



Homeless Link

# More Than a Roof

Exploring the holistic  
outcomes of Housing First

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outcomes of Housing First

## Written by

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# Executive summary

The trauma of long-term homelessness, poverty and social exclusion means there is a small but significant cohort of people whose needs consistently go unmet by traditional homelessness services. These individuals typically have significantly worse physical and mental health compared to not only the general public, but also other people experiencing homelessness. Their lives are often marked by cycles of rough sleeping, temporary accommodation, prison stays and hospital admissions as their health and social care needs worsen, and offending behaviour feeds survival needs. Housing First serves as a tailored programme to meet their needs, particularly for those who struggle with multiple issues ranging from chronic health issues, substance misuse and addiction, and those who have been in contact with the criminal justice system. Given the current context in the UK where rough sleeping is on the rise and the support needs of people on the streets are not only increasing but are becoming more complex, Housing First has never been more important.

Housing First has been backed with strong international evidence on its effectiveness and benefits,<sup>1</sup> as well as in England. Nevertheless, despite the evidence of the effectiveness of Housing First there remains an evidence gap of the longer-term impact and outcomes. Therefore, the main aim of this research is to fill in this research gap and to further investigate how multi-year engagement with Housing First impacts on the wider outcomes such as physical and mental health, offending behaviour, substance use, social networks, employment and training, engagement with meaningful activities and more.



## Our research methodology consists of four key strands:

- i) **survey**
- ii) **analysis of individual outcomes data from services**
- iii) **peer research with residents**
- iv) **interviews with frontline workers**



<sup>1</sup> Pleace, N. (2016). Housing First Guide Europe. FEANTSA. [https://www.feantsa.org/download/hfg\\_full\\_digital1907983494259831639.pdf](https://www.feantsa.org/download/hfg_full_digital1907983494259831639.pdf)



## Key findings

Below are the topline findings from our survey, which detail the Housing First residents' outcome trajectory over the course of a three-year period.

### Physical health

- 28% of the residents represented by our survey have a known physical disability and more than half of them (58.9%) have physical health issues at the point of entry into the service.
- Given this, it is a positive start that more than a quarter of people (30.5%) have shown reduction in their overall physical health needs by the end of the first year (i.e. improvement in their general health). This is followed by 38.4% and 38.8% of people showing reduction in their health needs at the end of their second and third years respectively.
- A gradual increase in the reduction of physical health needs over these three years shows a promising trajectory for people's general health in the formative years with Housing First and the importance of Housing First as an inclusion health intervention.

### Mental health

- A high proportion of people (92.5%) represented by our survey have experienced mental health issues (whether diagnosed or identified by frontline workers), at the point of entry with Housing First.
- Given this, it is remarkable that half of people (50.4%) showed reduction in their mental health needs by the end of the first year, followed by 58.2% and 54.5% of people showing reduction in their mental health needs by the end of the second and third years respectively.

### Access to healthcare services

- There is a significant increase in the engagement with GP services from the point of entry where only almost half of people (49.7%) were registered with a GP, to 81.4% of people engaging with GP by the end of their first year. This is followed by a stable engagement of GP services by the end of the second and third years (85.6% and 88.9% respectively).

- There is a notable increase in the engagement with dental services between the point of entry and the end of first year with Housing First (13.7% to 28.5%). The engagement with dental services gradually remains stable by the end of the second and third years (31.5% and 32.4% respectively).
- There is a sharp 20.0% decrease in the use of the A&E services between the six months prior to entry into Housing First until the end of their first year (59.1% to 39.1%). This is followed by a stable use of A&E services by the end of the second and the third years (36.2% and 38.2% respectively).
- There is a downward steady trend in the hospital admissions across the three years. 37.5% of people were admitted into hospitals six months prior to entry into Housing First, followed by 27.8%, 23.4% and 17.7% at the end of their first, second and third years with the service respectively.
- There is a notable increase in people's engagement with mental health services between the point of entry until the end of the first year with Housing First (22.7% to 39.1%). This is followed by a plateau until the second year, before a small decline to 35.7% by the end of the third year. More research has to be conducted to ascertain whether this implies people's recovery or whether they are generally less engaged with mental health services.
- Half of the people (50.2%) at the point of entry into Housing First, compared to 31.8% of people by the end of the third year, are presented with safeguarding concerns, reflecting a significant drop of 18.4%. There is a consistent trend of 41.9% and 42.6% of people exhibiting safeguarding concerns at the end of the first and the second year respectively, before the drop.

