



University of
Salford
MANCHESTER



SHUSU

SUSTAINABLE HOUSING
& URBAN STUDIES UNIT

Assessing the impact of Housing First in Brighton and Westminster

St Mungo's
Ending homelessness
Rebuilding lives

Full Report

Katy Jones, Andrea Gibbons and Philip Brown

December 2019

About the authors

The Sustainable Housing & Urban Studies Unit (SHUSU) is a dedicated multi-disciplinary research and consultancy unit providing a range of services relating to housing and urban management to public and private sector clients. The Unit brings together researchers drawn from a range of disciplines including: social policy, housing management, urban geography, environmental management, psychology, social care and social work.

Study team

Dr Katy Jones
Dr Andrea Gibbons
Professor Philip Brown

Acknowledgements

Without the time, expertise and contributions of a number of individuals and organisations, this report could not have been completed.

Thank you to St Mungo's for commissioning this research project, to Brighton and Hove City Council for jointly funding it, and to Lucy Holmes for her ongoing support.

Particular thanks go to all the Brighton and Hove and Westminster Housing First service users, project staff and wider stakeholders who found the time to talk to us and answer our questions in a full, honest and patient manner. It is hoped that this report accurately reflects their experiences.

This report is based on research undertaken by the study team, and the analysis and comment thereafter do not necessarily reflect the views and opinions of St Mungo's or any participating stakeholders and agencies. The authors take responsibility for any inaccuracies or omissions in the report.

Contents

1. Introduction	3
1.1 About this report	3
1.2 St Mungo's Housing First services	3
1.3 Housing First in Brighton & Hove	3
1.4 Housing First in Westminster	4
1.5 Research methods	4
1.6 Interviews with Housing First service users	4
1.7 Interviews with project staff and wider local stakeholders	5
1.8 Secondary data analysis of data supplied by St Mungo's relating to the Brighton & Hove Housing First project	5
1.9 A note on cost-benefit analysis and Housing First	5
 PART 1: HOUSING FIRST IN BRIGHTON & HOVE	
 2. Housing First service users in Brighton & Hove	8
2.1 Analysis of the Outcomes Star data	8
2.2 Service user demographics and previous experiences of housing insecurity and homelessness	8
2.3 The perceived impact of Housing First on service users	10
2.4 Health	12
2.5 Views on the support from the Housing First team	17
2.6 Looking forward	19
2.7 Summary	20
 3. Findings: Brighton & Hove	21
3.1 The effectiveness and impact of Housing First in Brighton & Hove	21
3.2 Who it works for, who it doesn't	24
3.3 What facilitates good practice?	25
3.4 Limitations and challenges	25
3.5 Local partnerships	26
3.6 Sustainability	27
3.7 Suggestions for improvement	28
3.8 Summary	28

PART 2: HOUSING FIRST IN WESTMINSTER

4. Housing First service users in Westminster **30**

4.1 Service user demographics and previous experiences of housing insecurity and homelessness	30
4.2 The perceived impact of Housing First on service users	30
4.3 Housing retention	30
4.4 Additional support provided	32
4.5 Health	33
4.6 Social integration	34
4.7 Education and employment	35
4.8 Improving Housing First	36
4.9 Summary	37

5. Findings: Westminster **38**

5.1 The effectiveness and impact of Housing First in Westminster	38
5.2 Who it works for, who it doesn't	40
5.3 What facilitates good practice?	41
5.4 Wider impacts	41
5.5 Limitations and challenges	41
5.6 External challenges	42
5.7 Internal challenges	42
5.8 Local partnerships	42
5.9 Private rented sector landlords	43
5.10 Scattered v clustered provision	43
5.11 Sustainability	44
5.12 Housing First v hostels	44
5.13 Suggestions for improvement	44
5.14 Increased access	44
5.15 Pre-tenancy work	44
5.16 More support for independent living	45
5.17 Summary	45

PART 3: CONCLUSIONS AND RECOMMENDATIONS **45**

6. Conclusion **47**

7. Recommendations **49**

8. References **50**

9. Appendix **52**

1. Introduction

Housing First is a housing model developed in the United States by the non-profit organisation Pathways to Housing in the 1990s. It is targeted primarily at those who are chronically homeless with complex needs often involving issues of both mental health and addiction. In the original model, individuals are offered permanent, independent housing without the prerequisites of sobriety or engagement with treatment or rehabilitation and are provided with tailored, wraparound support services (Tsemberis et al., 2004; Stefancic and Tsemberis, 2007). This contrasts with more common models, routinely found in Europe and the United States, which are essentially variants on a 'treatment first' approach, where clients work their way through a series of steps and transitional housing before 'earning' their right to permanent housing (Tsemberis, 2010; Henwood et al., 2011).

Within the United Kingdom (UK) consensus has been growing among policymakers, campaigning organisations and researchers that Housing First is the most effective treatment for certain groups (see, for example, Shelter, 2008; Homeless Link, 2015; Centre for Social Justice, 2017), although some evidence suggests that 'treatment first' or alternative support systems might work better for some individuals and should continue to be an option in a mix of provisions to support people into permanent housing (Pleace and Quilgars, 2013; Pleace, 2018). In May 2018 the Ministry of Housing, Communities and Local Government announced £28 million funding for three regional Housing First pilots across Greater Manchester, the West Midlands and the Liverpool City Region. Together these pilots aim to support around 1,000 people. As homelessness continues to rise in the UK, coupled with an increase in the attention given to Housing First as a strategy, this study evaluates the experiences of St Mungo's and their partners in delivering Housing First.

1.1 About this report

In 2017 St Mungo's commissioned the Sustainable Housing & Urban Studies Unit (SHUSU) at the University of Salford to conduct research to explore the impact of two of their Housing First services, located in Brighton and Hove and Westminster. In this report we bring together findings from longitudinal interviews with service users and consultations with staff and wider stakeholders from across both projects, alongside an analysis of project monitoring data. In doing so we add to a small but growing evidence base that is interrogating Housing First models in an English context. Homeless Link (2016) have provided guidance, drawing on research and best practice from established sources, which

outlines a set of principles for Housing First. These 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; and a hard reduction approach is used.

1.2 St Mungo's Housing First services

St Mungo's currently provides 12 Housing First services in the South of England, which have evolved and are organised in different ways. These two services were selected for analysis because one (Brighton and Hove) is well established and has been supporting a cohort of clients for several years, whereas Westminster is a very new service, and the commissioner wanted to understand the experiences of clients much newer to the service. Below are summaries of the key differences between the two services that are the focus of this report: those in Brighton and Hove and Westminster.

1.3 Housing First in Brighton and Hove

The Brighton and Hove Housing First service has existed since 2014. The service both shares and departs from the principles and values of the original Pathways Housing First model (see Stefancic et al., 2013). Service users are not required to be 'housing ready' in order to access support from the service, and, because of a separation of housing and services, they continue to be supported if they lose their housing. However, because the service is reliant on fixed-term accommodation (using a mix of social and private accommodation) in a tight housing market, the extent of service users' 'choice' and stability with regard to their housing is limited. The service is client-centred, with support provided through regular and ongoing assertive outreach. The project is run along the lines of a case coordination model, involving coordinated partnership work with a range of other agencies.

Whereas it was originally a pilot project established by the End Rough Sleeping Team, St Mungo's took over the fully commissioned service in 2016. The Housing First team comprises a team leader, a project worker and an apprentice. The service currently supports 10 people (including two younger people referred by the leaving care team). Of the eight people with multiple and complex needs originally selected for the pilot in 2014, seven of the original cohort have remained with the service. The service costs around £10,000 per annum per individual – this is a similar level of cost to that incurred by those in high-support hostel places.

1.4 Housing First in Westminster

In contrast to Brighton and Hove, the Westminster Housing First project is a relatively new service, which started in April 2017. St Mungo's was able to create the Westminster project from scratch. Although there had been a pan-London Housing First service in the past, the experience of deploying Housing First was limited, which was largely due to a lack of suitable housing in the area. In early 2017 Sanctuary Housing approached the Rough Sleeping team with the idea of a pilot using 10 properties in Pimlico to test the Housing First approach. Tenancies were initially funded for a two-year period, with a plan to carry out tenancy reviews and extend further with the ongoing support of St Mungo's. The project originally started with 10 properties; however, one was a maintenance void and was not occupied. By January 2018, seven people remained in their properties. One person had sadly died in December 2017, another flat remained a maintenance void, and the third person had abandoned their property but did return. That person also participated in the second wave of interviews. At the time of writing there was one project worker; however, key workers from other hostels have stayed involved to some extent where appropriate (five service users were previously resident in St Mungo's hostels). An initial cohort was chosen by a panel (including the Housing First team and a local commissioner) and included participants both from the street and from pre-existing accommodation-based services. In terms of identifying suitable participants, priority was given to those who had 'serially disengaged' from existing services for various reasons, including personality disorders and severe and enduring mental health issues, and those who had become 'stuck' in the hostel system for several years without moving on. Of the nine participants chosen, three were sleeping rough, with the remainder drawn from supported housing services. Most service users presented with multiple needs, and hostels, in their traditional sense, had not, for a variety of reasons, led to positive outcomes for them. Residents had not had any recent/extensive encounters with the criminal justice system prior to moving into their properties (in contrast to the Brighton and Hove service). The service was established very quickly (with a couple of months' notice), and thus there was no time to prepare people or to do any pre-tenancy work. This is reflected upon in the staff and stakeholder interviews.

1.5 Research methods

The research presented in this report involved a number of complementary phases involving both Housing First projects. These were:

- Qualitative longitudinal research involving repeated interviews with Housing First service users.
- Interviews with project staff and wider local stakeholders.
- Secondary analysis of available data collected by workers.

Each of these is described in more detail below. The project was undertaken with ethical approval from the University of Salford Research Ethics Committee, and as such meets the defined ethical standards of the Social Research Association. All our projects are conducted according to the following principles: respecting the dignity, rights and welfare of participants; ensuring informed consent and voluntary participation; protecting anonymity; and doing no harm.

1.6 Interviews with Housing First service users

A key component of this study was exploring the project from the perspective of the people who have received support. In January 2018 the research team spoke to 11 people who were then using the Housing First services in Brighton and Hove or Westminster. In July/August 2018 follow-up interviews were conducted with eight residents who had been involved in the first wave of interviews. In this second wave of interviews, a further interview was also conducted with a Westminster resident who had not taken part in the first wave.

All service user interviews took place face-to-face – in Brighton and Hove they all took place in Hove Town Hall. In Westminster they took place at St Mungo's Westminster offices or in local cafes. With the interviewees' permission, all except three interviews were digitally recorded and transcribed verbatim. In these three, detailed notes were taken. An interpreter was present in two of the interviews. All participants received a £10 shopping voucher at each interview to thank them for their time.

Prior to undertaking the interviews, the research team produced draft topic guides. These were then considered by project staff, wider stakeholders and members of 'Outside in', St Mungo's client involvement group. All provided helpful feedback, which fed into the final topic guides. In semi-structured interviews we explored participants' current housing situations along with their previous experiences of homelessness and housing insecurity. We also asked participants about wider issues including their health and engagement with health services, social integration, contact with the criminal justice system and engagement with education, employment and volunteering (Pleace, 2016). The impact of Housing First was considered across these different areas. We also discussed their views of their Housing First service, how this differed from support they had previously received, and whether or not they felt the service could be improved. Finally, we explored their hopes for the future.

1.7 Interviews with project staff and wider local stakeholders

The second component of the study involved semi-structured interviews with project staff and wider stakeholders. In Brighton and Hove three project staff and five wider stakeholders from external partner agencies were interviewed (one Housing First staff member took part in a follow-up interview in July 2018). The wider stakeholders included two Brighton and Hove City Council commissioners, a community safety officer, the council's temporary accommodation manager and a general practitioner. In Westminster eight interviews were conducted, two with staff members (a follow-up interview was conducted with one of these staff members) and five with wider stakeholders. The wider stakeholders included staff from local third sector support services, a local commissioner, local housing officers and staff from social landlords. Interviews were conducted in January and February 2018 either face-to-face or over the phone, depending upon availability.

All interviews were digitally recorded and transcribed verbatim before being analysed thematically. These interviews followed a semi-structured question guide and explored service provider perceptions of issues including the effectiveness and key impacts of the Housing First service, the difficulties and challenges of delivering the project, views on the sustainability of the project, and perceptions of gaps in support.

1.8 Secondary data analysis of data supplied by St Mungo's relating to the Brighton and Hove Housing First project

The final component of the study entailed the analysis of secondary data recorded by the two teams in order to incorporate individual journeys recorded by workers over the period of the evaluation. In Brighton and Hove a range of data was recorded via the Outcomes Star, with the first measure being taken in late 2016 and the final measure taken around summer 2018. Within this, data was recorded for 10 clients over the full period, with two additional clients' data only being recorded over 2018. In Westminster the data that was made available to us consisted of records that detailed the type of encounters workers had with clients. These did not add depth to the analysis of the data and so have been left out of this report.

1.9 A note on cost-benefit analysis and Housing First

A great deal of work has been undertaken around the cost-benefit analysis of Housing First, though almost all of it was based on the US rather than Europe (Atherton and McNaughton Nicholls, 2008) with help, successfully maintain their own tenancies. Evidence suggests no

deleterious effects on mental health or increased drug misuse and indeed, possibly some benefits. Economic analysis also demonstrates advantages, the cost of providing support to people in Housing First programmes being considerably less than if they were to remain homeless. The introduction of a Housing First approach, however, is by no means a simple philosophy that can be applied everywhere. Rather, local contexts will require some tailoring to meet local needs. Research is therefore needed to highlight obstacles to implementation and means by which these can be overcome. Furthermore, housing on its own is not a solution. Rather, having a secure tenure has to be seen as a part of an integrated support package (Atherton and McNaughton Nicholls, 2008). Alongside the significant ethical, moral and social issues raised for a society in which significant numbers of people remain homeless, there are also large economic costs for social infrastructure, particularly in the case of those who have complex needs and are chronically homeless. In analysing recent analyses of such economic costs, Ly and Latimer (2015) note that:

Service providers have observed that while chronically homeless people represent only 20% of shelter users, they consume the largest share of health, social, and justice services. (Ly and Latimer, 2015)

Housing First as a model has shown significant success over other models of supportive housing and community care in supporting individuals with highly complex needs and years of rough sleeping into long-term housing and an improved quality of life (Kertesz et al., 2009), while stabilising, and often improving, other aspects of their lives in terms of mental health, social integration and substance abuse (Gulcur et al., 2003; Rosenheck et al., 2003; Nelson et al., 2007; Stefancic and Tsemberis, 2007; Culhane, 2008; Larimer et al., 2009; Kresky-Wolff et al., 2010; Padgett et al., 2011; Aubry et al., 2015; Smith et al., 2015). Beyond the individual and social benefits that derive from the model, a number of studies have sought to demonstrate Housing First's broader economic value and cost savings. In a review of 34 such studies, Ly and Latimer (2015) found that on the whole they show positive results, and these authors describe a 'certainty of significant cost offsets, together with the evidence of their effectiveness in increasing residential stability and improving the lives of an especially vulnerable population'.

Aubry et al. (2015) describe some of the difficulties in attempting such analyses, writing:

To date, methodological limitations of the research include the small number of trials with small samples, the receipt of a range of varying services by comparison groups, and the narrow focus on housing outcomes.

In a similar finding after an analysis of results of nine studies specific to the UK, Bretherton and Pleace (2015) describe the many caveats to undertaking cost-benefit analysis at all, writing:

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.

They prefer an alternative approach that looks at the costs over the course of a lifetime, arguing that this 'can make the potential savings that a Housing First service might make clearer and show a cost benefit from ending long-term and repeated homelessness' (Bretherton and Pleace, 2015). They note that while pre-post studies generally show the Housing First model at least breaking even, it is more effective to compare Housing First with more traditional scenarios for interventions around complex needs that involve temporary housing with high levels of support. At the most conservative estimates, they believe it can be argued that there is a 'case for regarding Housing First as a cost effective service model, rather than necessarily being a cost saving model' (Bretherton and Pleace, 2015, p 60).

When a traditional cost-benefit analysis is attempted, Ly and Latimer (2015) found that most studies concentrate on a before-after analysis using up to nine variables:

...health care, when health care type was not identified; inpatient psychiatric; inpatient physical; ED; outpatient clinic; shelters; justice, which included police contacts, justice services, and incarceration; other, which included drug and alcohol rehabilitation programs and nursing homes; and net impact on overall costs.

These are consistent with recent work by the Greater Manchester Combined Authority (GMCA) and New Economy evaluating Shelter's two-year trial of Housing First in Greater Manchester as part of Inspiring Change, an eight-year programme funded through the Big Lottery Fund's Fulfilling Lives programme (Pleace and Quilgars, 2017). They have split their responsibilities for evaluation, with the GMCA's quantitative analysis grouped around four main variables tracked through Shelter Manchester's new shared database M-Think:

- Service user data (relating to services being accessed by the cohort) (75 indicators)
- Outcomes Star tracking (social value) (10 indicators)
- New Directions Team assessment (focusing on chaotic lifestyle indicators) (10 indicators)
- Ongoing service use (relating to interactions with the police, hospitals, counselling, etc.) (18 indicators)

These loosely correlate to accommodation, criminal

justice service interactions and health interactions, but clearly the design and implementation of a standard database before the implementation of the project has allowed the collection of robust and wide-reaching data. On the basis of the first-year findings, the project team calculate the programme will break even in the first year, with a potential 2.65:1 return on investment over the first five years. They report an almost 50% reduction in the number of nights participants spent in prison, a 96% reduction in hospital inpatient episodes, a 35% reduction in street homelessness, a 92% reduction in people living in temporary accommodation and a 50% reduction in evictions.

In terms of the relevance of this across the Brighton and Hove and Westminster projects, if a traditional cost-benefit analysis is carried out, a number of limitations apply in addition to any ethical or value-driven considerations: the small sample sizes; the complexity inherent in some of the indicators; the very different data sets and historical differences in the ownership and set-up of the projects; and the difficulties of working with data collected midway through the project rather than systematically setting up a data collection methodology from the beginning. As such, the data analysed as part of this study, coupled with the qualitative interviews, should be considered in the round when determining the 'success' of the projects in the two areas.

The remainder of this report is structured as follows:

Part 1: Housing First in Brighton and Hove

- Chapter 2: Housing First service users in Brighton and Hove
- Chapter 3: Findings from interviews with Housing First staff and wider stakeholders in Brighton and Hove

Part 2: Housing First in Westminster

- Chapter 4: Housing First service users in Westminster
- Chapter 5: Findings from interviews with Housing First staff and wider stakeholders in Westminster

Part 3: Conclusions and recommendations



Part 1
**Housing First in
Brighton & Hove**

2. Housing First service users in Brighton & Hove

This chapter summarises the key findings arising from a review of the Outcomes Star data relating to the clients and findings from interviews with six people who were then using the Brighton and Hove Housing First service. Interviews with all six participants were conducted in January 2018. Follow-up interviews with three of these original participants were conducted in August 2018. In our interviews we explored the participants' current housing situations along with their previous experiences of homelessness and housing insecurity. Changes in circumstances were discussed with three of the original participants in the second wave of research. For those who did not take part in a follow-up interview, updates were provided by the project worker. We also asked participants about wider issues including their health, social integration, contact with the criminal justice system and engagement with education, employment and volunteering. The impact of Housing First was considered across these different areas.

2.1 Analysis of the Outcomes Star data

Drawing on the data provided by the Brighton and Hove Housing First team, we can explore the distance travelled by each client according to the assessments made using the Outcomes Star tool.¹ This data is provided in full, in anonymised form, in Table A1 in the Appendix. This table shows the scores for each client using the Outcomes Star measures taken at the commencement of their tenancies (usually around June 2016) and at the end of the pilot (around August-September 2018). The average number of days between the start and end of the period was 530 for all measures except 'Managing Money', for which it was 525. As these scores fluctuated across the period, a programme average score has been provided as well. Each of these measures is illustrated in the figures below (see Figs 2.2–2.11).

These scores are presented in an aggregated form in Table 2.1, which identifies the recorded improvements made, alongside the various outcomes, across the participants as a whole. According to these scores, improvements were recorded in all but two measures, with most improvement across the clients recorded in Physical Health (1.67), Managing Tenancy and Accommodation (1.08) and Mental Wellbeing (0.83). The scores also indicate overall decreases in terms of Social Networks and Relationships (–1.25) and Managing

Money (–0.25). These are illustrated in Fig 2.1 below.

It is worth emphasising that the 'start' and 'end' points only tell one part of a complex story, which contains many different fluctuations across the lifetime of the pilot. A table that illustrates the range of scores recorded for each client across the measures can be found in the Appendix (Table A2). Similarly, at the stage when an interim report was prepared for the study, the time points taken showed a different picture of 'progress' from client to client from that reported here. As such, determinations of 'success' taken from the findings of the Outcomes Star alone should be informed by the qualitative data generated through our interviews with service users and workers.

2.2 Service user demographics and previous experiences of housing insecurity and homelessness

The service users we interviewed were a small but diverse group. Four interviewees were men, and two were women. Two were in their early 20s, and three were in their early 50s (another did not disclose their age to the interviewer). All were British Citizens. Five were White, and one was Black African. Two were care leavers. All participants had a history of homelessness. All had previously stayed in hostels, and two had lived in unsupported temporary accommodation. Four had a history of rough sleeping (both long-term and short spells on and off the streets), three had previously spent some time sofa surfing, and two had stayed in night shelters.

Reflecting on their past experiences of homelessness, participants described cycling around local hostels, with some frequently moving on and off the streets.

¹ More information about the Outcomes Star tool can be found here <http://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/>

I was living in hostels... in parks... I was in prison for a while... and then I was in hostels, I couldn't cope in the hostels. (Brighton and Hove Housing First service user, wave A interview)

Participants explained how they had found it difficult to comply with the conditions and rules imposed by hostels and temporary accommodation providers. They had objected to not being able to make their own decisions and a lack of control over what they could and couldn't do.

