing homelessness on a repeated and long-term basis whose homelessness is associated with high and complex needs. However, very high referral criteria can *intensify* this focus, meaning that Housing First is working with people with the very highest and most complex needs. This is likely to mean:

- Scenarios in which someone reaches a point at which they require less support, i.e., involving moving to a lower-intensity service, may become less likely.
- Housing First may become orientated towards very high need individuals, meaning that the upper range at which people are supported starts to increase, setting what is in effect an increasing upper limit for the support that is provided.
- Challenges may become focused around managing life limiting illness and disability and there may need to be increased emphasis on effective palliative care.

Demand is lower

Demand is kept lower when strict requirements are in place in order to enter Housing First services. This means there is less pressure on services to enter into dialogue with longer-term service users for whom a change in support might be beneficial, either in terms of moving to a lower intensity service or to a higher intensity service.

Evidence of engagement

Services that require evidence of 'engagement', sometimes expressed as a 'willingness to change' at referral, may filter out some people for whom changes in support might be more likely to be required, i.e., people for whom Housing First is not a good fit or not what they want.

Final Report London: MHCLG; ICF Consulting *et al* (2021) *Evaluation of the Housing First Pilots Second Process Evaluation Report* London: MHCLG.

[54] https://housingfirsteurope.eu
[55] https://Housing First.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/
[56] https://hfe.homeless.org.uk/picture-housing-first

These patterns are illustrated in the three DLUHC (now DLUHC)-funded pilots which have tested the delivery of Housing First at scale by funding and robustly evaluating, three pilots in the Greater Manchester, Liverpool City Region and West Midlands combined regional authority areas.

Less than one quarter of people using these services in the three pilot areas reported 'good health', only 18% reported having no mental health conditions and 76% reported addiction, while approaching two-thirds (60%) reported limiting illness and disability.[57] Other highly 'targeted' versions of Housing First, like the projects in France and Canada, also report very high needs. Setting a high threshold for access to Housing First, rather than broader, simpler criteria, like the Finnish[58] or Norwegian[59] requirement to be someone experiencing long-term homelessness – in all forms including 'hidden' homelessness, not just living rough – necessarily means a broader constituency of people, some of whom may see their support needs fall over time when using Housing First, is being served.

On a practical level, this means research on mortality rates and palliative care in Housing First services with high thresholds, as in Canada, while not especially widespread, is more common than work looking at how to manage a reducing need for support.[60] Ultimately this is a question of balance, but the question around whether overly high barriers to Housing First services means that services, rather than being 'efficiently' targeted on the highest need groups may often be reaching people *too late* is one that may be worth asking.

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[57] ICF *et al* (2021) op. cit. pp. iii-iv.

[58] Finland uses a housing first/housing led strategy rather than following Housing First in the North American sense, see following section and Allen, M. *et al.* (2020) op.cit.

[59] As with Finland, Norway uses a housing first/housing led strategy rather than following Housing First in the North American sense, see following section and Dyb, E. (2017) Counting Homelessness and Politics: The Case of Norway *European Journal of Homelessness*, 11(2), pp. 15-37.

[60] Henwood, B.F., Byrne, T. and Scriber, B. (2015) Examining mortality among formerly homeless adults enrolled in Housing First: An observational study. *BMC public health*, 15(1), pp.1-8.

2.5 The Principles for Housing First in England

Housing First in England is designed and delivered thorough seven key principles: Our findings are grounded in these:

1. People have a right to a home

This means...

- Housing First prioritises access to housing as quickly as possible
- Eligibility for housing is not contingent on any conditions other than willingness to maintain a tenancy
- The housing provided is based on suitability (stability, choice, affordability, quality, community integration) rather than the type of housing
- The individual will not lose their housing if they disengage or no longer require the support
- The individual will be given their own tenancy agreement.

2. Flexible support is provided for as long as it is needed

This means...

- Providers commit to long-term offers of support which do not have a fixed end date; recovery takes time and varies by individual needs, characteristics and experiences
- The service is designed for flexibility of support with procedures in place for high/low intensity support provision and for cases that are 'dormant'
- Support is provided for the individual to transition away from Housing First if this is a positive choice for them
- The support links with relevant services across sectors that help to meet the full range of an individual's needs
- There are clear pathways into, and out of, the Housing First service.

3. Housing and support are separated

This means...

- Support is available to help people maintain a tenancy and to address any other needs they identify
- An individual's housing is not conditional on them engaging with support
- The choices they make about their support do not affect their housing
- The offer of support stays with the person – if the tenancy fails, the individual is supported to acquire and maintain a new home.

4. Individuals have choice and control

This means that they...

- Choose the type of housing they have and its location within reason as defined by the context. (This should be scattered site, self-contained accommodation, unless an individual expresses a preference for living in shared housing).
- Have the choice, where possible, about where they live
- Have the option not to engage with other services as long as there is regular contact with the Housing First team
- Choose where, when and how support is provided by the Housing First team
- Are supported through person-centred planning and are given the lead to shape the support they receive. Goals are not set by the service provider.

An active engagement approach is used

This means...

- Staff are responsible for proactively engaging their clients; making the service fit the individual instead of trying to make the individual fit the service
- Caseloads are small allowing staff to be persistent and proactive in their approach, doing 'whatever it takes' and not giving up or closing the case when engagement is low
- Support is provided for as long as each client requires it
- The team continues to engage and support the individual if they lose their home or leave their home temporarily.

The service is based on people's strengths, goals and aspirations

This means...

- Services are underpinned by a philosophy that there is always a possibility for positive change and improved health and wellbeing, relationships and community and/or economic integration
- Individuals are supported to identify their strengths and goals
- Individuals are supported to develop the knowledge and skills they need to achieve their goals
- Individuals are supported to develop increased self-esteem, self-worth and confidence, and to integrate into their local community.

A harm reduction approach is used

This means...

- People are supported holistically
- Staff support individuals who use substances to reduce immediate and ongoing harm to their health
- Staff aim to support individuals who self-harm to undertake practices which minimise risk of greater harm
- Staff aim to support individuals to undertake practices that reduce harm and promote recovery in other areas of physical and mental health and wellbeing.

3. Findings: Transitions out of Housing First support

Having established the context for the current study from our review of the international evidence, we now turn to its findings. Chapters 3 and 4 focus on practice, describing how Housing First services experience, view and enable different types of transition within the principles of the model as set out by Housing First England[61]. As we present themes, quotes and anonymised vignettes from our fieldwork, we have highlighted examples of these principles in action. We also include key implications for commissioners and managers of Housing First services in text boxes at the end of most subsections, and occasional 'questions for reflection' arising from the findings.

Given the open-ended nature of support which is intrinsic to the Housing First model, 'transitions' out of Housing First support are inevitably slippery; many 'endings' are neither intended to be nor prove in practice to be permanent. The findings also raise key questions about which of these endings might be described as "positive" or as "successful outcomes".

We begin, in this section, by considering more definite endings - instances in which the case is closed. These include deaths, permanent moves to supported housing or long-term care, the personal choice of the individual, and the ending of project funding. In the following chapter, we consider how projects flex support down (and back up as needed), through extended periods in custody or hospital, to 'dormancy' or lighter touch support, or in some cases, to 'graduation' from the service.

3.1 End of Life

The most common reason for case closure in Housing First projects is death. 6% of the total 762 individuals supported by the 32 projects who supplied data in our survey had passed away whilst in receipt of services. Those services which had been running for longer had seen a slightly higher percentage of deaths than those established more recently.[62]

These figures should probably not come as a surprise, given the life expectancy of the cohort and the open-ended nature of the support. The average age at death of people experiencing homelessness nationally is just 46 years for men, and 44 years for women[63], and three-quarters of Housing First customers are in the 35-59 age bracket, typically with a high incidence of physical/

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[61] Homeless Link (2017) Housing First in England: The Principles;
https://hfe.homeless.org.uk/sites/default/files/attachments/The%20Principles%20for%20Housing%20First.pdf
[62] Services launched between 2014 and 2018 reported that 7% of those they had supported had died, compared to 5% of those launched since 2019.
[63] Office for National Statistics (2020) Deaths of homeless people in England and Wales: 2019 registrations, accessed on 14/03/21 from: https://Housing
First.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopl
einenglandandwales/2019registrations

mental health and substance use issues[64]. Although the evidence suggests[65] that Housing First may improve some aspects of health, and reduce non-routine health service usage, many Housing First clients have already developed long term conditions and continue to be at high risk of accidental or sudden death.

Several interviewees reflected that being able to support a person to die with dignity in their own home was a positive outcome. One service, which has been running for five years and had seen a relatively high number of deaths during its first funded period, explained:

> *"On the initial project we had about 8-10 deaths because the people were so far on and their health was so badly hit by their homeless journey. This represented a positive in that they died in their own homes and had an element of stability before they died." HF Manager*

Of the total 50 deaths reported by the 32 projects in our survey, just six could be supported to end-of-life in a planned way. Examples discussed by the case study sites shed light on some of the challenges here:

- Deaths were hard to predict, either caused by substance use or resulting from sudden health crises rather than as a result of a terminal diagnosis.
- Some people spent their final days or weeks in hospital, because they needed medical treatment, though Housing First staff would visit and provide emotional support and advocacy to the individual.
- Trying to link customers into relevant health services is challenging. As one service manager explained:

> *"Mainstream palliative care focuses on people with long term illnesses, who are attending all their appointments... It is very difficult to try and put additional healthcare in place for people who are so chaotic... Often, it's only our support workers they will engage with." Housing First Manager*

This manager explained how team leaders from several local agencies, including the drug and alcohol service, met for the first time at the inquiry following the drug-related death of a Housing First customer. They realised that each held different key bits of information about the customer which, had they all been party to, could have enabled more effective harm minimisation. They decided from thereon to hold a monthly multi-agency case meeting of operational managers.

The Principles in action
Harm minimisation is one of the core principles of Housing First, and this example highlights the benefits of collaborative working and cross sector communication to embedding Housing First principles into practice, thereby improving the experience for the beneficiary

St Mungo's, which runs the longest standing English Housing First service in the London Borough of Camden also runs its own palliative care service in partnership with Marie Curie[66]. The team described the emotional impact of losing a client as one of loss and bereavement for themselves.

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[64] Housing First England (2020) The Picture of Housing First in England 2020, Survey Report

[65] Baxter AJ, Tweed EJ, Katikireddi SV, *et al* Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials, *J Epidemiol Community Health* 2019; **73:** 379-387.

[66] See: https://Housing First.mungos.org/service_model/palliative-care/ for further details

"It's hard to process… We have such personal relationships with people... The palliative care team provide bereavement counselling for clients and staff… The emotional support and practical support - navigating funeral arrangements, all the practical considerations when someone dies. Support with that specialist knowledge was really important to me."

Other services describe similar experiences. Staff working with homeless people do not often receive end-of-life training to prepare them in advance, but it was clear from several Housing First providers that this is an important part of their training programme.

