Introducing specialist roles to Housing First services

Findings from five Housing First grants

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Homeless Link

Contents

Acknowledgements

We would like to thank all who contributed their time and resource to the creation and oversight of these grants, particularly Comic Relief for funding this important work and the five grantees, whose learning we will hope will provide valuable insights to many others.

Introduction

Housing First is an approach to housing and support that aims to offer those with multiple, complex needs a stable home and the opportunity to receive intensive, person-centred, holistic support. While originally developed in 1992 in New York by Pathways for Housing, the model has since expanded internationally, including gaining in popularity in England from 2010, where the model is upheld by seven principles:

1. People have a right to a home;
2. Flexible support is provided for as long as needed;
3. Housing and support are separated;
4. Individuals have choice and control;
5. An active engagement approach is used;
6. The service is based on people's strengths, goals, and aspirations; and
7. A harm reduction approach is used.

In 2019, through the support of Comic Relief, Homeless Link was able to offer grants for the creation of several different Housing First specialist roles, with the prerequisite that these improve sustainability of the service after the grant ends and do not create provision that would end after the grant. After an initial application process, five proposals were approved for five very different roles that lasted between one and two years, presenting a unique opportunity for testing different approaches, expanding capacity, and seeing how different work streams can add value to the Housing First model and its residents. These include:

1. A Trauma-Informed Counsellor at the South Yorkshire Housing Association;
2. An Occupational Therapist at St Mungo's;
3. A Peer Mentor and Co-Production Development Project Coordinator at Bournemouth Churches Housing Association;
4. A Specialist Women's Worker at Brighter Futures; and
5. A Strategic Partnership Manager at the Single Homeless Project.

While many of the challenges Housing First services face are systemic – most notably short-term funding[1] and a lack of affordable accommodation,[2] these roles aimed to create opportunities for important changes that are within these services' power. In particular, due to the nature of Housing First's work and residents, it is essential that Housing First teams are able to build links with local government and services. These roles all represent various approaches that can reinforce partnership and multi-agency working.

This learning report serves to summarise some of the key challenges and successes experienced within each of these streams of work. While there have been some exciting opportunities for learning and signs of initial success, it is important to note that these grants were aimed to begin around the time that the COVID-19 pandemic hit the UK in early 2020. In some cases, this caused delays to hiring and in others it meant those hired were reassigned to emergency support or had their ability to provide services hindered by the pandemic.

Outside of the introduction and conclusion, this report has five sections, each covering one of the grants. Outcomes are discussed in terms of those for residents, those for staff, and those targeting systemic change through working to address local networks and sustainability. Each section also features case studies and information about the impact of COVID-19, as well as conclusions and recommendations.

Methods

This report is comprised from a series of updates provided by grantees throughout the course of the grant, including a final report after or near the grant's close. Two of the five grants (Brighter Futures, and the Single Homeless Project) also commissioned impact reports, the information of which has also been incorporated. Follow up questions and conversations were also held with staff, as needed. Where case studies or individual stories are utilised, residents' anonymity has been preserved through the use of pseudonyms and the removal of any potentially identifying information.

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[1] Blood, I et al. (2020). *'A Traumatised System': Research into the commissioning of homelessness services in the last 10 years.* Available at: https://www.riverside.org.uk/wp-content/uploads/2020/03/A_Traumatised_System_FULL-REPORT_v8_webFINAL.pdf.

[2] Bramley, G. (2019). *Housing supply requirements across Great Britain for low-income households and homeless people: Research for Crisis and the National Housing Federation.* Available at: https://researchportal.hw.ac.uk/en/publications/housing-supply-requirements-across-great-britain-for-low-income-h.

It is important to note that, as this report was commissioned retroactively, it was not possible to create and test particular hypotheses. As such, this is very much a learning report that can only assess potential areas of impact that may be useful to other Housing First initiatives and to future research. Due to the exploratory nature of these grants and the flexible, trauma-informed basis of Housing First, grants' initial and stated outcomes tend to focus on scoping and identifying areas for further exploration and research.

All findings herein are therefore of an exploratory nature and it is hoped that they will be used to inform those interested in expanding their Housing First offer, those supporting residents with multiple and complex needs, and for those interested in conducting further research in this area. An additional challenge is that at the time of receiving final reports, many grants had closed and those in funded posts had moved on to new positions, making it not possible for follow up questions with them.

Trauma-Informed Counsellor

Overview

South Yorkshire Housing Association (SYHA) was awarded a grant for £93,249 to hire a trauma-informed counsellor in support of their Housing First programmes in Rotherham. The grant was envisioned as serving three primary aims.

First, they wanted to provide counselling services to existing residents, including 1:1 counselling and other types of tailored interventions. In line with the Housing First principles, these would be flexible in duration, location, and intensity (Principle 4), with the ultimate goal of helping residents to replace substance misuse with positive coping mechanisms, including engaging with local communities and fostering supportive social connections (Principle 7). SYHA explained that most of their residents have a dual diagnosis, which can present a real challenge in accessing mental health services.

The role also aimed to provide training and reflective practice opportunities for all Housing First staff members, ultimately hoping to embed a trauma-informed approach (TIA) across their frontline teams (Principle 5). SYHA believed that, by increasing staff members' understanding of the potential impact of trauma and feeling confident in using a strength-based approach (Principle 6), they would be better able to support residents and improve the sustainability of the service they offered.

Finally, this role also aimed to support some of SYHA's broader strategic development. This was hoped to be achieve by having the role sit outside of the traditional organisational hierarchy and by having the Counsellor work to develop networks with other organisations and services.

A Trauma-Informed Counsellor (TIC) was hired in February 2020 and remained in post until December 2021.

The impact of COVID-19

The timing of the COVID-19 pandemic was a significant challenge in the TIC's ability to meet the role's aims and to develop relationships with residents. The TIC had only had one session with each of their new residents before the first lockdown was announced. Attempts were made to offer counselling over the phone, but initially these were, unfortunately, not successful.

Over time, the TIC was able to offer counselling sessions through a range of methods, including online, over the phone, and outdoors. However, the TIC found that residents

generally wanted and needed to focus on coping with the immediate pandemic, inhibiting their ability to work on long-term goals and work through past trauma.

While some residents preferred phone or video calls, the TIC also developed an innovative solution so that they could offer an approximation of face-to-face counselling that still adhered to COVID-19 restrictions. The TIC would leave a tablet at the resident's door and, using their work phone and the tablet, the two could chat while the TIC sat outside in their car. By staying in such close proximity, they could see each while speaking over the phone / tablet.

In addition to the many challenges presented by the pandemic, one of the unforeseen benefits of having the TIC in post was their ability to provide additional mental health and wellbeing support to staff and residents during a time characterised by fear, worry, and isolation.

Outcomes

Outcomes for residents

During their time at SYHA, the TIC offered counselling services to 42Housing First residents, including 30 in Rotherham and 12 in Chesterfield. 14 residents had one-on-one counselling sessions (7 men and 7 women), including 10 who were 25 or over and 4 who were 16-25, 4 disabled individuals, and 2 people who were in a couple.

For residents who were not ready for traditional counselling, the TIC adapted their offer to include a range of other types of support, including cooking, arts and crafts, and walking therapy. Residents also had the option to have their support worker present, most chose to do.

The team identified a key gap in the TIC's service delivery that reflected gaps occurring in other streams of work. Specifically, as a white counsellor, they had not engaged with any residents of colour, despite 10% of residents in Chesterfield and 4% of residents in Rotherham being Black and minority ethnic. This was only noticed after the TIC's tenure, during SYHA's work to produce a Race Action Plan. they reported having recently employed a white therapist in a different role who had also struggled to engage with communities of colour.

It was felt that residents of colour may feel that white therapists will not understand their experience and/or that there may be a lack of trust. The service noted that it seemed some residents may have been open to group-based therapy, particularly if it was based around culturally relevant activities (e.g., cooking or art).

Outcome 1: Improvements to mental health and wellbeing

The first hypothesis was that having a TIC would lead to better mental health and social wellbeing outcomes for residents.

Originally, SYHA aimed to use three measures: (a) a validated measure agreed by the counsellor to evaluate mental health scores; (b) the Warwick-Edinburgh Mental Wellbeing Scale; and (c) the De Jong Gierveld Loneliness Scale to assess social isolation and loneliness.

The service noted that, as described previously, the pandemic had a significant impact on residents' mental health and wellbeing. This made it extremely difficult to assess the impact of the counselling services, given that residents were likely to be experiencing poorer mental health than might have otherwise been the case. Thus, they decided to only use the Warwick-Edinburgh measure.

Unfortunately, due to a combination of uncertainty around what data they could share from their In-Form system and an inability to complete the analysis of existing data before the completion of this report, they were not able to share any of the specified quantitative measurements to indicate if residents' mental health and wellbeing had changed over the course of the TIC's tenure. Anecdotally, the team reported of a resident who had been using cocaine on a daily basis before working with the TIC and is now using approximately once a month or less.

One of the tools the TIC used to support residents was through the development of a mental health First Aid Kit. After initially reaching out to residents to see if they would like to input into the process, the TIC worked with them to develop a team to co-produce the kit. The TIC reported that the final result was completely unexpected from what they would have envisioned without residents' input. The kit was available to all residents who wanted one and included: a golden envelope with a £10 Love2Shop voucher, a notebook, a set of pencils, a scented candle, chewing gum, a bar of chocolate, a popping fidget toy, and silly putty.

The TIC also developed Cooking and Chatting sessions, where they bought ingredients and talked with residents while they were cooking. In discussing their work with the TIC, one resident stated:

> *"I find it really helpful, and it helps me think more positively. The TIC listens to me, and it helps me let off steam. It's a good release and I feel like I'm dealing with my emotions better. [The TIC] is coming tomorrow and we're going to make pancakes, which I'm looking forward to. I don't feel finished with the counselling yet, and want to keep working on things."*

Outcome 2: Reduced substance misuse

The second hypothesis was that, by addressing their trauma and causes of substance misuse, residents' substance use would decrease.

The programme originally planned to use the World Health Organisation's ASSIST evaluation tool to assess this outcome but decided to instead use the Chaos Index (a.k.a. the New Directions Team Assessment / NDT). The Chaos Index relates to a range of areas of behavioural need, including mental health and substance misuse. Scores range from zero (low need) to four (high need).

The team reported that scores reduced an average of 38% in Chesterfield and 20% in Rotherham, though it is not clear to what degree this reflects changes in substance misuse. As discussed above (Outcome 1), data analysis also was not formally completed before this report's publication so this reported reduction could not be validated.

Outcomes for staff

In addition to their resident-facing work, the TIC also worked to provide a range of training and support for Housing First and other staff at SYHA, as well as others working to support residents.

Outcome 3: Increased awareness and adoption of trauma-informed care

The third hypothesis was that the inclusion of a TIC would provide benefits for staff through the increased awareness and adoption of trauma-informed care within the organisation and local systems.

Increased awareness was planned to be assessed by the number of (a) Housing First staff and (b) housing-related support staff trained in a TIA. The increased adoption of TIC approaches was to be assessed by the number of (c) commissioners briefed in TIC and (d) the number of commissioned services informed about TIC.

During their tenure, the TIC was able to provide training to 8 Housing First frontline staff and 40 wider SYHA frontline staff, who worked in areas ranging from mental health to homelessness and work and wellbeing.