I've been in every hostel you can imagine, and I just can't last, I just can't do it. (Brighton and Hove Housing First service user, wave A interview)

Hostels were also considered dangerous places. In addition, several talked about high levels of drug and alcohol use in hostels and how staying in them made it difficult for them to avoid engaging in damaging behaviours. One participant explained this was particularly problematic for younger people, who they felt were more easily influenced by their peers.

They want me to stay off the drink, they want me not to get on it, but they stick me in with a load of fucking drug and alcohol users. (Brighton and Hove Housing First service user, wave A interview)

One female participant also went on to describe the additional vulnerability young women faced in the hostel system:

Outcome	Outcomes Star score		Improvement
	Start	End	
Managing Money	6.25	6.00	-0.25
Managing Tenancy and Accommodation	5.58	6.67	1.08
Meaningful Use of Time	4.25	4.92	0.67
Mental Wellbeing	5.08	5.92	0.83
Motivation and Taking Responsibility	5.67	6.25	0.58
Offending	7.50	7.92	0.42
Physical Health	4.83	6.50	1.67
Self-care and Living Skills	5.92	6.50	0.58
Social Networks and Relationships	5.42	4.17	-1.25
Substance Use	6.08	6.50	0.42

Table 2.1: Outcomes Star scores across all clients

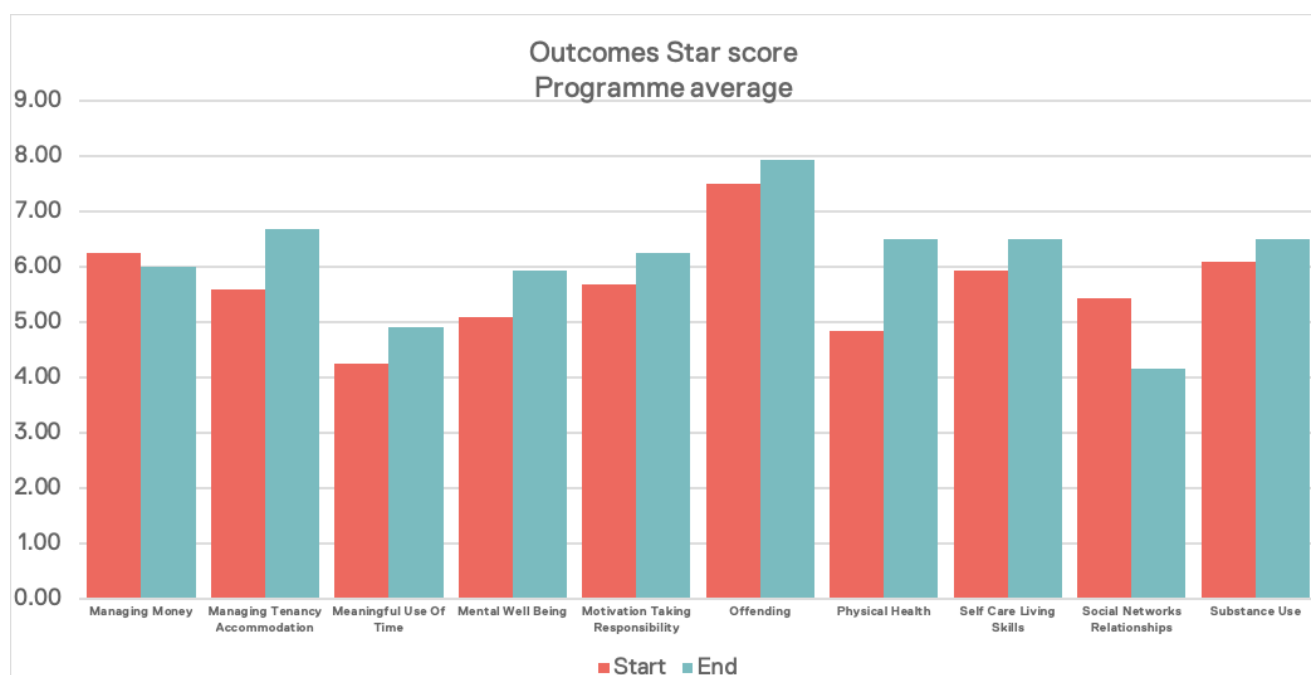


Fig 2.1: Outcomes Star scores across all clients

Obviously, I'm quite young, like, I'm not ugly, do you know what I mean? So I get a lot of wrong attention in the hostels, so people will want to buy me that stuff and want to be like that with me. (Brighton and Hove Housing First service user, wave A interview)

2.3 The perceived impact of Housing First on service users

The following sections consider the impact of Housing First on service users. Across different areas, service users were incredibly positive about the impact of the service on their lives. In the words of one service user,

I have a normal life! (Brighton and Hove Housing First service user, wave B interview)

Below we summarise service user perspectives on the impact the Housing First service has had on their housing retention, health, social integration, participation in education and employment and contact with the criminal justice system.

2.3.1 Housing retention

Since engaging with the Housing First service, at wave A of the research some participants had successfully sustained their tenancies. After a lifetime of chronic rough sleeping, one resident had sustained their tenancy for four years, and another had lived in their flat for two years. Others had struggled to sustain their tenancies and experienced evictions. One service user, for example, had to abandon their flat after experiencing 'cuckooing', whereby their former associates from the street community had taken over their property:

No, I moved out of there, because I've got all them scallywags coming around... '[Service user name], have you got a drink? [Service user name], where can we get some money?... I just walked away from that flat. I was there for six months, and I got all them little scallywags coming around. (Brighton and Hove Housing First service user, wave A interview)

Of those with whom we conducted follow-up interviews at wave B, one had stayed in the same property, and the other two had moved into what they considered to be better properties as a result of support from the Housing First team.

However, all had continued to engage with the Housing First service and had since been supported to find alternative accommodation.

When I started working with [St Mungo's project worker]... [I] got kicked out of [supported housing provider] and [St Mungo's] still didn't give up on me so. It's like [project worker's] got my back so I'm all right. (Brighton and Hove Housing First service user, wave A interview)

All reported staying in their flat most nights, if not every night. One participant explained that not having the requirement to stay in their flat every night was important – they had previously experienced eviction due to spending time away from their property when in hospital, and the landlord had thrown all their possessions away. They felt reassured that this would not happen with the Housing First service.

All felt that they understood the terms of their tenancy and that these were reasonable.

Like all tenancies, that there's a layout of rules and so forth, that's everywhere you go. (Brighton and Hove Housing First service user, wave A interview)

Several respondents were mindful of the insecurity associated with the nature of their housing provision:

I have to be careful, as I say, you can lose your flat in 24 hours because it's still temporary accommodation. (Brighton and Hove Housing First service user, wave A interview)

However, over the course of the research, several service users had become more securely housed. By a follow-up interview, this respondent had since moved into a more secure council property. This service user explained how they felt much more secure as a result:

It's got security and it's safer. It's been about four months now since I signed the tenancy... This one's going to be permanently. (Brighton and Hove Housing First service user, wave B interview)

In addition, the extent of the conditions attached to their tenancies appeared to have been different for those engaging with the service at its inception (i.e. when it was run by a different provider).

Previous experiences of homelessness	
Rough sleeping	4
Sofa surfing	3
Temporary accommodation	2
Homeless hostels	6
Night shelters	2

Table 2.2: Previous experiences of homelessness

When I move in I couldn't drink the alcohol... I couldn't, nothing... then afterwards they started trusting me when I'd proven myself after four months. (Brighton and Hove Housing First service user, wave A interview)

Participants were satisfied with the general condition of their accommodation. One person reported ongoing issues with their boiler but was receiving support from St Mungo's staff to ensure repairs were carried out, alongside practical temporary solutions:

Like my boiler kept breaking, so they bought me an electric heater and things, just things like that. (Brighton and Hove Housing First service user, wave A interview)

At wave A, two participants were experiencing problems with their neighbours. One complained of their noisy neighbours, who impeded their sleep. Another explained that their neighbours were (wrongly) accusing them of making too much noise. Whilst the council had been sympathetic and accepted their side of the story, this still made them anxious owing to the potentially detrimental impact it could have on their housing options:

[The council] said this isn't the first time, they keep getting calls where nothing's happening... [but] it looks bad on my housing. This is the longest I've actually had somewhere to live, and then they keep making complaints, ruining it. (Brighton and Hove Housing First service user, wave A interview)

These respondents both took part in follow-up interviews, and, with the help of the Housing First team, had managed to resolve, or were in the process of resolving, these issues by the time of our second meeting:

I have some issue with the top floor... [project worker] has told me that they're going to switch me to the upper floor. (Brighton and Hove Housing First service user, wave B interview)

One respondent, having moved to a more suitable location, explained how this had helped to resolve issues with neighbours:

They hate me. I haven't had no problems where I live now... It's because they were old, and now I live with people with my own age, and they've got kids, so... [it's the] right area for me. (Brighton and Hove Housing First service user, wave B interview)

Several participants wanted to move to alternative accommodation that better suited their needs and were being assisted to do so by the Housing First team. One, for example, moved into a property that had more space for their child:

Yes, it's a flat again, but it's two-bedroom now, it's not just one, because of the baby, obviously. He's got his own room now, and it's bigger, and it's in a better area, yes. (Brighton and Hove Housing First service user, wave B interview)

For one participant, the privacy and freedom afforded by their own flat was the key benefit of a Housing First model:

You haven't got people, like, coming in your room, have you? You've got like your own privacy... [and] I can do what I want in my own home... you don't feel at home in a hostel. (Brighton and Hove Housing First service user, wave A interview)

Other benefits included being able to cook for themselves and being away from people who are drinking and taking drugs.

For the Managing Tenancy and Accommodation outcome in the Outcomes Star there were notable improvements for a number of clients, nine in all, with clients 1, 8 and 10 showing particularly large improvements in their reported scores. Conversely, clients 2 and 3 showed particular reductions in their scores – client 2 reporting a 3-point reduction.

2.3.2 Substance use

As the participants' accommodation provided a stable space to begin to address other issues, we looked at the Substance Use measure as recorded in the Outcomes Star. This recorded a total of five clients with increased scores, four remaining the same, with three seeing reductions in their scores at the later assessment date. This indicates that the provision of accommodation was having a positive impact in the lives of a notable number of clients.

2.4 Health

Participants had a range of health problems. At wave A, all experienced problems with mental health (for example, anxiety and depression), and two reported having physical health problems (including chronic obstructive pulmonary disease, asthma, epilepsy and joint pains). In addition, one was using drugs, and three had problems with alcohol at the time of the interview. At wave B, respondents felt there had been no significant changes in their overall health over the six-month period.

Whilst conditions persisted and fluctuated, on the whole most participants felt that their health had improved since they engaged with the Housing First service. In one extreme example, after engaging with the Housing First service one participant had been diagnosed with a life-threatening health condition. They had since undergone a course of treatment through to recovery. They spoke about how the Housing First team had supported them throughout this time, visiting them every day in the hospital.

Some service users attributed improvements in their health to having their own accommodation. This was particularly the case for those experiencing drug and/or alcohol dependence. Whilst there was no requirement for Housing First service users to abstain from drugs or alcohol in order to keep their accommodation, several with drug and/or alcohol dependence had reduced or stopped their usage since engaging with the service.

I've reduced a great amount. Yes, it's very minimal now, so that's good. (Brighton and Hove Housing First service user, wave A interview)

I don't have people knocking on my door, like, 'Let's get pissed', now, do you know what I mean? (Brighton and Hove Housing First service user, wave A interview)

For some, their usage continued after they moved into their own accommodation; however, in one case they had since stopped for health reasons and owing to caring responsibilities.

When I moved into my flat I was still on, like smoking weed and that and drinking. (Brighton and Hove Housing First service user, wave A interview)

Participants described being assisted and encouraged to attend appointments, undergo courses of treatment and keep healthy more generally by the Housing First team. One explained that prompting from the Housing First team was important in simply ensuring they ate enough:

Managing Tenancy and Accommodation			
Client vv	Start	End	Programme average
Client 1	4	8	6.6
Client 2	6	3	4.6
Client 3	6	4	3.3
Client 4	6	7	7.2
Client 5	8	7	8.6
Client 6	2	3	2.0
Client 7	9	10	9.6
Client 8	4	7	8.1
Client 9	7	9	8.0
Client 10	4	8	5.0
Client 11	6	8	7.0
Client 12	5	6	5.5
Programme average	5.58	6.67	

Table 2.3: Client scores for the Managing Tenancy and Accommodation measure

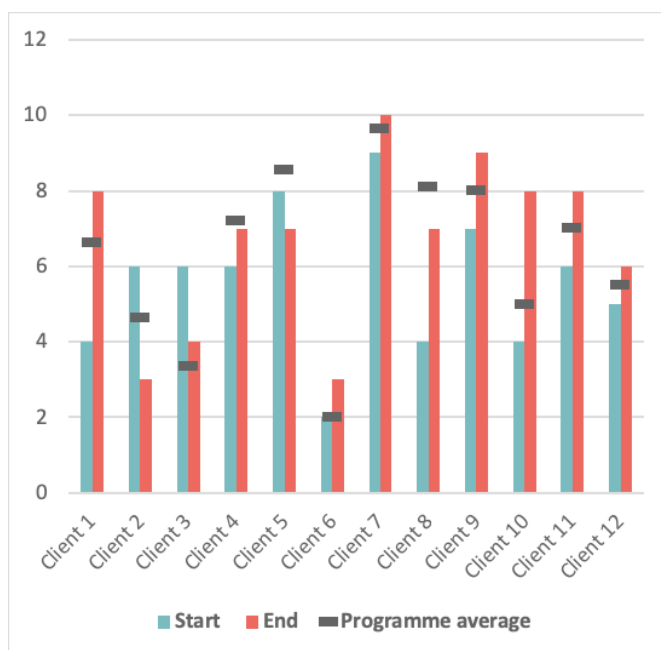


Fig 2.2: Client scores for the Managing Tenancy and Accommodation measure

[Project worker] said to me, 'Make sure you eat'... It's like filling a car up with petrol, the car ain't going to move if there's no petrol in it. (Brighton and Hove Housing First service user, wave A interview)

One participant felt that their health conditions were taken more seriously by the health service when the Housing First team advocated on their behalf. Another felt their project worker helped them to understand what doctors said to them:

[Project worker] goes with me to the doctors all the time because he understands better, and then he explains to me slowly. (Brighton and Hove Housing First service user, wave B interview)

Another explained that ongoing, consistent support from their project worker was appreciated, particularly when other services were undergoing change. Consistent support from St Mungo's helped them to manage changes in support from other agencies (including staff changes and different systems), which helped them to keep on track and engage with multiple services.

Again, several participants were keen to stress the importance of their own efforts to stay healthy:

It's about me helping myself to feel healthy. (Brighton and Hove Housing First service user, wave A interview)

[I]t's down to me, isn't it? If anything, having that flat, I could think, oh, don't even have to go out, and I just go to the shop up there, stock up and just drink. It's down to me... I've got a flat, and it's down to me. Of course, I get help from St Mungo's, but it's down to me to make a go of it. (Brighton and Hove Housing First service user, wave A interview)

Drawing on the Outcomes Star data, six clients reported increased scores for the Mental Wellbeing measure, with notable improvements for clients 1, 4 and 9. A similar number (five clients) reported scores that were the same at the start and the end. Only one client reported a reduction in their score (client 6, by 1 point).

Drawing again on the Outcomes Star data, in terms of the Physical Health measure this supports the self-reports by the clients; eight clients indicated improvements. Only two reported poorer physical health (clients 5 and 6), and two reported no change.

With respect to gains in the Self-care and Living Skills measure, the majority (eight) of clients reported improvements in this measure. However, there were notable reductions in the scores for clients 5 and 6. Only clients 2 and 11 reported no change.

Substance Use			
Client ID	Start	End	Programme average
Client 1	3	4	4.5
Client 2	4	3	2.7
Client 3	3	3	3.3
Client 4	5	7	7.5
Client 5	10	10	10.0
Client 6	6	3	3.7
Client 7	10	10	10.0
Client 8	7	1	6.5
Client 9	4	10	8.1
Client 10	4	8	5.4
Client 11	10	10	10.0
Client 12	7	9	8.0
Programme average	6.08	6.50	

Table 2.4: Client scores for the Substance Use measure

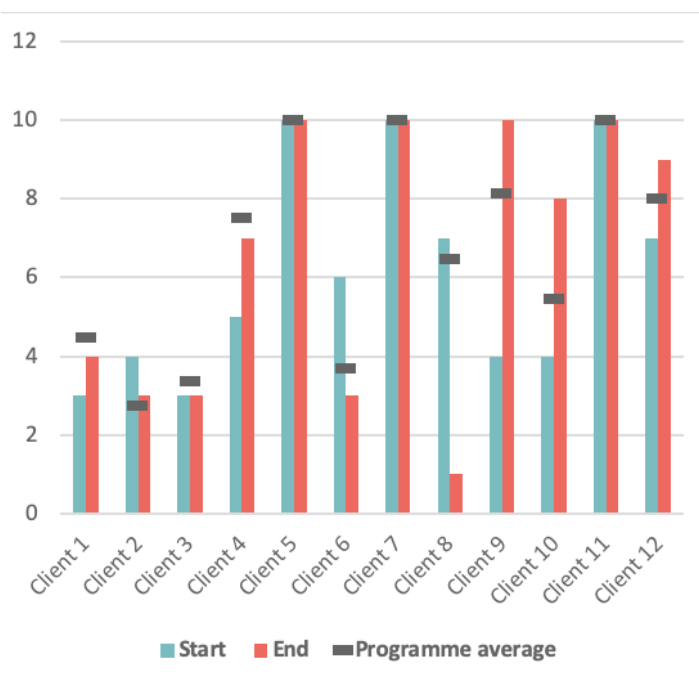


Fig 2.3: Client scores for the Substance Use measure

2.4.1 Social integration

We asked the interviewees about their relationships with family and friends and whether or not they felt they saw enough people on a day-to-day basis. Participants had mixed views on this. In particular, early on in their tenancies some participants felt isolated after withdrawing from their established social networks:

Obviously, when I was drinking I had more people. (Brighton and Hove Housing First service user, wave A interview)

I used to drink, and I don't want this. I let those people go because I can't associate with them no more because they're still all drinkers. (Brighton and Hove Housing First service user, wave B interview)

Another felt both geographically and socially isolated, having moved away from the town centre and on their own into an area predominantly composed of families.

I feel a bit isolated there because the neighbourhood, it's all mothers and kids... I'm still used to being in town, living in town. (Brighton and Hove Housing First service user, wave A interview)

Participants had varying levels of contact with family and friends. Some were not in contact (nor did they want to be), whereas others reported seeing and receiving support from family on a regular basis. Where participants were in contact with family and friends, they felt that they could rely on them, and vice versa. However, in general, participants appeared to have few meaningful relationships. Perhaps as a result of this, they valued regular contact with the Housing First team.

I've got friends, but are they decent is the question, isn't it? Because I've always been in the street community, I've always been in a hostel, like homeless, squatting, in a hostel, homeless, squatting... I don't know if they are the right friends to have. I can probably count two that are decent. (Brighton and Hove Housing First service user, wave A interview)

In follow-up interviews, two of the participants continued to rely heavily on contact with the Housing First team and had limited social networks.

I can't cope without [project worker]... I just stay in my flat and speak to [project worker]. Do you know what I mean? (Brighton and Hove Housing First service user, wave B interview)

We also asked participants about their confidence and self-esteem. Again, responses were mixed, and these were felt to vary on a day-to-day basis. One participant attributed improvements in this area to having their own flat rather than living in a hostel, alongside the ongoing support of their project worker:

Me and [project worker] are working on it... There'll be times when I can wake up and feel really, really good, and there'd be other times that I won't clean my flat. I'm a really clean person. I like to look good... But there'll be days like I'll do a week of not moving out of bed, I won't eat, I won't sleep, I won't do anything... It's got better since I moved into the flat because if I feel like that, then I can get somebody to come over and just chill with me, do you know what I mean?... If you're in a hostel it's so loud, and there's constantly people knocking, your anxiety and that, it gets even worse, and you're just sitting there like, do you know what I mean? (Brighton and Hove Housing First service user, wave A interview)

Mental Wellbeing			
Client ID	Start	End	Programme average
Client 1	4	6	5.0
Client 2	4	4	3.6
Client 3	4	4	4.3
Client 4	5	8	6.2
Client 5	5	5	6.0
Client 6	6	5	5.3
Client 7	5	7	6.5
Client 8	6	6	6.3
Client 9	6	8	7.1
Client 10	5	5	5.4
Client 11	6	7	6.5
Client 12	5	6	5.5
Programme average	5.08	5.92	

Table 2.5: Client scores for the Mental Wellbeing measure

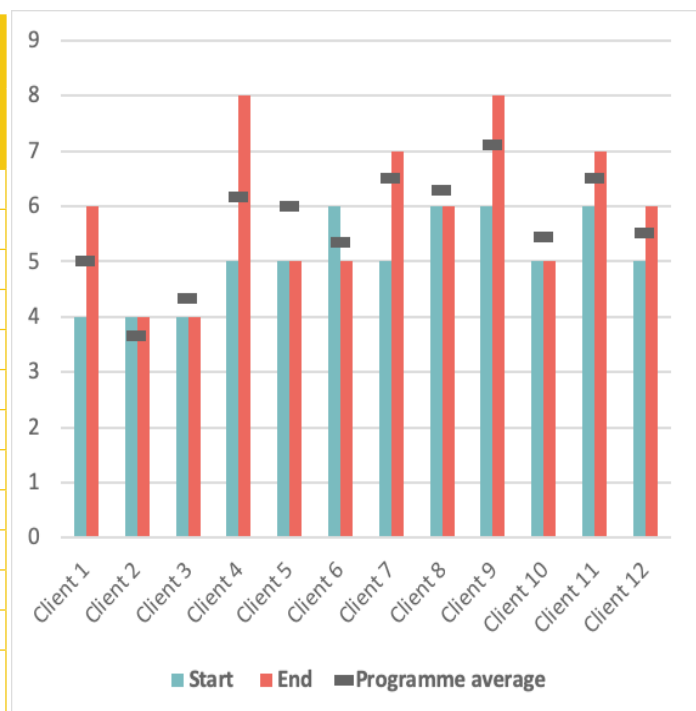


Fig 2.4: Client scores for the Mental Wellbeing measure

In keeping with the findings from the interviews, the Outcomes Star scores supported the general sentiment that the move into the Housing First programme had disrupted the participants' existing social networks and relationships. Overall, seven clients saw reductions in their scores, some by as much as 4 points (clients 4 and 10). The scores for three clients remained the same, with just two clients recording positive progress.

