



Ministry of Housing,
Communities &
Local Government

Evaluation of the Housing First Pilots

Second Process Evaluation Report



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Foreword

This report provides the latest evidence from the evaluation of the Housing First pilots, building on the first interim report published last year. The pilot programme aims to develop the UK evidence base on delivering Housing First at scale by funding, and robustly evaluating, three pilots in the Greater Manchester, Liverpool and West Midlands combined authority regional areas, with a view to informing future investment decisions.

The report sets out key learning and recommendations, at both a central and local level. These findings are centred on pilot implementation and embedding including staff recruitment, client referrals and supporting clients in moving in and sustaining their tenancies.

To inform this report, ICF conducted fieldwork in the three Pilot areas comprising qualitative interviews and focus groups with Pilot leads and key staff, provider leads and support workers, local partners and strategic stakeholders. They also conducted in-depth interviews with service users, and analysed Pilot monitoring data and data from the initial baseline surveys collected so far. In addition, Homeless Link conducted visits to inform a review of fidelity to the Housing First principles.

Future elements of this evaluation programme will include further qualitative fieldwork and fidelity reviews, a quantitative evaluation of the programme and a cost benefit analysis. I would like to thank ICF and their partners for their hard work gathering information from the Pilot areas, the Housing First Delivery Team and Advisers, whose support was critical to the research, the Pilot staff and other stakeholders who participated in the research, and the analysts at MHCLG who provided input to the research materials and reviewed the outputs. Most importantly, I am hugely grateful to the service users who participated for giving us their time and sharing their experiences with us.

MHCLG continues to develop its evidence base on the causes of and solutions to homelessness and rough sleeping. Along with the previous [Housing First Evaluation Interim report](#) we have published the [Mobilising Housing First Toolkit](#) based on this research, initial findings from analysis of the [Rough Sleeping Questionnaire](#), and statistics on [Statutory Homelessness in England](#).

Further details about our evaluations and new research are available in [our Homelessness and Rough Sleeping research programme](#).

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Executive summary

Introduction

This is the second interim report of the process evaluation of the Housing First Pilots. Building on the first interim report, this report is based on fieldwork which took place between December 2020 and March 2021 and focused on the embedding of the Pilot approaches in each area and the key learning resulting.

This report is based on a programme of in-depth qualitative interviews and focus groups with Pilot and provider staff (50 individuals), partners and stakeholders (20 individuals) and, for the first time, a sample of 29 Housing First service users across the three Pilot areas. The report also draws from the Monitoring Information produced by each pilot to the end of February 2021, and the early analysis of the characterises of service users baselined in each Pilot area.

At the end of February 2021, the Pilots had collectively recruited 904 individuals, 123 of whom (13.6 per cent) had exited, sadly most commonly due to service users passing away. A total of 534 individuals had been housed, 59 per cent of all those recruited, of whom 148 had been housed for 6 to 12 months, 149 for between 12 and 24 months and 26 for between 24 and 36 months. One individual had been housed for over 36 months. The majority (56 per cent) had been housed in registered provider properties, and just 4 per cent in the private rented sector.

Key findings: implementation

The process fieldwork reviewed progress with the implementation of each Pilot, including what works well and the key challenges faced.

Pilot partnerships and delivery arrangements

Key changes to partnerships and delivery at the time of the fieldwork included:

- LCRCA – where the most significant change was the move to a locality-based model, with teams being responsible for specific local authority areas, and the establishment of new, or engagement with existing, multi-agency referral panels.
- Greater Manchester – where the Pilot partnership was expanded to include four new delivery partners, each with specialist expertise in working with specific groups, namely: Manchester Action on Street Health (female sex workers), Early Break (young people), Community Led Initiatives (offenders) and Humankind (people presenting complex behaviour).
- West Midlands – which followed a locally commissioned model from the outset, two new providers, Trident and Cranstoun, were commissioned to boost support worker capacity in Birmingham, and in Sandwell service delivery was then split between in-house provision and Fry Accord.

Staff recruitment

All three Pilots had undergone major recruitment drives to support the growing number of service users. This process had been delayed in some areas by the Covid pandemic, and remote recruitment approaches had been introduced, although in some areas recruiting sufficient numbers of suitable staff had been challenging. The Pilots had advertised for frontline workers more widely, leading to the recruitment of individuals with a wider range of backgrounds than the traditional support worker role. The values of staff recruited were as important as their experience of working

with the client group – with contributions from individuals with lived experience being highly valued in assessing whether applicant's values aligned with the principles underpinning Housing First.

Referral and engagement

Early challenges in referral processes had in large part been overcome. However, while the majority of referrals were now seen as appropriate this was not always the case. The Pilots had taken a series of steps to improve referral quality, with the development of new, or engagement with existing local multi-agency referral panels by Housing First services and providers being key. Continued efforts to improve referral agents' understandings of the service, and its intended beneficiaries were also widely reported.

Active outreach to new clients, sometimes over an extended period, was important in building trust and promoting engagement. Where teams included Peer Mentors or support workers with lived experience they could prove invaluable in helping locate and engage clients. Working 'at the pace of the client', and applying low stress assessment procedures, were also key in building rapport and trust.

Finding a property

Finding suitable housing continued to be a challenge for all three Pilots, in particular affordable one-bedroomed properties, properties in city centre locations and those that were suitable for people with disabilities. Sourcing housing through the private rented sector was a continued challenge and, with caveats, was an area that could be explored further.

Each of the Pilots had continued to extend their links with local housing providers, with relationships improving in several cases as a result of previous successful outcomes and through continued training and information sharing events.

The time between service users joining Housing First and gaining a tenancy varied widely across and within the Pilots, largely due to the limited supply of suitable properties or where clients wanted to live in areas with particularly limited housing stock. Some support workers described having to manage expectations in terms of the speed of finding a suitable property, and how delays could risk disengagement.

Support workers also described managing expectations regarding the extent to which service users could choose where they were housed, while recognising the importance of the principle of choice. Support workers described helping clients make 'realistic choices', and how choice could sit in tension with exposure to and the management of risk. In some cases, service users reportedly accepted a property outside their preferred area for fear of not being offered another one.

Moving in

The need for intensive support at the time of and shortly after moving into a new property was emphasised. This could include securing furniture and white goods, decorating, setting up utilities and arranging repairs. Delays in arranging white goods or setting up utilities could be a cause of frustration for both service users and support workers and in some cases had become more challenging under Covid restrictions. Personalisation funds were key to facilitating the moving in process and allowed service users to develop a sense of ownership and pride in their new homes.

Supporting service users to access local primary care and community health services was also critical at this stage.

Help with financial management was also important, which could include helping to set up benefit claims (close relationships and single points of contact in Jobcentres were helpful here), bank accounts and payment of bills. Help could also be needed to deal with lags in new Universal Credit payments, which risked new tenants going into arrears.

Following move-in, emotional and coping support could be required as service users came to terms with having their own properties, which in many cases led to feelings of isolation and loneliness (especially during periods of lockdown).

Sustaining tenancies and ongoing support

Building on the findings from the previous report, several factors were seen as important in helping service users to sustain their tenancies:

- Involving other agencies, where appropriate, in helping with tenancy sustainment;
- Encouraging housing providers to be more flexible with service users, while also ensuring service users were clear about their own responsibilities;
- Encouraging and enabling clients to make new friends, build community networks and rebuild relationships with families;
- Promoting active networking with local facilities and community-based organisations, such as joining a gym or a local church, or accessing local art classes;
- Creating a homely environment, including decoration and furnishings the service user had chosen; and
- Facilitating good relationships between Housing First staff and housing providers, particularly regarding dealing with anti-social behaviour and intervening where appropriate.

It was recognised that in some cases tenants may want and/or need to move from their first tenancy to another property – for example to be closer to family members after relationships had been re-established or to avoid risk and risk-taking behaviour. Strong relationships between Housing First staff and housing providers were important in ensuring a smooth transition between properties as necessary.

Service User Characteristics

The report provided an early analysis of the characteristics of the 199 service users for whom baseline data had been collected across the three Pilots, which highlighted the nature and high level of need of those participating in the Pilots. Key characteristics are set out below.

- **Homelessness** - one third had been sleeping rough shortly in the month before joining their Pilots, and 96 per cent reported experiencing rough sleeping previously, half of these doing so before the age of 25. In total 97 per cent reported experiencing periods of homelessness, half for between three and nine years and 33 per cent for 10 years or more.
- **Physical and mental health** - fewer than a quarter of individuals rated their health as good, with 60 per cent reporting a longstanding illness or disability and

22 per cent a learning disability. High proportions reported suffering from depression (78 per cent) or anxiety (73 per cent), with high levels also reporting suffering from trauma (39 per cent) and Post Traumatic Stress Disorder (33 per cent). Just 18 per cent reported having no mental health conditions.

- **Substance misuse** – 76 per cent of individuals reported taking drugs in the previous three months, including heroin or opiates (35 per cent) and crack cocaine (42 per cent). Some 37 per cent described being currently dependant on drugs, 78 per cent of whom reported becoming dependant before the age of 25. Fewer individuals reported issues with alcohol, although 42 per cent reported being either currently or previously being dependant on alcohol.
- **Involvement with the criminal justice system** – 77 per cent of individuals reported spending time in prison, 18 per cent within the previous 12 months, and a substantial minority reported receiving cautions or antisocial behaviour actions taken against them in the previous six months. A high proportion (80 per cent) reported being victims of crime in the previous six months, most commonly having their belongings stolen (47 per cent), being threatened (38 per cent) or being physically assaulted (30 per cent).

Service user experiences

A total of 29 service users were interviewed as part of the process evaluation fieldwork, using a topic guide co-produced with lived experience representatives in the three Pilot areas.

All interviewees described either long or intermittent periods of homelessness prior to joining Housing First, including living in temporary accommodation, sofa surfing, night shelters, hostels or sleeping rough. Almost without exception interviewees described having a range of needs, typically experienced concurrently or serially rather than singly. These needs included problems with either drugs, alcohol, or both; poor physical health; mental health conditions; histories of offending behaviour; and experience of domestic violence.

Initial engagement and perceptions of Housing First

Initial impressions of the service varied with some welcoming the opportunity of help to find a property and associated support, while others described considerable apprehension, or reluctance to be involved. This was primarily due to previous negative experiences of service provision, meaning support workers needed to first demonstrate that they were trustworthy, non-judgemental, empathetic and had something worthwhile to offer.

Finding a property and moving in

Interviewees described different routes into their current homes and waiting different lengths of time before being offered a suitable property (between one week and 12 months). Most were pragmatic about the time they had to wait, particularly when their requests for locations or property types were highly specific. Some had been housed in temporary accommodation first for a range of reasons, including where this was the policy of the local Pilot/provider or where individuals had been temporarily housed on release from prison. Most had clearly been offered choice and in some cases were almost incredulous that this had been the case. Some expressed feelings of anxiety at the point of and/or immediately after moving into their new home, while for others relief from the dangers and stresses associated with street homelessness or hostel living had led to reduction in anxiety levels.

Several service users described how their first property had not worked out for them, before they found a second property better suited to their needs and preferences. This was for a variety of reasons including being too far away from friends and family, and proximity to former drug dealers or others that people wanted to distance themselves from.

Most properties were described as being in reasonable decorative order and a good state of repair when people first moved in. Interviewees commonly expressed pride in their new homes and in some cases a feeling of disbelief that they were now living in furnished accommodation in good decorative order.

Relationships with and role of support workers

Interviewees were largely positive about their relationships with their support workers. For some it was clearly their support worker that they primarily valued rather than the Housing First programme per se. They commonly highlighted key differences between their relationship with support workers and those with staff in other services, using terms or phrases such as 'genuine', 'true to their word', 'non-judgemental', and 'prepared to go the extra mile' to describe their support worker:

A few interviewees emphasised their appreciation of the contributions of support workers who had lived experience of homelessness and/or other disadvantages:

A number of interviewees highlighted the benefits of having a single consistent worker (or first and second named workers) which fostered the development of trust and ensured that they did not have to keep sharing their 'story' repeatedly. However, others reported that they had had at least two support workers since joining the programme. The different reasons for this that were, to a degree, pilot or provider specific. Experiences of a change in support worker also varied, although for most interviewees this was not experienced as problematic, and the transition had been handled well. A small number of interviewees who found the process problematic had felt anxiety about losing the person they had built a relationship with.

The degree of contact that interviewees had with their support worker varied. Some were in daily phone contact with their support worker as well as receiving weekly visits. Others preferred a weekly phone call and a more 'hands-off' relationship. Being able to control the amount of contact was clearly important to some interviewees for whom this contributed to a sense of agency.

For most the intensity of support received was highest in the first months of moving into their properties and again when problems arose. Some interviewees described becoming less reliant on their support workers over time, while others felt that they would require continued longer-term support, even when experiencing increased confidence. Interviewees described a wide range of ways their support workers had helped them beyond accessing housing including:

- Arranging utility services and payment arrangements. Sorting out benefit payments to maximise income and setting up bank accounts.
- Help with cooking, cleaning, or gardening to help keep homes in good order.
- Instigating initial engagement with a range of services for example registering with a GP and accessing local food banks. Making, and 'chumming' individuals to appointments with other health services including mental health and local substance misuse services. Supporting attendance at self-help groups.

- Helping to alleviate or avoid social isolation through paying for mobile phone top-ups, keeping in regular contact, helping to access social activities.
- Support to reconnect with family members including children who were either estranged or in care.