## Substance misuse and addiction

- There is a clear downward trend in substance misuse across the three years. 90.7% of people were misusing substances at the point of entry, compared to 68.6% by the end of the third year, demonstrating a 22.4% overall reduction.
- There is a steady increase in the engagement with drug and alcohol services from the point of entry to the end of the second year (from 48.0%, to 58.2% to 61.5%). It then plateaus to 60.4% by the end of the third year. More research must be conducted to ascertain whether this plateau implies people are recovering or whether they are generally less engaged with drug and alcohol services.

## Antisocial and offending behaviours

- There is a clear reduction in antisocial and offending behaviours across the three years. 84.3% of people were involved in antisocial and offending behaviours at the point of entry, compared to 44.8% by the end of the third year. There is a sharp 23.5% decrease particularly between the point of entry (84.3%) and the end of the first year (60.8%), followed by a steady decline until the end of the third year.
- There is also a clear reduction in the contact with the criminal justice system (CJS) across the three years. 71.3% of people had contact with the CJS at the point of entry, compared to 39.0% by the end of the third year. Likewise, the drop (of 16.6%) between the point of entry and the end of the first year is the largest, followed by a steady decrease until the end of the third year.

## Tenancy sustainment

- There is some level of consistency in tenancy sustainment across the three years. Given that 92.0% of the people represented by this survey have had a history of rough sleeping previously, seeing more than two-thirds of them being able to manage their tenancies at these three-year points (specifically 67.7%, 69.0% and 66.2% respectively) shows a positive trajectory in tenancy sustainment.
- General upward trends are observed in the ability to manage finances (e.g., paying bills and avoiding accumulation of debt) and the ability to perform everyday tasks (e.g., cooking and cleaning) over the three years, which also indicate a positive trajectory for tenancy sustainment. There are notable sharp increases for both indicators between the point of entry and the end of the first year.

## Meaningful use of time

- While only 9.0% of people represented in this survey engaged in hobbies and their interests at the point of entry, there is a significant increase in time spent on these activities by the end of the first and second years (27.7% and 38.2% respectively), followed by a steady 37.2% by the end of the third year.
- There is a general increase in positive social networks from the point of entry into Housing First until the end of their third year. There is a sharper increase between entry point (16.6%) to the end of the first year (26.6%), and to the second (34.1%), and a slower increase to 36.3% by the end of the third year.

# Why does Housing First work?

We also summarised the key themes of the peer research and interviews with frontline workers on the elements which contribute to the success of Housing First and its delivery and operations.

## **The principle of granting people accommodation without the need to fulfil any conditions is essential for people with multiple disadvantage.**

- Residents have the space to get their basic needs met, process any trauma they may have, think about what they want in life based on their own terms and start establishing boundaries.
- Owning a home is truly a springboard upon which other positive outcomes can emerge e.g., residents being able to think about budgeting, and not having to rely on shoplifting to meet their needs, which reduces their offending and criminal behaviour.
- Residents feel valued, respected and have a sense of belonging to wider society.

## **The principle of providing flexible and long-term support for as long as it is needed is befitting for people with chronic history of homelessness and with multiple support needs.**

- Finding accommodation for residents, management of tenancy and everyday upkeep of the home, and adjustment to their new homes takes time and requires extra support.
- Residents have been let down from services previously, especially where there is a time limit to engage. In Housing First, without the time pressure frontline workers are able to provide flexible, sustained support to residents building the relationships and security needed.

## **Active engagement of workers gives the consistent support that residents need.**

- Workers are allowed to 'meet the residents where they are at' which reflects a person-centered approach.
- Active engagement recognises that intervention and support in the initial phase are timely and urgent, and there is a need to respond accordingly to the needs of the client which ebbs and flows throughout their time with Housing First.
- Small caseload allows for workers to be proactive in their engagement with residents and allows them to focus on building relationships with the residents and serve more as a supportive presence for them.