Commissioning Implications
Housing First services and their commissioners need to plan and provide for end of life, including the provision of palliative care support for individuals, and development and support for staff

3.2 Moving to a setting with specialist care and support

In some cases, individuals may need to move to supported housing or a care setting in order to receive more specialist or more intensive support, including personal and/or nursing care. This may be because their support needs have increased beyond the levels which Housing First is designed for, or because Housing First was not the right long-term service model for them in the first place. 3% (n=20) of those supported by the 32 Housing First services which had provided quantitative data within our survey had moved on to settings with care and/or more intensive support.

The case study projects described how they had worked hard to support such individuals to find and access the right care and support model and ensure a smooth transition into it. In one example, the Housing First team worked hard to engage adult social care and occupational therapy (OT):

> **The Principles in action**
> Support can and should be provided for the individual to transition away from Housing First if this is a positive choice for them

> *"The OT concluded he would be unsafe making himself a cup of tea, because he would get so distracted by his own thoughts. And we managed to compile enough information and assessments to get him a place in a specialist residential place for people with Dual Diagnosis."*

Members of the Housing First team accompanied this person on the drive to the placement, which was in another area, to see that he settled in. They received monthly feedback on his progress for some time after the move, and reported that he was doing well in his new home.

Another service explained how it became apparent once they had got to know and fully assess one individual that they were not mentally ill as previously believed; although there was some drug-induced psychosis, the root of the issue was that the person had a severe cognitive impairment which ruled out an independent tenancy.

In an ideal world, these individuals would be properly assessed prior to referral and offered a different service from the outset. The lack of resources in social care and mental health, combined with an inability to respond effectively to those with multiple needs is undoubtedly a contributory factor here, historically as well as currently; we heard how some individuals' needs had been 'missed' for many years, especially where these were perhaps masked by substance use and assumptions had been made by services about their 'lifestyle choices'. In this context, it is also clear that Housing First has a valuable and often unique role to play in engaging, assessing and advocating for individuals with undiagnosed and/or unsupported cognitive impairments or mental health conditions, even though these cases tend not to lead to that individual accessing or sustaining a tenancy (which is the primary outcome against which some services are judged).

> *"Arguably [such individuals] shouldn't have come onto HF and there should have been an alternative pathway for them right from the start, but the flipside of that is that ethically they wouldn't have got onto the right pathway that they needed if the HF worker hadn't have*

intervened, badgered, pushed, brought together professionals and got them onto it."
Housing First Manager

One service explained that they had made the difficult decision to close an individual's case within the Housing First service "in the hope that other statutory services - more useful, needed services - would step in." The person had acute Autistic Spectrum Disorder, and the Housing First service had spent 6-8 months trying to engage adult social care. They had tried to reduce the customer's support, but this had increased anxiety levels; it was only when the case was formally closed that the customer was eventually found a supported housing placement by the Learning Disability Team.

> ## Reflective Question
> Should the concept of 'flexible support for as long as it is needed' incorporate other forms of support, from the wider health and social care sectors, not just be about the length of time/ type or number of sessions of support a person receives from their Housing First worker?

Workers from another service identified the key factors that, in their experience, would mean a person's needs are 'too high for Housing First'. These included an inability to keep themselves safe, or retain the information to do so, and the point at which the risks of independent living start to outweigh the benefits. This team pointed out that they had been able to access a social worker in a recent case of this kind, and their Mental Capacity Assessment was helpful in confirming the team's own risk assessment. However, they identified a lack of suitable care placements for people of this age who are also drinking and/or using drugs:

"It's not been easy to get this placement for her... there are barriers for clients accessing services due to behaviour and substance use. Their behaviours and incidents can't be managed in mainstream services."

Other cases were described in which the person still has mental capacity but is not able to cope in an independent tenancy. Not only is finding a suitable supported placement difficult but Housing First workers are clear that the person needs to choose this:

> ## The Principles in action
> Individuals have choice, where possible, about where they live

"Its been a real fight [to get an adult social care funded place in the right supported housing project] and obviously he's got to agree to it's his choice, it's got to be his choice, it's got to be what he wanted, and he couldn't manage his tenancy, he'd absolutely destroyed it."

Another service described a case in which a customer has moved into a care setting following a significant health crisis and a period of hospitalisation. Although she has had to give up her tenancy for now, the customer is "adamant she will be able to go back to living independently" so the team are staying in touch regularly by phone. Workers described the case being:

> ## The Principles in action
> The team continue to engage and support the individual even if they leave their home

"On the back burner if you like, but we're there because she is hoping to be able to move out of the care home into somewhere else and we will pick her back up again fully at that point, but in the meantime she knows that we're here."

Commissioning Implications
- Advocacy is a key feature of a Housing First model which operates within a traditional service context. This breaks down the barriers which trap people in cycles of homelessness and recognises that the system itself can perpetuate the experience.
- Housing First cannot operate within a vacuum or a silo. Formal collaborations, pathways, and access to other services must be in place.

In addition to the emotional support they are providing, the team is also offering practical support to make sure there are no arrears on the former tenancy and to ensure effective social services involvement. Although her day-to-day care needs are being met in the care home, the Housing First team are conscious that health and care services are rather precariously knitted together: adult social care cases can be closed or social workers changed; care home staff are not necessarily thinking about the longer-term view, from a housing and welfare benefits perspective.

The Principles in action
Housing First prioritises access to housing as quickly as possible. Although a housing-based option may not be feasible for this individual in the short- to medium-term, the workers nevertheless work to minimise obstacles to future re-housing.

In another case where a customer has moved into a palliative nursing care placement, his Housing First worker explained why she is continuing to keep in touch:

"He cut off all his friends and everything so he's only just building on a relationship with his family. I am his support network ... and he's dying so ... as much as it's extra pressure on myself for that continuity of care that he needs, I will do that."

The Principles in action
Support is provided for as long as the client requires it.

Where some individuals can no longer manage an independent tenancy safely, others can, with the right care and support. One service described the barriers accessing personal care at home for one of their older clients. This individual can and wants to remain in his own home, but ideally needs three care visits a day to prompt and assist him to wash and eat. Housing First had not been able to advocate successfully for him to receive this:
Another service explained how a key reason for their ongoing support of an older customer is that the person has low literacy and has not been able to access suitable support with this from other services.

3.3 Decisions to leave Housing First

The interviews and survey data suggest there is a small but significant group of people who decide to leave Housing First support much earlier than expected or who do not engage in the first place, despite the active outreach of the service. In the survey data, 3% of all those receiving support had exited for other reasons, most commonly because they 'withdrew consent.'

Referral practice can be a contributory factor here; sometimes there was a sense that people had been placed in Housing First, and that the 'the referrer wanted it more than the person did.' In these circumstances, people had perhaps felt obligated to accept an offer of housing and support out of habit, or fear of being refused any other help:

> *"Services tend to try to shoehorn people into HF because they think it's what should happen. The ones who haven't been successful are the ones who didn't want it in the first place."*

This may be more likely in newer services, where partnerships are still developing. Sometimes the way in which the service is commissioned plays a key part in this:

> *"We don't have any involvement in the selection of participants. The districts… chose people they had exhausted every option for. We were used as a vehicle for people to get accommodation. These are the most difficult - resolve them. It's almost 'fix them!'"*

In some cases, people were 'passported' over from another service when one funding stream ended and another, perhaps with different criteria, began.

In some of our case study sites, there is a multi-agency process for agreeing referrals to the Housing First service. For example, Bradford's approach has been multi-agency from the outset, and the different partners spent a lot of time at the beginning of the project discussing how it might work, and how they would respond to different challenges; they take collective decisions and solve problems together. By setting up in this way, their referral panel feels jointly accountable for all decisions made, and collectively they can explore other solutions so as to make best use of the resources they have available to them.

However, even where effective referral mechanisms are in place, assessing whether or not a person wants Housing First may take months of active engagement. In contrast to many traditional service models, we heard how Housing First projects work incredibly hard to help people reach an informed decision regarding whether or not they consent to receive support from the service. Many do not really know what Housing First is and whether or not they want it at the point of referral; some have a deep mistrust of services:

The Principles in action
Housing First workers use an active engagement approach, not giving up or closing the case due to low engagement. The onus is on the worker to actively engage, recognising the impact of trauma on people's behaviour.

> *"It's took me working with somebody for 12 months in temporary accommodation to actually agree to register with a GP today. And it just goes to show, in all that time I've been chasing*

> *her around, making appointments and stuff and we actually had a really good session today. She recognised that she might need support, medication for her mental health.*"

Although establishing and sustaining a tenancy is integral to the Housing First model, we were struck by how much support projects offered many individuals in advance of finding a tenancy: a finding which was also reflected in research commissioned by the West Midlands Combined Authority on their Housing First pilots[67].

Workers described how some individuals needed the opportunity to test out actually having a tenancy in order to make an informed decision about whether this is something they want and can manage, even with support. Where this turns out not to be desirable or feasible for the person, Housing First workers described how they have actively supported them to find an alternative pathway and, if it is possible that things might change, ensured that the 'door is left open' for future re-engagement. There is a key difference here between Housing First and pathways and models which require the individual to demonstrate 'housing readiness.' Housing First does not require this, however, it does recognise that some individuals need time and support to decide whether or not they are 'housing ready.' Crucially, the decision is led by the individual, not the service. It is the role of the service to support the individual to make choices and to find a housing outcome that works for them.

> **The Principles in action**
> There are clear pathways in and out of the Housing First service

Working in this way may lead to tensions where projects have been set up with performance indicators which focus on getting people housed as quickly as possible, and on sustaining these tenancies. One interviewee pointed out that, where a person had eventually settled into a supported living scheme rather than an independent tenancy, the Housing First service had not been able to class this as a 'successful outcome' according to their performance criteria. This was despite the fact that both the individual and their workers were reported to agree that this was the right outcome for the person, and it was clear that the person would have been unlikely to move directly from the streets to the supported living scheme.

However, another interviewee described having greater flexibility, due to a much more 'fluid' approach to targets, and commissioners whose focus is on recovery and prevention. This service is supporting a person who had been referred to them at risk of losing an existing tenancy. With the support of the Housing First worker, the person had decided to leave the tenancy, go to detox and the worker was providing an additional layer of ongoing support while they remained in a relatively long term supported rehab placement. The commissioners recognised that there was still a high risk of lapse or eviction from this placement, that feeling abandoned is a trigger for this person, and that, given the complexity of needs and the history, continuing the relationship with Housing First is vital. The worker explained:

> *"The commissioners recognise that these complex clients can't be time-bounded – everyone's journey will be different. People can't be put in a box and that's the whole point of HF."*

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[67] Campbell Tickell/ WMCA Housing First Research Project, Final Report, September 2021

Workers we interviewed also reported that some people felt unsafe, overwhelmed or isolated in their properties, and either reoffended, in order to return to a familiar setting (prison), or relinquished their tenancy in order to return to rough sleeping, return to family, or return to staffed provision.

