HOUSING FIRST IN ENGLAND

RESEARCH EXECUTIVE SUMMARY

Research by Joanne Bretherton and Nicholas Pleace at the University of York has highlighted the potential effectiveness of the Housing First approach in reducing homelessness in England. This observational study of Housing First services showed high levels of success in reducing long-term and repeated homelessness, which is associated with very high support needs. The successes of these English Housing First services reflect the results of positive evaluations of Housing First in North America and Europe.

WHAT IS HOUSING FIRST?

Housing First is designed to provide open-ended support to long-term and recurrently homeless people who have high support needs. Unlike many homelessness services, Housing First provides long-term or permanent support to people with on-going needs.

People using Housing First services are much more likely to have severe mental illness, poor physical health, long-term limiting illness, physical disabilities and learning difficulties than the general population. They are often highly socially marginalised, stigmatised and lack social supports and community integration. They are likely to be economically inactive and to have histories of contact with the criminal justice system. Rates of problematic drug and alcohol use are also high.

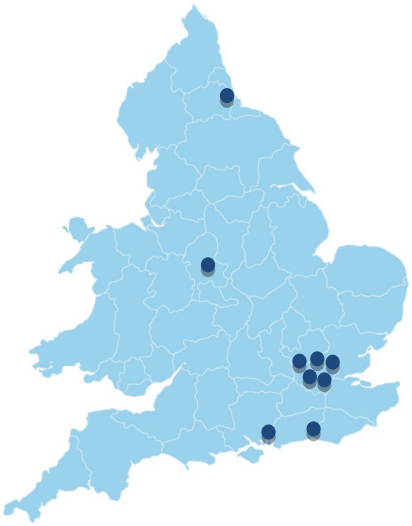
Housing First uses a client-led approach that resembles the personalisation agenda in the UK. The people using Housing First services exercise choice and have control over their own lives. Housing and support are also separated, i.e. getting access to housing and remaining in housing is not conditional on accepting support or treatment. Service users are also not expected to stop drinking or using drugs in return for accessing or remaining in housing. Housing is also provided immediately, or very rapidly, and there is no requirement for service users to be trained to be 'housing ready' before they are offered a home. All Housing First services operate within a harm reduction framework.

Evidence from North America and Europe shows widespread success for Housing First. Housing First services that offer security of tenure, are client–led, use harm reduction, offer open ended support and do not make access to, or retention of, housing conditional on compliance with treatment or modification of behaviour, all appear to be effective. There are however some debates about whether all Housing First services are equally effective, centering on the forms of housing and support provided.

THE STUDY

Nine services were evaluated in this observational study. Data were collected from 60 service users using an anonymised outcomes form, equivalent to 42% of the 143 service users across the nine services. Twenty-three service users agreed to in-depth interviews. Focus groups were held with the staff teams in all nine services, and each service was also asked to complete a 'common point of comparison' questionnaire that explored service philosophy and operation.

THE SERVICES



Five services operated in London, two on the South Coast, one in the Midlands and one in the North East. The services used relatively intensive forms of case management to provide open-ended support, with eight of the nine services using various combinations of ordinary private and social rented housing that was scattered across their areas of operation. One of the eight services was found to be operating a hybrid approach. Client loads were between five and 10 service users per Housing First worker.

All nine services were prepared to work with people who exhibited anti-social behaviour, had problematic drug/alcohol use, who had a criminal record, who were not being treated for current mental health problems and who had a history of rent arrears or a history of arson.

SERVICE USERS

Sixty service users, who shared information with the researchers through an outcomes form, reported they had been homeless for an estimated average of 14 years per person. Eighty per cent of this group reported they had lived in hostels or temporary supported housing for two years or more, prior to using Housing First. Just over one quarter of all service users were women (27%).

Average client had been homeless for 14 years

The bulk of service users (78%) were housed as at December 2014. Most of the Housing First services had been operational for less than three years and some for much shorter periods, which meant assessment of long-term effectiveness was not yet possible. Fifty-nine service users had been successfully housed for one year or more by five of the Housing First services (74% of their current service users).

