



*Opening Doors: An evaluation of the
London Borough of Newham's
Housing First Pilot Project*

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Executive Summary

Background

In 2018, the London Borough of Newham (LBN) commissioned LSE Housing and Communities to undertake an evaluation of their “Housing First” pilot project.

The main objectives for the evaluation were:

1. To understand the prior experiences and pathways of the Housing First target group in sleeping rough in Newham;
2. To understand the effectiveness of the intervention in terms of:
 - a. Promoting long term housing sustainment
 - b. Enhancing health and wellbeing of service users
 - c. Improving social integration of service users
3. To assess the cost of the intervention and its benefits.

The pilot project was set up in April 2018 to work with 12 entrenched rough sleepers with a verified local connection and with high level complex needs that were unmet by existing provision. The pilot project aimed to help rough sleepers off the streets and into self-contained, independent accommodation, with full wraparound support provided. The Housing First pilot project in LBN is delivered by Single Homelessness Project (SHP).

This report sets out our research and evaluation of this Housing First project in LBN. It explains the origins and aims of Housing First in the wider context of homelessness and rough sleeping in Newham and in England.

Housing First

Housing First is one of the initiatives taken by the UK government and in a range of other countries to address the needs of a specific group of people who are homeless and sleeping on the streets (“rough sleepers”). There is a wide range of people who sleep on the streets – some for one or two nights, some for a period of months, and some intermittently or continuously for several years. Housing First is aimed at this last group, those who have been on the streets continuously or intermittently for a period of years, and who most often have complex needs related to drug or alcohol dependency, mental health problems, a history of trauma or abuse, and other issues. They are often called “entrenched” rough sleepers.

Housing First offers a new model of providing support for this group of entrenched rough sleepers, providing people with permanent housing as quickly as possible, following discussion of their immediate needs and wishes for housing. Further services to help them address their other needs – such as for support in quitting drugs or getting a job – follow the provision of this housing.

So, Housing First is based on the idea that for these more complex cases of entrenched rough sleepers, the early provision of permanent housing provides a stable home from which it is easier to deal with other underlying issues, such as substance abuse. Central to the Housing First approach is

the commitment to support individuals for as long as they require. Provision of a home can, for them, be the decisive turning point and opportunity they have not had for many years.

The research question being explored here is whether this approach does provide better outcomes for this group, and a consequent reduction in rough sleeping, which has considerable costs for individual rough sleepers, as well as cost to the public purse in addressing the complex and multiple problems of rough sleeping.

Increased interest in Housing First in England has taken place within the context of a growth in rough sleeping – with numbers of those sleeping rough having increased year on year since 2010. The Government has a target of halving rough sleeping by 2022 and eliminating it by 2027 and therefore there is an acknowledgement that newer and more innovative approaches to helping people with complex needs off the streets will need to be adopted (MHCLG, 2018a).

The “Key Principles” of Housing First in England are:

- People have a right to a home
- Flexible support is provided for as long as it is needed
- Housing and support are separated
- Individuals have choice and control
- The service is based on people’s strengths, goals and aspirations
- An active engagement approach is used
- A harm reduction approach is adopted (Homeless Link, 2016).

Housing First in the London Borough of Newham

This small-scale Housing First project was set up in April 2018 to work with 12 entrenched rough sleepers in the LBN. The rough sleepers all had high level complex needs which have not been met by other existing provision. The clients would be helped off the streets and into self-contained, independent accommodation with wrap around support provided.

*The aim of the LBN Housing First Pilot is to examine whether that **Housing First is a viable service option that enables the Council to provide secure accommodation, with wraparound personalised support, to some of the borough’s most vulnerable street homeless people.***

*It will also examine whether **Housing First can make a significant contribution to the Council’s strategic aim of reducing rough sleeping in Newham and preventing homelessness.***

There was an initial funding allocation of £139,000 over 1 year from the MHCLG Rough Sleeping Grant.

The service was intended for entrenched rough sleepers with a verified local connection and the eligibility requirements for the scheme required people to:

- have been rough sleeping in and around the borough for over 2 years
- have failed to address their substance misuse or other support needs (by not engaging with support services)

- have support needs that cannot be met by Newham’s existing supported accommodation provision
- not be subject to the single room rent condition (i.e, be aged 35 or over)
- be in receipt of or have access to UK benefits.

According to the service specification, the key objectives of the Housing First Pilot in LB Newham were identified as:

- 100% of service users claiming benefits without sanctions
- 100% of service users with mental / physical health or substance misuse need engaging with relevant services
- 5% or less of tenancies ended as a result of breach of tenancy conditions
- 100% of service users complying with court orders or ASBOs
- 100% of clients registered with a GP (not routinely attending A&E)

The Housing First pilot project is being delivered in the London Borough of Newham by Single Homelessness Project (SHP). SHP have many years’ experience delivering Housing First services in other areas of London, including as part of the Fulfilling Lives service in Islington and Camden.

During the pilot period there were two Housing First support workers working directly with the clients. Each support worker worked with 6 clients each – this follows Homeless Link’s Housing First best practice in the UK whereby support workers in Housing First should have a caseload of 5-7 clients.

Who is being helped by Housing First in Newham?

The Housing First pilot project in Newham was targeted at entrenched rough sleepers, over the age of 35 who had been sleeping rough in the borough for 2 years or more. Most of the clients are aged in their 40s, two in their 50s and one each in their 30s and 60s. Eight of the twelve clients are male.

The time that the clients have spent sleeping rough ranges from two years to up to 20 – with an average of six years spent living on the streets. This clearly puts them within the scope of people who are intended to benefit from Housing First. Their support needs also clearly fit the criteria for Housing First, with all having at least one clear support need related to alcohol and / or drug use and mental health needs.

How has the Housing First pilot met its objectives?

1. Claiming benefits without sanctions

None of the clients we have interviewed have been sanctioned although there have been incidents where benefit payments have been held up and temporarily stopped. In the few cases where this happened, correspondence was not delivered to the individuals and benefits were stopped, the Housing First support worker intervened in both cases and prevented any serious consequences and ensured that benefits were being paid correctly.

There are ongoing issues for many of the clients dealing with JobCentre, DWP and other statutory organisations. This is expected for a client group who are entrenched rough sleepers with complex needs and is a reason why the ongoing support provided through Housing First model works well.

2. Engaging with support services

For the majority of clients, engaging with and accessing support for physical and mental health problems and substance misuse issues were key goals in their support plan. Some of the clients have multiple needs and may require engagement with a number of external services and agencies. The crucial aspect of this seems to be the support provided by the Housing First support workers who help with organising and attending appointments where needed.

3. GP registration

All of the Housing First clients who were previously not linked in with GP services have registered with GPs and are making progress in attending regular appointments. Many of the individuals had ongoing physical health issues which are now being dealt with both through GP appointments and referrals onto specialist services at local hospitals. The Housing First support workers felt that these issues could have quickly caused emergency hospital admissions without ongoing health interventions.

4. Tenancy sustainment

In most cases the Housing First clients that moved into independent tenancies are sustaining their tenancies well with the support of the Housing First support workers. The support workers have been a vital point of contact and have been able to assist with issues that may pose a threat to tenancies if not addressed, such as benefit issues and ongoing relationships with landlords and neighbours.

5. Complying with court orders or ASBOs

As far as we know all of the clients with applicable court orders or ASBOs have been complying with them fully.

The literature and evidence base around Housing First shows the clear success that Housing First projects both in the UK and abroad have had in helping clients to sustain independent tenancies. However, wider impacts are significant albeit much more difficult to measure, particularly in the short term.

[What can we learn from Housing First in Newham?](#)

In most of the cases the LBN key objectives set out above have been met. Rough sleeping and homelessness continue to be major problems in the Borough and the Council is taking action to address this and help those affected. The Housing First pilot has provided secure accommodation and wraparound personalised support to some of Newham's most vulnerable rough sleepers. The service continues to support most of the clients who were first included in the pilot, having lost contact with two and with one other moving on into more supported accommodation as their needs changed.

The clearest measure for success in the use of Housing First lies in the evidence that it sustainably ends homelessness. Housing First as an approach offers long term and sustained support, and although the picture in respect of improvements to health, wellbeing, and social integration is more mixed, there is evidence of positive outcomes in these respects as well (Blood et al, 2017).

*The ultimate test of any homelessness service is whether or not it ends homelessness. Housing First does end homelessness and does so in a relatively cost effective way. **However, it is the human benefits of Housing First, the ways in which it can positively change the lives of people who would otherwise be caught in long-term and repeated homelessness, that are the real measure of its value.*** (Pleace and Bretherton, 2019)

The Housing First pilot in Newham has successfully demonstrated that it should be a viable service option, enabling the council to provide secure accommodation with wraparound, personalised and person centred support, to some of the most vulnerable street homeless people within the borough.

There are some areas which could help make a scaled-up intervention even more successful:

- **Linking Housing First in with the Move On / Floating Support model of housing led support for those with less complex needs.** This would enable a housing led offer to be available for those who may benefit from it, and allow the Housing First service to be for the most vulnerable, highest need clients. This housing led approach requires simple and quick access to housing alongside lower levels of support for those who do not need Housing First but can manage and benefit from an independent tenancy. This is integral to wide-scale systemic change, much of which has begun through the Homelessness Reduction Act, but which can be extended with the support of political leaders and buy in from the services and agencies involved. As in the case of Finland, and in the scaled-up Housing First pilots in England, Housing First must form part of a wider integrated strategy focused on housing led solutions, with person centred approaches, supported by early intervention work and the availability of affordable, decent and suitable accommodation.
- **Incorporating more of a focus on lived experience / peer review involvement.** This is something that SHP would be keen to do but in order to deliver this effectively, there needs to be longer term funding stability and security for the service.
- **More available social housing stock.** Accessing appropriate and affordable accommodation has been a barrier and SHP have the benefit of strong working relationships with PRS landlords in the boroughs of both Redbridge and Hackney. There may be potential to work within or to help establish an ethical lettings agency and also potentially set up an agreement with social landlords working within the borough to allocate a number of properties (either social housing stock or units within their private rented stock) for Housing First clients.
- **Longer term funding.** Housing First is a long term model that requires sustained investment and stability to match the long term support offered to clients. The case is being made through large scale pilot projects in the Manchester Combined Authority, Liverpool City Region and West Midlands Combined Authority for joined up, longer term programmes incorporating Housing First into wider strategic homelessness approaches.
- **Ensuring fidelity to the model.** There is evidence to suggest that there is potential when scaling up Housing First to try to accommodate more people or to make other changes which are inconsistent with the Housing First principles. Fidelity to the Housing First model has been strong throughout the pilot period in Newham and it will be important to continue this approach.

1. Background

This report

In 2018, the London Borough of Newham (LBN) commissioned LSE Housing and Communities to undertake an evaluation of their “Housing First” pilot project. That pilot project was set up in April 2018 to work with 12 entrenched rough sleepers with a verified local connection and with high level complex needs that were unmet by existing provision. The pilot project aimed to help rough sleepers off the streets and into self-contained, independent accommodation, with full wraparound support provided. The Housing First pilot project in LBN is delivered by Single Homelessness Project (SHP) – an organisation that has many years’ experience providing Housing First services across London.

This report sets out LSE Housing’s research and evaluation of this Housing First project in LBN. It sets out the origins and aims of Housing First, in the wider context of homelessness and rough sleeping in Newham and in England. Detailed evidence from participants in the current LBN project is reviewed, including summaries and vignette pen portraits of 12 clients that the project has helped, and a more detailed analysis of the impact of the project on five of them. There follows a review of literature around the cost effectiveness of the Housing First programme more generally, as well as a specific analysis of the extent to which LBN has met its stated Housing First objectives and delivered good outcomes for its Housing First clients.

What is Housing First?

Housing First is one of the initiatives taken by the UK government and in a range of other countries to address the needs of a specific group of people who are homeless and sleeping on the streets (“rough sleepers”). There is a wide range of people who sleep on the streets – some for one or two nights, some for a period of months, and some intermittently or continuously for several years. Housing First is aimed at this last group, those who have been on the streets continuously or intermittently for a period of years, and who most often have complex needs related to drug or alcohol dependency, mental health problems, a history of trauma or abuse, and other issues. They are often called “entrenched” rough sleepers.

Housing First offers a new model of providing support for this group of entrenched rough sleepers. This model is to provide them with permanent housing as quickly as possible, following discussion of their immediate needs and wishes for housing. Further services to help them address their other needs – such as for support in quitting drugs or getting a job – follow the provision of this housing.

This approach is in contrast to the more traditional model of providing services for rough sleepers. That alternative model, which continues to be used for the larger group of rough sleepers with a range of different and varied needs, is to first provide support with the underlying issues which led them to be rough sleeping, and only offering housing once they have successfully engaged in support programmes. Support programmes are most often provided within some form of “supported housing” where the rough sleepers have their own room as part of a specialist unit with a shared kitchen, common room, and bathroom facilities. This supported housing unit most often has full time staff, and those specialist staff provide training and support to address some of the underlying issues which have led to rough sleeping. In addition, the staff provide advice on gaining additional “life skills” (paying rent and bills, shopping, cooking, claiming benefits, looking for work, keeping healthy). An offer of permanent housing can be made once the rough sleepers have successfully addressed their underlying issues, which might take some 9 months or a year to successfully complete.

Housing First reverses the order in which housing and services are provided. It is based on the idea that for these more complex cases of entrenched rough sleepers, the early provision of permanent housing provides a stable home from which it is easier to deal with other underlying issues, such as substance abuse. Services are brought to people in their new home, and with a focus on providing a more individual service tailored to their needs and capacities. Central to the Housing First approach is the commitment to support individuals for as long as they require. Provision of a home can, for them, be the decisive turning point and opportunity they have not had for many years.

The research question being explored here is whether this approach does provide better outcomes for this group, and a consequent reduction in rough sleeping, which has considerable costs for individual rough sleepers, as well as cost to the public purse in addressing the complex and multiple problems of rough sleeping.

Origins of Housing First

Housing First as we recognise it can be traced back to the Pathways Housing First organisation founded in 1992 in New York City by Dr Sam Tsemberis:

The philosophy behind Pathways Housing First was that long term issues such as drug dependency and mental health problems would be easier to tackle once someone is in permanent, secure accommodation. By using scattered housing (i.e. not hostels or shared accommodation blocks) clients would be distanced from destabilising influences and encouraged to integrate with wider society. Furthermore, this would be cost effective as it did not require use of supported accommodation and would reduce interaction with publicly funded organisations such as police and emergency health services. (Bellis and Wilson, 2018).

