



Dacorum Borough Council

Scoping Housing First

March 2018

Christine Spooner
Homeless Link Associate

Contact us

Homeless Link
Minories House
2 – 5 Minories
London
EC3N 1BJ
020 7840 4430
www.homelesslink.org.uk

Wendy Green
Homeless Link Consultancy Manager
wendy.green@homelesslink.org.uk
020 7840 4481

Contents

| | Page |
|---|------|
| 1. Introduction | 3 |
| 2. What is Housing First? | 3 |
| 3. Housing First: background and original model | 4 |
| 4. Housing First: the UK context | 4 |
| 5. Housing First: summary of models currently in place across England | 6 |
| 6. Evaluation of Housing First | 6 |
| 7. The local Dacorum context | 9 |
| 8. Current services and resources in Hemel Hempstead | 12 |
| 9. The commissioning landscape | 15 |
| 10. Issues to be considered in the view of people contacted | 16 |
| 11. Two models for Dacorum | 16 |
| 12. Conclusion | 23 |

Appx 1: Models of Housing First in England

Appx 2: Case Studies and Examples

Appx 3: Quotes from Service Users and Providers

Appx 4: Further reading and resources

Appx 5: Thanks to contributors

Scoping Housing First

Housing First as a suitable model for Dacorum

1. Introduction

In its Homelessness Strategy 2016-2020, 'Preventing and Tackling Homelessness', Dacorum Borough Council (DBC) has made a commitment to 'Develop a Housing First model to support people with complex needs experiencing homelessness into accommodation'. To inform the way it takes forward this commitment, the Council has commissioned Homeless Link to explore Housing First and carry out a local scoping exercise.

This study will define Housing First, looking at the background to its development and summarising the models being delivered in England. The study will also summarise any evaluations that are available, evidencing the effectiveness and identifying the specific circumstances of the models evaluated, including any limitations. In addition, the study will identify who typically benefits from each type of model, and whether the models are led by clients' needs or by the resources available.

Based on the local Dacorum context, two of the above models will be identified as being most appropriate and will be considered in more detail, with a view to delivery in Hemel Hempstead, where need is highest and where services are centred.

2. What is Housing First?

Housing First is an approach by which people with multiple needs who have faced persistent challenges in sustaining accommodation are supported by intensive case management and a personalised approach to live in their own, permanent home. A growing body of evidence demonstrates that those with histories of repeat or entrenched homelessness who may have a range of needs in the areas of mental health, drug and alcohol dependency, criminal justice, physical health and domestic violence and abuse can benefit. Data which is emerging from all countries suggests that 70-90% of Housing First service users do sustain their tenancies.¹

At the core of the psychology of Housing First is Maslow's 'Hierarchy of Needs'. By supporting client's needs in the areas of physiology, safety, belonging and esteem, he/she will be enabled to self-actualise. In addition, it draws on Attachment Theory, and provides a context for a long-term relationship based on trust in which the client can recover from childhood experiences which link to their experience of developing multiple needs (¹, above)

Traditionally, homelessness services have taken a 'treatment first' approach to housing, where a person is required to address his/her issues before they can be housed. This traditional pathway from the street or repeat homelessness to a settled life involves structured moves through stages, adhering to rules, with housing at the end.

¹ (2017) Housing First: Guidance for Commissioners, Homeless Link
<https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Commissioners.pdf>

In the UK, floating support and personalised approaches are used successfully to help people navigate ‘the system’ yet people with multiple needs still tend to slip through the gaps. Services may find it difficult to engage with them; services may have rules that they have to follow in order to have a roof over their head. People with needs in many areas may find it difficult to follow those rules; they may not be able to engage with services effectively, or at all. Their needs remain unmet and with no housing stability they are unable to break the cycle. Housing First offers them stability in one area of their lives and can demonstrate positive outcomes for people for whom services have not worked.

In a Housing First service, the service user only has to be willing to keep a tenancy; other than that, he/she needs to make no commitment to seek to address their other needs or to engage with other services.

The support is ongoing and long term; if a tenancy does end, and for whatever reason, the support continues to enable the client to sustain new accommodation. Housing First has also been used to prevent homelessness in cases where someone has repeat prison or hospital admissions and subsequent frequent discharges.

3. Housing First: background and original model

Housing First has its origins in New York in the 1990s, when ‘Pathways to Housing’ delivered a new approach for people who were chronically homeless and had severe and enduring mental health needs. Pioneered by psychiatrist Sam Tsemberis, and with core principles that everyone has a right to a home at its heart, the approach demonstrated positive outcomes for clients and the building of an evidence base. The approach spread widely across the United States and Canada and then into Australia and Europe, where Housing First is supported and promoted by FEANTSA (European Federation of National Organisations Working with the Homeless). FEANTSA has produced a Housing First Guide for Europe² and has been key in establishing a Housing First Europe hub.

As international evidence indicates that Housing First does reduce long-term homelessness and recurrent rough sleeping for people with high support needs³, Housing First is also gaining momentum in the UK.

4. Housing First: the UK context

Currently, there is a strategic landscape which is supportive of Housing First. In November 2017, the Government declared its intention to halve rough sleeping by 2022 and to eliminate it by 2027. To this end, it has set up a Rough Sleeping Advisory Panel comprising of key names with expertise and interest in the field. It is significant that Peter Fredriksson, a homelessness advisor to the Finnish government, which has carried out a successful Housing First approach (see below) is included in this panel.

² (2016) <https://housingfirstguide.eu/website/>

³ (2015), Bretherton, J & Pleace, N, Housing First in England, Centre for Housing Policy, University of York.

In addition, the Government has pledged £28 million to fund Housing First pilots for people who are entrenched rough sleepers in the West Midlands, Greater Manchester and Liverpool.⁴

Interest in Housing First in the UK is, however, long-standing and early projects drawing on the model were included in a 2008 Shelter briefing paper⁵ which highlighted the need for national evidence on the effectiveness of Housing First. In 2010, research for Crisis by University of York⁶ called for further research into the effectiveness of the range of approaches for homeless people whose support needs were complex. The researchers referred to the development of new projects drawing on 'Housing First-ness', which were being outnumbered by specialist housing projects for the same group set up along transitional lines.

A Housing First project was set up in Glasgow in 2008, in Camden in 2010 and in 2012, nine Housing First pilots were established in England under Homeless Link's 'Homelessness Transition Fund'. In 2013 an Anglesey project was established which later led to Housing First being recommended in Welsh Government guidance. Homeless Link has received funding for three years from Comic Relief and Lankelly Chase for 'Housing First England', a project to promote, support and research Housing First, and the first project under this scheme was established in 2016. New Housing First projects have been established in every region, and more are being developed.

Homeless Link has built on principles defined by Tsemberis in the original schemes and in the FEANTSA guidance for Europe to develop a set of principles which underpin Housing First being delivered in this country:

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

and recommends that these core principles are used as the foundation for establishing Housing First to achieve the best outcomes.

Housing First England's Guidance for Commissioners¹, above, cites concerns expressed by Pleace and Bretherton (2102, 2015) that if services don't adhere to the core philosophy there is a high risk of/that:

- A likelihood of reduced effectiveness and positive outcomes for individuals
- Failure due to low fidelity

⁴ <https://www.gov.uk/government/news/government-to-lead-national-effort-to-end-rough-sleeping>

⁵ (2008) http://england.shelter.org.uk/_data/assets/pdf_file/0008/145853/GP_Briefing_Housing_First.pdf

⁶ (2010) Staircases, Elevators and Cycles of Change: Housing First and other Housing Models for Homeless People with Complex Support needs, University of York, Crisis
https://www.crisis.org.uk/media/20498/staircases_elevators_and_cycles_of_change_es2010.pdf

- may bring the model into question
- The approach cannot be implemented strategically, or in policy, if it is unclear what it is.

Amidst this growth, there are many projects which are badged as ‘Housing First’ which are not ‘Housing First’. They may be innovative and modernised supported housing models and they may be very effective in what they are trying to do for their target group. Range and diversity is needed in the sector as part of the spectrum of support that vulnerable adults need – but if they don’t adhere to all the principles of Housing First, then they are not Housing First.

5. Housing First: summary of models currently in place across England

In the US, and where there is a limited welfare state, the main delivery model is one of *Assertive Community Treatment (ACT)*, delivered by a multi-disciplinary team. There are a small number of UK examples, such as the one delivered by Turning Point in Glasgow (where an Occupational Therapist is part of the team).⁷

In England, so far the majority of Housing First services follow an *Intensive Case Management (ICM)* approach, with the Housing First team taking on a navigational role, supporting and enabling clients to access the other services they need – when the clients feel they are ready to do so – and this scoping study is focused on the ICM approach as being the most appropriate for Dacorum.