2.4.2 Education and employment

None of the interviewees were working at the time of our interviews. All reported being some distance from the labour market (largely owing to their health conditions); however, several saw work as being part of their futures later down the line. Despite negative experiences of school, two interviewees intended to or were about to take up courses, with one aspiring to attend university. Another was hoping to develop their skills as an artist.

I don't know, I never liked college, never, or school... But as I've got older... I suppose I'm wiser... and it's something I want to do... So, yes, I think I'll be all right. (Brighton and Hove Housing First service user, wave A interview)

When asked about the role that Housing First had played in progressing towards these educational and vocational goals, participants talked about the support provided to identify relevant opportunities in the local area and the encouragement of project workers. Whilst acknowledging the importance of support from St Mungo's, one participant was keen to stress that their own effort was key to whether or not they engaged in such activities:

[I]t's down to me, isn't it? I do have help from St Mungo's, and I'm also linked up with [other support agency]. So, yes, at the end of it, it's down to me what I do. (Brighton and Hove Housing First service user, wave A interview)

At wave B, none of the interviewees had been involved in education or employment owing to ill health or caring responsibilities. However, one participant still intended to go to college and university once their child was older.

It seems that mixed scores were recorded in the Outcomes Star in relation to the Managing Money measure. No improvement was experienced by clients 7 and 11, and there were notable reductions in progress for clients 2, 4, 5, 6 and 12. The remaining five clients all reported improvements in their scores, with the most marked being that for client 1.

When considering the Meaningful Use of Time measure, five clients reported improvements in their scores, with notable improvements for clients 4, 7 and 9. Clients 1 and 12 reported no change, with the remainder showing reductions in their scores.

2.4.3 Contact with the criminal justice system

Most of the interviewees had previously had contact with the criminal justice system at some point in their lives. Two revealed that they had served a prison sentence.

Self-care and Living Skills			
Client ID	Start	End	Programme average
Client 1	4	6	4.0
Client 2	6	6	6.7
Client 3	6	4	4.1
Client 4	4	6	7.1
Client 5	8	7	7.9
Client 6	4	3	3.0
Client 7	8	10	9.0
Client 8	7	7	7.3
Client 9	7	8	7.9
Client 10	5	7	6.2
Client 11	5	6	5.5
Client 12	7	8	7.5
Programme average	5.92	6.50	

Table 2.7: Client scores for the Self-care and Living Skills measure

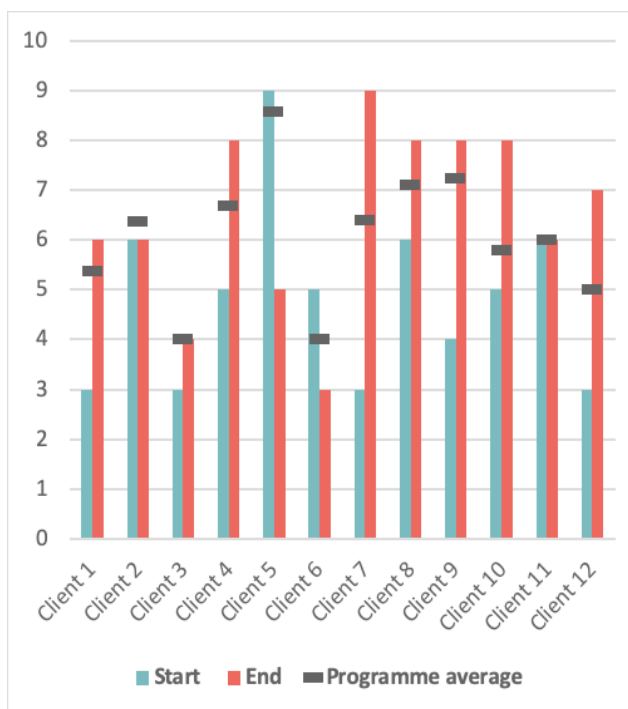


Fig 2.6: Client scores for the Self-care and Living Skills measure

When I was homeless, especially, because I didn't give a shit, and in hostels, right, the amount of hostels I've been nicked from is unbelievable because there's just so many lairy cunts there, like they're just so... Everyone's off their nuts, do you know what I mean? It's just... I just don't take their shit. (Brighton and Hove Housing First service user, wave A interview)

However, since they engaged with the Housing First service, further contact with the criminal justice system had been minimal.

I've stayed out of trouble... I used to be in trouble about four, five times a year... I don't do that no more... I haven't done nothing wrong. I haven't been arrested, I haven't done nothing in [current accommodation]. (Brighton and Hove Housing First service user, wave A interview)

This had proved to be easier with time, as service users were able to disassociate from negative peer groups, sometimes with intervention from the Housing First team:

I was struggling to get out the sort of circle I was in, and a couple of times [project worker] came and picked me up from the homeless camp and took me away.

Researcher: Were you happy for them to do that?

Yes, yes, I need it. [Project worker] looks after me. I've never had that. (Brighton and Hove Housing First service user, wave A interview)

Since moving into their own flat, they had stayed 'out of trouble'. Reflecting on why this was the case, two interviewees reflected that having their own flats acted as a deterrent to engaging in criminal activity:

I think it's helped, me having my own place... I don't know, it's just completely different... You grow up, you have to realise it's your fault if you do something. You can't blame anyone else. (Brighton and Hove Housing First service user, wave A interview)

People don't want the police coming to their house. That's why I think people don't do it when they live on their own, do they?... You would lose your house, yes, get kicked out! (Brighton and Hove Housing First service user, wave B interview)

None of the interviewees we followed up had had any further contact with the criminal justice system.

The Outcomes Star measure of Offending supported the accounts provided by interviewees. A total of six clients reported progress, client 1 demonstrating the most progress. Only two clients (clients 2 and 8) indicated a reduction in their score, with the remaining four clients reporting the same scores at both time periods.

2.5 Views on the support from the Housing First team

All interviewees were complimentary about the support provided by the St Mungo's Housing First team. All were clear that the support provided by St Mungo's alongside access to accommodation was important. Several explained that the support available alongside their accommodation was key to their housing retention.

Client ID	Physical Health		Programme average
	Start	End	
Client 1	3	6	5.4
Client 2	6	6	6.4
Client 3	3	4	4.0
Client 4	5	8	6.7
Client 5	9	5	8.6
Client 6	5	3	4.0
Client 7	3	9	6.4
Client 8	6	8	7.1
Client 9	4	8	7.2
Client 10	5	8	5.8
Client 11	6	6	6.0
Client 12	3	7	5.0
Programme average	4.83	6.50	

Table 2.6: Client scores for the Physical Health measure

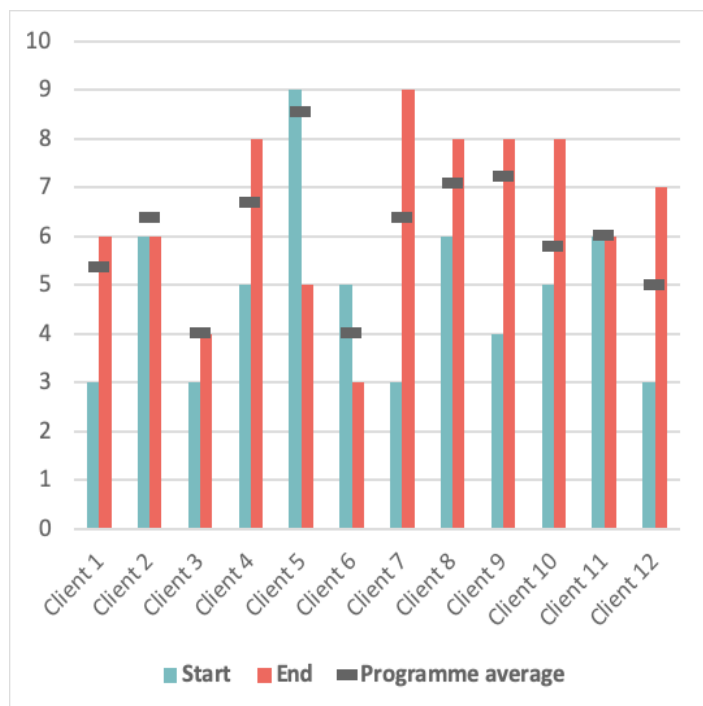


Fig 2.5: Client scores for the Physical Health measure

I don't think I would've been able to do it if I didn't have [project worker]... I'd still been in the same place, same sort of headspace... If they just chucked me in the deep end, I'd be fucked. (Brighton and Hove Housing First service user, wave A interview)

They've helped me so much, they actually have... [Without support] I probably would have been kicked out. (Brighton and Hove Housing First service user, wave A interview)

There was a general perception that the Housing First team went 'above and beyond' in ensuring that service users' needs were met and that project workers 'understood' participants in a way that those they had previously worked with had not:

[Project worker] does more than what [they're] meant to do. (Brighton and Hove Housing First service user, wave A interview)

I've never had a bond with any of my workers, ever, not like the way I do with [project worker]. (Brighton and Hove Housing First service user, wave A interview)

On the whole, participants felt that the Housing First staff were highly responsive and available whenever they needed them. All service users were in regular contact with the Housing First team. Participants reported that they most commonly saw one key worker but also knew the rest of the team who were available when they were absent.

No, she's really good. I speak to her every day, near enough, unless I turn my phone off... She knows if I want to talk to her I'll talk to her and if I don't, I'll just tell her that I'm not in the mood. (Brighton and Hove Housing First service user, wave A interview)

[St Mungo's are] very supportive and thorough... they see something through. You're not just, oh, on the shelf. (Brighton and Hove Housing First service user, wave A interview)

They give you an out of hours numbers, like if they're closed or something, say something goes wrong, you can call. (Brighton and Hove Housing First service user, wave A interview)

Only one participant felt that the team was not always there, perhaps reflecting their higher support needs:

[Project worker] don't work every day, sometimes [project worker's] off for two days. (Brighton and Hove Housing First service user, wave A interview)

All participants intended to continue engaging with the Housing First service. Those who were hoping to move into alternative accommodation intended to stay with the Housing First Service if and when they moved. When asked how long they felt they would continue to engage, participants were unsure. One was unclear about how long support would be available to them. All seemed to have remained in contact with the Housing First service in consistent ways at the time of the interviews, with no real sense that support had notably reduced.

Social Networks and Relationships			
Client ID	Start	End	Programme average
Client 1	3	3	3.9
Client 2	2	4	2.6
Client 3	4	3	3.3
Client 4	7	3	5.7
Client 5	7	7	7.8
Client 6	2	3	2.3
Client 7	7	4	6.1
Client 8	5	5	5.7
Client 9	7	5	6.3
Client 10	8	4	4.8
Client 11	7	4	5.5
Client 12	6	5	5.5
Programme average	5.42	4.17	

Table 2.8: Client scores for the Social Networks and Relationships measure

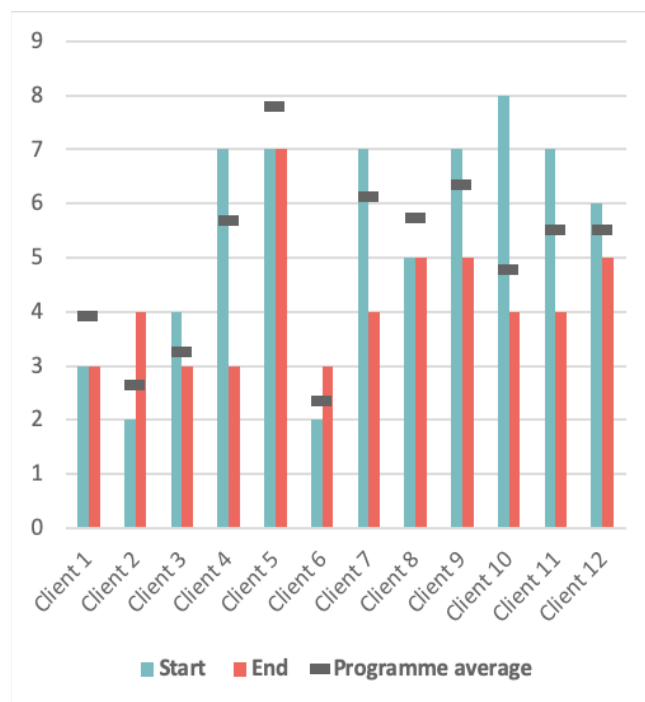


Fig 2.7: Client scores for the Social Networks and Relationships measure

Managing Money			
Client ID	Start	End	Programme average
Client 1	5	8	7.2
Client 2	6	2	4.0
Client 3	3	4	3.6
Client 4	7	4	4.7
Client 5	9	8	8.9
Client 6	6	4	4.7
Client 7	9	9	9.3
Client 8	7	8	7.9
Client 9	6	7	6.6
Client 10	4	6	4.9
Client 11	5	5	5.0
Client 12	8	7	7.5
Programme average	6.25	6	

Table 2.9: Client scores for the Managing Money measure

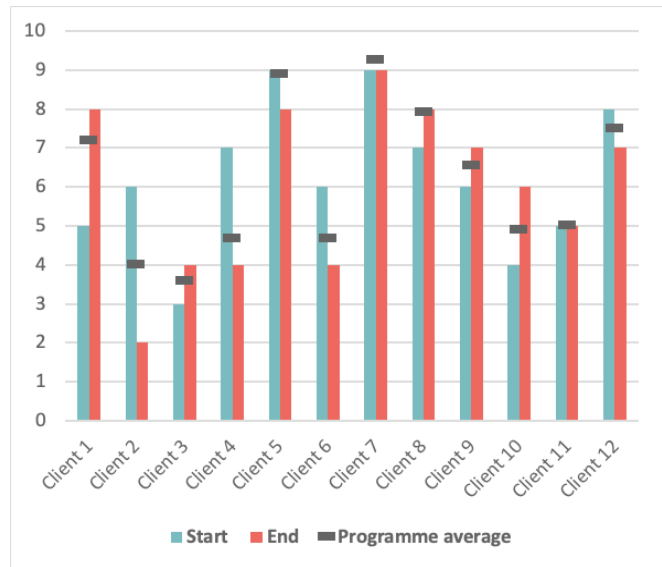


Fig 2.8: Client scores for the Managing Money measure

Meaningful Use of Time			
Client ID	Start	End	Programme average
Client 1	3	3	3.8
Client 2	5	2	4.5
Client 3	3	1	2.5
Client 4	2	6	5.5
Client 5	7	5	6.1
Client 6	4	3	3.0
Client 7	2	5	5.0
Client 8	4	7	5.4
Client 9	2	8	6.6
Client 10	6	5	5.6
Client 11	6	7	6.5
Client 12	7	7	7.0
Programme average	4.25	4.92	

Table 2.10: Client scores for the Meaningful Use of Time measure

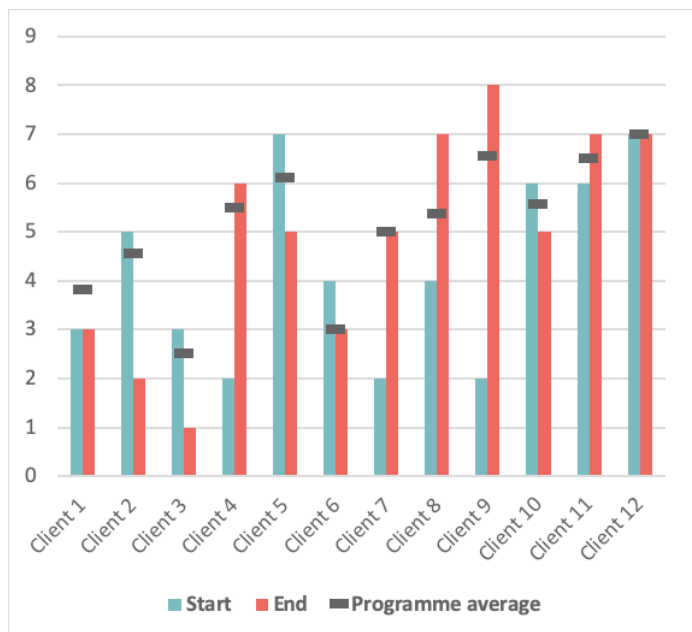


Fig 2.9: Client scores for the Meaningful Use of Time measure

We asked participants about ways in which they felt the Housing First service could be improved, whether there was anything the team should do less or more of, and if there was anything missing from the service. However, all struggled to identify ways in which the Housing First service could be improved. Whereas this was an area the Westminster participants were quite vocal on (see Chapter 4), the Brighton and Hove interviewees appeared less expansive in their responses to this, and other, questions.

2.6 Looking forward

We asked interviewees to reflect on what they hoped would have happened to them in six months' time and the extent to which they felt the Housing First service would help them to get there. Some were reluctant to think about the future. However, several were hoping to move into alternative accommodation (to suit their health and other needs), and another was hoping to have completed a college course and progressed to further learning. Others were simply hoping to carry on as they were, staying in their accommodation and keeping healthy.

Overall, ongoing support from the Housing First service was considered important in helping participants to move forward towards these goals. However, several also emphasised that their own efforts were crucial here too. For example:

See I've got the determination and the motivation, but [project worker's] that push... that little voice in your head that, 'You can do it, you will make it and we'll help you make it', do you know what I mean? (Brighton and Hove Housing First service user, wave A interview)

In follow-up interviews with three service users, the respondents were broadly happy with where they were in their lives, and they had made positive moves that had led to a more positive housing situation (which had been their aim over this period).

Similarly, the Outcomes Star includes a measure of Motivation and Taking Responsibility, which demonstrated improved scores, with eight clients in all reporting progress; this was particularly notable for client 9. The remaining four clients (clients 2, 3, 6 and 11) reported a reduction in their scores, with client 6 recording a 4-point reduction.

Offending			
Client ID	Start	End	Programme average
Client 1	5	9	7.9
Client 2	7	5	5.9
Client 3	3	6	5.3
Client 4	8	10	9.1
Client 5	10	10	10.0
Client 6	7	7	7.0
Client 7	9	10	9.9
Client 8	9	1	9.1
Client 9	10	10	10.0
Client 10	5	8	7.2
Client 11	9	9	9.0
Client 12	8	10	9.0
Programme average	7.50	7.92	

Table 2.11: Client scores for the Offending measure

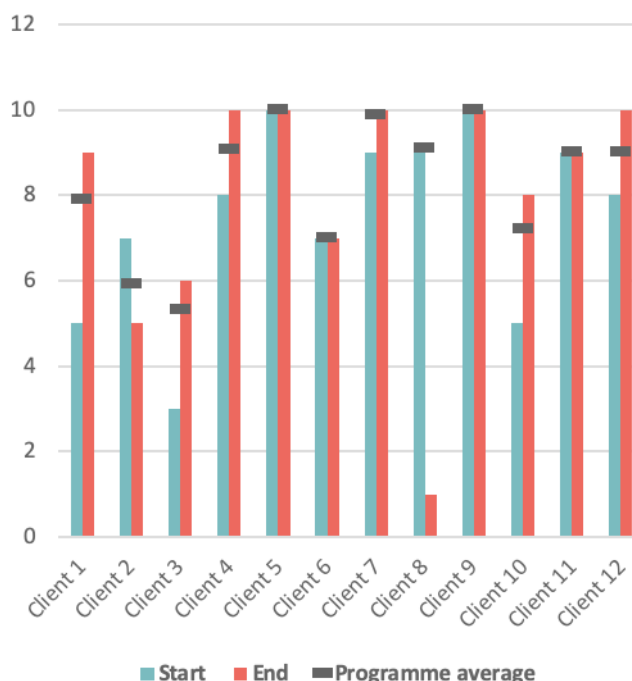


Fig 2.10: Client scores for the Offending measure

2.7 Summary

In this chapter we have summarised the key findings from interviews with six people who were at that time using the Brighton and Hove Housing First service, together with the Outcomes Star data across the clients using the service. These findings suggest the following:

- Evidence of significant improvements in housing retention for all the service users we interviewed. This continued for most participants over the course of the Housing First programme.
- Evidence of improvements in wider aspects of service users' lives, including health and engagement with education.
- Evidence of significant reductions in contact with the criminal justice system. This positive impact appears to have been sustained.

- There are challenges regarding the 'social integration' of some participants. Housing First often worked to disrupt existing social networks, with this having both negative outcomes, in that some people were left feeling isolated in their accommodation, and positive aspects, in that people felt they were free of potentially harmful relationships. These issues, however, will continue to be long-term challenges for the individuals concerned.
- The importance of support from the St Mungo's Housing First team alongside housing provision.

In the following chapter we explore these issues from the perspectives of project staff and wider stakeholders.