Reflections on Housing First and reported benefits

The majority of interviewees reported being highly satisfied with Housing First, comparing it positively to previous experiences of homelessness services. For many interviewees, the greatest benefit of their engagement with Housing First has been to secure their own home. Besides this they described a range of other positive outcomes including:

- Stabilising drug use through maintaining a methadone prescription – although some reported ‘topping up’ at times.
- Reduced levels of drinking, although one reported that she did not want to stop drinking as ‘*vodka is my best friend, no one is taking that away*’.
- Improved health and regular attendance at GP and other appointments – for example one person reported regaining his mobility since receiving treatment on his leg.
- Stopping working as a street sex worker.
- Re-established relationships with friends and family including with children who had been estranged or in care.
- Becoming involved in voluntary work.

Most interviewees were very clear that they would not have achieved these outcomes without their support worker, and that their continued support was critical to their ongoing ability to maintain their tenancies and achieve positive outcomes. Many interviewees recognised that they would need ongoing support to maintain the progress they had made and identified Housing First as their only source of support in the absence of friends or family.

Key Learning

Key learning from the process evaluation fieldwork, for service delivery, included:

- **Delivery models** – locality working is effective, enabling greater worker responsiveness, improving relationships with/access to local services and stakeholders, and fostering multi-disciplinary working. Local authorities holding housing stock supports buy-in from housing teams, and housing providers should be integral to Housing First services from the start.
- **Relationships matter at all levels** – the recent fieldwork emphasises the importance of partnership working built on relationships between individuals and at all levels within partner organisations. Similarly, relationships between support workers and service users are key, require time for trust to be formed and should not be rushed.
- **Shared understandings** - a clear and early focus on external understandings of Housing First is key, alongside effective training and communications strategies targeting staff from senior managers to frontline staff from the outset. Ensuring ‘buy in’ to Housing First requires effort both from the outset and on a continuous basis to ensure consistent messaging throughout.

- **Fidelity** – integrating fidelity self-assessments into Pilot quality assurance procedures can help ensure fidelity to the Housing First principles remains a high priority. Several interviewees felt that a national framework for assessing fidelity would be useful.
- **Staff** - recruiting staff whose values align with the Housing First principles is key, and enlisting the help of individuals with lived experience has proved invaluable in the recruitment process. Time needs to be taken to ensure staff with the right combination of values, skills and experience staff are recruited, and it was suggested that the sector could benefit from a national workforce development programme to increase the numbers of individuals with the necessary attributes. Support for staff wellbeing, particularly during the pandemic, has proved to be invaluable.
- **Housing** - securing a sufficient supply of suitable properties remains the key risk in each Pilot area, emphasising the need to consider housing supply from the outset (as above, with housing providers being integral to Housing First partnerships from the outset) and avoiding over-reliance on a single sector for supply. A focus on the PRS earlier in the programme may also have been beneficial. Furnishing properties quickly, whilst maximising service user choice, could benefit from further reflection.
- **Referral process** – referrals should be discussed by a multi-agency panel with direct Housing First partner inputs, which can help ensure that referrals are appropriate, those not meeting the Housing First criteria are referred to more appropriate options, and to ensure necessary inputs from other services.
- **Multi-agency working** - it is key that Housing First is seen as part of the wider 'ecosystem' of services for individuals with multiple and complex needs, and which are reliant on each other for success. While much progress has been made in this regard, engaging with mental health services has continued to pose challenges in several areas, and there needs to be a specific pathway into mental health services for Housing First service users. While the Pilots have had some success in this regard, mental health provision would ideally be integrated within Housing First services from the outset.
- **Targets** - while targets can be useful, they must be feasible and realistic, and establishing such targets at the outset of an innovative programme with no precedent is problematic. The fact that some service users may require support indefinitely, and uncertainties of the numbers likely to migrate from the programme, makes modelling difficult. At the same time, pressure to meet targets can lead to people being inappropriately housed - from the provider perspective there should be less focus on targets and more on the quality/flexibility of support provided.

Looking forward and key challenges

Looking forward the Pilots described their expectations and key challenges to the end of their funding periods. These included:

- **Housing supply** – continues to be the key concern across the Pilot areas. Efforts are on-going to engage more with the private rented sector. Consideration is being given to whether Housing First programmes should operate externally or be embedded within existing local/regional housing allocation systems. There is some evidence that service users waiting long periods to be housed may disengage from their Pilots.

- **Caseloads and staffing** – while the fidelity assessment findings suggested the Pilots are broadly maintaining the 1:7 staff to service user ratio required to maintain fidelity, some providers reported that this was difficult to maintain within existing resources, primarily due to the complexity of service user needs and the fact that few were migrating from the service. At the same time, and despite the Pilot’s best efforts, recruiting staff with the necessary values, skills and experience was reportedly an ongoing challenge.
- **Systems challenges** – the challenges of operating within a ‘broken system’ were expected to continue, although some progress had been made to promote multi-agency working. As before, access to mental health provision was a widely reported challenge.

1 Introduction

This report is the second interim report of the Process evaluation of the Housing First Pilots, with the Process evaluation being one of the three main 'strands' of the evaluation alongside the impact evaluation and the cost benefit analysis.

It is based on a programme of in-depth qualitative interviews with Pilot staff, partners and stakeholders, and participants; the review of Pilot Monitoring Information to the end of February 2021; and an early analysis of service user characteristics for those baselined in each Pilot area.

1.1 Overview of the Housing First Pilots

The first interim Process evaluation report¹ introduced the three Pilots and their key features at the time of writing, as summarised below.

Greater Manchester Combined Authority (GMCA)

The GMCA Pilot covers the ten local authorities of Manchester, Bolton, Bury, Rochdale, Stockport, Oldham, Tameside, Salford, Trafford and Wigan, and delivered by a consortium of seven partners led by Great Places Housing Group and endorsed by the Greater Manchester Housing Partnership (GMHP). A central Combined Authority contract management team and a lead provider were jointly responsible for subcontracting arrangements with other 'end-to-end' and specialist service providers. The region was divided into four zones, each with a team of seven staff (a team leader and six support workers) and caseloads of six clients per worker for flexibility. The first service users were recruited and housed in March 2019. The Pilot has a co-production group of people with lived experience of homelessness and had benefited from previous experience of delivering Housing First in the region. Key features of the GMCA Pilot included efforts to ensure consistency across the local authorities through the development of the GMHF brand, a central team, common job specifications and pay rates, shared training, a Quality Assurance framework and standardised referral criteria; and the inclusion of specialist mental health input through two Dual Diagnosis Practitioners working directly with service users and providing reflective practice for support workers.

Liverpool City Region Combined Authority (LCRCA)

The LCRCA encompasses the six local authorities of Liverpool, Sefton, St Helens, Wirral, Halton and Knowsley, with the Pilot model being strongly influenced by the approach proposed in a previous Housing First feasibility study undertaken locally. The Pilot had a central management team and three teams of support workers (comprising a team leader and four support workers), recruited by the Combined Authority to deliver a test and learn pilot with the initial view being to commission an extended Housing First service. The test and learn pilot launched and service users were recruited in July 2019, with the first being housed in August 2019. The Pilot also has a lived experience group comprising 12-15 individuals, facilitated by the Pilot Lived Experience Lead. Key features of the Pilot

¹ Available at: <https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports>

included a strong emphasis on systems change, seen as an essential requirement of effective and sustainable service delivery, and the commissioning of two psychologists to work with service users and support workers while also helping negotiate access to specialist mental health services. Unlike GMCA and WMCA, the Pilot was the first time that a Housing First approach had been implemented in the LCRCA area.

West Midlands Combined Authority (WMCA)

The WMCA encompasses the seven local authorities of Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton, with Birmingham City Council acting as the accountable body for the Pilot. From the outset, it was decided that each local authority would commission their Housing First services separately, with the Birmingham Voluntary Service Council being contracted to support preparatory work including developing a common tendering process, a service specification and job descriptions for support workers. The Pilot followed a strengths-based approach, underpinned by psychologically informed environments (PIE), as evidence suggests staff trained in this framework work more effectively with clients with complex trauma. The service commissioned matched the Housing First support delivery specification with differences in delivery across the local authorities, with two delivering in-house and five through externally commissioned providers. One housing association secured contracts across three local authority areas, with two voluntary sector organisations operating in the remaining two. The first service users were recruited and housed in January 2019 through an early adopter pilot, with three local authorities benefiting from early experiences of Housing First delivery as early adopters or as a self-funded service. The Pilot also drew on insights from a lived experience group. Key Pilot features included the local commissioning model and the range of models resulting, and the role of a contracted organisation to provide a central coordination function across all the local authorities to support early implementation.

1.2 Context for the process fieldwork

The Process evaluation fieldwork on which this report is based was undertaken during the Covid-19 pandemic, which had implications for both its scheduling and the mode of delivery.

At the time of writing, Pilot funding was scheduled to end in March 2022 in Greater Manchester, August 2022 in LCRCA and March 2023 in the West Midlands, in line with their three plus two-year funding model. The numbers of service users engaged over the duration of the Pilot being expected to be 373 in Greater Manchester, 216 in LCRCA and 500 in WMCA. The schedule for the Process evaluation fieldwork was revised as follows:

- Round 2 (December 2020 to March 2021) – focusing on embedding delivery, including revisions to delivery approaches due to the pandemic.
- Round 3 (September to October 2021) – focusing on outcomes and impacts, and steps towards sustainability.
- Round 4 (January/February 2022 in Greater Manchester, June/July 2022 in LCRCA, and January/February 2023 in the West Midlands) – focusing on reflecting back across the Pilot period to capture effective practice, challenges and key learning; and sustainability in practice.

1.3 Methodology

This report is based on a programme of in-depth qualitative interviews with Pilot staff, partners, and stakeholders, and for the first time a sample of participants, in each Pilot area. In addition, the report draws on the monthly Monitoring Information (MI) produced by each Pilot to the end of February 2021 to review their performance in terms of the numbers of individuals recruited, housed and the duration of their tenancies. The report also includes an early analysis of the characteristics of service users who had been baselined in each Pilot area, with a more comprehensive baseline report being produced in October 2021 once baselining activity in all three Pilot areas has completed.

The qualitative interviews took place with the following groups of individuals, with Table 1 showing the number of interviewees from each group in each Pilot area:

- **Pilot and provider staff** – reflecting local management and service delivery arrangements, interviews took place with Pilot and provider leads; staff with key responsibilities for operations, securing properties etc; support workers and team leaders. The interviews were undertaken by telephone/online due to ongoing face-to-face contact restrictions, and took place either individually or, in the case of some of the support workers, as online focus groups.
- **Partners and stakeholders** – in each area a sample of Pilot partners and wider stakeholders were interviewed to reflect local partnership arrangements, and included consultations with representatives of local authorities, housing associations, and external service providers organisations.
- **Pilot participants/service users** – for the first time, the Process fieldwork included qualitative interviews with a sample of service users in each Pilot area. It was hoped that the pandemic would have lifted sufficiently to allow the service user interviews to take place face-to-face, but as pandemic restrictions continued the interviews took place on a ‘trial’ basis with the aim of achieving interviews with 10 service users per Pilot.

Table 1 Interviewees in each Pilot area

Pilot	Pilot and provider staff	Partners and stakeholders	Service users
GMCA	15	5	11
LCRCA	16	7	9
WMCA	19	8	9
Total	50	20	29

Draft fieldwork tools were developed for each interview group and signed off by MHCLG in advance. For the participant interviews, individuals with lived experience were involved in co-designing the topic guide, with views from those with lived experience being collected individually in the West Midlands and through a combined focus group in the Greater Manchester and LCRCA areas.

Finally, given the nature of the contractual and delivery model followed in the West Midlands, each round of Process fieldwork focuses on different local authority areas. In the

most recent fieldwork attentions focused on the Coventry, Wolverhampton and Birmingham local authority areas.

1.4 Report structure

The remainder of this report is structured as follows:

- Chapter 2 provides an update on Pilot partnership and governance arrangements and service delivery, drawing on qualitative interview data with Pilot teams, strategic stakeholders, and delivery partners.
- Chapter 3 presents an analysis of Pilot MI to show progress in terms of numbers of clients recruited and housed and the duration of tenancies. The chapter also includes an early analysis of service user characteristics based on data collected in the baseline interviews.
- Chapter 4 draws on a series of qualitative interviews with service users to present their experiences and perspectives of engaging with Housing First.
- Chapter 5 presents a series of conclusions and key learning points together with a review of the issues and challenges Pilots anticipate going forward.

The report is supported by an appendix that contains a summary report of the third fidelity assessment undertaken by Homeless Link between November 2020 and February 2021.

2 Implementation

This chapter draws upon interviews and focus groups with Pilot staff, partners, and stakeholders to provide an update of progress with implementation across the three Pilot areas since the last fieldwork. It reviews the emerging evidence of what is working well along with an exploration of the key challenges faced by the Pilots.

2.1 Pilot partnerships and delivery arrangements

Since the first process report there have been changes to the organisational and delivery arrangements in all three Pilots. These have been most extensive in LCRCA which has seen the development of a new locality-based approach delivered by six teams responsible for areas that largely correspond to local authority boundaries. At the time of fieldwork, the implementation of the locality model was ongoing, but expectations for its evolution included co-location with other agencies with similar interests (e.g., in housing options or Jobcentre Plus offices, GP surgeries, probation services etc, with support workers being mobile between sites); more efficient service delivery for service users; and easier and more productive links with housing providers. There were expectations, and emerging evidence that the local approach would lead to closer working with partners, allow support workers to focus more on their specific areas, and tailor approaches on the basis of local resources. A parallel development was the establishment of new, or the Pilot's engagement with existing, multi-agency referral panels in each local authority area. The changes made to the delivery model, the engagement with the panels and the considerable effort invested by the Pilot team were reported to have had a strong positive impact on partner relationships.