Housing First, based on a set of core principles yet growing and evolving out of individual circumstances, has a range of different models with many different elements. These have been summarised in tables in *Appx 1*, whilst *Appx 2* illuminates different aspects of the models with a range of case studies and examples.

6. Evaluation of Housing First

6.1. In 2015, Homeless Link’s Policy and Research Team explored the research and evidence base for Housing First in ‘Housing First’ or ‘Housing Led’?⁸

6.2. Amongst its conclusions were that Housing First has a lot to offer but critical thinking and research are necessary, as is holding on to the original Pathways ethos, and considering structural and cultural constraints when transferring it from one locality to another. Whilst there have been outstanding outcomes in terms of housing sustainability results in terms of recovery and social integration have been less promising.

In terms of target client groups, rough sleepers and people with multiple and complex needs are by far the largest. Also listed were women and young people aged 16-24, and ‘Other’.

⁷ (2013), Johnson, S Turning Point Scotland’s Housing First Project Evaluation, Turning Point Scotland & Heriot Watt University <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

⁸ (2015), Homeless Link, ‘Housing First’ or ‘Housing Led’: The current picture of Housing First in England

Importantly, this paper identifies some of the barriers reported in establishing Housing First which may be helpful to consider when setting up a service:

| Barriers to setting up a Housing First Service | |
|--|-----|
| Securing buy-in from commissioners | 10% |
| Securing buy-in from local providers | 20% |
| Securing funding | 27% |
| Securing suitable properties/accommodation | 46% |
| Agreeing referral routes/access to the Housing First properties | 14% |
| Developing a Housing First model which is appropriate for the local area and existing commissioning arrangements | 20% |
| Involving appropriate partner agencies in providing wrap-around support | 10% |
| Lack of appropriate method to evaluate outcomes of the model | 12% |
| Other | 17% |

Fig 1: Source: Online Housing First survey, Homeless Link (59/61 respondents)¹⁰, above

- 6.3.** A 2015 evaluation, Housing First in England³, above, evaluated the nine Housing First services established under the Homelessness Transition Fund. The evaluation was carried out in 2014, and most services had been running for less than 3 years, some even less.

There were 143 service users across the nine services, and anonymised outcomes data was collected from 60 (42%) who reported that they had been homeless for an estimated 14 years. Of the total 143, 27% were women. Services filled in outcomes data templates for health, well-being, housing sustainment and social integration for every service user and focus groups were carried out with staff.

All projects had taken a case-management approach and all targeted those with ‘sustained and recurrent experience of homelessness who also had high and complex support needs’² above (p19). The two main groups housed included:

- those with sustained/repeat histories of living rough and
- those who had not been successfully rehoused following significant/repeated time in homelessness services.

All nine services operated in ways which were consistent with personalisation. Service users had maximum choice and control over the services they needed and they all took a strength/asset-based approach.

There was clear evidence of housing sustainment (see table). Across 5 services there was evidence of sustainment at 74% - and taking out one service, which had staged housing, was deemed not Housing First, the percentage across the other 8 was 83%.

In addition to concluding that Housing First is very effective in ending of long-term homelessness, other findings included:

- Improvements in mental and physical health
- Some evidence of reductions in use of drugs and alcohol though in-depth interviews showed an uneven pattern
- Positive evidence re neighbourhood social integration and rebuilding family links
- A reduction in anti-social behaviour

Though the above gains were not uniform and there was some possibility that mental and physical health deteriorated, it was conclusive, however, that there was no evidence of increases in drug or alcohol use or anti-social behaviour.

One service, delivered by Stonepillow in West Sussex, began with an initial stay in temporary accommodation in a shared house and required clients to move to go into a second stage was deemed not Housing First but a 'hybrid model'. Once in their long-term accommodation, the service did resemble Housing First, though it differed in one respect. None of the services required engagement with services other than the Housing First team except Stonepillow, which, though aligned with the others in its harm-minimisation approach to drugs and alcohol, did require acceptance of treatment for mental health problems.

Costs

Where international models of Housing First could have high initial capital costs (purpose-build housing/conversion etc – eg, Finland delivers on-site support in dedicated buildings), none of the England projects had high set up costs as they mostly used regular mechanisms for rented housing.

Services were calculated as costing between £26-£40 per hour.

Timescales

Timescales to house someone in a housing first property were wide ranging from 6 weeks (1), 12 weeks (2) to 24 weeks (5). Stonepillow was longer but was removed because, using interim temporary accommodation, it didn't fit the Housing First model.

- 6.4.** Evaluation of Housing First in this country is in its early stages and as yet there has been no long term evaluative work. Homeless Link is carrying out research into Housing First, exploring three elements. Currently, research is being undertaken into: i) understanding Housing First, focussing on: where funding comes from, the kind of accommodation used and organisational support and ii) the future funding of Housing First. Towards the end of 2018 they will begin looking into iii) the economic impact of Housing First. Reports from elements i) and ii) should be published in the spring of this year.

7. The local Dacorum context

This section has been based on desktop research and interviews with a range of key people from local agencies [Appx 3] in an attempt to understand the issues around people with multiple needs in Dacorum, especially in Hemel Hempstead and explore what might be possible.

7.1. Relevant Local Strategies

***Dacorum Borough Council Homelessness Strategy 2016-2020: 'Preventing and Tackling Homelessness'*⁹**

As stated in the Introduction, DBC has made a commitment to 'Develop a Housing First model to support people with complex needs experiencing homelessness into accommodation'.

Joint Strategic Needs Assessments (JSNA)¹⁰ and Health and Wellbeing Strategy¹¹

Hertfordshire's Homelessness JSNA last reviewed in 2016, covers needs in a range of areas and examines the health and wellbeing needs of people who are homeless and/or rough sleeping as well as families in temporary accommodation. The JSNA aims to improve health outcomes by improving access to primary health care, improving A&E and hospital discharge policies for homeless people, improving substance misuse treatment for homeless people and improving mental health treatment for homeless people.

⁹ (2016) Dacorum Borough Council Homelessness Strategy 2016-2020: 'Preventing and Tackling Homelessness'
<https://www.dacorum.gov.uk/docs/default-source/housing/homelessness-strategy-2016-review---final.pdf?sfvrsn=4>

¹⁰ <https://www.hertfordshire.gov.uk/microsites/jsna/hertfordshires-joint-strategic-needs-assessment.aspx>

¹¹ <https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/partnerships/hertfordshire-health-and-wellbeing-strategy-2016-%E2%80%932020.pdf>

The Alcohol Harm and Drug Misuse JSNA highlights the levels and impact of alcohol harm and drug misuse.

The Health and Wellbeing Strategy 2016-2020 includes seeking to:

- strive to address the wider causes of poor mental health and support those who are experiencing mental health problems to recover or manage their condition.
- tackle homelessness and housing issues and their underlying causes
- reduce the harm caused to health by smoking, alcohol and drug use among working age adults.

7.2. Rough Sleeping and Multiple Needs in Dacorum

Dacorum has always had rough sleepers but numbers are not particularly high. The Ministry of Housing, Communities and Local Government’s (MHCLG, formerly Department of Communities and Local Government, DCLG) Annual Evaluation of Rough Sleeping gives a snapshot of numbers on a single, typical autumn night.¹²

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|------|------|------|------|------|------|------|------|
| 7 | 4 | 7 | 9 | 7 | 4 | 6 | 7 |

Fig 2: MHCLG Rough Sleeping Statistics for Dacorum, 2010-2017

For 2017, the profile was 6 men and 1 woman, all UK nationals and all over 25. In speaking to a local service, 4 people of the 11-12 they knew to rough sleep in the Hemel Hempstead area would be considered to have multiple needs, and this was in line with DBC’s view that there were 4-5 people on the street who were not engaging with services. In addition, there are reportedly street sex workers with multiple needs.

DBC wishes to explore Housing First for a larger group than rough sleepers, to include those who are repeatedly homeless and who are caught in the ‘revolving door’.

Data provided by DENS, the provider of homelessness services in Dacorum, shows that 40 residents using their hostel services at The Elms between 2015-17 were deemed as having high needs. Of those, 4 were still at the Elms when the data was collected.

| | Total number with ‘High’ needs | Number with ‘High’ needs no longer at the | Number leaving without a successful | %age of ‘High needs’ people no longer at the |
|--|--------------------------------|---|-------------------------------------|--|
| | | | | |

¹² (2018) Rough Sleeping in England 2017, [Ministry of Housing, Communities & Local Government](https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017)
<https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

| | accessing The Elms | Elms | outcome | Elms leaving without a successful outcome |
|--------|--------------------|------|---------|---|
| Male | 28 | 25 | 7 | 28% |
| Female | 12 | 11 | 3 | 27% |
| | 40 | 36 | 10 | 28% |

Fig 3: Source, DENS data

28 (70%) were male, 12 (30%) were female. Of that high needs cohort who had stayed at The Elms and whose stays were not current, 7 men (28%) and 3 women (27%) left without a successful outcome.