Client ID	Motivation and Taking Responsibility		Programme average
	Start	End	
Client 1	4	6	5.3
Client 2	6	5	5.8
Client 3	5	3	4.8
Client 4	5	6	7.1
Client 5	7	9	8.9
Client 6	8	4	5.0
Client 7	7	8	7.6
Client 8	7	8	8.5
Client 9	4	8	6.6
Client 10	5	6	6.0
Client 11	6	5	5.5
Client 12	4	7	5.5
Programme average	5.67	6.25	

Table 2.12: Client scores for the Motivation and Taking Responsibility measure

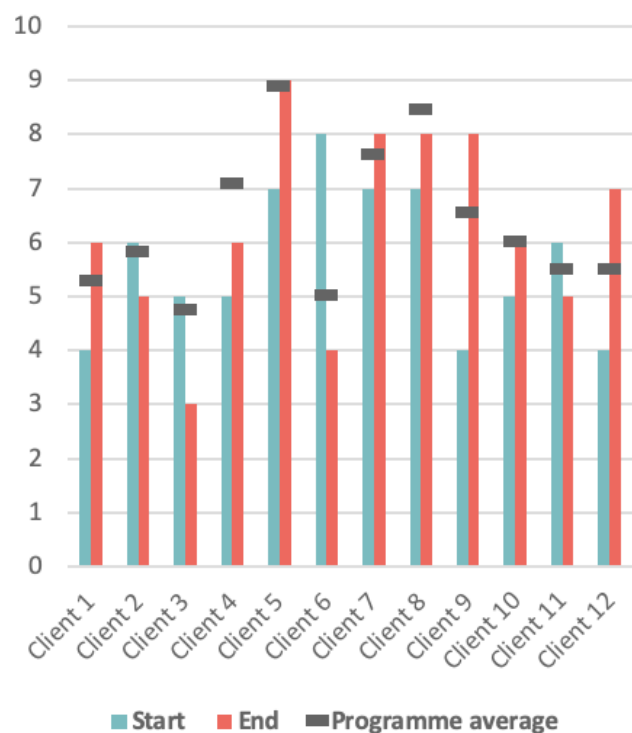


Fig 2.11: Client scores for the Motivation and Taking Responsibility measure

3. Findings

Interviews with Housing First staff and wider stakeholders in Brighton and Hove

In this chapter we summarise the findings from interviews with staff from the Brighton and Hove Housing First team, along with a range of wider stakeholders from external partner organisations. Eight interviews were conducted: three with staff members and five with wider stakeholders. The wider stakeholders included two council commissioners, a community safety officer, the council's temporary accommodation manager and a general practitioner. The impacts of Housing First, the key components of its effectiveness, its challenges and suggestions for improvement are explored below.

3.1 The effectiveness and impact of Housing First in Brighton and Hove

All eight of those interviewed believed Housing First to be an effective service. Whilst acknowledging the small numbers engaging with the project at that time, all were convinced of the merits of a Housing First approach. There was widespread agreement that Housing First was a particularly effective service for those for whom the normal pathways were not working:

I think it's the most effective way that I've ever seen, and I've worked in homelessness for, yes, for 20-odd years now. I've worked in hostels, I've worked in low-support housing, I've worked in advocacy and advice services, and I've worked for local authorities with a big overview of everything, and I think that the outcomes that we're getting are incredible.

I think we can confidently say overall that within this model people have retained housing for far longer than they've ever done within high-support hostels. The rates of recovery from substances are quite compelling... We've seen some people really engage very well, and I would tie that back to the fact that they've got a safe and stable base, which is a real cornerstone of recovery.

Furthermore, it was widely believed that the successes achieved through the Housing First project had helped to change the perceptions and expectations of partners and service providers:

I think for certain clients where their behaviour or whatever for whatever reason over the years... they have an aura about them and a history, a baggage history that follows them around, and in some ways that's one of the most disabling things for those clients is that they carry those baggage, so they're almost expected to fail by the services that they work with... a key success of this scheme is that certain people who have carried that baggage around with them have actually proved everybody wrong and done really, really well... [it shows that] actually people do have the capacity to change, and with the right assistance and the right model around them it can work.

For most respondents, the real promise of Housing First could be found in the transformation within people who had been 'written off' over what could be several decades of rough sleeping and failed engagements with multiple organisations, interventions and pathways. One example of this concerns a young mother, who, stakeholders believed, was now thriving after a difficult start in life thanks in large part to Housing First:

She's abstinent from alcohol, she's engaged in the support, and she's been sustaining her flat in temporary accommodation... we consider that a positive outcome because this young lady, she came directly from leaving care, and due to her vulnerabilities a communal project wouldn't have been appropriate for her.

A GP from a practice specialising in supporting homeless patients felt that the project had saved at least two lives:

[T]here's another person... who I really felt might die, but through being placed in his stable accommodation has – it's made a vast difference... I'm sure would not have managed the [...treatment] were it not for Housing First. There's just no way, so really it saved his life as well.

The next sections explore specific impacts of the Housing First service on housing retention, health, social integration, contact with the criminal justice system, engagement with education and training and the uptake and maintenance of the appropriate benefits.

3.1.1 Housing retention

All eight of those interviewed agreed that housing retention was one of the principal benefits of the project and that a stable home became the foundation that made other improvements in health and wellbeing possible.

I can think of many examples of people that have retained a tenancy for a year, two, three years compared with an eviction after six months in a hostel... I was just looking at each of them as an individual and what had happened in the year before they were seen at Housing First, but the number of evictions, it was over 30 for those 10 people, and some of those people had been evicted multiple, multiple times within that year, and then you look at the first year in Housing First, and we had two incidences of housing loss, compared to over 30 in the year before that.

While most found moving into and living alone in a flat a challenge, it seemed to be a positive one that supported their growth and wellbeing in other ways. In the words of another project worker:

I think everyone struggles moving into their own flat, because it's such a change. It's such a change, yet people are, they feel the difference. They feel it's working, so even though they are struggling... They are able to name what they are struggling with, which obviously enables us then to respond to that.

Wider stakeholders also agreed that housing retention was a key area of success. For one housing manager who had been working in the field for many years, it was also important to highlight that even in the handful of cases where a tenancy did fail, 'for some of them there are real milestones of progress within there'. They felt that, given the levels of vulnerability and complexity experienced among the group targeted and the often non-linear nature of the journeys towards real change, it was important to note smaller successes as well.

[T]here's so many variables when you come to the client base, who have such a high level of vulnerability and have a history of failing in accommodation for many and various reasons... But I think the model, even where it's failed, even when somebody has eventually left the property or been evicted from the property, the model has sustained people for longer than they may have done in accommodation previously.

As a project worker emphasised, however, eviction does not signify failure in the Housing First model, despite housing retention being one of its greatest strengths.

We don't expect people to be tenancy-ready, we also accept that there will be troubles, there will be difficulties, all sorts, and we also appreciate that there is a possibility of tenancy loss due to certain issues. The principle of Housing First is that the support doesn't end due to loss of tenancy, we just seek another tenancy.

3.1.2 Health

Improvements in the health of service users were considered by staff and wider stakeholders to be a key positive impact of the Housing First service.

I think we have seen some really dramatic improvements in people's health, and the longer that people retain tenancies, the more opportunities we've had to try and engage them more meaningfully with primary and secondary healthcare... You might have typically for several people seen quite chaotic engagement or presentation with GP and/or A&E, possibly related to street drinking or street-based activity, and now for some of those people it's not around those presentations. It's about ringing up and making an appointment, attending, quite standard stuff.

A GP described the difficulties those in the NHS face when trying to support those who are homeless to improve their health and the difference Housing First was making:

It's extraordinary... when you actually witness the difference it makes when you're trying to manage someone's health when they're in a very unstable hostel environment or when they're rough sleeping it's incredibly difficult because health just isn't their priority. Their priority is where am I going to be sleeping that night, where am I getting my food from, and so it's very difficult to really begin to investigate or to manage any of their health conditions.

For the GP, the stability of living somewhere means that patients are warm, have regular food, can get into the routine of taking medicine, know how to get to the hospital and their GP's office and start attending appointments. Simply not having the stress of homelessness probably helped with conditions such as high blood pressure, respiratory conditions and chronic pain. The real difference, however, was in the ability to move from crisis support to ongoing, preventative work that required stability, space and safety over time. They felt this was particularly true of mental health, which was often at the root of many of the other issues.

The problem is that often the reason that people aren't able to get into accommodation or stay in accommodation is because their behaviours can be so self-destructive because of their psychological trauma, but no one will help them with their psychological trauma until they're housed, so we're in this real Catch-22 situation. So the magic of Housing First is that, come what may, they're given somewhere to stay, and then that means they can start to get the psychological support that hasn't been available to them up until then, so that makes a big difference. Then so much of the mental health problems that we see in homeless healthcare is due to trauma and distress. The minority of it, I would say, is due to mental health disorders. The majority of it is due to trauma and distress that they've experienced and are experiencing. So as soon as you can give them some stability and reduce their current levels of trauma and distress, then it gives them a chance to deal with their past distress.

This progress was felt to have had a significant impact on local healthcare and other services:

From the outside looking in, it can seem like a very intense length of support, but in fact the reduction in the other services that they're accessing, whether it be A&E, the police, council, to my mind it's more than worth it, and I think they probably end up needing less support in the short to medium term through having that one person that's working with them or that one team that's working with them.

There was less certainty around whether Housing First provision facilitated a reduction in drug or alcohol use over the long term, although most leaned towards a feeling that it did.

3.1.3 Social integration

The question of social integration was widely felt to depend very much on the individual and to vary on a case-by-case basis. For some service users, reconnecting with family was important for their journey, and housing made this possible. For others, however, 'family might have been the reason why they ended up on the streets'. This Housing First project worker felt that it was important to tailor the approach, but that overall they were trying to help their residents to get to meet new people and make new friends:

[W]hether it's joining classes of all sorts. Yes, just being around people and relying less and less on our support, because what we don't want to end up with is being the social network for clients.

Another project worker felt it was more about getting people engaged with the wider community, 'about them living in their community and getting them involved'. In one case this had been facilitated through a partnership with the housing provider, who had engaged with other tenants early on in the process of housing them. This was a special case, as the previous occupant of the flat had caused multiple problems and had been subjected to complaints:

We had to be quite open about who he was, with his consent, but, who he was, what the potential issues might be, and why, and how those people could access us, and, actually, what's ended up happening is he's like our magic bullet guy. He went from being known as Mr ASBO to table-top gardening and giving up alcohol and not having a single incidence of engagement with the criminal justice system from the point he went into Housing First... and so, actually, that work that was done with the neighbours in many ways proved to be unnecessary, because they've never had cause to phone and go, 'Actually, there's an issue and we need you.' It's been more things like, 'Oh, we're a bit worried about him, and he's struggling getting up the stairs', and so I think, again, that's about early engagement, isn't it?

This intervention facilitated the creation of a supportive rather than a judgemental community to help the individual's recovery, and the respondent felt it had been a real opportunity to explore how vulnerable people might be better embedded in the community. At the same time, they recognised that this might not be appropriate in all cases but rather be something that is considered for each individual and area:

[W]e've had experience of community consultation leading to pretty much pitchforks and burning torches and, 'Get these people away from here', and we've also had experience of consultation leading to the community being really open and really positive and welcoming. I think you have to balance it carefully, depending on the environment, the individual and what's happened historically in that area, but I think, on a case-by-case basis, yes, you need to look at it and look at whether or not that is an appropriate way of managing things.

There was also an awareness that one of the challenges was people engaging in the negative social networks that had prevented them from moving forward in the past. However, overall, Housing First was felt to be broadly positive in supporting social integration:

Lots of them have disassociated themselves from negative peer groups and have re-engaged with more positive social interaction, so, yes, I think it's across the board because it's personalised. Because there's more time invested in you than you're able to offer if somebody's in a high-support, congregate housing model, it means that people's integration into the community is much better than it would be otherwise.

3.1.4 Contact with the criminal justice system

Interviewees identified significant reductions in the level of offending among the cohort. Whereas some service users had previously been in regular contact with the criminal justice system, including the police and antisocial behaviour officers, since they engaged with the Housing First service further contact had been minimal.

One of our clients was a regular offender, very regular, and he hasn't offended for three years right now, and that all started since he was given his own home. That's enabled him to make decisions, it's worth giving it a go, it's worth considering abstinence, and then from then on they've just changed their lifestyle completely. Without even mentioning the financial gain in that, on society it's been a massive improvement.

Despite the small number of service users involved, several interviewees pointed out significant cost savings associated with these reductions:

I inputted into a case study of a fella, and I was asked to try and work out how much he'd cost the criminal justice system, and I think we worked out that in the three years before he was with Housing First he'd cost the criminal justice system something like about £60,000. In the two years since he'd been part of Housing First he'd cost it about £1,500, and that was one offence, so from that point of view that's pretty incredible.

It was beyond the scope of this research to provide an estimate of the cost savings made (see Chapter 1). However, there is anecdotal evidence that even over the relatively short timeline of this pilot savings were being made to the public purse. However, there is the ongoing challenge of recognising that these savings are rarely experienced directly by the commissioner who funds the service (in this case the local authority). Instead, savings are dispersed across the criminal justice system, health budgets and other welfare providers. This remains an ongoing challenge within local partnerships.

3.1.5 Education and training

Education and training tended not to be the highest priorities for action for service users, nor for the person-centred support being provided by support staff. One commissioner described the initial cohort in one of the areas, who were inherited from the original organisation running the project, as an 'exceptionally chaotic cohort':

We initially accommodated people who were offending up until the day we accommodated them, who had polysubstance issues, some of whom had undiagnosed mental health problems, so I think that that kind of initial process was almost a triage. They were having to kind of deal with those immediate, really high-presenting levels of need.

Despite this, however, some service users had begun to take advantage of education and training opportunities.

[One service user] is talking really positively about engaging with higher and further education, which would have been unthinkable before this... I think one of the things that's really helped is that it isn't time-limited, so it's okay if somebody isn't engaged with education or work or training within the first 18 months or two years, because that can be a long-term aspiration that's been gradually worked towards in other ways.

Interviewees highlighted the importance of long-term engagement and the stabilisation of other needs to allow people the time and space needed to engage.

[W]e have someone who's been on and off in college, so obviously struggling to maintain it long-term, but each time they go for longer, which is fantastic, and the idea is that we'll try again. The ultimate goal is university, which would be phenomenal, but that's a distant future. We just concentrate on what the person wants to do at the moment.

Other service users had focused on reconnecting with their creative self-expression or had begun to consider classes in languages and IT skills to enable them to better integrate socially.

We've got someone who's an artist but hasn't painted for quite a while, so yes, we've been doing tours around art galleries, just looking at things. Really encouraging the person to accept our offer to use the personalisation money to rent them an art studio so they can start creating again. It took just under a year for them to accept it.

3.1.6 Other impacts

Other key impacts mentioned by staff and wider stakeholders were service users' uptake of benefits and their increased ability to better advocate for themselves, manage money and budget. One key aspect of support has been ensuring that people are receiving the correct benefits, as well as all they are entitled to.

3.2 Who it works for, who it doesn't

All the respondents felt that Housing First could work for a wide range of people and, in fact, had more difficulties in thinking about who it might not work for.

I'm pretty much convinced that it would work for almost anyone. I think there's actually a very small number of people who it wouldn't work for, and I'm not even convinced that we should be saying that it wouldn't work for them... I, personally, think it's the model we should be offering to everybody, and I think, actually, a Housing First model should be offered to anyone who's statutory homeless.

However, the Housing First model was felt to be particularly effective for those with complex needs, for whom other pathways have failed.

There was a clear lack of appropriate response to people with multiple and complex support needs and with a long history of entrenched homelessness, and there was – it's not a big group of people, but there is a group who constantly go through the supported housing pathway and for whatever reason kept being evicted from there, because they cannot cope with the shared environment. There are relationships with people they used to be on the streets with, which are difficult to manage.

While the model tends not to specifically focus on young people or care leavers, those interviewed felt that it had been successful in supporting them. This was partly because of motivation, and it was also seen to be in some measure as more preventative work before a lifestyle became deeply entrenched.

I think it's fantastic for young people, and this is not my saying, it's what one of the young people said. They said that they don't want to be one of those 40-something, 50-something-years-old in the future who are still going through hostel environment and trying to sort themselves out. I think with young people we are basically preventing that from happening, giving them the opportunity to live independently.

Several stakeholders saw great potential in the model for young people where their other options were limited. They felt it could be a valuable tool in supporting care leavers in particular.

We do commission a young family service which accommodates teenage parents and optionally their spouses as well, with young children up to the age of five, but where there are other vulnerabilities as well, where there's domestic violence still being found as perpetrated or there are other complex issues, then you cannot accommodate these people, so I would say the Housing First, it's been a very valuable resource for us. We do also have a gap in our commission in that we have very highly vulnerable young men, 17 years and 18 years old, and we don't have a satisfactory model of accommodating them at the moment. If they are too high-risk to be placed in supported accommodation with other young people, then we are constrained to – we have to refer them to our adult services, which is not the most appropriate solution.

Yes, it's not a family-based model, but having somebody who sticks with you and sees you through it and meets that deficit that statutory services can't meet, actually. I know we talk about people having personalised advisers and social workers, but they meet their statutory minimum, and that's all they can do, because that's all they've got the money to do, whereas Housing First can actually provide that, so I think I would be really interested, going forward, to try and work with our children, families and learning service about expanding the model for other young people.

In thinking about who the service had not worked or would not work well for, there were mixed opinions. Some respondents felt that hostels continued to be better options for certain people, whereas others might have a level of need that required the more intensive support of a residential care home.

If there's significant care needs, we would need to be thinking about elsewhere. Similarly, if somebody had a really significant mental health diagnosis, I think we would be now confidently talking about that at referral stage to say, 'Well, what about mental health pathway?'

For several interviewees, a basic level of desire to engage with the service was considered necessary for it to be successful, yet often people didn't even know their own capacity for change until it was demonstrated to them.

[A]lthough the offer of Housing First is unconditional, you do need to know that somebody's actually got capacity to engage appropriately and has got capacity to understand their responsibilities under the terms of a tenancy agreement, because if they don't have capacity to do that, again, the whole thing is virtually impossible.

One suggested that the meaning of non-conditionality in Housing First needed to be revisited in view of their experience with the service:

I think you can accept ambivalence, you can accept uncertainty, but you shouldn't accept somebody saying, 'No, that's not the model I want. I don't want anything to do with it, go away. I want the flat, I'm having nothing to do with you.'

3.3 What facilitates good practice?

There were a number of common themes in what those interviewed felt facilitated best practice. First, the recognition that often it was the offer of a home itself that allowed people to become more resilient and to move forward.

This is what people wanted and maybe have asked for over the years and been told, 'No, you need to go to a hostel first, and you need to go to treatment.' It gives people value and worth, and I think if people have that... it's a good platform to go on to other things.

The long-term nature of support was also seen as crucial:

...it's not a short-term fix. I mean the people I work with, they mistrust you, have been let down in life. So they need that support around.

I think that's just as important, being told you've got somewhere to stay and you'll be housed no matter what, but then also being told that you've got this one person who's on your side and that's going to work with you.

Access to a personalised budget had also been found to be very useful, particularly owing to the flexibility with which it could be used. Service users were reported to have had choice and control over the money, which had been spent on everything from renting an art studio to having dental surgery and purchasing white goods and furniture.

3.4 Limitations and challenges

Staff and wider stakeholders described a number of difficulties and challenges in operating the Housing First service. These related to both external factors, such as housing, and internal factors, such as the difficulties of working with this particular client group. The principal external challenge was the lack of housing in both the social and the private rented sector.

Housing's a massive one... An average wait for a council property is several years long, which is absolutely not a realistic option for us. Privately rented sector is extremely difficult to enter... Very few properties are within the local housing allowance, so they are usually a lot more expensive, the rent, rent-wise it's a lot more expensive than the Housing Benefit can cover, and in general there is a lack, and where we struggle is with this affordability and choice.

This staff member emphasised that a key part of the Housing First model is offering people a choice in their accommodation, but the resources available made this impossible.

In our ideal world we would be able to offer potential client three or four properties... of a good standard in their chosen location, where they feel really empowered and the choice is quite obvious. That's not something we can at the moment afford.

Thus, in the case of one individual who had been evicted from her housing, the service had been unable so far to find her new accommodation given her past history, in combination with the housing crisis, and was at that time supporting her through a renewed period of rough sleeping.

[B]ecause of the housing crisis in general, it's not – there is nothing we can, there is nothing solid we can offer that person at the moment. We cannot say, 'We'll find you a privately rented accommodation within three months', because we cannot promise that, and I think her history, housing history, doesn't go in her favour, and again lack of sympathetic landlords and people that work with us.

This problem was well understood by the wider stakeholders. One reflected that service users had in some cases been accommodated outside the city centre and away from their supportive networks, which was problematic.

Well, the limitations in Brighton is there's no accommodation, we've got a huge homeless problem, we've got nearly 20,000 people on the housing waiting list, that's just the council housing waiting list, so sourcing appropriate accommodation has been a challenge.

Sourcing housing with temporary accommodation providers was described by one stakeholder as a challenge in terms of both bricks and mortar and partnership working.

The original pilot and the original contract with St Mungo's, the idea was that the accommodation that we would use to accommodate clients was long-term, temporary accommodation through housing partners, so that's properties that are leased from private owners, and that really didn't work for us as a model at all. I think the temporary accommodation housing management team were very, very anxious about the model. They struggled at positively managing risk, and their fear, very much, was centred around losing properties and losing landlords, and so we had to look at finding other ways of getting properties, but in Brighton and Hove that's really hard, so we've got a real hodgepodge mix at the moment.

This new mix included two units within a larger complex of supported accommodation, where Housing First participants were living alongside neighbours engaged in the more traditional pathway model, and this was not felt to be ideal.

From the point of view of the temporary accommodation housing provider, the challenges were twofold. Like the project workers and other stakeholders, they felt strongly that the largest challenge was the shortage of housing overall, particularly given Brighton's proximity to London, as well as being a destination city in its own right. The shortage consisted of both social housing and private rented housing:

We've got a very small social housing stock in Brighton, so it's around 10,000. We've got a huge pressure on that, so there's a very long waiting list for social rented accommodation here.

This meant that some of their stock was leased from private landlords; however, as one stakeholder explained:

In Brighton's housing market as well, because private landlords here don't need us, they can take their properties to the private sector and rent them in a flash.

The other challenge, as raised above, was the need to balance the needs of Housing First participants with those of the other tenants to peacefully and safely enjoy their properties. The stakeholder did not feel there had been any particular issues with partnership working, but partnerships will be discussed in more detail below.

Internal challenges centred round the difficulties of the job itself and the challenges that staff faced, together with those in the programme. Principal among these were substance abuse and some of its related antisocial behaviours. These challenges, of course, were the primary cause of tension with housing providers.