In Greater Manchester, the Pilot partnership has expanded to include four new responsively and competitively commissioned delivery partners, each of which has specialist expertise in dealing with particular client groups, including: young people, women, offenders, and individuals presenting with complex behaviours. The new partners and specialisms that each brings to the Pilot include:

- Manchester Action on Street Health (MASH) – expertise in supporting female sex workers.
- Early Break – expertise in supporting young people.
- Community Led Initiatives – expertise in supporting offenders; and
- Humankind – expertise in supporting people who present with complex behaviour.

Each will provide three frontline workers (being recruited at the time of data collection) who will have the same job description and pay rate as workers employed by other partners.

In the West Midlands two new providers, Trident and Cranstoun, have been commissioned to boost support worker capacity in Birmingham. This followed a service review undertaken in early 2020 that identified that while the existing provider (Shelter) had delivered good outcomes for clients they faced challenges in meeting the targets set for the numbers of people housed within their existing service model. Initially contracted for a period of six months Trident and Cranstoun were subsequently contracted until the end of the Housing First programme when Shelter decided not to renew their existing contract

beyond March 31st, 2021. The configuration of service delivery in Sandwell has also undergone change since the first process report. Here delivery is now divided between in-house provision and Fry Accord who are contracted to deliver Housing First across Walsall, Solihull, and Sandwell.

2.2 Staff recruitment

All three Pilots had undergone major staff recruitment drives over the preceding year to support the growing number of service users. This process was severely delayed in some areas, and remote means of conducting interviews necessitated, by the Covid pandemic. Recruiting sufficient numbers of individuals with the required skills and/or values had proven to be very challenging in some (but not all) areas. Where this had been an issue, reasons proposed by interviewees included: the impact of Covid on the ability of people with caring responsibilities to take on the roles; competition between providers; the low salaries on offer in some locations; and a scarcity of people with experience of working with and/or the mindset required to support individuals with complex needs.

In all three Pilots, the 'net' had been cast more widely than was the case in earlier recruitment rounds, with posts being advertised in the local press as well as more traditional housing/homelessness forums. This was considered a positive development as it had led to the successful recruitment of quality staff from a wide range of backgrounds, including for example youth sports coaching, children's residential care, elderly care homes and refugee support, to name but a few examples. On this issue, many provider and stakeholder interviewees emphasised that whilst direct experience of working with the client group was beneficial, the values of frontline support workers were at least as important.

It's the values that matter. You can teach someone to be a frontline worker if they've got the right attitude and values. And that made the difference.

The input of people with lived experience was widely regarded as invaluable in assessments of the extent to which applicants' values aligned with the philosophy underpinning Housing First. In Liverpool, the lived experience group designed specific questions and sat on the interview panel alongside Pilot staff and local authority colleagues, whose attendance help secure further buy-in to the locality model. In Greater Manchester, a two-stage recruitment process was used wherein Co-production Panel members conducted an initial interview with short-listed candidates to assess their values, prior to a second more traditional competency interview conducted by delivery partners. Partner interviewees reported being highly satisfied with this process and it was also described as a positive experience by successful applicants, some of whom noted that it affirmed their desire to work for GMHF given the affinity of programme values with their own. The approaches adopted by the lived experience groups in Liverpool and Greater Manchester were mutually informed by the prior experiences of and feedback from the other.

Preparing staff to be 'Housing First ready' was highlighted as a challenge where staff had been drawn from more traditional housing support roles. The importance of ensuring that all frontline staff fully understood and had 'bought into' the Housing First philosophy was universally stressed by interviewees. Training provided in Housing First principles and related ways of working – such as Psychologically Informed Environments (PIE), asset-based approaches, harm reduction, trauma informed care and so on – were all considered

essential for staff members both new to and with prior experience of working in the homelessness sector alike. Interviewees noted that the sector will require support going forward to upskill the existing workforce to support people with multiple and complex needs effectively.

Staff and stakeholder interviewees also emphasised the enormity of the challenge faced by frontline staff when supporting this client group and need for Housing First providers to be cognizant of the implications for staff wellbeing. A small number of frontline workers had resigned for mental health reasons. The importance of having appropriate support in place was frequently emphasised by interviewees. On this issue, frontline staff emphasised the value of regular interaction with fellow support workers and more senior staff. Further to this, one-to-one supervision, and reflective practice sessions with mental health specialists (such as the dual diagnosis practitioners in Greater Manchester and specialist psychologists associated with the programme in Liverpool and West Midlands were deemed invaluable).

She [the psychiatrist] gives you a completely different angle on something and reminds you that [the client] is behaving like this for a reason, you need to offload that and have a reminder of perhaps why you are being treated like that.

2.3 Referral

A number of challenges had been encountered and lessons learned regarding referral processes as Pilots became embedded. Whilst the majority of referrals received had been considered appropriate, all three Pilots had received some where this was not the case. Inappropriate referrals typically took one or more of three forms. First, a small number of the individuals referred had been unaware of and had not given their consent for the referral. In some of these cases it subsequently became clear that they did not want Housing First (because of reticence to claim benefits or take on the responsibility of a tenancy, for example). As one Pilot provider cogently asserted: “*You can’t do Housing First to people*” (emphasis in original). Rather, they argued, user choice must be given due precedence right from the point when an individual assesses whether they want to engage with Housing First.

Second, in some cases it became clear after further investigation that an individual referred lacked capacity, due to a severe learning disability and/or acquired brain injury for example. They were therefore unable to understand a tenancy agreement or comprehend the consequences of failing to adhere to any associated conditions (including standard expectations regarding rent payment, not causing neighbourhood disturbance etc.). It was widely agreed by interviewees that alternative interventions including, but not limited to, supported or sheltered housing, would be more appropriate for such individuals.

Third, some interviewees felt that the health of a few people referred was so extremely poor, and their healthcare needs so specialist and/or intensive, that they required 24-hour care which simply cannot be provided by a Housing First programme. There was strong consensus amongst interviewees highlighting this issue that sheltered housing or alternative provision offering what is effectively full-time nursing care would be more appropriate in such cases.

Another challenge related to the inadequacy of information provided by some referral agencies, especially in relation to risk. In Greater Manchester, for example, a few clients had already been allocated to support workers when it later became apparent that they presented particular safety risks (due to a history of sexual offending or offences involving weapons, for example) but this information had not been shared with GMHF. Some concerns were expressed that this information (if/where known) may potentially have been withheld by referring agencies given an (inaccurate) assumption that the client would otherwise be denied Housing First. In fact, GMHF will not exclude potential clients on grounds of such risk, but the service does require full details regarding risk if it is to put in place suitable safeguards (e.g., staff doubling up on visits, or allocating sexual offenders to male keyworkers only).

Some are really high risk and we've been going in a bit blind sometimes ... We need more information on that person, their background ... Not to judge them but just so we have a bit more awareness of what we're walking into.

In all three Pilots, views were expressed that in some instances people had been referred because they had '*fallen through the gaps of just about every other service*' and that Housing First was seen as '*the only alternative left open or the council just doesn't know what else to do with them*'. In some, there were concerns that the Pilots had effectively become 'dumping grounds' for such individuals, and these anxieties were elevated where other support agencies had 'stepped back' after someone was accepted onto Housing First. Such concerns were further exacerbated where other providers had discontinued face-to-face support as a result of the pandemic.

What we're seeing is that Housing First is becoming a route for people for whom there is no commissioned service.

All three Pilots had responded to the above challenges by developing and/or further embedding multi-agency referral panels. In some local authority areas new forums were developed specifically to discuss Housing First referrals; in others Housing First referrals were discussed within pre-existing forums focusing on vulnerable adults and/or people with multiple and complex needs. The inclusion of Housing First providers within such forums was considered a very positive development where this has occurred, ensuring that partner agency representatives could feed into conversations about the suitability of Housing First for individual cases. Incorporation of representatives from health and criminal justice on cross-sectoral multi-agency forums was considered ideal, but had not been achieved in all areas.

In LCRCA, for example, the establishment of local delivery arrangements in each local authority area were paralleled by the development of new (led by the Pilot in one area) and involvement in pre-existing referral panels (led by partners from different sectors) in each of their local authority areas. In addition to improving referral quality to the Pilot, the panels supported multi-agency working more widely, allowed referrals who were not eligible for Housing First to be referred to more suitable provision, as well as having a wider challenge function to foster wider system change. In addition to attendance from partners across a range of sectors, consultees reported that having staff with sufficient seniority to make decisions on referrals, as well as engage in system challenge and change discussions, was key to their early success.

It was widely agreed across the Pilots that the quality and appropriateness of referrals had improved as a result of multi-agency referral panel establishment; sometimes also that referrals were being received from a wider range of sources than had been the case previously. On the latter point, the referral of particular sub-populations had increased as a result of representation from specialist agencies on some referral panels, as had been the case for women facing domestic violence and female sex workers when local voluntary sector providers supporting those groups were invited onto the panel in Wolverhampton, for example. Additional benefits of using multi-agency referral panels included the opportunity for requesting additional wrap-around support from other services from the point they were taken on as a Housing First case, the provision of a forum for holding other services accountable for their provision to clients, and for fostering trust between parties. In addition, where a referral was deemed unsuitable for Housing First, they could be referred into a more appropriate service thereby minimising the risk of being left without support.

And that's where the vulnerable persons panel... is invaluable because you can put in a referral for a customer there and the heads of services are there. And they have to justify why they aren't supporting that person.

Further to these responses, intensification of effort to improve referral agents' understandings of Housing First was deemed to have been pivotal in improving the quality of referrals in many areas. The process of 'training out as well as in' embarked upon in Greater Manchester, for example, was said to have mitigated stakeholders' erroneous assumptions that individuals may be refused access to Housing First on ground of risk. Training on the principles and delivery of Housing First had been made available to all key referral agencies, including Rough Sleeper Initiative (RSI) teams and housing officers, amongst others. Engagement with housing officers was reported as having been effective in challenging misconceptions regarding what Housing First is and increasing their willingness to engage with the Pilot. In all Pilot areas it was acknowledged that the task of raising and maintaining referral agents' understandings regarding eligibility criteria and referral processes will be an ongoing one.

The New Directions Team (NDT) assessment tool continued to be used in Greater Manchester and remains a key point of reference in assessing eligibility across the West Midlands. It had also recently been adopted by the Liverpool Pilot given the prior absence of commonly understood criteria, and its deployment was deemed to have added clarity and transparency to the referral process across the city region. That said, it was noted by some interviewees that the risk of an NDT score being deliberately manipulated to reach the minimum threshold cannot be mitigated entirely, and that in rare instances vulnerable individuals who would benefit from Housing First can potentially score too low to be deemed eligible.

2.4 Initial engagement

Following referral, support workers across all three Pilots agreed that it was necessary and important to invest considerable time in active outreach to new clients to build trust and promote engagement. Where teams included Peer Mentors or support workers with lived experience their collective knowledge and understanding of the local homeless community was described as invaluable in helping to locate and engage clients at this stage. Networks with other homelessness services and staff delivering RSI provision could also

be key in helping to promote engagement. Examples were given of outreach workers from partner agencies passing on messages to new clients and encouraging them to contact support workers when they saw them on the streets. Interviewees also described how they had fostered engagement through the use of '*gestures to build trust*', such as buying food and drink for clients and providing them with a mobile phone.

Interviewees discussed how they took time to get to know the client, building a rapport and trust and 'going at their pace'. The importance of flexible, informal 'stress free' processes of assessment was emphasised. Pilots have evolved different approaches to support planning and risk assessment that vary in terms of how structured they are. The Homelessness Outcomes Star is sometimes used to assess need against a range of outcome areas and interviewees stressed that this or similar measures are implemented in a client-centred way with the stress on looking at what the client aims to achieve, the skills they have to do so, the barriers they face and the help they have access to.

2.5 Finding a property

Across all three Pilots the lack of affordable one-bedroomed properties was identified as a significant and ongoing challenge. Sourcing suitable properties for people with disabilities was highlighted as particularly difficult. Areas that lack access to council owned properties especially in city centre locations faced particular problems. Stakeholders discussed these issues in the context of national and regional housing supply and demand problems and sometimes felt that these pressures were not fully appreciated at government level.

Data presented in section 3.1.2.2 below shows that the vast majority of properties have so far been sourced through local authority stock or from RSLs, with very small numbers housed in PRS properties. Sourcing accommodation is easier within local authorities that hold their own housing stock, but meeting client choice still presents challenges, in particular where the preference is for city centre locations or areas where the local authority does not have housing. Interviewees across the three Pilots noted that the potential of the PRS has not yet been fully exploited while also expressing reservations regarding the quality and/or affordability of many PRS properties.

2.5.1 Relationships with housing providers

All three Pilots have continued to grow their networks and relationships with local housing providers.

In LCRCA housing providers were supportive of the Pilot, and HF staff reported a definite improvement in relationships since the move to a locality delivery model. Monthly meetings had been introduced with provider managers, although it was recognised that messages do not always percolate from managers down to front line staff. While local housing associations were represented on the Pilot steering group, and a housing association working group was in place, from the outset, the Pilot also held a series of workshops during 2020/21 for housing association staff (including ASB officers and front line workers) to embed relationships further.

In Greater Manchester it was widely agreed that delivery partners' relationships with housing providers had improved since the beginning of the Pilot. This was due in large part to the successful outcomes achieved with a number of users who some registered provider representatives had previously deemed 'unhousable'.

Relationships with the providers of bridging accommodation were also reported to have improved, given the positive influence that support from GMHF workers had had on clients' ability to sustain those temporary forms of accommodation whilst a HF tenancy was sought:

A lot of [service users] have burnt their bridges in supported housing or in housing generally...and it's getting those providers to understand how much support is around that person...[historically] this support disappears and then the providers are left with it... [With GMHF support] they [service users] are sustaining the bridging accommodation because the support is there.

