



# **Housing First in Luton – NOAH Enterprise**

APPG Evidence Submission for Crisis

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NOAH Enterprise

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# 1 Introduction

## 1.1 About the research

### 1.1.1 Goals of the research project

This report shows the findings of the evaluation of the Housing First scheme undertaken in Luton that was carried out by NOAH Enterprise, a charity that seeks to help the most disadvantaged in the local community in Luton with a particular focus on homelessness and rough sleeping.

This evaluation set out to outline the scope, history, delivery model, and outcomes of Housing First in Luton as well as share the experiences from the clients (those who were helped through the Housing First project) and the staff from NOAH who were administering the project in the capacity of outreach workers assigned to each client, as well as the project manager who was the head of Housing First and other welfare services within NOAH. In doing so, the goal was to amplify the voice of the beneficiaries and those working on the project within the charity to gain an understanding of what impact there had been and also to shed light on areas of possible improvement.

As part of this, the wider national landscape was also considered, particularly in relation to what findings are perhaps supported or shown in other cities that were pilots for Housing First so as to demonstrate possible reasons or ways to solve issues experienced by NOAH or to show if something was only particular to Luton's experience with Housing First or whether it was a systemic factor associated with Housing First.

### 1.1.2 Methodology

Research came from five source areas:

1. Evidence from the clients
2. Evidence from the outreach workers
3. Evidence from the project managers
4. Evidence from the multiple collaborating agencies
5. Evidence from other providers of Housing First

The research methods were a mix of qualitative and quantitative techniques. Interviews were carried out face to face and via telephone with eight clients out of the total 15 and these were held alongside their respective outreach worker; with face-to-face or over the phone interviews also held separately with each of the three outreach workers and the one project manager to gain an understanding of their experiences in delivering Housing First in Luton and their perspectives of each of the clients they helped. In addition to this, telephone interviews were carried out with leading experts and analysts in the field of housing and homelessness to gain an understanding of the wider national perspective and the intricacies of scaling up Housing First. Similarly, desk based research was used to look at the findings from other Housing First schemes to see how their findings may help to illuminate possible pathways or measures to help with Luton's findings or difficulties. The quantitative element came from desk-based analysis of data around homelessness and housing in Luton, as well as data analysis carried out on NOAH Enterprise's own dataset on their clients wellbeing.

The research did not utilise a control group as part of the research process as it was difficult to get an accurate comparison group to compare those who received assistance from Housing First as so many circumstances are different across the individuals and there are so many associated factors that can make an isolated comparison difficult to prove. There are too many variable factors involved to easily and accurately get an exact like-for-like group which only differs in that they do

not have Housing First. This was not considered to harm the research process or the efficacy of the study as the available data both qualitative and quantitative enabled a robust and thorough examination of the impact of Housing First in clients' lives.

As the research took place during the COVID-19 pandemic and ensuing lockdown, safety measures were put in place to ensure minimal exposure for both clients, outreach workers, and the researcher. A separate building was used for the interviews so that only 3-5 people were on the same floor, and a large boardroom with two meter distance between the seated researcher, outreach worker and the client was used as the location for the interviews itself. Clients wore a mask to and from the interviews and were provided with antibacterial wipes, masks, and hand sanitizer to take with them as well. Between each interview the table, chair, pens and door handles were disinfected and cleaned thoroughly and staff washed their hands in between the interviews.

For most of the findings in this report, findings from the 15 clients actually in Housing First homes was used, as opposed to findings from clients currently not in their Housing First homes who were earlier in their Housing First journey so as to more accurately view the effect of being in a home as part of Housing First.

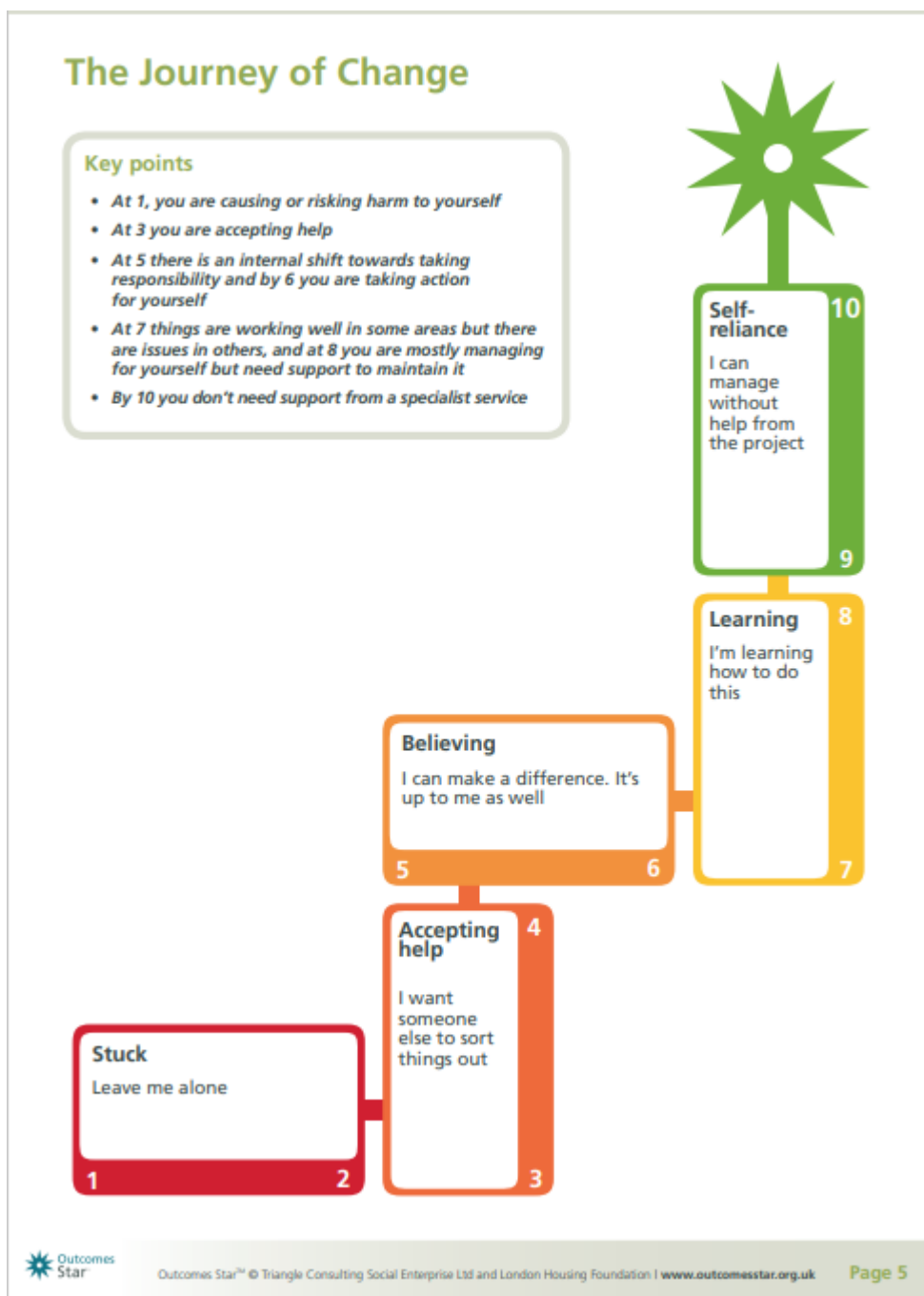
### 1.1.3 Outcomes STAR data and support plan interpretation

In addition to the interviews and external data sources used in this report, Outcomes STAR data was used to show the change in the lives and wellbeing of recipients of Housing First in Luton. This data was obtained through interviews carried out by the case worker and their assigned client / recipient before the research report was written as these were one of the tools used by the Housing First team to gain an understanding of the mental, physical, and overall wellbeing of homeless people.

Overall, the scores for the Outcomes STAR follow the pattern below in Figure 1 with scores ranging from 1 to 10. The scores for these represented a core quantitative component to the analysis which allowed a wider perspective of a client's wellbeing in various areas of their lives which would supplement the qualitative component from interviews. In some cases where the client was in Housing First accommodation for an extended period of time there were multiple rounds of STAR data which allowed a longitudinal component to the analysis that captured change over time.

There were some difficulties encountered with the STAR data in terms of how often it was captured and with a lack of interest or buy-in from clients with the former being caused in part by the latter. Many staff carrying out the Housing First project reflected on how clients disliked the process of going through the STAR method and found it taxing and not enjoyable. Many clients enjoyed the meetings with their respective case workers because they were a chance for contact, conversation, and help with problems, and the methods used for obtaining the STAR data were a different format to what they were used to with their outreach workers. At times, it could feel difficult or awkward, and not a natural conversation, and as many of the recipients of Housing First have difficulties with concentrating associated with drug or alcohol usage or wider complex and chaotic lives, they could struggle to sit through these sessions. As such, outreach workers would also relay this lack of enthusiasm encountered and they would not enjoy the process of obtaining this data as, understandably, they did not wish to jeopardize or risk harming the trust and carefully-fostered relationship with their clients. One avenue to consider with this project is how to improve the method of data capture for this STAR method, as the questions themselves within it are useful and informative, but the difficulties with data capture could lead to less accuracy or consistency.

Figure 1 – Outcomes Star Definition



Source: Outcomes Star (2018)

#### 1.1.4 Difficulties

There were difficulties associated with considering accurate and comparable control groups. So much of Housing First and how it can interact with people's lives is affected by their own individual circumstances, environment, and chance events that occur in their lives. People's lives are not always directly comparable and some events may occur that are outside of the person's own control. These events could be viewed as positive or negative and their impact can have a huge effect on people's lives. To use one example, a homeless person who struggles with alcohol

addiction may decide once they have their home that they wish to engage with alcohol recovery services and after initial success they may have a bad encounter with a friend or relative that upsets them and they “fall off the wagon” and relapse. In this hypothetical example does that mean Housing First failed? Attributing a reason for this unfortunate event could lead some to postulate that Housing First did not give enough of a distance between the client and bad influences, or perhaps some would argue the alcohol services did not serve the client well, or some may argue the fault resides with the person themselves. But perhaps it is just as sound a reasoning to say that had the person not been in a house they would have had an even worse relapse as potentially they would not have even engaged with alcohol services to begin with. This example illustrates the difficulties of demonstrating a direct and unequivocal causal impact of Housing First and its effect on person’s health or general well-being. Separating the effect of the project in isolation of all other interacting factors is very difficult, if not impossible. Just as in our own lives, one factor is always linked with another, and nothing happens in isolation. But what is true and demonstrated by the evidence from outreach workers in Luton and other pilot cities is that Housing First does increase the likelihood of an individual choosing the more positive choices in life. Having a roof over one’s head means every choice will be that much easier to take. Engaging in positive behavior is that much easier than it was before when homeless.

Another element that was apparent for getting effective results and findings through the study was considering how to approach the face to face interviews with the clients of housing first. More often than not, posing a question such as “How many times have you drunk to excess in the past week?” is often intimidating and potentially off-putting for a client, and they may have a sense of being put on the spot and having to prove they are doing well and worried about giving an answer if it might seem negatively. In these instances what helped in the interviews was having a more informal conversation and having the question come up more organically without being stated explicitly. For example, starting by saying “How have you been relaxing recently?” and then if the client says they have been taking a substance or drinking, then asking in a relaxed manner “have you been doing that a lot?” would lead to them saying whether they had been drinking to excess or not and how many times. Doing this is often the best way of getting an honest and realistic response from the client that is given in a more relaxed and positive way. Oftentimes people can feel “put on the spot” when in a formal interview process and as we can all attest to, being anxious and concerned about judgement can make any one not as forthcoming or honest in their answers. The goal of research for this report was to have the clients know they are not judged in any way and they should feel relaxed and comfortable throughout the process.

In addition to this, we made it clear to both clients, outreach workers, and project managers that they were in total control of their answers, how they answered, and what their answers were used for. Consent forms with full GDPR compliance were given and signed before taking part in the survey, and people were given the option to go “off the record” or unquoted, or indeed leave the research process at any time throughout. Doing this helped foster a trusting and relaxed environment that enabled robust and honest research.

It was difficult to get precise data showing how clients usage of public health services or interactions with the criminal justice system had changed over time, so the exact nature of changes in clients usage and engagement with these public services could not be demonstrated in a time element fashion, and in light of this it is difficult to quantify the exact level of service usage change, particularly over time. Where relevant, proxy data has been used coupled with observations from both the clients and outreach workers around this to shed light on the changes experienced.

## 1.2 Housing First objectives and overview

### 1.2.1 About NOAH Enterprise

NOAH was set up in 1987 and established its Social Enterprise in 2003. NOAH is open to anyone in need aged over 18-years-old. They all face severe and multiple disadvantage including sleeping rough or being at risk of rough sleeping, homelessness or being at risk of homelessness while living in temporary accommodation, suffering mental ill health, misusing drugs and alcohol, and experiencing unemployment, ill health problems, isolation and loneliness.

NOAH offers services such as training (in English as a second language, digital learning, preparation for employment, basic, life and vocational skills) and work experience (warehousing, van driving, driver's assistant, woodworking, service engineering of domestic goods, administration, and retailing). 700 people came through NOAH's Day Centre last year. NOAH will be actively working with up to 500 at any one time. The problems they face are complex; a combination of homelessness, unemployment, family breakdown, living in appalling housing conditions, loneliness and poverty. Many have health, mental health, and/or drug and alcohol problems, or often a combination of all of these.

### 1.2.2 Background on Housing First

Housing First is designed to provide open-ended support to long-term and recurrently homeless people who have high support needs. Unlike many homelessness services, Housing First provides long-term or permanent support to people with ongoing complex needs. Housing First seeks to end the chronic problem of repetitive and enduring homelessness amongst people who have experienced complex trauma and social isolation by providing them with access to a home for life and holistic and personal support.