This indicates that whilst the majority of people whose needs were deemed high moved on to a positive outcome, there was a significant minority who had been recorded as leaving without one. It was not possible from that data to find out whether those with a positive outcome later returned, and needs data was not fully explored. This initial look at the data can only give a broad indication of the numbers of people who might possibly benefit from a Housing First approach.

7.3. Eligibility for Housing First

There are different approaches to deciding who would most benefit from Housing First, or who would be eligible. The Table 1 in Appx 1 identifies two commonly used methods which are used to select the cohort: a multi-agency panel or index-assessment approach. A multi-agency panel would need to include both voluntary sector and statutory agencies, and the names of those included would be likely to be those who were known to a range of services. In an index-assessment approach, the New Directions Team Assessment is one tool. It enables 'scoring' of individuals, and those with scores over a certain level would be included.

Dacorum already has a Multi-Agency Response Panel (MARP) which could be developed to take on this function. Whichever method is used, multi-agency partnerships and 'buy-in' are key in delivering Housing First.

7.4. Funding Housing First

As in Supported Housing, rents are paid for by Housing Benefit or the Housing Element of Universal Credit whilst any necessary Service Charge would be paid by the tenant. The tenant would also be responsible for paying for utilities and household bills.

In terms of the service itself, commissioners are currently working toward more integrated approaches. A further conversation with DBC will be had when the models to work up are agreed upon.

7.5. People with Lived Experience

Last but far from least is service user involvement. Personalised approaches are at the heart of Housing First and people with lived experience have a key role to play in the development of all services.

8. Current services and resources in Hemel Hempstead

A range of services were contacted to gain understanding of what is available in the local area. Need in Dacorum is concentrated in Hemel Hempstead and there is wide bank of services there which make it the logical place to deliver Housing First. Not all services were contacted and there may be others not listed.

It has been mentioned already that a spectrum of approaches is necessary to meet the supported housing needs of vulnerable people and Housing First is a possible additional option for a defined cohort for whom the range of other services are not effective.

DENS

DENS is the main provider of services for people who are homeless and currently delivers the following:

- The Elms - Emergency Accommodation in DBC's purpose-built, 44-bed hostel. DBC has an allocation of 21 units for use as Temporary Accommodation. The average stay is about 3 months.

The Elms does have rules which some people with multiple and complex needs may find it challenging to engage with. It replaced DENS former night shelter and although it is now a 24-hour service those staying there are expected to leave the premises between 11.00 – 3.00 and engage in activities elsewhere unless they are having a key-working session, are involved in a scheduled activity, or by prior arrangement.

People are also breathalysed and asked to blow below a certain agreed level (individually negotiated for people with alcohol dependency issues).

- Day Centre
The Day Centre is the first point of contact for rough sleepers and people in housing need and the main source of referrals to The Elms. It also links people in with services at The Hub.

Dacorum Rent Aid – provides Rent Deposits for PRS accommodation for single homeless people in Dacorum and links with local landlords.

- Rent Deposit Scheme

- The Hub

- Includes a day service and access to education, training and employment for people who are generally stable and are housed – invitation only but links in Rent Aid clients.
- Food Bank for single people and families
- Furniture warehouse

Herts Young Homeless

Herts Young Homeless housing support to young people aged 18- 24, runs Nightstop, a hosting service for up to 5 nights and It is also commissioned to contribute to the delivery of the Herts Complex Needs Service (see below), including two dual diagnosis workers.

The needs of young people, whilst they can be complex are generally not so entrenched as those over 25.

CGL/Spectrum

CGL/Spectrum deliver the commissioned prescribing drug and alcohol service and local appointments are offered at Jobcentre Plus where the service is co-located. There is a perception amongst local services that service users are uncomfortable accessing the service there on an appointment basis and would prefer to return to a drop-in service. (There is a drop-in service in Watford but t ravel costs, although reimbursed, are perceived as a barrier).

Druglink

Druglink offers substance misuse services which includes prevention, recovery and reintegration, offering pathways to employment via a social enterprise, 'Coffee Ethic'. They offer 2nd stage drug/alcohol abstinent-based supported housing in Hemel Hempstead and Luton for people who have been abstinent for 3 months.

Druglink also deliver Oxygen, staged housing project for people who are alcohol dependent in Welwyn Garden City. The project is a partnership with Welwyn Hatfield Homelessness Prevention and Housing Needs Team, Resolve (street homeless outreach team), Welwyn Hatfield CAB (outreach service). Stage 1: Oxygen Housing First 12 week Treatment, aiming to reduce drinking and with a psychologically-informed approach, plus a 6 months Assured Shorthold Tenancy in shared accommodation. People are still included if they don't engage with the aims of the programme though they are told that their drinking will be monitored; Stage 2: Referral to Welwyn Garden City Housing; Stage 3 Own council tenancy with 40 weeks Floating Support; Stage 4: Discharge and signposting to local services. Those who during Stage 1 feel able to address their alcohol issues via abstinence are diverted to Druglink's abstinence-based pathway.

Whilst this service is 'badged' as Housing First, it could be classed as staged accommodation. Like one of the services in the Evaluation of Housing First in England, this aspect could be considered 'hybrid'. Whilst Oxygen follows a harm-reduction approach for alcohol that does not extend to drugs and testing positive may lead to loss of the Stage 1 tenancy. In addition, whilst clients receive long-term (40 weeks) Floating Support, in Housing First, clients receive support as long as it is needed. The service provides an

innovative, personalised approach for a particular cohort of alcohol-dependent drinkers who would otherwise be excluded from supported housing. However, although it draws on Housing First and has some elements of it it does not follow all of the seven principles of Housing First which have been developed for England by Homeless Link.

Supporting Herts – Westminster Drug Project

Working closely with Druglink to support people in recovering from alcohol and drug dependency, Supporting Herts offers floating support, recovery beds and abstinence-based (3 months abstinence needed) shared accommodation in Dacorum and other Herts towns.

Herts Complex Needs Service: Turning Point/Herts Young Homeless/Herts Mind Network

Hertfordshire has a service commissioned by Hertfordshire County Council to work 1-1 in a holistic, personalised way to support people in achieving positive outcomes over a structured 12-16 week period. People can access the service more than once and there would be reflection on what had not worked for them. There are 13 Recovery Workers who work via outreach. The service is contracted as follows:

- Turning Point: Governance and Mental Health
- Herts Young Homeless: Mental Health and Substance Misuse
- Herts Mind Network: Mental Health
- Referral can be from any source, for example service user self-referral, carer, community agencies, Community Mental Health Team (CMHT), (Hertfordshire Partnership Foundation Trust (HPFT)).

There is a high demand for this service.

Housing Link – Turning Point

Housing Link is a Turning Point service which provides tenancy support to people with mental health needs, substance misuse issues and learning disabilities. It focuses on those who 'slip through the net' of mainstream services.

South Hill Centre

The South Hill Centre is a faith-based charity with a room-hiring social enterprise attached to South Hill Church. With a person-centre philosophy, it has local community engagement as part of its mission, takes a community hub approach, has an outreach service to link with other agencies and has a range of partners, including:

- CGL/Spectrum, the prescribing drug and alcohol service
- DENS
- Druglink
- Herts Mind Network
- Groundwork UK
- Jobcentre Plus

- Shaw Trust (Work Programme)
- Osborne (Property maintenance)
- Police and Crime Commissioner (It receives funding from the Security and Safety Partnership)
- Dacorum Foodbank
- Education and training agencies

Computer training and other learning activities area on offer.

South Hill has an informal Friday afternoon service which uses volunteers, including volunteer mentors and roles for some people who are using their services. Centre users include people who are homeless.

The South Hill Centre's 'Cherished' service delivers support for women who have experienced abuse. They take client referrals from a range of agencies including statutory, such as Children's Services, Refuge, the mental health team and the hospital and deliver a 'Recovery Toolkit' offering a range of psychological support. Some users of the 'Cherished' service do have multiple needs.

Citizen's Advice Dacorum (CAD)

The CAD has its main service in Hemel Hempstead (Drop in x 4 mornings a week with afternoon appointments) but has an 'outreach' base in Berkhamsted and an advice line. The most vulnerable clients tend to approach via drop-in/phone call with support; they may have significant advice needs and are unable to self-help, and people with multiple needs can be difficult to advise. They may need support around appointments, papers, benefits issues and may have complex debt problems. Women are more likely to seek support than men. If resources were available a bespoke service could be established.