GMHF had also held a series of housing officer training workshops at the beginning of 2020 which were attended by a total of 30 representatives of 26 different registered housing providers from across Greater Manchester. These aimed to share information about HF and the Pilot, gain feedback on providers' experiences of working with GMHF, and draw up a good practice charter to improve partnership working and practice. The resultant charter clarifies the roles of GMHF and Housing Officers and covers four key areas: relationships and communication; property offers and risk assessments; pre-tenancy and sign-up; and repairs and void works.

In the West Midlands relationships between housing providers and local Housing First teams differ by local authority. In Birmingham where the City Council has pledged to supply at least 50 per cent of the Housing First property requirement for the local authority area (although in reality this has been over 83 per cent), fortnightly case management meetings are held between HF and the council's lettings team to review live cases and ensure individuals are given priority for accommodation. Work is also ongoing with individual housing associations to broaden the housing options for service users. A similar arrangement was in place in Wolverhampton where the local authority is also the key provider of long-term housing options. While these arrangements were reported to work well the growth in referrals had meant the capacity of the local authorities to meet service user choice and needs in a timely way had reduced. Securing more properties from RSLs had been identified as vital to ensure that HF is able to continue to offer choice to clients. An SLA had been established between the lead authority (BCC) and RSLs across the WMCA region and some pledges for properties had been made. Work was ongoing to develop this further, particularly with RSLs who had not yet acted on pledges made with a concrete offer. A key barrier was that RSLs remained concerned about the potential risks of housing HF clients despite being '*on board with the programme in theory*'. The need for constant reassurance about the level of support that Housing First provides to clients was highlighted.

2.5.2 Time between referral and receiving a housing offer

The time between joining Housing First and securing a property varied widely within and across the three Pilots. The key reason for a prolonged waiting period was a shortage of suitable properties in particular for clients with disabilities or where an individual expressed a desire to live in an area not well served by local authority or housing association stock. Other factors including clients spending time in hospital or prison and the need to go 'at the client's pace' were also highlighted. Interviewees agreed that there was no 'average time' between referral and being housed:

I've had customers that haven't been housed for months and months.... And then I had one lady that I got a consent signed on the Friday and she was housed on Monday. And, you know, so it's very, it's all over the place, to be honest.

Some support worker interviewees discussed having to manage expectations around the speed of finding a suitable property and highlighted the risk of disengagement if a property could not be secured promptly. Examples were also given of people being housed in unsuitable temporary accommodation until a property could be found.

2.5.3 Meeting client choice

Support workers interviewed discussed the importance of the client's freedom to choose where they would live, and refuse offers of properties not suited to them. However, they also recognised that choice is not absolute, and it was clear from their narratives that they played a role in managing service user expectations and helping them to make '*realistic choices*'. Some interviewees expressed the view that not only was choice constrained, but it could also sit in tension with managing risk.

Interviewees reported that property matching could be difficult as *people become entrenched in their environment and community* and this often means preference for a city centre location. Support workers highlighted the potential problems of securing city centre accommodation in terms of proximity to drug dealers, the risks of cuckooing and a return to the streets. They also noted that locating elsewhere could help support positive behaviour change:

We've got customers that are really happy to not be near the city centre and have managed to either reduce their use or actually get clean [of drugs]. And they are just living in that flat decorating and doing things. So, it benefits some people to actually not be near the city centre around their old friends who no longer have that influence on them.

Support workers also reported incidences of clients struggling with the concept of choice "*In some cases we have to explain that they really can decide where to live*". They gave examples of clients accepting a property in area that was not their preference for fear of not being offered anything else. Others reported service users saying they were happy to be accommodated anywhere, then changing their minds once initial offers were made.

2.6 Moving in

Frontline staff interviewees across all three Pilots emphasised that tenants often require very intensive support at the point of and immediately following a move into their Housing First property. This involves, in part, dealing with practicalities associated with sourcing furniture and white goods, setting up utilities, reporting any repairs needed, getting access to the internet, securing bus passes, and accessing food bank vouchers. In some areas, delays in void turnarounds, getting utilities set up, repairs completed (including delays in the supply of construction materials) and/or white goods delivered (which were compounded by, but not entirely attributable to, the pandemic) had been a source of substantial frustration for staff, stakeholders, and service users alike, especially where the latter were in very poor health.

Personalisation funds were deemed an essential resource facilitating the process of setting up properties and allowing people to feel a sense of ownership and pride in their new home.

The personalisation fund allows us to take an empty cave and make it into a home so it's more appealing [than being on the streets] as soon as they move in.

That said, and whilst this was not identified as an issue in some areas, a number of frontline interviewees highlighted a tension between the imperative of furnishing a property as quickly as possible whilst simultaneously attempting to maximise user choice and control. In Greater Manchester, new guidelines regarding use of the personalisation fund were developed with assistance from the Co-production Panel in response to feedback from staff and service users who wanted a clearer indication regarding what should and should not be purchased from the fund.

In all Pilot areas, support workers also accessed Local Welfare Funds and provision from other local charities to free up money within clients' personalisation budgets insofar as possible, albeit that the availability and amount of time taken to access these resources was highly variable at the local level. The Greater Manchester Pilot had also developed 'Welcome Packs' for new tenants containing essential items such as bedding, towels, crockery, cutlery, microwave, and kettle amongst others in response to delays in accessing local welfare fund provision. These had been generally well received and the specific contents will be reviewed going forward based on client feedback.

Frontline staff interviewees also highlighted the importance of helping clients with financial management at the point of moving into their property. This commonly involves support with setting up a bank account, making sure council tax reductions are applied, and establishing systems for bill payment. Registering clients with a local GP and, where appropriate, ensuring they were accessing local drug and alcohol services was identified as another immediate task.

Relationships between Housing First and DWP were well established in some areas. West Midlands had established a named point of contact at local DWP offices, for example. These relationships had facilitated the smooth handling of Universal Credit claims and setting up automatic payment agreements (APAs) so that rent could be paid direct to landlords. Interviewees noted however that there can be a one-month lag between the first Universal Credit payment and actioning an APA, meaning that clients sometimes go into rent arrears in the first month of a tenancy. Frontline workers reported using the crisis fund or helping clients to claim a discretionary housing payment in these situations.

The point of move-in and the period immediately thereafter was also identified as a time wherein service users often required intensive emotional support. Some frontline staff interviewees noted that there could often be a gap between an individual's desire to move into a home and ability to cope once there. In this vein, some clients were reported to struggle with living alone; a problem that had been exacerbated by the Covid pandemic which left many service users (and indeed members of the public more generally) feeling isolated and disconnected from others. The pandemic also made it more difficult to foster the development of alternative support networks or ways of engaging with the local community into which people have moved (see below for further detail on this point). Some support worker interviewees noted that instances of temporary drug or alcohol

relapse were not uncommon as people adjusted to life in their new home. Intensive support from staff was critical during these periods.

He's just wrapping his head around that change of identity because for a long time it was just me, myself and a sleeping bag. 'I'm on the streets, I don't need anyone around me. I am independent. And I know that things are bad for me, but I am pushing through it'. And now suddenly things have changed massively for him and he knows that that's positive, but he's just struggling to get his head around it.

2.7 Sustaining tenancies and ongoing support

Support worker interviewees identified a series of factors that appeared to help service users settle into and sustain their tenancies. Amongst these were involving other agencies if/where their input could help with tenancy sustainment and encouraging housing providers to be more lenient as regards their expectations of service users. Partner and stakeholder interviewees in Liverpool noted that there is also value in ensuring clients are clear about their responsibilities as regards their tenancy from the outset, by for example holding three-way meetings involving the service user, their support worker, and the housing provider. They also commonly emphasised that persistence and consistency of approach were key in supporting service users to sustain their tenancies.

Another key strategy used to foster tenancy sustainment had been to encourage and enable clients to make new friends, build community networks and rebuild relationships with families. The personalisation grant had been used in some areas to support this. Staff interviewees in the West Midlands for example described active networking with local community-based organisations as a strength of their locally commissioned approach. Examples were given of people taking up gym membership, joining a local church, accessing art classes and other activities provided by VCSE organisations, and successfully reengaging with family members. While the impact of the pandemic had impeded progress in some respects, and interviewees stressed the importance of maintaining a high level of contact and support during this time, there had also been positive benefits such as providing space to disengage from previously harmful behaviours. A common strategy for ensuring continued engagement had been the purchase of mobile phones and interviewees reported that they had done this multiple times for some clients who lost, sold, or pawned their phones.

Across all Pilots, the creation of a homely environment was also noted as being extremely powerful both in terms of helping people settle into their new home and guarding against potential abandonment and eviction. Staff interviewees emphasised that a pleasant interior, ideally created with furnishings that tenants had chosen, meant that service users were more likely to want to stay and care for that space. Further to this, it guarded against anti-social behaviour in the sense that tenants were more likely to ensure that they and any guests did not behave in ways that might jeopardise their tenancy.

Frankly, we know that people are going to look after their flat more if its better furnished, if it looks nicer. My priority has been trying to do as much as possible as soon as possible after they move in. Because the quicker you get a flat looking good you reduce the chances of that of that broken windows psychology kicking in.

Interviewees in some areas described an increasing recognition amongst staff and stakeholders that some Housing First tenants may need and/or want to move on from their first tenancy to another property. Sometimes moves had been prompted by a change in clients' personal circumstances (e.g., an increase in household size or desire to move closer to family after relationships had been rebuilt). In other cases, they had been requested or advised to protect Housing First tenants from anti-social behaviour after instances of 'cuckooing', threats or experience of assault, or financial exploitation. Provider interviewees emphasised the importance of good relationships with housing providers enabling problems with anti-social behaviour to be 'nipped in the bud' quickly as far as possible, and to foster smooth transitions into alternative housing where necessary. The fact that there was no recourse to additional monies for the personalisation fund for furnishings or improvements to a second property was noted by some.

2.8 Working with other agencies

All three Pilots work with a range of external agencies to ensure clients health and well-being needs are met. As well as statutory agencies Housing First teams work with a number of VCSE organisations including food banks, organisations supporting women working as sex workers, Narcotics Anonymous (NA), and other homelessness providers. Support worker interviewees stressed that their job was easier when individual service users were already supported by other agencies, in particular mental health and substance misuse services.

In all three pilots, examples were given of some very positive collaborative relationships that had sometimes been built between particular individuals or around the needs of specific clients. For example, in Greater Manchester one interviewee described their relationship with a particular probation worker as: *...an example of how multiagency working should work. The person [service user] is supported, and so am I.* Here one client had successfully signed up for a tenancy before release from prison, presenting an example of effective joint working with the criminal justice system.

In other areas good collaborative working between agencies was described as a function of strong histories of local partnership working. For example, interviewees in Wolverhampton (part of the WMCA Pilot) described *a very, very strong core group of organisations who've operated services as a whole for the last probably five, six years* as providing the platform for collaborative working with Housing First clients. Examples were given of same day assessments by drug and alcohol services and close liaison with GPs, positive relationships with local police who take a preventative approach to working with HF clients, and close working relationships with probation.

Furthermore, partnership working was felt to have been strengthened as a result of Housing First which was described as a catalyst for developing more responsive and flexible provision for people with multiple and complex needs:

Housing First has been great at bringing agencies together. And since Housing First has been in place, we've seen some great outcomes because of those partners coming together and relaxing their normal protocols which makes a massive difference on the people we work with.

In LCRCA the new locality model of working and the involvement of key partners in local referral panels were felt to have improved access to external service provision and

increased the level of multi-agency working. Here there was optimism that these developments would help improve access to services for service users although there was recognition that there was still work to be done before this could be realised. In addition, the Pilot has established specific points of contact with Department for Work and Pensions (DWP) staff in each locality area, following networking events for support workers and DWP staff during 2020.

In Greater Manchester, the production of a centralised a list of services available to the target group by other agencies across GM was reported by some interviewees to have been valuable. More generally, it was widely agreed that a shared vision for HF had been achieved amongst partners. Factors identified as facilitating this included shared training, standardised job descriptions, opportunities to share learning via meetings with other delivery partners, and communication coordinated by the GMHF Central Team.

Whilst partnership working had strengthened across all three pilots, ongoing challenges to engaging with some agencies were highlighted. In GMCA for example it was reported that the attitude of some police officers toward GMHF's target group, and in particular an apparent "*belief that perpetrators cannot also be victims*", had presented a challenge for some frontline staff. In common with the LCRCA and WMCA pilots police involvement in referral panels was reported to have been invaluable in improving understanding of and police response to the HF client group.

The most commonly reported challenge however continued to be access to mental health services. In LCRCA and WMCA this was particularly true when trying to access services for clients with a 'dual diagnosis' i.e., people who experience co-occurring mental health, alcohol and/or drug issues.

Mental health has been a real struggle, it's notoriously difficult, especially when you've got drug abuse involved, because a lot of the issues that our customers go through in terms of mental health, a lot of times mental health [services] state it's a drug problem that needs to be addressed first before they can work with them...[it's] really frustrating and difficult because you can't, you feel powerless because, yeah, no matter how much you challenge, it seems to fall on deaf ears.

There was a general acknowledgement that mental health services are under-resourced and 'overwhelmed', and that the situation has got worse since the Covid pandemic. This aside, interviewees commonly described mental health services as rigid and unable or unwilling to adapt to the needs of HF clients. Examples were given of inflexible or inappropriate responses including clients being offered telephone appointments after being informed the person never answered their phone, appointments offered in a month's time when the client was currently undergoing a crisis, clients being discharged if they missed an appointment, or clients not being followed up when they reported 'feeling fine', despite this not being the case.

