



Managing transitions in Housing First services

Guidance

About

Introduction

This guidance is primarily for frontline Housing First support services and may also be of interest to funders and partners of Housing First services.

Since 2010, Housing First has continued to scale-up across England with some services supporting residents for several years and others still in their relative infancy. This guidance will look at different points of transition in Housing First services, including when a resident no longer needs support, periods in prison, death and dying, moving to alternative accommodation and withdrawal of consent.

It is informed by Homeless Link's 2020 research into the reducing, changing or ending of Housing First support, commissioned to better understand how services are managing these different points in residents' journeys.

Research – reducing, changing or ending Housing First support

The research was conducted by Imogen Blood & Associates with the University of York and was published in 2021¹. In summary, the research focussed on several different transitions in Housing First where there may be a reduction, change or end to the support being provided. These transitions could relate to different circumstances experienced by individuals supported, such as prison release, no longer needing support, moving to different accommodation/support and death. The research found that, out of 762 residents supported by 32 projects, the reasons for support reducing, changing or ending included:

- Death: the most common type of ending at 6%
- Graduation: rates were also 6% (with a caveat that there is not a consistent definition of graduation across services so the figure may be lower)
- Prison sentences of more than 12 weeks: 6% of residents with 4% remaining open and 2% being closed to the service
- A move to more intensive support: 3% of residents
- Other reasons (e.g., after withdrawing their consent): a further 3%

Other trends emerged that will need further research to be better understood and assessed:

¹ https://homelesslink-1b54.kxcdn.com/media/documents/Reducing_changing_or_ending_Housing_First_support_2021_full_report.pdf

- Graduations tended to be experienced most by younger people;
- Of 50 deaths reported, only six could be supported to end-of-life in a planned way;
- Complex health and social care needs were often missed, which led to inappropriate Housing First referrals;
- Once housed, a small number of people disengage from support;
- 61% of respondents did not have funding for support confirmed beyond 2022, and there is a risk that some endings are being driven by funding 'sunsets'.

Thank you

The guidance was created with the support of services, including Greater Manchester Housing First, Liverpool City Region Housing First, Cranstoun, South Yorkshire Housing Association, YMCA Together, SHP and Standing Together.

Key considerations

Providers and Funders

As residents progress through various transitions on their journey with Housing First, providers and funders need to be able to manage and support changes to support needs. This guidance will examine each area of transition in detail and includes key considerations to keep in mind for the overall effective delivery of Housing First.

1. Ending Housing First support should not be a service goal

Housing First is a service aimed at those experiencing the most severe multiple disadvantage and where other housing support models have not worked. This means that the thresholds in Housing First services are very high, and the people being supported have ongoing needs around physical, psychological and emotional health, which will not be fixed by having a tenancy. It may be the case that residents are doing well because of the support provided through Housing First and removing this can reduce feelings of safety, containment and impact of stability. The aim of a Housing First service is to provide continued engagement and support beyond the sustainment of the tenancy and not to get to the point of removing that support unless this is desired by the individual. In Housing First, most people will need ongoing support for many years, and 'success' in Housing First will look different to that seen in other services. Reducing the intensity of support may be the right decision for some people, although not for everyone and all decisions should be person-centred.

2. Journeys are not linear and support needs fluctuate

Housing First was created because a linear 'staircase' model into permanent housing does not work for people experiencing multiple disadvantage. Just as this does not work from a housing perspective, nor does it work in relation to support. It is difficult to predict what someone's support journey will look like as there may be periods of time where a person's support needs increase due to a crisis or other change, and other times where things are more stable and consistent. However, we know that journeys will be unpredictable, and Housing First services need the ability to step-up and step-down support as needed.

3. Language matters

There is a difference between saying 'we won't be here for you in the future' and 'you might not need us in the future.' It is possible to talk about a future where support is no longer needed, or no longer needed at an intensive level, without the need to pressurise the individual into feeling that support will be withdrawn at some

point. However, while in line with the core principles of the approach, all Housing First services should offer open-ended support, the reality of short-term funding means that this cannot always be realised. This tension needs a balance of managing reality and expectations: a trauma-informed approach with an understanding that relationships are central to Housing First. Support may be delivered in many ways but must never do harm or risk retraumatizing someone.