9. The Commissioning Landscape

Commissioners of some services were also contacted for this study.

People with needs in many areas are on the strategic agenda in many areas. A new strategic level Complex Needs Steering Group has been formed with the aim of more integrated commissioning for people with multiple needs.

Housing Related Support (HRS) commissioning, including Floating Support, is coming up for a review, and there will be a focus on a more integrated approach though as yet no timescale has been set. The Hertfordshire County Council Drug and Alcohol Provider contract will end in March 2019 and work on commissioning is about to begin

In terms of substance misuse, there is a new Government Drugs Strategy¹³ which aims to link into the new arrangements for funding Supported Housing, better equipping them to work more confidently with people with substance misuse needs. This will be taken into account when HRS services are restructured. Current proposals are for HRS to receive £250k funding reduction across Herts for 2019/20 over three areas: Complex Needs, Homelessness and Mental Health.

¹³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

There is an awareness that there is an increasing number of women who have needs in more than one area, especially with alcohol as a primary substance (about 60/40 m/f).

Herts County Council has previously commissioned Resolving Chaos to deliver 'You Can', a project for people with multiple needs, in Hertsmere and Three Rivers. Whilst this was not continued, outcomes have fed into the Complex Needs Steering Group and the learning will feed into any new project.

Commissioners need to work in an evidence-based way. They need cost-based models and case-studies to inform their thinking and decisions. (Government Outcomes, GoLab has a useful Unit Cost Database)¹⁴ There is a county-wide budget for integration. In a two-tier Local Authority system such as Hertfordshire where housing pathways are based within the districts, it could be helpful to ensure that commissioners have the fullest understanding of the Homelessness Reduction Act and emerging housing pathways.

10. Issues to be considered in the view of people contacted

A range of issues to be considered in setting up a Housing First project were mentioned by some of the people spoken to. These included:

- Loneliness and isolation – people are sometimes pulled back into homelessness services for social support. This needs to be addressed in some way.
- Flexible budgets would be very helpful
- Data and case studies
- Inappropriate referral
- Information sharing and sharing of assessment information
- Access to mental health services can be difficult and there are waiting lists
- Could have a positive impact on health/services eg A&E
- Housing quality
- Peer support

11. Two models for Dacorum

Access to suitable housing is one of the biggest challenges of Housing First. The following options have been considered:

- Decommissioned Sheltered Housing
- Access to DBC's own housing stock (currently, there is a bid to convert 5 x 3-bed maisonettes above shops into 1-2 bed Temporary Accommodation)
- 21 Local Authority units within The Elms
- Building new accommodation
- Private Rented Sector (PRS)
- Shared living accommodation at Berkhamsted with 1/2/3 bed mix

¹⁴ <https://golab.bsg.ox.ac.uk/resources/unit-cost-database/>

| Housing model | Possible? | Benefits | Risks |
|--|--|--|---|
| Decommissioned Sheltered Housing | Yes, for single site approach. Could be a possibility for DBC where there are smaller dispersed units of accommodation that could be commissioned. | Reduced support travel costs. Peer support. | Clients would be living on same site as others with multiple needs. |
| Access to Dacorum's own housing stock | This could be an option for dispersed housing. DBC has been successful in a growth bid for conversion of such properties. | Most secure for client. High quality housing. | Possible isolation (though could be addressed in a range of ways) |
| 21 Local Authority units within the Elms | Not recommended. | Support would be on-site. Peer support. | Given that the likely HF cohort has not thrived in The Elms previously, there may be continued challenges. Could be difficult to develop Housing First approach within the Hostel location and culture. |
| Building new accommodation | This would be an option for single site housing. New build development is underway for new units of temporary accommodation, which could be used for Housing First. | Most secure for client. High quality housing. | Initial investment costs would be high. Clients would be living on same site as others with multiple needs if on a single site. New temporary accommodation will be likely to have families on the same site which might not be appropriate for |

| | | | |
|---|---|--|--|
| | | | every client. |
| Private Rented Sector (PRS) | This option is not something that DBC considers viable at present. | <p>Increased choice and flexibility of location.</p> <p>Possibly less waiting time for housing.</p> <p>Clients would have ASTs.</p> <p>DENS has good landlord links and operates Dacorum Rent Aid.</p> <p>LHA does cover most of the rent for single-person properties in Dacorum.</p> | <p>The benefits are market-dependent. Dacorum is a high rent area, not far from London, and PRS property may not always be so easy to find.</p> <p>Local agencies have commented that it may be challenging to find affordable housing. There is a reported shortage of 1-bed self-contained accommodation.</p> <p>End of PRS tenancy is now one of the leading contributors to homelessness.</p> <p>Landlords can be reluctant to let to people on benefits. Universal Credit is on the horizon.</p> <p>Possible isolation (though could be addressed in a range of ways)</p> |
| Shared living accommodation at Berkhamsted with 1/2/3 bed mix | DBC has concerns around the locality and accessibility to vital services. | <p>Reduced isolation.</p> <p>A short distance away from Hemel Hempstead.</p> | <p>Difficult to access services.</p> <p>Transport costs for clients.</p> <p>Shared living might not work for everyone.</p> |

Fig 4: Appraisal of options for housing

11.1. LHA Rates (PRS)

Local Housing Allowance (LHA) rates, the level at which Housing Benefit is paid, for Hemel Hempstead are within the South West Herts Broad Rental Market Area.

| | |
|---|---------|
| Shared Accommodation Rate | £78.50 |
| 1-Bed Rate (self-contained accommodation) | £156.00 |

Fig 5: Weekly Local Housing Allowance Rates for Hemel Hempstead, 1st April 2017-31st March 2018¹⁵

11.2. Support and costs of support

Whilst traditional support has a low ratio of one staff member per 20-40 people, the intensive support at the heart of Housing First necessitates a low staff:tenant ratio. Homeless Link's Principles recommend each staff member supporting between 5-7 tenants. (Homeless Link, Principles of Housing First). In addition, the recommendation is that support workers need to be experienced. As stated above, currently researched costs tend to be commissioned at between £26 and £40 per hour. (Evaluation of Housing First England, University of York³, above, and cited in Guidance for Commissioners,¹, above)

Dacorum currently has 4 support workers who provide support to homeless clients. Due to the additional skill set required, dedicated Housing First staff may need to be recruited.¹⁶ Based on the figures above, the calculation would look something like this (showing both the cost for one worker or scaled up for 4 workers):

| | Hourly Rate | £ per worker/ 35 hour week | x 4 workers per week | x 4 workers per annum | Number of clients at 5-7 per staff member | Unit cost per client per week | Unit cost per client per annum |
|------------|-------------|----------------------------|----------------------|-----------------------|---|-------------------------------|--------------------------------|
| Lower Rate | £26 | £910 | £3,640 | £189,280 | 20-28 | £130 - £182 | £6,760-£9,464 |
| Upper Rate | £40 | £1,400 | £5,600 | £291,200 | 20-28 | £200 - £280 | £10,400 - £14,560 |

Fig 6: Projected costs at hourly range for Housing First cited in 'Housing First in England'³, above

¹⁵ [https://www.dacorum.gov.uk/docs/default-source/benefits/local-housing-allowance-rates-in-dacorum-for-april-2017-to-march-2018-\(pdf-25kb\).pdf?sfvrsn=0](https://www.dacorum.gov.uk/docs/default-source/benefits/local-housing-allowance-rates-in-dacorum-for-april-2017-to-march-2018-(pdf-25kb).pdf?sfvrsn=0)

¹⁶ (2018), Housing First How To: Tips from Frontline Professionals. Skills and learning needs of Housing First workers, (Homeless Link) https://hfe.homeless.org.uk/sites/default/files/attachments/Skills%20needed%20by%20Housing%20First%20workers_0.pdf

The above costs need to be considered against these examples of projected savings:

- *Scenario 1: Within a year, an individual has contact with an outreach team and then moves into a high support hostel before being resettled and provided with floating support. The cost savings of providing an individual with Housing First instead is estimated at £3048 –£4794.*
- *Scenario 2: An individual is housed and remains in a high intensity supported housing placement for 18 months. If instead they were offered Housing First, the estimated savings are £16,380-19,656. ^{3,1 above}*

11.3. Costings and upfront investment

Following DBC's feedback, three models seemed viable: Decommissioned Sheltered Housing, Dacorum's own housing stock above shops and new build Temporary Accommodation. The last option has not been considered further here. Housing First is meant to provide a permanent and stable home; psychologically, living on a site where others living there were only there for limited periods of time, and may also have vulnerabilities, may make it difficult for the client to feel secure, given their own histories. The two models to be considered as most viable, then, are Decommissioned Sheltered Housing and DBC's own housing stock above shops.