Support workers also reported that mental health services (and indeed other services) could sometimes draw back when they knew that HF was involved with one of their clients. This could be stress provoking for some interviewees who felt they were being expected to work beyond the limits of their professional boundaries:

That's been another problem with the mental health services as well, is when they realise that they've got [a support worker]. I think they feel that the customer is safe or secure. So,

it's sort of passing the responsibility to you. But we're not mental health workers, you know, we're not trained. We have our role, and we can only play a part in keeping them safe.

A similar situation was described in Greater Manchester by the team's Dual Diagnosis Practitioners (DDPs). Here it was explained that when other agencies withdrew their support, DDPs could find themselves fulfilling the role of care coordination which could 'feel unsafe' because they were not part of a formal Multi -Disciplinary Team (MDT) and may be the only health professional engaging with an individual.

Interviewees spoke far more positively about their experiences of working with drug and alcohol teams, describing them as flexible and responsive with a good understanding of the needs of their clients. For example, in parts of the West Midlands substance misuse services are provided through community hubs facilitating local access for clients who are accommodated in locations outside city centres. In Birmingham access is further facilitated via a specialist homeless team of three substance misuse workers who are able to support clients largely by mobile phone, which they provide to individuals who do not have them.

3 Service User Numbers and Characteristics

This chapter draws on the monthly monitoring information (MI) submitted by the Pilots to review their achievements to the end of February 2021, in terms of:

- The number of service users recruited and the numbers exiting; and
- The number of service users housed – and the duration of their tenancies.

The chapter also includes an early analysis of service user characteristics based on data collected in the baseline interviews, in advance of a more comprehensive report in October 2021 once the baselining period completes.

3.1 Pilot recruitment and exits

At the end of February 2021, a total of 904 individuals had joined the Housing First Pilot programme, distributed by Pilot as follows:

- Greater Manchester – 311 individuals against a revised target of 373 (83 per cent).
- LCRCA – 137 against a revised target of 216 (63 per cent); and
- West Midlands – 456 against a revised target of 500 (91 per cent).

Over the same period a total of 123 individuals left the three Pilots, which represented 13.6 per cent of all those recruited over the same period. At the individual Pilot level, 49 had exited the GM Pilot (15.8 per cent of all those recruited over the same period), 16 exited the LCRCA Pilot (11.7 per cent of all recruits), and 58 exited the West Midlands Pilot (12.7 per cent of all recruits).

Figure 1 shows cumulative recruitment to the programme and the numbers exiting per month for all three Pilots, while Figure 2 shows the numbers engaged by each Pilot.

Figure 1 Total recruitment and exits by month

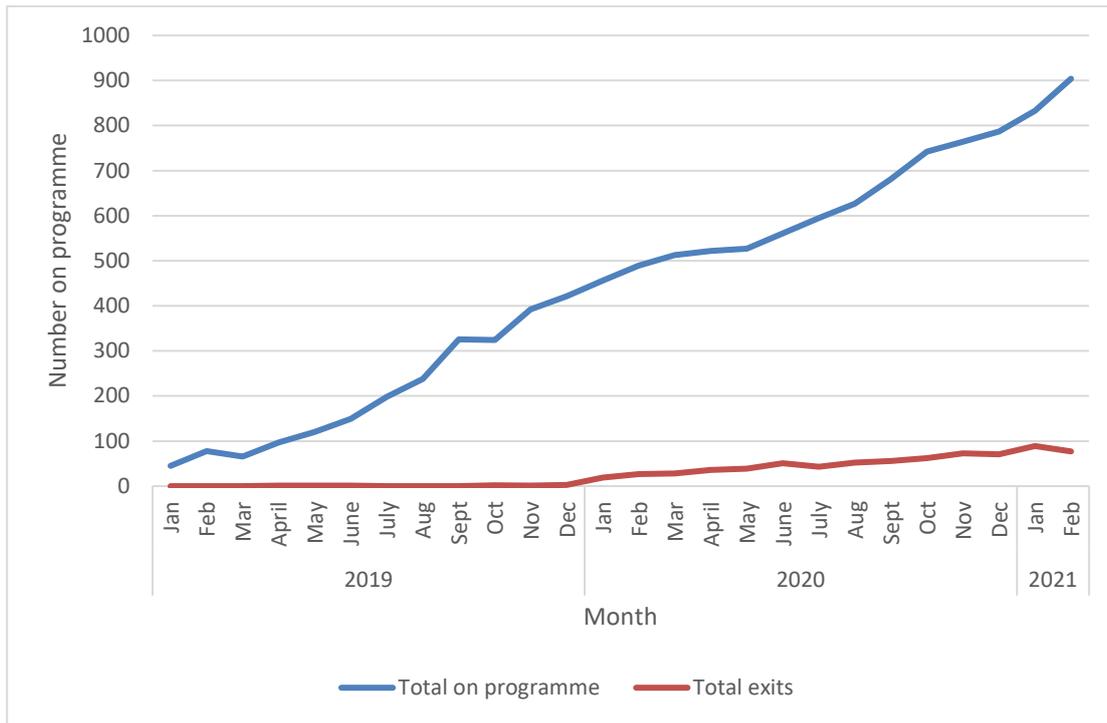
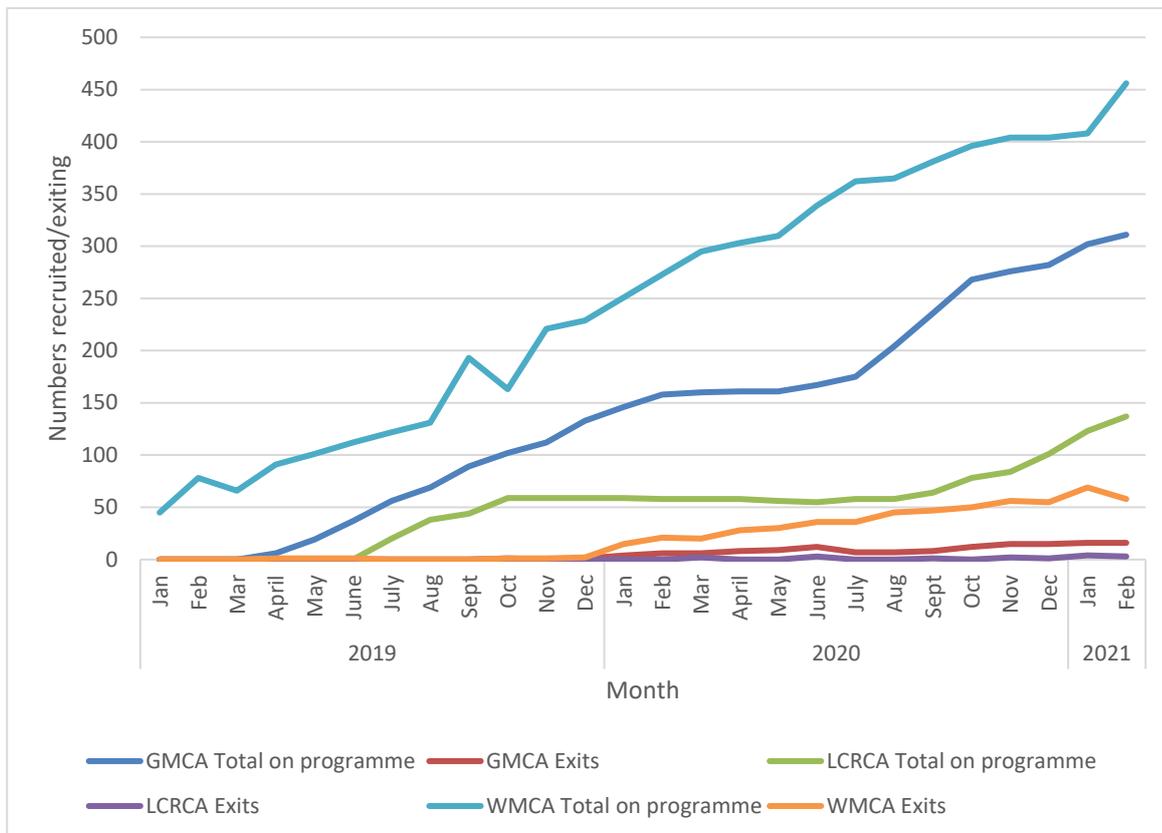


Figure 2 Numbers on programme in each Pilot area, by month



The Pilot MI includes the main reasons why service users had left their Pilot programmes, summarised in Table 2 for the programme overall and by Pilot. Unfortunately, service users dying whilst on programme emerged as the single most common reason for exiting

the programme to date, followed by losing contact and entering alternative accommodation.

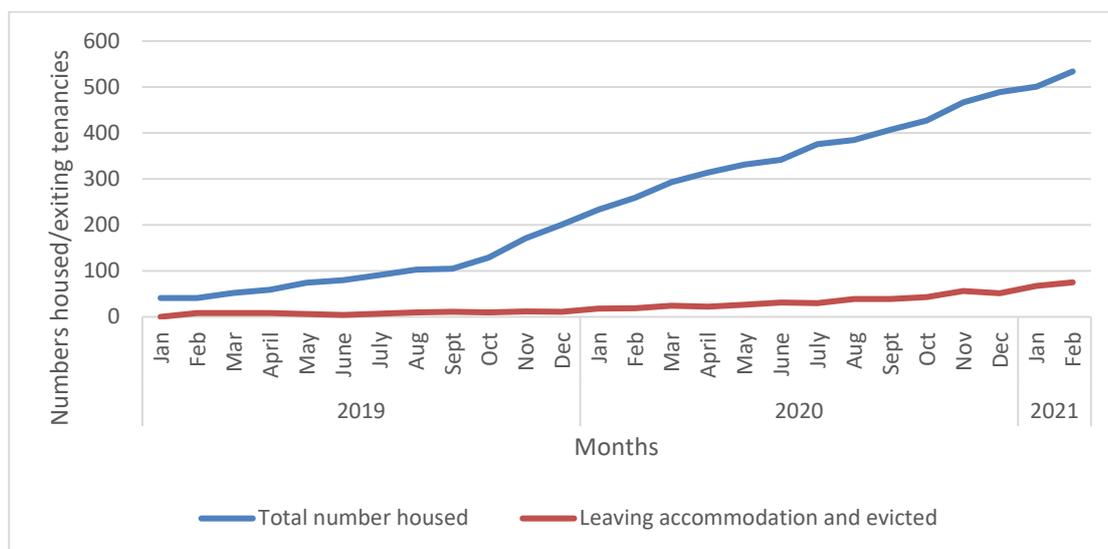
Table 2 Reasons for Exiting the Pilot

Reason for Exiting	GMCA	LCRCA	WMCA	Total
Withdrawing consent	7	1	4	12
Entering alternative accommodation	5	1	15	21
Imprisoned	5	5	1	11
Moving away from the area	4	1	6	11
In hospital/detox	5	1	2	8
Lost contact	12	--	15	27
Dying whilst on the programme	11	7	15	33
Total number exiting the programme	49	16	58	123

3.1.2 Numbers housed and exiting tenancies

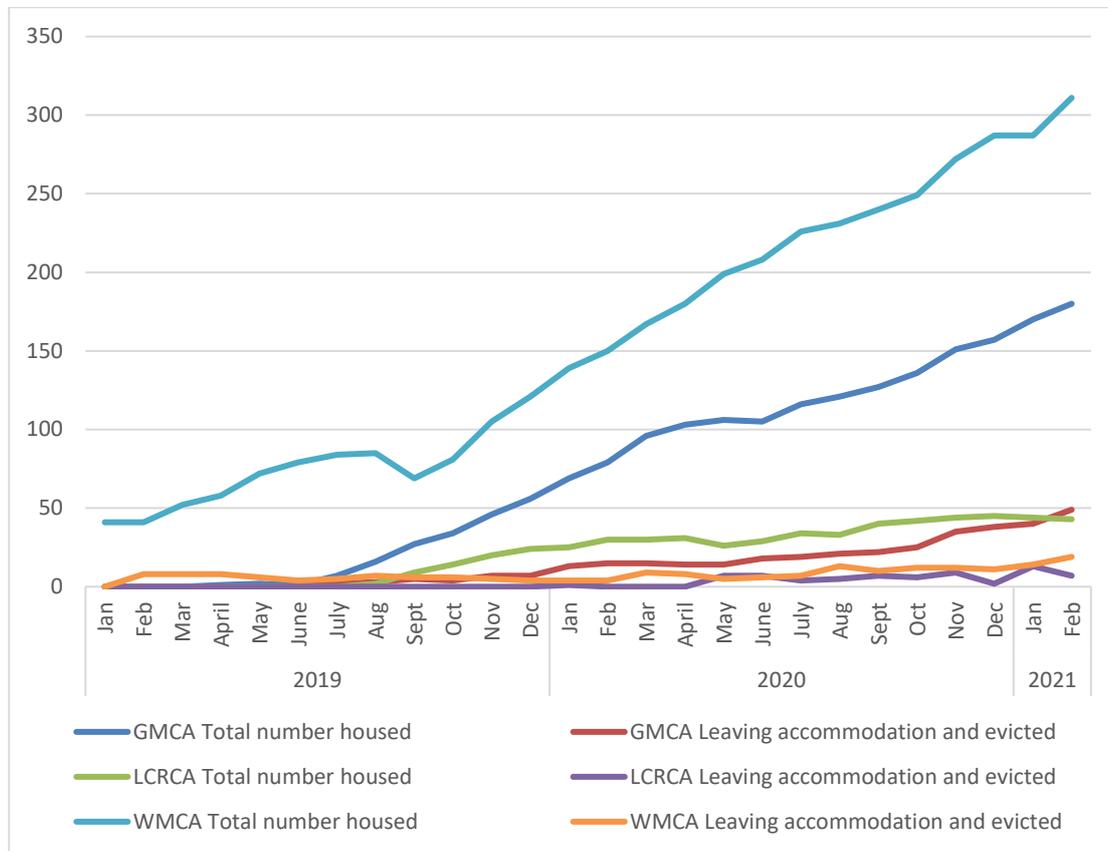
Across the three Pilots, a total of 534 individuals were housed at the end of February 2021, representing 59 per cent of all those recruited by the Pilots. A total of 75 individuals were reported to have exited or were evicted over the same period, with Figure 3 charting the numbers housed and exiting tenancies per month.