### 1.2.3 Principles of Housing First in Luton

NOAH administered Housing First in line with the principles of Housing First England. A key component of this delivery model and the practise of outreach workers was strength-based training, whereby case workers would ensure that they focused each client's support plans and their one to one discussions were based on each client's strengths, hobbies, or exploring areas of interest. The goal in doing so was to give each client a basis to build on their self-esteem and counteract what for many clients had been a lifetime of being focused on their shortcomings or reminding them of areas of trauma or difficulty in their lives. Self-esteem was an area many clients struggled with, and having a positive, supportive and non-judgemental adult in the clients' lives helped significantly to address this and build up a sense of hope and optimism, which would in turn also help with the clients' solving or addressing the areas of difficulty or problems in their lives. This approach would also slightly remove the outreach workers from being seen solely as "problem-solvers" and away from being issue focused to a more strength-based focus that empowered the clients.

### 1.2.4 Service aims as written in the NOAH Housing First contract

The aims of the project are specified below, and are aligned with the goals of Housing First England.

*Figure 2 - service aims for Housing First in Luton from NOAH's contract*

- Supporting people who are rough sleeping with multiple and complex needs to access suitable accommodation.
- Developing new approaches to working with people with multiple and complex needs.
- Supporting service users to improve their health and wellbeing.
- Supporting service users to engage with services to meet their health and social care needs that are non-emergency.



- Supporting service users to build resilience, develop their social capital within the local community and support recovery.
- Supporting service users to develop independent living skills to live more independently in the community and sustain their accommodation.
- Reducing the use of acute emergency services, such as A&E, ambulance call-outs and fire and rescue service.
- Reducing repeat homelessness.
- Contributing to the reduction in rough sleeping.
- Contributing to the reduction in the use of temporary accommodation.

Source: NOAH and Luton Borough Council contract (2020) Contract in respect of the provision of certain Services in connection with Housing First

## Executive Summary

As a result of the data analysis and research carried out through discussions with staff and clients several findings have emerged relating to Housing First and the impact it has had on client's lives alongside the goal of eliminating roughsleeping.

- NOAH has seen a 100% retention rate for its Housing First program. The reasons for this are partly due to the project being slightly younger and involving slightly lower numbers of clients when compared with other providers across England who had lower retention rates, but also due to a variety of factors such as having already established relationships with clients before Housing First, established relationships with collaborating organisations for service delivery and referrals, and using social housing with permanent leases for clients.
- Although Housing First clients are not obligated to become sober, or engage with substance reliance services or discontinue drug use in order to continue in the program, one benefit often seen is that many in fact do start the recovery process. Figure 13 shows the engagement with services and how a high proportion of the clients in Housing First are engaged with drug or substance recovery pathways, with 12 out of the 15 people with substance issues currently either speaking with a drug counsellor, speaking with the local substance misuse service, or taking their methadone prescription
- Clients' journeys of recovery are not linear, and they are not uniform; you have to continue to treat each person's journey in Housing First at the individual level and tailor services according to their own needs and desires. The star data as well as interviews with clients and outreach workers showed how clients may make improvements in one area of their lives and fall behind in another and how where these occurred for each client was different. When research looks at the effectiveness of a project there must be an individual focus at the heart of the analysis rather than just focusing on the aggregate or topline level as many achievements and significant strides from clients are not visible when grouped together.
- The harm reduction approach is working. The clients who went into their Housing First properties saw changes in how chaotic their lives were. This is particularly impressive when you consider the eligibility criteria for people entering the Housing First project, i.e. it is the people with the most chaotic lives you could imagine with many associated complex needs. The Chaos index data showed that six out of the 10 measured responses had a reduction in people's chaos index (higher scores equals more chaotic lives) between the first and last period measured for each client.
- Similarly, clients had seen a reduction in their criminal activity as well as changes in their drug usage habits, and some clients had made more positive changes in their social circle.
- The strength-based approach is working and resonating with clients, with clients appreciating the value brought to them by having the trusting and reliable relationship with their outreach workers. Client valued the more personal skills around trustworthiness, being non-judgemental, well-informed and a good sense of humour and they would give lots of praise to their outreach worker and give examples of where they showed these traits and the value they had brought to their lives. Outreach workers had proven to be a positive influence in clients lives and clients reflected on how their outreach worker was someone who was there for them in good and challenging times.
- Some clients showed a new interest in a hobby, with literature, plumbing, and games consoles being some new hobbies that were taken up whilst in their Housing First accommodation. However there is still work to do around getting to know every clients' interests and hobbies and helping them access and undertake these activities, but this is

made more difficult by both the pandemic and the associated lockdown, as well as clients' own focus on their health or other complex needs.

- Clients often find it daunting moving into a home and find the prospect of paying bills, household maintenance and budgeting difficult if not almost impossible. Some will do well with it, but for others, particularly those struggling with drug or alcohol addiction, a lifetime on the streets, or never having been taught how to run a house. All these eventualities can lead to clients getting into debt with these bills, and this has been seen to occur for a number of clients in Housing First in Luton. The scale of money worries can be seen as it was the second highest reason for interventions among outreach workers.

## 2 Implementing Housing First in Luton

### 2.1 Eligibility criteria for Housing First

What makes someone eligible

- History of rough sleeping and returning to rough sleeping – MHCLG definitions:
- long term rough sleepers - rough sleeping before ‘Everyone In’ for 1 month+
- repeat rough sleepers - have been identified on more than 1 separate occasion sleeping rough, where there has been a break during which they had accommodation or were in prison or other institution
- Multiple stays in supported accommodation pathways
- Long term rough sleeping consistently refusing supported accommodation
- Having a ‘Chaos Index’ of 30 or higher<sup>1</sup>.

### 2.2 Collaboration with other organisations

NOAH partners with various government and charities to deliver Housing First in Luton and help clients with the wrap around support. Figure 3 shows these organisations and their capacity in which NOAH works with them.

Figure 3 - collaborating organisations involved in delivering Housing First and the wrap around support



Source: NOAH staff

NOAH has had the benefit of already established partnerships with these organisations due to having been actively working in the Luton area for some time, so with the launch of Housing First these partnerships cemented further into providing the wrap around support for each client that came onto the Housing First project. These existing dealings also helped speed up and allow access

<sup>1</sup> The Chaos Index refers to a measure of how chaotic a person's life is and is measured against the following areas: Engagement score, Self-harm intentional score, Self-harm unintentional, Risk to others score, Risk from others score, Stress score, Social effectiveness score, Alcohol / Drug score, Impulse control score, and a Housing score. For each of these a high score = bad, as this indicates a more chaotic life.

for each client to appropriate care once the client themselves requested it as part of their support plans or general requests relayed to their case workers.

Collaboration was effective, and could be further improved at the outset of a client's journey onto Housing First by having virtual or in-person meetings with the relevant collaborating organisations when clients are referred to NOAH for Housing First so that relevant information can be shared. This would help give background and insight into the available information and needs of a new client and help to build on the successes shown in accessing relevant wrap around support. Understandably, data protection issues and safeguarding would need to be considered around this and an appropriate line drawn up to help balance the efficacy of sharing this information with the privacy and safeguarding needs of the clients.

It is important to state here that information sharing and multi-agency working must also be balanced with the trust from the clients and a sense of privacy in the relationship with their outreach worker. As the project manager reflected, the trust in the relationship between the client and the outreach worker has been proven to be more important than the multi-agency working in making housing first successful for the client, and sometimes there is a danger with multi-agency working of harming this trust. It was clear from discussions with clients that many have had trust issues with other government agencies or workers and were cautious with new people and cautious with sharing intimate details of their lives. Multiple clients spoke about their sense of distrust with services and what benefit they could bring, particularly around the criminal justice system, mental health services. It was clear also how they valued the reliable, non-judgemental and honest traits in outreach workers, as reflected by their comments around the ideal outreach worker, as shown in Figure 16. In light of this, the trust of the client, general data protection and privacy, and the efficacy and use of the information being shared across agencies must all be weighed together in this multi-agency aspect.

### 2.3 Staff training

Outreach workers received training in areas defined as core skills surrounding mental health, substance usage, housing, benefits and other areas related to their roles in administering Housing First and working with clients. NOAH's welfare team encouraged a culture of providing access to online training and giving project staff further understanding of the issues many clients faced. One outreach worker remarked on how they would receive regular links for training from their manager and how this helped a lot with their role as a key worker, particularly in the areas of strength-based training, a key component of Housing First's delivery in Luton. Outreach workers reflected on how they would like to have some further in-depth training about complex needs and dealing with people with these, and if possible having someone external with a background perhaps on the medical side or particularly with a psychiatric theme around mental health and memory issues as these issues are experienced a lot with clients. Staff felt that this sort of training would be helpful for their work and would be immediately actionable.

*Figure 4 - training areas given to outreach workers*

<b>Induction Personal</b>
NOAH Ethos
Attended Away Day
Induction Checklist
Assign and Introduce mentor
<b>Induction General</b>
Introduction to probation/appraisal process
Policy & Procedure
Fire Awareness - Park St Only
Using Inform
<b>Probation</b>
Start Care Certificate
Targetted core skills
Mentor Support
Health and Safety at Work
Equality and Diversity
SOVA
Outcome Star/KW
Lone Working
Office 365 and NOAH IT systems
<b>Core Skills</b>
Managing challenging behaviour
First Aid
MH Awareness
Drug Awareness
Alcohol Awareness
Time Management
Housing Applications
Professional Boundaries
Homelessness Legislation
Welfare Benefits
Motivational Interviewing
Voluntary Departures and NRPF
Handling Complaints
<b>Professional Development (</b>
Specialised Training
Specialised Training
Specialised Training
Specialised Training
Specialised Training
Specialised Training
Specialised Training
National Training
Networking with new organisations

Source NOAH senior project manager (2020)

## 2.4 Factors helping implementation of Housing First

### 2.4.1 All houses were from social housing stock in Luton

Luton has been fortunate to have 15 properties in social housing that were ideal for Housing First tenants, providing both self-contained 1-bedroom accommodation and being in locations suitable for nearly all the clients. As the senior project manager at NOAH stated, 'many providers of Housing First would love to have these properties'.

NOAH was not alone in this heavy use of social housing, but it is noteworthy that 100 per cent of all properties it used were from social housing stock. As Housing First England stated:

*Social housing was used by 81% of services responding in 2020, compared with 61% of those responding in 2017. This equates to 17 services accessing social housing in 2017 and 45 in 2020. In tandem, use of PRS accommodation among participating services has decreased from 57% in 2017 to 35% in 2020.<sup>4</sup>*

The benefits of this can be seen in how it provides stability through a more open-ended long term accommodation than other short hold tenancies from private rented sectors or Housing Associations. As the report from Housing First England states:

*Services are increasingly accessing social housing, which is encouraging given that this provides the most stable, and usually the most affordable, accommodation with clear access to the housing provider.*

This was not without its inherent difficulties however, as it did present some problem particular to having, in effect, the council as the landlord.

## 2.5 Difficulties experienced in implementation and administering Housing First

### 2.5.1 It was difficult for outreach workers to not be seen as solely problem-solvers

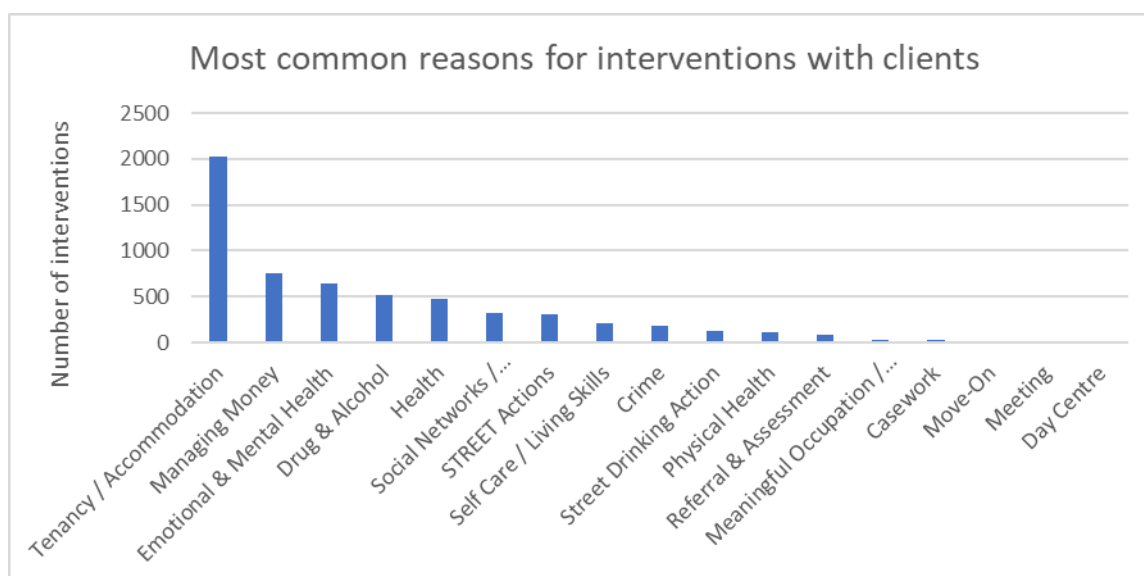
There was a reflection among the project delivery team that whilst the Housing First outreach workers sought to use a more strength-based approach that focused on building on the recipients passions, self-worth and strengths, it had to put effort into avoiding falling into the role of being a “problem-solver” for any issue encountered. This was a role they sought to avoid as it entailed a more negative orientation and also tended to focus on NOAH being seen almost as a crutch, whereas the goal of Housing First is instead one of empowerment.

### 2.5.2 Sometimes outreach workers had to seek to maintain boundaries

Another pitfall that could occur would be outreach workers being seen in occasional cases as a surrogate parent for the client in Housing First. The management of Housing First stated how they had to work hard to establish and maintain boundaries in order to truly help the clients and the outreach workers work successfully within the project. Boundaries here were defined as a sense of what forms communication could take, the type of issues or communication topics that could be raised, the timing of communication, and also what each person’s role was within the working relationship.