**Frontline workers are the heart of Housing First and lifeline for the residents. They serve as their greatest advocate and support in various ways.**

- Having workers by their side as a strong advocate and be their voice when the need arise, instils in them hope and confidence that their lives can get better.
- Workers also serve as role models in many aspects in life, such as how to perform everyday tasks, how to communicate with others and set boundaries, and how to form safe, healthy, and trusting relationships.

**Collaborative and joint working amongst professionals who are involved in supporting the residents have contributed to the success of Housing First.**

- The perception that every professional whom residents have been referred to knows each other, can create a sense of feeling supported by a community of professionals and trusting that they do not have to repeat their history numerous times given that the professionals are communicating with each other.
- Joint working bridges expertise and intelligence e.g., support workers working with outreach teams when identifying residents who have gone back rough sleeping.



# Barriers and challenges

Below are the key summaries and themes of the challenges faced by services and support workers in Housing First.

## Unsustainable funding cycles

- Short-term funding cycles affect services' ability to plan long-term operationally and logistically as well as impact their capacity to provide long-term and consistent support to the residents.
- The coming to the end of the funding cycle without any extension of contract takes away the lifeline support for residents who are most in need and in critical stages in the programme.

## Shortage of affordable housing supply

- Residents can experience a long wait before acquiring a tenancy and this can affect the relationship the support workers have built with them.
- Lack of housing supply meant that residents cannot be housed nearby each other, which can affect workers' commuting time and can limit their capacity to support their residents in a timely manner.

## Dependency of residents on Housing First

- There is a challenge in finding the fine balance between supporting and letting residents achieve self-reliance and independence.
- Concerns have been raised about residents who only have a positive relationship with their support workers, without having a wider pool of network for support.

## Lack of knowledge about people who are experiencing homelessness

- Concerns have been raised about how people experiencing homelessness have been perceived and treated by professionals whether in healthcare or by the police force.

## Conclusion

This research shows a definite indication of positive long-term trajectory for many outcome indicators of Housing First, further adding on to the mounting evidence that Housing First is simply not just a response to homelessness and rough sleeping, but rather a whole systems solution towards ending multiple disadvantage. As it is a tailored and uniquely high-intensive intervention that fills a major gap in service delivery, it has become clear how great the need for Housing First is as part of our wider solutions to ending homelessness, as we face the challenge of increasingly complex support needs amongst those experiencing homelessness.



## Recommendations

- 1 Develop a national standard for impact and outcomes data in Housing First services.** There is an urgent need for more rigorous and consistent data collection across Housing First services, particularly data which will aid in measuring impact and benefits of Housing First i.e. measuring the 'distance travelled' for each resident in their journey in Housing First.
- 2 Embed fidelity to the core Housing First principles.** In the mission to expand and upscale Housing First to other regions and to meet the demands of the programme, it is necessary to ensure that the fidelity to the core principles is properly adhered to and that they withstand over time.
- 3 Establish and strengthen cross-departmental response to end homelessness as a default.** There is a need for greater joint working and the setting up of multi-disciplinary groups representing professionals and workers from diverse sectors to provide holistic, tailored, and intensive support for people with history of repeated homelessness.
- 4 Provide sustainable funding for long-term support.** Sustainable funding and commissioning cycles for Housing First projects is vital to facilitate long-term support and impact. There is a need to review current funding practice and eradicate short-term contracts and allocate the estimated £150.3 million per annum required to fund Housing First at scale.
- 5 Commit to building adequate supply of social housing to upscale Housing First.** There is an urgent need to engage and establish partnership with more housing providers to get involved to scale up the tenancy provision. The next Government should commit to build 90,000 social homes per year for the next 10 years and unfreeze Local Housing Allowance.
- 6 Strengthen service management and delivery.** Strengthen partnerships with civil society, local authorities, charities, and governmental organisations to facilitate positive networking amongst people experiencing homelessness. It is also recommended to actively shift away from assessments and tools which are deficit-based and to include people with lived experience, particularly in shaping service delivery, solutions to homelessness and policy development.
- 7 Increase awareness of impact of homelessness and trauma informed approaches.** Develop and roll out a national trauma-informed training programme in England for Local Authorities and providers of commissioned homelessness services and an awareness raising programme for wider health, social care, and criminal justice organisations.

# 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.



**Homeless Link**

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