One service explained how they supported a man to make a planned return to rough sleeping, having decided he no longer wanted his council tenancy. Workers saw their primary objectives during this transition as helping him to enact his decision in a way that did not create

> **The Principles in action**
> Individuals have choice and control

future barriers to accessing housing and which minimised risk by avoiding him sleeping out in the winter months. They negotiated access to a local hostel for the winter months, on the basis that Housing First would provide additional support to him while he was at the hostel; Housing First also successfully applied for Rough Sleeper Initiative (RSI) funding to pay off his arrears at the hostel and subsidise his service charge payments. They supported him to hand in his notice on his council tenancy and, when he left the hostel in the summer months, they did a handover with the rough sleeper outreach team:

> *"With all the support in the world, he just didn't want a tenancy, didn't feel safe, happy, couldn't settle... the door is open to him if he decides in future that he wants a tenancy."*

Once housed, a small minority of people disengage from the support. We heard of a couple of cases in which people had formed settled relationships and felt they no longer needed the Housing First support. In one case, someone disengaged from support on obtaining a

> **The Principles in action**
> Housing and support are separated

tenancy, but then approached the service asking for help a few months later. The team felt this was a good sign because it showed they knew where to go when they wanted help. This example also reminds us that, because of these fluctuating needs and the non-linear nature of recovery, it is key to 'keep the door open.' It is only in rare cases where the individual actively withdraws their consent for information sharing, or perhaps moves out of area or into prison and makes a clear decision to sever all contact that a high fidelity service would fully close a case. We discuss how support is flexed in the following chapter.

Others found it more difficult to ask for more help, and we heard of a number of cases where people had 'self-sabotaged because the service had tried to taper support too quickly, or the person feared they might no longer be entitled to support:

> *"One young man is in prison now. He committed a crime that was really surprising because he was doing really well – he was off probation for first time in 15 years. He said that the reason he committed the crime was because he was doing so well. He was worried he would lose his support network now he was housed and off probation, so he committed a crime knowing that everything would fall back. He jeopardised everything so he could still have the support. I said 'why didn't you ask?' He said, 'I didn't know how to ask.'"*

Commissioning implications

Consider the full range of options/ models when describing 'accommodation'. Not everyone wants a self-contained one bed flat. For some, the vision is supportive living, a community, or staffed accommodation. The importance of choice needs to reflect both the reality of the current housing market in the location of the service, and the right to make different choices to those a professional might make about where to live.

A truly person-centred approach requires a more flexible approach to performance management, in which different categories of ending or accommodation cannot be assumed to represent a 'successful' or 'failed' outcome. Participants at our stakeholder workshop proposed a Human Learning Systems[68] approach, i.e. one of continuous learning, reflection and adaptation.

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[68] See https://Housing First.humanlearning.systems/overview/ for an overview

3.4 Funding sunsets

Having considered exits from Housing First which are chosen by the customer, we now consider the final category of reasons for case closures in Housing First - those which are driven, not by choice or changing needs, but by funding coming to an end.

In Chapter 2, we highlighted the short-term nature of funding for homelessness services in England and the huge challenges this presents for services trying to deliver open-ended support. The results from our survey confirm the current precarity of Housing First funding in England: 61% of respondents said their projects did not have funding confirmed beyond 2022. Several of the projects we interviewed had experienced or were putting in place contingencies should their project funding end; this included the GM Housing First pilot, of which Jigsaw Support is a delivery partner. We interviewed several Housing First projects being run as part of the Big Lottery Fulfilling Lives programme, which ends in March 2022. Each had taken a different approach to planning for this endpoint: some expected to secure continuation funding; others were in the middle of transition planning with their customers; another had been able to secure continuation funding, but not without considerable uncertainty:

> *"We had a gap in funding and everyone fell through the gap. We lost really good staff. We lost continuity. The clients wobbled. We got some [repeat funding]… In 2023 that stops again. These clients have been let down by services so many times and I can see that that's what we're going to do again. It's frustrating." Housing First Manager*

In some cases, the criteria for the continuation funding were significantly different from the previous funding, and it had only been possible to transfer some of the former Housing First customers to the new project. This had resulted in larger-than-planned caseloads and some cases needing to be closed. In these circumstances, projects had prioritised for transfer to the new service those customers who could not be connected effectively with other services, those where the risks were the highest, and where they felt they could make the most difference.

> *"There were some people on the [previously funded project] that really, they shouldn't have been closed but we had no other choice. As much as we try to refer into different services, they probably weren't at a point ready in their life to engage but there was nothing that we could do because of the funding, which is really difficult because you are limited to time on the project." Housing First Worker*

As workers who had been through this experience described the steps they had taken, it was striking that their language and the whole purpose of the support had been forced to change. Where they had worked hard to build and model positive human relationships, based on normal language, they had found their relationships with customers drawn back suddenly into the language and processes of 'service land', in which 'support needs are 'assessed' and 'referrals' to 'floating support services' made.

In a high fidelity Housing First model, customers would not be told that the funding might, or is about to, end. However, it is clear that the precarity of funding in England is driving the way in which Housing First services are delivered, and how potential endings are viewed and planned for:

> *"The principles don't fit at all with the funding structures we have.... You don't want to have to start each year saying, let's see if we can get these people to a point of transition - but that's just being realistic and trying to manage people's safety. It's not responsible to keep saying they can have support for ever."*

Managers described the dilemma of wanting to insulate their staff and customers from the possibility of the service coming to an end, so as to minimise stress and the impact on the effectiveness of the offer; whilst also trying to be transparent so as to avoid a sudden shock:

> *"If you knew that it was definitely ending in 6 months time then you would spend that 6 months with [customers] preparing, but you don't. You get told it might be ending, it might not and then, oh you get a year extra funding so you carry on and then it happens again."*

Another service took a slightly different view:

> *"When we say we're here for as long as you need we're not lying to them. It's true at the point of the conversation. If the funding is stopped I'll have another conversation with them about that."*

In section 4.3, we consider in more detail whether and how projects raise with their customers the possibility of Housing First support reducing or ending in future, and how they work hard to ground these conversations in the person's needs, strengths and choices, and not the those of the service. However, it is clear that, despite these efforts, individuals are being transitioned out of Housing First services in England before they are ready and without this being their choice because of funding sunsets.

Commissioning implications
Explore options to explore Housing First through other means than RSI or homelessness funding.

4. Findings: Flexing Housing First Support

Housing First is not passive. It is designed to move people away from situations in which there is a risk that homelessness will reoccur, but to do so in a way that is co-produced, respecting each person and their wishes, rather than prescribing how their behaviour should be, as is the case for many traditional housing-related support services. The European guidance on Housing First describes this aspect of services in the following way:

Within the harm reduction and recovery orientation of Housing First, the emphasis is always on positively trying to get people using Housing First to engage with the help they need. Housing First service users are also asked to look constructively at any aspects of their behaviour that might threaten their exit from homelessness or their health, well-being and quality of life.[69]

Housing First may need to change the level of support it provides over time to each person it works with; for example:

- Someone may require more support during their initial months of service use than is the case later on. Many Housing First services in the UK operate with the working assumption that support use will decrease over time and there is a broad expectation[70] that this will also be the case in many Housing First services in Europe.[71] However, our study suggests that this pattern is by no means true of all, and may describe only the minority of customers.
- Needs can fluctuate, someone might demonstrate growing confidence and independence over weeks and months, but then experience a setback, requiring an increase in support.
- Needs will change with circumstances, support for someone who is serving a short-term prison sentence, or who has to stay in a psychiatric ward for a few weeks, for example, may differ in intensity and nature compared to when they are living at home. Equally, the support providing to someone taken on by a Housing First service who is having to wait in temporary accommodation while housing is arranged[72] will be different to that when they are rehoused.

> **Commissioning implications:**
> Plan for a non-linear recovery. Needs fluctuate, and not always in predictable cycles, but the fact they will fluctuate is definitely predictable. Allow capacity within the model to flex the support up and down to respond to changing needs.

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[69] Pleace, N. (2016) op. cit. Section 2.6 (Active Engagement without Coercion)

[70] Pleace, N. and Bretherton, J. (2019) *The cost effectiveness of Housing First in England* London: Homeless Link.

[71] Pleace, N.; Baptista, I. and Knutagård, M. (2019) *Housing First in Europe: An Overview of Implementation, Strategy and Fidelity* Brussels: Housing First Hub Europe.

[72] This can and does occur in highly pressured housing markets, where social housing supply is very low relative to demand and accessing adequate, affordable housing in the private rented sector is challenging. Several Housing First services in England have negotiated partnerships with social landlords to try to mitigate this.

4.1 Custodial sentences

Of the 762 individuals supported by those projects supplying survey data, 6% had experienced a custodial sentence of 12 or more weeks since joining Housing First.

It does not follow from this that these individuals have committed serious offences while receiving Housing First support, though this may well be true in some cases. As touched on in the previous chapter, we heard several reports of Housing First customers getting arrested either to secure ongoing support, to get away from stress, temptation or other issues that they felt unable to cope with. Sometimes people were recalled to custody for breaching curfews or failing to report to Probation. We also heard of delays in the court system, which have been intensified during and since lockdown, or of convictions for historical offences.

According to our survey findings, in two-thirds, 69% (n=34), of the cases where a custodial sentence of more than 12 weeks had been given, the support from Housing First continued; in the remaining third, 31% (n=15), of cases, the Housing First support was ended. We heard that case study services work with the individual to make decisions about how best to respond to a custodial sentence, rather than be guided by an arbitrary cut-off around sentence length. In cases where support was ended during a custodial sentence, we heard that this was usually because the person had made a clear decision that they no longer wanted the support: in one such case, they had not yet built a relationship with the service prior to being sentenced.

Since housing and support are separated within the Housing First principles, support can continue even if it is not possible or desirable to maintain the tenancy during a longer sentence. We heard one example in which the Housing First worker had supported a customer to select and sign up for a new tenancy whilst in custody, so they could move straight in on release.

In this and other examples, it is clear that Housing First support wrapped around a custodial sentence can bring added value from a criminal justice as well as an individual perspective. For example, we heard how the certainty of moving straight into a tenancy, rather than having to present as homeless on release, has helped individuals to stick to their license conditions and avoid being recalled, as well as reduce the risk of re-offending:

> *"The person at the centre of all this doesn't feel as though they have been dropped by everyone and that feeling of just being left once you get a short prison sentence has come across clearly from many conversations I've had in the past with service users. All the contact with everyone apart from Probation and Prison services stops until a week or two before you are released."*

Although we heard various examples of the positive impact of Housing First in coordinating prison release, there may be more potential to develop and articulate the intensive case management role of Housing First for the duration of the sentence. This might, for example, include advocating for and linking the individual into drug treatment services, healthcare or safeguarding within the prison estate; or offering a peer mentor for the duration of the sentence. One team described continuing with support visits while someone was in prison, not because they needed to engage the person, or secure a tenancy, but simply to maintain the relationship.

In the Greater Manchester Housing First pilot, we heard how one application of the dormancy policy (described in more detail in section 5.1) involves stepping down (but not ending) Housing First support while a person is serving a custodial sentence. This allows a new referral to be added to the caseload, where the sentence is long enough to allow this. Whilst any case is dormant, the policy states that the service will make contact with the individual at least once a month.

Reflective question
What does active engagement mean when someone is in prison? How does the Housing First offer vary in custody, compared to in the community?

Commissioning implications
- Being less rigid about who support is for, who is eligible, and when it is 'allowed'. This relates to the 'flexible support' principle.
- Developing – in partnership with prisons and probation – a clear articulation of how Housing First might provide intensive case management both within prison and on release.

