

Housing First

Literature Review

By: West Midlands Combined Authority Overview and Scrutiny Committee
Mental Health Task & Finish Group

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Foreword by the Chair

WMCA Overview and Scrutiny were very pleased to be able to participate to the work of the Mental Health Commission. The recommendations set out in 'Thrive' give great potential for delivering significant improvement to lives of people across the region.

The specific work in relation to Housing First presents a fantastic opportunity to deliver positive change to individuals in our area that, as yet, have not been able to access the support they need to improve their lives.

Through the work I do locally within my own ward, as a local councillor, I have met individuals that would benefit from Housing First so throughout this process I have been able to really identify with the great potential Housing First holds for delivering positive change to some of the most vulnerable people in our communities.

Although the research we have undertaken has proved that Housing First is able to deliver positive results there are some considerations that will need to be made for such a scheme to work effectively in the West Midlands.

Councillor Peter Hughes

Chair – West Midlands Combined Authority

Lead Member for the Mental Health Commission Task and Finish Group



Introduction

The Mental Health Commission published its final report in January 2017 ([Mental Health Commission Final Report](#)), the report and its recommendations were accepted by the WMCA at which point an Implementation Director was appointed and tasked with taking each of the outcomes forward.

The WMCA Scrutiny Committee received a presentation on taking forward the recommendations from the Commission at its meeting on 21 March 2017. Scrutiny wanted to assist in how these recommendations were taken forward, and so established a Mental Health Commission Task & Finish Group. The Chair then met with the Implementation Director to establish where scrutiny could add the most value in the process. It was quickly established that the recommendation on Housing First could benefit from scrutiny's ability to engage across the CA area.

Theme 2 of the Thrive document set's out the CA's aspirations in relation to Housing First, specifically that the great work already happening in our region will be built upon by trialling an innovative scheme to offer a Housing First service with intensive mental health support in the West Midlands. This scheme will support those with complex needs or who are homeless to move into good quality housing and where possible, into work.

Housing First (HF) is an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs.

Methodology

Whilst Housing First is a relatively new concept in the UK, it has been successfully utilised in Canada, America and across Europe for some time. Because of this there is more mature data available to determine the long-term benefits of such schemes. This is important as, at face value, the housing first approach can demand a relatively high cost per head due to the intensity of support needed. However, the long-term benefits of the approach need to be assessed to demine the true value of such a scheme. With this in mind academic research on the benefits of Housing First have been assessed with a view to establishing the potential long term savings that could be realised in the West Midlands from adopting such an approach.

A broad review of data sets from Canada, America and Europe have been used to evaluate the potential cost benefits to establishing a scheme in the west midlands. Research conducted on the nine pilot schemes in the UK have been assessed, although it is accepted that these maybe of limited use when determining cost benefit. However, there may be lessons to be learned from the UK pilots in terms of the approach and design of such services.

Whilst it is recognised that existing research on UK pilots can be utilised, it is acknowledged that this does not present an up to date view of the services. Much of the data available is over 12 months old, particularly in terms of cost benefit it was felt that up to date information needed to be obtained in order to provide accurate information with which the West Midlands Combined Authority could base its decision making upon.

To collect accurate timely data from UK pilots a questionnaire was designed. Members of the task and finish group then contacted housing first pilots to collect data. A broad range of information was collected looking at the design of services, lessons to be learned and cost benefit.

The outcome of this primary research was then assessed against the known value of the schemes being run abroad to provide a balanced view of potential benefits and possible pitfalls.

Outcomes of Housing First

Academic Research

The most mature Housing First Projects can be found in America and Canada, whilst the social welfare systems in these countries are entirely different to that of the UK, the benefits of Housing First in terms of success can be drawn upon. In terms of cost benefit analysis (CBA), given that health and social care have a very different make up to that of the UK cost impacts in these countries may differ.

Housing First was developed in the 1990's and formed the focal point of the US and Canadian Governments approaches to addressing homelessness. The model was developed specifically to benefit chronically homeless individuals with co-occurring mental illness and substance use disorders.

A review of Canadian Schemes was undertaken by Ly & Latimer (2015) specifically focusing on the cost and associated cost offsets of Housing First. The review concluded that there were doubts on whether HF programmes could be expected to pay for themselves. However, the certainty of significant cost offsets, combined with their benefit for participants, meant that they represented a more efficient allocation of resources than traditional services.