In 2008 the Finnish Government decided to incorporate Housing First into its national strategy. Since then the number of long term homeless people in the country has fallen by 35% and rough sleeping in Helsinki is close to having been eradicated. (The Guardian, 3 June 2020). The Finnish experiment has demonstrated the value of Housing First as part of a more integrated strategy to address homelessness, including more prevention and early intervention work alongside a healthy supply of affordable housing.

While the British evidence base is still developing, the findings of the work conducted so far mirror those of the much more established research conducted on Housing First in other countries. For homeless people with high and complex needs, Housing First has been found to be the most consistently effective service model in terms of actually ending homelessness in Europe and North America, as well as in the UK. There is also potential for Housing First to deliver improvements in health, addiction, wellbeing, and social integration, though these results are less consistent and can take longer to achieve than the housing outcomes (Pleace and Quilgars, 2017).

Evidence also stresses that Housing First should not be seen as a replacement for all homelessness services and strategies. It should be seen as a specialist intervention for those with severe and complex needs, for whom other interventions have been ineffective or are unsuitable, within a wider rough sleeping / homelessness strategy.

It is claimed that Housing First is a better model to help those with severe and complex needs, but it is not seen as a replacement for all homelessness services and strategies. Its value is primarily as a supplement to existing strategies. (Bellis and Wilson, 2018)

Use of Housing First in England

Increased interest in Housing First in England has taken place within the context of a growth in rough sleeping, with numbers of those sleeping rough having increased year on year since 2010. The Government has a target of halving rough sleeping by 2022 and eliminating it by 2027 and therefore there is an acknowledgement that newer and innovative approaches to helping people with complex needs off the streets will need to be adopted (MHCLG, 2018a). The Scottish, Welsh, and Northern Irish administrations have also committed to exploring the model, although in this report we only consider England.

In England, the Autumn Budget 2017 committed £28 million to support three Government-sponsored Housing First pilots in the West Midlands, Liverpool City Region and Greater Manchester. Funding allocations for the pilots were announced on 9 May 2018 (Bellis and Wilson, 2018). The Housing Secretary Rt Hon James Brokenshire MP said at the time:

The evidence shows Housing First has an incredible rate of success in providing rough sleepers with the support they need to get off the streets and to rebuild their lives.... We are investing over £1.2 billion to break the homelessness cycle, but we know there's more to do to help people off the streets for good. This is why the government is leading the way in implementing Housing First in England.... I believe these pilots will have a positive impact in their areas and I look forward to hearing about their successes over the coming months. (UK Government, 2018a)

The “Key Principles” of Housing First in England are:

- People have a right to a home
- Flexible support is provided for as long as it is needed
- Housing and support are separated
- Individuals have choice and control
- The service is based on people’s strengths, goals and aspirations
- An active engagement approach is used
- A harm reduction approach is used (Homeless Link, 2016).

The government funded pilots in Liverpool, Manchester and the West Midlands are now up and running. The three large scale pilots are all being delivered in different ways and are all subject to external evaluation by a national consortium. There have been pilot projects for Housing First in England (and other parts of the UK – most notably Scotland) since around 2010.

Initial research evidence about Housing First in England

Many of these projects have been evaluated and there is a growing evidence base on Housing First. According to Pleace and Quilgars (2018) in their evaluation of the Inspiring Change Manchester Housing First project (discussed below), evidence indicates that:

- Housing First is able to engage effectively with people with experience of sustained and recurrent homelessness, who have high and complex needs.

- Housing First engages effectively with people with sustained and repeated use of homelessness services, whose homelessness has not been ended.
- Exits from homelessness can be sustained (at one year) for between 7 and 9 of every 10 people HF services engage with.
- Housing First services are almost always well regarded by people who use them.
- While results in enabling exits from homelessness are strong, results in relation to drug and alcohol use and mental health can be more variable.

In the Liverpool City Region, a feasibility study was carried out by Crisis around Housing First in 2017. This study made clear the role that Housing First can play in a new type of system to address homelessness which is housing-led and people-centred.

In this report we present a vision in which Housing First is a sub-set of Housing Led approaches – it sits within a housing-led system in which the default approach is to support homeless people as quickly as possible into independent tenancies, bypassing the need for compulsory and / or longer stays in communal supported housing. (Blood et al, 2017, p9)

At the end of 2019, MHCLG announced that 200 people were now housed as a result of the work of the Housing First pilot projects in Greater Manchester, Liverpool City Region and the West Midlands, where they have received vital support to recover from complex mental health issues, substance misuse and the physical effects of living on the streets:

Housing First is making a real difference to rough sleepers this Christmas. This programme is based on the simple principle of helping people into safe and secure homes first, and then providing intensive support, including for addiction, physical and mental health. Housing Secretary Rt Hon Robert Jenrick MP, December 2019 (UK Government, 2019)

Housing First works well alongside other housing-led services so some people will be housed and need no support, some will require low level support through floating support services, and others with high and complex needs may need a more intensive Housing First approach. The feasibility study in Liverpool also emphasised that Housing First is an important but distinct part of a wider set of different pathways to help rough sleepers move off the streets:

Since Housing First is a relatively expensive and intensive intervention it is important that it is only targeted on those who need it. The cost effectiveness of Housing First hinges on it not being used by those who could be supported by lower intensity services. Without sufficient lower intensity services and good access to independent tenancies, there is a risk that Housing First is swamped by referrals of people who do not really need this level of support, just because the service is the only gateway to independent tenancies and floating support for homeless people. (Blood et al, 2017, p42)

The report also highlighted the wide-scale systemic change and changes to culture of delivery of homelessness services. Blood et al (2017) stated that implementing Housing First at scale would require significant “*smart systems thinking*”, as well as strong partnership working to implement a new model of service delivery. Housing First pilots in the UK have often been seen as experiments rather than as a long-term service, integral to a wider coordinated homelessness strategy and therefore have struggled to attract longer-term, secure funding. However, Housing First can secure long-term funding by focussing on the significant contribution that Housing First can make in tackling entrenched rough sleepers who have complex and recurring needs, as well as facilitating savings in

existing hostel and temporary supported housing provision, which can then be redeployed to support increased preventative activity and to support Housing First itself (Blood et al, 2017).

2. Wider context of homelessness and rough sleeping in England

Homelessness has risen up the political agenda again in recent years as the human and financial costs of increased homelessness since 2010 have become more evident, following a marked decline in the previous decade.

Statutory homelessness refers to the homelessness applications received and decisions made by local authorities in line with their statutory duties.

Local authorities in England have a duty to secure accommodation for unintentionally homeless households who fall into a 'priority need' category. There is no duty to secure accommodation for all homeless people. On 3 April 2018, local authorities acquired a duty to work to prevent and relieve homelessness for all eligible homeless applicants – their advice and assistance duties were also strengthened. (Barton and Wilson, 2020)

Every year thousands of people will present to their local authority as homeless, and those assessed as being owed a duty by their local authority are accepted as statutory homeless.

Rough sleeping is defined by government, for the purposes of rough sleeping counts and estimates, as:

- people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments)
- people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes') (UK Government, 2020).

The rough sleeping definition does not cover people in hostels or shelters, campsites or other sites used for recreational purposes, or organised protest, squatters, or travellers.

While there is no formal definition of **hidden homelessness**, the term is used to describe those households in overcrowded, insecure or uninhabitable conditions ranging from sofa surfing and squatting to rough sleeping. People experiencing hidden homelessness are generally not recorded in official statistics and mostly will not be receiving help. The numbers are therefore difficult to quantify as many in this position will not present to their local authority and make a homelessness application.

GLA estimates from 2017 indicate that in London there could be as many as 13 times more people homeless but hidden, than are visibly sleeping rough – in 2017 as many as 12,500 each night, with young people being most affected by this type of homelessness (London Assembly Housing Committee, 2017).

Local housing authorities in England have a duty to secure accommodation for unintentionally homeless households in priority need. **Temporary accommodation** may be provided after an application is accepted until more suitable and secure accommodation can be found. Temporary accommodation comes in many forms including bed and breakfasts, hostels, and privately rented accommodation.

The numbers of people in temporary accommodation in England have increased steadily since 2010. Recent quarterly statistics published by the Ministry of Housing, Communities and Local Government recorded 86,240 households in temporary accommodation at the end of June 2019 (MHCLG, 2020). This represents a 79% increase since December 2010, where the use of temporary accommodation

hit its lowest point since 2004. Included within this total are 127,370 children. Many families are being placed in Bed and Breakfast accommodation. At the end of December 2019 there were 5,280 households in temporary accommodation in Newham, including 7,842 children, and 40% of these households were housed in other local authority areas (MHCLG, 2020).

Temporary accommodation can be poor quality, overcrowded and unsuitable for families with children (Wilson and Barton, 2020). Those living there lack security, recourse to complain and often face a long wait for more permanent accommodation.

Local authorities in London have had particular difficulties in securing decent temporary accommodation in the numbers required. A report by London Councils in 2016 talked of “*a perfect storm of market conditions and policy changes*” making it increasingly challenging for London boroughs to provide the accommodation needed for homeless individuals and families (Barton and Wilson, 2020)

Temporary accommodation is expensive and research conducted by Crisis and the BBC Panorama programme, and reported by Inside Housing in February 2020, showed local authorities paying £939 million to private accommodation providers in 2018/19 for temporary accommodation, an increase of almost 50% on the £490 million spent in 2013/14 (Barton and Wilson, 2020).

Government / GLA policy and approaches

As numbers have risen for all aspects of homelessness since 2010, the government has taken action to try and reduce and help prevent homelessness.

The Homelessness Reduction Act

The Homelessness Reduction Act (2017) came into force in April 2018 in England and has been described by many as the biggest change in homelessness legislation in 40 years. The Act gave local authorities new duties to both prevent and to relieve homelessness. The London Borough of Southwark acted as a trailblazer authority for the Homelessness Reduction Act. Much learning has been shared through this pilot, with other local authorities from across the country visiting Southwark and taking on their experiences.

In the latest statistical release on statutory homelessness from MHCLG, it is noted that the HRA has had an impact on the number of households presenting as homeless due to the prevention and relief work that local authorities are now carrying out:

The number of households owed a main homelessness duty continues to be lower than pre-HRA levels as households are now prevented or relieved from homelessness prior to the main duty under the new duties introduced in April 2018. (Wilson and Barton, 2020)

These new prevention and relief duties are defined as:

- **Prevention duties** include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. This would involve activities to enable an applicant to remain in their current home or find alternative accommodation in order to prevent them from becoming homeless. The duty lasts for 56 days but may be extended if the local authority is continuing with efforts to prevent homelessness.
- **Relief duties** are owed to households that are already homeless and require help to secure settled accommodation. This would involve activities to find accommodation to relieve their homelessness. The duty lasts 56 days and can only be extended by a local authority if the households would not be owed the main homelessness duty.

- The **Main homelessness duty** describes the duty a local authority has towards an applicant who is unintentionally homeless, eligible for assistance and has priority need. This definition has not been changed by the 2017 HRA. This duty is now only owed if a household has not had their homelessness prevented or relieved successfully.
- Applicants who have **priority need** include households: with dependent children or a pregnant woman; homeless due to fire, flood or other emergency; who are particularly vulnerable due to ill health, disability, old age; having been in custody or care; or having become homeless due to violence or the threat of violence. (Housing Experimental Statistics Release, 2020).

Rough Sleeping Initiative

In addition to the HRA, the government has also taken clear steps to address the issue of rough sleeping. In March 2018, the Ministry of Housing, Communities and Local Government announced the Rough Sleepers Initiative (RSI) (MHCLG, 2020), allocating funding later that year of £30 million to 83 local authorities¹. Of this LBN received £500,000 (UK Government, 2018a). As an overarching goal the government committed to halving rough sleeping by 2022 and to ending it by 2027. A delivery plan was also published (MHCLG, 2018a).

The aim of the Initiative is to support rough sleepers off the streets and into secure accommodation in order to access further help. In January 2020, the government announced further allocations to councils across England of a £112 million to continue to provide local support for those living on the streets. Thereafter, at the end of February 2020, the government announced an extra £236 million to help get people off the streets and appointed Louise Casey as an independent adviser to lead an urgent review into the causes of rough sleeping. The new funding was to go towards offering Housing First style accommodation for up to 6,000 rough sleepers and those at immediate risk of rough sleeping, to give them stability and certainty over the medium to long-term. An overview of the most up to recent funding for tackling LBN rough sleeping can be found in the local authority ta.

Greater London Authority

Tackling homelessness in all forms and rough sleeping is a key priority of the Mayor of London Sadiq Khan and in June 2018 he introduced London's first Rough Sleeping Plan of Action which outlined:

- actions that were already being delivered / were to be delivered within the current resource allocation and system
- What more could be done with additional government investment, and
- What other wider structural and legislative changes were needed

The plan contained a number of specific calls to Government which included:

- reversing welfare reforms that are fuelling homelessness and making it harder to solve
- supporting a new 'Places of Safety' network - immediate safe places for rough sleepers to go – and fund new assessment hubs where rough sleepers go next with outreach workers to develop a plan of support
- boosting funding so councils can meet their duties under the Homelessness Reduction Act
- investing additional funding in developing new homes earmarked for rough sleepers, and obtain new funding to support rough sleepers once they are housed, as well as for a pan-London 'Housing First' initiative

¹ For details of wider funding of local authorities to reduce homelessness (including historical data) see [MHCLG, 2018a](#)

- improving mental health and substance use services to rough sleepers (Greater London Authority, 2018)

In June 2019, The London Assembly Housing Committee published two letters (one to MHCLG and one to the Mayor of London) outlining findings from a London Assembly Housing Committee investigation into Housing First in London. In this correspondence the Committee called on government to:

1. Consider providing longer-term funding to Housing First services now, rather than waiting for the evaluation of the current pilots in Manchester, Liverpool and the West Midlands. This was predicated on the view that there is already an extensive evidence base for the success of Housing First in ending rough sleeping and sustaining tenancies, therefore government should move away from funding pilots and instead commit to longer term funding.

2. The Government should provide funding for the Mayor to establish a pan-London Housing First service. The Committee here support the call from the Mayor in his Action Plan of 2018 to create a pan London Housing First initiative to ensure consistency in service delivery, and lead to a high-fidelity approach (one which is rigorously and consistently in line with Housing First principles) being delivered across the whole of London.

The Committee also called on the Mayor of London to establish longer term funding streams for Housing First initiatives. Housing First is a long-term service in which support is provided for as long as it is needed as a core principle. Current homelessness commissioning funding streams are by contrast relatively short-term.