In terms of upfront investment, Dacorum already has the housing stock and its growth bid for conversion of above-shop units has been successful. However, this bid was for Temporary Accommodation and DBC will need to satisfy itself that it can be used for Housing First accommodation. If it can, then this cost will have been covered.

In terms of decommissioned sheltered housing owned by Hertfordshire County Council, the cost of commissioning units would need to be explored with them if this option is pursued. One model where single site decommissioned sheltered housing is being used for formerly homeless people is Webster Court, run by St Martin's Housing Trust, in Norwich. Whilst the majority of units are occupied by people who have an ongoing care need, including those needing dementia-friendly accommodation, and have Personal Budgets from Norfolk County Council, there are a small number of units which have been refurbished for independent living and were used for a Housing First pilot (this has not been assessed against the Principles of Housing First in England but it may be worth exploring in terms of the details of the conversion process and how costs were covered/managed).¹⁷

¹⁷ <https://stmartinshousing.org.uk/how-we-help/our-services/residential-care/webster-court/>

11.4. Support: type/frequency/cost and options for providing that support

The cost of support has already been discussed above at 11.2. DBC has been clear that it wants to provide Housing First for more than just those people who are rough sleeping, but at this stage the scale of the project is not clear.

As availability of housing is the biggest challenge to Housing First, as it takes Housing First forward, DBC will need to consider how it can best balance the number of clients who could potentially benefit from the approach and the number of units available before actual costings can be calculated. Even in a client needs-led approach, suitable housing, of course, needs to be available. The separation of housing and support is a key principle of Housing First in England. If DBC opts for a model where its own housing stock is used, or where it is/acting as landlord, then support workers need to be employed by a different agency.

In addition, DBC will need to balance the client needs-led approach with the resources available to pay for support at the rates outlined above. In Housing First, workers take a case-load of 5-7 people. As some people need less support, it may be possible to increase that. There may be, for example, a time when someone has progressed to just needing a weekly phone call, but the core client:staff ration should not exceed 5-7 for Housing First to be fully effective. Some agencies use a red-amber-green 'traffic light' system to manage this. The support worker skillset needed is laid out in Homeless Link's briefing referenced¹⁵ on page 22 above. Specialist training and supervision will be needed for workers to be effectively supported in their roles.

Ways of working, in how they differ from the traditional support environment and practices are listed in this document as:

- Housing First principles/models; how this differs to traditional therapy
- Solution focussed therapy
- Psychologically Informed Practice
- Trauma Informed Care
- Reflective practice
- Pre-engagement work
- Asset based approaches
- Motivational interviewing (MI)
- Cognitive behavioural therapies (CBT)
- Harm reduction techniques
- How to support people at different stages of their journey (stages of change/MI/CBT)
- Opportunities to shadow partner agencies and other Housing First services

11.5. Summary of the two models

| | Advantages/ Benefits for Client | Disadvantages for Client | Advantages/ Benefits for DBC | Disadvantages/ Disbenefits for DBC |
|--|---|---|--|--|
| Model | | | | |
| Decommissioned sheltered housing | <p>Rent could be set at a level covered by HB.</p> <p>Good quality housing.</p> <p>If single site:</p> <p>Peer support.</p> <p>Very easy for client to access support on site.</p> <p>Secure for length of lease from Herts County Council.</p> | <p>If single site:</p> <p>Living on the same site as others with multiple needs could prove challenging.</p> <p>If dispersed single units:</p> <p>Possible isolation.</p> | <p>Conversion costs are likely to be minimal as units are already single, self-contained accommodation.</p> <p>If single site:</p> <p>Travel costs would be minimised for support workers.</p> <p>If dispersed single units:</p> <p>Travel costs would need to be factored in.</p> | <p>DBC would need to lease/commission units from Herts County Council.</p> <p>If single site</p> <p>May be more units that DBC needs on site.</p> <p>If dispersed single units:</p> <p>DBC would need to consider who was being housed in neighbouring units if other groups, eg families etc, depending on needs of client.</p> |
| Dacorum's own housing stock above shops | <p>Rent levels would be covered by</p> | <p>Possible isolation.</p> | <p>DBC already owns stock.</p> | <p>DBC needs to carry out conversions.</p> |

| | | | | |
|--|--|---|--|--|
| | HB. High quality housing. Very secure. | Above-shop units may be challenging for clients with mobility issues. | Conversion costs covered by Growth funding (DBC advised to check as funding gained for Temporary Accommodation). | |
|--|--|---|--|--|

Fig 7: Summary of two models

11.6. Possible client income streams

It is anticipated that most Housing First clients would be in receipt of ESA and that they are likely to be in the Support Group rather than the Work-Related Activity Group. In addition, some clients may be in receipt of PIP. However, clients' income streams will be very individual and variable according to their needs and may change. They will also depend on how wide the Housing First client base is – ie, according to the eligibility/selection criteria. DBC would be advised to do some additional scoping of the current benefit income of potential clients for Housing First.

12. Conclusion

International research and an increasing body of evidence from Housing First projects in England point to Housing First as being beneficial for people who have been unable to maintain stable housing and are chronically homeless, either regularly sleeping rough or trapped in the revolving door of homelessness services who have needs in a range of areas and are facing multiple disadvantage. The Homelessness Reduction Act brings opportunities for new approaches and Housing First could provide an additional pathway for those who are the most excluded and least likely to thrive within existing services.

Of the two options summarised above for Dacorum, either would be a workable option for Housing First. There is much expertise and local resource to support the initiative. However, implementing Housing First in Dacorum will require a degree of 'cultural shift' at all levels, from frontline staff to strategic leads and those who 'hold the purse strings'.

Potentially, Housing First could save costs to the public purse by preventing inappropriate use of, and better engagement with, services. And a defined cohort would have, at the very least, a real opportunity to establish a home with the support they need to keep it, giving them a safe, secure base which may help them address the challenges they face.

Christine Spooner, March 2018

Models of Housing First in England

Drawing on Homeless Link's "Housing First: Guidance for Commissioners", "'Housing First' or 'Housing Led'"

Table 1 – Aspects of models of Housing First

| | | Examples | Benefits | Dis-benefits |
|--|---|---|---|---------------------|
| Staffing and support | <ul style="list-style-type: none"> • Important that ratio is 1 staff member per 5-7 clients • Dedicated manager/team leader beneficial (could also do case work) • Needs absence cover so clients are not unsupported • Teams should be flexible, creative and persistent | <p>OxHoP Housing First: 1 fte project worker & 0.5 fte peer support workers per 6 people</p> <p>Foxton Centre, Preston: 2 ft and one pt staff member for 16 people</p> <p>Many services have 24/7 cover, usually via on-call.</p> | <p>24/7 cover can reassure neighbours, landlords and tenants.</p> | |
| Identification of cohort/Eligibility criteria | <ul style="list-style-type: none"> • Multi-agency approach • Caseload established via multi-agency discussion • Generally established group, eg task and targeting, complex needs panel, homelessness forum etc. but can also be project stakeholder panel or | | | |

Appx 1

| | | | | |
|-----------------------|---|---|---|---------------------------------------|
| | steering group | | | |
| | <ul style="list-style-type: none"> • Index-assessment approach • Using a numerical measure • New Directions Team Assessment¹⁸ is most used (commonly known as 'chaos index') to establish client vulnerability | Threshold use this model. | Can be used as basis for discussion re referral. | |
| Delivery costs | <p>In addition to salaries at a more senior level than usual project support staff, costs may include:</p> <ul style="list-style-type: none"> • Staff travel • Engagement activities (food, coffee etc) • Personal budgets for residents to buy essential items (eg, mobile phone, ID documents, items for home) • Rent deposits/bonds • Contingency funds, eg for damage to properties, emergency | Camden Housing First has £1,500 personal budgets for year one, then £1,000 for the second year. As well as essential items, can be used for meaningful activities eg, laptop, camping, going to watch football etc. Can also be used for basic needs if benefits have | Clients can lead on the reasonable spending of the personal budget. | Can be costly if dispersed tenancies. |

¹⁸ <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>

Appx 1

| | | | | |
|----------------|---|--|---|---|
| | <p>electricity</p> <ul style="list-style-type: none"> • Staff supervision, training, support etc | been stopped. | | |
| Housing | <p>Should consider difference between 'accommodation' and a 'home'. Housing First aims to give clients a home. FEANTSA guidance identifies property fit for occupation:</p> <ul style="list-style-type: none"> • Security of tenure • Privacy • Control over space • Physical safety and security • Affordability • Access to amenities • Choice of furnishings • Private kitchen and bathroom • Working lighting, heating and plumbing <p>Housing should not be in areas high in crime or where a vulnerable person might be bullied etc.</p> | | Right location for the client can support their recovery. | Poor location can undermine recovery that Housing First seeks to encourage. |
| | Social Housing | 49% of Housing First projects evaluated by | Most stable. | Housing First tenants do not move on, |