4.2 Encouraging 'independence'

The 'recovery orientation' towards promoting positive change creates the possibility of leaving Housing First because someone has reduced their support needs with the help of a Housing First service. To use the American terminology, there is a 'pathway' within the service design that is designed to help someone towards 'graduating' from Housing First.[73] This is the distinction between Housing First's *open-ended* approach to support for as long as is needed and a 'forever' service, which is designed to provide *permanent* support.

Traditional commissioning of support (and supported housing) services have focused on promoting 'independence' with many now offering time limited support of only a few weeks or months. The use of the word 'independent' has become synonymous with 'no support', but this does not reflect the reality of humans as social beings, nor is it consistent with Housing First. Prevailing narratives of a dependency culture can inform the tone and the priorities of commissioning: interventions must demonstrate that they prevent, reduce or delay the demand for services. Instead, Housing First recognises that structural inequalities and systemic failures have caused the 'problem' and that unless people have a right to a home, and support which is delivered in a way that is accessible and beneficial to them, they cannot break through the barriers and begin to recover.

It was apparent from our interviews that people who have experienced years, or even decades of rough sleeping, trauma and have developed systematised ways of coping with distress such as alcohol and drug use and survival sex may never feel able to manage without a safety net of support. These people are, to use the terminology proposed by Collaborate CIC, 'trapped' rather than 'tangled', i.e. 'they have lots of tangled threads, but there is one dominant issue chaining them to their current situation and dragging them downwards. No amount of untangling of the smaller threads makes much difference'[74].

The Housing First services we interviewed were acutely aware that there is a delicate balance between anchoring someone through a secure and supportive relationship and disempowering a them by doing things for them instead of supporting them to do things for themselves:

> *"We've got a customer who we know is very capable of doing lots of things, yet she was coming to us all the time, which is fine, but it's not really support, it's just doing the things she's asking".*

This raises important questions about what 'support' means in Housing First, whether it should evolve over time, and crucially who gets to decide. Housing First services work to very different boundaries to traditional services; instead of offering support on the service's terms, they offer support on the person's terms. Instead of restricting the offer of support to 'prevent service users taking advantage' or 'becoming dependent' on the service, they seek to understand the function of the person's behaviour. They recognise patterns as behaviours as the individual's best (and learned) attempt to meet their needs for proximity and predictability. They support people to find

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[73] Padgett, D.K., Henwood, B.F. and Tsemberis, S (2016) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

[74] Collaborate CIC (2018) The Tangled and the Trapped: Reforming public services a citizen at a time, blog accessed from: https://collaboratecic.com/the-tangled-and-the-trapped-d702d023bcb2

alternative ways to meet those needs, recognising how trauma, loss and historical relationships may have led them to form different attachment strategies.

> ### Reflective questions
> - How do our own feelings and needs as workers shape our views about holding onto people or letting them go?
> - What impact does this have?

The services we interviewed recognised the risks of a person building a very intense relationship with just one worker. Whilst building trust in one person can be critical for some customers in the early stages of engagement, it places a huge amount of pressure on the worker, with risks for the individual when that worker is not available. Teams described the practical steps they took to get to know each other's customers; this also enabled them to support and challenge each other around boundaries, as well as to offer different skills and support styles to the customer.

Doing too much for a person was sometimes felt to be a result of an outcomes-focused approach:

> *"We've got people coming from the drug and alcohol service coming round, picking up their prescriptions for them and dropping it off. They aren't allowed to do things in their own time. They are being pushed into a tickbox outcome" (Blackpool provider).*

Providers in the sector demonstrated an awareness that they had had to 'unlearn' familiar ways of working and relearn from a Housing First perspective. In the past, many Key Performance Indicators have measured how much of something we do for people:

> *"We judge how good someone is at their job by what they do for somebody. HF is the opposite".*

> *"My notes have changed – I tried to motivate someone to do x and Housing First, whereas in the past I would have written what I'd done for someone. It's our job to support people to do things".*

Some services have begun to develop their own outcomes frameworks which move away from the notion of 'independence' and instead reflect the importance of connections, belonging, and having meaning and purpose.

> *"….people have to have friends and a purpose and a home to live in. if you work on that theory you are more likely to be able to close them – sometimes HF is their purpose so you need to find something to replace that. They need something in their life that's a positive that they have to go out for" (Blackpool provider).*

In some services, peer mentors play a key role in helping people find a meaningful life outside of the Housing First service, and past associations. One peer worker we interviewed highlighted that this was not intended to be an ongoing relationship or a 'friendship', but rather a buddy with shared

interests (as well as shared past experiences) who could support the person to meet others with similar interests.

> *"[the peer mentor] knows he won't be there for ever, so he's trying to support [the person] to join other groups and make real friends, not peer mentors"*

Providers also explained that they practice scenarios with people:

> "*If this happened what would you do? That helps people. If you build that in it says 'we trust you to do that for yourself'*"

They also felt it was important to build people's resilience and confidence by letting them make 'mistakes' and learn to pick themselves back up following lapses:

> *"the idea of falling down is not a bad thing actually. It's still something that you can still get past, you know, and that's really the best way to think about it I suppose".*

These strengths-based and person-centred approaches aligns with Nesta's model of 'Good Help'[75], recognising that only when someone has a sense of purpose, and has the confidence and competence to cope with every day, or even unusual or stressful situations will they feel able to become 'independent'.

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Reflective questions
- Do we need more training on strengths-based working as a sector?
- Are there/ should there be limits on what 'support' includes?

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[75] Wilson, R., Cornwell, C., Flanagan, E., Nielson N. & Khan, HOUSING FIRST. (2018) Good and bad help: how purpose and confidence transform lives, Nesta, at: https://media.nesta.org.uk/documents/good_and_bad_help_0.pdf

4.3 Whether, when and how to talk about reducing or ending Housing First support

Whether to talk about reducing or ending Housing First support

We heard some different views from Housing First workers and peer mentors as to whether or not the possibility of some form of 'graduation' from Housing First should be mentioned from the outset, or only introduced later on when an individual seems ready to have the conversation. The following quotes describe the main different positions on this question:

Given the very real risk of funding sunsets, *"It's not responsible to keep saying they can have support for ever"*.

"If you don't have the conversations early on you never will' – or it might create fear or distrust when you do... looks like you are moving the goalposts.

"Beginning to plan for independence from Housing First at an early stage can help to overcome any fears at a later stage about leaving the project"

"I wouldn't. The reason why I wouldn't mention the end is because I come from lived experience and my own journey took a lot lot longer than what I anticipated ....So for me from day one to talk about endings would appear that I would be saying this is a quick fix, and HF is not a quick fix. That's why it succeeds, it's done slowly, it's done correctly and it's done one day at a time. If I went in and started talking about let's get you housed and in 12 months you could be without support you're already saying to beneficiaries it feels like we're getting you in for a quick fix and some of the guys that are identified for HF are entrenched, they are very very poorly and to go in start talking about an ending. It would come across to the people I talk to as "you've not even signed me up and you're already talking about getting rid of me".

"Some difference in individual style/ overall ethos/ culture of different projects on this – not least shaped by experiences and security of funding/ commissioning relationships, but also to some extent by overall philosophy. But ultimately a very person-centred approach – because for some people – it can take a year to really engage in the first place...."

"In my first engagement, when I am talking about the principles......I make it really clear that this is about their journey, their choices, not mine..."

> ### Commissioning implications
> - If a long-term commitment to funding is not possible, consider carefully whether a project should be badged as 'Housing First' or given a different name.
> - It is important for commissioners and providers to discuss agree what the messaging will be to customers and staff.

When to talk about reducing or ending Housing First support

As noted above, services and individual workers have slightly different approaches to whether and how support is reduced and whether and when the possibility of Housing First support coming to an end is broached. Some have a policy and process around 'dormancy' or a structured step down to a less intensive phase of support; others take a more organic approach.

Nevertheless some consistent themes emerged when we asked workers at what point they might start to discuss with an individual their next steps towards greater independence from Housing First:

- Settled in tenancy (happy in property, confident about responsibilities as a tenant, rent being paid, no significant concerns from tenant or landlord perspective)
- Reduced/ more stable drug and alcohol use (e.g. settled on a Methadone script)
- Basic life skills are in place (or care and support package in place); '*they're managing a lot of things themselves';*
- Naturally wanting and needing less support (and this feeling like a positive development for this individual, rather than a sign that they are withdrawing/ pushing others away); "*Clients tend to model the support they want anyway*"
- Engaging with other services/ local communities
- Meaningful use of time
- (Re-)building positive relationships outside of services

Despite consensus around these broad themes, it is very clear that Housing First workers build a deep understanding of their individual customers and interpret their behaviours in a very nuanced way in the context of this knowledge. They understand that individuals have different triggers, different aspirations and may go through different cycles of behaviour, often influenced by mental health conditions. Some workers described individuals who had *nearly* reached the stage described above but still needed support or reassurance in certain specific areas of their lives. For example:

> *"He'd never had a tenancy. So now he's had one, he knows what he needs to do, when that's due, when he needs to go shopping, etc. Basic life skills which he didn't have before. I wouldn't say he's there yet. He had no confidence previously to speak to anyone on the phone – and now he will speak to someone, if I'm there or someone else he trusts. But I'd say that's his last hurdle really".*

It was also very clear, that the points listed above do not form a checklist of outcomes, against which support is planned and its success measured in Housing First services. This is a key difference to other, traditional support services. As one worker explained:

> **The Principles in action**
> Individuals set goals not the service

> *"I'd never see it as a goal of Housing First to get them to a point [where the support can end] and yeah I think with the people we work with, you're quite lucky if you get them to that point"*

It is also key to note again here that many Housing First clients have not yet and may well never reach this stage. Whilst Housing First recognises that '*with good support, anything is possible*', there is a very thin line here between a 'recovery orientation' and taking a truly person-led approach, recognising the depth of trauma and the impact which a lifetime of exclusion can have:

> *"I've got people [who had previously been homeless for maybe 30 years] who have been in properties for 8 years and still insist on sleeping on the floor, and just aren't really interested in anything other than the behaviours they had when we first met them. For me, that shows just how deep the trauma is and it says a lot of the service that we have supported him to live like that for so long, but we're just not going to achieve a load of other outcomes with them".*

> *"We were monitored using the outcomes star. Many of our clients don't achieve outcomes in that way. They might not necessarily come off drugs so it didn't really fit for me. Sometimes it might just be that they feel their wellbeing has improved, and that might be all we can do for people – wellbeing and safety. It isn't about ticking boxes, it's about making sure they're safe."*

> **The Principles in action**
> Support is open-ended, there is no cut off date

How to talk about reducing or ending Housing First support

It was very clear from our interviews that the framing of conversations about reducing or ending Housing First support and the wording used is extremely important.

Despite the huge challenges with short-term funding and the risk and reality of funding sunsets, our interviewees were clear that conversations about reducing support should be grounded in the person's needs, strengths and choices, and not led by the service's needs. 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'. A person centred approach recognises the power imbalance in traditional service delivery ('we decide how long you deserve support for'). Whilst some customers may not yet be able to imagine it, it is important to sow the seed that they are in control and have the right to let us go when they do not need us anymore. In strengths-based practice, this is also an opportunity to demonstrate that we believe they have the potential, with the right support and the right environment, to flourish and have the same opportunities and freedoms that we enjoy.