4. Housing First is not an island

Housing First is a well-defined model and often seen as something very different to other provision available for people experiencing homelessness and multiple disadvantage. For this reason, it can sometimes feel as though Housing First is its own island, separated from mainland provision. But this is not viable especially in the context of transitions. Housing First must be connected to and seen in the context of the wider system, not only including other housing and homelessness provision but also health, social care and criminal justice. In order to support someone through the many transitions they may face, services need to work in partnership, co-producing plans and decisions and being brave about challenging the status quo.

5. The principles evolve

The key principles for Housing First are integral to the effectiveness of service delivery and, over the years, the Housing First England project has worked to ensure that those principles can be translated into workable practice. In managing transitions, the principles can be used to help navigate changing support needs and the practicalities of service delivery. This may be particularly relevant to principles two (flexible support is provided for as long as it is needed) and four (an active engagement approach is used) as engagement changes to meet support needs over a long-term period.

Transitions

When support is no longer needed

Although graduation is a commonly used term in Housing First, is this the right fit for Housing First? If ending Housing First support is not a service goal, then graduation is not the right terminology as this is seen as an end point, an achievement. The need for support is ongoing for most people and over time some may no longer require support at an intensive level. Homeless Link research found that only 6% of residents had ‘graduated’ from Housing First support, with the vast majority otherwise likely needing ongoing support.

Support is provided ‘for as long as it is needed’ and it is important to know both *when* support needs change and *how* to manage that change. To be truly person-centred it is difficult to have a definitive policy around this, but containment and consistency are important for residents and staff. It might be useful to think about some key elements to indicate when support might be reduced and how they might work for your service.

Reflection and planning tool

The following tool can be used by those designing and delivering Housing First to help plan and reflect on their processes to reduce support for residents.

Key Element	Do	Don't
Time	<ul style="list-style-type: none"> ■ Recognise that each person’s timeline for recovery will be different. ■ Make it clear that the offer of support and funding are not linked. 	<ul style="list-style-type: none"> ■ Create time-related milestones to discuss support. ■ Expect to change support or reach a new ‘stage’ after a set period of time.
Performance measures/indicators	<ul style="list-style-type: none"> ■ Ask the question, <i>what would life look like without Housing First support?</i> With residents and partners. ■ Consider three key indicators: <ol style="list-style-type: none"> 1. Sustaining a tenancy with no, or minimal, input from the Housing First support 	<ul style="list-style-type: none"> ■ Set rigid criteria to assess a resident’s progress against. If, for example, someone has maintained their tenancy for 18 months this should not automatically be a trigger to reducing support.

	<p>team. Including having no issues with paying bills, taking care of daily household chores and getting along with neighbours.</p> <p>2. Relationships with others are stable and consistent. Including having contact with friends and family and having a sense of belonging, actively working with other professionals to manage ongoing support needs and limited conflict with others.</p> <p>3. Staying safe. Including having the ability to manage appointments and medication around addictions and mental health needs, being safe at home, managing personal care needs or having control over visitors with no incidences of domestic abuse. Knowing how to manage a problem (either themselves or having someone who can help outside of the Housing First team).</p>	
Decision-Making	<ul style="list-style-type: none"> ■ Think co-production! Decisions about changing Housing First support should be made <i>with</i> the resident <i>and</i> the wider support network. 	<ul style="list-style-type: none"> ■ Make a decision in isolation, thinking only from a Housing First team perspective. ■ Force a decision on a resident to change support when they don't agree,