Appx 1

| | | | | |
|--|-------------------------------------|---|--|---|
| | | <p>HFE used social housing</p> <p>Cambridge MEAM Approach uses partnership with a RP for 'training flats' which provide permanent homes for the client.</p> | <p>Most affordable.</p> <p>Either direct via own Allocations Policy or through arrangement with local RPs.</p> | <p>therefore property need may increase over time.</p> |
| | Private Rented Sector (PRS) Housing | <p>51% of Housing First projects evaluated by Housing First England used PRS.</p> <p>In Preston, the City Council leased properties (from a supportive landlord with whom the council already had a relationship) for a Housing First pilot run with the Foxtan Centre. They paid 'up-front' and also furnished the properties, working with residents.</p> | <p>Increased choice and flexibility of location.</p> <p>Less waiting time for housing.</p> | <p>Can be hard to source in some areas.</p> <p>Rents may exceed LHA rates.</p> <p>Quality may be poorer than social housing.</p> <p>May be less stable than social housing.</p> <p>Landlords only offer ASTs, which are fixed term.</p> <p>Housing First staff may spend valuable support time in sourcing accommodation where there is no dedicated staff member for this.</p> |
| | Dispersed Housing | | <p>Can support clients' wishes to move away from former associates.</p> | <p>Clients may feel isolated.</p> |

Appx 1

| | | | | |
|--|---|--|---|---|
| | | | | |
| | Shared Housing | | Can help to combat isolation. Peer support. | Some clients may find sharing difficult. |
| | Single Site Housing | | Support more easily delivered to clients. Can help to combat isolation. Peer support. | Clients may find it hard to make progress on the same site with others with similar multiple needs. |
| Funding | | | | |
| Current funding sources for Housing First in England | Local Authority local grant | 27% | | |
| | Housing Related Support | 31% | | |
| | Social Services | 4% | | |
| | Fundraising/charitable sources (including Charitable Trust, fundraising and individual donations) | 15% | | |
| | Criminal justice | 2% | | |
| | Substance misuse – such as Drug Action Team | 2% | | |
| | Other | 20% | | |
| Possible other funding sources | Social Investment | Use of social investment is growing generally. | Might be possible to use social investment to lever in capital to buy properties. | Feasibility for Housing First support as yet unclear Meeting the outcome/return requirements of |

Appx 1

| | | | | |
|--|--|--|--|--|
| | | | | investors could compromise capacity to adhere to Housing First principles. |
|--|--|--|--|--|

Table 2 - Adapted from 2017 Housing First in England, University of York/Homeless Link

| Name of Service | Date started operating | Housing Association Assured Tenancy | Local Authority Secure Tenancy (Permanent) | Local Authority Probationary Tenancy | Private Rented Sector Assured Shorthold | Temp Accommodation | Number of service users @ November 2014 | Prop of women @ November 2014 | Max client load/worker | Dispersed/ single site etc | Tenancy Sustainment for one year or more |
|---|------------------------|-------------------------------------|--|--------------------------------------|---|--------------------|---|-------------------------------|------------------------|----------------------------|--|
| Bench Outreach Housing First (LB Lewisham) | Jan 2014 | Yes ¹ | No ² | No | Yes | Yes ³ | 15 | 27% | 7.5 | Dispersed | Not reported |
| Brighter Futures Housing First (Stoke-on-Trent) *Built on early experiments | 2009* | Yes | No | Yes | Yes | No | 25 | 28% | 10 | Dispersed | Not reported |
| CRI Housing First (Brighton) | Sept 2013 | Yes | Yes | No | No | Yes ³ | 8 | 25% | 5 | Dispersed | 4 |
| Changing Lives | Mar | Yes | Yes | No | No | Yes | 34 | 41% | 5 | Both | 30 |

Appx 1

| | | | | | | | | | | | |
|---|----------|------------------|----|-----|-----|------------------|----|-----|----|--|--|
| (Newcastle-upon-Tyne) | 2012 | | | | | | | | | | |
| SHP Housing First (Greater London Authority) | Feb 2012 | Yes ⁴ | No | No | No | No | 17 | 29% | 7 | Dispersed | 17 |
| SHP Housing First (LB Redbridge) | Mar 2013 | Yes | No | Yes | No | No | 8 | 0% | 10 | Dispersed | |
| St Mungo's Broadway Housing First | Feb 2012 | Yes ⁴ | No | No | Yes | No | 13 | 23% | 5 | Dispersed | 8 |
| Stonepillow Housing First (West Sussex) | Mar 2014 | No | No | Yes | No | Yes ⁵ | 10 | 10% | 10 | Initial shared temporary, then dispersed | Removed from wider data as not deemed HF |
| Thames Reach Housing First (London) | Apr 2012 | Yes ⁴ | No | Yes | No | Yes ³ | 13 | 15% | 5 | Dispersed | Not reported |

1) Also Housing First starter tenancies. 2) No service users were yet in a secure local authority tenancy, but some were in probationary tenancies which would become secure after one year. 3) While awaiting housing. 4) Two-year shorthold tenancies, renewable subject to ongoing support needs. 5) Residence in temporary accommodation was required prior to provision of an independent tenancy.

Case Studies and Examples

These are taken from Homeless Link's Guidance for Commissioners¹, above

CASE STUDY: Oxford City Council

Oxford City Council first started to think about the Housing First model back in 2012/13, as they had several entrenched rough sleepers for whom it was felt there was no suitable, available accommodation. The majority had been sleeping rough for more than 10 years and many had never accessed any accommodation at all. Some had accessed hostels for very short periods of time but had not been able to maintain their stay. The Council started conversations with a local service provider that was in a good position to take on a small Housing First project (5/6 units). The commissioner and provider worked in very close partnership to increase the chance of success and to ensure synergy with the Homelessness Strategy.

CASE STUDY: Brighton

During August and September 2014, a research programme about rough sleeping in the City, Picture the Change, conducted 29 in-depth interviews with people using homelessness services there. The research recommended continuing and expanding the local Housing First service (based on learnings from the pilot) to provide another housing option for the most vulnerable people straight from the street or emergency accommodation. The report can be found here:

www.homeless.org.uk/facts/our-research/picture-change-repeat-homelessness-in-

CASE STUDY: Camden Adult Pathway

As the number of bed spaces within the Local Authority Adult Pathway has tightened, the complexity of need dealt with by Pathway services has continued to increase. The London Borough of Camden responded by introducing new service models, such as Camden Housing First (commissioned for 20 people in 2014 after a successful three year pilot), and commissioning a review of Camden Adult Pathway in 2016. Consultation with frontline staff and service users on the Pathway articulated interest in the success of Housing First in housing people with complex needs, people who 'revolve' repeatedly through services, and as an alternative to hostels. It concluded that "Camden Housing First is a service model that works well for those who find the hostel environment a challenge and 'revolve' around the first two stages of the Pathway" and recommended the increase of capacity of the Camden Housing First service from 20 to 30.

Camden Adult Pathway Review Refresh Report 2015 identified 87 service users who were considered as suitable for referral into a Housing First service.

CASE STUDY: Eligibility criteria for Two Saints' Housing First Pilot

Between 2015 and 2017, Two Saints worked with entrenched rough sleepers through the Housing First model. Clients had to:

- ✓ Be known to local services
- ✓ Be Long Term Chronic Homeless - defined as street homeless for one year or more, or four or more episodes of homelessness within the last three years.
- ✓ Have multiple, complex needs and fall into three or more of the following categories:
 - Severe mental illness and mental health problems and or learning disability.
 - Problematic drug and alcohol use.
 - Poor physical health, including physical disability and limiting illness.
 - High rates of experience of contact with the criminal justice system.
- ✓ Poor, or no employment record or educational attainments.
- ✓ Poor social supports i.e. lack of friendships, a partner and contact with family members.
- ✓ Exhibiting challenging behaviour.
- ✓ Locally connected at the point of referral according to the definition utilised by the Local Authority and Rough Sleepers Teams.
- ✓ Entitled to UK benefits including Housing Benefit

CASE STUDY: The Foxton Centre

The Foxton Centre is provided with a grant from Preston City Council to provide services for rough sleepers including an assertive outreach response. The City Council and the Foxton Centre have worked for many years in partnership at addressing the needs for this vulnerable and complex client group.

The Council was successful in a bid to address housing needs of single people and took this opportunity to develop a Housing First approach in conjunction with the Foxton Centre. This was initially a pilot project and properties were sourced from the private sector. The private landlord is one the Council has worked with for many years and they fully embraced the project's aims and objectives.