The types of communication and interventions needed between outreach workers and their clients were recorded in NOAH’s Inform data tool and categorized according to the theme of the intervention. These interventions were recorded by outreach workers over the course of their clients participation in Housing First, and these can be seen below in Figure 6. This shows that the most common reasons for engagement or interventions by outreach workers was around the tenancy which was over twice the size of the second highest category, managing money. The 2<sup>nd</sup> – 5<sup>th</sup> most common categories were managing money, emotional and mental health, drug and alcohol, and health, and these were all of a similar number of interactions. It is apparent from this how pressing these types of worries are for clients and this illustrates the nature of complex needs for clients and how often these can all be intermingled and require assistance from their outreach workers.

Figure 5 - total number of interventions between all outreach workers and their clients by category type



Source: NOAH Enterprise raw support data (2020)

### 2.5.3 Paperwork and data collection difficulties

Measurement, paperwork, and data collection were areas that many experienced difficulties with. Outreach workers relayed how many clients felt alienated or disengaged from excessive paperwork. A conversational, more informal and verbal approach was felt to be better for getting information about a client's state. This difficulty experienced in Luton's Housing First scheme also reflects difficulties seen in the pilot Housing First regions. As the 2020 report into the pilot areas demonstrated:

*"Frontline staff described a high level of complex need amongst those referred to date, which meant the early relationship building stage could be protracted due to the time needed to build trust. During this stage, assessment of need was typically described as verbal and informal, avoiding the use of formalised paperwork that can be alienating to clients."*<sup>2</sup>

The importance of trust and keeping clients engaged with outreach workers was vital and in many instances staff did not want to harm this by subjecting clients to difficult questions that made them confront things they would like to avoid. Whilst the potential benefits of having this accurate data on clients wellbeing is substantial, particularly with regards to improving on the efficacy of care and helping further research, it must also be done in a way that ensures both the trust and happiness of the client and the trusting and close relationship between keyworkers and their clients. Further research will be needed to find out what methods will work best for this data collection, particularly around the format and frequency of collection.

This research report used a combination of informal discussions for the interviews with clients on Housing First, but as these took a large amount of cooperation and planning from project staff and

<sup>2</sup> MHCLG, ICF Consulting Services (2020) *Evaluation of the Housing First Pilots: Interim Process Evaluation Report. Final Report*. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/946110/Housing\\_First\\_first\\_interim\\_process\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/946110/Housing_First_first_interim_process_report.pdf) (accessed 21 Jan 2021)

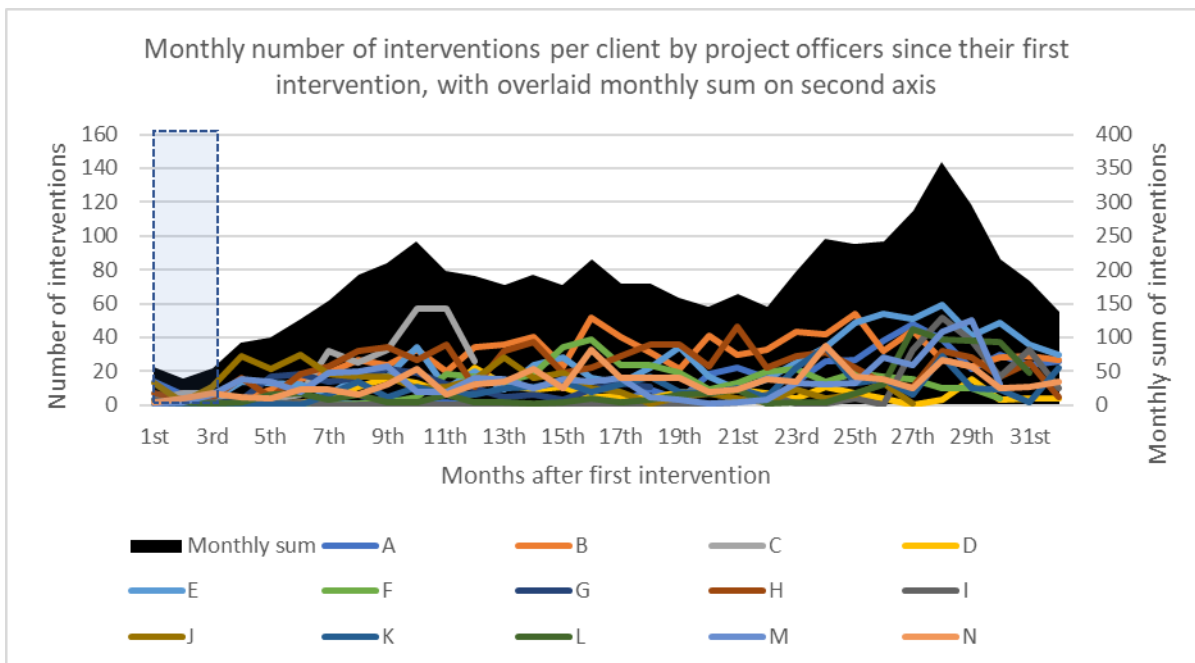


clients themselves which took around three weeks from planning to completion of interviews, these may not be easy to implement regularly as these were of a one off for this report. Clients were helped by the providing of an incentivization to taking part in the research, a £15 voucher for various stores, and outreach workers spoke of how this helped with getting engagement. Similarly, as the interviews also always had their outreach worker present, there was an element of trust and comfortability for the clients that ensured that they would feel open and able to be honest.

#### 2.5.4 Once clients enter the flat they become overwhelmed and stop engaging

Many clients who were interviewed said that in the first few months of moving into their Housing First home they felt overwhelmed by the sudden change and the pressures of living in a house. Life in a home is very different to life on the street, and many felt a mixture of anxiety and shock as well as happiness upon actually moving into their home. It is important to remember how much of a big deal it is for client to move in to a house when they may not have been in one for years, or have never been living in one. One client, a man in his early thirties, said it took him a long time to get used to it and that it took three months before he felt like it was his home. Another, a woman in her late twenties, said that it felt strange on moving in, and she felt strange not having to beg as she had got used to that life. Another client, a woman in her forties, said that although she felt like the house was hers quite quickly, it was difficult adjusting to household chores and budgeting as this was so different to life on the street. Outreach workers all reflected on how in the first few weeks after moving in, engagement and communication from clients would drop off and be very difficult as clients struggled to adapt and overcome these feelings of being overwhelmed. This was reflected in the data on the number of interventions by outreach workers for each of their clients, as can be seen in Figure 6 below, which shows how in the first few months of a clients journey in Housing First, their interventions or communications with their outreach worker were lower than they were at later times. One outreach worker remarked on how moving someone into a home who had little history of managing a home was like “expecting people to swim when they have never experienced life like this before.” They said they understood how they could feel this way as for many clients they had never been shown these things by a parent or friend, as they have not had what one might consider a conventional life where they would have learnt these things in their childhood, adolescence, and adult life. Oftentimes the point of reengaging from clients who had stopped communicating might be when they experienced an absolute crisis.

Figure 6 - Monthly interventions per client by outreach workers



Source: NOAH Enterprise data (2020)

Outreach workers spoke of how even though they wanted clients to engage with the appropriate wrap around support, they could not and would not force clients to start these journeys. One outreach worker reflected on this and how “sometimes it feels like you are waiting for the penny to drop”, and this can take any amount of time to either make those positive changes in their lives, access the relevant services, or actually accept things need to change. They acknowledged that you cannot rush this, as usually clients know what the right decision is, but they struggle with getting there. What is more important is that clients have to be “ready on their own terms”.

The current engagement levels between outreach workers and the clients appears to be working very well as clients appreciate and value their outreach workers immensely. Similarly, as outreach workers understand the aforementioned overwhelming or periods of low engagement as being a likely eventuality they know how to show they are there for clients in a way that does not smother them and they have effective communication practises for this. Therefore, the only way to remedy the overwhelming and periods of low engagement would be to proactively lessen the causes of the overwhelming, particularly around the exposure to costs, bills, and difficulties with household chores to enable clients to cope better with an environment or situation that is less daunting and overwhelming.

### 2.5.5 Need for prepaid meters, and changes to budgeting exposure

Clients often find it daunting moving into a home and find the prospect of paying bills, household maintenance and budgeting difficult if not almost impossible. Some will do well with it, but for others, particularly those struggling with drug or alcohol addiction, a lifetime on the streets, or never having been taught how to run a house by a family member or friend, may mean that they are not even aware of how to do these things or they may find them too daunting and avoid them altogether or instead use the money for other purposes. All these eventualities can lead to clients getting into debt with these bills, and this has been seen to occur for a large number of clients in Housing First in Luton. The scale of money worries can be seen as it was the second highest reason

for interventions among outreach workers, as shown in Figure 5. Addressing this would greatly help both clients and outreach workers.

One outreach worker remarked on how so many clients had a shortfall with council tax, unpaid television licenses, gas debts, or water bills. They reflected on how these should come out of people's welfare first, and be prepaid to help clients adjust to the budgeting necessities of paying bills to help "smooth things out" and make the transition easier for them. They remarked on how the precedent was already there for rent payments to go straight to the landlord without going into the clients' accounts, so they did not feel this would be too much of a stretch in terms of getting this put into place. Having prepaid gas meters installed on the Housing First properties was a factor that would help significantly with this, as this was a very common debt many clients experienced. The outreach worker reflected on how having clients gradually exposed to paying direct debits once they felt more settled and able to handle the budgeting would help enormously with this and also with improving their own sense of wellbeing. In doing so, a shielded and gradual introduction of bills could do much to help reduce the sense of being overwhelmed as well as ensure debts to not occur in the first place or worsen.

This debt and period of adjustment is a very big factor to address for clients as the problems can worsen significantly and lead to stress for the clients and affect their relationship with outreach workers. Clients spoke of how they felt that the home will be taken away, or they feared punishment that may affect their help they receive in Housing First if they were to be open about their debt and unpaid bills. One client, a woman in her twenties, said about she was worried about the debt she had got into with gas bills and didn't want to tell the outreach worker as she was scared of getting evicted (they did tell the outreach worker at the end of this interview after this was mentioned and the outreach worker started steps to help them). Another said how their gas was shut off due to unpaid bills and that the house was incredibly cold (in this case the outreach worker immediately said how they would message the gas company to amend this). Another client said how he always felt that also said that "at the back of my mind I know that I could have my home taken away from me at any time". These issues can compound a clients sense of security and need to be addressed to ensure the Housing First model retains its commitment to its principles of maximum reliability to clients. It is clear that even though outreach workers can assist in problem-solving with these debts and adverse consequences, much trouble and stress could be saved by being proactive and reducing the route cause rather than remaining reactive.

In addition to this, the nature of the homes in Housing First relying on the local authority meant that in some cases where clients had been issued a decorating voucher from the council for their flat, rather than the work actually being carried out by the council, they had sold the voucher. It was important to have the decorating still be under the control and guidance of the client so they could feel the flat was theirs and give them a sense of home, but ensure that for some the budgeting aspect could go directly and bypass the client so they would not feel any stresses from budgeting or from their ever present difficulties with impulse control surrounding the pressure of their drug or alcohol addiction. Another factor affecting this is how because the homes are social housing, substantial decorating changes are not permitted or would take a long time to get permission. In one client's case they wanted a shower installed instead of the bath as they were too tall to fit in the bath. To achieve this the outreach worker had to work with them to contact the council to enquire about this. One client was housed at the beginning when Housing First was first implemented in Luton reflected on how upon moving in there was nothing in their flat, and this meant they could not really do much inside. As this was early in the process there was a learning curve for staff as they saw how quickly furnishing a flat would have to be done with the clients to make it livable. This

reflected how it is always a primary concern to get the essentials of TV, a bed, or other basic amenities that clients need to enable them to live comfortably in it as soon as possible, ideally on arrival. The client reflected that generally it was important to have things to do in one's home, because if one had nothing to do in one's home one would be "driven crazy by having nothing to do but look at four walls". This learning curve led to a process taking place for enabling a smoother move in process which would have clients sign the tenancy agreement the first day, take the clients to view carpets and have these installed the following morning, and then have the white goods moved in that afternoon after the carpets were put in. The whole process was a 48-hour turnaround and this could be quite demanding and time and effort-intensive for both the outreach workers and the clients. Outreach workers would have conversations with their clients around what they would like in their accommodation, but the quick turnaround often was borne out of necessity due to, as one outreach worker reflected, because often you did not know what carpet you could have till you saw the property, and as they got white goods and furniture from the NOAH charity shop, you could not know what white goods were available until quite close to the move in day due to the fast changing nature of stock availability in charity shops.

It helps to realise that for many clients they may feel isolation and loneliness upon moving in somewhere on their own, so steps need to be taken to address this and help clients not feel this loneliness. Indeed having these in place may also help clients not engage in their drug or alcohol addiction as sometimes many would do these to avoid having that mental space where they would dwell or fixate on trauma they have experienced and so self-medicate to distract themselves or stem away boredom.

Many clients struggled with the interpreting of communications from these organisations where bills came from. Outreach workers would work with clients to help read these communications, particularly letters, so that they could help the clients understand what was being said and asked of them. Oftentimes, when this was combined with the periods of low engagement with clients or lack of communication, there could be some bills or situations worsening due to clients not sharing the details of these.

Another aspect to all the above is how important it is to address people's underlying complex needs that will impact their paying of bills and their money management. Drug and alcohol addiction, and mental health difficulties can all have a significant impact on how a person views these tasks. Similarly, the pressures of addiction can mean that many will engage in harmful behaviour and potentially the selling of items they would benefit from and also criminal behaviour, as the NTA wrote:

*"The economic-compulsive relationship means that drug addicted people often develop a tolerance through daily compulsive use, which can result in an expensive addiction. For instance, the estimated average value of drugs used in the four weeks prior to treatment among participants of the Drug Treatment Outcomes Research Study (DTORS) was £1,296. With little income they may resort to crime to pay for their drug use, such as shoplifting, burglary or robbery, or other crimes such as soliciting and begging."* <sup>5 pg.4</sup>

This shows that if these factors are not also addressed, they can contribute to difficulties experienced by clients, and again this sheds light on the importance of the wrap around support offered in Housing First.