	<ul style="list-style-type: none"> ■ Give the final say to the resident, with the ability to review. 	<p>understand or feel comfortable.</p>
Support	<ul style="list-style-type: none"> ■ See support in the broadest possible terms from the practical to the emotional. It may be that in the early days, support has a more practical function with tenancy set up and management. Over months and years, the level of support may reduce, however do not underestimate the importance of simply being there and how significant your relationship of trust, consistency, reliability and kindness means. ■ Remember! If the resident does not have anyone they could call a friend, then the work of Housing First is unlikely to be complete. ■ Consider the quality of the contact with networks and whether there the person has a sense of purpose. 	<ul style="list-style-type: none"> ■ Measure support needs in binary terms such as time spent with the resident or other quantifiable actions taken. ■ See 'non-engagement' as an automatic sign that support is no longer needed.
Fluctuating needs	<ul style="list-style-type: none"> ■ Expect fluctuation in support needs and tolerate periods of calm and chaos. ■ Take a trial period to stress test a reduction in support. ■ Allow for a route back into support if needed. 	<ul style="list-style-type: none"> ■ Expect support needs to move through a linear pattern and gradually reduce over time. ■ Take a period of stability as a definitive sign support is no longer needed. ■ Decide to close a case before taking time to

		<p>trial how a reduction in support is managed.</p> <ul style="list-style-type: none"> ■ Close a case in order to 'free up space' on the caseload.
Relationships	<ul style="list-style-type: none"> ■ Remember that the relationship goes both ways and changes to support will impact both the resident and the worker. ■ Look for opportunities to help to build quality relationships with other members in the team, wider organisation and other services. ■ Look for opportunities for step-down support, potentially to a floating support service, and consider a handover plan. 	<ul style="list-style-type: none"> ■ Underestimate the importance of the relationship – it is not transactional and can't be changed in a process-driven way. ■ Force decisions that don't feel comfortable.
Closure	<ul style="list-style-type: none"> ■ Remember that closure in relation to no ongoing support needs is very unlikely in Housing First and that some form of ongoing contact may be needed for residents. If closure is agreed, there should be a plan in place as to how a resident could be reopened to support if needed. 	<ul style="list-style-type: none"> ■ Make closure a service goal and an indicator of success. ■ Force closure in order to increase capacity for new referrals.

Managing capacity in the service

Housing First promises to work with people experiencing multiple disadvantage for as long as support is needed, and this means two things:

1. There is very limited through-put for the service as the caseload is relatively static;

2. In order to increase capacity, there usually needs to be further investment in the service.

Funders, commissioners and providers must appreciate that to be involved with Housing First means a change to normal practice and that concepts such as 'move-on' are not relevant.

One of the reasons Housing First is successful is that small caseloads genuinely allow teams to provide a flexible and intensive support service, and this is important throughout a resident's journey. Caseloads should not exceed the 1:7 ratio² and although it may seem reasonable to flex this during periods of reduced support, the fluctuating nature makes it difficult to manage in practice. In order to free up capacity on a caseload, a resident should:

1. Be handed over to a step-down service for ongoing lower-level support (if needed); *and*
2. Have their case formally closed (with agreement from all parties or for other reasons as discussed below).

It is difficult for a Housing First worker to provide both an intensive support service and a lower needs support service and trying to create this will lead to difficulties in adhering to the key principles. Housing First services should forge partnerships with other organisations or develop an additional service offer in-house to meet the needs of residents requiring less support. It is key to remember that, in Housing First 'lower-level' support needs are still relatively high compared to the general population.

Prison

According to evidence from the Housing First regional pilots, 77% of Housing First residents have spent time in prison³ and it is therefore a significant consideration when managing transitions.

For people being referred to Housing First from prison, timing can be a significant barrier where very little work can be done pre-release but there are unreasonable expectations around securing accommodation for the person's return to the community. As good practice, Housing First teams should form working relationships with local prison, police and probation services and look to create robust referral pathways to improve referrals and transition between services.

² https://homelesslink-1b54.kxcdn.com/media/documents/The_Principles_for_Housing_First.pdf

³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005888/Housing_First_Second_Process_Report.pdf

Ideally, referrals should be made well in advance of a release date with time for the team to carry out in-reach, build a relationship with the individual and have sufficient time to plan and investigate housing options. Housing First teams may need to educate criminal justice partners as to what the service can and cannot offer and make it clear that it is not a rapid re-housing service.