> **The Principles in action**
> The service is based on people's strengths, goals and aspirations

> *"I'll say, 'where do you want to be in a couple of years?' I don't explicitly say 'when do you think you won't want HF anymore?'"*

> *"Maybe in the future you might feel you don't need me. To some clients we are baggage and they don't want us there forever. I don't think it's wrong to plant a seed that they might not need me. People do want independence. It's important how it's worded."*

> *"It's more to do with what that person can achieve and once they start seeing things are happening then other things seem to sort of like develop. And then you can start to, confidence starts to creep in and then you can have more conversations then. I think the idea of talking to someone as a grown up is the right way and I've never talked to anybody as a support worker".*

Others were keen to point out that the pace is as important as the language and timing. Given the past experiences and attachment strategies of many Housing First clients, services were attuned to the risks of de-stabilising people with the prospect or reality of support being withdrawn too quickly or without the person feeling fully in control of this.

> "*We have a couple of people who could potentially go into dormancy – they are settled in their tenancy, they are managing their scripts, they are linking in with other services, they are doing really well, but when we mention it, there is a lot of fear of letting go of HF – and it's a really scary step for them, even to reduce to once a month. So those sort of conversations really have to happen gradually and be worked through in stages with people to recognise that*".

However, services are also aware that they need to balance these reassurances with some transparency about the precarity of funding:
"We are here for you and we will be for as long as the project lasts, but – we want you to be able to function as your own person in society: we don't want to be always here, we want to push you to be as independent as you can be".

Reflective questions

- How can we enable people to strengthen their social networks beyond 'serviceland', so they have 'friends' rather than 'peer workers', can develop their skills and have opportunities to make a contribution, if that is what they want?

- How do we – and others – use the term 'independence'? What connotations does it have?

4.4 Increasing or reducing the support offer

The flexibility of the support offer – in terms of how it is delivered, what support is provided and the frequency and intensity of this – is a core Housing First principle, as is the choice and control which the individual receiving has over this. in this study, we considered how changes in the intensity and frequency of support are decide between the service, the worker and the individual.

Around a third of services responding to our survey said that they have guidelines or procedures for either increasing or reducing the support which customers receive; the majority do not.

In one service, which does not have a formal procedure, a worker we interviewed explained that, if the worker wants to reduce support, but the client does not, the service would work at their pace; however, if the client wanted to reduce support and the worker felt the risks were too high:

> **The Principles in action**
> Staff are proactive when supporting individuals

"I'd still go round and let them know I am still here. I'd keep an eye and check on them."

This approach, described by one participant in the Housing First England practice forums as 'going into stealth mode' was commonly reported in the study. 94% of survey respondents (n=29) confirmed that if the person chooses not to have any support, they might implement procedures or informal methods to maintain some proactive contact.

Whilst workers certainly recognised the pattern of support tapering over time, they were also clear that many people's needed fluctuated over time and it is therefore important to continue engaging proactively in order to pick up on changes and be able to respond to these quickly

> **The Principles in action**
> Flexible support is provided for as long as it is needed

and intensively. One Housing First team argued that, for around 70% of their caseload, support does not seem to taper to a place of stability, but instead:

> *"you've done a lot of intense work, they've got their tenancy, they don't want to see you every day. It goes quiet and then you get a phone call and it's all hell breaks loose and there's a crisis and you're back in there"*

Workers recognise that it can be hard for some people to ask for help, especially where mental health is poor, where there is substance use, where people have learned to be self-sufficient, or where there may be feelings of shame. It is not enough to say, 'Call me if you need me', the door needs to be *actively* left open. Workers described many different techniques – tailored to the needs and preferences of the individual – which they used to maintain engagement. These included: texts, using food parcels as 'excuses' to see a person and check they are alright, postcards, informal catch-ups for coffee. This is very nuanced to an individual's needs and personality; where one person's mental health dips, a manager explained that she will not want to speak to the team, but they know that they can best support her during these periods by picking up her medication for her.

'Graduation' from Housing First

'Graduation', according to Tsemberis's original Pathways model for Housing First [76], recognises that customers whose lives are stable *may choose* to leave Housing First support. There is however, considerable variation and contest regarding whether and how 'graduation' is viewed and applied internationally[77]. These focus on:

- whether or not graduation is **seen as a goal** that should be worked towards,
- whether or not there is a sense of the **typical or ideal timescale** for this, and the extent to which this informs funding, modelling or practice
- whether and how **support following graduation is offered.**

The overarching finding from our study is that there appear to have been very few 'graduations' to date from Housing First in England. Collectively, our five case study sites could identify only a few instances, despite the fact that all had been running for more than three years, and one for around a decade. These few people were typically in the younger age groups, and had quite quickly achieved stability, often through a positive romantic relationship, perhaps finding employment too and had either moved in with the partner (perhaps out of area) and/or decided that they no longer needed a Housing First support offer.

Services reported they were more likely to use the term 'move on' than 'graduation'; other terms in use were 'step down', 'dormant' or 'ended support'. It was clear that many services had not developed language to describe this transition; though others had given considerable thought to developing new terminology which sounded empowering and had sometimes been co-produced with customers. For example, Inspiring Change Manchester has a 'membership' model; where people have achieved stability, their support is reduced to a less intensive offer (though it can be increased if needs change); however, their membership, is ongoing. This conveys a sense of belonging to a community, as well as access a range of benefits. At our stakeholder workshop, this ongoing safety-net of support was likened to family relationships.

Whatever the terminology, the numbers of people following this trajectory are small. This fact should reassure that Housing First is for the most part being targeted effectively, rather than suggesting that Housing First is not succeeding. As one interviewee explained:

> *"If you aren't seeing graduations, you probably have the right people"*

We heard that the Greater Manchester Housing First pilot, at the point at which it had accepted 442 people onto the programme, and 2.5 years into the pilot, had just started to see a couple of graduations. We asked Housing First projects in our survey *"How many customers have left your service/ ended their support 'positively' (i.e. because they are settled and no longer need the support)?"*. Those projects that supplied data identified 38 individuals between them (around 5% of all those supported), of whom about a quarter (9) had since re-accessed the service.

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[76] Tsemberis, Sam. (2010). Housing First: The pathways model to end homelessness for people with mental illness and addiction manual. Center City, MN: Hazeldean

[77] https://housingfirsteurope.eu/research/housing-first-research-digest-volume-6/ and ref from Canadian Not a Forever Model article, in DB literature folder

These figures give an indication. However, our study confirms the definitional ambiguity around whether or not someone might be classed as having 'ended their support' when they are still in practice able to re-access it. All bar two projects completing the survey were clear that those who had ended their support in this way can re-access support from the Housing First service if they need it. Our follow-up interviews with some survey respondents suggest that this group of 38 includes individuals who have 'stepped down' to a less intensive service offer, where there is a formal structure in place for this. However, there may well be other individuals in services where these structures and processes are not in place, whose support has been reduced more informally but they have not been included in this definition.

Unless the funding requires it, or the individual is very clear that they have progressed to a point where they no longer need Housing First or where it would be psychologically beneficial to mark a transition out of it, projects tend not to risk disrupting the progress and relationships that have been established. They recognise that, for most people who have experienced significant trauma and multiple exclusion, recovery is unlikely to be linear. Pulling away at the point where stability is achieved may well prove to be short-sighted and perhaps even counter-productive. The risks of doing this are increased where other services are over-stretched and often inaccessible to this cohort, and where housing feels precarious because of tenure or unsympathetic housing management. As one project manager reflected:

> *"Many are extremely traumatised from childhood, and have lots of inter-personal issues. When they have been able to build that one trusted relationship, we've found that - despite using all the positive terminology – it's a graduation, you've done really well, etc), ultimately for some people and especially where developing and maintaining healthy relationships outside of services has just not proven possible, this has been extremely difficult".*

This service explained that they had tried to close the support for one customer who had made considerable progress, but that he then (in his own words) 'self-sabotaged', triggered by the reduction in support, and lost his tenancy following an incident in which he was abusive to the landlord. The project explained that that they then had to re-engage, find another tenancy and 'almost start again'.

The learning from the ICM programme's 'membership' model was that people who had reached a level of stability and had subsequently had the offer of support withdrawn (due to demand for the service from new referrals) were returning in crisis. The idea of the 'long arm support' offered by a less intensive support service was that, by continuing to check in with members to sustain their improvements and enhance levels of confidence, it was possible to reduce the need for people to revert back into crisis, requiring crisis management and longer term interventions from the service.

Another project manager was keen to reflect on and challenge whose interests are being met by some graduations:

> *"We had someone that did really well under the [previously funded HF] service but they rolled him out – look how well we've done. When the funding ended they dropped him and he had nothing".*

This is a sobering reminder of why, whilst graduations may be a cause for celebration, they should not be Key Performance Indicator. Instead, the success of Housing First should be judged by its

ability to engage the most excluded and sustain that engagement, supporting an exit from homelessness and preventing a return to it.

The following quote from a Housing First customer interviewed as part of this study gives a powerful voice to the *need* for ongoing support and the risks of a time-limited approach for those who have experienced a lifetime of multiple exclusion:

> *"The support is what you need. That's what's kept me on the level for a few years. It's just been chaotic but without the support you can't get anywhere. I've been in both categories (ie traditional and HF services). I've been where you can't get the support. You take two steps up and then fall off again. Three steps then you fall off again. With support you seem to get to the level you need to be….. My life's been chaotic since I were 8 year old. Very chaotic. I've spent most of my life in prison. A long time in prison so it were hard to integrate back into society let alone integrate back into an house. I were on streets prior to that it were in prison on streets, in prison on streets, in prison on streets. There were just no support – in prison, out of prison…anywhere. I was just "when's this going to stop?"*

On imagining the support ending:

> *"I don't even want to go there. I need it. I don't want it, I need it".*
>
> Richard, Bradford.

5. Implications for commissioning and management

In this section, we consider what managers and commissioners are already doing, and need to do to enable effective practice aligned to the Housing First principles in this area. We begin by looking at specific policies and processes relating to changing or ending support, before moving on to explore the critical questions of capacity which arise from 'leaving the door open' to a potentially growing number of people. Although we found pockets of promising practice and planning, we did not identify any services which have, as yet, fully operationalised this stage of Housing First development. In the second half of the chapter, we consider the wider implications for commissioning and policy which arise from our findings.

5.1 Increasing or reducing the support offer

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. Some had taken this step in response to several customers having reached, or approaching this stage; for other services, this was influenced by funding or commissioning – a need to prepare for a (possible) funding sunset, or to increase intake to the service.

Case study: Greater Manchester Housing First pilot:

The policy was developed over the course of the pilot, as it became clear that it was needed. The message from the project's Co-production Panel was that it was better to have things written down in detail to ensure clarity and consistency. The Project Manager explained:

"Some people were saying 'they've graduated' – we're like 'no they haven't' – they've disappeared or gone dormant. We need to write it down and we need everyone to agree".

A dormant case
A case is still open to the programme with delivery partners continuing to make occasional (i.e. at least monthly) contact with the person (and/or other services involved) in order to maintain a relationship and/or to re-engage the individual. Dormant cases are not considered to be 'active caseloads' and therefore do not count in the caseload ratio calculations. There is always an expectation that a person assigned as dormant can be brought out of dormancy and returned to active case work. Whereas closure is a more definite status and closed cases would need to be re-referred to Housing First if circumstances change.