### 2.5.6 Periods of no communication

Communication can be difficult to maintain, and the active engagement approach was an ever present source of difficulty for all staff with regards to at least one of their clients in their caseload. This is not an experience that is restricted to NOAH in Luton however, as other providers experienced the same issues as referenced in the Housing First England report, and by speakers from other providers at Housing First England conferences<sup>3 & 4</sup>.

The principle of adopting an active engagement approach was also followed by the service, however this was one of the most challenging to operationalise in practice. The project staff team reported that over half of the people using the service had periods of non-engagement during the pilot period. One outreach worker said how this was the biggest difficulty about working on Housing First, and that they had to try to “get a happy medium where they still know you are there but not hound them”. Others supported this and said how there was a difficult balance to be struck between choice and control and active engagement and many reflected on how this was just part of the job to be expected with clients with extremely chaotic lives and so outreach workers accepted they could only carry on letting clients know they were there for them and use a variety of communication types: either check in on them with house visits, visiting places they might frequent, or telephone calls.

### 2.5.7 Clients and the company they keep

All outreach workers and also many clients themselves recognized that one of the biggest difficulties encountered in Housing First in Luton was around bad influences and unhealthy and in some cases toxic relationships, acquaintances, and friendships. One outreach worker said that the biggest difficulty for them was:

*“telling clients to be mindful of who they invite into their property and to be mindful about the company they keep”*

They said that they saw this come up numerous times with various clients and saw how the company people kept led to various issues with cuckooing, drug taking, physical assault, drinking, anti-social behaviour and other brushes with the criminal justice system. The company one keeps influences your habits and peer pressure has a powerful impact on clients and their lives. In one case, they referred to a previous person who was roughsleeping who made big strides in their substance rehabilitation journey only to reconnect with an old friend who then led them to relapse and undo much of their progress. This staff member spoke about how some clients said that the reason they wanted people round was because on their own they felt lonely, and that sometimes if someone was on their own they might drink or do drugs to self-medicate or escape their loneliness.

It is clear from this that Housing First only changes the property situation and not necessarily all of their social circles or their habits. The outreach worker spoke of how some clients knew these influences might not be good for them but that many clients felt they needed those old social circles because they did not have family or friends to connect with due to complicated pasts and estrangement due to their behaviour or substance issues. Here they would always remind them in these cases that if they made those little changes in their lives to address the difficulties, be it rehab, sobriety, changing social circles, maintain a house, taking methadone prescription, better self-care, then their family and friends would reconnect: “its small steps, but people do notice” as they never stopped loving them, it was just sometimes that the estranged family or friends could no longer deal

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<sup>3</sup> Housing First Conference 2020 - online (2020) Homeless Link held on Thursday, 3 December 2020  
A two day online conference - 3rd-4th December. Replays are available at: <https://housing-first-2020-an-online-conference.heysummit.com/replays/> (accessed 21 Jan 2021)

with them before rather than an absence of love that caused the initial estrangement. This experience can be further complicated by the difficulties with getting clients new and more healthy social circles through hobbies and other support networks.

There were some successes with this changing of social circles, as some clients took the chance from being in their new Housing First home to keep more to themselves and change their social circles. In the example of one client, a woman in her thirties, she had taken the opportunity of being in her Housing First home to be a chance to exercise control over who she talked to and who she socialized with. She reflected on how she knew that many said you could see who a person is based off the company they keep, but that saying that ignored how much control and power people have to change this and say who they would have in their lives. It was clear from speaking with her that she felt energized by this sense of control and that she was grateful for being further away from “the lions den” as she referred to it, but that going into some areas of the city centre would still bring about anxiety in them. In another case one client said how she had not told a single person she knew before about where she was living now and she said she intended to stay isolated and not invite anyone round. In both these cases the outreach workers later remarked on how these decisions had helped them but that it was easy for them to slip into old ways or reconnect with someone that would be a bad influence which shows just how vulnerable a group people with complex needs are. Overall, it is not clear what the driving factor behind these successes were: whether it was due to personal choice, drug recovery pathways, being in a house in a different location or another factor, and further research would greatly benefit finding out how to actually drive this change in clients lives and whether the reasons are able to be replicated for other clients.

#### 2.5.8 Discovering clients’ interest and hobbies

As alluded to above, social circles can have a profound impact on a clients recovery journeys through both the influences on their lives and the habits and routines they keep. The senior project manager said how they would have liked to have seen emerge more hobbies and interests from clients, such as desires to get involved in clubs, courses, or other activities. They reflected on how big the impact from COVID-19 and the lockdown had been over the last year but that there could have been more attempts to find out clients’ interests and potential hobbies before the pandemic. They acknowledged how difficult this was and that many clients do have self-esteem issues which leads them to not want engagement with these clubs for fear of judgement or possibly a desire to live life in the spur of the moment. They understood that the current situation around the pandemic made this difficult and there were not any alternatives right now. One example of progress they highlighted was how they provided a Gameboy and gaming console to a client and this had brought the client joy and contact with new people in ways many would not expect. They said that overall, many clients are looking for new relationships and that there is scope for increasing the work done here.

Many clients can feel that due to their health conditions and drug or alcohol addiction they can only focus on “the here and now” and making improvements in one given area that they feel the most pressing need. For many clients hobbies, interests and education or employment represent long-term goals that are difficult to both plan for and work towards. One client, a man in his fifties, said how he was only focused on overcoming his cancer diagnosis and getting that sorted before he could think any further into the future. Another said that they did have hopes for the future and they were ambitious and wanted to get a job, but that the focus was on carrying on with their methadone prescription and their recovery journey. It may be that this area will only be better understood once the lockdown starts lifting and life returns to the new normal.

There were however some successes shown in this area, as referenced below in 3.1.2.6 on page 34.

### 2.5.9 Difficulty in getting engagement from some among the entrenched rough sleeping cohort to join onto Housing First

One of the biggest difficulties experienced by NOAH was a lack of engagement or interest for Housing First from people they thought would benefit greatly from it. The senior project manager at NOAH reflected on this and how they felt it was a shame that “some of the people we really wanted to help in Housing First couldn’t be helped or brought onto it”. However, it is important to note how this is not a problem unique to NOAH in Luton, as other providers of Housing First have reflected on this being a source of difficulty, as Housing First England wrote in their 2020 report:

*“securing initial engagement from people referred to Housing First who may be sceptical or unsure about being part of a Housing First project (raised by five services).”<sup>4</sup>*

To get around this challenge, the senior project manager said they would follow the example from the founder of Housing First, Dr Sam Tsemberis, who said that when they experienced this lack of interest in New York they would ask them what they did need and proceed to help them in that way. This pragmatism helps and is in line with the core principles of Housing First being client-led and focused on their willingness and buy in. Indeed it would be against the principles to give the service to people unwilling to engage in it. Furthermore, a person’s initial lack of willingness to join Housing First does not rule out them wanting it in the future and accessing it in that eventuality.

## 3 Progress to date from Housing First in Luton

### 3.1 Lessons and evidence on the success of Housing First in Luton

#### 3.1.1 What examples of best practice of Housing First services are there at a local or regional level in England?

##### 3.1.1.1 *Topline stats*

The below Figure 7 shows a summary of the key results from Housing First in Luton. As can be seen, the very high retention rate, and high engagement with drug and alcohol recovery services indicate significant successes in eliminating roughsleeping in the cohort of entrenched roughsleepers and also helping to address factors associated with roughsleeping in the long-term. These factors are analysed in turn throughout the report.

Figure 7 - topline stats for Housing First in Luton

# Topline Housing First Luton stats



\*10 have diagnosed or undiagnosed mental health issues

Source: NOAH Enterprise data (2020)

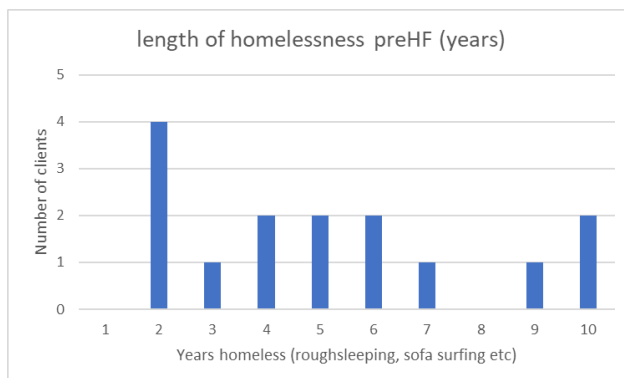
### 3.1.1.1.1 Background of clients in Housing First

There were more or less equal numbers of men and women in Housing First accommodation (7 men, 8 women).

The years clients had been homeless before joining Housing First varied between two and 10 years, with an average length of homeless of five years (see Figure 8). There was more or less an even spread in terms of how long clients had spent in Housing First in Luton, however three years was the most common length of time clients had spent in the Housing First program (see Figure 9).

A large majority (10 out of 15 clients) had either a diagnosed or undiagnosed mental health condition and only six out of 15 had a physical health issue. This shows how mental health and substance abuse are more common issues within the complex needs of clients in Luton’s Housing First (see Figure 10)

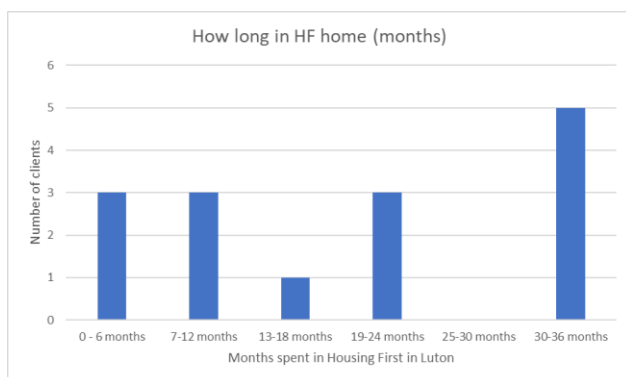
Figure 8 - Length of clients' homelessness before joining Housing First in Luton



Source: NOAH Enterprise data (2020)



Figure 9 - how long clients have spent in Housing First



Source: NOAH Enterprise data (2020)

Figure 10 - physical or health issues among clients

	mental health issues (diagnosed and undiagnosed)	physical health issues
yes	10	6
no	5	9

Source: NOAH Enterprise data (2020)

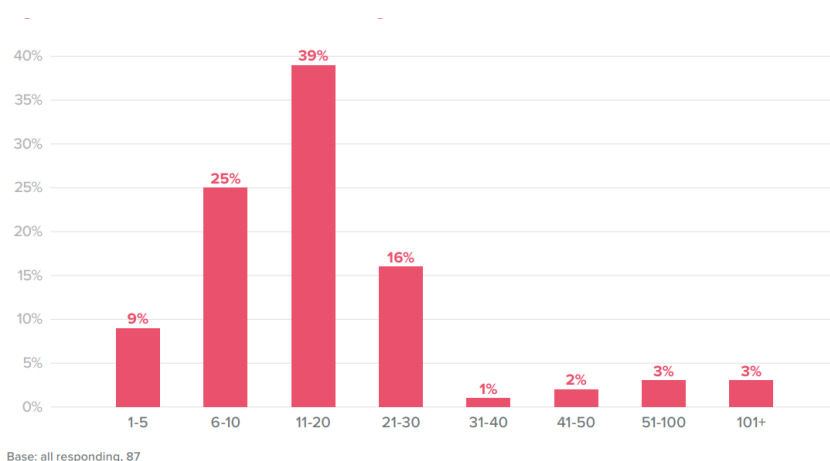
### 3.1.1.2 Reasons for high retention rate

This retention rate is higher than some seen in the pilot cities for Housing First, and the reasons for this could be due to a combination of factors. The numbers involved in the Housing First scheme in Luton are fairly typical, as the most common number of clients for each provider of Housing First across England is between 11-20, and NOAH supports 15 it is in the middle of this largest group (see Figure 11). Having a lower number of clients on Housing First in Luton is one of the reasons behind the high retention rate seen by NOAH in Luton, as the senior project manager stated:

*“Luton is a small cohort, and it also is only a few years old, so I’m sure we would have had challenges if it had gone on for longer and was bigger”.*

Having a smaller sized cohort and being in place for only a few years means there are not as many potential cases for clients to not work out well in the Housing First scheme. In addition to this, a more considerable contributing factor behind this success is the fact that there was already an existing relationship between clients and NOAH- and particularly their outreach workers- even before they joined the Housing First project. This supports the findings from other pilot cities that found building a trusting and established relationship was one of the biggest factors to ensuring success.

Figure 11 - HF England report: Number of individuals Housing First services are able to support across England



Source: Housing First England Report (2020)<sup>4</sup>

### 3.1.1.3 Large proportion of social housing

NOAH used social housing for every client's accommodation. This helped foster a sense of permanence and of a more long term stability to client's lives. With these houses there would be a one-year probation period which upon completion would then become a permanent housing allocation. This use of social housing is in line with the experiences of other providers of Housing First in England. As Housing First England's recent report highlighted:

*Services are increasingly accessing social housing, which is encouraging given that this provides the most stable, and usually the most affordable, accommodation with clear access to the housing provider.<sup>4</sup>*

These findings were in line with what NOAH experienced too. However, it is important to note that this did also present some difficulties around decorating the flats, the speed of change for decorations/changes, getting the property ready for the specific needs of Housing First clients, particularly around prepaid gas meters (see page 18).

3.1.2 What evidence is there to demonstrate the positive impact of Housing First on ending a person's homelessness in the long-term? What groups has it been shown to work for and what further changes are needed for it to work for other groups?