Ly & Latimer (2015) also highlighted that costly interventions, involving housing subsidies and supports, were not likely to generate cost offsets equal to the cost of interventions, except for the most costly users.

Stergiopoulos et al (2015) investigated the effectiveness of HF with intensive case management in Canada. They tracked a total of 378 participants over a 24 month period. A proportion of the cohort underwent a HF intervention and a proportion received 'services as usual'. The study found that HF participants spent a significantly greater percentage of time in stable residences, had much higher levels of community functioning and a reduction in the number of days spent experiencing alcohol problems. However, it was found that the number of emergency department visits did not differ significantly between either of the cohort groups.

Quilgars & Pleace (2016) investigated whether HF promoted social integration in individuals previously homeless. In terms of social integration Quilgars & Pleace define this as "the extent to which formally homeless people are able to live, work, learn and participate in their communities to the extent that they wish to, and with as many opportunities as other community members." In their research, they found that several studies had found HF to improve social integration, for example Bretherton & Pleace (2015) and Gulcur et al (2007). Both studies identified that HF increased social integration, particularly where the accommodation for HF resembled that of the general population i.e. not in specialist flats but in accommodation where the wider public may be housed. Bretherton & Pleace's research (2015) found positive evidence around social integration in neighbourhoods and in relation to re-establishing links with family.

A Canadian study by Goering et al (2014) focused on social outcomes of HF reporting improvements in social skills (ability and willingness to interact with others) and in relation to quality of life with an increase in perceived safety and finances. The French study conducted by (Tinland & Psarra (2015)

also supports this view citing that there was a significant improvement in perceived quality of life of those individuals in a HF programme.

Boyle & Palmer (2016) found in their review of the HF Service in Belfast that HF had delivered a significant reduction in alcohol usage for 29% of the cohort and a more moderate reduction for 33% of the cohort. Alongside this it was also found that there was a significant reduction in the number of times individuals had attended Accident and Emergency once they were in their own tenancy with support, presenting at local A&E departments had been replaced with attendance at their GP. Boyle & Palmer (2015) attributed this change in behaviour to clients receiving support and frequent visits from other services. Regular attendance at their GP also helped to identify any health issues early on.

One issue that Boyle & Palmer (2016) did highlight was that service users did suffer a level of paranoia as they were not used to living alone and had felt scared at the start of their tenancy. Positively, for HF, these feelings subsided due to the intensive support in place. Of the cohort examined by Boyle & Palmer identified 38% had improved mental health as a result of the HF intervention and key skills in maintaining a tenancy such as managing money and managing their tenancy and accommodation

Housing First Pilots in the UK

From the Primary research conducted (table attached at Appendix 1) there are key lessons to be learned and areas for consideration.

Firstly, the schemes interviewed were very positive about HF, and cited that the key to success is in achieving the right staff to client ratio, we know from the academic research conducted that clients struggle with isolation, this was backed up by the primary research conducted, with Fulfilling lives investing in a peer mentoring scheme and looking at opportunities to help clients build social networks. It was also considered that the most practical staff to recruit to the project would be all-rounder's, with experience of several areas.

The schemes interviewed cited staffing as paramount to success, with clients' needs being greatest in the first 12 months of participation in the scheme, staff need to be able to provide the intensive support required. Best practice suggests a ratio of 1:5 is most effective for offering clients the level of support needed to deliver positive results from HF. This is supported by the schemes interviewed in this process with Fulfilling Lives advising that they soon realised their ratio of 1:12 would not enable them to deliver the results from HF.

Other practical issues such as sourcing properties was discussed, it is unlikely clients will meet criteria for local authority accommodation which leaves the private sector and other social landlords. Inspiring Change – Manchester initially gained commitment from Social housing groups to provide 15 properties per year, this has now matured to include a mix of private landlords as well. The experience of the schemes indicates that a separation of duties works best for HF schemes with specialist officers working on securing tenancies to those offering support to clients.

A key challenge for the West Midlands will be the geographical area support workers will cover, Fulfilling Lives indicated that a large proportion of support worker time was lost through the distance to travel between clients so some thought needs to be given to the practicalities of the scheme and how it will operate in the West Midlands.