For people who are already on a caseload and who go into custody, our research found that for sentences of 12 weeks or more, 2/3 of people continued to receive support, while 1/3 had their case closed. As good practice, continue to work with someone in custody for as long as it is reasonable to do so, carrying out in-reach, building pathways into the community and planning for release. There may be occasions when ongoing support cannot be provided, for example, geographical or transport restrictions, then it may not be possible to continue to work with the person. Likewise, if the prison sentence is for a more extended period and return to the community is not likely then it may not be reasonable to keep the case open. It is important to remember here that housing and support are separate in Housing First and even if it is not possible to retain a tenancy for a resident sent to custody, it may still be possible to continue support and look for alternative housing for release. These decisions should be made on a case-by case basis and only closed once all options explored. Once the case is closed, a new referral could be taken onto caseload.

Death and dying

A key principle of Housing First is harm reduction, and support staff should always work to reduce harm, prevent risk and encourage people towards healthier choices. However, our research found that tragically, at 6%, deaths are the most likely reason a case would be closed in Housing First and it is important to acknowledge this. In-depth knowledge about the causes of death for people in Housing First services in England does not yet exist, but anecdotally teams talk about the deteriorating health of people experiencing multiple disadvantage as well as the implications of addiction and mental health on mortality rates. To some extent the cause of death is not the primary concern for this guidance in so much as discussing the implications of death and dying on support.

Our research found that, of the 50 deaths in Housing First services in England only 6 could be supported in a planned way showing that this group of people are being excluded from end-of-life care pathways, which has a significant impact for the individuals and on the Housing First team. Recommendations from the research included teams being upskilled in better understanding death and dying, as well as training around advocacy for palliative and hospice care.

Death is often seen as a failure of a service. This is partly cultural in that death can be a taboo subject and often avoided despite its inevitability. But given the high numbers of people supported by Housing First who do pass away whilst accessing these services, death must be considered differently.

Housing First is working with people who are usually considered to have been systematically failed from a young age and endured long-term hardship that inevitably has an impact on health and mortality. The average age for a person experiencing homelessness to die is 46 for a man and 42 for a woman⁴ and placing someone into accommodation does not suddenly reverse years of traumatising and damage. Housing First should not be viewed as a magic cure and in turn, death should not be viewed as a failure of the service. Instead, focus on giving people the best end of life possible when necessary, and ensuring that they are supported by the health and care packages accessible to the average citizen.

There are several behaviours which may act as key warning signs for someone's deteriorating health, or where there could be a risk to life. These include:

- Non engagement with health services
- Missed appointments
- Repeated hospital admissions
- Repeated overdose and use of naloxone
- Non-compliance with medication and treatments
- Visual deterioration in physical appearance
- Self-neglect
- Increased substance misuse and alcohol abuse

The Surprise Question (Joanne Lynn) is used in palliative care, and it may be helpful to ask, **'would you be surprised if this person was to die within the next 6-12 month?'** to identify the most at risk on the Housing First caseload.

Death has a ripple effect across any community and death in Housing First is no different. Housing First teams form close and enduring ties to the people they support and the death of someone from the community requires support. There are some good practice examples Housing First teams could consider, including:

- Timely announcements to the team
- Space to talk and reflect
- An offer of counselling with a professional

⁴<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2020registrations>

- A memorial service and *remembering the person* activities
- Being mindful of religious customs around death for staff, residents and others effected
- In time, take opportunities to consider any lessons learned from the person's death, including Safeguarding Adults Reviews⁵
- It's OK to take your work home with you but remember...

"The people we serve can always live in our hearts but when we're home, they're on the other side of our heart. Think of our heart as a rotating planet. We need to make room for ourselves, our family, friends and other parts of our life⁶."

Death and dying should be part of regular team conversations and training, as opposed to being raised for the first time at the point a resident dies. Your local hospice may offer free training on Advance Care Planning.