#### 3.1.2.1 Reduction in how chaotic client's lives are, reduced impact on social services

The clients who went into their Housing First properties saw changes in how chaotic their lives were. This is particularly impressive when you consider the eligibility criteria for people entering the Housing First project, i.e. it is the people with the most chaotic lives you could imagine with many associated complex needs. The Chaos index data showed that six out of the 10 measured responses had a reduction in people's chaos index (higher scores equals more chaotic lives) between the first and last period measured for each client (see Figure 12). Only two people among the clients in Housing First had an increase in their Chaos index and in these cases their increases were not by as much when compared with the group whose scores decreased. This was further supported by feedback from the outreach workers themselves when they reflected on their clients successes, with

<sup>4</sup> Housing First England (2020) *The Picture of Housing First in England*. Published by Homeless Link. Available at: [https://hfe.homeless.org.uk/sites/default/files/attachments/Picture of Housing First 2020\\_Full Report.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Picture of Housing First 2020_Full Report.pdf) (Accessed 07 Dec 2020)

one outreach worker saying “the harm reduction aspect definitely works”. In light of this, it is evident how Housing First has provided stability to clients’ lives.

Figure 12 - changes in Chaos index of clients in Housing First between the first and most recent period

	Number of clients	Number of clients with more than one measured Chaos Index	Average change in Chaos index for this group
How many decreased	6	10	-42%
How many stayed the same	2	10	
How many increased	2	10	8%

Source: NOAH Enterprise Chaos Index data (2020)

As the senior project manager reflected, people’s street activity has not been eliminated entirely, but it has diminished since they went onto Housing First. Outreach workers said that clients who were previously in contact with the police or criminal justice system were not in contact with these as much as before, and how this was due to a combination of factors, most notably due to not being on the street and around bad influences as much, being on a methadone prescription and getting help for substance reliance, and the reduced pressures from not having to be roughsleeping.

Outreach workers reflected on how for many their use of services around mental health, physical health and drug and alcohol addiction services would increase as clients went into Housing First and obtained the relevant wrap around support, but that these demands would always drop off after time. The importance of Housing First in the wider cost savings and benefits to clients is significant in the long term. As one outreach worker said:

*“Having a house is big, prior to being in their properties a lot weren’t on script or having mental health services...giving them that stability helps allow this. Particularly getting bank account and GP...100% have registered with a GP. At the beginning when they enter the property their use of services goes through the roof but it stabilizes their mental health and this provides stability and it reduces in intensity in how much they use services as they become more stable.”*

This can be expected as it indicates the intended nature of Housing First, being a platform for roughsleepers to get the services and wrap around support they need. Many of these services can take a long time for clients to access and accept the need for, but many clients have already begun these pathways (see Figure 13 on page 28) which shows that 12 of the 15 who would benefit from drug and alcohol recovery services are accessing these (through medication or speaking with the local substance misuse service) and five of the 10 who would benefit from mental health services are using these (either through medication or having a counsellor). This research report could not obtain data on the crime or health impact for each client in the project, but proxy data from reports by the NHS National Treatment Agency for Substance Misuse (NTA) that can be used to illustrate the importance of people engaging in long term recovery programs. The NTA report in 2012 indicated that there are substantial cost savings to public services, particularly the criminal justice system as a result of long term treatment for substance misuse:

*“We estimate that drug treatment and recovery systems in England may have prevented approximately 4.9m crimes in 2010-11, with an estimated saving to society of £960m in costs to the public, businesses, the criminal justice system and National Health Service (NHS). We also estimate that approximately 19.6m crimes may be prevented over the course of the Spending Review 2010 period (SR10) (2011-12 to 2014-15), with an estimated saving to society of £3.6bn.”<sup>5</sup>*

It stands to reason that Housing First enabling the beginning of these long-term drug recovery pathways in Luton will also have a similar effect on reducing the costs from associated criminal activity as clients engage and continue their recovery journey. The fact that clients have started these journeys, aided by being in a house and being helped by NOAH outreach workers and collaborating agencies, are big achievements and whilst clients may have experienced setbacks and often the most awful occurrences in their lives, coupled with drops in engagement and relapses, the actual starting of their recovery journeys indicates a profound success which would be difficult if not impossible to even contemplate occurring without clients having a home for them (see section on effect on substance reliance issues on page 28 for further detail).

### 3.1.2.2 *Effect of Housing First on substance reliance issues experienced by clients*

Although Housing First clients are not obligated to become sober, engage with substance reliance services or discontinue drug use in order to continue in the program, one benefit often seen is that many in fact do start the recovery process. Figure 13 shows the engagement with services and how a high proportion of the clients in Housing First are engaged with drug or substance recovery pathways, with 12 out of the 15 people with substance issues currently either speaking with a drug counsellor, speaking with the local substance misuse service, or taking methadone prescription. This is no small achievement, as for many it is a daunting prospect that requires significant will to change and also a recognition of the potential benefits. Housing First's role in this was vital, as the outreach workers themselves stated how their clients would never have been on methadone prescription if they were not in a home. The findings from the interviews suggest that many clients felt positive changes from taking methadone prescription and this had an effect in areas in their lives that were not just tied to their drug usage (see section 3.1.2.4 on page 32 for examples of this effect on clients self-image). Again, the nature of Housing First being, as one outreach worker put it, "a platform for clients to make changes in their lives" is evident here. One client, a woman in her thirties, spoke about how she had a lot more choices open to her as a result of being in a home and that the home was a base for her and that it was something supportive that she could rely on.

Figure 13 - engagement of clients with the drug or substance recovery process or mental health services

	Number of people	Number of people who could benefit from this
involved with addiction recovery services (be it on methadone prescription or speaking with drug counsellor or engaging with the local substance misuse service)	12	15
on methadone prescription	9	14
engaging with mental health services (either through medication or counsellors)	5	10

Source: NOAH Enterprise staff data (2020)

As can be expected, the recovery path is not linear and many will experience setbacks or only recovery or reduction in usage of one drug whilst still using a different drug. The evidence from both interviews with clients on Housing First in Luton and the STAR data show that drug recovery is not linear or uniform for each person. Figure 14 below illustrates this non-linear improvement in clients' lives as one can see how Person A had an improvement in their self-care, their offending, and their motivation, but a drug/alcohol score remaining the same. As one can see in Figure 15, Person A's usage of Heroin ceased altogether, whilst their usage of Cocaine in the past month ahead of being interviewed decreased and then remained level at 5 which indicates that they remained accepting of

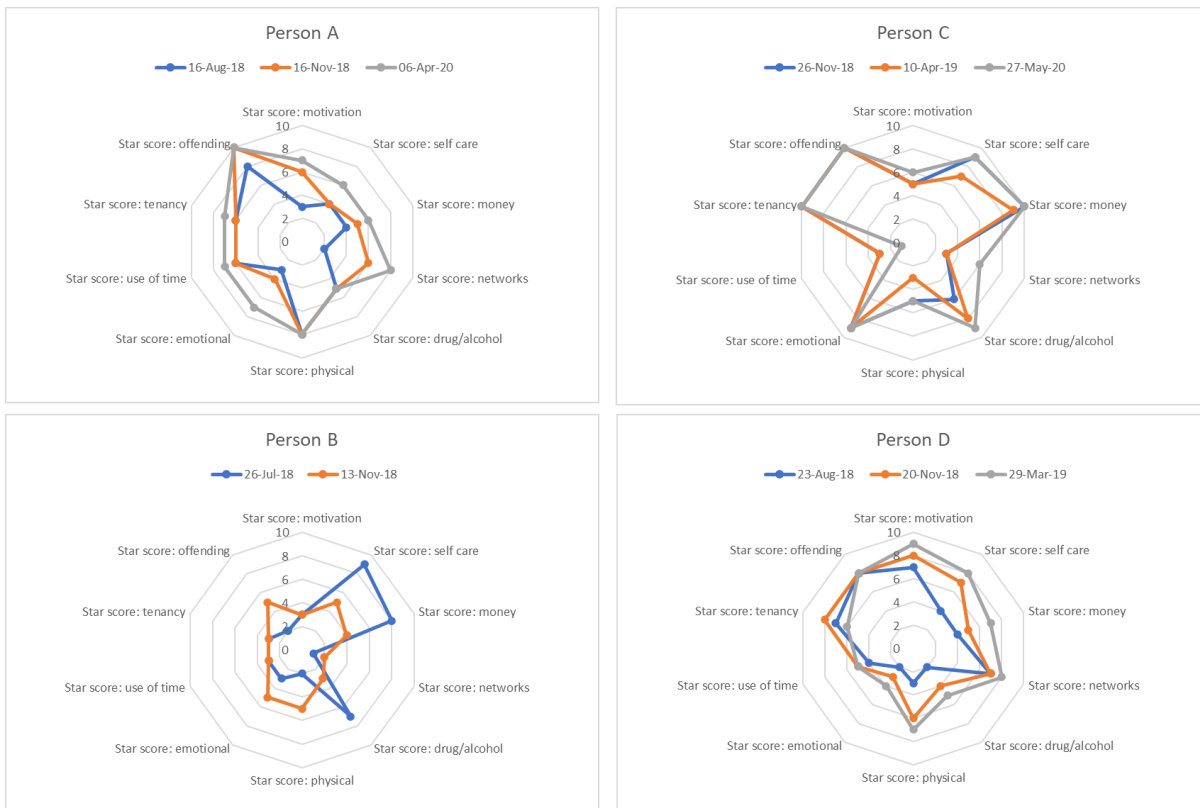
their own responsibility and the possibility of change, as this score indicates: “I can make a difference, it’s up to me as well” (see Figure 1 on page 6 for definitions). In contrast, Person C’s drug and alcohol scores increased, whilst their self-care scores increased and remained high at 9 indicating more self-reliance, whilst their scores for use of time decreased. These results support the findings from the interviews with clients. One client, a man in his late fifties, was still using drugs but his drinking to excess had drastically reduced. This case was particularly encouraging, as the client was dealing with a lot of health-related issues as a result of a cancer diagnosis which was clearly a big shock to them and could have led to a worsening drug or alcohol problem. Similarly, one client, a woman in her thirties who had a history of heroin addiction, said that she was still actively using, but “not like before”. She said how she wasn’t injecting as much, but was “still smoking gear”. Although on the surface an outsider to drug addiction may hear this and think it is not a substantive change, it is encouraging as any change in behaviour relating to drug usage that reduces harm to the client is positive and indicates a base from which to further build on successes. This all supports what we hold to be common knowledge: that drug and alcohol recovery is not linear and is not the same for every person.

This is however, just one method of measuring drug and alcohol recovery, namely usage. It does not reflect the other aspects of drug and alcohol recovery, namely taking one’s methadone prescription or attending session with their drug recovery counsellor and participating with The local substance misuse service. Indeed it would be unfair to say someone is failing in their drug or alcohol recovery if they had a relapse or a period of using as this does not reflect one’s desire to recover and overcome addiction and tends to unfairly weigh a relapse over overall engagement with the long term path of substance recovery and rehabilitation. As the NHS National Treatment Agency for Substance Misuse wrote, there is a “chronic relapsing nature of drug addiction”<sup>5</sup>, and it is important to accept this chronic nature of relapsing as a potential eventuality for each client and not as an indicator the success or failure of a given program. As shown above, many clients had their usage patterns change, often for the better, since going into Housing First and that this shows how a harm reduction method was working. Any change in a positive direction as part of the harm reduction approach is an indicator of a success and it is important to consider how much more difficult these positive changes would have been to achieve had clients still been roughsleeping and not on Housing First.

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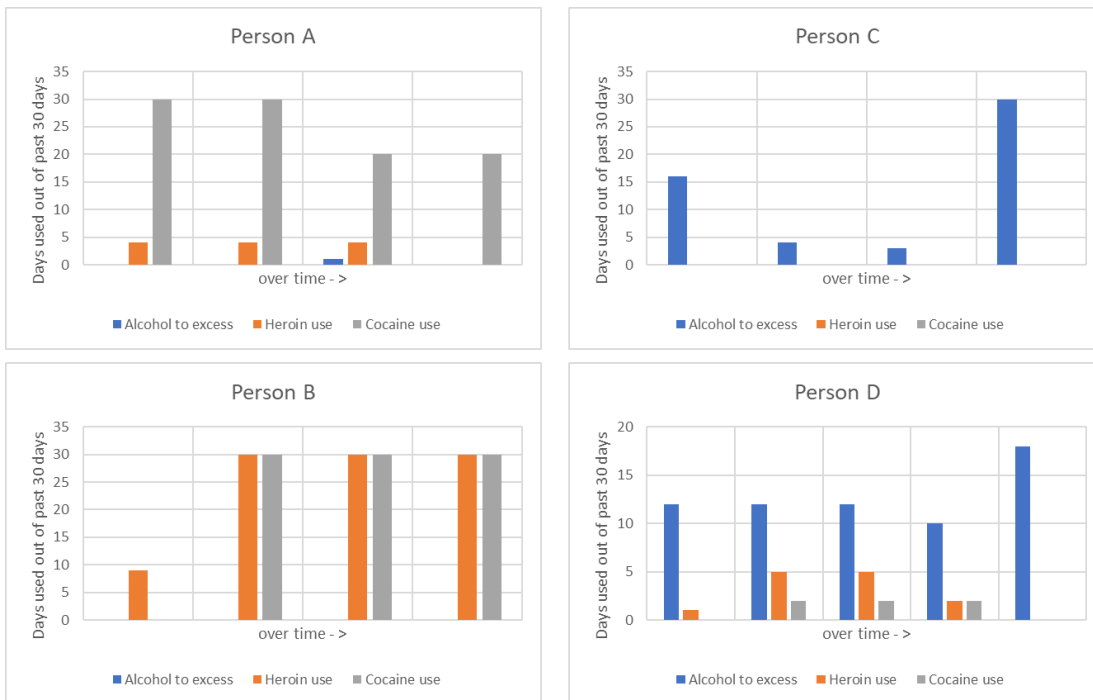
<sup>5</sup> NHS National Treatment Agency for Substance Misuse (2012) *Estimating the crime reduction benefits of drug treatment and recovery*. Available at: [https://www.drugsandalcohol.ie/17540/1/NTA\\_Estimating\\_crime\\_reduction\\_benefits.pdf](https://www.drugsandalcohol.ie/17540/1/NTA_Estimating_crime_reduction_benefits.pdf) (accessed 21 Jan 2021)

Figure 14 - Outcomes star support plan changes for clients (movement outwards indicates positives change)



Source: NOAH Enterprise Client-led Outcomes STAR Support plan (2020)

Figure 15 - Health STAR data and alcohol and drug usage over time



Source: NOAH Enterprise Health Outcomes Support plan (2020)

### 3.1.2.3 *The impact of outreach workers in helping drug and alcohol recovery*

Outreach workers have helped to act instantly on clients' wishes to engage in drug recovery pathways and also helped clients along these pathways. When interviewed, outreach workers said how the moment a client spoke of their wish to start weaning off drugs or alcohol, they would engage with the relevant parties to help facilitate any necessary meetings and show clients the next steps to "keep the ball rolling". They noted how this was especially important because things could quickly change in clients' lives and they may experience dips or relapses in their usage and if there were long periods of waiting around for recovery services there would be a higher chance for them to become unengaged, daunted, or partake in harmful activities related to their substance abuse problems. The difficulties with getting clients placements in rehab and the cases of lack of joined up post-recovery care also impacted this and made outreach workers keen to act as quickly as possible to start clients on these journeys. It is difficult to see how clients could do this on their own without the outreach workers there to guide them, motivate, and help them in accessing the right services and in this capacity their value brought to clients' recovery journeys is considerable.