Figure 3 Total number housed and exiting tenancies by month, all Pilots



However, tenancy entries and exits by Pilot (Figure 4) shows a more complex picture. While the numbers housed have increased month on month in all areas, the rates of increase vary, and are linked to the broad pattern of Pilot recruitment.

Figure 4 Number housed and tenancies ending by Pilot, by Month

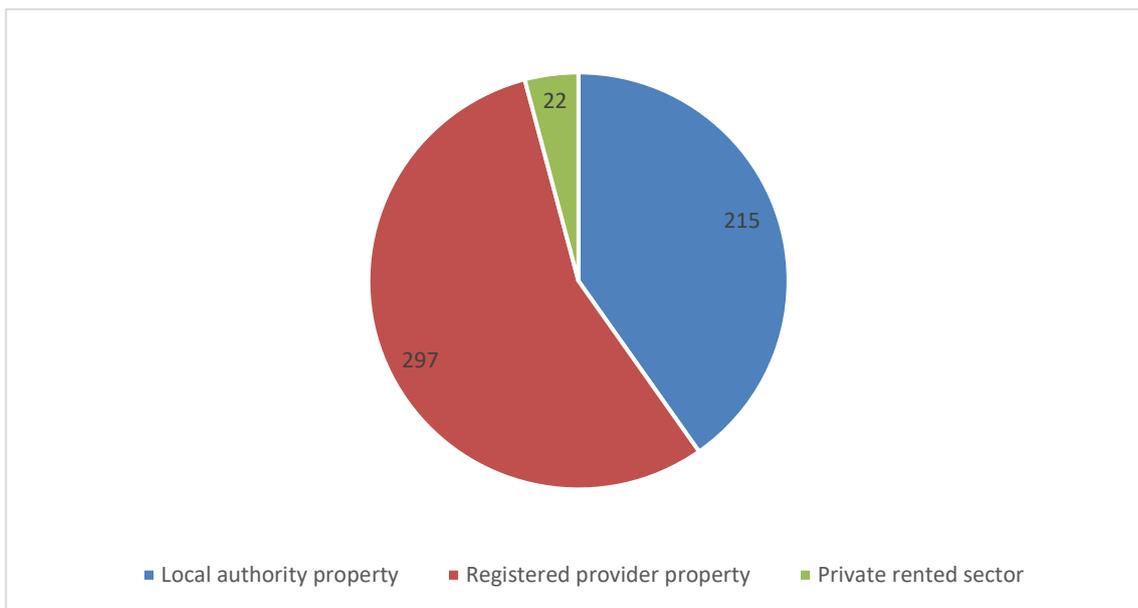


As the chart shows, 311 service users were housed by the WMCA Pilot at the end of February 2021, with 180 housed by the GMCA Pilot and 43 by the LCRCA Pilot.

CURRENT ACCOMMODATION BY PROPERTY TYPE

The different types of property accessed to house service users varies between the providers, reflecting the nature of the housing stock available in their areas. Figure 5 shows the distribution of properties secured to date by type and highlights the dominance of registered provider properties (which account for 297 or 56 per cent of all properties secured to date) and the limited number of properties secured in the private rented sector (just 22, or 4 per cent of all properties secured).

Figure 5 Properties accessed by type



Greater variations in the type of property secured emerge in each Pilot area, in summary:

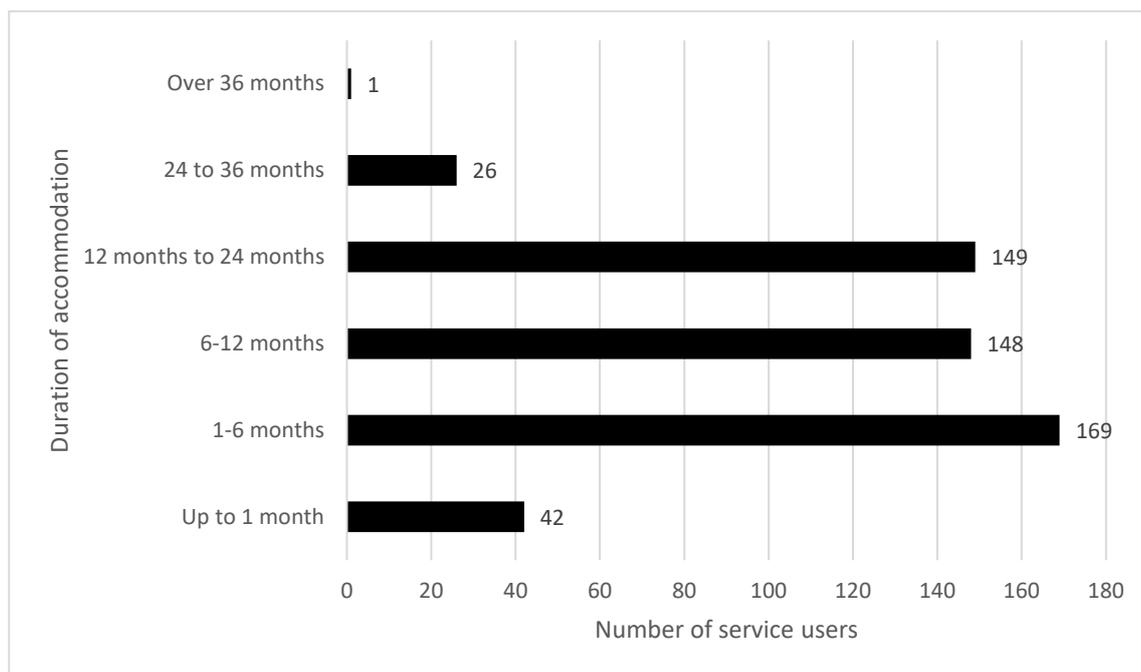
- In GMCA the majority of properties at the end of February 2021 were secured from registered providers (77 per cent of the 180 currently housed), with 15 per cent being local authority properties and 8 per cent being sourced from the private rented sector.
- In LCRCA, all those housed were accommodated in Registered Provider Properties, with just one individual being housed previously in a PRS property.
- In WMCA local authorities represented the main source of properties (housing 188 of the 311 housed at end February, or 60 per cent), with 115 (37 per cent) being registered provider properties and eight (3 per cent) from the private rented sector.

DURATION OF ACCOMMODATION

Figure 6 shows the duration of accommodation across the three Pilots at the end of February 2021. Care should be taken in interpreting both the share of service users housed and the duration of their accommodation, as they represent flow measures which can be expected to increase as newer recruits are housed and others settle in and sustain their tenancies.

Nevertheless, as the chart shows, 148 service users had been housed for between six and 12 months, 149 between 12 and 24 months, and 26 between 24 and 36 months. One service user in the WMCA Pilot had sustained their property for just over 36 months at the end of February.

Figure 6 Duration of accommodation at end February 2021



The duration of accommodation amongst service users in each Pilot area is shown in Table 3.

Table 3 Service users housed by duration – end February 2021

	GMCA	LCRCA	WMCA	Total
Up to 1 month	12	3	27	42
1-6 months	64	12	93	169
6-12 months	42	16	90	148
12-24 months	62	12	75	149
24-36 months	--	--	26	26
Over 36 months	--	--	1	1

3.2 Service user characteristics

This section provides a profile of 199 clients who entered Housing First by the end of February 2021 and completed a baseline questionnaire. Their circumstances and life experiences at the point of recruitment highlight the high level of need of those coming into Housing First.

After providing a few demographic statistics, this section provides a picture of Housing First clients in terms of:

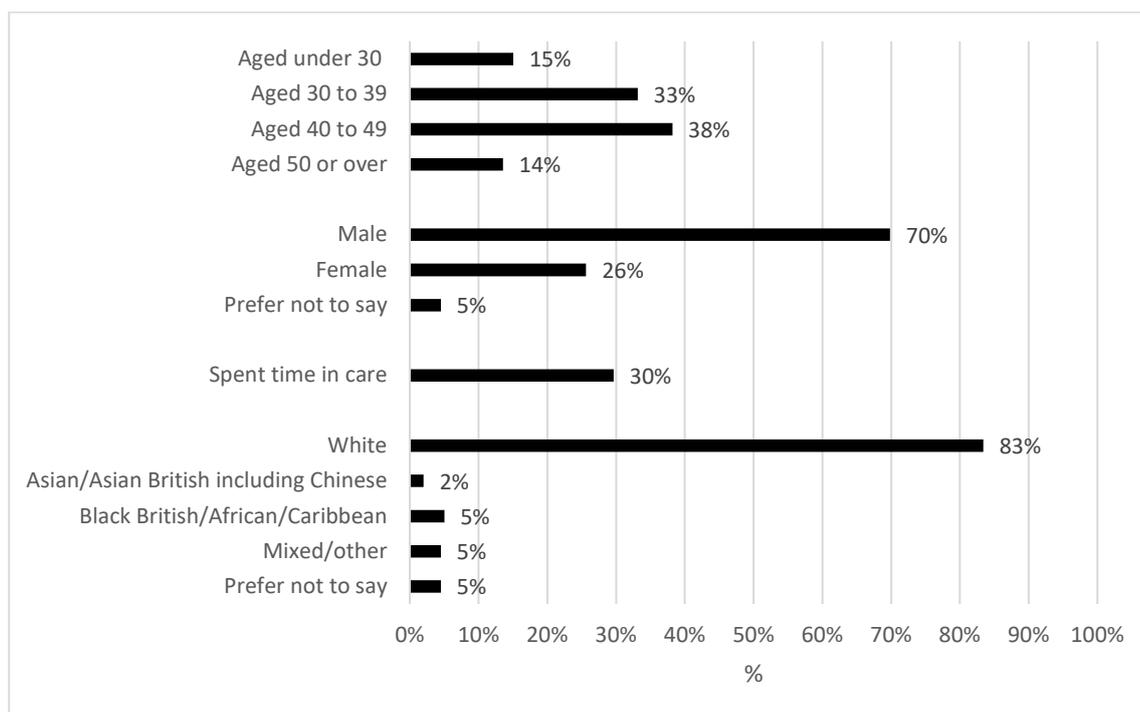
- Their experiences of homelessness, both more recently and during their lives;

- The extent to which they have a social support network on which to rely;
- Their employment history and educational qualifications;
- Their health, including their mental health and learning disabilities;
- Their use of drugs and alcohol, both more recently and during their lives;
- Their recent experiences as victims of crime; and
- Their contact with the criminal justice system, both recently and during their lives.

3.2.1 Demographics

Although Housing First clients cover a wide age range, most are between 30 and 39 (33 per cent) or 40 to 49 (38 per cent). A quarter (26 per cent) of clients are women. The substantial majority of clients are (83 per cent) are White, with small percentages from Asian (two per cent) Black (five per cent) or mixed or other (five per cent) backgrounds. Previous experience of care is common: three in ten (30 per cent) of those entering Housing First had been in care during their childhood or early adulthood (Figure 7).

Figure 7 Ethnicity, age and gender of Housing First clients

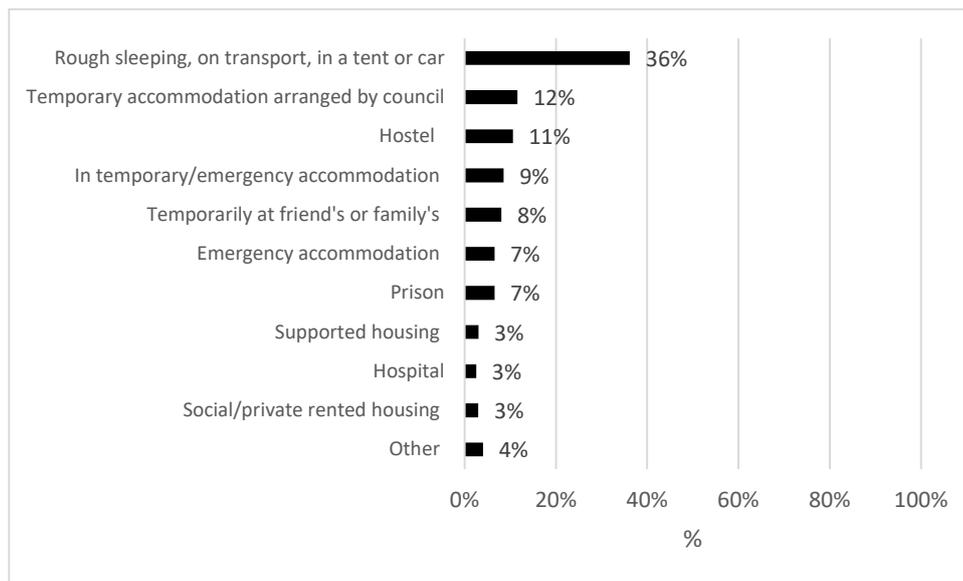


Base: Housing First clients (199)

3.2.2 Experience of homelessness

A third (36 per cent) Housing First clients had been sleeping rough for most of the month prior to entering Housing First, with a further 12 per cent in temporary accommodation arranged by the council and 11 per cent in hostels. Very small numbers had been in settled accommodation: three per cent had spent most of the previous month in supported housing and a further three per cent had been in social or private rented accommodation (Figure 8).