The TIC also provided a range of other types of support for staff, including individual sessions to review residents' support needs and progress. The team explained that one staff member had been experiencing challenges working with one resident and was struggling with feelings of self-blame and frustrations about not being able to 'fix' the situation. She reached out to the TIC and, through a one-on-session, came to recognise how her own history of trauma was contributing to these feelings. Through this she decided to explore this further in counselling and the recognition helped her to better

separate reactions related to her own lived experience from her work with the resident.

The introduction of reflective practice sessions was reported as a particularly positive change amongst Housing First staff that had contributed to the embedding of TIC within the team and service. The team also felt that these sessions had helped staff prioritise their own self-care and wellbeing, leading to greater team cohesion and feelings of hope and confidence. Staff also described these sessions contributing to their using a more reflective, rather than reactive, approach in their own work.

Sessions were held every two weeks and were extended to other frontline teams across SYHA. It was stated that reflective practice sessions are now embedded as standard practice. About the sessions, one team member stated:

> *"I found them extremely useful and well facilitated. The group was encouraged to form naturally, and we all value the sessions and plan to continue them [after the TIC leaves]. I had a few client bereavements and it helped to be able to discuss them outside my team and reflect on the support given and look at the process, which helped take some of the emotion out of it all".*

While there were no identified measurements for assessing the adoption of trauma-informed care, the team noted that the impact of greater awareness of the approach was particularly evident in reflective practice sessions. As discussed in Outcome 2, these presented opportunities for staff to reflect on residents they may have been struggling with, foster empathy, and prevent burnout.

The team also reported that they had submitted some successful bids that had drawn directly from the TIC's work. In 2021, they secured a bid to have a Co-Production and Peer Support Service, which began in February 2022 and will run for 2 years. They also successfully bid for funding for a Health and Wellbeing coach for one of their projects in Rotherham, which will serve to provide support for residents in temporary accommodation when moving into long-term homes. They explained that the TIC role had demonstrated the need for this.

Systems-wide changes were promoted through influencing the commissioning of a TIA in services and embedding TIA in new services commissioned by the council, including providing training to 4 commissioners and 10 external organisations. The TIC also attended a range of events, where she presented about the work they were doing and using a TIA. SYHA also reported that they were aware of other projects and/or counsellors who are now looking to offer trauma-informed therapy to their resident group.

Case studies

Margaret[3]

Margaret has a long history of abuse, including domestic abuse, which has led to her children being removed from her care. When the TIC began working with her in 2020, she had been in two different Housing First properties and moved out of both. She had been in several abusive relationships and, due to a history of heavy drinking and unprotected sex, had developed several diseases.

Even though she is very sociable and friendly, the team reports that it is hard for Margaret to trust other people. It was only after several months that she felt comfortable enough to start talking to the TIC, who said they only felt that Margaret was beginning to trust her after over a year. The TIC described Margaret as having a wonderful laugh and a huge amount of love for her daughter.

The TIC stated that, if they had not taken an active engagement approach, they do not think Margaret would have even considered counselling. The TIC said they had to prove consistently and kindly that they were interested in hearing what Margaret has to say and that they were strong enough to support her. The TIC found it very difficult to build a relationship with Margaret. However, over time, they were able to work together to help Margaret process the loss of her children and work through the large amount of trauma, pain, and loss she has experienced.

Richard

Richard is in his 30s and loves listening to music and playing puzzle games. He has learning difficulties and multiple sclerosis and, when The TIC first met him, was experiencing episodes of drug-induced paranoia. He was contacting the police several times a day, including making claims about his neighbours, and his key worker was struggling to support him as a result.

The TIC explained that, at the beginning of their time together, they focused on listening and building a trusting relationship, rather than trying to 'fix' what was going on. They also found that, due to his feelings of loneliness and desire for company, Richard was being financially exploited by his peers.

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[3] All names have been changed to preserve the anonymity of residents.

Over several months, the TIC provided regular in-person and phone sessions for Richard. They focused on his relationships, self-care, and goals for the future. He is now living in a permanent residence, where he has developed strong connections with some of the other residents, has cut down on his drug use, and reports significant improvements to his wellbeing:

> *"I'm so very happy I'm living here. I've got my mates around me. I've said thanks to [keyworkers] and police service for making this possible. I've calmed myself down. This is just totally brilliant. I'm happy to have contact with [the TIC]."*

Conclusions and recommendations

The evidence provided suggests that the introduction of a TIC at SYHA has had a wide range of benefits for both the Housing First residents and the staff, in addition to promoting organisational and local change. While there is no clear indication as to the impact on residents' substance misuse, there is a range of evidence suggesting positive impacts on residents' wellbeing and mental health.

It is also clear that, during their time at SYHA, the TIC was able to engage with a large number of Housing First and other frontline staff, as well as with many commissioners and external organisations. The reflective practice sessions, in particular, appear to be a key positive that have been continued after the TIC's tenure.

While the team wanted to continue the role going forward, they unfortunately were unable to secure funding to do so.

For other Housing First organisations considering employing a trauma-informed counsellor or looking to better integrate a trauma-informed approach, this grantee programme offers some key lessons and areas for further development. These include:

1. **Involve the trauma-informed counsellor at all levels of the organisation and ensure leadership are leading-by-example in using a TIA**. SYHA found that it was essential that the TIC was embedded at all levels, including working closely with leadership. Ensuring that the leadership team are using a TIA can help increase buy-in and make sure that this approach is embedded across the organisation.

2. **Flexibility and creativity are key**. The nature of working with residents with complex and multiple challenges inherently requires flexibility and persistence

(Principles 2 and 5), and that is likely to be vital to the introduction of a trauma-informed counsellor. Residents may not (initially or ever) want traditional types of therapy, so using other strategies (e.g., cooking, arts and crafts, or walking therapy) can be a useful approach to break down barriers and support residents.

3. **Lead-in time is likely to be needed and longer than anticipated**. It may take quite a while to develop relationships and build trust. Using an active engagement approach (Principle 5), while ensuring residents maintain choice and control (Principle 4) can help workers develop trust over time. However, it is important to recognise that this is likely to take much longer than services may originally think.

4. **Residents may prefer to have their support worker present during sessions**. While resident choice is key (Principle 4), the TIC found that residents generally preferred to have their support worker present during their sessions with them.

5. **Before hiring a counsellor, consider resident demographics and, in particular, engagement with communities of colour**. SYHA reported that the TIC was unable to engage with any residents of colour. Working to hire a therapist of colour and/or a therapist who specialises in working with individuals from different backgrounds (including different cultural and ethnic backgrounds) may help residents of colour who might otherwise feel that a therapist will not understand their experience. Consider how the principles of active engagement (Principle 5) and using a strength-based approach (Principle 6) can help foster understanding and supportive relationships. Alternative forms of therapy, including group sessions based around culturally relevant activities (e.g., cooking or art) may be particularly useful. This is a key area for further exploration.

6. **Regular reflective practice sessions can provide significant benefits for all staff**. Even where a trauma-informed counsellor is not available, the introduction of these sessions was reported as one of the main positives moving forward. This can be an excellent opportunity to not only support staffs' own wellbeing and mental health, but to reflect on residents' strengths, goals, and aspirations (Principle 6).

Occupational Therapist

Overview

St Mungo's Community Housing Association was awarded a grant of £78,922 to employ an Occupational Therapist (OT) for their Camden Housing First pathway for one year. It was envisaged that the OT would support residents by helping them to access services and by providing individualised support for residents' specific needs.

This included conducting in-depth assessments and support plans that could be used to navigate necessary referrals, helping residents access mobility aids and other tools, and, ultimately, helping residents feel more confident living alone. They also aimed to support wider learning within the team to help provide the flexible support residents needed (Principle 2), while reducing harm (Principle 7) and maximising resident choice and control (Principle 4).

St Mungo's wanted to help residents with physical and/or mental health challenges to access and maintain accommodation. They report that they have found social workers can believe that residents who need housing adjustments will not be able to maintain a tenancy and are therefore reluctant to agree to care packages (e.g., bathroom fixtures) for those with additional needs (e.g., alcohol dependency). It was hoped that having resident support by an OT, being able to use language norms adopted by the health sector, and helping Housing First staff increase their own knowledge and skills would help them overcome these barriers.

An Occupational Therapist (OT) was hired in October 2020.

The impact of COVID-19

While Camden Housing First originally planned to hire an OT for October 2019, this was significantly delayed by COVID-19, with the OT not beginning until a year later. An additional funding stream was able to be sourced to extend the end date to March 2022.

The pandemic and government restrictions on socialising and movement greatly limited the OT's ability to interact with residents and conduct initial assessments. This meant that they were initially only able to conduct emergency visits. There were also challenges in the OT's ability to engage with other members of the community and other services during these periods.

Outcomes

During their time at Camden Housing First, the OT was able to provide a range of support to residents and Housing First staff. They were initially brought in to support the 50 residents already in tenancies. When the number of residents increased to 72, they were able to bring in two Occupational Therapy students to increase their and the team's capacity and provide support for the 22 new residents.

Outcomes for residents

In their capacity as OT, the OT worked with 19 residents (7 women and 12 men), all of whom were over 25 years old and disabled. Of these, 5 were of colour and 2 were LGBTQ+.

Outcome 1: Improved understanding of own goals and steps to achieve them
Initially, it was hoped that the new OT would be able to support 15 comprehensive resident assessments. By the end of their tenure, with the help of the two OT students, the OT was able to exceed this goal and complete 18 assessments. These included OT reports outlining residents' needs and recommendations for how these needs could be met.

These assessments are more comprehensive than that which would have been completed by statutory services and included assessments for equipment needs, enabling these to be sourced before residents moved into new accommodation.

In addition to improving residents' own understanding of their needs and potential steps to achieve future goals, these assessments have had a range of other benefits. They have served as evidence of residents' medical and housing needs, which in turn has helped with applications for council housing, benefits, and PIP. It also helped to ensure residents have access to appropriate accommodation and equipment. Residents have also been able to receive more medical priority points as a direct result of the assessments. They have also helped case workers to understand residents' needs and how they can improve the support they are offering.

Assessments have also led to a range of referrals and requests for General Practitioners (GPs) to make referrals, including to podiatry and NHS OT services. Staff reported that the assessments have also made it easier to access services and receive feedback for residents. They also have found that statutory services have been quicker and more willing to respond to requests for help from the OT than they had previously been with caseworkers.

Assessments have also enabled other services to better support residents, including an example where a physiotherapist was only willing to offer treatment to a resident after they had spoken with the OT and gone on a joint visit. It was also shared that services felt they could better explain to their managers why they were requesting specific or increasing support for residents.

One issue that was identified in the OT's ability to support residents was that, as this was a new post, their priorities were initially focused on residents with the most complex needs. These residents often took quite a bit of time before they trusted the OT (sometimes more than four months), resulting in a significant amount of time and resource being dedicated to a smaller number of residents.

While the OT did later establish systems to set aside time to support residents with lower needs who would have still benefitted from OT, this did mean that these residents were not able to receive as much or, in some cases, any support. It was noted that these residents may have significantly benefited in their confidence and independence through less-intensive work with the OT than might have other residents with more complex needs.

Outcome 2: Improved confidence in living alone

St Mungo's projected that, with the help of initial assessments and ongoing OT support, residents would increase their confidence in living alone. Specifically, they hoped that a self-assessment measure would demonstrate that at least 12 residents reported greater confidence in living alone. However, they reported that residents struggled to gain insights into their own abilities and an alternative measurement – the Model of Human Occupation – was instead used.