Graduation
When a person decides to positively disengage from the pilot and to step away from the ongoing support from their Housing First worker. This would occur when a person has built networks within their local community outside of homelessness and no longer requires the intensive support offered by Housing First and is living independently in a successful tenancy.

Developing different pathways

If a referral has never had any contact with the programme, it could be closed but would not be made dormant. A closed case can be re-referred and be opened again, but could not go straight from closed to dormant.

Reasons for dormancy/closure

Dormancy includes; move out of area, prison, detox/ rehab, person chooses to step away from support.

Closure includes; permanent move out of area, or long-term prison, residential care, etc; choice – person withdraws consent for information sharing, decides they do not want their own tenancy, or to work with Housing First on housing needs.

Sets out the process

Cases where dormancy or closure are proposed, or where a dormant case needs to be re-opened are taken to the multi-agency panel in the local authority area for approval. This provides a check and also means that the panel can monitor caseload size, intake and capacity: usually 'replacing' a dormant or closed case with a new referral; and prioritising a case that needs to be re-opened from dormancy as one of its referral allocations. The panel can also identify and coordinate multi-agency support for individuals at these different stages and as they transition between them.

As one panel chair whom we interviewed explained:

"Where we've needed to close cases, we have looked for alternative offers within that partners' meeting. Use that as a mechanism to push for those partners to give an individual the support they need"

In the case of 'graduation', the policy explains that the project should work with the person to plan graduation, and ensure a smooth handover of information to the individual, to the landlord, the local authority and other involved services. The person should be told that they can re-contact Housing First should their circumstances change.

However, our study suggests that the majority of services have not developed a formal process or policy, despite having been in operation for a number of years and experiencing similar patterns and pressures. Some of these services were relatively new and it follows that this will be a low priority when there is so much else to establish in these early years. When newly formed Housing First services are trying to educate others about the non-time-limited nature of their offer, it may feel counter-intuitive or even risky to start talking about endings. However, we were struck that some of the longest running services had decided that they did not need a set of procedures in this area because each person is different; each decision would be different, and it would therefore be too difficult to capture within a procedure. This was true of the St Mungo's Camden service, which has benefitted from a stable staff team, a long serving manager, and a strong partnership with commissioners and has significantly not experienced some of the funding sunsets which other services have. These factors may have helped to instil confidence in longer term support, and reduced the pressure to think about 'throughput'.

5.2 Managing and commissioning 'elastic' support

It is clear from the previous section, that the 'elasticity' or responsiveness of Housing First support is both needed and valued by its customers, and is critical to their long term tenancy sustainment: such support is highly flexible and is constantly flexing and responding to changes in an individual's circumstances and needs. From a cost effectiveness perspective, the cost of continuing to deliver the light touch contact needed to 'keep the door actively open' and provide some arms-length oversight for someone who is – at least for now – stable is very small compared to the financial costs of tenancy breakdown, imprisonment and/or a return to the streets from which the service needs to effectively 'start over'.

All providers described 'leaving the door open' but only a few had a procedure in place or had started to plan how this might work in practice. There was an expectation that when someone 'graduates' or 'moves on' from the intensive support, the worker would take on a new case rather than hold a vacant place. However, if those who had 'moved on' needed more than a phone call, or if – over time and/or at scale – more than one of them hit a crisis at the same time, it was not clear how this could be delivered sustainably.

Some services had begun to plan and change structures and roles in order to offer lower intensity support more sustainably. Widening the relationships so that the individual is happy to be seen by another member of the team – perhaps a 'floater' or even a manager – can help.

Case study: Inspiring Change Manchester

Membership and step-down to less intensive support

Around eight people out of the total 30 who have been on the ICM Housing First programme have reached a point in their recovery journeys where both individual and worker agreed that they did not need the same intensity of support as they had done previously.

In designing their response to this group, ICM was keen to give individuals "*more independence, but without them needing to step off a cliff to do it",* the project wanted to make it clear that people could re-access the service should they struggle or experience a crisis. However, the project also recognised they needed to plan carefully how they would honour that pledge if they were to accept new referrals to the service at this point.

"If we're not going to close members, we can't keep on taking on referrals, otherwise you're going to go well over the caseload limit for the individual engagement workers."

When people step down to the less intensive support offer, they crucially do not have an affiliated case worker (since their place with that case worker will have effectively been taken by another person) but are picked up instead by the Senior Worker. The Senior does not hold a caseload so has more flexibility to respond; they also happen to be the Private Rented Sector (PRS) procurement expert within the team, which is helpful since issues with PRS tenancies tend to be the main reason people re-access the service for support. Where the individual needs other types of support, the senior has a good overview of current caseloads and can identify whether one of the engagement team might be able to help at this time.

The team make sure that each worker gets to know each other's clients from the earliest opportunity, which means:

"The member is then comfortable coming back and being supported by any one of team – because there are 4 people in the team they know really well, rather than insisting on (and then potentially overloading) their named worker. That makes stepping back up much easier".

ICM also gave careful consideration to the language used to describe this stage and consulted people using the service about this. They decided on the term 'membership' to describe this stage, given its association with ongoing benefits and a sense of belonging to a community, rather than *"moving down or stepping down, which can have negative connotations which make them less attractive to people".* As well as accessing individual support from the Housing First service where needed, members can also continue to drop into the ICM Hub and access a range of other Fulfilling Lives services.

Case study: Bench Outreach

RAG and client initiated support system

Bench has been delivering a Housing First service in London for over 8 years. Since receiving part-funding from the local authority, via the Rough Sleepers Initiative, the service has been asked to increase its overall caseload to allow new referrals onto the project. The Housing First Project Manager explains that, rather than close the cases of people who had been promised an open-ended service:

"We looked at how clients interacted with us anyway – some were only fortnightly, or even monthly: how could we formalise and add a layer of safety around this?"

Bench developed an internal client management system, based on RAG ratings: at any given time, each client is rated – purely for management purposes - as 'Red', 'Amber', 'Green' or, beyond that, is on 'Client-initiated support', in which the principle of 'active engagement' is effectively relaxed. The RAG system is not visible to clients, who can access support flexibly in any of the stages, there are no limits or expectations in relation to the amount of time that a person will spend at each stage (or whether they will even move through the system at all). The service recognises that change is not linear: people can and, frequently do, move back and forth flexibly through the ratings, some have effectively remained on red for many years. During lockdown, all clients were placed back on red.

The ratings
The ratings are driven by an assessment of tenancy sustainment risks and engagement with other services. When people first join the service, they join on 'Red'; if and when they begin to stabilise within their tenancy, they will move to 'Amber' – there will be ongoing issues, and Housing First will work with other services to address these. A customer is moved to 'Green' where they are settled in the tenancy – there is no anti-social behaviour and the rent is being paid consistently. At this point, the team starts:

'A conversation along the lines of ''you're doing really well, what would it feel like and look like for you to initiate support as opposed to us using assertive outreach to try and find you all the time?'''

Those who, through these conversations, decide they would like to move to 'client-initiated support' agree with their worker how often and by what method they would like the service to initiate contact with them (e.g. a monthly visit, a fortnightly call, etc). Are talked through a letter explaining which days their support worker will be in the office, inviting them to drop in to see them then. Are reassured that they can contact the service outside of these set times if and when anything more urgent arises – they are in control! Work through a checklist, to make sure that they know what to do and who to contact in a range of different circumstances. Understand that, whilst their original support worker will still act as their keyworker, they will be supported in this by a small team of Outreach Workers, who act as 'floaters' and may well be the people making their planned visits and calls. And are told that the other services they engage in will be notified about the change in Housing First support, and encouraged to contact Housing First on their behalf at the first sign of problems so Housing First can intervene quickly:

'That extra safety net is really important – even though it's client-initiated, I wanted those other agencies to know that we had reduced our support so they can really be on the look-out for any changes with this person'.

The manager feels that the system helps operational planning around allocations, referrals and capacity whilst it provides a structure for case-based supervision with staff, so there is clarity and challenge on what the service can be doing to promote greater independence and stability. At first, workers had concerns: "are you really going to make a tick box out of this?", but many now report that they find the structure helpful. It also informs reports to commissioners (though the numbers have to be accompanied by all-important narrative).

Bench report that around 40% of the caseload are long-standing clients, and mostly older people with very long histories of homelessness: many of this group 'need a lot of holding' and may well remain on 'red' for the remainder of their lives. A further 30% tend to revolve through the RAG system, and are at high risk of returning to red once they reach green. There is also a slowly growing group (11 at the time of interview) on client initiated support, and the manager is optimistic that this group can and will organically grow:

"We aren't seeing so many entrenched rough sleepers coming into the service now. People are multiply excluded, but haven't had such long homelessness histories – and there are more younger people, so I am more hopeful that more of this cohort can move onto green..... there is more opportunity for healing".

Practitioners talked about the non-linear nature of recovery; about the predictability of the unpredictability. In order to deliver a support service smoothly to those with the most complex needs, managers, commissioners and policy-makers need to anticipate and plan for cyclical presentations – for ups and downs, relapses, crises, disengagements and re-engagements. People will need different types of support at these different stages – including for example: crisis intervention; housing advice; advocacy and case management: and coaching, mentoring and

buddying. Having understood these different forms of support, there needs to be sufficient capacity within the service and across the whole system to manage this flow.

Examples of Housing First being commissioned alongside a wider network of services

We heard several examples of Housing First being commissioned alongside a wider network of services, potentially allowing for step-down and step-up.

Inspiring Change Manchester's Housing First

Inspiring Change Manchester's Housing First service has been operating as part of the city's wider Fulfilling Lives programme. This means that Housing First customers can access the ICM drop-in hub and services from the different strands of the programme, at any point in their journey, including when or after they move to the less intensive 'membership' phase. These services include: peer mentoring (delivered by Community-Led Initiatives), Mental Health support (delivered by Self-help Services); Education, Training and Employment support (delivered by Back on Track); and housing advice and a range of other services from Shelter, which hosts ICM.

"So once people move onto membership, they do have the option of that stability from going to IT classes upstairs, or engaging with the lived experience mentors who understand exactly how difficult that whole transition period can be, because they've been through it".

Newcastle City Council

Home Group is commissioned by Newcastle City Council to deliver both Housing First to 10 people and a less intensive, floating support service to around 80 people on the East side of the city.

"With the longer term [HF] people, we can plan (obviously with customer agreement) to taper off from a more intensive HF offer into floating support if they are able to manage independently, e.g. they might just need a visit once a week for an hour or so, just to make sure they are ok....a lighter touch approach, which then might eventually taper off also. There are slightly different reporting arrangements, but to a large degree it's the same staff, so there would generally be continuity. And if they hit a crisis further down the line, we could step them back up again fairly flexibly'.

A2 Dominion: Spelthorne Borough Council

A2 Dominion has recently been commissioned by Spelthorne Borough Council to develop a small Housing First service. The Housing First worker describes a vision – very much shared with commissioners - to build a wider team of support services in which to sustain engagement and inclusion, and target people preventatively too. Commissioners have recently funded a suite of 5 small projects which will sit together with Housing First within an Inclusion Team. The other services for which they have recently agreed funding include: a 50+ worker, a 18-30 worker, a debt recovery advice service, and telephone-based wellbeing and counselling service.