Another barrier to Housing First in London was highlighted by the Committee in terms of the difficulties in accessing suitable accommodation:

The difficulties around sourcing suitable accommodation were cited by Housing First service providers as one of the main barriers to delivering Housing First in London. Local Housing Allowance rates are set at levels which make it difficult to find suitable accommodation which is affordable for service users. We also heard that often homeless service providers (including Housing First providers) are in competition for private rented sector properties with local councils seeking to house people to whom they owe a statutory homeless duty. (London Assembly Housing Committee, 2019)

The Committee recommends that a pan-London Lettings Agency be established which operates across London but ensures that local connections of service users are protected by housing people locally.

3. Newham homelessness and rough sleeping context

Overview

This section sets out data about the extent and nature of the rough sleeping problem in LBN, in the context of changes over the last 10 years. In considering this, there are two main sources of continuously updated information to draw on, as well as more recent information from the new data set being brought into use as a consequence of the COVID-19 crisis.

What we are doing here is:

- assessing the full extent of the problem of rough sleeping in LBN
- doing a breakdown, within this bigger picture, of the likely extent of the population of entrenched rough sleepers with high needs who might need Housing First provision – as opposed to more general and alternative provision for rough sleepers with other and different needs

One of the challenges in doing this is that the population of rough sleepers in LBN is likely to vary from week to week, or day to day. Some of this is seasonal, and there is also a constant flow of rough sleepers into (and out of) various programmes and types of intermediate supported housing and hostels. This is due to the day to day work of support workers and LBN rough sleeping staff who are working with rough sleepers to help them off the streets. There is a system of constant tracking, on an individual basis, which is the CHAIN system described below. But getting a firm estimate of the likely extent of the overall need for supported housing and for Housing First provision needs to take into account not only those who are on the streets at any one point or during any specific period, but also those who are temporarily housed in LBN supported housing services who were rough sleepers, and could move back onto the streets. The new LBN Minimum Data Set interim information helps in the analysis of the extent of need, as set out below.

Estimating the need for Housing First from available data

Street counts

Official figures of rough sleepers published by the Ministry of Housing, Communities and Local Government (MHCLG) are set out below. These are based on “street counts” in each local authority area. A “street count” is a snapshot of one night, where a set of volunteers go out during the period of 1200 midnight to 0300 to seek people sleeping rough, informed by whatever prior information is available in that local authority about likely places where people are sleeping rough (the street outreach teams in the case of London boroughs). The most recently published LBN figures are:

Figure 1: MHCLG official street count figures for LBN 2010-2019

Table 1: Total number of people sleeping rough, by local authority district and region									
London Borough of Newham, autumn 2010-2019									
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
7	10	55	22	16	28	41	76	79	64

Source: <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2019> (published 27/2/20, showing the position as at a chosen date between 1 October and 30 November in each year)

LBN, who provide the figures above, have a more detailed and up to date set of street counts up to March 2020 (and note the overlap in Nov 18 and Nov 19 with the table above):

Figure 2: Newham street count numbers, September 2018 to March 2020

LBN Rough Sleeper regular street count - verified bedded down rough sleepers										
Month	Sep-18	Nov-18	Jan-19	Mar-19	May-19	Jul-19	Sep-19	Nov-19	Jan-20	Mar-20
	105	79	44	64	89	92	87	64	68	44

These two tables show that the problem of rough sleeping had a spike in 2010, before declining, then rising again in 2018 (105 at its highest in September 2018). It peaked again in July 2019 before declining in March 2020. On the basis of these counts, however, (and they form an important element of the Government’s presentation of the extent of rough sleeping), there have been on average 74 rough sleepers in LBN on any one night in the period September 2018-March 2020, and an average of 40 rough sleepers over the full period from 2010-2019.

From March 2020, street counts had to be discontinued due to the COVID crisis, and extensive and effective steps were taken to help rough sleepers get off the streets and into immediate temporary housing. A review of rough sleepers in June estimated that there were only 5 rough sleepers still not in emergency COVID accommodation. This work will be described in a subsequent more general analysis of Newham’s Rough Sleeping strategy to be produced later this year. The “Minimum Data Set” mentioned above is used below to update the “street count” information in this section.

CHAIN

CHAIN (the Combined Homelessness and Information Network) is commissioned and funded by the Greater London Authority (GLA) and run by St Mungo’s, a homelessness service provider. It provides a detailed, and continuously updated count and tracking analysis of rough sleepers, based on the work of street outreach teams, housing support providers, and local authority rough sleeping teams. Detailed quarterly summary data and breakdowns by demographics, previous address, reasons for homelessness, support needs and other categories are published for each London borough and for London as a whole. One of the benefits of CHAIN is that individuals are tracked over time and each episode of rough sleeping can be linked to an individual’s previous history of rough sleeping and actions taken to address it.

Housing First is intended to provide a service which is focused on entrenched rough sleepers who have complex needs. CHAIN data includes information about whether a rough sleeper is new to the streets or already known to have been sleeping rough, and over what period, which is to say whether they are likely to be “entrenched” in their rough sleeping. In addition, CHAIN records the extent to which individuals have multiple and complex needs, and their previous history of engagement with support services in order to address those needs. Housing First is more likely to be needed as a service if the individual has a known previous history of seeking help through the more traditional supported housing routes, but not benefiting from them.

We next consider what the CHAIN data tells us about the likely levels of need for Housing First might be in LBN. CHAIN data is held in a set of individual specific records, although the published data is anonymised and has a limited number of cross tabulations (for example it does not analyse complex needs by duration of the overall period of rough sleeping). In this report we have therefore drawn from two CHAIN reports on LBN, the first from the third quarters (October to December) of 2018 and 2019².

² A complete set of CHAIN reports for London boroughs, including the two cited in this report, can be found at <https://data.london.gov.uk/dataset/chain-reports>

The main CHAIN categories indicating whether the person is new to the streets or a longer-term rough sleeper are:³

- *New rough sleepers*: Those who had not been contacted by outreach teams rough sleeping before the period
- *Living on the streets*: Those who have had a high number of contacts over 3 weeks or more which suggests they are living on the streets
- *Intermittent rough sleepers*: People who were seen rough sleeping before the period began at some point, and contacted in the period - but not regularly enough to be 'living on the streets'

As part of the "living on the streets" group there is also an additional sub-group who are called the "RS205+". This group is made up of people who have been identified as especially hard to help because of their prolific history of rough sleeping. In each of the periods examined there was only one case recorded as "RS205", which may mean that other entrenched rough sleepers with complex needs were already in some type of hostel accommodation (as explained in the introductory section above).

In the period October to December 2018 the CHAIN summary for LBN was:

Figure 3: CHAIN summary of LBN rough sleepers Oct-Dec 2018

Volumes	No. Rough Sleepers	Change from last period	Change on same period last year
New Rough Sleepers (All)	155	+34	+89
New RS with no second night out	132	+26	+75
New RS with a second night out but not living on the streets	20	+6	+11
New RS joining living on the streets population*	3	+2	+3
Living on the Streets (All)	24	+5	+18
LOS - Transferred from new RS*	3	+2	+3
LOS - Known	20	+2	+14
LOS - RS205+	1	+1	+1
Intermittent Rough Sleepers	81	+22	+37
Total	257	+59	+141

*This cohort is listed under both new RS and living on the streets headings, but is only counted once towards the overall total

Source: CHAIN LBN report Oct-Dec 2019

³ Note that these categories were originally termed flow, stock and returners

The summary for the same period in 2019 was:

Figure 4: CHAIN summary of LBN rough sleepers Oct-Dec 2019

Volumes	No. Rough Sleepers	Change from last period	Change on same period last year
New Rough Sleepers (All)	115	-45	-40
New RS with no second night out	65	-58	-67
New RS with a second night out but not living on the streets	41	+6	+21
New RS joining living on the streets population*	9	+7	+6
Living on the Streets (All)	55	+34	+31
LOS - Transferred from new RS*	9	+7	+6
LOS - Known	45	+26	+25
LOS - RS205+	1	+1	0
Intermittent Rough Sleepers	85	+10	+4
Total	246	-8	-11

*This cohort is listed under both new RS and living on the streets headings, but is only counted once towards the overall total

Source: CHAIN LBN report Oct-Dec 2019

These figures look considerably higher than the 74 average set out above from the street count, for a number of reasons. First, the street count is a snapshot of one night only, whereas the CHAIN data shows all the people who have been found rough sleeping on any day or night in the three month period covered. Second, there is a clear distinction in the tables between the “living on the streets” population and the others (called “new rough sleepers”, though there is an overlap shown as well). New rough sleepers, who have just arrived on the streets, are targeted by the “No Second Night Out” programme, which started as a pilot in 2011 and is now operating in all London boroughs. This aims to provide “a rapid response to new rough sleepers, and will provide an offer that means they do not have to sleep out for a second night” (<http://www.nosecondnightout.org.uk/>). New rough sleepers are taken to a 24/7 Hub where intensive attempts are made (normally over 72 hours) to reconnect them to an alternative accommodation provider or previous housing options, and to assist the rough sleeper in connecting with agencies who can address the problems and issues which led them to be on the street in the first place. Figures for the outcomes of this initiative in the two quarters 2018 and 2019 are below. This indicates that in 2018, 152 new rough sleepers were kept off the streets, with only three remaining as part of the “living on the street” population, while in 2019, 106 were diverted with nine remaining on the streets.

Figure 5: Diversion of rough sleepers through No Second Night Out Oct-Dec 2018

Category	No. this period
New RS with no second night out	132
New RS with a second night out but not living on the streets	20
New RS joining living on the streets population	3
Total	155

Note: New RS = New rough sleepers

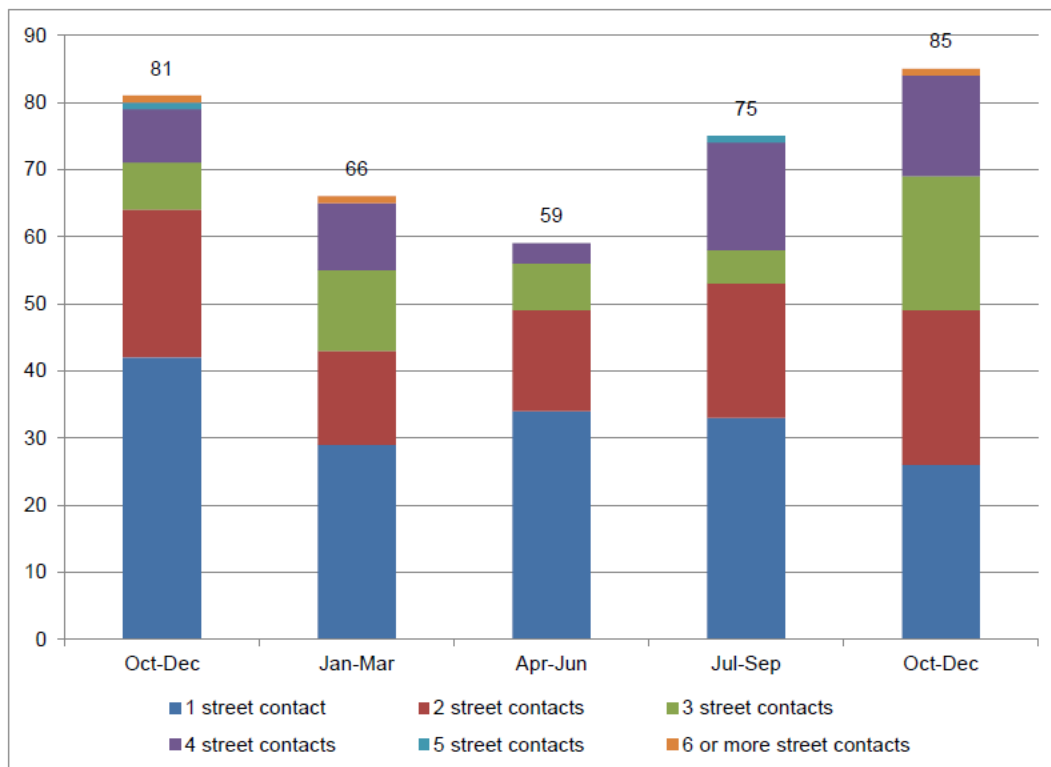
Figure 6: Diversion of rough sleepers through No Second Night Out Oct-Dec 2019

Category	No. this period
New RS with no second night out	65
New RS with a second night out but not living on the streets	41
New RS joining living on the streets population	9
Total	115

Note: New RS = New rough sleepers

The “intermittent rough sleepers” population is a count of people who are not deemed to be permanently living on the street but have been seen there from time to time. There were 81 of them in the 2018 period above, and 85 in 2019. A more detailed picture of how often they were seen on the streets, covering the whole period October 2018-October 2019 is below. This indicates that there is considerable movement, but most are seen only a few times. The “intermittent” rough sleepers are not likely to be candidates for Housing First accommodation.

Figure 7: "Intermittent" rough sleepers in LBN - Oct-Dec 2018 - Oct-Dec 2019



Source: CHAIN LBN report Oct-Dec 2019

CHAIN data for these two periods of three months in 2018 and 2019 indicate that the main group of likely persistent rough sleepers (living on the streets) numbers 24 for the 2018 period, and 55 for 2019. It is from amongst those people that the Housing First client group is most likely to be found.

Turning now to the needs of rough sleepers, CHAIN also provides information on a range of common needs. We can again look at figures for the October to December reports on LBN from 2018 and 2019:

Figure 8: Support needs of rough sleepers, LBN Oct-Dec 2018

Support Needs	No. people	% of people seen rough sleeping
Alcohol only	16	13%
Drugs only	14	12%
Mental health only	13	11%
Alcohol and drugs	6	5%
Alcohol and mental health	7	6%
Drugs and mental health	7	6%
Alcohol, drugs and mental health	16	13%
All three no	37	31%
All three no, not known or not assessed	4	3%
All three not known or not assessed	137	
Total (excl. not assessed)	120	100%
Total (incl. not assessed)	257	

Note: Total excluding not known or assessed is used as base for percentages.

Source: CHAIN LBN report Oct-Dec 2018

Figure 9: Support needs of rough sleepers LBN Oct-Dec 2019

Support Needs	No. people	% of people seen rough sleeping
Alcohol only	20	12%
Drugs only	24	14%
Mental health only	21	13%
Alcohol and drugs	8	5%
Alcohol and mental health	18	11%
Drugs and mental health	20	12%
Alcohol, drugs and mental health	15	9%
All three no	36	22%
All three no, not known or not assessed	5	3%
All three not known or not assessed	79	
Total (excl. not assessed)	167	100%
Total (incl. not assessed)	246	

Note: Total excluding not known or assessed is used as base for percentages.