The Model of Human Occupations (MOHO) is a common tool for OTs and identifies patterns in occupational motivation and confidence by evaluating individuals' motivation and habits. The team used this tool to assess 9 residents, focusing on those who had received support that was relevant to the model. For instance, those who had only received assessments for housing and function were not included. Scores increased across all 9 residents, as seen below. Unfortunately, due to the timing of the OT's departure, the team was unable to verify the score range for a full understanding of the identified increases.

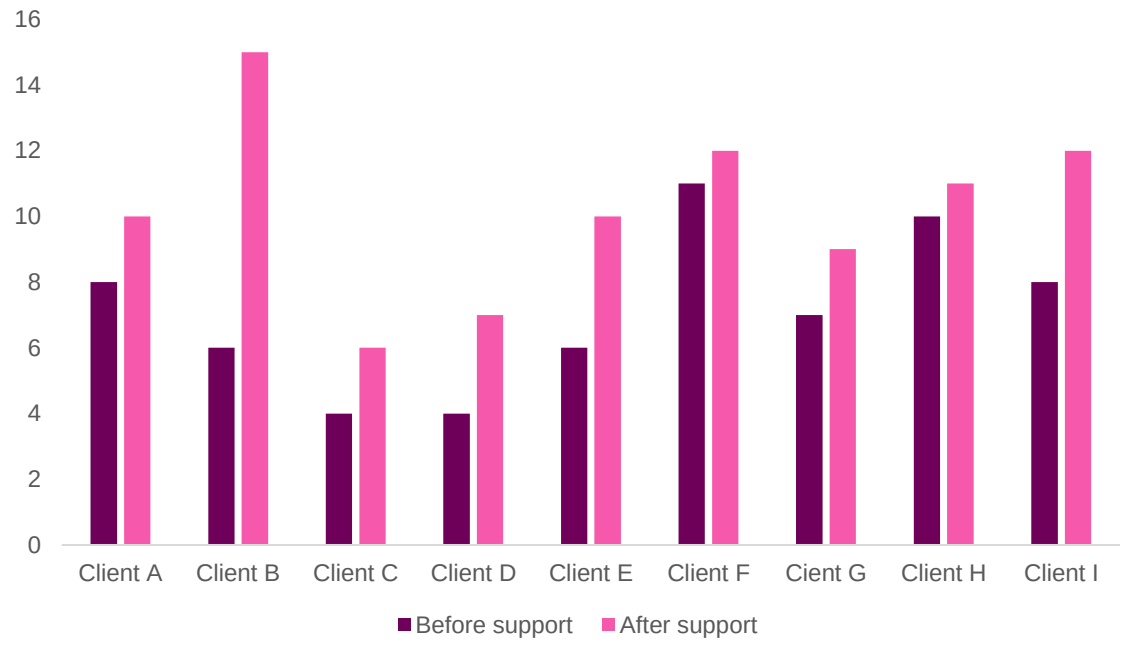

Figure 1. Model of Human Occupation scores before and after working with OT

In addition to the initial assessments, ongoing support for residents from the OT was essential in helping to foster greater feelings of confidence in their abilities to live alone. This included support with appointments, understanding what would happen in a hospital visit or stay, and helping residents to access necessary services.

Outcome 3: Improved ability to live independently

Camden Housing First not only wanted residents to feel more confident living alone; they wanted to demonstrate that residents were better able to live independently thanks to support from the OT. The initial aim was for 12 people to accomplish a stated goal towards living more independently.

They reported that, of the 19 residents the OT worked with, 11 residents were able to achieve goals toward greater independence. The OT also noted that, in their work, they found a focus to be more generally on achieving a better quality of life, rather than necessarily achieving greater independence.

The OT explained that the goal-setting process was conducted informally through conversations about what residents were struggling with and identifying potential solutions. It was felt that having specific, written-down goals could be too overwhelming for residents, so they instead focused on empowering residents, offering them choice, and identifying tangible solutions.

In addition to the measures previously mentioned, independence was also fostered through providing residents with a range of adaptations (e.g., leg raising pillows and aids to assist with putting socks and shoes on) and other types of supports to manage daily activities, including cleaning and laundry. For instance, items to help de-clutter houses (e.g., laundry baskets, clothes airers, and rubbish bins) could improve residents' wellbeing and comfort in their homes. They have also been able to push back when residents have received unsuitable housing offers (e.g., housing that has too many stairs).

One resident was described who had significant challenges with mobility, including needing to have his legs raised at night due to venous ulcers, not being able to reach his feet to wash them or put shoes on, and having difficulties transitioning from sitting to standing. The OT was able to assist him by getting him a ground floor flat, procuring a new, higher sofa with solid arms that was easier to get out of, and ordering a leg raise pillow, shoehorn, long-handled sponge, sock aides, and more.

The OT's work in helping residents access necessary services has also been essential in improving independence. For instance, the OT was able to communicate their observations to the GP of a resident with a chest infection, leading to a new prescription being granted and a new referral to mental health services the following day. Camden Housing First believed that their ability to use the 'common language' a GP would be familiar with was essential in accessing services so quickly.

The team also shared some resident statements that reflect their increased ability to live more independently:

> *"It is easier now. The bathroom stuff is a lot easier now. I'm not struggling."*

> *"[I received] different gadgets to help me with getting in and out of the bath, washing properly, opening tins, electric shaver, laptop for online activities and shopping which made daily life easier."*

> *"Many people would benefit from this."*

Outcome 4: Increased engagement with the local community

A final outcome for residents was increased engagement with local groups and activities. COVID-19 made this particular outcome extremely challenging. While they hoped that 12 residents would report increased engagement with local amenities, this was only accomplished for 6 residents. In addition to many local services not being open, many residents who were able to form connections were not able to do so in their geographic locality and instead attended virtual events.

However, some successes were noted in this area. For instance, one resident-led goal was 'to rediscover my area'. The OT supported the resident achievement of this goal by helping him join a local befriending service to become accustomed to his new community and find places to explore and visit.

Camden Housing First was also able to use some of the underspend due to the lack of in-person activities and groups to procure vouchers for local gyms and pools for ten residents and additional IT equipment for other residents.

Outcomes for staff

Though St Mungo's did not include any outcomes for staff in their primary outcomes, it is evident that the OT's presence had a large impact on Housing First staff. During their tenure, the OT supported 14 staff members (one service manager, 3 team coordinators, and 10 case workers).

Support for staff internally has included helping to improve team members' confidence and abilities in supporting residents' health needs and in helping them to access essential services and support. This has included offering training opportunities and creating information sheets on a range of topics, including hoarding and hospital packs and a training from a psychologist about complex trauma. Staff also received a range of other types of informal and formal support, including discussing how best to approach hospital teams, request different types of support, and interpret medical responses that may otherwise be unclear.

Camden Housing First reported staff saying they felt they had a better understanding around health and of how the healthcare system and NHS work, enabling them to improve their abilities to organise meetings and appointments and to advocate for residents. Staff were also given guidance and training around housing and disability legislation, which has, for instance, helped them to advocate for residents' rights to see properties in person and not just on-line.

The OT also carried out joint visits with case workers to support them with complex residents. Camden Housing First explained that supporting these residents at times when their health has deteriorated has been a particular challenge historically, causing staff a great deal of stress and anxiety. They also reported that, through working with the OT, team members have a greater awareness of different types of adaptations and accessories for residents.

These steps have helped staff feel more confident when speaking with health professionals and social services. They have also helped staff to save time and avoid

trial and error, while being better positioned to reassure and instil confidence in residents. When talking to residents, they reported feeling better able to identify what questions to ask and felt more confident providing necessary information. One case worker stated:

> *"I have learned to better advocate for clients with health services. There is a hierarchy where health professionals can be regarded as experts and historically I have sometimes deferred to health professionals' recommendations for clients, assuming they know best. However sometimes clients aren't getting the care they need, and I now feel more confident to challenge that and advocate for more where needed."*

The OT has also worked to improve wellbeing and morale within the team, including hosting an informal weekly virtual catch up on a variety of topics (e.g., favourite local walks, books, and recipes).

Aly Davies, Camden Housing First's Manager, stated:

> *"The success of having an OT in our service is evident from the positive health related outcomes for our clients. The OT has worked in building partnership working with health services/ASC [Autism Spectrum Condition] and safeguarding teams which has been central for our service and clients. The OT has been working with staff around practical knowledge around how to work constructively across agencies and how to overcome barriers and engagement with clients and agencies. We now have the knowledge and resources that the OT has put in place for the service and staff are more confident and equipped to deal with hospital discharges and ensuring that our clients get the right and fair health treatment."*

Outcomes for local networks and sustainability

In addition to improved outcomes for staff, Camden Housing First also reported a range of ways in which the OT's presence helped to improve networks and communication with local services and organisations. However, the OT stated that, as residents live across many different boroughs, they were not able to make as many links with other services and health professionals as they would have liked during their tenure.

The OT did, nonetheless, successfully liaise with a range of external services and staff, including: housing officers, social workers, case managers, social service OTs, reablement services, district nurses, mental health teams, council housing departments, hospital staff, and GPs. They were also able to share their experiences

with some new Housing First OTs from other areas. They also worked to ensure that these individuals knew how to contact them and made themself available to offer advice and to ensure open lines of communication around any issues that may have arisen.

Camden Housing First reported that a range of doors had been opened through the OT's work, including a direct e-mail to the Camden Social Services' OT, enabling them to make direct requests and bypass the central social services referral system when needing equipment for residents. They also stated that they have found hospitals to be more willing to speak to the OT about residents' progress than they have been to speak with Housing First caseworkers.

Case studies

Jeremy

After returning to his flat following a three month stay in the hospital, Jeremy was experiencing extreme anxiety about being on his own. He was only able to ambulate using a wheelchair and was receiving three carer visits a week. He was also having challenges with his relationships with his support workers. The OT wanted to help improve Jeremy's independence and confidence, while also working to reduce frustrations in his relationships with support workers. They outlined three goals that they worked on together.

First, Jeremy needed to adapt his flat so that he could ambulate easily with his wheelchair. He also wanted it to feel more like a home. Together, they rearranged furniture and helped him acquire a new bed, bedding, towels, and soft furnishings. He also received a new long arm reacher, a TV, and a stereo. After speaking with Jeremy's carers, the OT also sourced a new hoover and clothes rail.

She reports that Jeremy now feels settled and happy in his flat.

Secondly, Jeremy had been given a cat by a friend and wanted to be able to care for his new animal companion. While his carers thought this would lead to increased responsibilities for them, the OT successfully advocated on Jeremy's behalf, and he was able to keep the cat. This has also helped to reduce his feelings of loneliness and his interactions with his carers.

While the first two goals were resident-led, the OT also introduced a third, OT-led goal, in an attempt to reduce potential harm to Jeremy. Jeremy's intense fear of being

admitted to hospital was leading him to miss appointments, contributing to a worsening of his health and, resultantly, longer hospital stays.

The OT worked with him to identify more positive elements of appointments and hospital admissions, such as 'having a laugh' with nurses and being around other people. He has been able to develop more positive associations with healthcare and has even come up with a range of other ideas for how to improve his feelings around hospital visits and stays, including being able to watch DVDs or bring puzzle books.

Mohammed

Mohammed is a very sociable person, who enjoys the company of others and has been a resident of Camden Housing First for the past few years. He suffered from a head injury previously, which affects his memory, planning, and organisational skills. This can be particularly exacerbated if he is under the influence or feeling unwell. This, combined with his friendly nature, can make him vulnerable to exploitation.