Alternative accommodation

According to our research, 3% of residents moved away from Housing First into more intensive support settings to meet care or nursing needs. There are two main reasons this would happen, either because the person's needs have increased over the time of the Housing First provision, or the person was inappropriately referred to Housing First in the first instance and their needs were always too high for the service.

Access to health and social care is difficult for people experiencing multiple disadvantage.⁷ There are challenges around the impact of substance misuse on mental and physical health and a person's capacity to make unwise decisions. There can often be a catch-22 where some addictions potentially exacerbate issues with cognition and functioning and therefore increase care and support needs, but capacity within the Adult Social Care system mean that access to care and support is not possible.⁸

The assessment phase may take several months, and appeals may be required in relation to a decision made. It is good practice for a Housing First team to have contacts with specialist Advocacy services in their area so that legal challenges can be progressed. During this time, Housing First teams should continue to support

⁵ https://homelesslink-1b54.kxcdn.com/media/documents/Learning_from_Safeguarding_Adult_Reviews_2021.docx.pdf

⁶ Community Shelter Board presentation to the Housing First Partner's Conference 2022 on *Encountering Death and Remembering Life in Permanent Supportive Housing*

⁷ <http://meam.org.uk/wp-content/uploads/2021/09/Health-Reforms-FINAL.pdf>

⁸ <https://homeless.org.uk/knowledge-hub/the-care-act-and-social-care-assessments/>

the person if possible, although this may be challenging if, for example, the person has some personal care needs.

If/when a care package is agreed, a robust transition period should be agreed, with the Housing First team supporting a move to new accommodation when relevant, and continuing to have contact while the person settles. The team should also share knowledge and information with staff and help through any bumps in the road. Only once a good, settled period has been observed should the case be closed, although teams should be aware that placements can breakdown and they are likely to be brought back into conversations if this happens.

Withdrawing consent

In our research, 3% of residents were closed to Housing First for 'other reasons' which included withdrawing consent. It is unlikely that consent would be withdrawn once the person is actively working with the Housing First team and settled into housing. Our research found it is more likely to happen during the early stages after the initial referral.

Services cannot 'do Housing First to people' and it is crucial that at the point of referral there is a mechanism to check whether Housing First is the right offer for the individual. This might mean that the Housing First team, or other partners, have a conversation with the person about Housing First, and could include using our 'A guide for people offered Housing First'.⁹

Although there are no 'pre-conditions' to accessing housing in Housing First, there does need to be a 'willingness to maintain a tenancy' and services find it essential to have honest conversations about the responsibilities of holding a tenancy, such as paying bills, having neighbours and living alone. These conversations may take time, and the pace should be led by the person. But if taking on a tenancy is not the right option for someone, then alternative housing and support solutions should be considered.

A key principle of Housing First is that an active engagement approach is used, which means that there is a recognition that it can take time to build a trusting relationship and the onus of engagement is with the service, not the individual. From the point of referral, engagement can be slow, inconsistent and changeable. An active engagement approach from the Housing First team is only possible where there are low caseloads of 1:7 and a worker has the time and flexibility needed to build the relationship. This work takes creative thinking and can often be helped by involving people with lived experience. There is not a set time period to

⁹ https://homelesslink-1b54.kxcdn.com/media/documents/Guide_for_people_offered_Housing_First.pdf

dedicate to this process and as with most things, it will vary from person-to-person, but there may come a point where it feels like absolutely every avenue has been explored and an agreement is made that either Housing First was not the right option in the first instance (consider referral process as above) or over time, something has changed which means Housing First is no longer the right option.

Where possible, the Housing First team should try to work with partners to consider other housing options and what this transition process should look like. In many cases, it may be that the Housing First team does not have a very established relationship with the person and there is limited contact so the end may feel less planned. It is important not to view this as a failure and may be an opportunity to consider lessons learnt and what might be done differently in the future. Where possible, there would be an option for the person to be re-referred into the service.

Once a decision has been made to close the case this should be communicated to the person and partners, with as much planning around alternative housing options as possible. Once the case has been closed, a new referral could be taken on by the support worker. It may be the case that the person may want to access the service in the future, and this should remain an option.