Source: CHAIN LBN report Oct-Dec 2019

Note that the 2018 figures above include 53% of rough sleepers where these needs are not known or not assessed, and the 2019 figures 32% not known or not assessed. Nevertheless, there is a clear indication from the tables above that in 2018 drugs, alcohol, and mental health problems are issues for 66% of people assessed, and 31% of all rough sleepers in that year, including those not assessed for these needs. Similarly, in 2019, 75% of people assessed had these needs, and 51% of the total rough sleeping population in that quarter.

As noted above, there are no cross tabulations in this published CHAIN data, so we cannot know whether the incidence of these needs is higher in the longer term “living on the streets” population, and in particular “entrenched” rough sleepers. Nevertheless, day to day experience reflected in

discussions with street outreach workers and LBN rough sleeping staff indicate that the levels of these needs are likely to be high in those populations, and the possible benefits from Housing First likely to be higher where these multiple or complex needs make integrating in more mainstream shared rough sleeping hostel provision more difficult. In terms of numbers and in summary, these figures indicate that in October to December 2018 there were 79 rough sleepers with these needs, and in 2019 there were 126. Note that this includes all rough sleepers, and is not restricted to those who are “entrenched” or “living on the streets”.

A final point about CHAIN highlights the movement of rough sleepers into and out of hostel and other temporary or permanent accommodation. The summary table below (Figure 10) shows the extent to which rough sleepers are taken off the streets and rehoused either in emergency accommodation (which includes night shelters), hostel accommodation, or permanent accommodation (including Housing First). This illustrates the point made above that there is constant churn on and off the streets affecting the wider population of rough sleepers (and particularly those not diverted by No Second Night Out).

Figure 10: Rough sleepers booked into accommodation or reconnected Oct-Dec 2018, Oct-Dec 2019

	Oct-Dec 2018	Oct-Dec 2019		
Overall Booked into accommodation or reconnected	29	102		
<i>Booked into hub, shelter or emergency accommodation</i>	<i>7</i>	<i>32</i>		
<i>Booked into temporary accommodation</i>	<i>26</i>	<i>70</i>		
<i>Booked into long term accommodation</i>	<i>5</i>	<i>3</i>		
Reconnected	3	2		

NOTE: rows in italics show that some people may have been booked into more than one type of accommodation

Source: Derived from CHAIN reports LBN Oct-Dec 2018 and 2019

Minimum Data Set

The LBN and wider government action around the impact of COVID-19 on rough sleepers has had the effect of providing accommodation options for all people sleeping rough in the borough who are willing to take up such an offer. This tool was, at the point of writing, still in its development and implementation phase, but has provided a wealth of information about the LBN rough sleeping population, as well as enabling additional assessment of support needs to be made. This includes the use of the “Chaos” scoring system for assessing needs, and other similar tools (see South West London and St George’s NHS (2008) for more details of the Chaos assessment tool). Once this database is fully operational and populated LBN will have an effective tool to identify rough sleepers who might most benefit from Housing First. Looking at an anonymised draft version of this tool indicates that in general terms there are around 500 rough sleepers who were identified and housed in some way. This figure includes not only “rough sleepers” but also all the previously rough sleeping people who had already been housed in emergency or interim supported housing in the pre-COVID period, so is not directly comparable to the CHAIN or the street count data. It also indicates that using the “Chaos” index there are around 30 people who have a score of 30 or over, indicating high and complex needs.

Estimating the need for Housing First

This section has explored how Housing First fits within the wider and varied set of pathways and tools used in LBN in terms of meeting its aim of reducing rough sleeping. We have illustrated that:

- Regular LBN street counts over the last ten years indicated around 40 rough sleepers on the night of the counts. More regular and recent street counts indicate around 74 over the last 18 month period.
- There is a constant flow of new people onto the streets, who are as far as possible diverted off the streets through the No Second Night Out programme, which seems to be highly successful – with 152 diverted in the last quarter of 2018, with three moving to living on the street, and 106 diverted in the same period of 2019 with nine moving to the streets.
- There is a constant churn of rough sleepers into emergency or intermediate housing, arranged through the street outreach teams under the overall strategic supervision of the LBN rough sleeping teams. These people may return to the street, and Housing First has in part emerged as an option in response to the need for a more tailored and personalised support programme based on first providing housing, then providing support in the client’s own home.
- CHAIN data provides a more comprehensive overview of people moving onto and off the streets. This indicates that there are perhaps around 24 long term (entrenched) rough sleepers in the 2018 period, and 55 in the 2019 period.
- The recent COVID-19 emergency programme has helped up to 500 people off the streets, although this includes people previously in various forms of supported housing. It also indicates around 30 people with a high level of needs as assessed by the Chaos tool.
- Putting all this together we estimate that the need for Housing First in LBN might be for around 40 or 50 of the most entrenched rough sleepers with complex needs.

[LBN approach to homelessness and rough sleeping](#)

This section briefly outlines the wider approach to homelessness and rough sleeping in LBN.

[Wider strategic framework](#)

Since 2018, under a new political administration, Newham has undertaken a significant amount of work to address to homelessness and rough sleeping, including:

- Setting up the Mayoral Rough Sleeping Taskforce and Co-production forum – The Newham Homelessness Action Group.
- Adopted a caring and compassionate approach to Rough Sleeping and Homelessness.
- Initiating a public health approach to Rough Sleeping and Homelessness to the development of the borough’s first Homelessness and Rough Sleeping strategy in 10 years.
- Launching a new temporary assessment hub for rough sleepers, including those with No Recourse to Public Funds.
- Developing a Rough Sleepers Needs Assessment, in order to develop this strategy.
- Implementing the Homelessness Reduction Act (2017) from April 2018. This Act has a strong emphasis on early intervention and prevention.

Newham received funding from MHCLG in this area through the RSI Funding stream, with a £1.6 million grant over two years from 2017 – 2019. This funding was aimed entirely at quickly tackling the growing problem of rough sleeping across the borough and was split along the following lines:

- Year 1 (2017/18) - £500,000
- Year 2 (2018/19) - £850,000
- A further £300,000 channelled via the Greater London Authority (GLA) over two years to fund additional outreach workers

- There was also an additional £275k of Controlling Migration Funding (CMF)

A number of support initiatives were put in place from late 2018 onwards in order to address the challenge of rough sleeping including:

- A 10-bed assessment centre for the street population in the borough, staffed by specialists in mental health, and drug and alcohol treatment, to increase to 20 bed spaces the following year (£427k investment over 2 years – funded through the MHCLG RSI grant)
- A temporary assessment centre – ‘floating hub’ to operate in the borough for two weeks from 22 October (in partnership with the GLA and St Mungo’s, and funded by the GLA)
- Emergency accommodation provision at the Courtney Hotel. The Council have funded an extra 20 emergency accommodation beds by making hotel rooms available for use all year round (£68k investment over 1 year, funded through the RSI grant)
- Expansion of existing night shelter provision to make it available from October to April (previously limited to November - March). Funding provided for the volunteer training and for the employment of professional staff to work alongside a team of volunteers. Capacity of 15 beds (£95k investment, funded through the RSI grant)
- Increased provision of day-care facilities for rough sleepers. Professional staff from a range of support agencies can be accessed directly at the day centre (£40k investment over 3 months, funded initially through the Rough Sleeping grant with further funding needing to be identified to sustain the service beyond the 3 month pilot)
- Expansion of Outreach Team. The number of workers increased from 2 full-time equivalent to 7.5 full-time equivalent from October 2018 to deal with rough sleepers across Newham (£300k investment over 2 years, funded by the MHCLG RSI grant but channelled indirectly via the GLA)
- Rent Deposit scheme – Rent deposit scheme to help rough sleepers secure their own accommodation (£140k investment over 2 years, funded through the RSI grant)
- Move on support – support specifically for rough sleepers placed in emergency provision to make sure they are supported adequately as they move from the streets and through their transition from the street and into sustainable accommodation (£106.5k investment over 1 year, funded through the RSI grant)
- Co-Production of services with street population and other stakeholders (no financial commitment attached to this)
- A new Street Population Manager has been appointed to lead and coordinate activities of internal/external partners aimed at reducing rough sleeping numbers across Newham
- Hospital discharge service – a service designed to support people with no recourse to public funds to prevent them returning to the streets of Newham once they are discharged from hospital
- Immigration advice – Placement of an immigration advisor within Homeless Prevention & Advice Service (HPAS) to provide immediate and much needed expertise (and to transfer knowledge) to Newham Council officers in the medium to long term

[The Homelessness and Rough Sleeping Strategy 2019-2021](#)

On 3rd December 2019 LBN Cabinet approved the Homelessness and Rough Sleeping Strategy. This is the first homelessness strategy for the borough in around a decade and the interim two-year strategy will cover the period of December 2019 to December 2021.

The Strategy priorities are divided into those that can be realistically delivered in a shorter time scale and those that are longer term commitments.

Interim priorities

1. Preventing homelessness
2. Relieving homelessness (including rough sleeping)
3. Establish a new approach to assessment for low, medium and high risk needs rough sleepers
4. Accommodating and supporting rough sleepers towards independence
5. Providing support to those in need to prevent reoccurring homelessness in order to maintain independence
6. Improve data collection and analysis
7. Establish a rough sleeping pathway
8. Developing services for young people, single people (18-34) and couples without dependent children
9. Establish a Stratford specific plan

The longer term priorities are listed as:

10. Reduce the use of temporary accommodation
11. Increasing supply of affordable housing
12. Incorporating where appropriate Council policies on tackling the climate change emergency and Community Wealth Building

4. The Housing First pilot in Newham

This small-scale Housing First project was set up in April 2018 to work with 12 entrenched rough sleepers in the LBN. The rough sleepers all had high level complex needs which had not been met by other existing provision. The clients would be helped off the streets and into self-contained, independent accommodation with wraparound support provided.

*The aim of the LBN Housing First Pilot is to examine whether that **Housing First is a viable service option that enables the Council to provide secure accommodation, with wraparound personalised support, to some of the borough's most vulnerable street homeless people.***

*It will also examine whether **Housing First can make a significant contribution to the Council's strategic aim of reducing rough sleeping in Newham and preventing homelessness.***

There was an initial funding allocation of £139,000 over 1 year from the MHCLG Rough Sleeping Grant.

Eligibility criteria

The service was intended for entrenched rough sleepers with a verified local connection and the eligibility requirements for the scheme required people to:

- have been rough sleeping in and around the borough for over 2 years
- have failed to address their substance misuse or other support needs (by not engaging with support services)
- have support needs that cannot be met by Newham's existing supported accommodation provision
- not be subject to the single room rent condition (i.e, be aged 35 or over)
- be in receipt of or have access to UK benefits.

Delivery of the Housing First Pilot

The Housing First pilot project is being delivered in the London Borough of Newham by Single Homelessness Project (SHP). SHP have many years' experience delivering Housing First services in other areas of London, including as part of the Fulfilling Lives service in Islington and Camden.

During the pilot period there were two Housing First support workers working directly with the clients. Each support worker worked with 6 clients each – this follows Homeless Link's Housing First best practice in the UK whereby support workers in Housing First should have a caseload of 5-7 clients.

User journey

Clients were referred to the Housing First service through a number of different services, including:

- Thames Reach outreach
- London Borough of Newham street population outreach

- Change, Grow, Live (CGL)
- Bonny Downs
- St Mungo's floating hub

Clients meeting the eligibility criteria set out above were then assessed by the SHP Housing First support workers. The majority of those accepted onto the Housing First programme then moved quickly into the Courtney Hotel on an interim basis. There were 20 beds available for Housing First clients at the Courtney. The Courtney Hotel Staging Post has been helpful to enable support workers to complete paperwork for service users requiring an address, as well as making contact with clients easier.

From the Courtney Hotel, or in some cases directly from the streets, clients were then helped by support workers to find their own accommodation. Clients were involved in viewing and agreeing accommodation, as is a key function of Housing First, where service users have choice and agency.

In the Newham Housing First pilot, clients have been housed in Private Rented Sector (PRS) accommodation, sourced and secured by SHP through their existing networks of private landlords. The properties are mainly in Redbridge and Hackney where SHP are commissioned to provide other services such as floating support.

Once housed, the clients would continue to receive support services to be delivered over shorter or longer periods of time and to be tapered or increased depending on needs of individuals.

Key objectives

According to the service specification, the key objectives of the Housing First Pilot in LB Newham were identified as:

- 100% of service users claiming benefits without sanctions
- 100% of service users with mental / physical health or substance misuse needs engaging with relevant services
- 5% or less of tenancies ended as a result of breach of tenancy conditions
- 100% of service users complying with court orders or ASBOs
- 100% of clients registered with a GP (not routinely attending A&E)

LSE research objectives and process

The LSE Housing and Communities team was commissioned by LB Newham to evaluate the pilot project of Housing First in the borough. The main objectives for the evaluation were to:

1. To **understand the prior experiences and pathways** of the Housing First target group in sleeping rough in Newham;
2. To **understand the effectiveness of the intervention** in terms of:
 - *Promoting long term housing sustainment*
 - *Enhancing health and wellbeing of service users*
 - *Improving social integration of service users*

3. To assess the cost of the intervention and its benefits.

Our evaluation report covers the 12 clients accepted onto the project to September 2018 (there were 13 clients accepted during this period, but one moved very quickly into supported accommodation as it became clear that their support needs could not be met through an independent tenancy and Housing First support). An additional 10 clients have since been accepted onto the project since the start of 2019 and there are now 3 Housing First support workers working with an active caseload of 16/17 active clients. The six cases which have been closed are detailed below:

- clients moving on to more supported accommodation as their needs have been identified, assessed and treated – two clients
- clients losing touch:
 - one has abandoned tenancy once housed,
 - one was in prison for the duration of the first year of the pilot and has since lost touch with support workers despite repeated efforts to restart the process,
 - two have lost contact before being housed.

The caseload fits well within the Housing First model as although the caseload of individual Housing First support workers should not exceed 7 clients, those using the service will have different support needs. In many cases their needs decrease in intensity while they are being supported by the service.

We have interviewed 5 of the 12 clients throughout their Housing First journeys and have kept up to date with developments and progress of other clients. There were a number of reasons why some of the Housing First clients felt unable or unwilling to participate in our research, and we have worked closely with SHP to manage this process.

Although we were due to carry out final interviews with the 5 clients between February and March 2020, these interviews were not possible because of the COVID-19 restrictions. We have nevertheless had regular contact with SHP support workers and have the most up to date picture on these clients.