While in his privately rented Housing First flat, Mohammed's physical health had been deteriorating. He had experienced several falls and was struggling with the two flights of narrow steps leading up to his flat. During this time, he was also befriended by a man who helped him purchase drugs. On numerous staff visits, Mohammed did not have his keys or phone, as the other man had them instead. The other individual was also spending Mohammed's money and there had been complaints from neighbours, leading to the raising of an eviction notice.

With the OT's support, the issues were able to be raised to the council. The police also became involved and began checking on the flat regularly, stating that the other man was known to them and had taken advantage of other individuals who were vulnerable to abuse.

Mohammed was able to be moved to Islington, where his GP and pharmacy are located, and is now in a flat that is suitable for his physical disabilities. The OT has helped to adapt his furniture and environment as well, including raising his sofa so that it is easier for him to get up from it and helping him to declutter his apartment. Mohammed has also been supported to reflect on his experiences with the other man and now recognises the negative impact this individual had on him and his increased drug use.

The team reports that Mohammed is now happily settled in his new flat and is working with them to identify activities he can become involved with in the local community. He has not been in contact with the other individual and has not used drugs since his move.

Conclusions and recommendations

It is evident that the OT's work has had a substantial impact on both the residents and staff at St Mungo's Camden Housing First, in addition to leading to improvements in local networking and opening doors to other services. Some of the key learnings that have come from this programme of work that may be useful for other Housing First teams seeking to add an OT to their service offer or better adapt their work to residents' physical and cognitive disabilities include:

1. **Ensure time is available for lower-needs residents, as well as those in most significant need of support.** During the OT's initial tenure, they found that too much of their time was taken up by higher-needs residents. By setting aside time for residents with lower levels of support needs, they were able to help those for whom a smaller amount of effort could lead to substantial gains in independence and confidence.

2. **Build in time to develop trust with residents**. It was felt that maintaining an active engagement approach (Principle 5), while ensuring residents had the time to develop a relationship with the OT at their own pace and in a way that felt comfortable to them (Principle 2) ultimately led to greater engagement and trust. For some residents, this process took more than four months.

3. **'Skilling-up' Housing First staff can have significant benefits**. The Housing First team's increased understanding of the healthcare system, residents' health needs, and potential adaptions and supports was reported as being of substantial benefit. This includes being able to use a 'common language' when speaking with health professionals and, ultimately, being better equipped to manage risks and potential harm for residents (Principle 7).

4. **Ensure adequate time is dedicated to developing relationships with other services and 'opening doors'.** The OT's status as an OT enabled them to have greater access to other services, including statutory services and other government staff. Putting in the time to develop these relationships and 'open doors' can have significant benefits. This also helped staff to advocate on behalf of residents' strengths, goals, and aspirations (Principle 6), in ways that may have been counter to deficit-based approaches utilised by other services.

5. **For some residents, achieving a better quality of life may be a greater focus than achieving more independent living.** In the grant's initial scope, it was envisaged that the main benefits for residents would be on feeling more confident and being better able to live alone. However, they found that, for many residents, the focus was more on achieving a better quality of life. This framing may better support residents for whom greater independence may not be a realistic or desired goal at this time and may also be an opportunity to ensure goals are resident-led (Principle 4) and focused on residents' strengths (Principle 6).

Peer Mentor and Co-Production Development Project Coordinator

Overview

In partnership with Julian House, Bournemouth Churches Housing Association (BCHA) received a grant for £78,922 to hire a full-time Peer Mentor and Co-Production Development Manager (PMCM) to work in their Exeter Housing First service for two years.

The aim of the grant was twofold. First, they hoped that this position would be able to work with current Housing First residents and stakeholders to determine a pathway for creating and supporting Peer Mentor positions within their Housing First service. They then hoped that the new position would be able to hire and support nine new Peer Mentors.

This programme was based on BCHA's desire to recognise and utilise residents' strengths (Principle 6) and the belief that many of their residents wanted opportunities to support others. They also felt that this could be a key part of an individual's recovery, providing benefits for existing residents and Peer Mentors themselves. This could therefore be an opportunity to ensure residents had maximum choice and control (Principle 4).

The Peer Mentor and Co-Production Development Manager (PMCM) joined the BCHA team in March 2020. The team reports that the programme has been so successful that the PMCM has been made a permanent member of staff. The work they have been doing will be expanded to the entire organisation, where they will serve as Co-Production Lead. They say that this work has helped to establish co-production as an essential cross-cutting theme for BCHA.

The impact of COVID-19

The onset of the COVID-19 pandemic caused some initial challenges and delays in starting. Due to staff losses and the impact of the pandemic, from March to September 2020 the PMCM shifted to working as a Housing First caseworker. While this greatly limited the time they could commit to their co-production and peer mentor work, it did have the unanticipated benefit of helping to better integrate them into the team and build their understanding of Housing First. Another positive was that this time also

helped create opportunities for service users to remotely access groups or activities that they may not have been able to otherwise.

BCHA explains that the pandemic created challenges in the PMCM's ability to work with staff inside and outside of the organisation. They also report significant difficulties in being able to have meetings with external organisations and in obtaining commitments to host training for Peer Mentors and other staff members.

The PMCM also experienced challenges in engaging with residents. The impact of isolation now commonly associated with the pandemic-related restrictions had a significant impact on residents' mental health. The decrease in other opportunities for meaningful human interaction also negatively impacted residents. Isolation and decreased mental health led to decreased engagement for some residents

While staff were able to maintain face-to-face contact throughout much of this time, there were periods of greater restriction when this was not possible. They increased support available over the phone and report that, moving forward, while this has not replaced in-person support, this has had the positive impact of leading to the increased use and availability of phone support.

Outcomes

Outcomes for residents

While the aims of the peer mentor and co-production work were largely centred around creating new networks and understandings around effective co-production in the Housing First sector, the work also aimed to benefit residents directly. This includes supporting current residents and the opportunity for previous service users and those with experiences of homelessness to become a peer mentor.

However, it is important to note that BCHA and the PMCM experienced significant barriers in trying to work with Housing First residents and described their main successes as coming from their ability to support clients in other programmes. This is discussed further in this section.

Outcome 1: Improved outcomes for service users in processing trauma, sustaining recovery, and wellbeing

Exeter Housing First aimed to have Peer Mentors directly work with at least 21 service users, with the belief that their work processing trauma with the support of a Peer Mentor would lead to improved outcomes in regard to residents' recovery and wellbeing. Ultimately, they supported 6 residents through this work (see case studies for stories of one resident and two Peer Mentors).

While the PMCM and the team describe having seen positive outcomes for residents, they unfortunately were unable to track changes in recovery and wellbeing. Retrospectively, they felt that the use of a tool such as the Warwick-Edinburgh Mental Wellbeing Scale may have been useful.

Support included the creation of a menu of meaningful activities for service users. These included the creation of a Podcast (see Outcome 3) and Reference/Expert Panel (see Outcome 5). In conjunction with other homelessness organisations, they were also able to create a Social Hub, a space in an existing BCHA property where residents could engage in social and meaningful activities to help them connect with other people in their local community.

Outcome 2: Create a Peer Mentor offer

Exeter Housing First aimed to create a replicable programme for hiring, training, and supporting Peer Mentors with a range of resources and tools, including: a Peer Mentor handbook, interview hiring guide, recruitment procedures, contract, hiring risk assessment processes, assessment forms, and data protection policies.

The aim was that Peer Mentors would be able to access the same resources and information as paid employees, including receiving a set induction, training package, and supervision. There was also a recognition of the need for a range of specialised policies and procedures to accommodate the needs and work of Peer Mentors.

During the course of the grant, the PMCM was able to write 18 Peer Mentor policies and procedures that are currently in use by BCHA. These include recruitment procedures and systems for matching mentees with mentors. In designing these, the PMCM reviewed existing models and approaches, particularly in relation to Housing First.

Working with Groundswell, BCHA was able to develop a bespoke training offer for Peer Mentors, which included work around establishing and maintaining boundaries, safeguarding, lone working, and advocacy.

One of the challenges they experienced was around their human resources (HR) and safeguarding policies, which created additional barriers to hiring Peer Mentors. While the PMCM worked with the HR team to develop safer and more equitable practices for recruiting Peer Mentors, they found that an unanticipated barrier was that all Peer Mentors still needed to go through the same process of referencing and a DBS check. The need for five years of referencing was seen as likely to be very prohibitive for potential Peer Mentors and was able to be reduced to two years.

Outcome 3: Recruit, support, and supervise Peer Mentors

After the establishment of the processes, policies, and procedures for recruiting and supporting Peer Mentors, BCHA hoped to recruit three Peer Mentors in the first year of the grant and six more in the second year. Success of this outcome would be achieved by: (a) the hiring of these individuals, (b) their receiving necessary training and induction, and (c) their being supported throughout the duration of the grant in their work.

BCHA received more than twenty enquiries from individuals interested in joining as a Peer Mentor. They found that common barriers included: automatic barring (a.k.a. auto-bar) offences emerging through DBS checks, not being able to provide a 2-year reference history, lack of identification documents, and individuals relapsing, changing address process, and/or losing interest during the process.

Ultimately, BCHA was able to recruit 6 Peer Mentors 2 of whom are actively working with residents at the time of writing.

Utilising the training programme created with Groundswell (see Outcome 2), all Peer Mentors underwent a training and shadowing programme with Housing First support workers, meeting weekly for induction and e-learning training sessions. This process was found to be particularly helpful for matching Peer Mentors with residents in more meaningful ways and in fostering relationships and understanding that could then be fed into residents' support plans.

One of the aims for Peer Mentors was also to create a podcast to share their own experiences, which they were to able to accomplish with the support of Exeter Homelessness Partnership. They report that residents have actively listened and wanted to be involved in the podcast. They also found that senior leadership and the board found the podcast a useful tool for ensuring the voices of those with lived experience were 'in the room'. The podcast will be continued going forward, though it is being taken over by Kickstart Apprentice.

The common lived experiences shared by Peer Mentors and residents created opportunities for joint learning and growth. They explained that Peer Mentors' own lived experiences helped demonstrate to residents that recovery is possible, while helping to foster empathy and support for residents from a position of personal experience. The team described how Peer Mentors' unique and important knowledge set could provide useful insights into the service's policies and procedures, as well as into service design and delivery.

The team reports great outcomes for Peer Mentors, including working to develop their CVs, applying for jobs in the voluntary sector, and one Peer Mentor even moving into a

permanent role in the team. They also report that they believe Peer Mentors have found the opportunity to 'give back' and have their experiences validated as an asset to be beneficial to their own confidence and wellbeing.

Peer Mentors were also supported through direct supervision, monthly reflective practice meetings, and the opportunity to join Housing First Caseworker Team Meetings. Due to COVID-19 restrictions, reflective practice sessions were initially held online, which was found to be less beneficial. When restrictions allowed in April 2021, these were shifted to in-person sessions. While it was originally planned that these would be held jointly with Housing First staff and Peer Mentors, concerns around resident confidentiality led to the holding of two separate sessions (i.e., one session for staff and a separate one for Peer Mentors).

While there were many clear benefits for residents working with Peer Mentors, BCHA also reported that they found challenges in adapting the Peer Mentor offer in a Housing First context. Most notably, while they originally hoped to be able to arrange meetings between Peer Mentors and residents, they found that many Housing First residents did not want to work with or meet a Peer Mentor.