Most HF schemes also have medium term funding in place, which if recruiting private landlords, offers some assurance that clients will receive ongoing support to help them maintain tenancies. Brighton and Hove highlighted that temporary accommodation from private landlords didn't work, the rules governing temporary accommodation didn't fit with clients' lifestyles and so cycles of homelessness repeated.

Manchester also put forward that implementation of their Homeless Charter really helped to create the culture of collaboration to tackle complex problems. Other issues to address when developing a HF scheme were an understanding of how housing allocation policies may impact upon HF. As suggested by St Mungo's in Brighton and Hove political support early on can help to forge a way forward and secure local buy in to the scheme.

The success rate of the schemes interviewed is phenomenal, to achieve this the right investment needs to be secured together with a staffing structure that will allow for both the sourcing of property and for the right level of support to be put in place for clients.

Whilst the academic research does not highlight HF as delivering significant savings, for it to be have a positive effective from a budgetary perspective it needs to focus on those individuals with the highest level of need. The results from successful schemes needs to be viewed from a traditional sense (criminal justice, health and social care) and in terms of added benefit of social integration and individuals being able to play an active part in the community.

Areas for Consideration

1. For Housing First to deliver real cost savings clients selected for the scheme must have multiple complex needs at the highest level. Based upon the criteria of other schemes it is suggested that the following be a starting point (clients would have to meet all of the criteria listed):-
 - i. People with MH problems;
 - ii. Those who have been in the criminal justice system;
 - iii. People at risk of becoming homeless;
 - iv. Those with substance abuse problems.
2. If referrals are to be made by a range of organisations located across the region (e.g. organisations working to address substance abuse). There could be a danger of HF becoming a dumping ground if this is not managed carefully.
3. Staffing - separation of the duties relating to sourcing properties and those relating to supporting clients with a suggested ratio of 1:5 for support workers to clients;
4. Consideration of geographical location of scheme to ensure the amount of time staff have with clients is maximised and not lost in traveling between sites;
5. The potential from adopting a Homeless Charter for the West Midlands to increase awareness and to lever buy in from partners.

Conclusions

Housing first can enhance community integration and have much wider benefits than those realised through clients reduced interactions with services. However, to deliver results from a financial perspective only those clients with the highest level of need should be selected to participate in the scheme. The wider social benefits of HF have the potential to ensure that improvements are more likely to be sustainable and long term.

There are challenges for WMCA to overcome in delivering a successful HF scheme, the sheer geography of the area is considerably larger than other schemes, which presents issues around staff traveling between sites, in addition the potential referral pool of organisations means that the scheme could be overwhelmed with applicants.

Ultimately, when considered as a model to deliver positive change to vulnerable people living in our community HF presents a huge opportunity which should be seized by the WMCA.

Primary Research – Interviews with Housing First Schemes operating in the UK			
Question	Inspiring Change – Manchester	Fulfilling Lives – Islington and Camden (FLIC)	St Mungo’s -Brighton and Hove
Who runs the scheme?	Shelter (Charity)	Fulfilling Lives runs project on behalf of the Single Homeless Project.	St Mungo’s under contract from LA. St Mungo’s is a homelessness charity and housing association.
How was it started?	Shelter have an 8-year national HF programme running since 2013. This scheme started in April 2016 funded by the Big Lottery Fund. This scheme is one of 12 Fulfilling lives programmes in the UK.	Operating since 2014. National lottery provided funding to cover the costs of the project over an 8-year period.	A pilot ran in 2013 with the contract being tendered in 2015.
What partners were involved?	Shelter are the project lead. Partners are Self-Help Services providing mental health pathway, Back-on-Track providing employment support, Community Led Initiative providing peer mentoring and connection to groups like AA.	Probation, local authority and addiction/support/action groups.	Originally CLG, now St Mungo’s. Internally – family, children and learning and housing colleagues. Externally – health.
Starting point – no. of properties, tenants?	Manchester Homeless Charter signed up to by social housing groups with commitment to provide 15 houses per year. Now have a mix of social and private landlords across properties. Sourced by extensive initial engagement work with landlords building relationships. Free support offered to landlords.	Early stage a number of staff were recruited part time specifically to work on identifying and recruiting properties in the private rented sector and to work with landlords to provide rent deposits for those struggling to secure accommodation. By August 2017 15 clients had been housed. It can be challenging locating appropriate properties and landlords who are willing to work with clients through HF.	The scheme is commissioned to work with 10 individuals. There is currently 8 spaces for adults and 2 for young people, both of whom are currently care leavers. There are plans to expand this provision through increased CIF money. Initially the properties were temporary accommodation leased from private rented landlords. This created some challenges – trying to put square pegs in round holes as rules governing temporary accommodation don’t support those who have chaotic lifestyles, e.g. remove from property if antisocial behaviour which