Once a client was engaged and started the process of recovery, outreach workers could help retain this engagement and facilitate clients attending appointments and doing the times that clients would occasionally find as intense aspects of recovery, particularly around appointments and communication. An example of these can be seen with how one of the outreach worker gave lifts to one of their clients to attend their medical appointments with the GP and also stay in contact with their local substance misuse service worker to tackle the client's drug problem. Whilst this is a big benefit to Housing First's success for clients, there were difficulties presented too as one outreach worker reflected on how their partnering drug counsellor had said, in the case of one of their clients, that if the outreach worker from NOAH was not there to help chase the client to attend their meetings, then the client might not turn up at all. Generally, outreach workers sought to remain a more strength-based influence that enabled clients to attend and engage in their own recovery without overreliance on their key workers, but staff were aware that it was incredibly important to help clients remain on their recovery pathways to keep up that sense of momentum.

One area outreach workers struggled with the wider national policy environment around methadone prescription, particularly in terms of the available dosage and the difficulty with getting access to this for clients. As referenced later in 3.1.4.2 on page 37, one client who was addicted to heroin reflected on how methadone prescription was viewed by them as being too low in dosage and that it had not worked for those in their social circle and so they themselves would not want to start a methadone prescription as they would be "then addicted to two things". Similarly, one outreach worker reflected on how there were "so many hoops to jump through" to get clients on a methadone prescription which made getting clients on a drug recovery journey take longer than they would like. It was clear from speaking with the project manager that these reflected the national drug policy around having restrictions on methadone prescription and so this was a wider issue and not specific to Luton. This feeling of frustration with the time and administration element to starting an essential aspect of the recovery pathways will be shocking to some, however understanding the realities of clients' lives and recovery journeys, especially with regards to their attitudes towards obtaining and using methadone prescription is vital for ensuring the recovery pathways are effective and work in practise for clients. We have to consider that how clients perceive the journey ahead of them in drug recovery, be it based in opinion, fact, or a general perception, is still their reality and so it is important to consider and take into account in the planning stages or drug recovery journeys. If many clients consider it too difficult or time consuming as opposed to carrying on in their drug habit as normal, then steps should be taken to address this perception, either through changes to policy and availability or changes to how services engage with

a client to help alleviate clients' worries and perceptions through conversation or sharing of success stories. An area for further improvement would be to make easier and faster the obtaining of methadone prescription for a client so they can start steadily reducing their drug usage and this would contribute greatly to the overall goals of harm reduction with Housing First.

Another valuable aspect to the roles shown by outreach workers was their understanding of the realities of drug addiction. The close relationship between clients and their outreach workers showed a significant amount of empathy and awareness which coupled with their non-judgemental attitude helped with clients' recovery journeys. Clients felt able to open up and talk about things, and they valued these traits greatly, as seen from their comments in Figure 16. When clients felt they could be open about their usage without judgement or criticism from their outreach worker they would be more honest about their substance habits, their difficulties, their motivations and also their history. Outreach workers also recognised how many, if not all, of the clients were "self-medicating" to distract themselves from their past, their trauma, their current mental or physical pain, or to escape from the realities of their situation. This understanding and empathy is a big asset to helping the harm reduction aspect of clients recoveries and helping clients to feel safe, secure, and engaged with their recovery through the difficulties and the successes.

Another reason for this success with clients engagement with drug and alcohol recovery pathways was the outreach workers having close partnerships with staff at the local substance misuse service, representatives from Luton Borough Council, and the local pharmacies. Having these connections in place at the level of the outreach workers helped with getting clients onto these pathways and also helped them continue to stay engaged with their recovery.

#### *3.1.2.4 Clients' self-perception*

In terms of client's self-esteem issues or self-perception, many still experience significant issues around these and their confidence. Understandably these are issues which are incredibly complex to address and can take a long time for any person to solve completely. Many clients when interviewed would use language to describe themselves that reduced themselves to being a "drug addict", or "messed up" when talking about who they were or when talking about their mental health. During the interview process one client, a man in his early thirties, showed their scars inflicted from self-harm and said how "only someone messed up would do that". As can be expected with the nature of clients involved in Housing First they have complex needs that involve often multiple issues around either mental health, physical health, past trauma, sexual or physical abuse either as an adult or as a child, behavioural issues, and either drug or alcohol addiction. In light of this, a substantial turn around in a person's self-esteem will take long and concerted effort to achieve that will likely require multiple services to help them. However, what has been seen from the interviews with clients is that many will show and demonstrate having a few areas in their lives that indicate some change away from these negative beliefs and a move in a positive direction. In the case outlined above, the client had a history of physical and mental abuse from a parent and from their time in care as a child and also were homeless with both their mother and brother who were also addicted to drugs. They said how now they felt good about being on methadone prescription and seeing their drug counsellor, and how they were self-harming less since moving into their Housing First home, and how when compared to the person they were two years ago they were "a lot more calm" and they attributed his change to being on methadone prescription. They still acknowledged it was a very difficult thing coping with drug addiction, and still labelled themselves as "a professional beggar", "poorest of the poor", "like Oliver Twist" but also said how this was all they had known and that they had never had a job. Despite these lingering issues in confidence and their economic prospects, overall the role Housing First had played in the client's improvement in both self-esteem, calmness, and reduced



self-harm was instrumental, as their outreach worker later reflected on how they would not be able to go on methadone prescription if they were not in a house. Indeed, what this shows is that people's self-esteem will improve step-by-step and not uniformly or evenly for clients in Housing First.

#### *3.1.2.5 Strengths-based approach to delivery*

NOAH's Housing First team used a strengths-based approach when working with clients in the Housing First project. This approach had the goals of moving away from being seen as just problem-solvers in an issue-focused capacity and more towards an empowering and strength-based relationship that helped clients build on their successes and feel better about themselves and their capacity to solve issues in their lives. When interviews were held with clients it was clear that many saw their case workers as being open, non-judgemental, well-informed and reliable, as can be seen from Figure 16, when each client reflected on these traits every single client interviewed immediately said how their own outreach worker showed these traits. One client's three words they used to describe the ideal outreach worker were actually the title, first name, and last name of their actual outreach worker (this was removed from the word cloud below for anonymity). Many would go into detail about how their outreach worker had been there for them through the most difficult times in their lives and about how much they valued them and their help and how they truly helped them and people like them. Indeed, from looking at many of the traits many clients outlined as the ideal traits it can be seen how they are not all focused on how their outreach worker can solve an issue or how they are merely a problem-solver; words like "amazing", "comfortable", "loyal", "caring", "non-judgemental", "funny", suggest that clients have viewed them as a more enabling and positive influence in their lives that will stay by them rather than as just someone to solve things when they crop up and nothing else. In this respect the strength-based approach has been achieving its goal in terms of how clients perceive their outreach workers. Similarly, you could see how this approach was working and was imbedded in the outreach workers as when they were interviewed and asked questions about their clients they would continually mention their strengths, their positive traits, or what they had been succeeding in addressing in their lives and how even with some who would be described as difficult they were seen as "characters" and viewed with a sense of humour to relate to them. This approach shows that the outreach workers genuinely have a focus on each client's strengths and this filtered down to their everyday dealings with clients.

Figure 16 - Word cloud of top three words each client used to describe the ideal outreach worker



Source: interviews with clients (2020) [this excludes confidential data on outreach worker's names]

Outreach workers were an empowering influence in clients lives, and this was one of the biggest success of Housing First. Many clients had trust issues, and some had experienced heartbreaking trauma and the worst treatment imaginable from other people. One client, a woman in her thirties, when asked about if she had reconnected with friends since moving into her home said that she had no friends, “only associates”. Life on the streets meant that many clients had had very negative influences in their lives and since going onto Housing First they have had the support and trust of the outreach worker. One outreach worker said that in their opinion the biggest success of Housing First was “having a trusting adult in their lives that they might not have ever had”. They said the outreach worker provided “unconditional support and positive influence” to clients. The impact of this could be felt in many areas of clients lives, and this will likely continue to exert a positive influence in the long term as clients adjust to life in Housing First and continue their recovery journeys.

#### 3.1.2.6 Finding clients' hobbies and interest

There were some encouraging successes in this area as some clients had found a new hobby or interest whilst being in their new home. One client, a man in his fifties had got some fishing equipment and wanted to return to this sport and was searching for an art group where he could teach other some of the techniques he had learnt<sup>6</sup>. Another client had a passion for learning about plumbing ignited by a chance encounter with someone. This has led to them feeling engaged with learning more about this area and even work shadowing to learn more. One heart-warming example was a client that had started writing poetry since going into their house; they read and shared a poem with the team at NOAH that reflected on her history and experiences. The poem showed how she had begun to process her trauma in a way that was impactful and inspiring and she said that she wanted to write a book one day about her experiences to help other people who may be going through similar situations. These examples show how clients can make some unexpected small steps that have big benefits to their self-esteem and purpose as well as helping them reflect and process their past. This was not without its difficulties however, and this remains one of the areas for further work, as reflected in section 2.5.8 on page 22.

<sup>6</sup> NOAH Enterprise (2020) Case study 'Patrick' (name changed for anonymity).

3.1.3 What in your view are the lessons to be learnt from the COVID-19 pandemic in tackling the homelessness of people with complex and multiple needs? What role can Housing First play in the Government's response to the pandemic?

*3.1.3.1 Changes in their mental health, mood, and job and hobby prospects*

When asked about their experience during the lockdown as a result of the COVID-19 pandemic, clients on Housing First had differing responses about the effect it had had on their lives. Some felt that it had not changed their lives that much and they had not noticed a big change either to their own lifestyle or their own mental wellbeing. This was particularly relevant to the clients who chose to stay by themselves or isolate away from their old lifestyles and from the people they knew or were associated with when they were roughsleeping. Others in contrast had felt a measure of stress and anxiety with regards to their health or the health of those around them when they thought about the prospect of contracting COVID-19. An interesting finding was around clients who felt less excited or hopeful about the prospect of getting further education or employment due to the lockdown and ensuing economic fallout. One client reflected on how they had hopes to get a job as they had never had one before but they felt that it was very unlikely right now.

*3.1.3.2 Socialising, difficulties in changing social circle*

Many were still socialising with other homeless people in hotels who were offered space as part of the Everyone in Campaign and were socialising as they did before. Some took little heed of the COVID safety precautions and warnings and would congregate as normal and ignore the advice of the outreach workers and health professionals. What would drive this behaviour was a combination of a desire to not feel lonely and to have company, and this is perhaps not surprising given that many had not had chances to meet with new social circles due to lockdown.

*3.1.3.3 How can Housing First help the Westminster Government deliver its manifesto commitment to end rough sleeping in England by 2024?*

Housing First has been effective in eliminating roughsleeping among the entrenched roughsleepers involved in the program. With a retention rate of 100 per cent and all clients remaining in their Housing First accommodation, it has been proven to end roughsleeping among the cohort of long-term homeless people who were involved in the project, and so in terms of viewing Housing First through the lense of the Rough Sleeping Initiative's goal of eliminating roughsleeping, it can be said to achieve this goal among this cohort, however it is worth stressing that this has only been demonstrated through this target group and its successes in Luton, particularly with regards to its very high retention rate may be due to a combination of the following reasons: the project not being in place for a considerable number of years; the project involving a lower number of clients than some of the bigger Housing First pilots; there already being a good and trusting relationship between clients and NOAH, particularly with regards to the outreach workers. It would stand to reason that if any of these factors were to change or evolve with time then there may be some deviation in this retention rate, however by what degree or amount is not clear and it is the opinion of this research piece that as NOAH is aware of the importance of ensuring a trusting and established relationship with clients then it is not likely that the retention rate will drop down by a considerable amount.

It is important to note that the lense through which the Rough Sleeping Initiative views Housing First's success is perhaps not taking into account as much the long term, more difficult to address factors that could lead to roughsleeping in the future, and if one were to only view the success of the project through a lense of "is person A no longer sleeping on the streets", then this may not take

into account one of the biggest successes of the project which is reducing the long-term likelihood or chances of roughsleeping in an individual's future. This long-term chance is affected by numerous factors associated with the complex needs which clients in Housing First face, particularly substance reliance issues, mental and physical health issues, and economic prospects and a lack of healthy social support networks, as when these factors are addressed in the wrap around support with Housing First they can have enormous effects on reducing a person's likelihood to end up on the street again. It is this area which Housing First in Luton shows the biggest promise, and also the biggest difficulties encountered, and also the most significant achievements. These issues do require the most attention and they can be the biggest determinants of long term success and also the factors that, when addressed, show the most promise to cost savings for public health and criminal justice systems among this cohort.