This was felt to be due to the long time it can take those with complex needs and histories of trauma to build trusting relationships, with some residents explaining that they did not feel ready to have two such relationships (i.e., with a Peer Mentor and their support worker). Some residents told the team that they preferred to only see their support worker and did not have a need for support from someone with lived experience, explaining that they had others in their lives who fulfilled this role.

Outcomes for staff

One of the greatest benefits of the grant has been the significant cultural shift and internal focus on co-production at BCHA. The team reports that it was only through their ability to hire the PMCM through this grant that they were able to demonstrate the enormous potential benefits of this work, which have led to the PMCM's being permanently recruited as Co-Production Lead.

For BCHA, the cultural impact of the PMCM's work clearly goes far beyond what can be captured in this report. The team reports that there is a real commitment to embed co-production at all levels across the organisation. They also report that co-production training is now part of all new starters' induction programme and that, off of this grant, BCHA is now working to become a psychologically-informed (PIE) organisation that uses a trauma-informed approach (TIA).

Outcome 5: Establish an Expert Panel across Devon and Plymouth

BCHA aimed to have the PMCM establish a panel of individuals with lived experience across Devon and Plymouth. They wanted the group to host quarterly meetings for shared learning, particularly around recruitment, training, and how to employ Peer Mentors. The PMCM was able to successfully establish the panel, though, at the recommendation of the new Peer Mentors its original conception as an Expert Panel was reconfigured into a Reference Panel.

The Panel has met virtually five times and also had an in-person 'Away Day'. It mainly works with people in BCHA's supported accommodation, though includes one Housing First resident. Meetings create opportunities to discuss and provide input into BCHA's work and wider issues around homelessness.

The panel has been consulted on key issues and the team believes it has had a direct influence on the way BCHA works and. For instance, the Panel was consulted when BCHA made the difficult decision to increase service charges in February 2022. Through their guidance, the team was able to update the wording used in letters sent to residents and also offered 1-on-1 support to help with budget management. They have also looked to see if residents would like to join a Green Committee to help identify additional cost saving measures.

Outcomes for local networks and sustainability

In addition to the benefits for BCHA staff and residents, a significant amount of the PMCM's work was in establishing networks and opportunities for learning across the South-West.

Outcome 6: Establish and share a set of best practice for co-production

Through the work of establishing and running a Peer Mentor programme, the team wanted to create a set of co-production best practice that could be shared and used by other Housing First services across the South-West (and more broadly).

The many opportunities the PMCM sought and created for networking and sharing helped to distribute these messages widely, including becoming a partner of Exeter Homeless Partnership and Housing First South-West. Exeter Homeless Partnership (EHP) is a Comic Relief-funded project that is focused on co-production, including providing training, support, and opportunities for people with lived experience to participate. Together, BCHA and EHP have been able to hold a weekly lived experience working group.

EHP and BCHA also worked together to organise a 5-day training course for potential Peer Mentors led by Groundswell. They had six attendees complete the course, of which four stayed on as Peer Mentors with BCHA.

The team also created a one-hour training about co-production that they have delivered internally as an introduction for BCHA staff and are hoping to deliver as a commercial offer to other housing associations. While they were planning to test the training with residents, they report that they were not able to achieve this during the project timeline.

While the team was not able to create a formal set of best practice for co-production, they have been able to formalise their own Co-Production Service Offer, which includes a menu of opportunities for volunteers and future work.

Case studies

Margaret (Peer Mentor)

Margaret is in her late 30s and is currently living in Exeter through the Housing First programme. She is a single parent to a son in his late teens and is a part of the LGBTQIA+ community.

Margaret struggles with her physical and mental health, including having PTSD and fibromyalgia. She has also been in several damaging relationships as an adult. Margaret was disabled after an accident and, as a result, lost her job. She fell into debt and experienced homelessness. Margaret describes having felt alone and hopeless, saying that ‘no one gave me hope or spoke up for me’.

Margaret was then able to move into housing through the local authority. She wanted to volunteer as a Peer Mentor and ‘give back’, feeling the importance of using her experiences and lack of support to ensure others feel supported. She believes that it is crucial that those experiencing homelessness have someone to talk to and listen without judgement. She also wants to be a role model for others.

Currently, Margaret is working on developing her CV by attending BCHA training and working alongside existing residents. She is also working to advocate for the importance of ensuring marginalised communities receive a high-quality service, including attending BCHA’s EDI forum to promote the importance of a safe space for residents and staff who identify as LGBTQIA+.

Leo (Peer Mentor)

Leo is in his mid-20s and has been living in Exeter for 4 years, where he has experienced several periods of homelessness. Leo has never lived with his father, through whom he also has some half-siblings. He only met his father and half-siblings for the first time as a young adult.

Leo has now been in his own rented accommodation for 7 months and has been volunteering with the Exeter Homeless Partnership (EHP). EHP told Leo about the opportunity to serve as a volunteer Peer Mentor with BCHA and Leo was eager to sign up. Through this, he has been able to receive training in Peer Advocacy from Groundswell and is now working with Housing First residents.

Leo explains that he wants to be a Peer Mentor so that he can 'give something back' and that 'there are not enough people to help' those experiencing homelessness. He believes people will be more responsive to him because he's 'been through it' and that his own experiences with homelessness and the support he has received will help him support others. He also believes that working as a Peer Mentor will give him a sense of pride and that as he is not 'a professional', people 'won't be so scared to talk to him'.

Archie (Resident)

With Exeter Housing First's support, Archie has been able to successfully maintain a tenancy and has had his contract extended to five years. He has been working to establish routines but has remained a very private person and has complained to staff about being bored and spending most of his time walking. However, when staff suggested options for potential activities, Archie would decline.

When speaking with his support worker, Archie expressed an interest in working with a Peer Mentor who might have more similar experiences to him. His support worker helped to set up a fishing trip for Archie and Leo, which had to unfortunately be cancelled on multiple occasions due to poor weather. Archie suggested that they instead go out to pick cockles one day. His support worker scheduled a time for them to meet and Leo reported to her that he and Archie had a lovely time together and were eager to arrange another day out. They are currently planning a pub lunch and walk of Archie's choice.

Although Archie has only had a small amount of support from Leo thus far, his support worker reports that even this has had a significant impact on him. Historically, Archie's lack of a phone has made it difficult for people to contact him, but he has been resistant to getting one as he feels he will get an overabundance of phone calls and he

will feel too anxious to answer them. Now, Archie is excited to get a phone, which his support worker describes as 'a massive step'.

While Archie's flat has previously been very empty, he has now procured some furniture and put up some posters. He explains that he wants it to be more welcoming for guests.

His support worker explains:

> *I believe that without [Leo's] input he wouldn't be at this point now and I am really encouraged by [Archie's] progress. It is nice for [Archie] to have another person to talk to and to be able to do activities he wouldn't have previously been able to, such as going for pub lunch. It is great that he has been able to form this positive relationship, as [Leo] is a great influence on [Archie] and has really bought him out his shell.*

Conclusions and recommendations

BCHA's Peer Mentor and Co-Production work has presented some valuable lessons and insights into how the voices of those with lived experience can be incorporated into Housing First work. The implementation of a Reference Panel, in particular, appears to have been a valuable and important contribution.

For others working in Housing First, the challenges cited around residents not wanting more than one source of support are key considerations for further research and exploration. In particular, this programme's main benefits seemed to lie in the establishment of a general Peer Mentor offer, rather than in its ability to support Housing First residents.

Key findings and recommendations emerging from this grant include:

1. **Before creating a Peer Mentor programme, work to assess residents' perceived barriers to accessing this service.** BCHA's primary challenge in this work was that many residents did not feel ready for multiple sources of support and therefore chose not to meet with a Peer Mentor. Any organisation working to implement such a programme, particularly one in the Housing First context or where working with those with complex needs, may want to explore whether residents would like such a service and potential barriers to uptake. It may be that, given time, residents would have been open to (and experienced benefits from) this or that seeing benefits a Peer Mentor programme can provide others will lead to an increase an uptake, but at this stage these are unknown.

2. **Human resources and safeguarding policies should be updated before starting the recruitment of Peer Mentors**. Review existing volunteer recruitment policies and procedures and ensure new procedures align with those already in place. It is important that all new policies are reviewed and supported by human resources and senior leadership.

3. **An organisational cultural shift around co-production can make the introduction of Peer Mentors a smoother process**. This is key for ensuring the comfort of new Peer Mentors and will likely save time and resources by not having to do this work after their recruitment. This includes creating a dedicated co-production training plan and policies for the organisation, which will likely include PIE and TIA.

4. **Establish policies and procedures for volunteer recruitment and strategic development early on**. Establishing relationships and networks with other housing services can help increase the pool of potential volunteers and, in turn, the diversity of volunteers and experience that are drawn upon. This can also help reduce expense and time spent recruiting volunteers.

5. **Ensure flexibility and adequate support are built into Peer Mentor policies and procedures.** This helps to align the role with a harm reduction approach (Principle 7) and ensure the maintenance of choice and control (Principle 4). It may take time to not only establish trusting relationships with residents but also to develop confidence across Peer Mentors. Working as a Peer Mentor may also be part of an individual's own recovery journey or they may need time out from this work due to their own past trauma or recovery needs. Pressuring Peer Mentors to work at a certain pace, to re-engage during periods of non-engagement, or to continue working at times when personal space is needed could lead to relapse, further trauma, or poor mental health.

6. **Source suitable and sufficient IT equipment for Peer Mentors.** Make sure Peer Mentors have access to necessary IT equipment, including phones, office stationery, and computers, as needed. Do not assume Peer Mentors will be confident with using particular devices or types of software and ensure relevant training is available, as needed.

7. **Explore options for compensating Peer Mentors for their work, including ensuring adequate support is available in their own development**. In addition to covering meals and travel expenses, to recognise the unique

expertise and value Peer Mentors bring to the team (Principle 6), consider what other avenues can be pursued for compensating Peer Mentors for their time and work. Ensure Peer Mentors are given opportunities to express their own goals and aspirations, both as a Peer Mentor and, more generally, so that sufficient resource can be provided for training, support, and development. This could include opportunities to attend other types of relevant training, help with CV development, or ways to build structure and routine into daily life.

Strategic Partnership Manager

Overview

The Single Homeless Project (SHP) received a grant for £97,830 to develop a strategic partnership approach through the hiring of a Strategic Partnership Manager for two years. SHP is one of the early pioneers of Housing First in the UK and runs services in four London boroughs: Islington, Camden, Newham, and Redridge. They also run Project Kali, a pan-London Housing First service for women. As of March 2020, these five Housing First services were supporting approximately 40 residents.

SHP hoped that this grant would help them overcome the range of challenges inhibiting residents' access to services. They also wanted a role that would sit outside of the traditional hierarchies and therefore be able to support their strategic priorities.

Through this work, they sought to establish close working relationships with local service providers and become the primary point of contact for agencies and delivery partners working with their residents. This includes wanting to create borough-wide steering groups, working to identify and overcome barriers for residents to access services, and wanting to find strategies to improve joint-working.

SHP theorised that this work would improve residents' service access, multi-agency working, and the development of a model of good practice. By doing this, they hoped to improve residents' choice and control over the services they received (Principle 4) and reduce harm (Principle 7). The initial plan to include a Peer Mentor programme also would present opportunities to highlight and build upon residents' strengths (Principle 6).

The Strategic Partnership Manager (SPM) was hired in March 2020.