Figure 8 Main accommodation in previous month

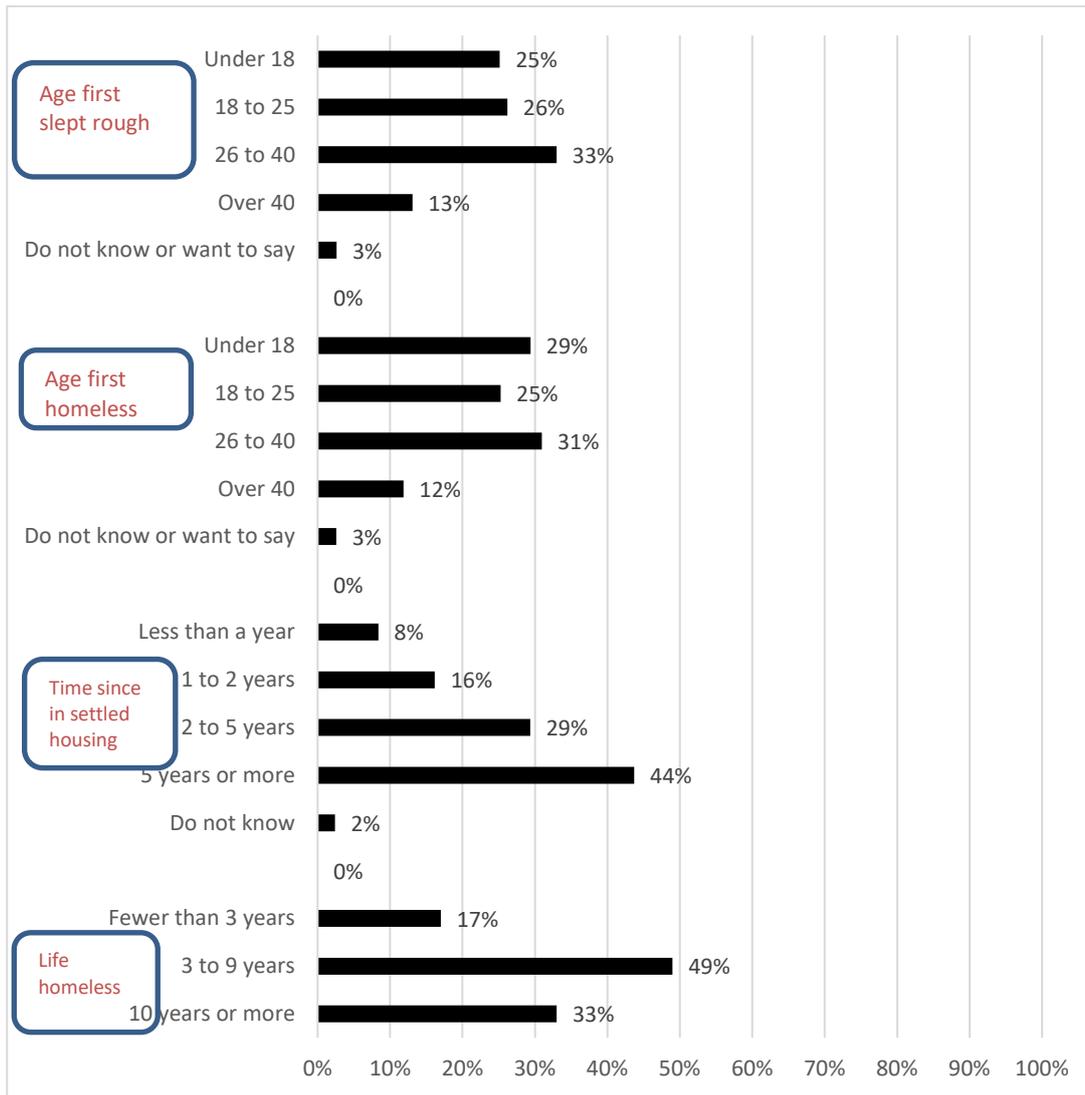


Base: Housing First clients (199)

The vast majority (96 per cent) of Housing First clients had experience of rough sleeping: a quarter (25 per cent) of these people had first slept rough before the age of 18, with a further quarter (25 per cent) first experiencing it as a young adult (between 18 and 25). The ages at which they had first slept rough is very similar to their age when they first experienced being homeless.

Many of the Housing First clients have been homeless for a large number of years. Nearly all (97 per cent) report some periods of homelessness in their life, with half (49 per cent) of these homeless for between three and nine years and a further third (33 per cent) homeless for ten years or more during their lifetime. In terms of the recent past, among those not in settled housing in the month for most of the month before entering Housing First, three quarters (73 per cent) have not been so for at least two years (Figure 9).

Figure 9 Experience of homelessness and rough sleeping

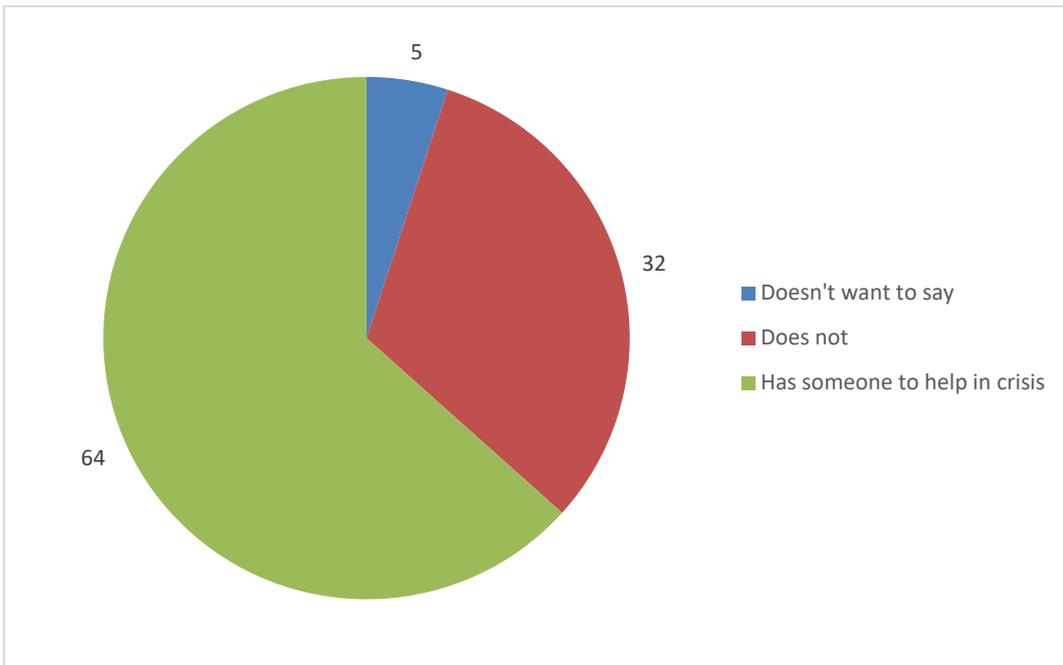


Bases: Age slept rough: all who ever slept rough (191), Age first homeless and how much time homeless: all those spent time without settled accommodation (194), Time since secure housing: all those not in settled accommodation in month before offered Housing First (167)

3.2.3 Social support network

A third (32 per cent) of Housing First clients reported that they did not have anyone to help them out in a crisis at the point they were recruited to Housing First, with a further five per cent not wanting to say whether or not they do (Figure 10).

Figure 10 Having someone to respond help in a crisis

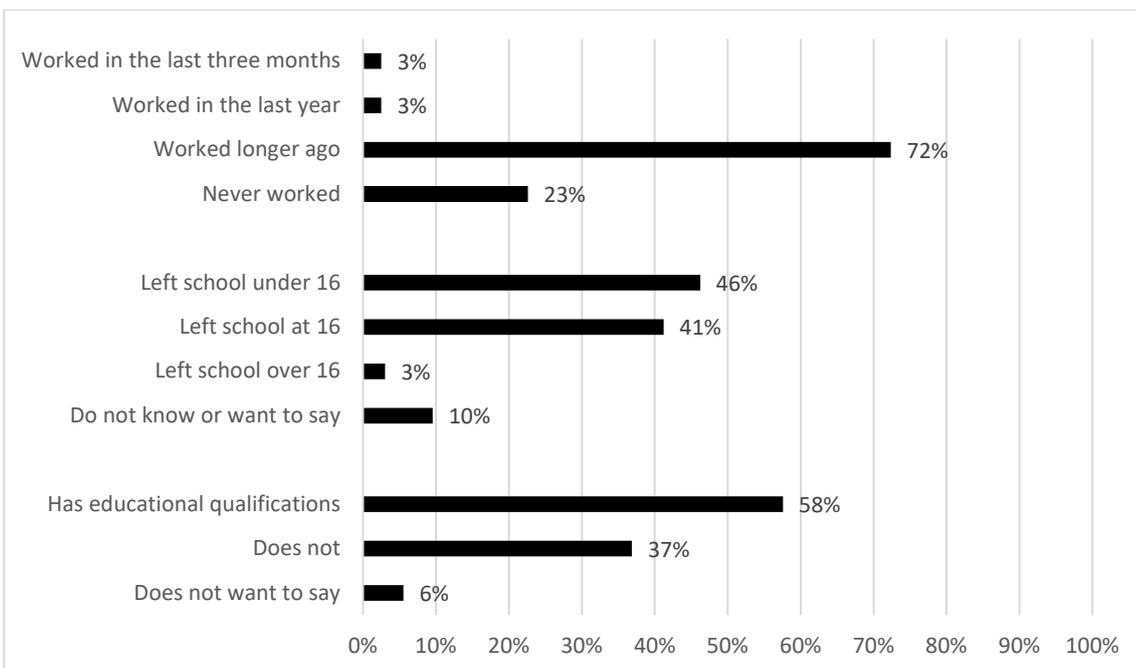


Base: Housing First clients (199)

3.2.4 Employment history and education levels

Figure 11 highlights how far many Housing First clients are from the job market and the low levels of qualifications that they have at the point of recruitment. The vast majority of them have not worked in the last year (72 per cent) or have never worked (23 per cent). Few stayed in school past the age of 16 (three per cent) and a third (37 per cent) have no educational qualifications.

Figure 11 Employment history and educational levels

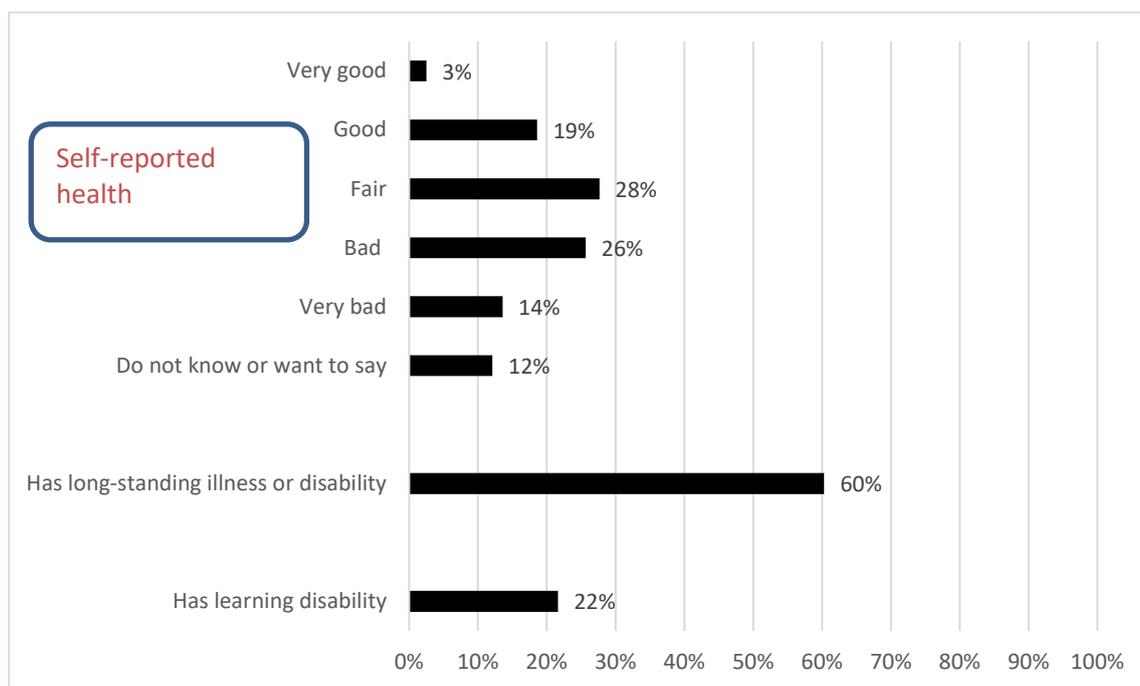


Base: Housing First clients (199)

3.2.5 Health

Fewer than a quarter of Housing First clients rate their health as good (three per cent 'very good' and 19 per cent 'good'), and 60 per cent report having a longstanding illness or disability at the point of recruitment. One in five (22 per cent) of Housing First clients report having a learning disability (Figure 12).