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			<p>then removes the statutory duty to rehome them.</p> <p>There are currently 2 clients in council housing (a happy coincidence that they were successful in bidding for properties and not as a result of participation in the scheme), 1 care leaver in temporary accommodation and 7 in private rented accommodation. The housing options service has been very supportive, they have good relations with private landlords.</p>
How was it resourced?	Big Lottery funding.	Existing resources as HF is provided alongside a range of other schemes.	It is part of the housing related support budget.
How is the scheme staffed?	X2 FT Support Workers, x1 FT Housing Development Officer to engage with landlords and source new properties, x1 FT 'Grow' Trainee previously in receipt of Shelter support, x0.3 FTE Team Leader, x0.4 Development Manager for strategic development and engagement. Partners have contract as part of 8-year programme.	<p>HF staff work with eight clients each, though it has been suggested that the ratio reduce to ensure greater efficiency.</p> <p>Staff with a range of skills work on the HF scheme. This includes staff who come from backgrounds specialising in mental health, substance abuse, homelessness and the criminal justice system.</p> <p>There is also a peer mentoring scheme in place and operates alongside staff. Clients find the mentoring very helpful.</p>	3 FTE – 1 manager and 2 workers.

Primary Research – Interviews with Housing First Schemes operating in the UK			
Question	Inspiring Change – Manchester	Fulfilling Lives – Islington and Camden (FLIC)	St Mungo’s -Brighton and Hove
How are individuals referred to the service?	<p>Self-referred – applies to Manchester City Centre only. Pre-engagement work includes checking acceptance of HF principles/ assessing readiness for independent living. Panel decision including Development Manager, Support Worker and external consultant (volunteer). If not ready for HF other Inspiring change support offered.</p> <p>Qualifying criteria - individuals have to have three out of four qualifying needs: -</p> <ol style="list-style-type: none"> 1. Homeless 2. Mental health issues 3. History of offending 4. Substance abuse issues. 	<p>Only people who meet the following criteria are considered for HF:</p> <ol style="list-style-type: none"> 1. People with MH problems 2. Those who have been in the criminal justice system 3. People at risk of becoming homeless 4. Those with substance abuse problems. <p>Clients must demonstrate that they were struggling with all of these issues.</p> <p>Referrals are made by a range of organisations located across the capital (e.g. organisations working to address substance abuse). There could be a danger of HF becoming a dumping ground if this is not managed carefully.</p>	<p>Initially through the supported housing team. Then each case is considered by a Panel with representatives from Street Outreach, Adult Services, Mental Health and Probation. Once the scheme is full a waiting list is not held as vacancies rarely arise and even when a tenancy is lost, if appropriate the team continue to work with the individual</p>
Lessons learned from the early stages?	<p>Process of adjustment and change to independent living – the support needed by men and women is very different. Home visits are essential. Crucial to engage all stakeholders. Homeless Charter created culture of collaboration to tackle complex problems. It is important to highlight the benefits of free support to landlords.</p>	<p>When the scheme first started staff worked with up to 12 clients, this soon proved to be too many. The national HF organisation suggested a ratio of 1:5, this recognises the level of work involved in supporting clients which can be very intensive, particularly in the first 12 months.</p> <p>Staff undertake regular home visits and there can be a lot of travel involved.</p>	<p>The pilot started with the most challenging and chaotic of clients. Whilst this is the cohort the scheme is designed to support, in order for it to be a success, and whilst engagement with the scheme will ebb and flow, underlying that there needs to be a desire from the client to engage with the scheme. Therefore, suggest that a will to engage is clarified with the client before they join.</p>