The impact of COVID-19

At the onset of the pandemic, soon after being hired, the SPM was redeployed to a GLA-funded hotel in Ilford as part of emergency Everyone In provision and ultimately

supported two different Everyone In hotels.[4] This naturally limited the SPM's ability and time to focus on the grant's initial remit, before they were able to return to their primary role four months later.

Restrictions also made it challenging (and, at times, impossible) to engage in face-to-face meetings with residents and services. In addition, the SPM found it difficult to connect with local authorities at a time when their priorities were focused on emergency COVID-19 provision. The SPM worked to adapt to these limitations, including meeting with residents in the community, rather than in their homes.

More positively, as previous research has shown,[5] COVID-19 presented some key opportunities for joint and partnership working that supported SHP's aims, including the creation of new local partnership meetings designed to monitor and assess support needs across each local authority.

Outcomes

Outcomes for residents

The SPM's work with the Housing First teams directly and indirectly supported 112 residents, including 52 women and 60 men. Nearly all were between the ages of 26-55 and almost one in three were disabled (32 people) and 16 were people of colour. Ultimately, SHP hoped that by improving their links and ways of working across other service providers and local authorities, residents would have access to higher-level support and thus have improved mental and physical wellbeing.

Outcome 1: Improved resident access to services

SHP aimed for 100% of their residents to have better access to key borough services through direct pathways with support agencies. This was to be assessed by their ability to create new steering groups and other joint ways of working, in addition to whether they were able to create a Peer Mentor programme for residents.

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[4] Everyone In was a government initiative that accommodated those in England who were rough sleeping or at risk of homelessness during the pandemic. More information can be found at https://www.commissiononroughsleeping.org/wp-content/uploads/2021/07/KRSC_Interim_Report_0721.pdf.

[5] E.g., Grassian, T. and Boobis, S. (2021). *Working together: the homelessness sector's path beyond COVID*. Homeless Link. Available at: https://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20Working%20together%20v5.pdf.

At the onset of the grant, SHP worked to identify the key barriers inhibiting resident access to services through a series of meetings and conversations, as well as the use of a resident survey. They used this to implement a range of strategic short- and long-term plans to improve their service provision.

In addition, SHP report that COVID-19 presented some significant opportunities, with links being formed between local authorities enabling easier service access. They also state that the increase in partnership working formed in response to the initial international health emergency has been maintained and supported through a range of local multiagency meetings.

The SPM worked to develop partnerships with many different types of institutions, including a local prison and other women-specific offending services. These aimed to help improve referral pathways (see Outcome 5) and the transition from pre-release to release.

Another identified area of need was mental health provision, with Housing First residents often struggling to engage with traditional forms of therapy that require attending regular appointments. With the SPM's assistance, Project Kali was able to develop a psychotherapy offer for their residents through Street Talk, a service specialising in supporting women with histories of sex work and/or domestic violence. Three residents have been able to receive support through this service.

SHP also adopted the Team Around Me model for all of their Housing First services, a strength-based approach that aims to improve accountability and coordination for services supporting women experiencing multiple disadvantage.[6] They also have worked to improve internal organisational knowledge-sharing and linkages around multiple disadvantage.

Other benefits that have arisen through this work include improvements to joined-up ways of working. For instance, the Redridge Homeless Health Service Manager is now providing weekly health provision updates to improve awareness and access to relevant health services. The housing teams in Islington also now have an internal mechanism to identify which residents are in Housing First, through a flag in their database system. They are also working with One Place East to identify Housing First services' training needs and develop a co-production training programme for staff.

[6] For more information, see: SHP. (no date). *Team Around Me.* Available at: https://www.shp.org.uk/team-around-me

The Peer Mentor programme was, unfortunately, unable to be launched during the course of the grant but significant progress was made in terms of developing a stepped approach that they hope will enable the future creation of a Peer Mentor programme. It was reported that residents were not in a position to become Peer Mentors, as they still required a high level of support and most were not in a stable position. This is a particularly important finding, as it reflects similar challenges identified by BCHA in their work to develop a Peer Mentor programme (see Peer Mentor and Co-production section).

In support of this aim, SHP created a new, 6-month dormancy policy that includes three steps leading to 'graduation' or re-engagement with the service. To enter a dormancy period, residents must sign a new support agreement. During this time period, Housing First workers will focus on ensuring residents have links with local support services. They will also work to help develop the skills to confidently engage with services, including creating a new peer support offer for those entering dormancy focused on building confidence around social engagement.

Outcome 2: Improved resident outcomes

Through their strategic partnership work and improved linkages with external services, SHP aimed to have improved outcomes for 80% of their residents by the end of the project. They aimed to assess this through the number of residents who were: (a) better supported as a result of the project, (b) connected with their local community, and (c) reporting better mental and physical wellbeing, using the Outcome Star tool.

SHP reports that the SPM's work improving multi-agency links and joined-up working has helped residents access services and support. While the case studies include two residents' experiences, they were not able to provide further information on the proposed quantitative outcomes.

Outcome 3: Increased housing availability and offers

SHP hoped that their work developing partnerships and new avenues for joined-up working would help increase the number of accommodations they were able to procure for residents, including the number of accessible tenancies. Specifically, they hoped to procure 20 new tenures during the course of the grant, including a 50% increase in the number of accessible housing offers during the first year.

Work in this area hoped to address the significant lack of affordable housing, especially in the Northeast and East London areas, and, in particular, the struggles in finding accessible housing. They hoped to do this by developing and improving their relationships with registered housing providers.

The SPM reached out to London Housing Associations to try and increase their number of social housing tenancies, but found that attempts in this area were, for the most part, unsuccessful. They were repeatedly referred back to the local council and struggled to make as much progress as had been hoped in this area.

However, the SPM was able to improve some links with housing, including access to social housing in Redbridge and, internally, a dedicated PRS officer to help procure properties for residents from Project Kali and in Redbridge. They have also recently become a recommended provider through Waltham Forest Housing Association and, through this, will have access to newly available properties.

While they report some improvements through this work – namely access to five new social housing accommodations in Redbridge, SHP state that systemic issues related to the lack of affordable housing made this a challenging area to make real progress.

They report that taking a pan-London approach to Housing First accommodation may have been a more strategic approach, whereby a consortium of partners would allocate housing stock directly to Housing First services across London.

Outcomes for local networks and sustainability

While the ultimate aim of the SPM's work was to better support residents, SHP believed that this could best be achieved by improving local networks and joint working. During their tenure, the SPM supported 45 frontline staff, including Housing First frontline staff and those who attended forums and training. They also worked with 4 external agencies and partners.

Outcome 4: Development of a replicable multi-agency approach to Housing First
To increase the impact of their work, SHP wanted the multi-agency approach developed by the SPM to be easily replicable and adapted to other areas, including those where Housing First provision may not yet be available.

They hoped to achieve this through the development of steering committees in each of the local authorities they worked. While this was achieved in Islington, they found that different approaches were needed in other areas. They also found that the very limited staff capacity dedicated to homelessness in some local authorities made engagement with Housing First issues challenging and that Islington, in particular, had a better resourced council team.

The new Islington steering group meets monthly and is chaired by a council official. It was described by the team as highly successful and includes a range of representatives

from the local authority (including those working in housing management and individuals working on anti-social behaviour) and local support services (including drug, alcohol, and mental and physical health services).

One of the steering committees' initial focuses was to improve referral pathways (see Outcome 5) and they report that the steering group has been particularly useful at times when residents have experienced problems with their tenancy or at times when there are specific areas of concern (e.g., with anti-social behaviour).

The SPM also worked with each of SHP's Housing First services to identify where service gaps existed in their areas. Through this, the team was able to identify which areas already had systems for multi-agency working that could be tapped into, including Task and Targeting (T&T) meetings in Redbridge and Newham and a Making Every Adult Matter (MEAM) group focused on multiple disadvantage in Redbridge.

An area of need that was identified in Redbridge was in improving ways of working and accountability in social housing allocation processes. Through this, the SPM developed a regular meeting with the local Rough Sleeping Commissioner and Specialist Housing Solutions Officer. They discussed issues related to residents currently in accommodation, issues with obtaining new housing stock, and identified emerging priorities.

While there were some improvements in their ability to access other service providers and local authority members (see Outcome 1), they also faced significant challenges with engaging with other services and, as a result, the SPM instead focused some of their time on improving internal processes. This included regular manager meetings, creating a resident outcome database, and the development of a multiple disadvantage practice forum that worked to share resources and good practice across SHP services.

The SPM also worked to better understand and organise training to address potential skills and knowledge gaps for SHP staff, including around sex work and psychologically-informed environments (PIE). They were able to provide training on the former and brought in an external provider to offer PIE training. They have also increased the availability of reflective practice, including creating opportunities for support workers and a separate reflective practice space for managers.

Outcome 5: Targeted approach to referrals

SHP hoped that the SPM's work would help to create improvements in their approach to referrals, including wanting to create a coordinated process to target the most suitable Housing First residents.

As in other areas, SHP reports the most progress occurred in Islington Council. There, they successfully implemented a multiagency referral and strategy panel to discuss new referrals and any issues with current residents and wider systems. SHP also created a new referral pack that includes: a referral process guide, a referral form, and an adapted New Directions Team assessment (a.k.a. NDT or Chaos index). The NDT assessment aims to help identify inappropriate referrals.

As mentioned in Outcome 4, the new Islington Strategic Panel's initial focus was on improving referral processes following multiple incorrect referrals. They aimed to ensure that residents admitted to the programme met the service criteria and, as such, adjusted referral processes so that referrers are now included in meetings to ensure the panel has an opportunity to adequately discuss potential residents and understand their background and needs.

Islington's Panel also now considers if any 'pre-engagement' work may be needed for potential residents. This includes examining where the individual may best be accommodated and identifying any other arrangements that may be needed.

Outside of Islington, SHP also states that they have been working in Redbridge to identify new strategies to directly allocate Housing First residents to social housing properties.

Outcome 6: Reduced strain on health and wellbeing services

SHP aimed for this grant's work to lead to reduced pressure on the health and wellbeing services, including less pressure on inpatient, A&E and other health services. While they report overall improvements to residents' access to healthcare services, due to COVID-19 they were not able to track changes in system pressure.

Case Studies

Mary

Mary was receiving support through Project Kali, a service run by SHP for women with offending histories and multiple disadvantage. Like many of Project Kali's residents, Mary has a dual diagnosis and has historically been unable to access traditional mental health support that would require her substance misuse to be addressed beforehand. The nature of these services, generally focused on outcomes and requiring regular engagement, has also been prohibitive for her.

Through the new partnership with Street Talk, Mary completed a pre-information form highlighting why she would like psychotherapy services and, through this, she has

been able to receive psychotherapy over the phone. Through her work with a psychotherapist, Mary identified a desire to move to Brighton. However, she also felt that she wanted to continue receiving support from Street Talk.

With the Project Kali team's support, Mary has been able to relocate to Brighton and is also continuing to receive support from Street Talk.

Tom

A short documentary was produced by Emily McDonald entitled *The Best Situation* that describes Tom's journey with SHP's Housing First. The documentary is available freely online at https://vimeo.com/494090567.

Conclusions and recommendations

The role of a Strategic Partnership Manager is one that could clearly adapt and respond to a range of local and organisational needs. As such, there is huge potential for impact in areas ranging from access to services to co-production and housing availability.