During the pilot, the Council leased the properties and paid the agreed lease amount up-front. It also furnished the properties and involved the first residents in this process, giving them a sense of ownership.

CASE STUDY: Cambridge MEAM Housing First

Cambridgeshire became a Making Every Adult Matter (MEAM) pilot area in 2011. A vulnerable street homeless person was taken onto the caseload and it was agreed that she would be offered a flat from a local registered provider. After a long period of homelessness, she signed an assured shorthold tenancy and moved directly from the street into her new home.

They called this provision a 'training flat' to distinguish it from the wider general needs housing entry criteria. Rather than having to achieve a certain priority status, and then bidding until successful, the individual is moved directly and supported to maintain a tenancy. They can remain in social housing as long as they are able to maintain the tenancy.

Instead of providing intensive case management, the primary method of support for this individual was to co-ordinate existing services to ensure that their needs were met. Where gaps in provision were identified, the MEAM co-ordinator encouraged service flexibility to bridge them. The approach was successful and has been offered to others on the MEAM caseload. ✓ Entitled to UK benefits including Housing Benefit.

Eligibility process

When a vacancy becomes available for a training flat, a candidate is selected by a multi-agency group consisting of local statutory and voluntary sector partners. The group, which oversees the operational work in Cambridgeshire, includes the Police, Probation, Mental Health, Housing, Adult Social Care, Domestic Violence, Drug & Alcohol, and accommodation providers. The group will discuss the following:

The accommodation should be:

- ✓ Available or about to become vacant
- ✓ Appropriate for the needs of the individual

The potential tenant should:

- ✓ Be willing to accept an appropriate package of support (this may be extremely light touch)
- ✓ Be vulnerably accommodated (rough sleeping, friend's floors or other temporary accommodation)
- ✓ Not ordinarily be considered for housing due to perceived risk
- ✓ Have demonstrated reasonable engagement with Cambridgeshire's MEAM service or other services (the threshold for this is quite low, answering the phone from time to time or taking some action towards being accommodated would be reasonable)
- ✓ Have found difficulty in negotiating the usual housing pathways. For example, they may have difficulty in managing shared accommodation, or providers may perceive the risk to be too great to accommodate.

The operational group selects the eligible individual whose need is highest. The offer is unconditional excepting the terms of a tenancy agreement. Additional conditions may be added, in consultation with the potential tenant, if all parties believe that it will enhance the offer and add to the support.

Coordinating the support

The individual is supported to identify the support they might need to help them maintain their tenancy. The MEAM co-ordinator, who is likely to have a good knowledge of the person already, will assemble all the services and hold a pre-sign up meeting to agree each agency's responsibilities and ensure a uniform approach. The prospective tenant will be involved with this process, which ensures all services commit to, and are accountable for, providing support.

continues

Appx 2

Monitoring success

Follow up meetings, either actual or virtual, take place periodically as required to review the following:

1. Has the individual benefitted from the accommodation?
2. Have they managed / maintained the tenancy?
3. Have there been any significant issues in the wider community?

The landlord of the training flat is involved in the process throughout. This gives them reassurance to accommodate other people with “higher needs”, as well as a direct point of contact if there are any issues that they need support with.

Longer term housing and support

After 6 months, the end of the assured shorthold period, a review of the individual's progress in the training flat takes place involving them, the MEAM co-ordinator, the landlord and other relevant members of their support network. Assuming they have managed and benefitted from the tenancy and not been an ‘unreasonable’ neighbour, the co-ordinator will begin to work on a greater permanence for the tenant. Usually this will involve an application to a City Council panel who have the ability to award an ‘A’ priority for permanent social housing.

On one occasion, the tenancy was converted to an assured tenancy and the person remained in the same location. This is not common due to the lack of availability of flats for this use locally, and it then took some time before another flat could be identified, meaning another person could not be offered the opportunity in the meantime. If it is felt that the tenant could benefit from a further period in the training flat, then the period can be extended to 12 months.

Even if a tenancy has been successful, the process of resettlement can take a significant time due to the demand on housing in the social sector, so it is not uncommon for tenants to still be in the flat up to two years later; longer on occasion. When a move to permanent social housing is secured, the support that has made the tenancy successful can still be accessed by the individual. This may include additional support that has been identified during the period in the training flat.

Personal budget

Camden Housing First offers generous personal budgets of £1,500 for the first year, and £1,000 for the second year that a person is engaged with their team. The personal budgets are used to purchase items for the tenant's new home, but can also be used for meaningful activities such as camping, buying a laptop or going to watch the football. In some cases, an individual may use their budget to meet their

Housing First steering groups

The establishment of strategic and operational steering groups are useful to develop clear policies and procedures for the service and wider partnership working. They can assist in defining the roles and responsibilities of different stakeholders, engage local champions of Housing First, gain community support and promote effective communication.

Brighton and Hove set up a Housing First steering group and agreed Terms of Reference for its pilot. The group was used to discuss potential referrals and to share information about the progress and any issues encountered with those supported by the project. Community Safety provided advice and guidance regarding anti-social behaviour and hate incidents. The group assisted in the risk assessment of those persons being considered for accommodation.

Oxford City Council and **Thurrock Council** have regular steering group meetings to discuss the progress of the Housing First project and any adjustments that need to be made. The steering group is considered essential and is made up of representatives from different sectors including substance misuse and mental health services, accommodation providers, rough sleeper outreach team and the police.

Bournemouth, Poole and Weymouth Partnership established a Housing First Operational & Referrals Group. Members include housing providers, the Rough Sleepers team, Drug & Alcohol Outreach Team, Community Safety, Commissioning Team, and Children's Services if applicable. Other partner agencies are invited to discuss individual cases if required. Meetings are every four weeks. The Housing First provider chairs the meetings.

The purpose of the group is:

- To process and assess referrals
- To bring referrals to the group identified by outside meetings and agencies i.e. Rough Sleepers Team and Drug & Alcohol Outreach Team will have input from hostels and hostel manager's meetings
- To monitor the progress of those supported by Housing First
- To assess what works and what has been less successful
- To feed strategic issues to the Housing First Steering Group
- To provide monitoring and client data to the Housing First Steering group

Appx 2

Funding

Thurrock Housing First pilot is jointly funded through Housing, Adult Social Care and Public Health. The contract is initially for a one year pilot scheme to support 5 service users. If successful, and subject to available funding, this could be extended in terms of time and/or number of service users.

Dispersed and shared housing

The Wallich Housing First service was introduced in April 2013, on the Isle of Anglesey, following an increase in rough sleeping and entrenched homelessness. A business case was presented to develop Housing First, instead of traditional hostel provision, to the Supporting People Planning Group that is responsible for the governance of the programme locally. The proposal was approved for an initial 12 months.

Initial provision was to support 12 individuals in dispersed site, private sector properties. The capacity of the service has since increased and currently the number stands at 20, for the same contractual price. All residents hold their own tenancy and the service will support people into shared housing if they express this preference.

91 individuals have accessed the service and are no longer receiving support. Of these, 78% are still maintaining their tenancies, of which 43% remain in the housing they were allocated when support ended.

A number of Housing First **teams in London** source dispersed flats through the Private Rented Sector. Due to the housing market, properties are often found in areas further away from central London. Residents report being happy to move away from previous associates but there are issues related to contact with existing support agencies and the time required by the team to travel to people.

The Foxton Centre in Preston has five houses that accommodate three people sharing in each, and is about to add a sixth. Two of the houses are for women only, with one specifically for street sex workers. There are also two flats - one for male and one for female tenants. The tenancies are not time limited.

Appx 3

Quotes from Housing First service users and providers, taken from Housing First in England,³ above

Some quotes from service users

I'm 43 now and I've never had my own place, so it's a first for me and I like it. Hopefully I don't mess up. I've got no intentions of getting in arrears.

Housing First service user (female) [p33]

I feel stable, because everywhere else I've been it was just like a flying visit sort of thing, if you know what I mean? Just go there, stay there for a little bit and move on to somewhere else, because I've never been in a place for a long time, and this is where I want... Well, something has kept me there, and I don't know what, but it must just be because I'm content.

Housing First service user (male) [p33]

Anything, like they said to me, 'Any problems you have in the house or whatever problem you have, just call us. We need to help you.' So, they'll be helping you. All the issues like housing benefit issues, rent issues, all these things they help me with; everything, yes.

Housing First service user (male) [p33]

They helped us with moving in; they helped us getting it furnished. [Housing First worker] still comes and sees me, to make sure I'm settling in okay and I haven't got any issues. Basically any problems that I have, I can go to them and they'll help me with them. I haven't had any problems as such but, as I say, they've helped me get it furnished and apply to some charities and things like that; they've helped to get me a few bits and bobs.