We interviewed clients both in their homes and in SHP office accommodation. The interviews were informal and semi structured. The vast majority of interviews were recorded, and then transcribed. All interview material has been anonymised.

We also interviewed the SHP Housing First support workers at regular intervals, every 6-8 weeks throughout the project to ensure we were kept informed of developments. In addition, we held a number of meetings with SHP management team.

5. Main research evidence - who is being helped by Housing First in Newham?

The Housing First pilot project in Newham was targeted at entrenched rough sleepers over the age of 35 who had been sleeping rough in the borough for 2 years or more. Figure 11 below shows some basic details about the clients.

Figure 11: Housing First Clients

Name (anonymised)	Gender	Age	Years been rough sleeping?
Ahmed	Male	41	4
Carl	Male	48	7
David	Male	43	5
Edward	Male	50	8
Fatima	Female	37	5
Imran	Male	58	6
Joanna	Female	41	2
Kamal	Male	47	8
Karen	Female	49	5
Martin	Male	45	2
Tracey	Female	44	2
Vijay	Male	60	20

NB. All names have been changed to preserve anonymity

As can be seen above, most of the clients (eight) are aged in their 40s, two in their 50s and one each in their 30s and 60s. Eight of the twelve clients are male.

The time that the clients have spent sleeping rough ranges from two years to up to 20 – with an average of six years spent living on the streets. This clearly puts them within the scope of people who are intended to benefit from Housing First. Their support needs also clearly fit the criteria for Housing First, as in the table below:

Figure 12: Support needs of the 12 Housing First clients

Support need	Number of clients
Alcohol only	1
Drugs only	1
Mental health only	0
Alcohol and drugs	1
Alcohol and mental health	2
Drugs and mental health	3
Alcohol, drugs and mental health	4

Each has a clear support need, and nine of the clients have multiple needs.

Five client stories

*The ultimate test of any homelessness service is whether or not it ends homelessness. Housing First does end homelessness and does so in a relatively cost effective way. **However, it is the human benefits of Housing First, the ways in which it can positively change the lives of people who would otherwise be caught in long-term and repeated homelessness, that are the real measure of its value.*** (Pleace and Bretherton, 2019)

Here we introduce five of the Housing First clients. We have outlined their journey according to the key objectives of the Housing First programme, alongside their progress in meeting their own support plan goals and aspirations.

For many of the people we have spoken to, Housing First represented a significant shift in providing opportunity for both accommodation and support based around their needs and circumstances. This is supported in other Housing First evidence, including the feasibility study for Housing First in Liverpool commissioned by Crisis in 2017. According to the peer researchers involved in that study:

*Several of those we spoke to told us that they had felt safer sleeping on the streets than in hostel accommodation. The reasons for this included issues around substance abuse, intimidation and impact on people's mental health. Others expressed the view that they were not given, or able to find the right information about services and when they did find them they were not always relevant or accessible, including access to social housing. **Our interviews highlighted a lack of faith in the current system for addressing homelessness due to repeated failings and inconsistency.*** (Blood, et al, 2017)

Carl

Background

Carl (again, for the avoidance of doubt, this is not his real name and other names in this report have been changed) is a 48 year old man who had been homeless for 7 years and was sleeping in an abandoned car prior to accessing Housing First.

He lost his last property, through Newham Council, due to rent arrears although he had lived there for many years. He had earlier periods of housing insecurity, where he spent a number of years sofa surfing before getting his tenancy. While sleeping rough, he hadn't visited Homeless Prevention and Advice Services (HPAS) as he felt there was no point.

Carl uses both alcohol and drugs, and has done for many years. He has previously engaged with drug and alcohol support services and is keen to do so again. He believes secure housing and support is helping him to focus on abstinence.

Carl describes himself as a loner and says he has no friends – just associates around alcohol and drug use. He doesn't have contact with his family but would like to re-establish contact once he is settled into longer term housing.

Carl experiences some physical health issues and believes that his health had deteriorated in the months before joining Housing First. He has a GP and is also registered with a dentist. He does not have a diagnosis of depression or anxiety but admits to feeling low, and sometimes feels confused and lost. He has a number of previous criminal convictions – mostly for theft linked to getting money for alcohol and drug use.

He currently receives £292 Universal Credit paid monthly - made up solely of ESA. He believes that his expenditure on drugs and alcohol can be reduced and re-focused as he makes more progress with the abstinence programmes he is on. He has no debts or other commitments.

Housing First Experience

Carl spent a long period of time in the LBN staging post once accepted onto the Housing First programme, mainly due to difficulties in finding appropriate accommodation. Once a suitable flat was found he moved in and has been able to successfully sustain his tenancy ever since.

Last year I was sleeping rough in a car. A guy [from outreach] asked me if he could help me in any way. So I had a follow up appointment, he come along with [HF support worker], met him and had a chat with him basically, received a phone call about a week later saying they had got me into a hotel....

Within that 5 months I looked at various accommodation, obviously I had to take into account whether there was a Job Centre nearby so it wasn't right, but then one came up... which was close to...my family so I thought that was ideal.

Carl appears to like his flat and to have made efforts to become settled there:

Yes I'm happy there, it's quiet, it's nice... I've got everything, they helped me get a TV...I've got my stuff from Argos – microwave, kettle, pots and pans. It's been a great help.

Carl has served a short prison sentence but as the sentence was shorter than 6 months he has since returned to his home. Carl is continuing to work on his substance misuse and following his recent experience in prison, he has a new focus on abstinence. His physical and mental health are also improving and he is able to attend his GP when necessary.

I'm seeing people everyday that have known me for a long time and they have nothing but praise, saying you're looking well. So slowly but surely I'm climbing up the ladder.

Carl feels that the Housing First programme has enabled him to achieve many things that may have seemed out of reach before and talks about the opportunity as one of opening doors:

That one door opening up for me has opened up a few others doors. So I can't thank them enough for the support they have given me, that's the situation...Like getting my family back. Even things like having a cash card, having an account, I didn't have one of them before. I've got a contactless card now, little things like that I wouldn't have had if I had been on the streets. I've got a birth certificate now, I've just sent off for my passport so things are getting there slowly.

Progress made

For each client we can review progress in terms both of the overarching Housing First objectives and also each client's progress in terms of the support goals agreed at the start of the Housing First support process. For Carl:

Housing First Objective	May 2020
Claiming benefits without sanctions	✓
Engaging with relevant services (mental / physical health or substance misuse)	✓
Tenancy sustained	✓
Complying with court orders or ASBOs	✓*
Registered with a GP (not routinely attending A&E)	✓

* Served a brief prison sentence

Support plan goal (2018)	May 2020
<i>Substance use: I would like to get my substance abuse under control</i>	<i>Ongoing – continues to have issues but is newly refocused on abstinence</i>
<i>Managing accommodation: I would like to have somewhere to live</i>	<i>Tenancy has been sustained</i>
<i>Physical health: I would like my physical health to improve</i>	<i>Health is improving – no major issues currently. Attending GP appointments</i>
<i>Emotional and mental health: I would like my psychological health to improve</i>	<i>Continues to attend appointments</i>
<i>Use of time: Would like to acquire a Construction Skills Certification Scheme card</i>	<i>Attending ETE courses run by SHP and other events</i>

Edward

Background

Edward is a man in his early 50s who had been sleeping rough in Newham for 8 years. His last settled address was a flat rented in the private rented sector, from which he was evicted. He was deemed intentionally homeless by LB Newham and began sleeping rough after that.

He was happy to engage with Housing First as he was ready for his own place. He wanted to have a front door which he could close behind him and have some time for himself. He outlined that he wanted to live in a quiet area of Newham with no drug users around.

Edward outlined that he would like support around tenancy sustainment and setting up utility bills if he was to move into independent accommodation as he hadn't had experience of managing his own tenancy for a number of years. He is not computer literate and would require support to complete things online.

There have been times in the past where Edward has stopped drinking alcohol but he had recently begun drinking again shortly before being assessed for Housing First. He has had some contact with drug and alcohol services in the past but is not engaged at the moment. He drinks less than in the past and would like to become abstinent.

Edward has not been in touch with his GP for 2 years. He has some physical health issues which can flare up and cause him distress. When Edward was first contacted by outreach he was at a low point but felt that being accommodated in the staging post at the Courtney Hotel had given him some

hope for the future. He should take medication for his depression but has no prescription due to not regularly attending his GP surgery.

Edward is receiving ESA payments and gets by on this. He can borrow money from a friend if he needs to and spends his money on food, drinks and cigarettes. Edward says he would benefit from a budgeting plan especially if he moves into independent accommodation to help him work out bills.

Housing First experience

Edward spent around a month in the LBN staging post but moved quite quickly into his own accommodation. He now lives in a part of Newham that he knows well having previously lived in the same area. He is happy enough in his accommodation and feels grateful that he is no longer sleeping outside. He talked about the detrimental effects sleeping rough had on him and his health:

It's alright. Better than nothing. Glad to be out of that tent, I froze my nuts off. I can't do another year out there. If I do another year out there, I'm not here, I'm not here. I couldn't do another winter out there, I'd be slaughtered, that would be me gone. I know that for a fact.

Edward continues to struggle with some basic household chores needed to keep his flat tidy and on occasion his Housing First support worker has helped to organise decluttering and other chores.

Edward receives ESA payments and manages his household budget. There was an issue where Edward's benefit payments were stopped but this was due to an administrative error by DWP. The HF support worker was able to intervene and the payments were restored with no problems.

Edward is still drinking and is not yet ready to engage with support services around this issue. He also continues to socialise with drinking friends from his time on the streets. This can sometimes cause issues with his landlord when friends visit the flat and make noise at antisocial times. Edward is aware of the potential repercussions of this and understands that it may cause problems with his tenancy if it continues. He is working with his support worker to address these issues.

Edward values the relationship he has with his support worker and feels that it has helped encourage him to do more and address some of the issues he is facing.

He comes to my appointments at the doctors and he reminds me. He's alright...He pushes me more than I push myself. In the way to progress, not in a horrible way. He helps. We've become quite close over this year....He keeps a clean head on me, he knows when I'm depressed. I don't know what else to say really.

Progress

Housing First Objective	May 2020
Claiming benefits without sanctions	✓
Engaging with relevant services (mental / physical health or substance misuse)	✓
Tenancy sustained	✓
Complying with court orders or ASBOs	N/A
Registered with a GP (not routinely attending A&E)	✓

Support plan goal (2018)	May 2020
<i>Managing accommodation: I would like to move into my own accommodation</i>	<i>Tenancy has been sustained</i>

Tracey

Background

Tracey had been rough sleeping in Newham for around 3 years, having been evicted for rent arrears from her last settled address where she had been for 7 years. Her history of insecure housing however spans the last 15 years or so, where she has had spells staying in temporary accommodation or with friends and family. She has previous criminal convictions from many years ago, including spells in prison.

She has a long history of alcohol and substance abuse. She uses alcohol, heroin and crack on a daily basis. She has expressed a desire to become abstinent and has engaged with drug and alcohol services. She understands that alcohol is now her most worrying issue, as it is cheap and readily available.

Tracey believes that having a home means that she is better able to focus more on general health - healthy eating, use of time, and abstinence.

Tracey suffers from mild depression and also has some physical health issues which cause her distress. She has an established relationship with her GP although is not well linked into other health services.

Tracey has a fairly wide social circle involving family, friends and associates. There are some people she would like to distance herself from as they are not positive influences. Tracey has friends and family members who live locally and can be a source of practical and moral help. She stated that she wants to consolidate her healthy relationships and relinquish those that are harmful.

She is not good at managing money and can spend her income very quickly, so has a support goal to learn how to deal with bills and budgeting.

Housing First experience

She was assessed for Housing First and approved shortly after, at which point she moved into the LBN staging post where she stayed until she moved into her own accommodation.

She is settled into her accommodation and has made efforts to make it a homely and welcoming environment with lots of personal belongings around. She describes her home as "*small but mine*".

Tracey has ongoing challenges around her drug and alcohol use, which in turn can affect her ability to manage her money. She is engaging with drug and alcohol services only in a sporadic way at the moment. She wants to go to rehab but has been advised that she needs to demonstrate that she is committed to this and that she can detox in the community beforehand.

Her rent is paid so the tenancy is not at risk and she is aware of the need to sort out some other outstanding debts when she is able to.

She is receiving treatment for ongoing physical health issues and continues to attend at her GP regularly, she has however missed other appointments at hospital which then need to be

rescheduled. Tracey understands and recognises that she needs to look after her health, attend appointments and manage her medication as prescribed.

She has spoken to the GP about her mental health and has stated that she would like to access some counselling. Her continued drug and alcohol use, and previous failed attempts at abstinence, have a strong influence on her emotional health but she has been making progress and her mental health has become more stable over time.

The relationship with the HF support worker is very important for Tracey and she feels that with this help she could make progress. She was focused on thinking she wanted to get better and make more concrete plans about her life, and that this accommodation was really helpful in this respect. A consistent theme was her appreciation of what the HF support worker did for her and how he was around when she needed him to help and would attend appointments with her.

Housing First Objective	May 2020
Claiming benefits without sanctions	✓
Engaging with relevant services (mental / physical health or substance misuse)	✓
Tenancy sustained	✓
Complying with court orders or ASBOs	N/A
Registered with a GP (not routinely attending A&E)	✓

Support plan goal (2018)	May 2020
<i>Substance use: I want to reduce my alcohol and drug use</i>	<i>Engaging with drug and alcohol services, sometimes in a more sporadic way. Now on a methadone prescription</i>
<i>Managing accommodation: I would like somewhere to live</i>	<i>Tenancy has been sustained</i>
<i>Physical health: I want to improve my physical health</i>	<i>Linked in with GP and now accessing treatment that she needs. Understands the need to look after her health.</i>
<i>Emotional and mental health: I would like my emotional health to improve</i>	<i>Linked to drug and alcohol use. Would like some counselling but has become more stable as time has gone on.</i>
<i>Managing money: I would like to pay off my debts. I would like to open a bank account</i>	<i>Ongoing as a challenge – Tracey spends much of her income on drugs and alcohol and so not always able to make payments she needs to make. She says once her substance use is under control she will be able to manage her finances.</i> <i>Opened a bank account</i>
<i>Social networks: To cease contact with associates that have a negative impact on my wellbeing and recovery</i>	<i>Understands the difference between positive and negative influences around her and wants to increase positive contacts and avoid those who may be unhelpful to her progress.</i>

Vijay

Background

Vijay is in his 60s and has been rough sleeping in Newham for around 20 years, with his last settled accommodation being in the late 1990s. He slept in a derelict space hidden away and out of sight as they makes him feel safer.