### 3.1.4 Existing policy and practice barriers to scaling up Housing First in Bedfordshire

#### 3.1.4.1 *In your experience, what are the main national policy and practice barriers to successfully operating Housing First at scale?*

Luton has been fortunate to have 15 properties in social housing that were ideal for Housing First tenants, providing both a self-contained 1-bedroom accommodation and being in locations suitable for nearly all the clients. As the senior project manager at NOAH stated, 'many providers of Housing First would love to have these properties' and it may be the case that for other regions with a higher demand due to higher numbers of entrenched roughsleepers and also a smaller supply of social housing stock, they may not be able to replicate the experience of NOAH in Luton.

##### 3.1.4.1.1 Expanding the eligibility criteria based on the Chaos index

At present, there are three clients involved in Housing First in Luton who are yet to be placed into a home and are in the earlier stages of relationship building with their outreach workers and finding appropriate accommodation for them. It is not clear what housing options are available for them and what the social housing provision is available to be allocated to them, and this was not investigated as part of this analysis. Similarly, although project staff spoke of how there are other people being considered for Housing First in Luton among the established eligibility criteria, this report has not investigated the available housing for these clients.

If one were to expand the eligibility criteria in Luton to expand Housing First, then one option would be to lower the threshold for the Chaos Index and lower the definition used for 'entrenched roughsleepers'. The scale of this expansion of the definition is not something that has been decided or planned for, and NOAH would need to review what measures would be needed for this. It would however mark a slight departure from the Housing First model, namely taking the people who are most complex, most entrenched and with the longest time spent being homeless, and it is not clear what effect this would have on the efficacy of Housing First.

In terms of geographic expansion to the wider Bedfordshire area, Luton does show promising successes that could be learnt from in further expansion, however the findings from Luton and other pilot cities would have to be taken into account to ensure success there. Luton was fortunate in having established relationships with clients and NOAH in place already, and partnerships across the local council, partnering agencies and collaborating services that enabled a supply of appropriate housing and wrap around care as well as a trusting and close relationship between clients and their

outreach worker. These considerations would need to be taken into account when considering scaling up in terms of geographic expansion.

*3.1.4.2 What is the importance of Housing First for health outcomes? What health policy and practice changes are needed for Housing First to be a success?*

As alluded to in 3.1.2.3 on page 31, there is a need for changes to health policy and practise to help clients and their drug and alcohol addiction recovery journeys. Both outreach workers and clients who were interviewed said that drug recovery pathways are not always joined up and they certainly are not easy. There were gaps in time at each stage of the recovery journey, from the delays caused by “jumping through hoops” to get methadone prescription, to delays in attending detox, to further delays and waiting for a place in rehab. These gaps in time presented numerous difficulties for clients as they led to more chances of relapsing and undoing any progress obtained up to that point. There were also difficulties with getting placements in rehab, with one client saying “no one gets their first rehab place”. Similarly, outreach workers and clients also spoke of there being cases of a lack of joined up post-recovery care after people had left rehabilitation. This had adverse effects on people’s recovery journey as many would leave rehab only to go immediately back to their old social circles and old habits and in some cases they had undone all their painstakingly achieved progress.

It was clear from the interviews with both clients and outreach workers that engaging in these drug and alcohol recovery pathways was not in any way easy and the care was not joined up. Outreach workers reflected on how setbacks and relapses in a recovery journey can have a major impact on a person’s self-worth and their sense of hope for the future, and this in turn can affect their engagement with drug and alcohol services down the line. One outreach worker stated how experiencing these setbacks was “soul destroying” for clients as they had to face the prospect of having to repeat all the steps they previously took to get back to their previous achievements.

Similarly, some clients reflected on how methadone was not of a high enough dosage when prescribed to adequately replace the need for drugs. One client said that they would not go onto a methadone prescription because it had not worked for anyone she knew and it would just be adding another addiction for her. She reflected on how even for those she knew who were on a methadone prescription they still “topped up” their dosage with drugs to get the same high. Doing this increased the chances of overdosing and other harmful effects.

In light of the above, there needs to be changes made to the existing drug and alcohol recovery pathways, particularly with regards to national policy to ensure clients that express the desire to start their recovery journey can do so both quickly and securely in a way that increases their chances for long term success.

*3.1.4.3 What would be the benefits of Housing First being considered a cross/multi-department initiative, under the responsibility of Department of Health and Social Care, and the Department of Work and Pensions as well as Ministry of Housing, Communities and Local Government? What, if any, benefits would this bring to the delivery of the service at the frontline?*

This would help with ensuring buy in from other agencies and ensuring that they are all, in the words of one outreach worker, “singing from the same hymn sheet”. There have been some complaints of some services not recognising the nature of complex needs of the individuals in Housing First. Similarly, having buy in from either local colleges, hobby groups, or health departments would help with clients getting the care and attention they need. In many cases it would help for these services to be aware of the nature of complex needs and the associated behavioural problems that may arise, and proper training or awareness of this fact could help in preventing escalations or potentially

bad reactions towards clients which can have a profound effect on their self-worth. A key aspect of this was the need for dual-diagnosis to be recognised and reflected in the care many receive from public health bodies. With a more multi department approach to Housing First it stands to reason that its ethos and experience with complex needs and dual-diagnosis would get filtered across to other relevant arms of the wrap around support both within the public remit and among private services involved in the care of Housing First clients.

### 3.1.5 The importance of long-term sustainable funding and the commissioning landscape

#### 3.1.5.1 *What issues do current funding arrangements for Housing First schemes create for its implementation and sustainability?*

Overall, Housing First in Luton experienced some issues related to the funding dynamics. The UK Government has been committed to ending roughsleeping in England and has provided both funding and initiatives to work towards this goal. Housing First in Luton received, via Luton Borough Council, funding from MHCLG to administer Housing First services as part of the work towards this end. As a recent NOAH Annual Report stated:

*“The Government’s Rough Sleeping Initiative has enabled immediate positive change. However, its impact is reduced by the current restriction to one-year funding which denies any opportunity for longer-term planning of services and support; this is not sensible, no-one would run a business or Government on this constrained basis.” NOAH Enterprise Annual Report (2019)<sup>7</sup>*

The project manager for Housing First echoed these statements, and when interviewed reflected on how the one-year funding made a lot of planning in the long term difficult as they would go into each year simply trusting that they would get the funding extended but not actually being certain of it being extended till some time close to the end of the funding period. They felt that they were very dependent on ministerial decisions and how their decisions could hang on the pilots and their results and that they were “waiting cautiously their decision.” It was their opinion that no charity doing Housing First could self-fund it, and so they needed that commissioning framework in place.

What this situation means is that the fidelity of Housing First as a model can be described as not completely aligned with the funding framework in place at the moment. The senior project manager summarized the situation as an inherent “challenge in the paradigm” whereby there was open-ended Housing First support but also finite and not open-ended commissioning. This could result in some providers having their funding dried out which would in turn hurt clients who had been promised open-ended funding. This eventuality would mean that the central premise of Housing First, i.e. open-ended long term support, would be harmed, with potentially drastic consequences for clients who may still need substantial support.

#### 3.1.5.2 *How can Housing First form part of a homelessness prevention strategy?*

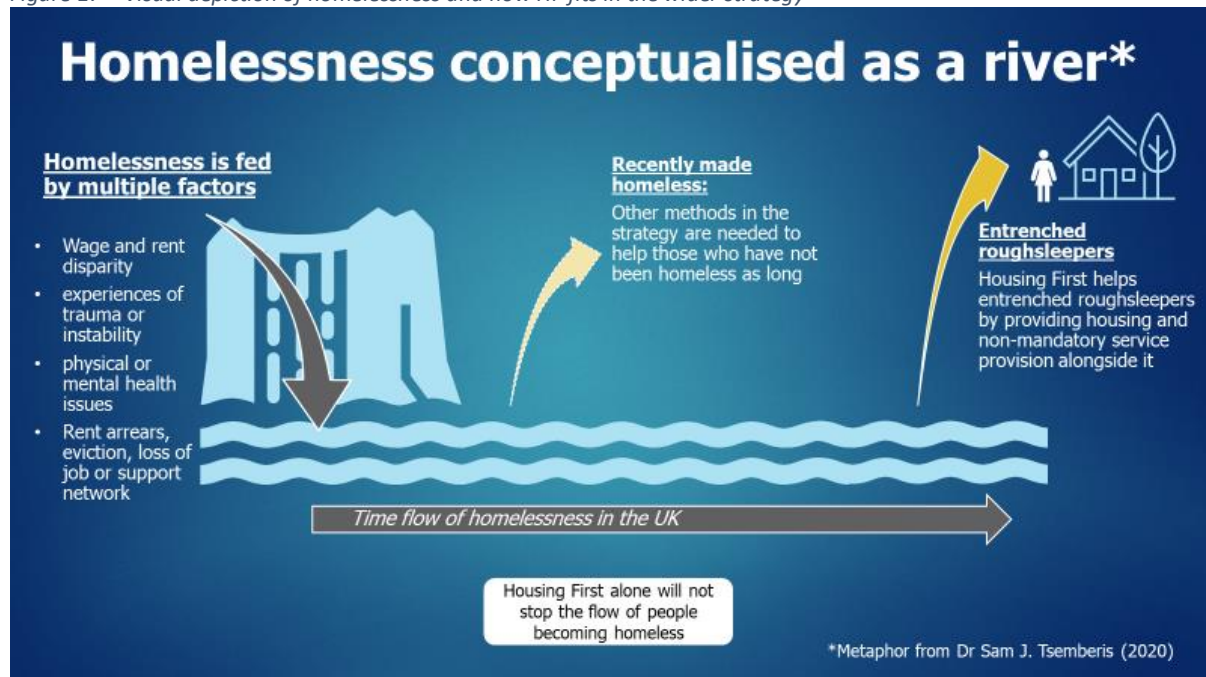
Housing First is only one element of the strategy for preventing homelessness. The program does set out to eliminate the cause of repeat homelessness and it has been proven to address the issue of “churn” which can cause an entrenched roughsleeper to become homeless again in the future. It is important to note that Housing First does however not seek to reduce the paths that may make

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<sup>7</sup> NOAH Enterprise (2019) *TRUSTEES' REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2019*.

others outside of the “entrenched roughsleeper” cohort who may have just recently become homeless remain homeless and become classified as an entrenched roughsleeper. Homelessness as a concept can be visualised as a river, as conceptualised in Figure 17:

Figure 17 – Visual depiction of homelessness and how HF fits in the wider strategy



Source: slide made by NOAH to illustrate metaphor given by Dr Sam J. Tsemberis (2020)

In the conceptualized metaphor above, Housing First can be said to be a remedial solution to entrenched roughsleepers, but it does not operate at the causal level as it does not stem the ‘flow’ of homelessness at those earlier stages. A wider homelessness prevention strategy will require action at those earlier stages to prevent the a person’s situation from worsening and eventually becoming classified as an entrenched roughsleeper. As one senior expert in the field of homelessness, who asked for anonymity, argued:

*“unstable and unaffordable housing is an issue before any health or mental or drug concerns. There is a street culture that people can fall into. Studies have shown there is a one month window of opportunity, and if you don’t intervene quickly in those four weeks things can escalate...housing is part of the therapeutic package, people need stability to address the other issues in their lives. In order to do this effectively we need to frame it as a long term iterative recovery (things could go wrong, relapse) but we should accept this. We are doomed to failure with the way we are framing this analysis now. Any relapse or step back is deemed a failure with other logic. We need to realign what we think is required.”*

The above quote illustrates how crucial it is for earlier interventions to prevent those becoming entrenched roughsleepers. It may be that if measures are not taken at this earlier stage then Housing First alone may not be able to meet the demand from increasing numbers of people requiring support from the program, due to a lack of appropriate housing stock, funding, or other issues related to service provision. Housing First will be one part of that therapeutic package, and it has been shown to be an effective part of that therapeutic package, but without other measures to address the causes and flow of homelessness roughsleeping may not be eliminated.

## 3.2 Predicted difficulties both now and in the future

### 3.2.1 Difficulties in getting accurate data

Official statistics don't capture the full extent of street homelessness. NOAH's welfare day centre has seen increasing demand over the last 4 years in people accessing services, to the point that where it is nearing capacity in its ability to cater for the number of people seeking to engage. Roughsleeping and homelessness in general can be difficult to accurately capture and local authority measurements primarily rely on applications for funding or counting the number of people who were informed by people to be homeless. The nature of homelessness means that often there are a lot of people who may not be able or willing to contact the local authority to register themselves as homeless. For some of these people the reasons for this can be multiple: mental health issues, substance reliance, other trauma, or a feeling of doubt towards the benefits of contacting the local authority. An area to address more widely could be using the street outreach figures that count the number of people rough sleeping in Luton and cooperating with the local authority to accurately count the numbers of rough sleepers.

Similarly, it can also be difficult to obtain accurate data on homeless people's medical history or criminal records to enable accurate analysis of the impacts on lawn enforcement, emergency services and public finances through schemes such as Housing First. One element to this is the difficulty with achieving a like-for-like comparison on the level of the individual. Data may not exist on a person's medical or criminal records due to them perhaps providing a different name when using emergency services for various reasons. This makes a comparison, from the point of view of public body data, on the behaviour of homeless people before and after participating in Housing First difficult.

### 3.2.2 Concerns about how wider public may perceive Housing First

Housing First in Luton is at the moment in its infancy in terms of both scale and the length of time it has been in operation. As can be expected with this, there is not a lot of public awareness of the project. Some of the staff mentioned that there was not an awareness in wider public circles of the fact that Luton Housing First clients go immediately to the top of the social housing queue and how this could lead to some reactions among the public.