While this creates enormous opportunity, it also means that this type of role is likely to be most effective when an organisation is focused on systems change and open to development and growth. SHP as an organisation has continued to grow throughout the duration of the project and this role has been beneficial in aligning their Housing First work with SHP's strategic direction and working to embed best practice across the organisation.

One of the key learning outcomes of this project was the challenges in developing a Peer Mentor programme, which reflect the experiences of BCHA in their Peer Mentor and Co-production work. We would welcome further work and research into strategies for developing Peer Mentor programmes with Housing First residents, as this seems to be an area where there are many potentially unforeseen barriers.

This programme can offer learning not only for those interested in working to develop specific roles or workstreams around strategic partnership, but in organisations seeking greater opportunities for multi-agency working and collaboration. Key findings and recommendations include:

1. **Ensure direct links with those overseeing partnership and co-production development and senior leadership.** It is important that individuals leading on this work have a solid understanding of an organisation's strategic direction and

have opportunities to feedback into future priorities. SHP's experience also demonstrated how developing close working relationships with service providers and local authorities can identify areas where future work could have a significant impact, as well as areas where planned work may be less productive than anticipated.

2. **When working across multiple local authorities, consider the local landscape when designing project aims.** Different strategies may be needed for different local authorities. Big wins may be possible in areas that already have dedicated staff or working groups and, for SHP, this meant that they were able to make the most progress in Islington Council. It will be important to understand the landscape before trying to create new co-production or joint working approaches, including identifying existing working or steering groups.

3. **Peer Mentor programmes may need to be developed in a staged approach, particularly when working with Housing First residents**. While SHP initially aimed to have a fully functioning Peer Mentorship programme by the end of this grant, they instead better adapted to the current needs of their residents by creating a dormancy policy and opportunities to develop social skills and confidence for those in a dormancy stage. This reflects the increasing recognition that most Housing First service users are unlikely to 'graduate', [7] which may create challenges for Peer Mentorship programmes aiming to employ former residents. SHP hopes that the more gradual approach they have adopted will eventually enable some residents to have the skills and confidence to become Peer Mentors.

4. **Work to increase housing offers is likely to be incredibly challenging and face significant systemic barriers.** This was an area where SHP put in a significant amount of work and yet they were unable to make as much progress as had been hoped. They theorise that a pan-London approach to Housing First accommodation may have been more strategic, whereby a consortium of partners would allocate housing stock directly to Housing First services across London.

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[7] Blood, Imogen et al. (2021). *Reducing, changing or ending Housing First support*. Available at: https://hfe.homeless.org.uk/sites/default/files/attachments/Reducing%2C%20changing%20or%20ending%20Housing%20First%20support.pdf.

5. **Including referrers in panel meetings may help to ensure sufficient information is obtained about potential residents.** This can help to ensure the panel has an opportunity to adequately discuss potential residents and understand their background and needs.

Specialist Women's Worker

Overview

Brighter Futures was awarded a grant of £90,000 to support women's provision through their Stoke-on-Trent Housing First programme. They felt that, while they supported some women through their Housing First service, there were things they could do to increase the number of women they were supporting and to increase the amount of specialist support available to these women.

The need for this service arose from their experiences supporting women through their Housing First services. They found that women accessing Housing First generally had experiences of complex trauma, often including sexual exploitation that would then lead to the development of unhealthy relationships. They found that these women were repeatedly exposed to trauma that they did not have the time or opportunity to heal from.

For many of these women, this includes their status as mothers. Many of the women they serve have had children taken away and yet there are no opportunities for this trauma and their identities as mothers to be acknowledged and supported. Reconnections with children were described as one of the initial aims of the programme of funding.

They found that women with histories of complex trauma had a lack of trust in services due to a history of having their meets not met and being actively excluded from services. As a result, they would only become involved with services at a time of crisis and disconnect once this was resolved. They believed that it was key that these women received flexible support (Principle 2) that was centred around choice and control (Principle 4) and, importantly, an active engagement approach (Principle 6).

They also felt that there were additional challenges in terms of the wider systems, particularly for those with dual diagnoses. These include inadequate police responses to reports of sexual assault and a lack of appropriate emergency and women-only accommodation for women who had an addiction but were not receiving treatment, in contradiction to Housing First's Harm Reduction approach (Principle 7).

The team also report that temporary accommodation options (especially mixed hostels) available to residents were also generally seen to be unsafe. They explain that residents will, instead, find a male 'protector' in order to feel 'safer' on the streets, despite the reality that these relationships are often centred around abuse. These

challenges can also be further exacerbated for those with no or limited recourse to public funds and for women of colour.

A Specialist Women's Worker (SWW) joined the Stoke-on-Trent Housing First team in January 2021, where they remained in post until the end of March 2022. Unfortunately, a lack of funding led to the Stoke-on-Trent Housing First service also ending at this time.

The impact of COVID-19

One of the primary ways in which COVID-19 impacted this work was in creating significant delays to the SWW joining the Housing First team. After the grant was originally approved, the team needed to retender for other services, delaying their ability to recruit for this role initially. The pandemic's subsequent arrival then necessitated a dramatic reprioritisation, causing further delays.

A temporary SWW was initially hired in October 2020, who served in post for three months before a new SWW was hired five months later. The grant's end date was also extended as a result.

The team reported that, due to lockdowns and other government restrictions, the pandemic also significantly limited the amount of face-to-face time they could have with residents. While some meetings were able to be held outdoors, others had to be conducted over the phone, particularly during the winter months.

Other negative impacts of the pandemic that residents' experienced included the team reporting an increase in people trying to take over residents' homes. Not being able to visit as frequently or at all for long periods of time during the pandemic also made it more difficult to mitigate these situations when they arose.

More positively, the team also reported that the increased use of virtual meetings made it easier to engage with some services and organisations and they reported good attendance at many virtual multi-agency meetings.

Outcomes

Outcomes for residents

The primary outcomes of the grant were directed towards the residents of Stoke-on-Trent Housing First. This included both the expansion of the number of women served and the quality of the service they received, which they hoped would lead to improved resident outcomes.

Outcome 1: Increase in the number of women served

At the time of application, Stoke-on-Trent Housing First was supporting six women and had supported 17 women since July of 2018. They hoped to expand the number of women they could support through the work of the Specialist Women's Worker and report that the SWW was able to support 11 women, 9 of whom were on their caseload.

Of these, all were over 25, 7 had a disability, 1 was a woman of colour, and 2 were LGBTQ+.

They also report that they amended their referral processes so that at least 50% of those using Stoke-on-Trent Housing First services would be women. At the time of their final report (early 2022), they reported that 66% of their caseload were women.

Outcome 2: Residents will have progressed their recovery

Stoke-on-Trent Housing First hypothesised that, with the support of the SWW, residents would be better able to address the impact of past traumas, including through working on self-care. They aimed for 80% of women to take steps toward further recovery from past trauma.

The SWW took a variety of actions in support of these aims, including helping residents to work through past trauma, report recent and ongoing abuse, and reconnect with children who had previously been removed from their care. For instance, the SWW worked to create a timeline of one resident's history of abuse and exploitation to demonstrate the need for a multi-agency approach that takes into account patterns over time. The SWW also supported her to make a formal complaint after finding that police investigation teams were generally not providing support that met the standards specified in the victim's code.

Stoke-on-Trent Housing First also reported how the SWW's work supported one resident who had been with the service for 1.5 years. They described the resident as having been very withdrawn and reluctant to engage and how, by developing a relationship with the SWW, was able to reconnect and rebuild a relationship with her daughter.

The SWW also used their time to help residents identify self-soothing strategies and strategies to improve their wellbeing and self-confidence. Stoke-on-Trent Housing First reported that residents tended to disengage when staff would bring up more clinical interventions (e.g., seeing a GP or attending a private therapy session). Exploring a range of hobbies and activities centred around residents' own needs and interests was found to be a better approach for many residents, including paying for self-care services such as a haircut, manicure, or aromatherapy kits. By the end of their service, all residents had opportunities to access non-clinical interventions to address the

impacts of past trauma, including through self-care. Ten residents were able to receive support through this offer.

In addition to the SWW's non-clinical approach, it was recognised that some residents also needed professional mental health support. However, it can be challenging to find mental health providers who are able to support those with a history of complex trauma. With the SWW's assistance, the team was able to find a specialist practitioner with relevant experience who can provide talking therapy at flexible times and at short notice. The team felt that these features – which mirror the choice and control central to the Housing First approach, are essential to helping these women engage when they feel ready. However, it was stated that this was only a temporary fix and not a long-term solution.

Outcome 3: Residents will be able to maintain their tenancies

In addition to taking steps in their recovery, Stoke-on-Trent Housing First hypothesised that the SWW's support would also help residents maintain their tenancy. Specifically, they aimed for 80% of the women they supported to maintain their tenancy.

While the team was not able to provide comparative data from prior to the SWW's tenure, of the 11 women they supported (2 of whom had been in their tenancies before the SWW's arrival and 9 of whom were placed in accommodation in October 2020): 1 has passed away, 8 had maintained their Housing First tenancies through the closure of the service, and 2 had moved to alternative accommodation.

One of the biggest successes of the programme was the increased security for tenants, with a focus on target hardening (i.e., changing residents' houses to improve safety and reduce the risk of attack or theft). Thanks to the SWW's efforts, the team had ensured they were consulting all new residents about their safety and security needs. The SWW was also able to work with a local non-profit organisation to get CCTV installed for four women, including one who received a video doorbell.

The team reports that residents felt much safer in their homes as a result.

Outcomes for staff

In addition to improved outcomes for residents, Stoke-on-Trent Housing First believed that the addition of an SWW would create opportunities to increase their own team's understanding and ability to support women experiencing multiple disadvantage.

During their tenure, the SWW worked with 12 Stoke-on-Trent Housing First frontline staff members.

Outcome 4: Staff understand and use a gender-informed approach that reflects the needs of women with multiple disadvantage

The SWW provided a range of trainings and tools to help support staff internally, including offering trainings to all team members on complex trauma, trauma-informed care, women in Housing First, and domestic abuse in homelessness settings. Stoke-on-Trent Housing First reported that, at the time of the service's termination, the team was taking a non-clinical approach to addressing trauma and was able to offer support around residents' hobbies and self-care needs. Staff also reported being more confident making MARAC referrals.

The SWW also identified the need for a toolkit to address the challenges in supporting residents with childcare, including in reconnections with children that had been removed from their mothers' care. Through focus groups with people with lived experience, the SWW was able to create a Reconnecting Families toolkit for the team's use.

Outcomes for local networks and sustainability

In addition to working with staff internally, the SWW's role aimed to help foster local networks and improved knowledge to support women with multiple disadvantage.

Outcome 5: Become a Women's Aid accredited organisation

In the grant's initial scope, it was hoped that Stoke-on-Trent Housing First could become a Women's Aid accredited organisation. This accreditation is awarded to specialist domestic abuse services that achieve Women's Aid's quality standards for the promotion of positive survivor outcomes.[8] Unfortunately, this outcome was not met, as Stoke-on-Trent Housing First is not a women-only organisation and is therefore ineligible for the accreditation.

Outcome 6: Local agencies will have greater awareness of gender- and trauma-informed approaches

During their tenure, the SWW worked with 12 agencies and 23 external staff members. One of the primary aims of this work was to offer trainings to a minimum of 4 local agencies. Unfortunately, this has not happened due to a combination of challenges related to the pandemic and staff shortages.