Vijay struggles with literacy and is unable to use a computer which has limited his ability to complete bureaucratic processes.

Vijay doesn't have any family in the local area and has only one friend with whom he spends most of his time. He doesn't use day centres or other support services.

Vijay is dependent on crack and heroin and has had little contact with substance use support services in the past. He has previously been on a methadone prescription but he was unable to keep attending all appointments and the prescription was stopped. He believed that he would not be able to address his drug use until he had secure accommodation.

He previously had no income apart from begging and spent his time begging in order to sustain his drug use and to survive. As he does not use day centres or other services for rough sleepers, Vijay relies on buying ready to eat takeaway food.

Given his long history of rough sleeping, Vijay has a number of physical health issues as he has not been able to prioritise his health and wellbeing and has followed a poor diet alongside extended drug use. He talks about suffering from low mood, although this tends to be linked to drug withdrawal and he has no mental health diagnosis. He was previously not registered with a GP and has no access to health care.

Housing First experience

Vijay was assessed and accepted into Housing First and he moved quickly into the LBN staging post and soon after he was living in his own accommodation. As he didn't have any documentation or ID his priority was to get that sorted out so that he was able to claim benefits in order to move on from the temporary accommodation into independent accommodation.

Vijay has successfully lived in his flat for almost two years. He talks about wishing to move to a different property so that he can cook more comfortably in a proper kitchen. He would also prefer to be in a different area, nearer to places he was more familiar with.

He requires continued support to fill in forms and engage with official agencies. At one point his benefit payments were stopped but with the help of his support worker this problem was successfully resolved. While he stays in control of his correspondence, saving letters to discuss with his support worker, he can feel anxious if unexpected letters arrive, causing him to worry and feel insecure about his living situation.

He has been engaging with a local substance recovery service effectively throughout his time on the Housing First programme and he is still on a methadone prescription, which he collects daily from a local chemist.

His physical health remains problematic and he has undergone extensive investigative work organised by his new GP and also at the local hospital. He was diagnosed with COPD and is now receiving treatment for this. He has also registered with a dentist.

Vijay can be upbeat but has referred to some difficult experiences that have shaped him and his support worker was making strides to introduce some counselling.

Vijay has made efforts to improve his English language skills through local community-based learning and he is keen to continue with this activity, although he needs support to participate in wider community events.

Housing First Objective	May 2020
Claiming benefits without sanctions	✓
Engaging with relevant services (mental / physical health or substance misuse)	✓
Tenancy sustained	✓
Complying with court orders or ASBOs	N/A
Registered with a GP (not routinely attending A&E)	✓

Support plan goal (2018)	May 2020
I would like to obtain proof of ID	<i>This was achieved early on when Vijay was housed in the temporary accommodation. The support workers were able to make arrangements for replacement ID to enable Vijay to apply for benefits and to access more permanent housing.</i>

Kamal

Background

Kamal is a male in his late 40s. He had been sleeping rough in Newham for around 8 years, and most recently had been living in a derelict garage. He had not engaged with any services and does not frequent day centres or use other homelessness support agencies. He has one friend who is also sleeping rough and has also been accepted into the Housing First programme. They depend on each other a great deal and when housed, wanted to be located fairly close by to enable regular contact.

Kamal is dependent on both crack cocaine and heroin which he began using following some traumatic family experiences. He reports that he has been abstinent from drugs in the past but felt that he wouldn't be able to address his drug use until he was securely housed. Kamal previously did not receive benefits and his only income was from begging. Kamal started using drugs when he was depressed and he began self-medicating with crack cocaine and heroin. He continues to experience low mood and previously his mental health problems remained untreated.

Kamal was injured in an accident the year before accessing Housing First support and continues to suffer some physical health problems as a result. His injuries required an extensive stay in hospital and had a life changing impact on his ability to sustain his lifestyle on the streets.

Kamal has worked in the past and was previously able to independently manage his own accommodation. He has some literacy and English language challenges so requires support to complete bureaucratic processes.

Housing First experience

Kamal spent a short period of time in the LBN staging post before moving on into his own place. He has sustained this tenancy for over 18 months.

He continues to need support with managing official processes for example completing a Capability for Work Questionnaire for DWP and attending face to face health assessments. In many cases it is also necessary to have a translator present. Again, this is managed by the Housing First support worker.

He has been linked in with support for his drug use and he is now on a methadone prescription. He reports that his drug use has decreased.

He is now registered with a GP and is attending regular appointments both there and also at the hospital to deal with his ongoing physical health problems. He needs support, and help with translation, with attending some of these appointments, and the Housing First support worker has ensured that this happens. He was also in the process of starting to visit a dentist too.

Kamal has had to build relationships with more than one support worker after the person he originally worked with moved on. He has successfully managed this with an additional two support workers – one interim support worker and then a new permanent worker.

Kamal was keen to improve his English language skills so has been attending ESOL classes. He also expressed an interest in cooking, and with continued help from his support worker has been looking to attend some local cooking based activities in the community.

Objective	May 2020
Claiming benefits without sanctions	✓
Engaging with relevant services (mental / physical health or substance misuse)	✓
Tenancy sustained	✓
Complying with court orders or ASBOs	N/A
Registered with a GP (not routinely attending A&E)	✓

Support plan goal (2018)	May 2020
I would like to move into my own accommodation	<i>Kamal moved into his flat in the summer of 2018 and has been living there since. There have been no risks to his tenancy and he looks after his property well.</i>
I would like to maximise my income	<i>Kamal has been assisted to apply for benefits</i>

These five client stories provide useful evidence of how Housing First works in practice. The five people we spoke to are all successfully sustaining their tenancies, almost two years on in some cases. This stability has helped provide the foundations for improving health and wellbeing as well as building social networks. The role played by Housing First workers in supporting people in their journeys is invaluable, providing practical and emotional support where and when it is needed in an unconditional and unlimited way.

Background information on other clients

Below we provide background information on the other seven clients originally accepted onto the Housing First pilot.

Ahmed

Ahmed had been sleeping rough in Newham since 2014, so around 4 years when he was assessed for Housing First. He was based in Stratford and was enthusiastic about Housing First from the start,

agreeing to engage with support and making himself available for assessments. He drinks alcohol and has previously had some issues with drugs (crack and heroin) although had been abstinent from drugs for a few years. He expressed a desire to engage with a programme regarding his alcohol use.

He has some physical health issues caused by past injury which had been exacerbated by sleeping rough. He self-reported as being depressed and he seemed to be withdrawn with low levels of personal care.

He has previously held independent tenancies but lost the last one due to rent arrears having lost his job following injury and ill health. He spent some time in the past in supported accommodation but had been asked to leave after causing damage to property there. He also has a criminal record with an offending history spanning around a decade – although none recently.

When setting out his own aspirations and goals for the service he said he would like somewhere to live, to continue working with alcohol services, and to improve his mental health and income.

David

David was rough sleeping for around 5 years, and most recently had been sleeping in the Stratford Centre. During this time, he has also spent time in and out of various short term accommodation solutions, most of which have ended following an issue to do with his behaviour. David is alcohol dependent and also uses cannabis and sometimes spice. He has in the past also used other drugs. He has a long history of criminal offences, often violent, and mostly closely related to drinking alcohol. As a result of this history of offending he has also been to prison a number of times. David acknowledges that his offending and his alcohol use are linked, and that his homelessness shapes a lifestyle that leads to offending.

David suffers from some mental health issues that are currently untreated. He doesn't have a specific diagnosis and is not linked into any services. He says he doesn't have any close friends, just drinking associates. David has worked in the past and manages to reduce his alcohol use when in work, but he reports that he tends to drink more when he is bored.

David has engaged with substance misuse support in the past. He is registered with a GP and has been able to make and attend appointments independently.

He has presented to the council (LBN) as homeless in the past – most recently in the year before being accepted for Housing First – but has been informed that his only housing option was to rent in the PRS and he felt very frustrated that there wasn't more help available.

Fatima

Fatima had been on the streets for around five years, mostly sleeping in less visible places such as the stairwells of tower blocks or in cars. She has previously approached Newham for assistance and has lived in a number of temporary and more permanent accommodation solutions, but her last address (a council tenancy) was lost due to rent arrears.

Fatima has been using drugs for many years and at the time of assessment was using both heroin and crack daily. In order to fund her drug use, Fatima gets her income from sex work and theft and has a number of criminal convictions as a result. She stated that while she wasn't currently receiving any treatment for her drug use she was keen to be linked in with support as soon as possible and to

be able to access a methadone prescription. However, she recalled previous negative experiences when seeking help for her substance use.

She said that she was now ready to be helped and wanted to take advantage of the opportunity to have somewhere to live and to just be normal, escaping from the running around and the drugs. She has previously lived in independent housing and has been able to manage running a home including paying bills, cooking and cleaning, and shopping. Fatima has always lived in Newham and remains close to her family with whom she has regular contact.

Fatima was worried about both her physical and mental health and was keen to access support and help to deal with these issues. She also expressed a desire to make a claim for benefits so that she had more stable access to money.

Imran

Imran is an older man who had been rough sleeping in Newham since at least 2012. He is dependent on alcohol and whilst he has been known to outreach services for many years, he has never felt able to engage. He has also not been keen to claim benefits which has meant that his only income has been derived from begging. A strong motivating factor in accessing help now appears to be his desire to be able to provide for his grown up child in the future.

He has a number of criminal convictions and has spent time in prison in the past.

He has previously been able to manage a home when he has been housed. He is confident that now he is no longer on the streets he will be able to manage a tenancy independently.

Imran has some family members in the local area but he has no contact with them at the moment. He also has no friends, just those who are his drinking associates. His drinking increased when he became homeless, and he has been in contact with CGL in the past, although felt he didn't need their help at the time.

He has some physical health issues and, while he is registered with a GP, Imran states that looking after his health is not always a priority. Imran does not have a specific diagnosis for any mental health issues although outreach workers have raised concerns about his mental health.

Imran presented to Newham Council as homeless in 2012, after having to leave his privately rented flat and he was able to access temporary accommodation. However, he was then found not be in priority need and given notice to find alternative accommodation. He was offered access to the PRS deposit scheme but no other support around his housing at that time.

Joanna

Joanna had been sleeping rough for several years. She has some family in the local area who she sees and is able to use facilities there. She doesn't have any friends, just associates linked to her drug use who she was keen to move away from. She was on the streets with her long-term partner and they wished to remain together.

Joanna feels she could manage her own tenancy and has previously lived independently. Joanna's last known address was a council tenancy in Newham where she lived with her family for a number of years. They were evicted for rent arrears and when she contacted Newham for help, she was told she was not in priority need and that she would have to find her own accommodation.

Joanna uses drugs, at the time of her original Housing First assessment she was only using cannabis but has previously used both heroin and crack regularly. She is now abstinent of both crack and alcohol. She has been referred to CGL for support with her substance use and is keen to work with them and receive support.

Joanna feels that she doesn't have any physical health problems but does have a diagnosis of both depression and anxiety.

She is receiving JSA but has previously been advised that she should be claiming ESA instead.

Karen

Karen had been homeless for at least five years. Her last settled address was a council tenancy where she lived for many years. She had not reported to the Newham housing offices.

Karen had been sleeping in a tent in a park area near to a family member who is also sleeping rough but said she had no other social contacts, just associates who also use drugs. Karen has been using drugs for many years and is currently engaging with support and has a methadone prescription. She also uses crack and heroin when she is able to purchase it.

Karen has a number of previous convictions, mostly for shoplifting and theft, and has been to prison numerous times. She didn't have any income and was reliant on begging for money and food, and on occasion to shoplifting when desperate.

Karen was keen to move away from a life on the streets as she expressed concern that she was unsure how long she could carry on living life the way she was. She is keen to work with the Housing First support worker and any support that was available.

Karen has a diagnosis of HIV but doesn't take any medication for it. She has some other physical health concerns and is registered with a GP. She also has a diagnosis of depression and paranoid schizophrenia for which she is prescribed medication. She expressed that she was unhappy about being homeless but had grown accustomed to it.

Martin

Martin had been living with his partner in a garage for over two years. He feels he has reached rock bottom and is keen to access support to improve his situation. His last tenancy was a council flat where he lived with his partner and family, but they were evicted in 2016 due to rent arrears of £800.

Martin had held previous tenancies and he is able to cook, clean and shop, and look after a home. Martin is literate but finds official documents difficult to understand and would welcome ongoing support with dealing with these matters.

Martin has family in London but he doesn't see them. He and his partner do not associate with others and keep themselves to themselves.

Martin has a long history of drug and alcohol use and although he is now abstinent from both alcohol and crack cocaine, he continues to smoke heroin daily. He has previously sought support for drug use and previously had a methadone prescription. This was stopped when he moved areas and his care was not transferred. He wants to get completely clean from drugs.

Martin feels that his physical health is deteriorating and has a number of issues but is reluctant to seek help if it may mean that he has to leave his partner alone where she will be vulnerable. Martin also has a diagnosis of depression which is currently untreated.

Summary

This section has provided details of the prior experiences and pathways of the Housing First target group of people who were previously sleeping rough in Newham. The details above indicate clearly the length of homelessness and rough sleeping experienced by the group in the past. It also highlights the prevalence of drug and alcohol dependency, and problems with depression and poor mental health. Many have indicated their previous engagement with support services, which were not successful. Many indicated that prior to Housing First they were not using basic services such as GP, welfare benefits, or other LBN services to which they were entitled.

In terms of embracing the opportunities of Housing First it was striking that many people expressed a feeling that they had come to the end of the line in dealing with their current homelessness and problems, and now welcomed the opportunity to move forward and begin to take more care of themselves and move on. They presented themselves as ready to grasp the opportunity being offered, and to try a new model of support even having previously not made much progress with the other support services they had been offered. For most of the clients, the opportunity presented by a stable home was key to their idea of how they might be able to move on and access other support services in a new way. They often had tried other programmes, but the provision of a home was, for them, seen as a key to moving on.

6. Has the Newham Housing First Pilot met its objectives?

The Housing First Pilot project in Newham was established in 2018 with a number of key objectives. In this section we will explore whether and how Newham's Housing First project has met these objectives, based on the experience of the case studies we have outlined and evidence from all Housing First clients in Newham.