Some of the other challenges have been around people's continued chaotic substance misuse. You're always going to find challenges around ability to maintain the nuts and bolts of a tenancy, neighbour relations, community relations.

3.5 Local partnerships

In delivering a successful Housing First service, staff and stakeholders emphasised the importance of partnership working. On the whole, local partnerships seemed to be working well. In the words of one project worker:

[T]he multi-agency working liaison is fantastic. We have loads of support from other agencies, which is a key here, because it doesn't matter what we would want to do for someone or with someone, if there is no support from others in the city it would be extremely difficult. Having the backup from probation, from alcohol and drug services, from the local authority, from the police, is really, really helpful.

Where partnerships were less successful, this was seen as being at least in part due to a difference in agendas and a deeper understanding of the nature of Housing First. Having inherited a programme and a cohort

from another organisation created a particular set of challenges above and beyond those that would be expected in any Housing First project. As a staff member explained:

I cannot talk about the pilot and how they were engaging with [service user], how often and how creative and assertive the engagement was, but I know that since Mungo's took over there was a period of time when there was very little engagement, because there was no proper team to deliver the service. So [service user] was left to [their] own devices with occasional visits, and so we had very little knowledge, really, what was going on in [their] life.

Thus new staff within St Mungo's started its intervention when the situation had already progressed to a level of crisis:

[W]e've discovered all this – from mental health, physical health issues to domestic violence, very current, very now issue, offending and so on, and because we, as we were unpicking it we had to report certain things to other bodies. That then provoked reactions of all sorts, and one of them were tenancy actions.

It was here that the partnership in the end did not serve to keep the tenant in their home, but rather to evict them:

They weren't willing to negotiate with us any more.

This was in contrast to another, similar tenant in housing managed by a different provider:

There's been a couple of really big incidents that I think they probably would have been in their right to look at tenancy action, but they didn't, and they've worked really collaboratively with us. I think that's because they trust what we're trying to do. We do have a really positive pre-existing relationship, which helps, but even when we're faced with those challenges, we haven't been talking about eviction. We've been talking about how we solve this particular issue.

Thus for staff it was really about bringing everyone on board with the ethos of Housing First.

[F]or quite a lot of those people in those tenancies, we would expect that there might be challenges, and that's why we're here. That's why you have the support component, but in some of those cases I think that we face quite a lot of talk about eviction at quite regular intervals. It was a challenge, I think, to try and look at alternatives, so whilst you could evict, you don't necessarily have to. Are there things we can put in place or review that avoids that kind of conversation?... My suspicion is that because the model is unique, still pretty new to Brighton, and I think the UK, that I think it takes a while, possibly, for people to shift in terms of the cultures in which they're used to working in.

Ultimately, they believed it was important to have this culture in place.

I think, moving forward, that would be a real key component, to have a landlord that understands what we're trying to do, why we're trying to do it and the types of people that we're focusing this model on.

Thus, for some partners, the feeling was very much that it was the accommodation partner, with their difficulty in 'positively managing risk, and their fear, very much, was centred around losing properties and losing landlords' that was the challenge, and that St Mungo's came into an already difficult relationship.

The housing partner felt that overall the relationship was good and the areas where it could improve were very much around communication. Their own challenges lay in balancing the needs of the various tenants and the property owner, but they felt early communication was key to preserving a tenancy. Clearly, the challenges of transitioning the service meant this communication was lacking.

[S]ometimes I believe they've been aware of issues long before they've shared them with us, and, actually, if they'd have shared them with us earlier we could have worked in tandem to hopefully have recovered the position a lot sooner... in both of these cases that I'm thinking of... the kind of extent of damage in a property and the extent of antisocial behaviour was far past the point where we could look to kind of recover the situation with the tenant and with the support of Mungo's. And I think sometimes, my personal opinion is that there's a fear amongst the support workers that if they bring these things to our attention we will look to evict straightway. We never do, we'd rather things were addressed earlier than when they were past the point in that, and I think sometimes that can be down to just the sort of lack of knowledge of the support worker about what our responsibilities are as a landlord property owner.

Despite these particular cases, however, they did feel that overall the Housing First model was a good one.

Given the difficulties in accessing housing, a number of people spoke about the potential of working in partnership with landlords in the private rented sector. No one felt that this would necessarily be unworkable, but it was felt that costs were higher, it was more insecure, and working with a landlord who understood the Housing First ethos would still be key.

We have used private rented, and, again, that's hugely problematic. It's expensive... the risk is that people will sell, so there's a degree of instability inherent there, which doesn't fit well.

In thinking about what might work better, both staff members and the commissioner discussed potentially building relationships directly with the owners of the properties in question, rather than working via another agency or the council as the property manager.

I think my advice would be that it's not just that you speak to the person who manages the property, you have to speak to the person who ultimately has responsibility for that property... so that if they start getting phone calls from people saying, 'This x, y and z has happened', they can speak openly to whoever's making a complaint about what's happening, where that person needs to go to help them deal with this, why the model works the way it does.

If you're going to do it, do it with a social housing provider and make sure that they are fully aligned to the model and make sure that every housing management officer who you'll be dealing with, who has responsibility for a property on their patch, understands the model, has been spoken to directly by the support provider and is genuinely signed up, because, I think, if any one person in that chain is uncertain or averse, then the whole thing gets rocky from the very beginning.

In other areas, however, partnerships seemed very strong. As related by the community safety officer:

I would say I've always really respected... Mungo's for their take on crime and disorder and community safety in general... [they] take a much more pragmatic approach that actually we're here to help that person address all of their issues, and part of that is that we need to address their offending.

In terms of health, the existence of a GP partnership specialising in supporting homeless patients facilitated access to healthcare. As explained by the GP, a significant amount of foundational work had been done to create partnerships across the NHS, which in turn supported the successful operation of the Housing First service:

There's a multidisciplinary outreach team, which has nurses and OTs and physios who are always accessible to the Housing First workers. And we also have a fortnightly meeting called the Multi-agency Homeless Healthcare meeting, where we'll discuss clients of particular concern. So Housing First workers can always come to that if they have particular concerns, and all the different agencies in Brighton will attend that: social workers, housing officers, nurses, support workers, doctors, police sometimes... So there's a good model for cross-agency working here in Brighton, which we've been developing over the last six or seven years.

3.6 Sustainability

All those interviewed felt that Brighton and Hove Housing First operated on a sustainable model, although all were aware of the realities of constrained resources and short-term funding.

I think if we have the access to appropriate housing it's extremely sustainable... there is enough people who need help of that sort and who would respond extremely well to Housing First. There is a massive support network we've got through our agencies... It is cost-effective, if you compare the salary of a Housing First worker to a salary of project working in a hostel, plus the massive funding that goes into every single individual living in a hostel, because of the 24-hour support and so on, then well, there is no comparison really.

For this project worker, the question of housing was central to this longer-term sustainability. For one of the commissioners, it was the long-term commitment of the project to individuals that felt like the biggest leap of faith.

That's the thing, isn't it? I think it will take a very big cultural shift, because I think one thing that people locally, and I'm broadly speaking, struggle with is this idea that you will be paying for the support, potentially, forever, because it's a fidelity model, and I think the historic model of looking at supported housing in the city, as it has been for most places, is that stepping-stone approach, and, eventually, somebody just comes out the other end. That's it, they never need any support ever again! What the Housing First model says is, 'No, no, we're just going to stay with you.'

Another of the stakeholders recognised the difficulties with the higher initial costs but felt that, taking into account all the costs, particularly those to the health service, the model was sustainable.

As with so many services in homelessness, it's about providing the support up front, and because there's such a reluctance to do that you end up paying the cost financially but also health-wise and socially down the line when they keep on presenting in crisis, which we know is far more expensive in the long run.

Another commissioner echoed this feeling and spoke of their desire to expand the service.

I think it's probably the most sustainable model. In terms of our current cost per person per year it is comparable with other intensive support services. So say we wanted to – we had another £30,000 just – you know, I think we could make the case for spending it on a Housing First type – a few more Housing First units rather than supported accommodation units, and also we can monitor what the long-term outcomes are. We're developing systems to do that across the board, but here you've got a real handle on it and you've got that support in place, which means that there's an early intervention and we know if somebody has been repeatedly homeless. The support is in there to prevent that or avoid things escalating.

3.7 Suggestions for improvement

Suggestions for improving the Housing First service related to the challenges summarised above.

Unsurprisingly, the availability of appropriate housing was considered to be by far the greatest challenge.

[H]ousing is the biggest one. If we had a landlord or a housing provider – ideally social housing provider – that can guarantee accommodation for our clients and willing to work with us within the structure that we in Housing First operates, that would be phenomenal and able to make things much, much easier.

A desire to be working with more registered social landlords was echoed by other stakeholders. This was not simply the need to work with sympathetic landlords and guarantee housing, but also the ability to have options and choice, particularly where one tenancy wasn't working for particular individuals.

Apart from housing, people felt that additional resources could always be used, particularly for expanding the programme. Its size meant it could only have a limited impact, considering the scale of homelessness, and in particular rough sleeping, in Brighton and Hove.

I think Housing First works well for the small cohort that are its clients. Housing First as a model would only really benefit the city in a wider way if it was properly commissioned and we had a hundred units of accommodation to put people into, then I think it could have an incredible impact, but there isn't the money to do that unfortunately.

Finally, the issues raised by the transition of the project from one organisation to another were seen as having been quite difficult. Those who discussed the transition felt it had not only been difficult for staff but had also had a negative impact on some service users. This underlined the need for continuity of service and support.

3.8 Summary

In this chapter we have summarised the key findings from interviews with St Mungo's Housing First project staff and a range of wider stakeholders engaged with the project in Brighton and Hove. Through these interviews, we have found evidence that:

- Housing First can be an effective model for supporting those with multiple and complex needs who have long histories of homelessness.
- Housing First can also be an effective model for supporting young care leavers who have struggled to engage with support provided by traditional housing models.
- Practitioners believe that Housing First can lead to cost reductions for local services – in particular for the criminal justice system (i.e. the police and antisocial behaviour teams), but also as a result of better engagement with the local health service.
- Strong partnerships are integral to a well-functioning Housing First service.
- A lack of access to appropriate accommodation options is a key challenge in delivering a successful Housing First service in Brighton and Hove.



Part 2
Housing First in
Westminster

4. Housing First service users in Westminster

This chapter summarises the key findings relating to the users of the Westminster Housing First service. The Westminster team use a different recording system to Brighton and Hove, who use the Outcomes Star, and hence data cannot be compared like-for-like. The clients of the Westminster team expressed a preference for not using formal paper-based scales to measure or monitor their wellbeing. For the most part they declined, as their experience of living in hostels was punctuated by dealing with paperwork, and they wanted to move away from this now that they were living in their own places. Hence, this chapter draws on interviews with five service users conducted in January 2018, four of whom took part in a second follow-up interview in July 2018. An additional service user was also interviewed in July 2018. As in Brighton and Hove, in our interviews we explored participants' current housing situations along with their previous experiences of homelessness and housing insecurity. We also asked participants about wider issues including their health, social integration and engagement with education, employment and volunteering. Contact with the criminal justice system was not explored (as the residents had not had any recent/extensive encounters with the criminal justice system prior to moving into their properties). The impact of Housing First was considered across these different areas.

4.1 Service user demographics and previous experiences of housing insecurity and homelessness

The service users we interviewed were a small but diverse group. Most (five) of the interviewees were men. The interviewees had an older age profile in comparison with the Brighton and Hove service users; their ages ranged from 35 to 57. Four were British Citizens, but the citizenship of others was unclear. Five were White, whereas two had BME backgrounds. All participants had a history of homelessness. All had experienced rough sleeping (both long-term and short spells on and off the streets), all but one had previously stayed in hostels, and two had lived in unsupported temporary accommodation. Four had previously spent some time sofa surfing, and four had stayed in night shelters.

Reflecting on their past experiences of homelessness, participants described cycling between the streets, hostels and other housing situations for a long period of time. All had previously experienced sustained periods of rough sleeping and living in hostels. Two had spent more than a decade living on and off the streets.

I've been on the streets for about 19 years on and off. I went through addiction problems with alcohol, so yes, for 19 years I lived an unstable life, very much so... I've been in hostels before and I've been in places like Emmaus, you know, other places where they're working communities and stuff... there's a big difference because this is my own place where I live by myself and do things my way instead of having people telling me what to do. (Westminster Housing First service user, wave A interview)

Participants also spoke about a lack of privacy in the hostel system:

In a hostel, too many people know your business. Where you're in your own place, it's only me and [project worker] know what's going on, and her team of course. (Westminster Housing First service user, wave A interview)

4.2 The perceived impact of Housing First on service users

The following sections consider the impact of Housing First on service users. As in Brighton and Hove, overall, service users were incredibly positive about the impact of the service on their lives:

I'm just grateful to them, you know what I mean, they've been certainly a lifesaver for me. It's given me back my life... I'm not freezing cold in a shop doorway. I'm actually nice and warm in a nice one-bedroom flat. (Westminster Housing First service user, wave A interview)

Below we summarise service user perspectives on the impact the Housing First service has had on their housing retention, health, social integration and participation in education and employment.

4.3 Housing retention

All participants had been engaging with the Housing First service and living in their flats for more than six months by the time of the first wave of our research. For all, this was the first time they had had their own tenancy, which was the key positive impact of Housing First:

Without them I wouldn't be where I am today. I'd still be stuck in a doorway somewhere drinking myself to death, if alive at all. (Westminster Housing First service user, wave B interview)

Three interviewees had lived in hostels immediately prior to moving into their Housing First property. Two had moved into the flat after living on the streets (one had spent two weeks in a night shelter immediately beforehand). Two described how they had been in some senses assessed for their suitability to be placed in a Housing First property, which to some extent could be seen as contrary to Housing First principles²:

[At the hostel they said] we can see a change in your behaviour, a change in how you are. You're attending the key-work meetings, you're doing the right thing to get out of the hostel. This hostel's not suitable for you now, so would you like to take it? (Westminster Housing First service user, wave A interview)

The agreement was then that I had to go into the night shelter for two or three weeks so they could just watch me and make sure I was stable and everything and that I moved into my flat. But technically I was rough sleeping until [outreach team] picked me up. (Westminster Housing First service user, wave A interview)

Reflecting on this, one respondent felt positively about living in high-support accommodation prior to moving into their Housing First property:

I don't think the support would have been high enough for me if I went straight from [the streets]. They've got, like, you go to the hostel, you've got support 24 hours wrapped round you. You've got key worker meetings every day, twice a day, just to get you back into normality.

Participants were asked to compare their experiences of support from the Housing First project with other forms of housing support they had received in the past. Echoing the clients from Brighton and Hove, all interviewees in Westminster reported highly valuing having their own space and were relieved to be away from the hostel system, which they characterised as dirty and unsafe.

I wanted to get out of that hostel simply because I was getting to use A class drugs, and I'm sorry, that's not me and I can't be doing that. The positives are just getting up in the morning and going out on my balcony. That's good. I look up and down the road and that's it. That's positive. (Westminster Housing First service user, wave A interview)

Well, I've got my own space, for one, like I can have time out. It's a lot cleaner, obviously... The other big difference is the flat makes me feel proud, you know? It gives you that feeling of that self-respect, you know? I think that's the main thing that's happened. (Westminster Housing First service user, wave A interview)

Despite not having a long-term tenancy, residents felt more secure than they had ever been:

Basically, I signed a two-year tenancy agreement to start off with. It gets renewed every two years, so, you know, it's a long-term, so just after two years it doesn't mean to say that I get kicked out or put into a hostel or back on the street, it's just that they only work it by two years. So as long as I keep – my rent's paid up, my bills are all sorted, then I just carry on living there. So yes, I've got my front-door key, I can come and go when I want. (Westminster Housing First service user, wave A interview)

As a result of ongoing support from St Mungo's, several respondents described feeling secure even though security of tenure could not be guaranteed:

They said that, obviously if I wasn't, if [housing provider] decided for me not to stay there, then she would make sure I wasn't homeless. She would get a new place for me, but [project worker], as far as she's concerned, there won't be a problem for me, so I'll renew the contract hopefully next May. (Westminster Housing First service user, wave B interview)

According to the interviewees, their accommodation suited their needs. In a follow-up interview with one service user, they explained how they had had some complaints from neighbours but felt that these were unfounded and that they were being victimised because they weren't in work. However, on the whole neighbours were quiet and friendly.

I'll talk to my next-door neighbour... They're all right. [...but] I get complaints that I'm not even done nothing wrong. I went away for two weeks, and they was ringing [project worker] saying that I was banging about, and she knew I was away for two weeks, so how was I banging about? (Westminster Housing First service user, wave B interview)

All the interviewees were happy with their flats – both at the time of their first interview and in follow-up interviews six months later. Several spoke of their pride in having their own space and decorating it in a way that suited their tastes, and most had been surprised at the high quality of the flats they had moved into:

I really love my flat, I tell you. (Westminster Housing First service user, wave B interview)

I couldn't believe it, like walking into a new home. Posh, really posh, you know... I've never been in somewhere like that, honestly. (Westminster Housing First service user, wave A interview)

Broadly speaking, all felt that living in their accommodation was affordable. All had had help in setting up utilities and related direct debits from the Housing First team, which they had welcomed. At the time of our first interview, several felt that low benefit payments made it difficult to pay the bills. However, this appeared to be less of a concern for most in the follow-up interviews, as project workers had assisted them in accessing their full benefit entitlements.

² It should be noted that the Westminster team refuted this assertion and made it clear that they did not make any stipulations once a referral was made.

A couple of participants explained that they had some concerns about contact with some of those they had previously associated with while living on the streets or in hostels. They were worried that these associates would try to get into their flat and put their tenancy at risk. In one instance, this had resulted in fights outside their accommodation in the early stages of their tenancy.

When I first moved in there, I had a few problems, you know what I mean? A few of my associates wanted to come back, and I didn't want no one to know where I lived at first, you know what I'm saying? I didn't want to get kicked out. I'm never going to get a place like this again, and I don't want to get kicked out. So I had a few fights outside. (Westminster Housing First service user, wave A interview)

However, they had since been able to resolve this issue themselves by explaining to their how important the flat was to them:

I think they were just drunk and high. I got an apology a couple of days later from them, they didn't know what they was doing. When I explained to them, 'Look, if I get kicked out of this place, it doesn't matter to you, you've still got the hostel. Where am I going to go? I don't want to go back on the streets.' Once you explained it like that, put it in language terms like easy-peasy for them, they understood, like, okay. (Westminster Housing First service user, wave A interview)

In follow-up interviews, several respondents were still concerned about former 'associates' from the streets and the threat that engaging with them could pose to their property.

All stayed in their accommodation most nights, but valued the flexibility to stay elsewhere, for example, as they were able to stay over when visiting friends. This had not been permitted by the hostels in which they had previously been residing.

Several were adamant that being given their own flat had meant that they had avoided returning to the streets:

[Without Housing First] I'd be now sat in a doorway probably or on my wall, I'd just sit myself with a can of beer in my hand. (Westminster Housing First service user, wave A interview)

I'll be on the street, in the hostel. I wouldn't ever go back to a hostel ever again in my whole life. No. (Westminster Housing First service user, wave B interview)

4.4 Additional support provided

Alongside access to housing, participants described a range of ways in which they were being supported by the Housing First project. All reported having a good, trusting relationship with their main Housing First worker. In particular, they valued their responsiveness and always having someone to go to if they needed help.

In addition to regular and ongoing emotional support, participants described practical and financial support – for example, support to purchase furniture and clothing. This included support to attend appointments at a range of agencies, including the Job Centre and health services.

I think it was important to have my support worker with me as, being homeless for three years, obviously you're not used to dealing with, like, pressure of paying bills if you've just been on the streets. So yes, I could have done it myself, but I thought it was very important to have [project worker], who could just guide me and support me in the area that is needed or to make calls or contact with people. (Westminster Housing First service user, wave A interview)

One respondent explained how they had struggled to engage at times. However, a high level of trust had since been built with their project worker:

when you've been battered and you've been pushed aside by services where you repeatedly ask for help and they don't give it to you, that's why sometimes I keep [project worker] at arm's length, because I trust her and trust her quite a lot, but it comes to times where basically my survival instincts kick in and I think, right, at the end of the day just be careful, you've been out on the streets. (Westminster Housing First service user, wave A interview)

The importance of ongoing support alongside participants' Housing First properties was clear across all accounts:

Oh she's my right-hand lady... [without support from project worker] I'd see you on the streets tomorrow. (Westminster Housing First service user, wave A interview)

Yes, I think by then – I know [project worker] keeps me close to her, you know what I mean? She keeps me focused, do you know what I mean, because she's on my case. She's on my case because she cares about me, you know what I mean? She wants me to do well. (Westminster Housing First service user, wave A interview)

The level of contact with their Housing First project worker varied across the respondents. Several were in very regular contact (i.e. daily), and this had not changed over the course of the six months of this research. Others had become more independent. Although the service insisted they contact residents every week, sometimes more than once, this respondent reported that they felt their need for meaningful contact had begun to taper off as their need for support lessened over time:

I've been seeing [project worker] less and less. Remember, the last time I saw you I was seeing [them] every week, wasn't I? Now, I'm seeing [them] once a month maybe or when I ring [them] or if there's a problem. That's it. (Westminster Housing First service user, wave B interview)

One participant had asked for (and received) more support following the loss of their partner.

One respondent felt that they would always need support from the Housing First team. Another felt that they would need a lot of support for the next year or so before they could become more independent:

We're in contact at least every day of the week, basically. At least, either by phone call if not meeting up, there's always the phone call. (Westminster Housing First service user, wave B interview)

Several participants positively described the 'non-conditional' approach of the Housing First project worker, which they considered key to their good relationship. This was contrasted to previous experiences of support they had received, which was characterised as heavily rules-based, with limited choice:

With St Mungo's, what I like about them, and I've come under many services, is that they don't tell you, they ask you what you – you know, so I could say to them, this is what I want or, [project worker] I'm not happy with this situation.' Some services will say, 'Well, A, B and C, this is what you are doing; I don't care what you think.' (Westminster Housing First service user, wave A interview).