"So there will be, not only that step-up/ step-down, but we will be able to cross-work as well, there will be some sharing of skills and some team coordination to work out how best to support each individual at each stage – because it can be very intense when there are only one or two Housing First workers.... as a team, I can bring my colleagues along to meet my clients, so they can provide additional support at busy times, but also so they can do specialist pieces of work, and so the clients get used to interacting with more different people".

5.3 Finding good practice in other countries

The research on Housing First is extensive, indeed it is currently being published at a rate that is difficult to keep track of. In the early 2000s, a handful of papers and reports were being published on Housing First each year. In 2015, two Finnish researchers selectively reviewed over 180 publications that had been written between 1990 and 2014[78] on Housing First, while Google Scholar reports some 1,840 results containing the phrase "Housing First" in their title and/or abstract that were published in 2020.[79]

Much of this literature is concerned with how to introduce and/or expand Housing First services, reporting on what is most effective in terms of the outcomes for people using Housing First and, for governments, what is most cost effective. Discussion of fidelity, i.e. what is and what is not Housing First, features heavily in some of this literature, including how and to what extent it is possible to transfer a North American model to European – and British – contexts.[80]

The literature, for all the reasons described above, is not replete with examples of how to manage changing support needs in Housing First services. However, this does not mean there is not something to learn from European, North American and wider international experience. There are three main lessons that it is important to highlight:

- Housing First is not - and was never intended to be – an 'answer' to homelessness, both in the sense that is has a specific role, around long-term and repeated homelessness and for people experiencing homelessness who have high and complex needs and, crucially, because Housing First *has limits*. Thinking about changing support and how to manage that process *is vital* to an effective implementation of Housing First.
- Housing First is not in a fixed form, it is *evolving* both in the UK and in the wider European context, where differences in culture, administration, strategy, social housing and social protection necessitate change in how Housing First works. Beyond this, specialist forms of Housing First, notably services focused on women experiencing homelessness who have high and complex needs and on young people with complex needs, are emerging, which means practice around how to manage different patterns of need.
- Truly effective homelessness strategies use Housing First (or similar services) within an integrated, coordinated interlaced network of prevention, low intensity housing-led services and a range of fixed-site supported housing, social housing provision and emergency accommodation. Housing First is most effective when it is *embedded within a network of other services*. Importantly, being situated in such a networked, coordinated homelessness system run by a clear strategy *enables better management of changing support needs*.

The international evidence shows Housing First works extremely well in ending homelessness among people with complex needs.[81] Outcomes are not perfect, between three and one out of every ten people that Housing First services works with do not sustain their housing for more than one

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[78] Raitakari, S. and Juhila, K. (2015) Housing First literature: different orientations and political-practical arguments. *European Journal of Homelessness* 9(1), pp. 145-189.

[79] https://scholar.google.co.uk/

[80] Greenwood, R.M., Bernad, R., Aubry, T. and Agha, A. (2018) A study of programme fidelity in European and North American Housing First programmes: Findings, adaptations, and future directions. *European Journal of Homelessness*, 12(3), pp.275-298.

[81] Aubry, T. (2020) op. cit.

year, but the range is towards the lower end of that, so it is reasonable to say that retention rates, i.e. housing sustainment for one year, are typically around 80% for Housing First services, whether they are in Dublin, London or Lisbon.[82] Nevertheless, there are people for whom Housing First does not work out, sometimes in relation to whether or not Housing First suits them, sometimes because some Housing First services are less tolerant and persistent than they should be, and sometimes because underlying needs are not being adequately addressed.

Gains in mental health, around addiction, physical health and social integration have been consistently reported, but as reviews of the international evidence base have been pointing out for some time[83], the success in ending homelessness is not always mirrored in relation to meeting other needs and there are failures. The Canadian randomised control trial evaluation of the national pilot programme, *At Home/Chez Soi* reported positive outcomes in around 60% of cases, mixed results in around 25% and negative outcomes in 15%.[84] A similarly robust research programme, the French *Un chez-soi d'abord* pilot, reported an 85% success rate in sustaining housing for two years, alongside reduced use of mental health services.[85] Again, this shows considerable success, but indicates a need to be able to refer out and refer on, fully reflecting the choices and preferences of each person using Housing First, for around 15% in both programmes, for whom Housing First did not work out.

Other concerns have arisen, which means that support may need to be modified, altered or extended. There are mixed results around social integration with communities in which people using Housing First are living and in relation to building up sustainable emotional supports.[86] Part of the management of changing needs may be that once, for example, the core challenges around health and housing stability have been met, Housing First may need to either reach out to other services or, again, work coproductively with someone towards different forms of support from different services, emphasising social integration.

Housing First is changing. The UK has been amongst the earliest experimenters of Housing First services for women with high and complex needs, with the evidence showing that Housing First has to be attuned to the trauma and often ongoing threat of gendered abuse at a level that simply does not occur with homeless men with complex needs. Effective support and, hence, effective management of changing support needs has to be approached through this lens, as women's experience of sustained and recurrent homelessness very often intersects with domestic abuse.[87] Housing First for youth is also encountering different patterns of need, including working with people whose mental and physical health can be regenerated and whose chances of social integration may

[82] Pleace, N. (2018) op. cit.

[83] Aubry, T. (2020) op. cit.; Johnson, G., Parkinson, S. and Parsell, C. (2012) *Policy Shift or Program Drift? Implementing Housing First in Australia*. AHURI Final Report No. 184. Melbourne: Australian Housing and Urban Research Institute. 68.

[84] Aubry, T. (2020); Nelson, G., Patterson, M., Kirst, M. et al (2015) Life changes among homeless persons with mental illness: A longitudinal study of housing first and usual treatment. *Psychiatric Services*, 66(6), pp.592-597.

[85] Délégation interministérielle pour l'hébergement et l'accès au logement (2017) *Retour sur 6 années d'expérimentation* Paris: DIHAL.

[86] Quilgars, D. and Pleace, N. (2016) Housing First and Social Integration: A Realistic Aim? Social Inclusion 4.4, DOI: 10.17645/si.v4i4.672; Nelson, G., Patterson, M., Kirst, M. et al (2015) Life changes among homeless persons with mental illness: A longitudinal study of housing first and usual treatment. *Psychiatric Services*, 66(6), pp.592-597.

[87] Bretherton, J. and Mayock, P. (2021) *Women's homelessness: European evidence review* Brussels: FEANTSA.

be greater than for someone whose wellbeing may be permanently limited by many years of experiencing homelessness.[88]

Finally there is the evidence from Nordic countries and their implementation of Housing First approaches. As has been noted elsewhere, Finland and Norway have developed their own 'Housing First' integrated homelessness strategies that have similarities with, but certainly are not derived from, the North American idea of Housing First.[89] Denmark and Sweden[90] have, by contrast, drawn on North American ideas and implemented versions of Housing First, Denmark within another example of an integrated national homelessness strategy and Sweden largely through local initiatives, reflecting both what has happened in England and in some other countries like Italy[91] and Spain.[92]

Finland has become the global standard by which homelessness strategies are judged.[93] A combination of dedicated new social housing building programme targeted on people experiencing homelessness, extensive prevention and a mix of intensive, housing-led services (including some like American versions of Housing First), fixed site supported housing and lower intensity, housing-led/floating support has seen homelessness fall to very low levels. There has been particular success in ending long-term homelessness among people with high and complex support needs, using a housing-led, which the Finns term 'Housing First' approach across the whole national strategy. Every element of service provision is centred on people having their own, ordinary, housing, the most complete shift away from a 'housing-ready' approach to a housing-led strategy, sharing much with Housing First in emphasising housing as a human right, choice, control and co-production and harm reduction. Finland is not unique, Danish and Norwegian policies have shared features and similarly low levels of long-term homelessness. In all these cases, Housing First is fully integrated into a coordinated strategy and in terms of the effective management of changing support needs, that is the crucial point.[94]

Danish Housing First can refer up or down, with someone's consent and input, at will, because there are an array of housing-led lower intensity, supported housing and more intensive, fixed site services available. While Danish systems are not perfect[95], there is no question around what to do with someone in the way that can exist when Housing First is in a service desert, the 'hollowed out' environments in which only Housing First and emergency shelters exist. Danish Housing First exists within a network, and through that network it can manage changing support needs. Danish practice in relation to high and complex needs is interesting, as Denmark employs both time-limited Critical

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[88] Gaetz, S., Kimura, L. and Ward, A. (2018) Better measurement, better outcomes: Housing first for youth in Canada. *Parity*, 31(10), pp.46-47; Blood, I., Alden, S., and Quilgars, D. (2020) *Rock Trust Housing First for Youth Pilot: Evaluation Report* Housing First Europe Hub/Rock Trust.

[89] Allen, M. *et al* (2020) op. cit.; HOUSING FIRST Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland* Helsinki: HOUSING FIRST Foundation; Dyb, E. (2017) op.cit.

[90] Benjaminsen, L. and Knutagård, M. (2016) Homelessness research and policy development: examples from the Nordic countries *European Journal of Homelessness* 10(3), pp. 45-66.

[91] Lancione, M., Stefanizzi, A. and Gaboardi, M. (2018) op. cit.

[92] Bernad, R., Yuncal, R. and Panadero, S. (2016) Introducing the housing first model in Spain: first results of the habitat Programme *European Journal of Homelessness* 10(1) pp.53-82.

[93] Allen, M. *et al* (2020) op. cit.; Pleace, N.; Culhane, D.P.; Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment

[94] Pleace, N. (2018) op. cit.

[95] Benjaminsen, L. (2018) Housing first in Denmark: An analysis of the coverage rate among homeless people and types of shelter users. *Social Inclusion*, 6(3), pp.327-336.

Time Intervention (CTI) services, which are designed to manage a transition for high to medium/low support needs through shifting service use, very high end Housing First (ACT only), ICM Housing First and the skaeve huse model, a form of small intensive sheltered housing for people with experience of homelessness with very high support needs.[96] Not only there options around what to do when support needs change, but there is a multiplicity of options, for example potentially more than one way to react when someone's support needs increase.

Finnish systems have that same ability to cross-refer as needed. Services similar to Housing First are never operating in a situation where there is no obvious option, or indeed a range of options that might be explored when someone's support needs change. Preventative systems can refer someone at risk of potentially long-term and recurrent homelessness because of complex needs to the equivalent of a Housing First service before homelessness has occurred. Those equivalent services also have the option to refer to lower intensity services, including housing-led services, to refer up to more intensive services in various forms, including fixed-site congregate services and specialist provision, e.g. for former offenders or other people with specific needs. As the equivalent services to Housing First are networked, the question of how to manage changing support needs does not exist in the way it does in England, because these services are integrated into an array of support services, social housing and joint working that is designed to be able to react to changing needs.[97]

Ultimately the challenge of managing changing support needs in Housing First is created by contexts in which those services are operating in isolation. This isolation can stem from being in a service desert, i.e. when only Housing First and emergency shelter is funded, without sufficient financial or political commitment to build an integrated strategy. Housing First can also, as has been found outside the UK, fall over in contexts where there is a deep and sustained shortage of affordable, adequate housing supply. The UK also tends to finance Housing First on a uniquely precarious basis, which can mean that effective management of changing support needs does not happen because services experience funding sunsets and disappear before they can become properly integrated with other homelessness services, or fully meet the needs of the people they are working with.[98] Housing First has also often been developed on a small scale, there is no equivalent of the national programme in France in the UK, for example, despite Scottish efforts to build a more integrated approach[99] and again, this means that it can have limited capacity to integrate and work with other services.