Housing First service user (male) [p33]

No, now I've got my own place I've got a lot of things to do, yes! I'm still decorating and I got my cooker, fridge and washing machine Monday, I've got all that brand new so I've got all that. I've got to plumb my washing machine in today. I've got an electric cooker and I thought it'd be easier than a gas because I thought, just plug it in, and it's not the case. You've got to get a cable, which doesn't come with it. So, yes, I'm learning new things, different things that I wasn't expecting.

Housing First service user (female) [p33]

Appx 3

It's clean and tidy. It's semi-secure. Because it's a tower block no-one really knows anybody, but everyone lives behind closed doors. It's like you don't know who's coming in, who's coming in with you; you've got no idea who's in the building.

Housing First service user (male) [p33]

Yes, he's with Housing First, he's one of the staff. He drops me anywhere. If I need to have like a hospital appointment or doctors or anything then he'll take me.

Housing First service user (female) [p36]

Yes, happy, healthier. Everybody, like people I work and the people at Housing First, when they saw me before, they now move after two weeks they look at me and say 'You look a different man.' Yes, it's different when you live by yourself and nobody to stress you out. You arrive at home; everything is clean like it's supposed to be. Living with other people it's so dirty, it's not good, then you stress, then you say something, they stress as well. So, I'm very happy.

Housing First service user (male) [p36]

It is now they've put me on the right medication, but when I ended up in the nut house last year, [Housing First service] were there for me and that. They helped me and came up and that, because they put me in a [psychiatric] hospital...but they was there all the time and that. They sorted my stuff out, what I needed and that.

Housing First service user (female) [p38]

Yes, I've never been so happy like I've been this last year because I've been doing the things on my own as well and people have been helping me a lot as well. I don't feel lonely with these people who've been helping me. I don't feel lonely because I can call them, they can call me.

Housing First service user (male) [p38]

I don't feel as anxious and it's more easy to talk. My eye contact still struggles but that's just with people. I've always had that problem. Yes, everything else, I'm doing all my day-to-day stuff.

Housing First service user (male) [p38]

Appx 3

Yes, I'm on a script now, I'm on methadone. I'm reducing every couple of months so hopefully about another year I should be off methadone.

Housing First service user (female) [p39]

It was just, as I say, I had problems with drugs and that and it has taken me a while to sort myself out. I'm happy that I'm on the right track now. As you see, I'm not dossing about, I've got my own flat, I'm all sorted. I'm going to a treatment centre and doing everything right.

Housing First service user (male) [p39]

Yes, fine, as I say I've been clean drugs wise for, is it four months? Yes, four months. If I've been here four months then that's the amount of time I've been clean. I voluntary go and do weekly tests with the addiction thing. Two reasons, one because I want to stay clear, and if I do a weekly test then it is impossible for me to use anything, because it would show up.

Housing First service user (male) [p39]

No, I've been doing it since I was 12 years old. I tried to give up loads of times but at least for me it's a bit difficult. I don't know how to explain anyway because when I smoke I feel normal. When I'm not stoned I don't feel okay, I don't enjoy doing the things I'm supposed to do... they want me to stop smoking, they don't come to me, 'You have to stop,' but they always make sure that they are there to help me and if I need help anytime, just tell them; they're there to help me.

Housing First service user (male) [p39]

No, I think they do a great job. Well, they have for me, personally. As I say, they've helped me no end. That's all I wanted was my own place and being settled and through their help I've got that... If you'd asked me that this time last year, everything was just chaotic and I wouldn't have thought a year down the line I'd be as settled as I am but I am, so it's all good, yes.

Housing First service user (male) [p46]

Appx 3

Some quotes from providers

Most definitely, but with I think, definitely, yes. I've seen it with our clients. Like I said they, when they do go in there isn't that pressure for them to engage, but I think of their own accord they will sort of start asking about sort of local services they can be linked in to and stuff, so yes.
Housing First service provider [p48]

Sometimes it is difficult to focus just solely on the tenancy when you can see there are so many other things that need fixing but I think with the ones that have been successful so far, things kind of slot into place once they get into this whole idea of housing and wanting to keep the home and wanting to keep it tidy and making appointments and going to the doctor's. It all starts to kind of click into place.
Housing First service provider [p48]

So if you could see the change, so if they're thinking like that because a lot of them have been on the streets for a long time, so when they're on the streets they get used to that way of life. So suddenly when they get into one of the Housing First projects, like their flats, and then their mind-set changes they don't want to go back to that rough sleeping. They're really, really happy to be in that flat.
Housing First service provider [p48]

*With the hostels it's very much getting them to engage, getting them housing ready within like such a short space of time, and I think with the client group I think pushing them to do something when they are not ready it doesn't work, it doesn't work. I think working with our clients on a more sort of informal, relaxed way, I found them to, even though our clients are supposed to be non-engagers, they've **never engaged with services**, we've got a good sort of like engagement, got them linked in with services. So, definitely, definitely the informal way of working with clients is, to me, it works. And I think probably the level of the support that we are able to offer them as well. I think in hostels it is a key worker once every two weeks, which lasts for about 20 minutes, if the client turns up. With our clients we can visit them on a daily basis. And yes, and we are kind of like fortunate to be able to sort of like go to appointments, go to other, we can take them out for coffee, if they want to go shopping we can*

take them shopping, and we've got that flexibility to be able to do that, and

Appx 3

the time to do that within the Housing First.

Housing First service provider (emphasis added) [p49]

I think there's also an element with regards to chaotic and entrenched street homeless people that they haven't actually got or been offered many opportunities...whereas what we're saying is, 'We will provide you an opportunity. The door is open' and then... 'What would you like? Where would you like to end up? It's your journey'. I think that's where we differ as well because we offer them an open door.

Housing First service provider [p49]

So we're talking 10, 15 years on the streets so, come on, these are people that most people walk past and don't think of how they're coping or how they've had to cope within the last whatever amount of years they've been out there. So I think it was a very good project to get funding for and helping people that obviously were very vulnerable in society...

Housing First service provider [p49]

Appx 4

Further reading and resources

There is a wide range of resources on the Housing First England website, which is continually updated: <https://hfe.homeless.org.uk/>
<http://resolving-chaos.org/what-we-do/case-studies>

Appx 5

This study was completed with the help of several local agencies. Thanks are due to:

Citizens Advice Dacorum

Dacorum Borough Council

DENS

Drug Link

Hertfordshire County Council

Herts Young Homeless

Homeless Link

South Hills Centre, Hemel Hempstead

Turning Point



Homeless Link

Homeless Link is a membership organisation with some 800 members, representing the homelessness and supported housing sectors. In 2016 Sitra merged with Homeless Link. We now operate as Homeless Link, with a specialist supported housing arm - the Supported Housing Alliance. Between us we have operated across the homelessness, housing, support and health & social care sectors for over 30 years. The merger creates an exciting opportunity for both organisations to work together even more closely to benefit members, customers, and partners and to ensure a stronger voice for our sectors. We offer training, consultancy and advice, leads on policy development and play a key representative role as the voice of the sectors in which we operate, contributing to emerging policy and promoting best practice.

We have a strong consultancy service for members, providing support to organisations from the largest to the smallest and across the spectrum of their activities from the operational - such as policies and procedures and rent setting and service review – right through to the strategic – commissioning, research and evaluation, strategy development, business planning, restructure and workforce development. As well as our active consultancy work, we are a leading training provider delivering both in-house and public courses nationwide and to a variety of customers including local authorities, large registered housing providers, third sector and charitable organisations and service user groups, across homelessness, housing, support, health & social care and criminal justice services.

We are recognised and consulted by Government departments and other bodies, including the Department of Communities & Local Government (DCLG), the Department of Work and Pensions (DWP), Department of Health (DH) and the Homes and Communities Agency (HCA), as representatives of the sector.

The linking of our policy & representative role with our detailed support for specific organisations makes for a strong combination. It means that our work on good practice and policy and procedural development draws on the strength of our large membership base and on our role in discussing and developing policy to respond to merging issues at a national level.

We carry out work both on a policy level and in providing specific support for individual organisations. We are a leading training provider, running both public programme and tailored in-house courses for clients around the country. We also provide a range of seminars and conferences on housing with support and care themes.

 @Homelesslink

 [Like us on Facebook: www.facebook.com/homelesslink](https://www.facebook.com/homelesslink)

Homeless Link
Minorities House 2-5 Minorities, London; EC3N 1BJ 020 7840 4430;
www.homelesslink.org.uk

Homeless Link is a Charity no. 089173 and Company Limited by Guarantee no 4313826