Main LBN objectives

The objectives were:

- 100% of service users claiming benefits without sanctions
- 100% of service users with mental / physical health or substance misuse need engaging with relevant services
- 5% or less of tenancies ended as a result of breach of tenancy conditions
- 100% of service users complying with court orders or ASBOs
- 100% of clients registered with a GP (not routinely attending A&E)

1. Claiming benefits without sanctions

None of the clients we have interviewed have been sanctioned, although there have been incidents where benefit payments have been held up and temporarily stopped. In the few cases where this happened, correspondence was not delivered to the individuals and benefits were stopped, the Housing First support worker intervened in both cases and prevented any serious consequences, and ensured that benefits were being paid correctly.

There are ongoing issues for many of the clients dealing with JobCentre, DWP and other statutory organisations. This is expected for a client group who are entrenched rough sleepers with complex needs and why the ongoing support provided through the Housing First model works well.

2. Engaging with support services

For the majority of clients, engaging with and accessing support for physical and mental health problems and substance misuse issues were key goals in their support plan. Some of the clients have multiple needs and may require engagement with a number of external services and agencies. The crucial aspect of this seems to be the support provided by the Housing First support workers who help with organising and attending appointments where needed.

Support services that have been accessed and used by the clients include:

- Change, Grow, Live / Hackney Recovery Trust / R3 – substance misuse organisations
- Education – including ESOL – Hackney Learning Trust
- Physical health – accessing GP, dentist, and routine hospital appointments
- Social groups e.g. community based lunches
- SHP provided services and activities e.g. managing money and social / fun days such as sports activities and more.

3. GP registration

All of the Housing First clients who were previously not linked in with GP services have registered with GPs and are making progress in attending regular appointments. Many of the individuals had ongoing physical health issues which are now being dealt with both through GP appointments as well as referrals onto specialist services at local hospitals.

The Housing First support workers felt that these issues could have quickly caused emergency hospital admissions without ongoing health interventions. For one client, her deteriorating health and increased support needs have meant that she will now need to move from her own accommodation into a more supported residential environment. However, her support worker suggests that without being part of the Housing First project, and if she had continued to sleep rough, these healthcare needs would have been unmet and she would likely have required high intensity emergency hospital admission.

4. Tenancy sustainment

The table below shows a summary of the tenancy sustainment figures for the 12 clients.

Figure 13: Tenancy sustainment

Name	Courtney Hotel (staging post)	In own accommodation					Detail
		3 months	6 months	9 months	12 months	18 months +	
Ahmed	✓	✓	✓	✓	✓	✓	
Carl	✓	✓	✓	✓	✓	✓	
David	✓	✓	✓				Housing search took longer than other clients
Edward	✓	✓	✓	✓	✓	✓	
Fatima	✓						Has been in and out of contact with support workers and not yet housed
Imran	X	✓	✓	X	X		Left tenancy after 6 months
Joanna	✓	✓	✓	✓	✓		Moved accommodation
Kamal	✓	✓	✓	✓	✓	✓	
Karen	X	✓	✓				Moving into more supported housing following hospital treatment
Martin	✓						Lost contact with support workers

Tracey	✓	✓	✓	✓	✓	✓	
Vijay	✓	✓	✓	✓	✓	✓	

In most cases the Housing First clients that moved into independent tenancies are sustaining their tenancies well with the support of the Housing First support workers. The support workers have been a vital point of contact and have been able to assist with issues that may pose a threat to tenancies if not addressed, such as benefit issues and ongoing relationships with landlords and neighbours.

5. Complying with court orders or ASBOs

We did not ask clients specifically about this issue but have had regular updates from SHP support workers. As far as we know, all of the clients with applicable court orders or ASBOs have been complying with them fully.

Wider objectives

The Housing First pilot in Newham was also set up to achieve the following wider objectives:

1. Reducing the number of people sleeping rough in the borough
2. Preventing a return to rough sleeping / street homelessness / street activity by people assisted through the HF scheme
3. Rough sleeper tenancies are sustained for a minimum of six months
4. Financial inclusion and budgeting skills
5. Improvements in mental and physical health
6. Reduced drug use and / or alcohol use
7. Management of medication
8. Reducing re-offending and anti-social behaviour
9. Reconnecting with families / children
10. Engaging meaningfully with services – including a move from use of emergency services to planned appointments

The wider literature and evidence base around Housing First shows the clear success that Housing First projects, both in the UK and abroad, have had in helping clients to sustain independent tenancies, but suggests that the wider impacts are significant but much more difficult to measure, particularly in the short term. For example, in their 2015 evaluation of nine Housing First pilot projects across England, Pleace and Bretherton recorded improvements in health, substance use and community participation and, crucially, no cases of worse outcomes, although there continued to be substantial barriers to employment (Pleace and Bretherton, 2015).

This is similar to the experience we have found with the clients in the LB Newham Housing First pilot project. Below we explore in more detail these wider objectives:

1. Reducing the number of people sleeping rough in the borough

As can be seen from the evidence presented above, LBN have since October 2018 introduced a number of different actions targeted at reducing the numbers of people sleeping rough in the

borough. Housing First plays a small but significant role in this effort by ending homelessness for a number of entrenched rough sleepers with complex needs, for whom other interventions and services have been ineffective. Our research into Newham's overall approach to targeting rough sleeping which is due to be published in 2021 will provide more evidence on LBN's wider efforts to reduce rough sleeping in the borough.

2. Preventing a return to rough sleeping / street homelessness / street activity by people assisted through the Housing First scheme

From the evidence we have collected and collated from those assisted through the Housing First pilot, there has been, in the vast majority of cases, an end to rough sleeping and homelessness.

Of the original 12 clients who we feature in this report:

- 7 continue to sustain their original independent tenancies
- 2 continue to receive support from Housing First support workers but have changed accommodation
- 1 has abandoned the tenancy
- 1 lost contact with the service
- 1 is in intermittent contact with the service

3. Rough sleeper tenancies are sustained for a minimum of six months

Seven of those who have been housed through the Newham Housing First pilot project have sustained their tenancy for a minimum of six months, and in many cases they have now been housed for approaching two years. In two cases, clients have moved out of their original accommodation. For one, there was a need for a more supported housing environment following a deterioration in physical and mental health and an extended hospital stay. Another felt unable to stay in her flat after finding difficult situations in the local area.

4. Financial inclusion and budgeting skills

There is evidence from the clients that money management and budgeting to support independent living are areas that require continued support and attention from support workers. Some clients have expressed interest in accessing learning and training around these issues and will be supported to do so.

5. Improvements in mental and physical health

While improvements to mental and physical health are difficult to measure over a limited short term period, there is evidence from the clients that more stable access to GPs and routine hospital appointments, alongside support to make and attend appointments provided by the support workers, has led to improved health. As many rough sleepers have deteriorating and often untreated mental health concerns which can become a risk to both themselves and others, the LBN Housing First project (and wider Housing First programmes generally) focus on enabling access to services and treatment.

For example, for Imran and Karen, being part of the Housing First pilot project enabled them to use essential health services that were desperately needed but that would have been previously difficult to access. In both cases they have continuing health needs that are now being treated.

6. Reduced drug use and / or alcohol use

In most cases there is evidence of reduction in substance use, mainly due to more reliable access to recovery services and also the stability provided by a home enabling more reliable access to medications, for example methadone prescriptions.

7. Management of medication

The continued support of the Housing First workers and the better access to primary health care has in many cases enabled people to manage their medication more easily. The stability of a home address also means that people can stay linked in with the same healthcare providers and chemists to ensure that continuity of care.

8. Reducing re-offending and anti-social behaviour

The majority of clients had some history of offending and anti-social behaviour, mostly linked to trying to survive without official assistance and in order to support substance use. With the security and stability of a home, access to benefits, and the support of Housing First support workers, this has been dramatically reduced for most of the clients.

There were two incidents of people being arrested and imprisoned once accepted onto the Housing First programme, with starkly different outcomes: Martin found it difficult to establish and maintain contact with the support workers once he was released; Carl however, served a shorter sentence and then returned to his flat where he continued to work with his support worker on his wider aspirations of abstinence and improving his physical health.

9. Reconnecting with families / children

Some of the clients had close family relationships and social networks that they were keen to maintain, and in many cases shaped their desire to be housed locally. For others, rebuilding positive relationships and moving away from more negative influences was seen as an aspiration to build on once housed and with support.

10. Engaging meaningfully with services – including a move from use of emergency services to planned appointments

Stable housing and extended support has made meaningful engagement with services including health and substance use much more feasible for the Housing First clients. In some cases, bureaucratic and logistical barriers including language, literacy, and confidence remain and the support of Housing First workers is needed to help people both arrange and attend appointments.

7. Is Housing First good value for money?

There is now extensive research and evidence around Housing First in both Europe and the UK. In much of the evaluation work around Housing First pilot projects in the UK, there has been widespread discussion and debate around the role of cost benefit analysis. It is important in any analysis to have very clear methodological framework with outcomes, timescales and measures included at the outset.

There are some oversimplifications that can occur in costing Housing First as a service intervention. Pleace and Bretherton summarised this well in their 2015 report on the Housing First projects in England:

*Clearly, there is the potential for Housing First to reduce the financial costs of homelessness to society by **reducing long-term and repeated homelessness**. However, advancing oversimplified or unrealistic arguments that Housing First ‘costs less per day’ or allows major public services to ‘spend less’ is unhelpful. (p53)*

Cost Effectiveness: Evidence from Housing First programmes in the UK⁴

Pleace and Bretherton reported on the Camden Housing First pilot programme in 2012-13 and suggested that these Housing First services were cheaper on a weekly basis when compared to a hostel (Bellis and Wilson, 2018, p20). Although the study did not compare Housing First with other alternatives to hostel provision (for example, other ‘Housing-led’ or floating services), the authors argued that:

“based on the use that [...] service users had hitherto made of hostels, there are reasonable grounds to assume that most would have remained in hostels if [Housing First] had not been available.” (Pleace and Bretherton, 2013, p58)

It was noted that savings were not dramatic and that the greater effectiveness of Housing First in terms of reducing homelessness should also be considered (Bellis and Wilson, 2018, p21)

There are several assumptions that are normally used in arguments around Housing First being cheaper as an intervention. In his 2018 report for St Mungo’s, Nicholas Pleace highlights a number of these assumptions:

- about the amount of time accommodation-based services take to rehabilitate users;
- that Housing First “*must have a lower cost per hour of support, less frequent contact or lower logistical costs and must not sustain intensive contact for very long periods*” – there is evidence to suggest this may be true but it is not certain;
- that the cost of the accommodation itself is always lower – but using private sector housing spread across localities may actually prove more expensive than purpose-built housing. Other investments in housing stock may hugely escalate Housing First costs (particularly in London); and

⁴ LSE Housing and Communities have prepared a separate report on Housing First initiatives across the UK with good practice examples and models. This report is available at: [casereport131.pdf \(lse.ac.uk\)](#)

- that all homeless people with complex needs will use emergency services (such as emergency admissions to hospital) to a greater degree when rough sleeping, whereas this may only apply for a smaller proportion of this group. (Bellis and Wilson, 2018, p24)

In a 2015 report evaluating nine Housing First pilot projects in the UK, Nicholas Pleace and Joanne Bretherton (2015) discuss in detail measuring cost effectiveness of Housing First projects. They highlight the fact that Housing First may increase demand for health and other services as former rough sleepers access stable accommodation and are helped to be linked in with and able to access to these services.

...there is the possibility that Housing First might cause costs to rise. For many long-term and recurrently homeless people, the issue is not over-use of services; it is poor access to services, particularly medical services [...]. A Housing First service, should, when someone wishes it, connect them to the health and personal care services they need, but have not been using. (Pleace and Bretherton, 2015, p52)

In the same report, the authors also explain that a lot of the assumed savings to high cost public services are not actually realisable, as homeless people with complex needs account for a very small fraction of costs to the state including A&E hospital admissions and the criminal justice system (Pleace and Bretherton, 2015).

Another important point to consider in any funding calculations for Housing First as a service is that the support provided to service users is not static. There will be an intensive support needed for clients at the beginning of their Housing First journey but for most clients this support will start to taper off and reduce as people become linked in with more services and networks. The flexibility of Housing First support means that this can be managed well, as an alternative to hostels for example. However, this reduction in support needs to be led by the clients and to evolve organically rather than being imposed. There also needs to continue to be the opportunity to access support, even though this may not have been used for some time.

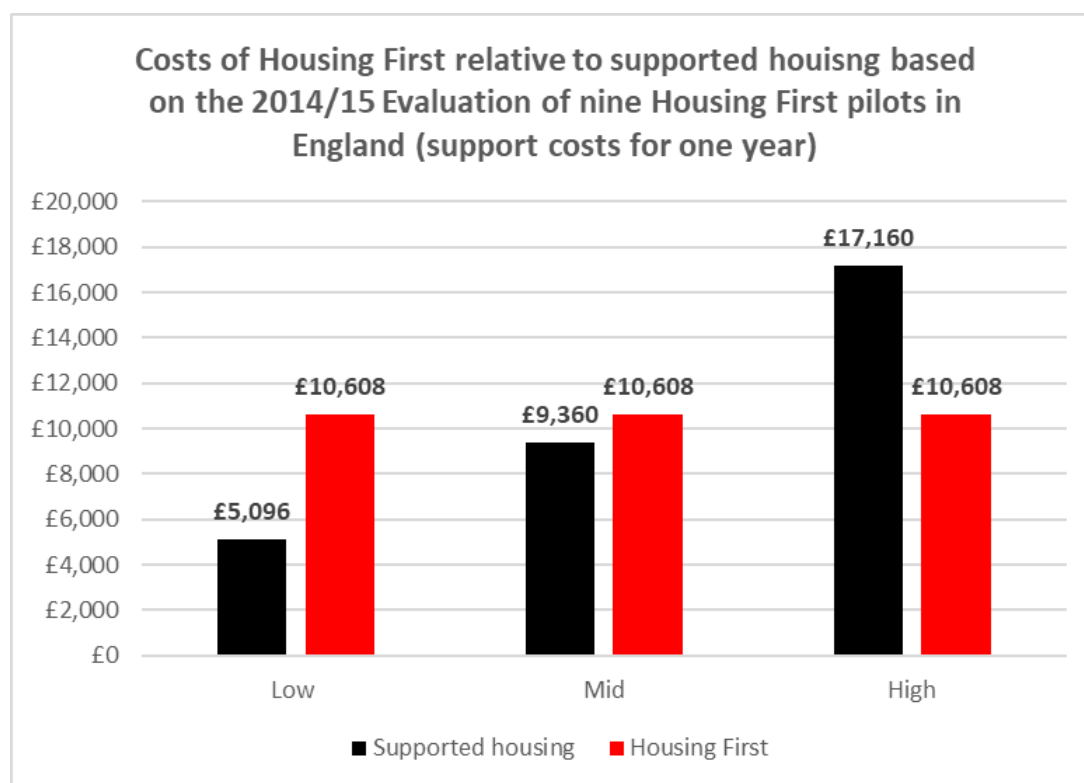
Given these difficulties there have been arguments made that a better way of measuring the effectiveness of Housing First may be to look at cost effectiveness rather than cost benefit. This issue was discussed comprehensively in the Crisis Housing First feasibility study for the Liverpool City Region in 2017. In brief, cost effectiveness is an approach which looks at the most cost-effective way to achieve a stated objective. In contrast, cost benefit analysis looks at the overall economic, social, and environmental benefits of different policy options which may have different objectives.