However, the possible negative or cautious response may be in part mitigated by the fact that Housing First's key principles and processes are not as radical a departure from the norm in UK public service provisions. In 2012, Johnsen, S commented on this and contrasted the UK's public policy culture with that of the US:

*“Clearly, implementation of Housing First would not represent anything akin to the scale of paradigm shift in either practice or ideology in the UK as it did in the US, or indeed as has its replication in many other countries. It is largely for this reason that Housing First is not regarded as so radical, or ‘revolutionary’, in the UK, and thus is not being promoted with the evangelical fervour apparent elsewhere.”<sup>8</sup>*

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<sup>8</sup> Johnsen, S. & Teixeira, L. (2012) *‘Doing it Already?’: Stakeholder Perceptions of Housing First in the UK*. School of the Built Environment, Heriot-Watt University, Edinburgh, UK & Crisis, London, UK. Available at: [https://pureapps2.hw.ac.uk/ws/portalfiles/portal/1202155/IJHP\\_DoingItAlready.pdf](https://pureapps2.hw.ac.uk/ws/portalfiles/portal/1202155/IJHP_DoingItAlready.pdf) [accessed 14 Dec 2020]



The above mentioned evangelical fervour would entail vigorous campaigning to overcome likely backlashes, and if such a vigorous approach is not needed in the UK then it may mean gaining public trust may simply be a matter of having buy-in from decision makers through a solid body of evidence and communicating the principles of Housing First and also possibly its limitations as being just one of the solutions to ending homelessness in the UK.

Indeed, the precedent for the rationale behind Housing First can be seen in how the UK provided dedicated housing and intensive service provision for people with severe learning difficulties or autism in the UK. At a recent conference on Housing First, attendants from various charities and housing associations reflected on how this precedent indicated a source of hope for public acceptance with Housing First's principles. One senior expert in the field of homelessness and housing in the UK interviewed for this report spoke about how papers from the more socially conservative or right-wing side may use the arguments around "jumping the queue" or looking at it through a lense of whether people are getting preferential treatment or were being "rewarded for bad decisions", but that these perspectives have been argued against in the examples of learning disability by a public narrative that emerged around the complexity of the lives of these people. A similar approach would work well for public discourse and press attention and greater awareness of homeless people's lives and history coupled with case studies and the personal experience of individuals involved in Housing First would help enormously with this. Oftentimes these criticisms come from a perception of homeless people as "being other, perhaps dangerous, unknowable, scary, feckless people but they are vulnerable and need help". The senior expert reflected on how their training in journalism had taught them to always have the person at the heart of any story as people could easily relate to this and sympathise more, and so this approach would work best with increasing the public's awareness of the issues involved in homelessness.

There are several factors that would help with communicating to the public and the likely sources of criticism of Housing First to gain their understanding into the rationale behind the project. One of these arguments is centred on how Housing First does not represent unfairness or jumping the queue, but rather an addressing of the unfair treatment, failures of care, or often appalling upbringing people have faced, and bad luck through no fault of their own. This point was argued by Maggie Brunjes, the Chief Executive of Homelessness Network Scotland, who said in an APPG session in 2020, that there is a common criticism that HF gives people an unfair advantage over others but Housing First is fair, and "addresses a lifetime of inequality" and similarly prevents repeat homelessness<sup>9</sup>.

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<sup>9</sup> All Party Parliamentary Group on Ending Homelessness (2020) *Launch of Housing First enquiry*. Meeting Minutes 5 October 2020, 3.30-5pm, Zoom. Available at: <https://www.crisis.org.uk/media/243638/appgeh-minutes-051020.pdf> (accessed 19 Jan 2021)

## 4 Summary of findings (for exec summary and conclusion)

As a result of the data analysis and research carried out through discussions with staff and clients several findings have emerged relating to Housing First and the impact it has had on client's lives alongside the goal of eliminating roughsleeping.

- NOAH has seen a 100% retention rate for its Housing First program. The reasons for this are partly due to the project being slightly younger and involving slightly lower numbers of clients when compared with other providers across England who had lower retention rates, but also due to a variety of factors such as having already established relationships with clients before Housing First, established relationships with collaborating organisations for service delivery and referrals, and using social housing with permanent leases for clients.
- Although Housing First clients are not obligated to become sober, or engage with substance reliance services or discontinue drug use in order to continue in the program, one benefit often seen is that many in fact do start the recovery process. Figure 13 shows the engagement with services and how a high proportion of the clients in Housing First are engaged with drug or substance recovery pathways, with 12 out of the 15 people with substance issues currently either speaking with a drug counsellor, speaking with the local substance misuse service, or taking their methadone prescription
- Clients' journeys of recovery are not linear, and they are not uniform; you have to continue to treat each person's journey in Housing First at the individual level and tailor services according to their own needs and desires. The star data as well as interviews with clients and outreach workers showed how clients may make improvements in one area of their lives and fall behind in another and how where these occurred for each client was different. When research looks at the effectiveness of a project there must be an individual focus at the heart of the analysis rather than just focusing on the aggregate or topline level as many achievements and significant strides from clients are not visible when grouped together.
- The harm reduction approach is working. The clients who went into their Housing First properties saw changes in how chaotic their lives were. This is particularly impressive when you consider the eligibility criteria for people entering the Housing First project, i.e. it is the people with the most chaotic lives you could imagine with many associated complex needs. The Chaos index data showed that six out of the 10 measured responses had a reduction in people's chaos index (higher scores equals more chaotic lives) between the first and last period measured for each client.
- Similarly, clients had seen a reduction in their criminal activity as well as changes in their drug usage habits, and some clients had made more positive changes in their social circle.
- The strength-based approach is working and resonating with clients, with clients appreciating the value brought to them by having the trusting and reliable relationship with their outreach workers. Client valued the more personal skills around trustworthiness, being non-judgemental, well-informed and a good sense of humour and they would give lots of praise to their outreach worker and give examples of where they showed these traits and the value they had brought to their lives. Outreach workers had proven to be a positive influence in clients lives and clients reflected on how their outreach worker was someone who was there for them in good and challenging times.
- Some clients showed a new interest in a hobby, with literature, plumbing, and games consoles being some new hobbies that were taken up whilst in their Housing First accommodation. However there is still work to do around getting to know every clients' interests and hobbies and helping them access and undertake these activities, but this is

made more difficult by both the pandemic and the associated lockdown, as well as clients' own focus on their health or other complex needs.

- Clients often find it daunting moving into a home and find the prospect of paying bills, household maintenance and budgeting difficult if not almost impossible. Some will do well with it, but for others, particularly those struggling with drug or alcohol addiction, a lifetime on the streets, or never having been taught how to run a house. All these eventualities can lead to clients getting into debt with these bills, and this has been seen to occur for a number of clients in Housing First in Luton. The scale of money worries can be seen as it was the second highest reason for interventions among outreach workers.

## 5 Recommendations

### 5.1.1 Have more long-term funding in place alongside the long-term housing support offered

The stability of Housing First has been shown to work for clients and the open-ended long term housing has been proven to be a base for them to make changes in their lives. Whilst in Luton the housing has been long-term in its tenancy terms the funding for the project itself has been either yearly or two yearly. This has led to a paradigm of open-ended Housing First support funded and commissioned by a short term framework. This paradigm is at odds with the central premise of Housing First, i.e. open-ended long term support, and so, in the eventuality of funding drying out, the clients' recovery would be harmed, with potentially drastic consequences for clients who may still need substantial support. What is needed is a more long-term funding or commissioning framework in place.

### 5.1.2 Have virtual or in-person meetups with all relevant collaborating organisations, particularly at the referral stage

There was a need for further collaboration particularly with regards to information sharing that would greatly benefit how NOAH engages with clients and also what wrap around support may be needed. This in turn would help clients get more personalised and effective treatment and engagement and prevent losses of information. The easiest place to imbed this collaboration would be at the referral stage.

### 5.1.3 Find new ways to enhance the data capture

There are two possible avenues to explore for this:

1. Keep support plan discussions on a quarterly basis but add an incentivisation scheme to keep client engagement with it. Use a more conversational and informal method to find answers to the questions. Perhaps explore whether the format of the discussions can be shortened or just focus on one key area.
2. Use a rolling snapshot approach whereby you maintain the normal conversations outreach workers have with their clients but they record the responses according to the Outcome STAR system as and when they occur. For example, if a client mentioned how this week they had been feeling unable to do anything with regards to their personal health, then the outreach worker would record the appropriate score for this on the STAR template along with the date of that observation. This would add to outreach workers workload and administration time and so would need measures in places to make it achievable and not time-intensive so as not to interfere with the primary goal, the clients' wellbeing.

### 5.1.4 Have things in place in the flat to help clients make use of their time or stem loneliness and boredom

Having a TV, broadband, games console, or other hobby in place for many is not a luxury, but is in fact something that can help tremendously with clients mental health, establishing a routine and help them adjust to their home being a safe and enjoyable place. A senior project manager reflected on how one client's life had been helped by having a games console and that this had had numerous benefits to their mental health, their use of time, and their healthy socialising as it brought them away from the streets and less reliant on unhealthy or toxic social circles or habits. For many clients, you can't just place them in a room and hope they will avoid all their established habits that they have been doing for years prior to being in a home. Having the established and trusting relationship between outreach workers and clients in place will help to find out these interests and get things in

place in the home that will help clients actually live in their home. Of course, these should also be part of a wider therapeutic package and wider wrap around support to help clients on their drug recovery journey, as there could be complications around some clients either selling things to fuel their habit, and without these pathways being in place clients could not make use of these amenities in the intended way. Again, the ones who will know how to do this best are the outreach workers as they have the relationship in place with the clients and will have the experience to know what will work and how, and what is needed is the ease of access to wrap around support, the engagement in rehabilitation pathways and the recognition of the importance of the importance of stemming boredom and helping clients establish healthy hobbies.

#### 5.1.5 Have a gradual exposure to bill maintenance and budgeting, have prepaid bills where possible for the essentials, and then move to direct debits when clients are settled

Clients often find it daunting moving into a home and find the prospect of paying bills, household maintenance and budgeting difficult if not almost impossible. Some will do well with it, but for others, particularly those struggling with drug or alcohol addiction, a lifetime on the streets, or never having been taught how to run a house by a family member or friend, they may not even be aware of how to do these things or they may find them very daunting, or they may avoid them altogether or instead use the money for other purposes. Indeed, some find payday itself a very stressful time as they cannot resist the urge to use the money for feeding their addiction and they start to dread these days as they feel they cannot control it. To avoid this, it would be beneficial to explore how to have bills immediately come out of client's budget, or to have a staggered and gradual introduction of bills when clients are settled in their home or feel ready for it. One area that came up a lot was the need for prepaid gas meters as clients often fell into debt as they did not put money aside for it for a variety of reasons (see page 18). Having these preinstalled with the council for these flats could help enormously to avoid clients guilt and stress and avoid them feeling overwhelmed. The staggered or gradual exposure to bills and household maintenance could be defined with the outreach worker and the client to help them adjust better into the home.

#### 5.1.6 Have hands on training for household chores or maintenance or other life skills

Another aspect related to the feelings of being overwhelmed experienced by clients that is outlined above is the problems associated with clients and their household maintenance and chores, and other life skills. These may feel small to us, but things like cooking a meal, using an oven, cleaning a house, having three meals a day, sleep habits etc. These can be things that we may think simple, but one must appreciate how we were taught at an early age these things without us knowing, and for those who were not taught these they may be unknown or daunting prospects. Having practical demonstrations for clients by providing cooking classes for very easy meals or simple meal plans that clients would realistically eat, or tips on cleaning the house regularly or how to avoid common issues such as blocked toilets, sinks etc. could help enormously.

To avoid this feeling patronising to clients, it may be beneficial to go down the route of showing clients "life hacks", i.e. showing a task that people do and showing a brand new or novel way of doing it that may save time and effort. In demonstrating this, clients would not feel any shame with not knowing how to do something they may feel is basic and they would also learn about the necessity of the task and find a quick and easy way of doing it.

A key consideration will be making sure that there is no information overload in these early stages, as clients are likely to be very prone to this on the move in stage, so these should be gradually introduced according to how comfortable clients are. Similarly they should also take into account the roles and responsibilities for who should demonstrate these skills as staff may not have time or

space to demonstrate these, and the format and content would have to be tailored to being realistic and immediately implementable to clients in their everyday lives.

#### 5.1.7 Request clients to partake in video or audio recordings that show their experience with Housing First and their history or journey.

This would help with communicating the benefits of Housing First to existing and potential stakeholders, the press, the wider public, residents in Luton, sources of fundraising, collaborating agencies involved in client's lives. In addition to this it would also help improving the self-confidence of clients so they can reflect on how far they've come. At the moment there is a gap in the awareness and understanding of what people have been through and this personal touch would help people relate to people to understand the rationale and also see how having that stable base had helped them.

#### 5.1.8 Explore further training around complex needs and how to deal with people with these

Complex needs is a fairly new term, and an area which needs a culture of continual learning and embedded practise, and although staff have a thorough understanding of the realities on the ground, they all reflected how they valued continual learning and would like to have more in this area. This would ideally be an external person with a background on the medical side of things, particularly with a psychiatric theme around mental health and memory issues as these were areas that outreach workers felt would be very useful to their roles.

#### 5.1.9 Speak with the people who have changed their social circle to find out how they did it

This was something that would be beneficial to find out, particularly if it looked at the changes in that person's life at a very realistic and actionable level with a view to seeing the realities of how one person navigated the myriad social pressures and distanced themselves from bad influences or found new more healthy social circles and finding what themes emerge that might be replicable to other clients in similar situations.

#### 5.1.10 Explore the reasons for lower mental health service uptake when compared with substance recovery uptake

Fewer clients engaged with mental health services, with only five clients seeing either a counsellor taking medication out of the 10 who had either a undiagnosed or diagnosed mental health issue. This was far lower than the high numbers of clients who were either seeing a drug counsellor or on a methadone prescription (12 out of 15 clients, see Figure 13 on page 28). Further research will be needed to uncover the reasons for this in order to outline possible steps to remedy this.