Enabling reductions to support intensity

Dormancy

Several Housing First services across England operate a dormancy policy to manage cases in a process of transition. This means that two caseloads are in operation: an 'active' and a 'dormant' caseload.

In operating a dormancy caseload, it is important to remember the recommended caseload ratio of 1:7 for Housing First workers and moving to dormancy should not automatically mean that a new referral is taken on to caseload. If a dormancy case becomes active again, then there should be sufficient capacity to manage this, without increasing caseloads beyond the maximum ratio. It may be easier for larger Housing First services to accommodate this flexibility. Two key tips to keep in mind are:

1. the benefits of allocating a primary and secondary Housing First worker to each resident, as they will make a potential reallocation easier;
2. involving peer mentors to provide additional support for dormant cases and provide a point of contact. Please see our guide on introducing peer mentors to Housing First for more information.¹⁰

¹⁰ https://homelesslink-1b54.kxcdn.com/media/documents/Involving_people_with_lived_experience.pdf

There will be significantly reduced contact with residents on a 'dormant' caseload, but it is important to build in time for wellbeing checks, general check-ins and responding to support needs. In addition, regular reviews of dormant caseloads are recommended to ensure that teams can respond to fluctuating need and make decisions about the case status, which could be:

- Remaining on dormancy for a further period
- Returning to the active caseload
- Closing the case

Critical Time Intervention

Critical Time Intervention or CTI¹¹ is an evidence-based model which originated in the USA in the 1990s. CTI is a different approach to Housing First, but it may be useful when thinking about how to reduce support for residents.

CTI is a time-limited intervention designed to support an individual through a period of transition, via three distinct phases over a 9-month period (three months per phase):



If a reduction in Housing First support was viewed as a transition, then it may be possible to move an individual onto a CTI caseload with a 9-month gradual transition away from intensive Housing First support. CTI is focussed on an individual's goals and community integration and although distinct from Housing First, could be a complementary second step to the support offer.¹²

Case studies

The case studies below are taken from the *reducing, changing or ending Housing First support* research and may provide some ideas about how to manage a transition away from intensive support in your service and how to operationalise recommendations from this guidance. It is important to note that to implement additional functions to a Housing First service is likely to require additional investment.

¹¹ <https://www.criticaltime.org/cti-model/>

¹² <http://www.fulfillinglives-ng.org.uk/wp-content/uploads/2020/06/FLNG-CTI-Final-Evaluation.pdf>

Client initiated support – Bench Outreach

Bench has been delivering a Housing First service in London for over eight years. Since receiving some funding from the local authority, via the Rough Sleepers Initiative, the service has been asked to increase its overall caseload to allow new referrals onto the project. The Housing First Project Manager explains that, rather than close the cases of people who had been promised an open-ended service:

“we looked at how clients interacted with us anyway – some were only fortnightly, or even monthly: how could we formalise and add a layer of safety around this?”

Bench developed an internal client management system, based on RAG ratings: at any given time, each client is rated – purely for management purposes – as ‘Red’, ‘Amber’, ‘Green’ or, beyond that, is on ‘client-initiated support’, in which the principle of ‘active engagement’ is effectively relaxed. The RAG system is not visible to clients, who can access support flexibly in any of the stages, there are no limits or expectations in relation to the amount of time that a person will spend at each stage (or whether they will even move through the system at all). The service recognises that change is not linear: people can and, frequently do, move back and forth flexibly through the ratings, some have effectively remained on red for many years.

The ratings are driven by an assessment of tenancy sustainment risks and engagement with other services. When people first join the service, they join on ‘Red’; if and when they begin to stabilise within their tenancy, they will move to ‘Amber’ – there will be ongoing issues, and Housing First will work with other services to address these. A customer is moved to ‘Green’ where they are settled in the tenancy – there is no anti-social behaviour, and the rent is being paid consistently. At this point, the team starts:

“a conversation along the lines of “you’re doing really well, what would it feel like and look like for you to initiate support as opposed to us using assertive outreach to try and find you all the time?”