Generally, the evaluations of Housing First in the UK and elsewhere to date have shown a significant success rate in helping formerly homeless people to maintain a tenancy, but have been more mixed in terms of other impacts on service usage. As set out above, it may be that overall, the process of linking entrenched rough sleepers into services will in the short or medium term produce an increase in public spending on health, benefits, and other services. In the light of that, it is important to remember that the principal objective of a Housing First programme is ending long-term homelessness, and tenancy sustainment is the principal indicator against which the effectiveness of the programme should be judged, rather than the wider cost benefit to society. The question to be addressed is whether, given the primary objective is to move this group of rough sleepers into permanent housing, Housing First provides a more cost efficient way of doing this than the more traditional, hostel based services models?

Extensive evidence of this type has been included in evaluation work of a number of Housing First Pilot projects, for example: Imogen Blood and colleagues reproduced a chart based on figures

provided in Bretherton and Pleace 2015 on the relative costs of Housing First and supported housing (Figure 14).

Figure 14: Costs of Housing First relative to supported housing costs in pilot areas



Source: The original source note states: “Based on Bretherton J, and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services*. York, Homeless link/Changing Lives (analysis by original authors). The original support costs were based on an average of three hours a week of the course of a year. The graph above is based on cost of six hours a week over the course of a year.”

Figure 14 shows that for those service users with high support needs who will require high intensity supported housing, Housing First can be cheaper to provide. It is vital that Housing First is targeted on those people with high and complex needs for whom other services have been ineffective and costly, and for whom Housing First may provide the only realistic option for help.

Comparative costs in LBN

The COVID-19 lockdown occurred at the point we were exploring similar costs in LBN, and we have had less opportunity to discuss them with third sector and other providers in LBN. This is because there is no excess capacity in the providers to divert to research questions at this time, as other priorities are clearly more urgent. Nevertheless we have been provided by LBN with an overview of the costs to specific providers. With the caveat of not having had the opportunity to drill into these in detail, they are:

Figure 15: Comparative costs of high, medium and low needs support in supported housing, LBN 2019

Support Provider cost (ex rents)			
Type of provision	Cost per month	Based on no. of Units	Cost perhead per week
Complex needs hostel for high needs	£33,343	15 bed spaces	£556
High needs assessment hub	£25,916	23 bed spaces	£282
Move on support for medium needs	£22,916	c 60 individual cases	£95
Floating support for mecium/low needs	£27,191	120 unit	£52

Source: London Borough of Newham

We can compare the figures above to the costs of the LBN Housing First project. We have been informed by LBN that £11,584 was spent per client on support costs for the 12 months of the pilot project. As a comparison to the final column above, this would come to a weekly cost of £222.77. That is to say the Housing First costs are higher than the costs for medium and low needs services reported in the above table; but they are less than the costs for the high needs assessment hub and complex needs hostel. It may well be that the activities of the assessment hub are higher due to the very active processes of needs assessment for a high and constantly changing throughput of clients, so this comparison needs to be qualified. The higher cost for the complex needs hostel may (subject to clarification when COVID pressures permit) be due to the different nature of the criteria for access to this type of hostel, and costs of security and safety measures for example, but nevertheless this does indicate that the Housing First programme does have the potential to deliver services to its client group at a reasonable cost, and in a way which is more cost-effective than the traditional hostel model.

In conclusion, Housing First services in some cases may cost less than other homelessness interventions, but clearly more than hostel provision for low needs clients. The current evidence from both the UK and abroad suggest that in most cases the costs of Housing First may be similar to those for other forms of homelessness service providing for entrenched rough sleepers and others with high and / or complex needs. However, the crucial point is that in most cases **Housing First will end homelessness more effectively for that client group**. Therefore, it can be said that a pound spent on Housing First tends to achieve more than a pound spent on other services designed for homeless people with high and complex needs (Blood et al, 2017, p36).

Pleace and Quilgars (2013) support this argument by acknowledging the difficulties of modelling costs and potential problems with the evidence and suggesting that the cost effectiveness of Housing First should be seen through the lens of its results:

*Debates about the extent to which Housing First is financially beneficial will continue. What is clear, from the current evidence base, is that Housing First represents a **more efficient use of public money than alternative services because Housing First ends chronic homelessness at a higher rate than has been achieved by other service models**. Alongside this consideration, it has also been argued, from within the USA, that assessing Housing First and other homelessness services simply in financial terms is not productive. While costs must*

ultimately be considered, the point of services such as Housing First is primarily to end the unique distress of chronic homelessness and not to save money. (Pleace and Quilgars, 2013, p54)

The final issue here is that of rent, and the comparative costs of hostel provision compared to what will often be private rented provision. These costs will vary in different local authorities, and in any case will normally be covered by Housing Benefits. We have focused in this section on the support costs.

8. Discussion

What can we learn from Housing First in other local authorities to help shape development of Housing First in LBN

We have looked at evidence from across the UK and there are lessons that can be learned to help the London Borough of Newham shape their approach to delivering Housing First. The new Homelessness and Rough Sleeping Strategy produced by the Council in late 2019 highlights the opportunities to deliver services differently, and to focus on both accommodating and supporting rough sleepers towards independence as well as providing support to those in need to prevent reoccurring homelessness in order to maintain independence.

As the Council continues to develop its approach and strategies to addressing rough sleeping and homelessness, it will be crucial that Housing First is part of an integrated, collaborative and joined up system which is person centred and housing led.

The core lessons from European experience highlight the value in regarding Housing First as a strategic response to homelessness within a wider, integrated, homelessness strategy. Where Housing First has been most successful, for example in Finland, it has been used as a core component of wider strategy, not developed on an ad hoc basis with precarious funding. (Blood et al, 2017, p103)

Evidence from the three large-scale MHCLG funded pilot projects in Greater Manchester, Liverpool City Region and the West Midlands Combined Authority offers some valuable learning on how to scale up provision of Housing First services. The three pilots are all being delivered in different ways and are all subject to external evaluation by a national consortium.

At the end of 2019, MHCLG announced that 200 people were now housed as a result of the work of the Housing First pilot projects in Greater Manchester, Liverpool City Region and the West Midlands, where they have received vital support to recover from complex mental health issues, substance misuse and the physical effects of living on the streets.

We have completed visits to these areas as part of our wider work around homelessness interventions and highlighted the following as learning from these visits:

- There is a strong commitment to delivering Housing First at scale while ensuring fidelity to the Housing First model. There are some challenges involved in balancing fidelity to the model with meeting targets and showing cost effectiveness because to ensure the service is adhering to the principles of providing flexible support for as long as it is needed, housing and support are separated, and individuals have choice and control. For example, it may take a long time for service users to feel able to move forward with finding accommodation and then moving in, or feel able to access wider services around health and substance use.
- There are big challenges involved in delivering at scale across different local authority areas and involving large numbers of partners who need to be informed and on board with the approach.
- Housing First needs to be incorporated into a wider homelessness system that is person centred and housing led. Wide-scale systemic change is required, which in itself requires a learning process in which everyone needs to be brought along. There are wider issues that also need to be addressed such as housing supply and affordability, the role of the LHA, the

'bedroom tax' and shortage of one-bedroom properties in some regions, and affordability and costs in other regions.

- The three pilot Housing First projects are being delivered in city regions with devolved powers and a democratically elected regional mayor. Political support and commitment to Housing First is crucial as part of wider commitments to end homelessness and rough sleeping in their areas.
- Lived experience plays an important role in shaping delivery of Housing First services and the gains provided through, for example, peer mentors or peer researchers can be huge.
- Values driven recruitment of support workers is crucial as the relationship between Housing First workers and clients is of the utmost importance. Housing First as an approach is very different to many traditionally adopted homelessness interventions and ensuring the right people are providing the crucial support role to clients is invaluable.
- In order to measure impact, as mentioned above, it is important for policymakers and those tasked with delivering Housing First to have a clear understanding of what Housing First is and what is needed to adopt a high fidelity approach to this delivery. There is a risk that a disconnect will develop if the need to measure impact is done so simply in terms of numbers of people being housed, in order to meet government and locally set targets.
- Longer term funding is also essential to ensure Housing First services are sustainable:

Housing First can, as previous research in England has demonstrated, be run on a relatively small scale and at a relatively low cost, but at the same time, it is a service model that can potentially benefit from economies of scale...From a service provider perspective, the two most immediate risks in investing in Housing First are that sufficient funding to make the service work properly will not be available and that funding will not be sustained. Housing First, in England in 2017, is too frequently a case of small services with limited capacity whose sustainability is in doubt. If there is the option to develop a service that can take on more cases, offer more services and which has a future, at least in the medium term, moving into Housing First or expanding existing services becomes more viable. (Blood et al, 2017, p98)

Housing First services do not always have to involve sourcing of new accommodation as support could be given in existing tenancies where the tenant is at risk of eviction. This strategy could be a good fit with the new preventative measures that local authorities must take under the Homelessness Reduction Act 2017 (Centre for Social Justice, 2017). This intensive support for people with high and complex needs already in accommodation to help sustain their tenancy and prevent homelessness was highlighted by a small scale project run by InCommunities in Bradford in 2008 (Power, Lane and Serle, 2008). The MHCLG funded pilots in Liverpool and Manchester are also incorporating this into their service. This could work well in London and in Newham particularly.

Recommendations

LBN has stated that:

The aim of the LBN Housing First Pilot is to successfully demonstrate that Housing First is a viable service option that enables the Council to provide secure accommodation, with wraparound personalised support, to some of the borough's most vulnerable street homeless people.

It will also test the assumption that Housing First can make a significant contribution to the Council's strategic aim of reducing rough sleeping in Newham and preventing homelessness.

Key LBN objectives were identified as:

- 100% of service users claiming benefits without sanctions
- 100% of service users with mental / physical health or substance misuse need engaging with relevant services
- 5% or less of tenancies ended as a result of breach of tenancy conditions
- 100% of service users complying with court orders or ASBOs
- 100% of clients registered with a GP (not routinely attending A&E)

In this report we have presented our evaluation findings of the Housing First pilot project in LBN. In most of the cases the LBN key objectives set out above have been met (see Section 6 above). Rough sleeping and homelessness continue to be major problems in the borough and the Council is taking action to address this and help those affected. The Housing First pilot has provided secure accommodation and wraparound personalised support to some of Newham's most vulnerable rough sleepers. The service continues to support most of the clients who were first included in the pilot, having lost contact with two and with one other moving on into more supported accommodation as additional needs were identified.

Housing First has a vital role to play in Newham's efforts to address rough sleeping in helping the small number of entrenched rough sleepers with very high and complex needs for whom other solutions are unsuitable. Throughout this research we have heard the stories of vulnerable rough sleepers who have been part of this Housing First pilot project, who have now been housed and have maintained independent lives with continuing high levels of support. Their homelessness has been ended, they are accessing benefits without sanctions, and are engaging with health and other services. For many of these clients, this is the first time that help has been provided that is flexible around their needs and circumstances, and in which they have choice and control. Housing First should therefore continue to form a part of the borough's ongoing activities to address rough sleeping alongside wider support and services developed around meeting the needs of those sleeping on the streets.

The clearest measure for success in the use of Housing First lies in the evidence that it sustainably ends homelessness. Housing First as an approach offers long term and sustained support, and although the picture in respect of improvements to health, wellbeing, and social integration is more mixed, there is evidence of positive outcomes in these respects as well (Blood et al, 2017).

The Housing First pilot in Newham has successfully demonstrated that it should be a viable service option, enabling the council to provide secure accommodation with wraparound, personalised and person-centred support, to some of the most vulnerable street homeless people within the borough.

There are some areas which could help make a scaled up intervention even more successful:

- **Linking Housing First in with the Move On / Floating Support model of housing led support for those with less complex needs.** This would enable a housing-led offer to be available for those who may benefit from it, and allow the Housing First service to be for the most vulnerable, highest need clients. This housing-led approach requires simple and quick access to housing alongside lower levels of support for those who do not need Housing First but can manage and benefit from an independent tenancy. This is integral to wide-scale systemic change, much of which has begun through the Homelessness Reduction Act, but which can be extended with the support of political leaders and buy in from the services and agencies involved. As in the case of Finland, and in the scaled up Housing First pilots in England, Housing First must form part of a wider integrated strategy focused on housing-led solutions, with person centred approaches, supported by early intervention work and the availability of affordable, decent and suitable accommodation.
- **Incorporating more of a focus on lived experience / peer review involvement.** This is something that SHP are keen to do but in order to deliver this effectively there needs to be longer term funding stability and security for the service.
- **More available social housing stock.** Accessing appropriate and affordable accommodation has been a barrier and SHP have the benefit of strong working relationships with PRS landlords in the boroughs of both Redbridge and Hackney. There may be potential to work within or to help establish an ethical lettings agency and also potentially set up an agreement with the social landlords working within the borough to allocate a number of properties (either social housing stock or units within their private rented stock) for Housing First clients.
- **Longer term funding.** We have highlighted above how Housing First is a model that requires sustained funding in order to fulfil the principle of providing support for as long as it needed. For those commissioned to provide this service it can feel precarious and risky to deliver as Housing First is a long term model, offering clients unlimited support. In his 2018 Rough Sleeping Plan of action, London Mayor Sadiq Khan highlighted what more could be done to address rough sleeping in London with additional government investment. He also called for government funding to be allocated to help establish a pan-London Housing First service (Greater London Authority, 2018). There is an argument that the evidence base for Housing First already exists, both for the UK and in other countries, and that now is the time to move away from funding short term pilot projects and to incorporate Housing First more into holistic approaches to tackle rough sleeping and homelessness.
- **Ensuring fidelity to the model.** There is evidence to suggest that there is potential when scaling up Housing First to try to accommodate more people or to make other changes which are inconsistent with the Housing First principles. Fidelity to the Housing First model has been strong throughout the pilot period in Newham and it will be important to continue this approach.

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