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[96] Allen, M. *et al* (2020) op. cit. Meert, HOUSING FIRST. (2005) *Denmark 2005: Preventing and Tackling Homelessness: Synthesis Report*. Brussels: European Commission.
[97] Allen, M. *et al* (2020) op. cit.
[98] Blood, I. *et al* (2020) op. cit.; Blood, I. *et al.* (2018) *Implementing Housing First across England, Scotland and Wales* London: Crisis/Homeless Link.
[99] https://homelessnetwork.scot/housing-first/

5.4 Conclusions

It is clear that Housing First does not and should not operate as an island. The rate and success transitions out of or through Housing First support is dependent on many variables within the local and national commissioning environment.

The study highlights the extent to which the functioning of the systems surrounding Housing First services impact on their ability to hold on and to let go in a way that is genuinely person-led not service-led. For example, where access to housing is slow, we heard how this can delay referrals into Housing First services, meaning that caseloads are smaller and there may be less impetus to review current cases. Where services have had limited access to social housing and have had to rely more on the private rented sector, they reported that it can be harder to reduce or withdraw Housing First support because of the precarity of tenure and, in many cases, a lack of empathetic or appropriately skilled housing management on the part of private landlords.

Our findings have highlighted how, where adult social care, mental health, health, drug and alcohol, and criminal justice services are over-stretched and inflexible in their response to multiple needs, intensive advocacy is required to connect people up to services. This is not a one-off activity: where staff turnover, time limited interventions, case closures and organisational change are commonplace in health, social care and criminal justice, intensive case management is an ongoing process. Housing First workers need to ensure individuals who are at high risk of multiple exclusion *stay* connected.

If housing with care models, and residential, domiciliary and palliative care are accessible to and appropriate for people with histories of trauma and/or current alcohol, drug use or mental ill-health, Housing First customers who have or develop care needs can be supported to remain in their own homes or to move on to settings with higher levels of care provision. Where this is not the case, Housing First staff may need to provide intensive or ongoing advocacy, or directly provide care and support that should fall under the Care Act 2014.

The study also highlights how the funding and commissioning of Housing First, and its place within wider homelessness and multiple needs strategies shapes the extent to which its customers are transitioned out of Housing First support. At the most extreme end of this, we have seen how funding sunsets can force system-led case closures, or changes in workers due to re-tendering. Even where funding does not actually end, the uncertainty of short-term funding makes it difficult to deliver honest reassurances to customers that flexible support will be available for as long as is needed. Ironically, the continuous 'wing and a prayer' mentality in relation to homelessness funding does not help commissioners and providers to plan for sustainability and transitions: the focus has been on setting up new projects, expanding existing ones and hoping that the funding will fall into place, rather than operationalising the next phase of Housing First development. There is a clear recommendation here for central government regarding the need for long-term funding of services for individuals with long-term needs.

Where Housing First is targeted at those with the longest histories of homelessness, it follows that its customer base will be older, with high and increasing health and care needs. If 'throughput' is a priority for commissioners, then it is worth noting that 'graduation' from Housing First seems to be more likely where customers are younger and the intervention is offered more preventatively (e.g. for care leavers with complex needs). Where the primary strategic objective of a Housing First

service is to reduce rough sleeping, there may be more pressure to increase 'throughput' once people are housed. We spoke to commissioners who clearly understand the Housing First model, yet are pulled between the need to continue investing in the same group of customers with the need to offer interventions to people with complex needs who continue to sleep rough.

It makes sense for tenancy sustainment to be the primary way in which the success of a Housing First service is judged; otherwise there is a risk that we end up pushing people to reduce their drug intake or get into employment in a way that becomes counter-productive or re-introduces conditionality within the housing offer. However, the study has demonstrated how the rigid application of performance indicators to set up and sustain tenancies may have the perverse impact of under-valuing the vital work which Housing First services do to create positive pathways into other types of accommodation and support.

5.5 Recommendations

Longer-term funding from integrated budgets

There is a clear need for some form of ongoing support for the majority of Housing First customers, especially where those with the longest histories of homelessness and the highest, most complex needs have been targeted for the intervention. It is not sustainable to fund ongoing intensive case management for this cohort from short-term homelessness funding which targets rough sleepers. Longer term funding is needed, and should ideally come from an integrated budget bringing together health, public health, social care and criminal justice, located within a multiple disadvantage/ trauma strategy which aligns with the local homelessness prevention strategy. Effective multi-agency ownership can create routes into Housing First for those who need it but are not currently or visibly rough sleeping, and for those at an earlier stage in a multiple disadvantage journey. It can also reduce the risk of people being referred to Housing First who need access to housing, but do not need intensive support.

Performance measurement and language

The findings of the study have thrown up debates and ambiguities around the language we use to describe 'transitions' in Housing First and around what 'success' looks like. It feels important for Housing First to develop different language and performance indicators from traditional services. For example, although 'move-on' is used by some Housing First services, researchers and stakeholders at our workshop felt there are risks of using this 'staircase'-style terminology, including people conflating moving on from support with moving on from the property. It feels important that services reflect and coproduce – with customers, commissioners and other stakeholders – the right language to use and the best way to ensure continuous improvement in services, avoiding the rigid application of Key Performance Indicators which may even have a perverse impact.

Delivering an 'elastic' service

If Housing First is to deliver the 'elastic' service which is needed and valued by its customers, it must be commissioned and planned in the right way. Preserving upper limits on caseload size and regularly reviewing these is critical. It may also be a good idea to move beyond commissioning for a number of Housing First 'units' to commissioning for a whole cohort of people with multiple and complex needs, recognising that the support needs of people will fluctuate and that at any given time some will be in prison, in hospital, some will require only light touch support, others will be in crisis. Rather than model on the basis of an individual's support needs tapering over time, this approach might consider what proportion of this cohort might be in these different phases – and what support they might need – at any given time. This is likely to require dialogue between commissioners, Housing First and other service providers, and people who use services.

Strengthen the local offer

The study has demonstrated the importance of embedding Housing First in a network of local services and other sources of support. This can help to create diverse pathways out of Housing First support – or running alongside it – both for individuals who can and want to build 'recovery capital', and for those who have high care needs. 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[100].
- Community-based resources which allow people to drop-in, access peer and community support and connect with others who have shared interests.
- Housing advocacy, advice and tenancy sustainment support.

Practice development

The study has highlighted the skilled and nuanced nature of high fidelity Housing First practice, and the emotional intelligence and labour required by its workforce. Workers and managers are constantly balancing risks, rights and safeguarding; working outside of traditional boundaries; whilst trying to advocate and educate within wider systems. The need for trauma-informed practice development is well-established; however, the study has also highlighted the importance of learning and development in relation to strengths-based practice, positive risk, and – particularly in relation to preparing people for transitions, attachment-informed practice and support around end-of-life. Frontline workers and commissioners also emphasised the importance of increased education in relation to trauma and its impact for those working in wider systems – health, police, adult social care. This is a longer term vision, but one which is essential if we are to work towards a *whole system* view of 'flexible support for as long as it is needed' for those who have experienced multiple exclusion and trauma.

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[100] See https://www.criticaltime.org/cti-model/ for an overview

5.6 Appendix 1: Case studies sites and how they were sampled

We developed the following sampling criteria in partnership with Homeless Link in advance of identifying case study sites for the study. Note that, in the following table:

- Essential features are the minimum requirements for each of our fieldwork sites;
- Diverse mix features are the features of projects of which wanted to capture a purposive mix or include at least one example of.
- Themes correspond to and provide the rational for the diverse mix features.

Essential features	Diverse mix features	Themes
High fidelity (based on knowledge/ reputation/ evaluations)	Mix of North – South geography	How does the level and nature of community assets/ networks/ other relevant services in the locality impact?
Length of time in operation (minimum of 2 years, ideally >3 years)	Mix of larger connurbations and cities/ towns with varying population sizes	
Has had examples of people who have 'moved on' for a range of reasons	At least one which is women-specific (or contains a women-specific sub-project/ worker), alongside other mixed projects	There is already evidence that women tend to have different types of networks/ require different types of support: how does gender affect decison-making, experiences and outcomes in relation to reducing, changing or ending support?
Willing and able to engage with the research	Mix of funding arrangements: LA/ other statutory and charitable	How does the degree of precarity v stability, and length of committed funding impact on this aspect of practice?
	Mix of small/ medium/ large providers	How does size impact on the resources available internally which can be drawn on to provide alternative support? How does size impact on the project's flexibility/ agility, and how in turn does this affect this aspect of practice?
A dedicated Housing First project manager		How do managers facilitate this aspect of practice/ policy?

Our selected fieldwork sites are shown in the table below, along with their key characteristics:

Name of project	Year launched	North/ South	Urban/ less urban	Women-specific?	Funding	Provider size	Housing source
Bradford MBC/ The Bridge Project	2018	North	Urban	No	Local authority	The Bridge Project	PRS accessed via Housing Options/ Landlord Liaison and increasingly some RPs
Brighter Futures Stoke	2018	Midlands	Urban	Women's worker	Charity	Medium provider	Mixed tenure procured by service
Jigsaw (previously Threshold) East Manchester	2013	North West	Urban	Previously women-specific, now mixed	Mix: DLUHC pilot/ local authority (ex charity)	Began as small project; but now merged with larger landlord group and expanded through DLUHC pilot	Jigsaw is a large group RP
LB Camden/ St Mungo's	2010	South (London)	Urban	No	Local authority	Large provider	Previously mostly PRS in outer boroughs, but increasingly in-borough LA/ RP
Two Saints, West Berkshire	2019	South	Less urban	No	Local authority/ RSI	Small project, but part of medium-large organisation	Partnership with RP (Sovereign)

5.7 Appendix 2: Further projects and stakeholders involved

Our round of follow-up interviews (in which we interviewed just one representative – usually the manager – of the service, to further understand relevant policy and practice) included:

A2 Dominion/ Spelthorne BC
Bench Outreach
Blackpool Housing First
Home Group/ Newcastle CC
Inspiring Change Manchester (Shelter)
SHP (Project Kali and Housing First East London)
SHP/ FLIC (Fulfilling Lives Islington & Camden)
Solace Women's Aid
St Pauls

In addition to the research team and representatives from Homeless Link, the stakeholder event on 4th October was attended by:

John Robinson, The Bridge Project
Ursula Ralph, Jigsaw
Andy Kirk, Bradford MBC
Sarah Johnsen, Heriot-Watt University
Brian Matthews, Camden
Minaxi Patel, Camden
Amanda Bloxsome, Liverpool
Victoria Kell, Liverpool CRCA
Richard Lloyd, ICF
Esme Davies, GM Pilot

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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