[8] Women's Aid. (no date). *National Quality Standards*. Available at: https://www.womensaid.org.uk/what-we-do/national-quality-standards/.

The team also hoped that, through the SWW's work they would be able to foster new networks and opportunities for multi-agency working to better support women with multiple disadvantage. Through this work, they aimed to become a local leader in providing gender and trauma-informed approaches.

In these aims, there were some key successes. The SWW helped to develop local networks, including with the Dual Diagnosis team, Housing Needs officers, and Police Partnerships Officers. They also helped to identify some local 'champions' in other agencies. The team explained that they had a better working relationship with the safeguarding hub at Staffordshire police, including 2 residents having dedicated safeguarding PCSOs, one of whom has been successfully supported to obtain an injunction to remove an abusive partner from her home. The SWW did, however, report not being able to connect with domestic abuse and MARAC services.

The SWW was also able to deliver some presentations, including a short presentation on complex trauma and a gender-informed approach that they delivered to a women's forum. They also successfully held regular multi-agency meetings throughout the duration of the project, focusing on complex trauma and the need for gender-informed support. In addition, they served as an active member in local groups dedicated to rough sleeping and vulnerable women and other groups focused on Housing First.

The SWW spent a great deal of time identifying service gaps, especially regarding psychological support and issues related to children and temporary accommodation. Through this, they identified and presented their recommendations for local systems changes to the council and steering group, where they were informed these would be considered in future funding allocations. For instance, they recommended that women's circumstances should be taken into account when finding suitable temporary accommodation for them.

Case studies

Diane

Diane first moved into her Housing First accommodation in March 2019, after having previously been evicted from her property due to ASB. The team reports that Diane has a long history of complex trauma and abuse and displays behaviours that could indicate complex PTSD. Diane also experiences challenges with substance misuse and

being in abusive relationships. As a result, it has historically been challenging for services to engage with Diane and, as a result, her needs remain unmet.

While receiving support through Housing First, she has successfully maintained contact with her service coordinators, which has helped the team improve her safety. Diane has been able to communicate when she has been at risk and staff can then find places of safety for her to stay during these times and conduct any safeguarding referrals needed.

Carly

Carly has been with Housing First for over two years after having experienced 'hidden' homelessness while she was left with no choice but to sofa surf at friends' houses. When first joining Housing First, Carly was distrustful of services and hesitant to engage. She felt that her support workers were not helping her and was defensive in conversations, particularly when discussing her children, mental health, or substance use.

The service coordinator worked with the Specialist Women's Worker to maintain contact with Carly and identify areas and hobbies of interest. One area that emerged as important for Carly was getting a haircut, something she had not done in a decade. The team felt that this act significantly improved Carly's attitudes toward the service and they were able to explore other hobbies with her, including sewing and knitting.

Stoke-on-Trent Housing First reports that Carly's engagement significantly increased over the past year. Through consistent, regular contact, the service coordinators were able to develop a positive rapport with Carly and helped her to connect with services that could support her recovery.

Conclusions and recommendations

This grant programme has presented a range of learning opportunities, both for services interested in hiring a designated Women's Specialist Worker and for those looking to better incorporate a gender-informed and trauma-informed approach. These include:

1. **Organisational understanding of homelessness is likely to need to be adapted to better cater to women's experiences.** This includes an understanding of the gendered and often hidden experiences of homelessness for women, particularly: experiences and identification as a mother, the lasting impact of complex trauma (including violence and sexual abuse), strategies for

managing and addressing unhealthy or abusive relationships, and barriers to engaging with services.

2. **Building trust with women experiencing multiple disadvantage can take time and creativity**. Not all residents were open to participating in more traditional forms of therapy and creative, proactive work that maximises residents' choice and control is likely to be most effective (Principles 4 and 5). Supporting new and old hobbies and interests may provide benefits for residents' wellbeing and help to foster trust.

3. **Work to build local networks and expertise around support for women with complex needs.** Organisations serving this population can increase their effectiveness by identifying local services that may be able to better address residents' needs, while also working to advocate to local services on behalf of these needs. It is important to identify local systems of support and barriers (for services and for residents). Establishing or joining working groups and increasing awareness and joint working practices can help foster understanding, particularly amongst health and statutory services.

4. **Acknowledge that motherhood may be an important part of many women's identity.** Working to explore and acknowledge experiences of motherhood may be very beneficial (Principal 6), including, where possible and desired, working to reconnect with children that have been removed.

5. **Work with the police to improve responses to reports of sexual assault and domestic abuse.** Stoke-on-Trent Housing First found that this was a key barrier in women's recovery and safety, with a lack of understanding of the needs and experiences of women with multiple disadvantage. Work to improve knowledge and support by local police services could be hugely beneficial.

6. **Helping women feel safe in their homes is vital**. One of the main positive outcomes of this grant was the opportunity for residents to identify what they needed to feel safe in their own homes, including the installation of CCTV and video doorbells. Any approach should be centred around the principle of choice and control (Principle 4).

Conclusions and Recommendations

As a way of working, Housing First recognises that simply providing housing or one type of support is unlikely to meet the needs of those with complex challenges and histories of trauma. As such, it cannot accurately be described as 'just' a housing model and instead includes a wide range of other types of supports, as dictated by the needs, experiences, identities, and backgrounds of residents.

The diversity in experience and need present across Housing First residents presents a unique and valuable site for the testing of different types of approaches to support those for whom other services have historically been unable to help. The roles described in this report are very different in nature, ranging from specialist women's provision to Peer Mentorship and Occupational Therapy. Nonetheless, in addition to the many emerging questions and areas for further exploration, many common challenges and successes emerged across these five programmes of work.

We hope that these can help those interested in expanding or diversifying their Housing First offer or those working in other areas of homelessness and support to better meet the needs of those with multiple disadvantage. We also would welcome further testing and research in this area to better assess the potential impact of different work streams for different populations.

Key Findings

1. **Systemic challenges – particularly the short-term nature of funding and lack of affordable accommodation, can be incredibly daunting for Housing First services to address.**

We have seen from these roles that, while all found incredible value in the work described herein and wanted to retain employees hired as part of this work, only one Housing First service was able to do so. We know that Housing First services' continuous struggle to obtain new and longer-term funding can inhibit learning, growth, and necessary systemic change.[9] One of the Housing First grantee services unexpectedly had to close in March 2022 due to the end of its funding, after running since 2018.

[9] Blood, I et al. (2020). *'A Traumatised System': Research into the commissioning of homelessness services in the last 10 years.* Available at: https://www.riverside.org.uk/wp-content/uploads/2020/03/A_Traumatised_System_FULL-REPORT_v8_webFINAL.pdf.

Furthermore, the lack of appropriate affordable (and accessible) accommodation is a persistent and pervasive challenge in the UK that has been a significant barrier for many Housing First services.[10] These programmes of work were not exempt from this and work to increase access to affordable tenancies seems to have been an area that, while incredibly important, can be incredibly difficult for Housing First services to make real progress in, as found by the Strategic Partnership work.

In areas such as these, work to change national and local policy may be a more strategic (and potentially effective) approach.

2. **Peer Mentor programmes may struggle in a Housing First context and professional specialists seem to have had a clearer impact on services and residents. However, different services will need to identify what may be the best strategy for them, based on a full examination of their local context and residents' needs.**

For any Housing First service interested in adding additional expertise, knowledge, or skills to their team, it will be important to first identify the barriers and strengths of their local community. Some areas may have better resourced local councils or services and/or existing working groups or joint working approaches that can be tapped into, while other areas may benefit greatly from the advent of the latter.

Whatever approach is taken, understanding the systemic and local barriers will be key to ensuring time and resource are best spent.

3. **For services interested in testing or trialling particular approaches, ensure clear hypotheses and tools for measuring change are used.**

While many of these grants had areas where they could provide qualitative and anecdotal evidence of change, not all grantees had systems for measuring the impact of these specialist services. Identifying a clear hypothesis to be tested and assessed can not only help to ensure correct prioritisation, but it can also help to increase learning and sharing across homelessness and Housing First services.

[10] Bramley, G. (2019). *Housing supply requirements across Great Britain for low-income households and homeless people: Research for Crisis and the National Housing Federation*. Available at: https://researchportal.hw.ac.uk/en/publications/housing-supply-requirements-across-great-britain-for-low-income-h.

However, particularly as we remain very much in the learning stage of any specialist provision, it is also important that services can be flexible and responsive to unintended or unanticipated benefits (and challenges).

4. **Updating HR policies and procedures may help all Housing First services ensure that they are welcoming and open to those with lived experiences of homelessness.**

The work to develop a Peer Mentor programme, in particular, demonstrated the importance of considering how HR policies and procedures may inhibit those with lived experiences of homelessness from being hired.

Working to address potential shifts in organisational culture and incorporate new (or update existing) policies and procedures before any recruitment is done may help to ensure that the value and expertise of these individuals can be best utilised across the service. This includes policies around referencing, DBS checks, and more.

5. **While Peer Mentoring and co-production work can provide incredible value, there may be additional challenges in incorporating this work into Housing First services.**

Both the Peer Mentor and Strategic Partnership work included aims to create new Peer Mentorship programmes and both reported significant challenges due to the nature of Housing First services and residents. In particular, the low number of graduations and complex needs of Housing First residents made it challenging to recruit Peer Mentors. BCHA also reported that many residents stated they did not feel ready for multiple sources of support and therefore did not want to meet with a Peer Mentor.

The use of a staged approach, including a period of dormancy where residents are supported to increase social skills and confidence (see Outcome 1, Strategic Partnership) was one approach that was trialled, though we do not yet know its outcome. Work to assess potential uptake across residents is also likely to be essential to ensure any new programme will be useful to the service. There may be additional strategies that services could explore to successfully implement a Peer Mentor programme.

6. **Key links with health services and access to health 'experts' who can open doors may have significant benefits.**

Both the Occupational Therapist and Trauma-Informed Counsellor highlighted this as a key positive, with the advent of health professionals in their team helping to overcome obstacles and open doors for Housing First teams. For those unable to hire a new staff

member, creating links with these types of individuals may be able to help make progress toward these aims.

Training for Housing First staff to increase health knowledge and expertise may also improve confidence and knowledge to advocate on behalf of residents' needs. An understanding of norms within the health sector, including around language use, may also be beneficial in building relationships and communicating on behalf of residents.

7. Resident and staff 'success' may be different than anticipated.

One of Housing First's greatest strengths is its ability and willingness to counter deficit-based and timeline-bound norms. As research has shown,[11] Housing First services have had to work to create new definitions of 'success' that go beyond 'graduation' from services and instead recognise that, for many with histories of complex trauma, stability may be a more appropriate and desired goal.

It is important for all of us working in the area of Housing First to shift our understanding and pre-conceptions around success. This was particularly evident in the Occupational Therapy work, where it was recognised that anticipated resident goals for greater independence were perhaps less common than were desires to achieve a greater quality of life.

The strength-based approach (Principle 6) at the heart of the Housing First model reminds us to continuously seek and celebrate the knowledge and expertise across our diverse array of services and residents. These grants have helped to identify some of the ways that adding specialist services can help Housing First services better identify what 'success' can look like for the residents we serve and, in doing so, help us to continue improving the support we can offer.

[11] Blood, Imogen et al. (2021). *Reducing, changing or ending Housing First support*. Available at: https://hfe.homeless.org.uk/sites/default/files/attachments/Reducing%2C%20changing%20or%20ending%20Housing%20First%20support.pdf.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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