4.5 Health

All interviewees reported having health problems. Four of the five described physical health conditions. Since moving into their Housing First accommodation, three of these had been receiving hospital treatment for various physical health conditions (including conditions relating to kidneys, lungs, legs and hernias). Five described having mental health problems, including depression and stress. Three had ongoing issues with alcohol and/or drug dependence. Overall, respondents taking part in the second wave of the research felt that their health had improved since the time of their first interview.

Participants felt better for having the support of their project workers and having someone to talk to when they were feeling low:

She's very good, because sometimes I get very low and I need to talk, basically. It's good to – and she will come around and say, [service user name], we need to talk. See how you are today,' and we come here for coffee and chat. (Westminster Housing First service user, wave A interview)

Others reflected that abstaining from alcohol could be more difficult after they moved into their own home:

I was clean when I moved in here... but then when I got the flat I went on like a little bender and started drinking. I relapsed with my drinking. Where it was just so easy to... go back and just have a drink in my place, you know what I mean? (Westminster Housing First service user, wave A interview)

On the other hand, another participant felt that having their own home helped them to reduce their alcohol consumption:

[Having their own flat] It is helping me because if I'm outside drinking and I've had enough I can just come home and I can just block the world out, you know what I mean? I don't need to carry on sitting on the wall drinking or sitting in the location where I'm at drinking... I have drunk in my flat because I can, there's no rules say that I can't, but I don't like drinking in the flat, so that does sort of stop me sometimes... because... I've got a lot of pride in the flat, you know, so I don't want there to be empty cans and rubbish around.

(Westminster Housing First service user, wave A interview)

In follow-up interviews, two respondents described ongoing issues with alcoholism. However, both were receiving support from health services, which was bolstered by ongoing encouragement from their project worker.

From last time I saw you – I'm not going to lie about it – last time I saw you I was on drugs. Since then, I don't take drugs no more, but I'm drinking heavily now, but not to the point of... It is affecting me, only my health, yes, but I'm not doing bad things like I used to be doing before, like heroin and crack, and that's all gone now. (Westminster Housing First service user, wave B interview)

Residents explained how having secure and settled accommodation helped them to recover from health interventions.

It helped massively really, because obviously being on medication as well, and I had to have injections... if I was on the streets, it might have made it a bit difficult. (Westminster Housing First service user, wave B interview)

Several explained that they had found it helpful to be both reminded of, and accompanied to, various health appointments. Help in linking to relevant health services was also welcome.

She gets them all set up, she texts me because I've got a bad memory. She texts me all my meetings during the week so I know, I mean otherwise I'd [whistles]. Bad, bad memory... She'll be like, 'Okay, these are your appointments for this week...' and, 'Do you want me to come to the hospital?' Sometimes it's nice because I wasn't probably going to go, do you know what I'm saying? She helps me with travel if I need help to get to anywhere. (Westminster Housing First service user, wave A interview)

One was considering counselling at the time of our first interview, whereas another was considering going into rehab. In our first interview, the latter felt reassured that they wouldn't lose their flat if they left it for a period whilst moving into a rehab centre.

That's another, a weight off my shoulders because I was worried that if I go into rehab I'll come out, will I lose my flat? And they promised me no, the flat is safe. (Westminster Housing First service user, wave A interview)

However, despite feeling reassured in their first interview, six months later they explained how this had still been a concern. Instead, they were now exploring the possibility of doing a 'community detox':

We're looking at doing a community detox, so I'll be doing it at home... If I was doing a residential, I probably would panic and think, is my flat okay, is this okay, that okay?... [losing the flat was] still in the back of my mind, yes. (Westminster Housing First service user, wave B interview)

One respondent reflected that the continuity of support provided by the Housing First service provided reassurance when workers in other agencies changed:

I've just changed worker because my other worker left to a different job or a different area. I felt a bit uneasy at first, but actually now I've got to know him, yes, so it's worked out well, and [project worker] supports me with that because I was a bit nervous about getting a new worker after being with him for two years. (Westminster Housing First service user, wave B interview)

More broadly, several respondents explained that they felt healthier owing to being able to cook for themselves since moving into their flats. Two were also engaging in regular exercise.

Regarding their health issues, several respondents described difficulties with their benefit claims. For example, at the time of the first wave of interviews, following a recent Work Capability Assessment one had (in their view wrongly) been moved from Employment and Support Allowance to Jobseeker's Allowance, a stricter benefit with more expectations relating to work entry. Another had been placed in the Work-Related Activity Group of Employment and Support Allowance despite not feeling that they were fit for work. Both were being supported by the Housing First project worker to challenge these decisions.

She's been coming to appointments with me. I've gone through alcohol issues, she comes to see the alcohol worker with me. I'm dealing with a benefit thing at the minute, with PIP, so she's going come to court to sort this out for me. Yes. It's all areas, really. She's there. (Westminster Housing First service user, wave B interview)

In some instances, benefits issues had been resolved by the time of the second wave of fieldwork. However, in one instance these issues remained unresolved. Despite poor health, the respondent was required to attend fortnightly appointments at the Jobcentre. Their work coach was aware of their situation and was not expecting them to look for work; however, ongoing issues with their benefits were adding to their stress. They were grateful to the Housing First project worker for accompanying them to meetings, which they felt reassured by.

4.6 Social integration

Most interviewees described having good relationships with family and/or friends. Two had partners, although these were not resident in their flat, and several had children with whom they were in contact. However, one described having only 'acquaintances', appearing to be completely reliant on St Mungo's staff for support:

All ex-homeless people. I don't really class them as friends. I class them as acquaintances. (Westminster Housing First service user, wave A interview)

Some felt lonely at times, particularly when first moving into their Housing First properties. One respondent described a time shortly after they moved into their tenancy when they abandoned their flat and went back to rough sleeping as they struggled to cope with living alone:

It was very lonely when I first moved into that place, very, very lonely... I took my sleeping bag out and went two weeks like that. I didn't stay at the place, I didn't want to stay there. I went up [local landmark] and went back with the boys again, because I got too lonely and that... It just built up, built up, built up, built up. Especially when you've got to lose the people that you associate with and hang about with for so many years. (Westminster Housing First service user, wave A interview)

However, by the time of our first interview, they had since settled into their flat and were 'in a lot better place' following ongoing support from their project worker.

I'm in a lot better place than I was when I first, like halfway through when I moved in... I enjoy being in my own place now. (Westminster Housing First service user, wave A interview)

Previous experiences of homelessness	
Rough sleeping	6
Sofa surfing	4
Temporary accommodation	2
Homeless hostels	6
Night shelters	4

Table 4.1: Previous experiences of homelessness

Several participants were cautious about who they socialised with, fearful that irresponsible behaviour from others might put their tenancy at risk:

Obviously, I'm very careful who I socialise with because obviously I don't want people coming round causing nuisance, because I'm responsible for them people, so if they were to cause a nuisance... then it could be my tenancy agreement at risk. So I'm very – I keep myself limited to who I speak to and who I invite round, really, just to protect me and the roof that's over my head. (Westminster Housing First service user, wave A interview)

Two interviewees were involved in their local church community, and several were engaging in volunteering, regular social events and sports. Two had children with whom they were in regular contact. These relationships had been sustained over the course of the research. In one instance, relationships with family had improved over the six-month period between interviews, which the respondent attributed in no small part to having their own flat:

I'm back in contact with my dad now... He doesn't understand about drug addiction and alcoholism. I thought... I've got my flat now, so I thought, let me just talk to him and say, 'Look, I've done it. I've got my own flat now. I didn't need your help. I've done it.' He was proud of me. He was like, 'Well done.' Obviously, it was Father's Day two weeks [ago]... so and that's the first Father's Day card I sent in four years. (Westminster Housing First service user, wave B interview)

In another case, an unexpected bereavement meant that one participant was struggling to cope with grief following the recent death of their partner, about which they felt 'confused', 'upset' and 'annoyed'. Here they explained how support from St Mungo's had been 'stepped up' as a result and were tremendously grateful for the ongoing support provided by the St Mungo's Housing First team, combined with support from a counsellor.

Several respondents explained that they found it easier to socialise now they had their own flat, being more likely to invite friends and family over in comparison with what was possible in previous living arrangements. Those with children were pleased that having their own flats made it possible for their children to come and stay with them (although this had not yet happened):

My kids can come and see me now... That's the main thing. (Westminster Housing First service user, wave A interview)

If I was in a hostel situation, [having family members to stay] wouldn't be allowed. She wouldn't even be allowed to come to my room, it'd have to be just in the room, and she'd have to be there for two hours and leave. (Westminster Housing First service user, wave A interview)

She stays with me and I stay with her. She stays with me, I stay with her. Backwards and forwards. (Westminster Housing First service user, wave B interview)

In both waves of interviews, most respondents felt their confidence and self-esteem were 'up and down' on a day-to-day basis; however, some noted improvements since moving into their own property. Perhaps linked to this, several described feeling 'proud' of their home.

It's up and down. I take medication, but it's up and down. When I've had a drink, I don't drink no more, but if I did have a drink, I've got a lot of confidence. As soon as I stop drinking the confidence has gone right down, but it will build back up again... [having the flat] helped, I feel normal again, you know what I'm saying? I do feel normal. (Westminster Housing First service user, wave A interview)

4.7 Education and employment

None of the interviewees were in paid work at the time of our first or second interviews; however, three were involved in regular volunteering. In their second interview, one respondent was hopeful that their volunteering would lead to regular paid work in the near future.

Several described previous jobs in retail, care work and catering. However, none were actively seeking work at the time of either interview. This was mainly due to ill health; however, worries about affording rent payments following movements into work also created a barrier to thinking about work (re-)entry:

I can't, it's too expensive, a lot of rent money. It'd be over a thousand pounds a month for me to – then it'd be the food, electric, gas, I wouldn't be able to make money or anything. (Westminster Housing First service user, wave A interview)

Most respondents saw moving into paid work as part of their future; however, some did not. Two were not interested in engaging in any sort of education or training, but at the time of our first interview two had registered with the Recovery College (educational provision offered by St Mungo's). One was considering undertaking training here that would qualify them for a job in the security industry, whereas the other was hoping that undertaking a course might help to fill their time.

I need to fill up my time. I don't want to drink again, I really don't. I'm not saying, you can't say never, but I don't want to drink again. I need to get activities in my life, hobbies and things to do. Not just going up Trafalgar Square with my mates every day, watching them drink, you know what I mean?... they do like music, I think they do most things up, so I might give that a little bash... I know they do fishing up there, like a fishing course, I'd like that. (Westminster Housing First service user, wave A interview)

I've spoken to [project worker] as well, we're looking at, maybe I've got another option where maybe looking at doing mentoring and going out with outreach and doing outreach, maybe even becoming a homeless outreach worker or doing the job that an outreach worker, that [project worker]'s doing... there is options, which people say I'd be good at that. So that maybe I'll look into that as well, which they can help me, I can start off with volunteering and doing that way, yes. (Westminster Housing First service user, wave A interview)

However, neither had engaged in education or training by the time of our follow-up interviews. This was due to a range of reasons. For one respondent, it was important that they focused on improving their health before engaging in education and training activities:

I need to sort myself out before I can concentrate on something else. When I want to go there, I want to put 100 per cent in. I don't want to put 20 per cent in. I need to sort myself out first. (Westminster Housing First service user, wave B interview)

One respondent explained how earlier plans to undertake security training had been changed, as longer-term career goals that had since been developed meant that this was no longer an appropriate path:

I chose not to do that. That is available to me. The funding's available... but I think, really, the work I want is to be a support worker, so I'll be looking up the peer mentoring [training] with [project worker]... I've made my mind up. I want to do outreach. (Westminster Housing First service user, wave B interview)

One respondent felt that, when they were able to move into work, having their own flat would make gaining employment easier, as they would be able to give an address to prospective employers:

If I do apply for jobs, when you, if you're homeless, you can't on your application put NFA [no fixed abode]. Actually, on the application form I can put [service user's address], because no employer, they look at the form, and it's NFA, they're not going to employ you really. (Westminster Housing First service user, wave B interview)

One respondent, who was engaging in ESOL provision at the time of both first and second interviews, had improved their English language skills considerably.

4.8 Improving Housing First

All residents were highly complimentary about the service that they had received from St Mungo's Housing First. In particular, everyone spoke very highly of their project worker. Residents also knew other members of staff from St Mungo's, which meant that they were able to speak to and access support from this wider team when the project worker was unavailable.

We asked all participants if there was anything about the service that they felt needed to be changed or improved. All struggled to identify any required changes, with most simply stating a need for 'more of the same':

It could try and open up more properties they can use and get more homeless into them... they're doing exceptionally well, but it's down to funding, like I say. If they had the funding, they probably would be able to open up more flats. (Westminster Housing First service user, wave A interview)

Only one respondent identified an area for improvement. They felt that communication could be improved at the times when the project worker was absent.

Am I happy about the way the communication is in St Mungo's? No. If I had to address it I would address it very seriously, because when people go away and they don't let them know when they're going away, some people that can affect deeply. I'm one of those people because it's like I won't have any of the staff round my house since I've had two fallings out with [another St Mungo's project worker]. I don't want to speak to [them] again. (Westminster Housing First service user, wave A interview)

However, this resident went on to explain that they themselves could be difficult to communicate with:

At the end of the day, if I can't communicate with you and I can't talk with you, fuck that, I can't work with you. I can't play that game like try to be nice and put on... and that's the thing with me, if I don't like you I'm not going to bullshit you and say, 'Oh yes, let's go out for a sandwich?' No, bollocks to that. I'm very straightforward, and some people find that offensive. (Westminster Housing First service user, wave A interview)

Furthermore, other respondents were highly complimentary about the level of communication they received from the Housing First team and, as a result of being familiar with the rest of the team, felt reassured that support would be sustained, even if, for whatever reason, their project worker was not around:

Obviously, when [project worker] goes away [on leave]... she puts somebody in place that knows me, and they're the backup if I need them... if [project worker] was to leave or... was to be sacked or decided to move on to other places, I've got a rapport with the other workers. It's not as if I'm starting from scratch really. (Westminster Housing First service user, wave B interview)

Another resident was keen to stress the role of government in ensuring support for more homeless people was available:

If anybody can do more about it it would be the government, you know what I mean? With the lack of funding and the lack of money that is given to homelessness and addiction and mental health. (Westminster Housing First service user, wave A interview)

Reflecting on Housing First as a model for supporting homeless people, there was a consensus that it could be an effective model of support. However, several respondents were keen to stress that a range of options were needed to reflect the varying needs and capabilities of individuals:

I think it works for people, but you have to be careful because, obviously, you can't take someone that's been on the street for 20 years and put them straight in a flat. It's not going to work, is it, because you're going to get claustrophobic. It's going to be way too much for them. I think people they need to focus on is the people that have split up with their partners and have been in a family situation like looking after their kids and their girlfriend and their wives, whatever. From a flat to the street... it's so easy, yes, to fall into that trap of homelessness and not get back out. If they took them people that had a flat before, put them back into a flat, there's not that gap, is there?... I think the transition from A to B, instead of going A to fucking F and then going back to C, I think that's a bit better. (Westminster Housing First service user, wave B interview)

Homeless people have different needs and there's different complex – it might be sexual abuse, it might be mental health, it could be addiction, it could be whatever. So, obviously, the workers, before they decide what clients they're going to put forward or put the application in for Housing First, they need to know where that person's at. (Westminster Housing First service user, wave A interview)

Some people will be more suited in hostels or some will be suited in flats. It all depends on their needs. (Westminster Housing First service user, wave A interview)

4.9 Summary

In this chapter we have summarised the key findings from interviews with six people who were at that time using the Westminster Housing First service. Through these interviews we have found:

Consistently with the findings arising from the Brighton and Hove fieldwork, there was evidence of significant improvements in housing retention for all the service users we interviewed.

Similarly, there was evidence of improvements in wider aspects of service users' lives, including health and engagement with education. This again was consistent with the findings from Brighton and Hove.

In line with some of the findings from Brighton and Hove, there were residual challenges regarding the 'social integration' of some participants, with some feeling isolated in their accommodation. However, there were differences from Brighton and Hove in that the acquisition of their own property appeared to provide people with a greater sense of agency and freedom. Although there was some initial trepidation about potential isolation, this appeared to be outweighed by longer-term gains in personal independence and self-efficacy. However, in some cases some people had concerns about former 'associates' from the streets and the threat that engaging with them could pose to their property/tenancy.

There was unequivocal evidence that the housing situation of clients was only made possible by having the support from the St Mungo's Housing First team. This finding appeared in Brighton and Hove, as well as in other studies of the impact Housing First has had on the housing and support pathways of clients.

In the following chapter we explore these issues from the perspectives of project staff and wider stakeholders.

5. Findings

Interviews with Housing First staff and wider stakeholders in Westminster

In this chapter we summarise the findings from interviews with staff from the Westminster Housing First team, along with a range of wider stakeholders from external partner organisations. Eight interviews were conducted, two with staff members (a follow-up interview was conducted with one of these staff members) and five with wider stakeholders. The wider stakeholders included staff from local third sector support services, a local commissioner, local housing officers and registered social landlord staff. The impacts of Housing First, the key components of its effectiveness, its challenges and suggestions for improvement are explored below.

5.1 The effectiveness and impact of Housing First in Westminster

All those interviewed believed Housing First to be an effective service, although acknowledging the small sample and the difficulties in the project.

We are talking about a programme of five tenants, so it's really, in terms of the amount of properties that obviously I'm responsible for, it's an absolute drop in the ocean, but I think that it's doing really well and, in my view, there doesn't seem to have been any sort of limitations, as I say, and I can't really speak highly enough of the St Mungo's staff. They seem to have been able to give a really quite generous amount of their time and energies to supporting these people.

The interviews were undertaken, however, at a difficult time for project workers and partners following the death of one of the participants. Many, if not all, of those interviewed still seemed to be struggling with both personal feelings and the questions this had raised for their work, though it was left up to them how much they wished to discuss it. It did lead, however, to reservations in how people spoke of the project's effectiveness in comparison with St Mungo's other project. On the whole, people did speak positively, in particular of what Housing First provided in comparison with other services. In the words of one third sector worker:

it gives people, I guess, a sense of purpose, pride. I also think it's terrifying for people, and that's something that became apparent as we got going. I think, yes, it's suddenly something that's theirs, and they're not sharing spaces. It's their space, not their doorway, not their bedroom or sharing a lounge. They can watch what they want on telly, so yes, in that respect, I think it's very, very good. It's hard, it's really quite tough at times, but yes.

5.1.1 Housing retention

Housing retention was one of the principal benefits of the project, and it was felt that a stable home became the foundation that made other improvements in health and wellbeing possible. In the words of a Westminster project staff member:

In many cases, for example, with one of the referrals, this person was literally in and out from projects and never stayed for very long. Well, we're talking about, I don't know, two weeks and abandoned, things like that. He's been in his flat for – he was one of the first ones who moved in. He very much talks about it, how he doesn't want to lose this flat and how he feels that this is home. He's considering going to alcohol treatment, so the biggest worry was that he's going to lose his flat. We assured him that, no, it's St Mungo's property,³ we're going to keep it for you. It's going to be ready when you come out, so yes, I think... People really feel that this is their base, this is their home; this is where they feel safe and secure and, yes.

While most participants experienced moving into and living alone in a flat as a challenge, most had come to cope with this very well. One housing manager felt that, in the end, the project had been successful enough in that they didn't really see a difference between those placed in their flats through Housing First and other tenants.

I would say there is not an amazing amount of difference. I think, in my experience, the Housing First tenants tend to need slightly more support in the first few weeks or months of their tenancy. They tend to settle in slightly more slowly because of the circumstances they're coming into the accommodation from... But once that initial period is over, I haven't really found there to be any huge difference. (Housing officer)

5.1.2 Health

Arising from the provision of housing stability, improvements in health were perhaps the second key impact. One project worker described a simple case where having a home had made a huge difference:

³ Although it was later clarified that it was meant that they would be supported in maintaining their tenancy to ameliorate any issues that might occur.

They wouldn't see the doctors, they wouldn't follow up with any treatments... we've had this amazing example of this man who has been on the streets for 20 years, and he's quite unwell in terms of his mental health. Then his physical health, he had some health issues. He was given a course of antibiotics for 12 days, and he was told by the doctor that, 'You can't drink, taking these antibiotics, and you have to finish it all.' He did, and we could see that his wounds, because he had some infection on his back, everything healed. You could see, like how amazing; if he was on the streets, probably that wouldn't happen.

In another case, one of the residents was suffering from a hernia that 'was having a knock-on effect. He wanted to go out and work, but because he had this hernia he couldn't go out and seek active employment, it was affecting his benefit, affecting him going outside the property' (Housing First project worker). The project worker was able to help him get an operation in order to allow him 'to maintain his independence and progress further'.

There was less certainty around whether Housing First provision facilitated a reduction in drug or alcohol use over the long term, although most respondents leaned towards a feeling that it did. As noted above, this was a particularly poignant question in one area, where one of the residents who had been struggling with alcoholism for many years died over the holiday period after heavy drinking. This was felt deeply by all those who had worked with him. In this case, it was felt that his drinking had in fact increased after he left the hostel, as, living on his own, he had not been monitored in the same way and did not always open the door or allow support workers into his property.

Much of the ambivalence around this question arose from a feeling that hostels, while allowing closer monitoring of people's conditions, also potentially made it harder for residents to get clean. For one third sector stakeholder with long experience:

in this kind of environment, in a hostel, they're surrounded by other drug users, other drinkers, so if they were wanting to abstain and withdraw, it's difficult when you're around it and being offered it and all the rest of it, but I think people have a far greater chance of succeeding away from it. I know other clients that have gone into flats, have certainly reduced their drug and alcohol use just simply through not being around it and, you know.

5.1.3 Social Integration

The question of social integration was widely felt to depend very much on the individual, but overall the project was felt to have had a good impact. This was, to some extent, more positive than the clients' views of their own situations, which perhaps points to the ability of workers to draw on their wider experience in supporting people in other service areas under different conditions.