Those who, through these conversations, decide they would like to move to ‘client-initiated support’ agree with their worker how often and by what method they would like the service to initiate contact with them (e.g., a monthly visit, a fortnightly call, etc) and:

1. are talked through a letter explaining which days their support worker will be in the office, inviting them to drop in to see them then. Are reassured that they can contact the service outside of these set times if anything more urgent arises – they are in control! Work through a checklist, to make sure

that they know what to do and who to contact in a range of different circumstances.

2. Understand that, whilst their original support worker will still act as their keyworker, they will be supported in this by a small team of Outreach Workers, who act as 'floaters' and may well be the people making their planned visits and calls.
3. are told that the other services they engage in will be notified about the change in Housing First support and encouraged to contact Housing First on their behalf at the first sign of problems so Housing First can intervene quickly.

'That extra safety net is really important – even though it's client-initiated, I wanted those other agencies to know that we had reduced our support so they can really be on the look-out for any changes with this person'.

The manager feels that the system helps operational planning of allocations, referrals and capacity and provides a structure for case-based supervision with staff, so there is clarity and challenge on what the service can be doing to promote greater independence and stability. At first, workers had concerns: "are you really going to make a tick box out of this?", but many now report that they find the structure helpful. It also informs reports to commissioners (though the numbers are always accompanied by all-important narrative).

Bench report that around 40% of the caseload are long-standing clients, and mostly older people with very long histories of homelessness: many of this group 'need a lot of holding' and may well remain on 'Red' for the remainder of their lives. A further 30% tend to revolve through the RAG system and are at high risk of returning to 'Red' once they reach green. There is also a slow increase of people (11 at the time of interview) on client-initiated support, and the manager is optimistic that this group can and will organically grow:

"We aren't seeing so many entrenched rough sleepers coming into the service now. People are multiply excluded but haven't had such long homelessness histories – and there are more younger people, so I am more hopeful that more of this cohort can move onto green...there is more opportunity for healing".

Membership – Inspiring Change Manchester (ICM) ¹³

Around eight people out of the 30 who have been on the ICM Housing First programme, have reached a point in their recovery journeys where both the

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<https://hfe.homeless.org.uk/sites/default/files/attachments/Reducing%2C%20changing%20or%20ending%20Housing%20First%20support.pdf>

individual and worker agreed that they did not need the same intensity of support as they had done previously.

In designing their response to this group, ICM was keen to give individuals “more independence, but without them needing to step off a cliff to do it”. The project wanted to make it clear that people could re-access the service should they struggle or experience a crisis. However, the project also recognised they needed to plan carefully how they would honour that pledge if they were to also accept new referrals.

“If we’re not going to close members, we can’t keep on taking on referrals, otherwise you’re going to go well over the caseload limit for the individual engagement workers.”

When people step down to the less intensive support offer, they no longer have an affiliated caseworker since their place on the caseload will have been allocated to a new client. Instead, their support will be picked up by a senior worker who does not hold a caseload and has more flexibility to respond. This member of staff also happens to be the Private Rented Sector (PRS) procurement expert within the team, which is helpful since issues with PRS tenancies tend to be the main reason people re-access the service for support. Where the individual needs other types of support, the senior has a good overview of current caseloads and can identify whether one of the other caseworkers can help at this time.

The team make sure that all staff get to know each other’s clients from the earliest opportunity, which means:

“the member is then comfortable coming back and being supported by any one of team – because there are 4 people in the team they know really well, rather than insisting on (and then potentially overloading) their named worker. That makes stepping back up much easier”.

ICM also considered the language used to describe this stage of less intensive support and consulted people using the service about this. They decided on the term ‘membership’, given its association with ongoing benefits and a sense of belonging to a community, rather than “moving down or stepping down, which can have negative connotations which make them less attractive to people”. As well as accessing individual support from the Housing First service where needed, members can also continue to drop into the ICM Hub and access a range of other Fulfilling Lives services.

What We Do

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

Homeless Link

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**Let's End Homelessness
Together**