THE IMPACT

There was evidence of improvements in mental and physical health among Housing First service users. Of the 60 people completing outcomes forms, 26 (43%) reported 'very bad or bad' physical health a year before using Housing First, this fell to 17 (28%) when asked about current health. Thirty-one (52%) of the same group reported 'bad or very bad' mental health a year before using Housing First, falling to 11 people (18%) when asked about current mental health.

Improvements in mental and physical health

Reductions in drug and alcohol use

There was some evidence of reductions in drug and alcohol use. Among the group of 60 service users completing outcomes forms, 71% reported they would 'drink until they felt drunk' a year prior to using Housing First, falling to 56% when asked about current behaviour.

When asked about illegal drug use, 66% of the same group reported drug use a year prior to using Housing First, falling to 53% when asked about current behaviour. The in-depth interviews with 23 service users found some progress away from drug and alcohol use, but also some evidence that this pattern was uneven.

There was some positive evidence around social integration with neighbourhoods and with re-establishing links with family. Among the 60 service users who anonymously shared outcomes data with the research team, 21 (25%) reported monthly, weekly or daily contact with family a year prior to using Housing First, rising to 30 (50%) when asked about current contact.

Evidence of re-establishing links with family

Fall in anti-social behaviour

Anti-social behaviour appeared to have fallen. Of the 60 service users supplying outcomes data, 78% reported involvement in anti-social behaviour a year prior to using Housing First, compared to 53% when asked about current behaviour.

Gains in health, mental health, social integration, drug and alcohol use and levels of anti-social behaviour were not uniform. There was also the possibility of deterioration in mental and physical health. However, there was no evidence of increases in drug or alcohol use, or anti-social behaviour, since engaging with Housing First.

Service user views of Housing First, based on the 23 in-depth interviews, were often positive. Service users saw the freedom, choice and sense of security from having their own home as the key strengths of Housing First. Service users also valued the open-ended, intensive and flexible support they were offered. Service providers shared these views about what made the Housing First approach effective.

THE COSTS

Indicative costs shared with the research team illustrated the potential for Housing First services to save money. The Housing First services cost between £26 and £40 an hour (approximate figures). Assuming that someone using a Housing First service would otherwise be accommodated in high intensity supported housing, potential annual savings ranged between £4,794 and £3,048 per person in support costs (approximate figures). There was also the potential for reductions in use of emergency medical services and lessening contact with the criminal justice system. Housing First could deliver potential overall savings in public expenditure that could be in excess of £15,000, per person, per annual (approximate figures).

Potential saving of £15,000 per person per annum

There are strong arguments for exploring the potential of Housing First as a more cost effective approach to long-term and recurrent homelessness. However, Housing First is not a 'low cost' option as it is a relatively intensive service offering open-ended support.

CONCLUSIONS

The evidence of this research, indicating that Housing First in England can replicate the successes seen in North America and Europe, strongly suggests that there should be further experimentation with Housing First across the UK. Housing First services were successfully engaging with long-term homeless people with often very high support needs, delivering housing sustainment and showing progress in improving health, well-being and social integration. There was also potential for Housing First services to reduce some costs.

Housing First is not a panacea and it is not the case that Housing First should simply replace existing homelessness services, as there are other ways in which long-term homelessness can be reduced. Homelessness also exists in many forms, only some of which Housing First is designed to end.

There is the potential to use Housing First in new ways, for example exploring use for specific groups of homeless people, such as women and young people with high support needs. Equally, Housing First might be used as a preventative model, targeted on vulnerable individuals who are assessed at heightened risk of long-term homelessness. Experiments with preventative use had occurred in Brighton and Hove.

The Housing First services which this report examined were often in a precarious position, as their funding was often both short term and insecure. Two services were threatened with immediate closure during the course of the research, three more, at the time of writing are scheduled to close. Contracts were sometimes as short as six months in duration. Current commissioning practice does not provide the consistency and duration of funding that Housing First services, which are an open-ended support model, require. There is scope to explore the use of health and social care commissioning as a way to sustain these services, which was being explored in Brighton and Hove. However, there is also a need to enhance the evidence base to a clinical standard of proof, if health commissioners are to engage with supporting Housing First services.

For more information visit the 'Resources' page on the website
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FEBRUARY 2015

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