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Question	Inspiring Change – Manchester	Fulfilling Lives – Islington and Camden (FLIC)	St Mungo's -Brighton and Hove
		It is helpful to have a separation between the technical landlord liaison side of the work and the provision of support to clients. What sells HF to landlords is the knowledge that the client living in their accommodation will receive intensive support. The Landlord also needs to have someone to contact about any issues that may occur. HF providers need to ensure that they strike a balance between meeting the needs of the client and the landlord.	
What would you do differently now?	Better understanding of how social housing allocation policies may impact on HF.	Not much! Many clients report that they like the HF approach to providing accommodation but they they felt isolated. To address this staff recognised that they need to do more to build social networks for clients. The peer mentoring scheme should also assist with this.	Engage earlier with politicians about the benefits of the scheme.
How many people have taken up tenancies under the scheme since it commenced?	14 people.	15 people.	
Of these how many have maintained tenancies?	100% One property move but still supported in the new tenancy.	90% tenancy sustainment. One client went to prison and one was admitted to hospital due to severe mental ill health.	Only one client has lost a tenancy and had the support of housing first withdrawn. Three other client, with the support of HF have identified that maintaining a tenancy was not suitable for them and have been helped into the most appropriate

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			accommodation to meet their needs i.e. mainstream supported housing/ residential social care.
What targets did you set at the start of the project? How do you measure success?	20-30 tenancies over two years. Big Lottery funding had targets on meaningful activity eg volunteering hours, health improvement etc.	<p>Very few targets – aim to achieve 100% engagement with all those that the organisation works with.</p> <p>Combination of data and interviews to obtain information about.</p> <p>Many clients reported that they are in better mental and physical health as a result of the scheme and are also engaging more in society.</p> <p>There are strong links with the local Police and there is a 30% reduction in offending by those clients who participated in the HF scheme.</p> <p>HF is valued by clients, for many of them it would have been their first tenancy and the first time they felt they mattered to society.</p>	<p>KPI's</p> <ol style="list-style-type: none"> 1. Maintaining independence (keeping the accommodation); 2. 18 -25 – whether engaged in work//learning/training or recovery programme. 3. Over 25's – as above but different emphasis on training due to funding streams differing; 4. Number of A&E attendances (reduction); 5. Number of ambulance callouts (reduction); 6. Number of anti-social behaviour incidents (reduction)
What is the cost per head of delivering the scheme?	£1,500 per head flexible fund in place which is not often used. It provides security for landlords and has been used for things like lock changes.	Difficult to answer – because HF is part of a range of services provided by FLIC the costs are shared with other initiatives making it difficult to provide exact figures.	It is about £10k per head – which is set at the same level as high support hostel. Total budget £120,000 Would recommend that each client has a ring fenced personal budget, which isn't huge but has helped with engagement.

Primary Research – Interviews with Housing First Schemes operating in the UK			
Question	Inspiring Change – Manchester	Fulfilling Lives – Islington and Camden (FLIC)	St Mungo’s -Brighton and Hove
	Actual cost per head being evaluated by New Economy at the moment.	The majority of costs relate to the intensive support which is particularly intensive in the first 12 months – the scheme would not work well if an attempt is made to deliver it at a lower cost.	Clients have chosen, for example, a piano and calligraphy lessons.
Have you done any work on cost benefit analysis relating to potential long term benefits of the scheme?	Work being carried out by New Economy.	Work is being undertaken by HF England project.	Brighton & Hove are in the process of commissioning an academic review into the project, jointly with Westminster Council. This is likely to be out for tender in the next two months and will investigate the cost benefit element.
Additional Information		<p>The most appropriate people to recruit to work on HF are all-rounder’s with knowledge on several areas as this enables them to support clients with a range of complex needs.</p> <p>HF has not been easy to introduce – a particular challenge has been engaging landlords. At the start of the process some landlords were offered incentives to encourage them to participate. However over time landlords have started to value participation in the scheme. Landlords value the additional support that is available through HF.</p>	Context: Brighton has a tough housing market with very high rents, it also has the second highest rate of rough sleeping in the UK after Westminster.

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Question	Inspiring Change – Manchester	Fulfilling Lives – Islington and Camden (FLIC)	St Mungo’s -Brighton and Hove
		<p>Matchmaking clients with landlords is one operational consideration that HF providers need to be aware of. Some landlords use agents to manage their properties on their behalf whilst others make themselves available for clients to contact. In some cases clients prefer to liaise with a second party in the form of an agent. In other cases clients appreciate the opportunity to liaise directly with the landlord. These preferences and existing arrangements should be taken into account when matching accommodation.</p>	

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