For some clients, reconnecting with family was important for their journey, and housing made this possible.

I think in general people slowly start thinking about getting more in contact with the family when they know they're not on the streets now. They can say, 'Well, I'm in a house now.' Or with, for example, children, because there's an element of shame, being on the streets, that often prevents people to be in contact with the family. One example, one of the client I went to see recently, his daughter, she's outside London; she lives outside London. Yes, he managed to see her, and their plans that kids will come and visit... (Housing First project worker)

For some participants, housing allowed them to have friends over; for another, who enjoyed cooking, it allowed them to invite others over to share a meal. There was also a sense that it often needed to be the start in building new kinds of connections. For one stakeholder, being in the community helped people develop new ways of relating to people and forming relationships very different from those they had been raised with. There was an awareness that one challenge was people engaging in the negative social networks that had prevented them from moving forward in the past.

[Y]ou have challenges in terms of unwanted visitors and people taking over flats. It's because people would say, 'Yes, I know this man from the streets, he's cold, I'm going to bring him in.' But then this might go a bit wrong, in a way. (Housing First project worker)

This was echoed by other staff members:

One person started drinking really heavy in the flat, people came round to his flat, and it was a bit messy, antisocial behaviour, that kind of thing, but now he's away from that. Yes, you want positive social integration, don't you?!

5.1.4 Education and training

Although arguably still a feature of their plans for the future, education and training tended not to be the highest priorities for action for clients, nor for the client-driven and person-centred support being provided by support staff.

[T]hat's always, I guess, one of the things, the last thing to come with some people. It's like there's a series of priorities, and when they're ready, and they're more likely to be ready when they can get their head together and have the space to... (Third sector worker)

The hope was that once people were housed, 'learning and education will become more real now, because those immediate high-need issues have been contained or managed. There's more space in people's lives now for them to think about how they want to positively fill their time' (Council commissioner). For some, this was access to a computer and online learning:

One person we've worked quite hard with in terms of digital inclusion, in terms of making sure... They wanted a laptop, internet access, and they've been doing some online learning. (Housing First project worker)

Others had started volunteering. As the project worker explained:

one of our clients is actively volunteering now – actually two of them – actively volunteering in either churches or homeless organisations. Yes, they're just looking into getting employment in the future, so that's quite nice.

All those interviewed emphasised the importance of judging this on a case-by-case basis, as not everyone was ready or might ever be ready, depending on the extent of their illness, to engage in education and training.

Everybody has faced different challenges before getting into the flat, and everybody has different coping mechanisms and are at different stages in their recovery. You have to work with people where they're at. (Housing First project worker)

In a follow-up interview with the Housing First project worker, they explained that they were looking into employing an activity worker, which may help to encourage more service users to engage in educational and other activities. This intention was slightly amended subsequently, as the service was awarded funding from the Ministry for Housing, Communities and Local Government, which funded two extra workers.

5.2 Who it works for, who it doesn't

There was wide agreement that Housing First worked for many of those for whom other pathways into housing had not worked.

I think it's the people who do not do well in hostels and struggle being around people. It works for people where everything else has been tried and it's not worked, and you can say, 'Look, here's a new thing, try this.'

This was particularly true for those who had been sleeping rough for many years.

Another individual's got a rough sleeping history of going back 20, 30 years that's in the flats. He's never been part of the system, so it's an opportunity for people that don't want to be part of the system and what that provides, even though it kind of is, but it's a little bit different, isn't it? (Housing First project worker)

This was despite the many challenges that such an individual might face in managing their own flat after periods of many years.

But for these who are on the streets for a number of years and just be put in the flat and just start doing things on their own, but that's really surprising. We were so chuffed about how well people are just – they're just like, 'Yes, right, I have to pay this, this, this, show me how to do to and I'll do it. What do I do with this meter? How will I take this, and how do I see how much money I'm spending?' So it's really, really – that was really surprising.

The same project worker described another case where

He's been in and out, you know... in and out, in and out, and actually he's like, I'm sticking with this now, and he's actually really proud. Yes, it's just that's always nice to hear, see the smile and hear people's stories.

They did not feel, however, that Housing First's success would be limited to such a population, but that it might also work well with young people, particularly if there were a transition period spent in a hostel.

One of the third sector workers felt it was much less to do with an individual's particular characteristics or the issues they were struggling with and 'more about what attitude they're coming into the programme with'. They explained that those who seemed most successful were:

The ones that have come into it with a real attitude of, okay, this is the next step, and I want to make it, and I want to stand on my own two feet, and this is life, I'm going to get it done, have seemed to fit in very well and kind of just get on with things.

There was also the question of location.

Then we had one gentleman who stayed in the flat for the month but then disappeared; we didn't know where he was. We would then find out that he went outside London and to the area, I think, he grew up, and he refused – he was met with – by outreach team there. He was offered support to come back, and we were keeping the flat, and we were waiting to – for him to come back. But he said he doesn't want to go back to London so... (Housing First project worker)

The recent tragedy meant that those interviewed had been giving this question a lot of thought, particularly around those struggling with addiction.

What we thought after, obviously, this happened; we thought we're going to start to have a closer look at referrals. It doesn't mean that we wouldn't accept someone. As well, it was quite difficult to tell because we didn't know this person prior to moving into our flat. In the hostel, his drinking wasn't that bad, in a way; this is what we have in the referral, so he was managing that a bit better. (Housing First project worker)

Mental health was another concern; one of the project workers commented on the issues that this could raise:

[H]e ended up locking the gate and putting notices saying, 'This is my flat. No one's allowed down here.' It was a health and safety thing...

I guess, yes, well, on that, people who maybe have severe and enduring mental health issues that are not engaged with treatment. I suppose you've always got to think about what happens if you can't open the door, they won't let you in or – I think that's something to bear in mind.

One person noted that they had been surprised by the way that those with most difficulties in the project had been those previously in supported accommodation, and for them it seemed that Housing First had not made quite the difference that it had for the others. Two other groups were mentioned, of which the first were those who didn't want to be part of the project: the flipside to the comments above. As one third sector worker commented, this was hard to know:

someone who doesn't want to move on, but you don't always know that at the beginning because obviously people's goals change, people's ambitions and aspirations change, but if someone has no intention of moving forward or moving on, then that doesn't work either, yes.

The final group were those who just didn't want to live on their own and were open about that.

5.3 What facilitates good practice?

Good practice seemed to come down to a flexible and fully person-centred approach developed through the building of relationships and trust. This made it difficult in the beginning:

We started moving people in. Obviously, in some cases people were a bit apprehensive to sort of – because they didn't know me. We didn't have this relation built, so the trust wasn't there. (Housing First project worker)

For some of those coming from hostels, it was the hostel workers who maintained the initial relationships and supported tenants with getting what they needed for their flats. While this was successful to some extent, staff felt that it would be useful to begin building their own relationships with participants from the beginning:

Now we think, yes, that's going to be referrals from the hostels, we would, for example – I would go and meet people prior to that, maybe do some pre-tenancy work, just get to know someone a bit better. (Housing First project worker)

This would also facilitate having a support plan already in place before someone moved in.

A number of anecdotes from project workers highlighted the importance of patience and of moving slowly without demanding too much all at once, and particularly of not giving up on people. One example:

Yes, I think you can see now after a few months that even, for example, beginnings were difficult for some clients, we had keys thrown out at us, saying, 'I'm going back to the streets, I'm not coming back.' Then a few hours later, 'Can I have my keys back?' We had a few occasions, and people keep returning to the flat, and they do stay in the flats. Yes, I think it's important to have a home, finally, after being in the system for years, not being able to have your own tenancy. That's quite nice.

Part of the success lay in the fact of having a place of one's own, and part in staff maintaining support:

I think it's when they get a sense of belonging, of pride, environment, and I think we just don't give up. We just keep going, and we're just – they know that we're always there. I think that's really key, and it's about making sure that people are linked into alcohol services, drug services, so they have another outlet as well if they're struggling.

It meant listening and relying less on forms and trying to be available at least by telephone when needed.

It's not been all the time, it's just been when there's been particular worries. Then another, just before Christmas, I did a day, and she did a day, and it was saying to the clients, 'We will be available between these times for phone conversation only.' Is it above and beyond? It's possibly just to make us feel a bit more reassured, because four days with no contact is quite a long time, I think.

This was a common theme across the two areas, and there does seem to be a need for this kind of support outside regular working hours, which should be built into staff time.

For partners this support was key to making the programme work, particularly for the housing providers.

[J]ust having somebody on your side to do those things for you. The just nudging you along, signposting you, I think that's really, really key, I think it really does help, and it does allow people to maintain their tenancy rather than drop down at the first hurdle because they haven't applied for the Housing Benefit or they haven't applied for a particular benefit or something that could have an impact on their tenancy.

Communication between partners was key, as well as a feeling of security that the appropriate support was present rather than the more minimal contact every fortnight or less that is often what is described as tenancy sustainment support.

5.4 Wider impacts

All those interviewed felt convinced that the Housing First project had had a much wider social impact above and beyond the obvious successes in helping people change their lives. These broadly fell under the categories of reduced impacts on the police, the criminal justice system and the NHS.

[P]eople are using less NHS at the moment, like hospitals, because we've had people on the streets, they would use, for example, a bit the hospital sometimes as a respite when they have enough of the streets... They're able to follow up; for example, whatever programme of treatment they are given, they're more likely to complete it initially. (Housing First project worker)

In the words of a council commissioner, '...it's all anecdotal stuff. The anecdotal stuff is incredibly impactful and powerful, especially when you've looked at the case studies, and I think they hold the most weight'.

5.5 Limitations and challenges

A number of difficulties and challenges were raised in discussing the Housing First model in terms of both external factors, such as housing, and internal factors, such as the difficulties of working with the particular client group.

5.6 External challenges

The principal external challenge was the lack of housing and the resulting restrictions on which individuals could be offered places, as well as the lack of new voids to expand the programme. One person described differences in the way the housing association worked with people with complex needs and how this led to some initial issues upon set-up:

They don't work with vulnerable people in the sense that this sector does, so yes, I think that was a teething issue. I mean we got everybody in in the end, but yes, it took some time.

There was a similar lack of understanding among other services not directly working with homelessness about the situation of anyone with complex needs. One project worker described what they called

inflexibility with services... Utility companies are a nightmare, and things like that. Services that don't have much understanding about homelessness and just people sort of dealing with on a daily basis, it's quite difficult to manage.

5.7 Internal challenges

The primary concern was around managing substance and alcohol use. As one third sector worker commented about the difference between hostel and Housing First provision:

[T]he issues [that] led to people being homeless in the first place are still there, and the person... we'd referred, he wasn't really addressing his issues here. So it's quite a challenge then if he's going to address it in the community, because at least here he was seeing a member of staff every day, but I don't know quite how frequent he's able to see his worker. I'm sure he'd love to see them every day, but I'm sure that's not logistically possible all the time.

In the end, however, the ethos of the service is that it is up to the person to decide what services they access. In reference to the tenant who had recently died:

On many occasions we have offered detox rehab, and that was our main concern: that he is not coping well. We've offered to, 'You can do the treatment and you can keep the flat', but he – that was a big no-no for him, he would never go to – we've tried on many occasions, the drug and alcohol service he was working with. We did engage him with extra mental health services for support because he wasn't going to take up the detox and rehab option. We thought maybe some therapies in the meantime would help him to get a bit better, but his engagement was very erratic due to heavy drinking.

Despite this tenant having talked about his decision to turn his life around, it became too much around Christmas, and the project workers found him lying on the floor. This is arguably one of the risks of placing someone in Housing First, and one that has been confronted in other areas. Ultimately, there is little that even the most committed support can do if someone refuses all help. Other tenants also failed to engage with workers at times; however, for most this seemed due to momentary frustrations, and they would soon return to ask for support.

One person did highlight the difficulties of getting adequate support, particularly where dual diagnosis was an issue. They felt that partnership working between mental health and drug and alcohol services was still not adequate to support those who needed both.

It's about how can we advocate together to have the client have a joint, I wouldn't call it a recovery care plan, some kind of joint plan, but that takes it at commissioner level to see what's happening with a particular client.

They expressed a hope that this work, focused on developing partnerships around individuals and their recovery, might help to facilitate that.

A final challenge, as has already been discussed to some extent in thinking about who Housing First might not work so well for, was managing the expectations of those who had been in supported housing.

I think the purpose of the Housing First worker is to empower the individual to resolve those issues themselves and support them through that, and I think there was a lot of expectation on the worker here to do those things and resolve the things, and there wasn't an element of problem-solving and initiative that came from that. I think, yes, it's interesting. It made me question how we were providing support currently in the accommodation services in terms of assisting people to stabilise and getting a benefit claim set up and taking a lot of that ownership responsibility, not quite away from the person, but taking it so much as they were willing to give. (Commissioner)

They felt it might be useful to make it clearer what tenants' expectations were at the beginning. A second issue was the difference between the Housing First model and the more traditional step model – for those used to the latter, the former might appear unjust on some levels. As the commissioner explained:

Perhaps it looked like it was random choice or somebody has jumped the queue or something like that, so I mean the recommendation to him was, 'Don't tell anybody where you're going.' When he went, unfortunately he did, so landed him in some fairly hot water, and it was a bit of a difficult few months of adjustment for him, and yes, breaking some of those social circles as well.

5.8 Local partnerships

Much of the work was undertaken in partnership – the principal partner being Sanctuary Housing, who provided the flats made available to programme participants. Some compromises had been made with the Housing First model in terms of who was accepted, given Sanctuary's housing restrictions pertaining to the acceptance of people with serious and recent offending histories such as violent and/or sexual offences.

We had to be flexible around that. For example, they didn't want anything with – anyone with the extensive offending history. So we had to look at that as well. (Housing First project worker)

Interviewees also noted the sometimes frustrating process of working with a much larger organisation where people had much larger caseloads and could sometimes take a while to process things and to communicate information. One of those interviewed described the 'teething issue[s]' around the housing association and other partners working with such a vulnerable population for the first time. From the housing association's perspective, it was most helpful to know that there was support in managing the complex issues presented, highlighting the importance of ongoing and timely communication.

It's always good to know that these tenants have got a long-term support in place for them, and we can speak to each other, and, where there are problems, we can sort that problem out before it gets any serious... It's not the same as any other tenancies. I think you've got a lot more support there, understandably, for each of these residents, and they've got their particular support needs, so it's ensuring that you know who their support worker is, and, if you're going to be visiting or if you're going to be having interactions or whatever, speak to the support worker. If you're going to go and visit somebody, then speak to the support worker and say you're going to be visiting and try and do a joint visit.

The importance of good communication was echoed by other third sector partners.

They contact you about things. They communicate, and they are always very accommodating. I think it helps that they've got an office fairly close to the area that we're talking about, that, if you need to meet them for something, they're always happy to nip out and meet you somewhere that's convenient for you.

We work well alongside making sure that they're – you know, to ease the transition from one accommodation to the other. Joint working is what we're all about really, and, yes, they're a great team, the Compass Team [in which the Housing First team sits]. Yes, we work very closely, almost daily, really, we're communicating, and joint working is the best way, really. It's not like we're working for different organisations, it's like we're working for the same... goal, you know, so that's the way I see it. (Third sector partner)

Three interviewees mentioned the usefulness of regular meetings, such as the Health Action Group and regular meetings bringing together hostel workers. The most challenging aspects of partnership were felt to be with mental health, which was primarily due to cutbacks and staff turnover.

It's a real strain with mental health services at the moment, you know, it's been cut so much, and we're really fighting to keep our clients linked in with mental health services. They're discharging them left, right and centre, so that is a big problem. Even with drug services there are pressures as well with staff leaving. There's a high turnover, there's lots of change, which can be difficult for some of our clients to maintain the motivation when they're having to explain themselves over again to new key worker or caseworker. (Third sector partner)

Beyond this, two people described the importance of having a key contact person at the different agencies, 'having, I don't know, a specialist person or a named contact that just sort of gets it' (Commissioner).

Likewise, staff felt it important to have a key person on their side navigating the different systems and helping to ensure things were working. For both, it also came down to being 'flexible, being able to take risks, yes'. (Commissioner)

5.9 Private rented sector landlords

The project had not yet engaged with private sector landlords in terms of placement, though staff felt there was no reason why that wouldn't be possible.

It's all about finding a landlord sympathetic to the cause of the project who understand that there might be some difficulties but is also willing to work with us to address this appropriately. If, for example – unfortunately, the reality is if we went through a letting agent, for example, the chances of smallest issue around antisocial behaviour, noise, would kick in the termination or eviction actions, which obviously we want to avoid. (Housing First project worker)

In addition to the worry about the tolerance of the landlord or letting agency, there was also the question of security of tenancy.

I think it's really insecure. From renting ourselves, at any point somebody could say, 'No, I'm selling up. You've got to get out.' I don't think it provides that security that the whole point of Housing First is, unless you've got a really, really nice landlord who, like, yes, this is what it's all about and, yes! (Housing First project worker)

5.10 Scattered v clustered provision

Because of the constraints of working in London and housing provision through a single association, the Westminster project is working with clustered provision. This has resulted in both difficulties and benefits. Many of the clients know each other well, and therefore, in the words of one project worker: 'we have reports that they're not happy sometimes seeing each other in the area or very close in the area, because the flats are very near to each other... for some people it's not very comfortable, they don't like it'. A third sector partner mentioned that it seemed that people had been able to avoid each other fairly well, despite living so close.

For one participant this also meant he was still physically close to networks that might hinder a new step.

I think for one guy it was difficult because the area was very close to where he used to live in a hostel. People found out where he was living, and he found it hard to not – that's another thing, some people feel they can't let their rough sleeping friends stay, because they feel bad because they've got a flat and it's cold. I guess that was difficult, but that's not answering about scattered or clustered. (Project worker)

There was also the potential for this to cause jealousy:

We had a client up the road, and he moved into one of these, lovely guy, unfortunately quite well known in the area. Some clients were very, very jealous that he had been, what they had seen as giving a flat... 'We've been here for three years, and this guy has just swanned in and you give him the

flat.' There was an incident where he was assaulted in the community... if we were to relocate him in another Housing First property it's going to be in the same area, so that's a drawback, being perhaps a known face within the rough sleeping community, which is obviously quite active and moves around a lot.

In terms of benefits, this also at times gave participants a broader support network.

but, on the other hand, they are able to formulate friendships. We had these two chaps living in the same block of flats. They would visit each other and, especially at the beginning, to help each other doing stuff in the flats, so that's quite nice as well. (Project worker)

Project workers also described the 'bit of camaraderie between the four that are all in one building'. Above all, clustered provision made it easier for staff, as the flats were both near to their office and near to each other, making it very easy to just drop by. This was mentioned by both staff and partners as a key strength, allowing staff to regularly interact and be seen in the community.

That's allowed St Mungo's staff to have a very hands-on approach to it. It's not a problem if they have to go around to somebody's flat, because it's just around the corner.

It was felt that perhaps more flexibility in provision might be useful, for example, a hybrid approach that allowed both clustered provision and more distant provision where needed.

5.11 Sustainability

The primary concerns around sustainability lay in resources and housing provision, with staff looking to expand the number of housing options and with tenancies guaranteed for years. Key to financial sustainability was sustaining the tenancies; in the words of the commissioner:

I think as long as we can support our clients to live with their neighbours in a respectful way and to maintain their source of income so that it's paying for the bills, then there is absolutely no reason why we can't advocate for more and to grow it. If they're actively losing money, and they're having to evict people, then that's probably too much work for them, if that makes sense, so just ensuring that we support people, yes, to make it work, I guess, so we can advocate for more.

For one third sector worker, the effectiveness of Housing First seemed to make it a more sustainable model than hostels:

I think it must reduce costs in the long run, having models like Housing First rather than hostels and what they cost. I'd say it's a good use of resources and it does seem to be something that's working well for people, and I think hostels are possibly on their way out, really, as a sort of housing model. I mean there'll always be a place but, you know, niche project, I guess.

Another worker commented:

I'd say, mental health and emotional health, yes, they're much happier in a place of their own, as anyone would be. I mean being in a hostel is not a natural environment at all, you're just shoved full of people with lots of issues, and so it's quite challenging living in this environment. But, as I say, with [participant name] it was noticeable how much calmer he was when I visited him afterwards, that he seemed to love the move, you know, it's good for him.

5.12 Housing First v hostels

As seen in the quote above, on the whole those interviewees from the third sector felt that Housing First could come to replace hostels in many cases. In the words of one interviewee:

I think hostels can create lots of antisocial behaviour and suck people into things that maybe they weren't involved with before. They're certainly not for everybody, and sometimes we've got too much of a mixture of people in here that really shouldn't be living together, doesn't help matters. Whereas you give people the opportunity of what they would call a normal life, is what a lot of people crave, you know, some sort of normality.

5.13 Suggestions for improvement

Broadly speaking, both project workers and partners were very positive about the project, and, for the commissioner at least, some formalisation of the process would be useful, but the real question was simply how to expand and scale up. For one of the third sector workers, any improvement really lay in better joined-up working with various agencies – health services, mental health services, drug and alcohol services – but they felt the real barrier there was a widespread lack of resources.

Three ideas for specific improvements did emerge from project staff reflecting on the successes and difficulties experienced so far. These were increased access, pre-tenancy work and more support for independent living.

5.14 Increased access

One project worker described a potential need for a 24-hour emergency line:

Something that I struggle with is the fact that at the weekends we're not available for people. I don't know, I've talked to people about could there be some kind of special on-call Housing First thing for all the projects, and I don't know if that's – I think other people thought of that as well.

While this would clearly come with a cost, it is often part of other Housing First provision. It acknowledges that emergencies don't always occur during working hours and that often interventions are very time-sensitive, particularly among those with highly complex needs who Housing First is currently geared towards supporting.

5.15 Pre-tenancy work

Staff recognised the big change that having a tenancy represented for many of the people they were working with and thought that it might work better to begin building their relationships with people before they moved, as well as giving them a better sense of what to expect:

We definitely thought about meeting clients prior to moving them in so we can build this relationship, because obviously for some clients it's difficult. As well, for example, for me, it's quite – because you're doing so much at the very beginning of the project and people have to trust you a bit more that you're doing – if someone doesn't know you, it's just a bit – yes. So we want to do that and do maybe some pre-tenancy work just because in some cases people, they just really didn't know how things worked like in terms of bills and what they expect – what is expected for them to pay and the ways of paying out, how they can do stuff. So do a bit of work around this so it's easier for people as well; they're more prepared, it's not that scary.

This was particularly the case for those coming from a hostel or supported housing environment, for whom Housing First possibly wouldn't be the best option.

Certainly, loneliness and isolation, I think, was another element of people that had come from the supported housing pathway, constantly being able to have that support right at hand, just wander to the reception desk and not having that there immediate, I think. I don't know, perhaps like a training flat opportunity beforehand to have a test of how somebody fares and copes just by themselves and just being in their space. (Commissioner)

5.16 More support for independent living

This was raised by staff, as well as by the housing provider. For staff, this meant learning to better support people to undertake things on their own.

[W]e need to figure out with some people how we can get their motivation to look into other things or on budgeting and bills and things. We need to work and decide how to work that out.

This was echoed by the way that people often relied on their project worker to deal with any issues around their housing.

I think perhaps more effort to be put into trying to get the people within the programme to make more regular personal contact with us as their housing provider. There does still seem to be, even kind of quite a few months on, there does still seem to be very much the attitude of getting St Mungo's to talk to us about most things.

5.17 Summary

In this chapter we have summarised the key findings from interviews with St Mungo's Housing First project staff and a range of wider stakeholders engaged with the project in Westminster. Through these interviews, we have found evidence that:

As was the case for Brighton and Hove staff and stakeholders, Housing First in Westminster was seen to be an effective model for supporting those with multiple and complex needs and supporting those who had long histories of homelessness to retain their tenancies. This was also reflected in the accounts of service users.

Staff and stakeholders made particular note of the health benefits for people who were accommodated in Housing First accommodation and provided with support. This was also referenced by service users in their accounts of their experiences.

To work effectively Housing First needs to be delivered flexibly and be fully person-centred and built largely on good relationships and trust. This was reflected in the accounts of service users in Westminster. This also emerged in the interviews with staff, stakeholders and service users in Brighton and Hove.

As in Brighton and Hove, there were suggestions that there were benefits arising from the deployment of Housing First in terms of reduced impacts on the police, criminal justice system and NHS, but these were difficult to quantify.

A photograph of a green door with four arched windows and a brass handle, set in a white frame with decorative elements. The door is centered in the frame, and the text is overlaid on a semi-transparent grey rectangle.

Part 3
Conclusions and Recommendations

6. Conclusion

This report has provided an assessment of the impact of St Mungo's Housing First services in Brighton and Hove and Westminster. It is important to acknowledge both the small size of the services themselves and the small numbers of service users and other stakeholders participating in this research. However, from the accounts of service users, staff and a range of stakeholders from external partner organisations, both services appear to be having a positive impact on service users across areas including housing retention, health and offending (in the case of Brighton and Hove). Some positive impacts can also be observed in relation to social integration and engagement with education and training. In addition, both services appear to have potentially resulted in some cost reductions for local services – in both places because of better engagement with the local health service, and, in particular, for the criminal justice system in Brighton and Hove (i.e. police and antisocial behaviour teams). However, it is recognised that such savings are often difficult to assess accurately over a short time frame. It is also recognised that those services that fund Housing First (in these cases, the local authorities) and other preventative initiatives often see the benefits realised in other budgets as a result of a reduction in calls on their services (e.g. criminal justice) or more appropriate use (e.g. from using A&E to visiting GPs). However, this remains an enduring dilemma that affects a range of initiatives nationally.

The projects sought to target their support at both those people who had long and chaotic housing histories and those who could be reasonably described as multiply excluded homeless. Against this backdrop, the success of the projects in being able to support people to retain their tenancies is particularly striking and in keeping with findings from experiences of Housing First elsewhere. This was perhaps the most significant impact of Housing First in the two areas. This was apparent not only through the testimonies provided by both service users and workers but also from the high level of engagement of service users with this research project. Several people met the research team and took part in interviews despite personal difficulties they were experiencing and being unwell. However, in keeping with previous reports

and studies, Housing First is not a panacea (see Pleace, 2018); it is a successful approach, but it will not be right for everyone and should be part of a range of options rather than becoming the dominant solution for tackling homelessness. Nevertheless, it is difficult to be certain about which clients the model works best for, although there were intimations that it was young people (and care leavers in particular) for whom the model showed most impact. However, owing to the low numbers of clients in these pilots, definitive conclusions about which clients appear to experience most success are limited. What is clear, taken as a whole, is that many, but not all, clients make at least some positive changes, but these do fluctuate over time, which means that support does not necessarily taper off over time in a linear way.

Following on from the findings is the clear message that projects such as these should remain 'Housing First', not housing only. Whilst the provision of a dwelling is a key part of the offer, this cannot be separated from the person-centred support that is provided by talented and creative workers. A key constant across both areas was the impact of the relationships between service users and workers in the engagement with the projects and the outcomes that resulted; again, this is supported by other work in the field (see Brown, 2016). Within this there is a need to accept and plan for some people being dependent on Housing First support for the foreseeable future, and Housing First should be seen as being open-ended until the person can demonstrate they no longer need the support. Such an approach is supported by the testimonies of those who took part in this research. This is tied up with 'readiness': that is, individuals who have arrived at a point in their lives where they are able and/or willing to progress appear to experience the maximum benefits of the Housing First approach. As can be seen from the testimonies and also the findings from the Outcomes Star measures, individuals' lives can ebb as well as move forward. Although total security of tenure is not always possible, the support provided by workers to identify alternative accommodation should a client be evicted was crucial. As a result, this enhanced holistic security (of tenure and support) can alleviate some of the worst impacts of an individual's negative experiences

(e.g. substance misuse or alcohol dependence) and support and accelerate opportunities when things are working well. It is, however, acknowledged that such issues and non-linear 'progression' pose challenges when initiatives such as Housing First are considered through a narrow cost-benefit lens. Furthermore, the challenge of engaging with services that are themselves in high demand and underfunded (e.g. mental health services) was a clear issue for the projects. The lack of provision in these areas can thwart good work being undertaken by workers and engagement by service users. The wider operating environment therefore needs to be taken into account in order to ensure Housing First has the best chance of success.

The interviews have, however, also highlighted a number of challenges faced in the delivery of the services and the achievement of key outcomes. Of these, in both areas a lack of suitable accommodation options appears most significant and places limits on the extent to which the service is able to offer its users a choice of unconditional housing options. The availability of, and access to, suitable accommodation will pose a barrier to any expansion of Housing First in particular areas. The fieldwork undertaken as part of this evaluation showed that these were, perhaps unsurprisingly, particularly important issues in the case of Westminster. In such areas groundwork needs to be undertaken with those in the private rented sector to explore how private landlords could allocate their properties to be a part of the mix of accommodation available. Partnerships with local organisations were identified as being integral to a well-functioning Housing First service. Across the full range of service areas, having positive and open communication was a crucial factor in supporting people to move forward. However, developing more (and better) relationships with local housing providers was highlighted as a key area for development moving forward. Findings from this study appear to show that the fears of initially sceptical social landlords were not realised over the period we explored. It may be very important for these landlords to share their experiences in order to act as

advocates for Housing First and influence their peers to become actively involved. Similarly, housing provision that is scattered across a wider area appears to serve the purpose of disrupting existing unhelpful social networks with 'associates' but can result in isolation. A more clustered provision has additional benefits in that a project worker can focus more on one particular area and spend less of their time travelling between clients. Finally, difficulties arising as a result of the transition from one organisation to another in the delivery of the project underline the importance of long-term funding for projects established to provide ongoing support for individuals requiring long-term assistance. This applies to both projects.

The two schemes evaluated here appear to align well with the principles for Housing First outlined by Homeless Link (2016) within the specific housing context of the UK and the respective housing markets. Both services struggle to meet two of the Housing First principles: security (as truly secure accommodation is very hard to find) and choice (because of a lack of long-term provision as a result of the constraints placed upon supply). The role Housing First plays in the disruption and [re]making of social integration remains a challenging area. Clients both prefer and dislike maintaining links with those they have come to build relationships with over time, as they can be both harmful and supportive. Similarly, workers must balance providing ongoing and unconditional support to clients with ensuring clients do not become dependent on the services themselves. In terms of the educational and training aspects of social integration, there were a number of areas within the pilots where more could have been done, particularly around supporting basic literacy and numeracy (Dumoulin and Jones, 2014), although it is recognised that this is an area that was being explored at the time of the research. In the Brighton and Hove sample all clients were, at the time of the research, still in contact with the service. This may suggest that more attention to the wider social integration needs of service users is needed.

7. Recommendations

Should St Mungo's look to expand their activity in the areas, relationships need to be actively cultivated with local social and private landlords in order to develop local support to enable access to affordable accommodation.

There was evidence of a lack of awareness amongst clients about how long the support being provided would be available. St Mungo's may want to consider the value of having open conversations with clients about its vision for its future to provide an increased level of certainty about how long support will be required for. Although this is a challenging area to discuss, these sorts of conversations may help co-produce an agreement about what constitutes individual 'success' or graduation from Housing First.

There were a number of missed opportunities arising from the experiences in both areas, notably around the issue of social integration, which could have been explored in greater depth and may demand an increased focus in the future. There appears to be room for more work around supporting Housing First clients to engage more in improving their wider learning, literacy and numeracy skills as they become more settled and look towards a future of entering the labour market. However, it is noted that there was some evidence in Westminster that this was developing because of recent funding received from government.

There were clearly some ongoing issues with alcohol dependence for some people, and there were no clear answers for what could be done about this. This underlines the continuing need for a wider ecosystem of support services that can help tackle the wider issues

that people face. The retrenchment in public spending on such services will make it difficult to overcome some of the more problematic issues, which require specialised skills. The provision of housing and generic support can only go so far, and there needs to be a suite of services available for those people who need support to overcome addiction and tackle their health needs. It may be worth considering the extent to which these specialist 'clinical' skills should or could be incorporated into the model of Housing First support. This happens in other countries where support teams include mental health clinicians.

To draw in additional funding and vital auxiliary support to address health-related issues, it is recommended that Housing First services should associate closely with those health practitioners that are working within a model of social prescribing. Such services, provided within a social prescribing model, could provide vital routes to addressing some of the issues that arise in conjunction with transitions from precarious to stable housing and from 'unhelpful' social networks. In doing so, attempts can be made to reduce the impacts of stress and fragile mental health.

Transitioning between funding cycles poses particular risks for both service providers and clients in terms of consistency and quality of service. The provision of long-term accommodation and support struggles against this context. Hence, Housing First needs to be designed with long-term funding in mind and form part of wider long-term strategies in order to provide the contextual security required for its success.

8. References

- Atherton, I., and McNaughton Nicholls, C. (2008). 'Housing First' as a means of addressing multiple needs and homelessness'. *European Journal of Homelessness* 2: 289–303.
- Aubry, T., Nelson, G., and Tsemberis, S. (2015). 'Housing First for people with severe mental illness who are homeless: A review of the research and findings from the At Home–Chez soi demonstration project'. *Canadian Journal of Psychiatry* 60(11): 467–74.
- Bretherton, J., and Pleace, N. (2015). *Housing First in England: An Evaluation of Nine Services*. York: Centre for Housing Policy, University of York.
- Brown, P. (2016). 'Right time, right place? The experiences of rough sleepers and practitioners in the receipt and delivery of personalised budgets'. In: M. Fenger, J. Hudson, and C. Needham (Eds.), *Social Policy Review* 28. Bristol: Policy Press, pp. 191–210.
- Centre for Social Justice. (2017). *Housing First: Housing-led Solutions to Rough Sleeping and Homelessness*. London: Centre for Social Justice.
- Culhane, D.P. (2008). 'The cost of homelessness: A perspective from the United States'. *European Journal of Homelessness* 2: 97–114.
- Dumoulin, D., and Jones, K. (2014). *Reading Counts: Why English and Maths Skills Matter in Tackling Homelessness*. London: St Mungo's Broadway.
- Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., and Fischer, S.N. (2003). 'Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes'. *Journal of Community & Applied Social Psychology* 13(2): 171–86. <https://doi.org/10.1002/casp.723>
- Henwood, B., Stanhope, V., and Padgett, D. (2011). 'The role of housing: A comparison of front-line provider views in Housing First and traditional programs'. *Administration and Policy in Mental Health and Mental Health Services Research* 38(2): 77–85.
- Homeless Link. (2015). 'Housing First' or 'Housing Led'? The Current Picture of Housing First in England. London: Homeless Link.
- Homeless Link. (2016). *Housing First in England: The Principles*. London: Homeless Link.
- Kertesz, S.G., Crouch, K., Milby, J.B., Cusimano, R.E., and Schumacher, J.E. (2009). 'Housing First for homeless persons with active addiction: Are we overreaching?' *Milbank Quarterly* 87(2): 495–534. <https://doi.org/10.1111/j.1468-0009.2009.00565.x>
- Kresky-Wolff, M., Larson, M.J., O'Brien, R.W., and McGraw, S.A. (2010). 'Supportive housing approaches in the Collaborative Initiative to Help End Chronic Homelessness (CICH)'. *Journal of Behavioral Health Services & Research* 37(2): 213–25.
- Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., et al. (2009). 'Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems'. *Journal of the American Medical Association* 301(13): 1349–57. <https://doi.org/10.1001/jama.2009.414>
- Ly, A., and Latimer, E. (2015). 'Housing First impact on costs and associated cost offsets: A review of the literature'. *Canadian Journal of Psychiatry* 60(11): 475–87. <https://doi.org/10.1177/070674371506001103>
- Nelson, G., Sylvestre, J., Aubry, T., George, L., and Trainor, J. (2007). 'Housing choice and control, housing quality, and control over professional support as contributors to the subjective quality of life and community adaptation of people with severe mental illness'. *Administration and Policy in Mental Health and Mental Health Services Research* 34(2): 89–100. <https://doi.org/10.1007/s10488-006-0083-x>
- Padgett, D.K., Stanhope, V., Henwood, B.F., and Stefancic, A. (2011). 'Substance use outcomes among homeless clients with serious mental illness: Comparing Housing First with Treatment First programs'. *Community Mental Health Journal* 47(2): 227–32. <https://doi.org/10.1007/s10597-009-9283-7>

Pleace, N. (2016). *Housing First Guide Europe*. Available at: http://housingfirsteurope.eu/assets/files/2017/03/HFG_full_Digital.pdf (accessed 09/03/2018).

Pleace, N. (2018). *Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence*. York: University of York.

Pleace, N., and Quilgars, D. (2013). *Improving Health and Social Integration through Housing First: A Review*. Centre for Housing Policy/European Observatory on Homelessness.

Pleace, N., and Quilgars, D. (2017). *The Inspiring Change Manchester Housing First Pilot: Interim Report*. York: University of York.

Rosenheck, R., Kasprow, W., Frisman, L., and Liu-Mares, W. (2003). 'Cost-effectiveness of supported housing for homeless persons with mental illness'. *Archives of General Psychiatry* 60(9): 940–51.

Shelter. (2008). *Good Practice: Briefing: Housing First*. Available at: http://england.shelter.org.uk/__data/assets/pdf_file/0008/145853/GP_Briefing_Housing_First.pdf

Smith, B.T., Padgett, D.K., Choy-Brown, M., and Henwood, B.F. (2015). 'Rebuilding lives and identities: The role of place in recovery among persons with complex needs'. *Health & Place* 33: 109–17. <https://doi.org/10.1016/j.healthplace.2015.03.002>

Stefancic, A., and Tsemberis, S. (2007). 'Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention'. *Journal of Primary Prevention* 28(3–4): 265–79.

Stefancic, A., Tsemberis, S., Messeri, P., Drake, R., and Goering, P. (2013). 'The Pathways Housing First fidelity scale for individuals with psychiatric disabilities'. *American Journal of Psychiatric Rehabilitation* 16(4): 240–61.

Tsemberis, S. (2010). *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction Manual*. Minnesota: Hazelden.

Tsemberis, S., Gulcur, L., and Nakae, M. (2004). 'Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis'. *American Journal of Public Health* 94(4): 651–6.

9. Appendix

Table A2: Range of scores for Brighton and Hove Outcomes Star measures by client.

		Client 1	Client 2	Client 3	Client 4	Client 5	Client 6	Client 7	Client 8	Client 9	Client 10	Client 11	Client 12	Average days
Substance Use	Max	7	4	4	7	10	6	10	8	10	8	10	9	7.75
	Min	3	2	3	3	10	2	10	1	4	4	10	7	4.9
Social Networks and Relationships	Max	7	4	4	7	8	3	8	6	8	8	7	6	6.3
	Min	2	2	3	3	7	2	4	5	5	4	4	5	3.8
Self-care and Living Skills	Max	6	8	6	6	8	4	10	8	9	7	6	8	7.2
	Min	2	5	3	4	7	2	8	7	7	5	5	7	5.2
Physical Health	Max	7	8	5	8	9	5	9	8	9	8	6	7	7.4
	Min	3	5	3	5	5	3	3	6	4	5	6	3	4.3
Offending	Max	9	8	6	10	10	7	10	10	10	9	9	10	9.0
	Min	5	4	3	8	10	7	9	1	10	5	9	8	6.6
Motivation and Taking Responsibility	Max	7	7	6	7	10	8	8	9	8	7	6	7	7.5
	Min	3	4	3	5	7	3	7	7	4	5	5	4	4.75
Mental Wellbeing	Max	6	5	6	8	7	6	8	7	8	6	7	6	6.7
	Min	4	3	3	4	5	5	5	5	6	5	6	5	4.7
Meaningful Use of Time	Max	6	7	3	6	7	4	7	8	10	7	7	7	6.6
	Min	2	2	1	2	5	2	2	4	2	4	6	7	3.3
Managing Tenancy and Accommodation	Max	8	8	6	7	9	3	10	9	9	8	8	6	7.6
	Min	4	2	2	5	7	1	9	4	7	3	6	5	4.6
Managing Money	Max	8	7	4	7	9	6	10	9	8	6	5	8	7.3
	Min	5	1	3	3	8	4	9	7	5	4	5	7	5.1

Table A1: Brighton and Hove Outcomes Star measures by client.

Client ID	Managing Money			Managing Tenancy and Accommodation			Meaningful Use of Time			Mental Wellbeing			Motivation and Taking Responsibility		
	Start	End	Av	Start	End	Av	Start	End	Av	Start	End	Av	Start	End	Av
Client 1	5	8	7.18	4	8	6.64	3	3	3.82	4	6	5.00	4	6	5.27
Client 2	6	2	4.00	6	3	4.64	5	2	4.55	4	4	3.64	6	5	5.82
Client 3	3	4	3.58	6	4	3.33	3	1	2.50	4	4	4.33	5	3	4.75
Client 4	7	4	4.67	6	7	7.20	2	6	5.47	5	8	6.15	5	6	7.08
Client 5	9	8	8.89	8	7	8.56	7	5	6.11	5	5	6.00	7	9	8.89
Client 6	6	4	4.67	2	3	2.00	4	3	3.00	6	5	5.33	8	4	5.00
Client 7	9	9	9.25	9	10	9.63	2	5	5.00	5	7	6.50	7	8	7.63
Client 8	7	8	7.91	4	7	8.09	4	7	5.36	6	6	6.27	7	8	8.45
Client 9	6	7	6.56	7	9	8.00	2	8	6.56	6	8	7.11	4	8	6.56
Client 10	4	6	4.90	4	8	5.00	6	5	5.56	5	5	5.44	5	6	6.00
Client 11	5	5	5.00	6	8	7.00	6	7	6.50	6	7	6.50	6	5	5.50
Client 12	8	7	7.50	5	6	5.50	7	7	7.00	5	6	5.50	4	7	5.50
Aggregated Score	6.25	6		5.58	6.67		4.25	4.92		5.08	5.92		5.67	6.25	

Client ID	Offending			Physical Health			Self-care and Living Skills			Social Networks and Relationships			Substance Use		
	Start	End	Av	Start	End	Av	Start	End	Av	Start	End	Av	Start	End	Av
Client 1	5	9	7.91	3	6	5.36	4	6	4.00	3	3	3.91	3	4	4.45
Client 2	7	5	5.91	6	6	6.36	6	6	6.73	2	4	2.64	4	3	2.73
Client 3	3	6	5.33	3	4	4.00	6	4	4.08	4	3	3.25	3	3	3.33
Client 4	8	10	9.08	5	8	6.68	4	6	7.05	7	3	5.68	5	7	7.49
Client 5	10	10	10.00	9	5	8.56	8	7	7.89	7	7	7.78	10	10	10.00
Client 6	7	7	7.00	5	3	4.00	4	3	3.00	2	3	2.33	6	3	3.67
Client 7	9	10	9.88	3	9	6.38	8	10	9.00	7	4	6.13	10	10	10.00
Client 8	9	1	9.09	6	8	7.09	7	7	7.27	5	5	5.73	7	1	6.45
Client 9	10	10	10.00	4	8	7.22	7	8	7.89	7	5	6.33	4	10	8.11
Client 10	5	8	7.22	5	8	5.78	5	7	6.22	8	4	4.78	4	8	5.44
Client 11	9	9	9.00	6	6	6.00	5	6	5.50	7	4	5.50	10	10	10.00
Client 12	8	10	9.00	3	7	5.00	7	8	7.50	6	5	5.50	7	9	8.00
Aggregated Score	7.50	7.92		4.83	6.50		5.92	6.50		5.42	4.17		6.08	6.50	

Table A2: Range of scores for Brighton and Hove Outcomes Star measures by client.

SHUSU
**SUSTAINABLE HOUSING
& URBAN STUDIES UNIT**

The University of Salford
C602 Allerton Building
The Crescent
Salford
M6 6PU
www.salford.ac.uk/shusu

Telephone:
0161 295 2140

Email:
shusu@salford.ac.uk