Figure 12 Self-reported health, longstanding illness or disability and learning disabilities

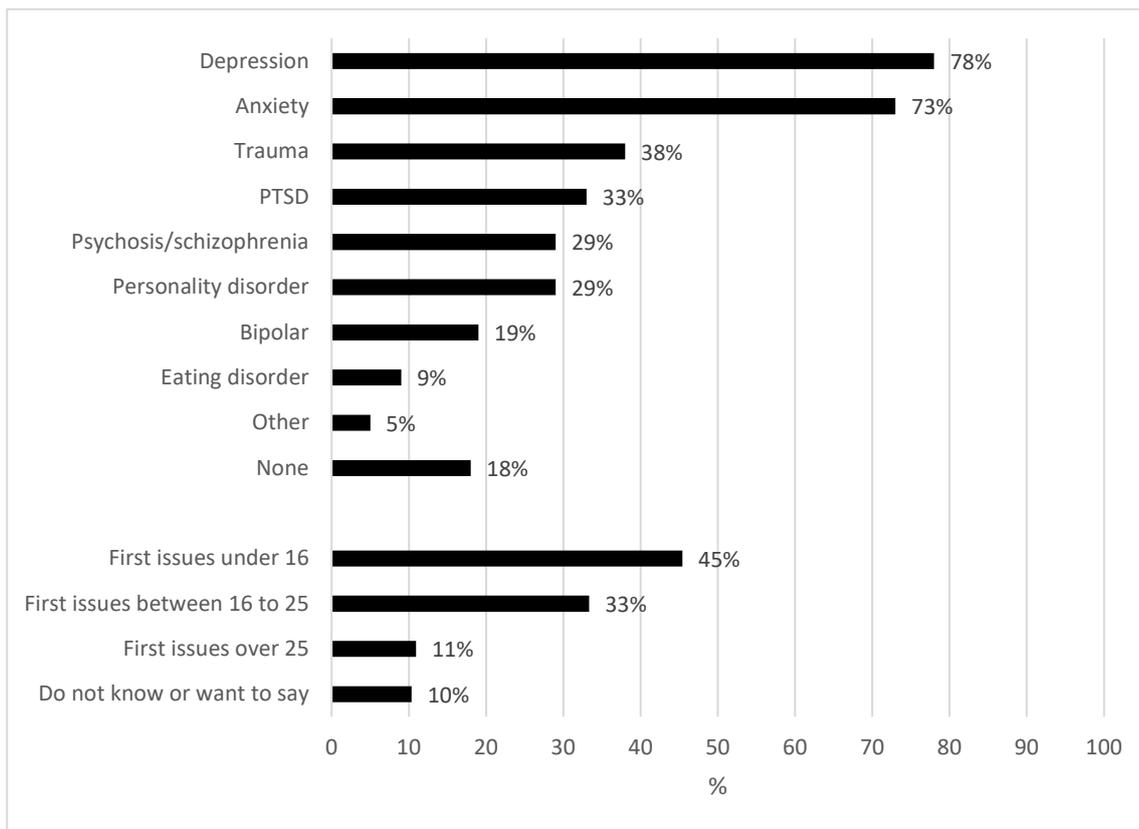


Base: Housing First clients (199)

The Housing First baseline questionnaire asks clients to self-report whether they have a range of mental health conditions. Very high proportions self-report having depression (78 per cent) or anxiety (73 per cent). The numbers reporting a wide range of other mental health conditions are substantial – including four in ten (39 per cent) suffering from trauma and a third (33 per cent) with Post Traumatic Stress Disorder (PTSD), with only 18 per cent of Housing First clients reporting having no mental health conditions.

Among those with mental health issues, these difficulties had usually started when they were young. Forty-five per cent having difficulties with their mental health before the age of 16, with a further third (33 per cent) between the ages of 16 and 25 (Figure 13).

Figure 13 Self-reported mental health conditions and age of first issues

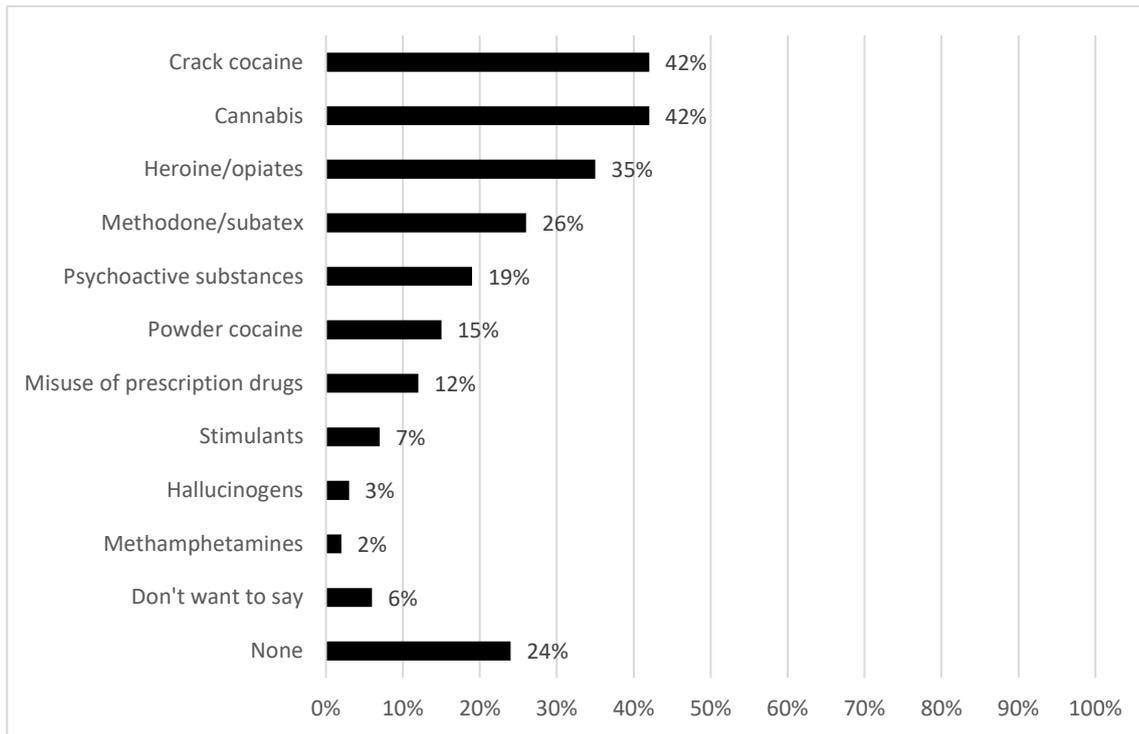


Bases: Conditions: all Housing First clients (199), Age of first issues: all those with mental health issues (174)

3.2.6 Drug and alcohol use and dependency

Three quarters (76 per cent) of Housing First clients reported taking drugs in the last three months. Four in ten (42 per cent) had taken crack cocaine and four in ten (42 per cent) had used cannabis. Other common drugs included heroin or opiates (taken by a third (35 per cent) of clients), methadone or Subutex (26 per cent) and psychoactive substances such as spice, Mamba and Poppers (19 per cent) (Figure 14).

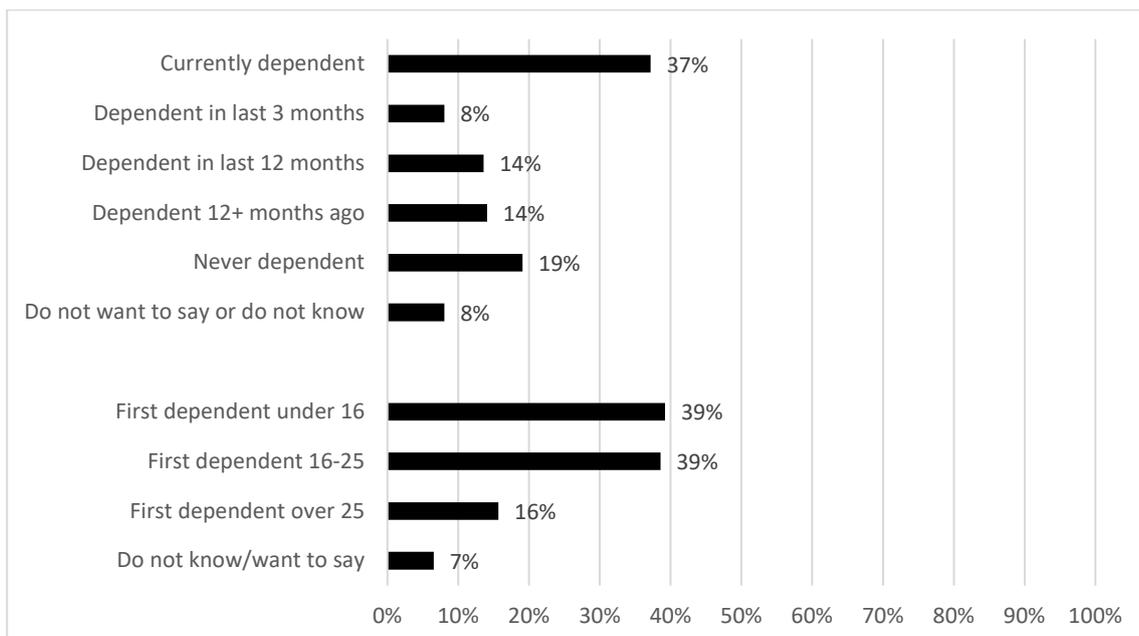
Figure 14 Use of drugs in previous three months



Base: all Housing First clients (199)

Only one in five (19 per cent) of Housing First clients report never having been dependent on drugs, with over a third (37 per cent) self-identifying as currently dependent. Dependency usually started at a young age, with four in ten (39 per cent) of those ever dependent on drugs having been so under the age of 16, and a further four in ten (39 per cent) coming dependent between the ages of 16 and 25 (Figure 15).

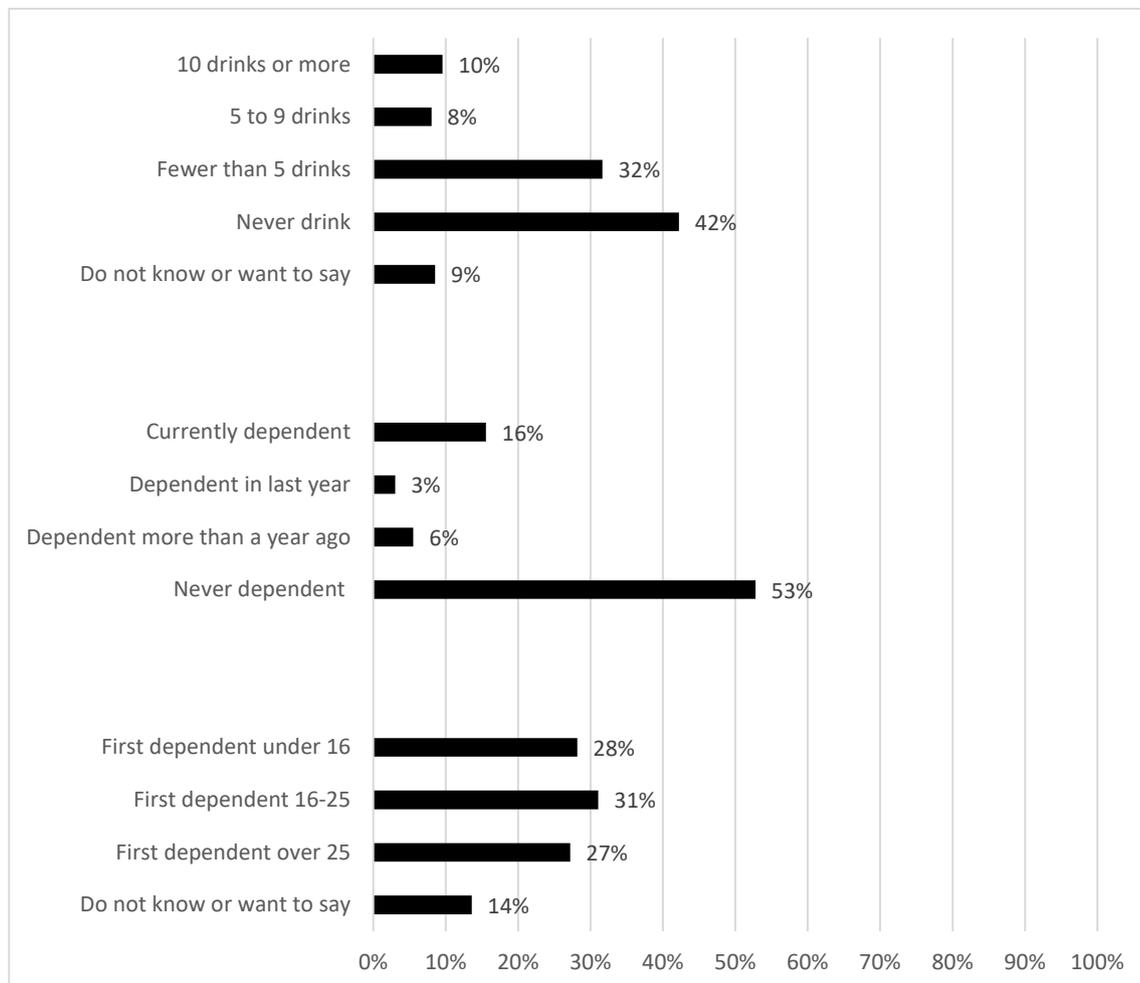
Figure 15 Whether dependent on drugs and age first dependent



Bases: whether dependent: all Housing First clients (199); age at first dependent: all those ever dependent or had treatment (153)

Fewer Housing First clients had issues with alcohol than with drugs. Four in ten (42 per cent) clients reported never drinking alcohol and only ten per cent reported drinking ten or more drinks in a typical session. However, half of Housing First clients (47 per cent) were either currently (16 per cent) or had previously been dependent on alcohol. For three in ten (28 per cent) of these, dependency had begun under the age of 16 (Figure 16).

Figure 16 Alcohol consumption, dependency and age first dependant



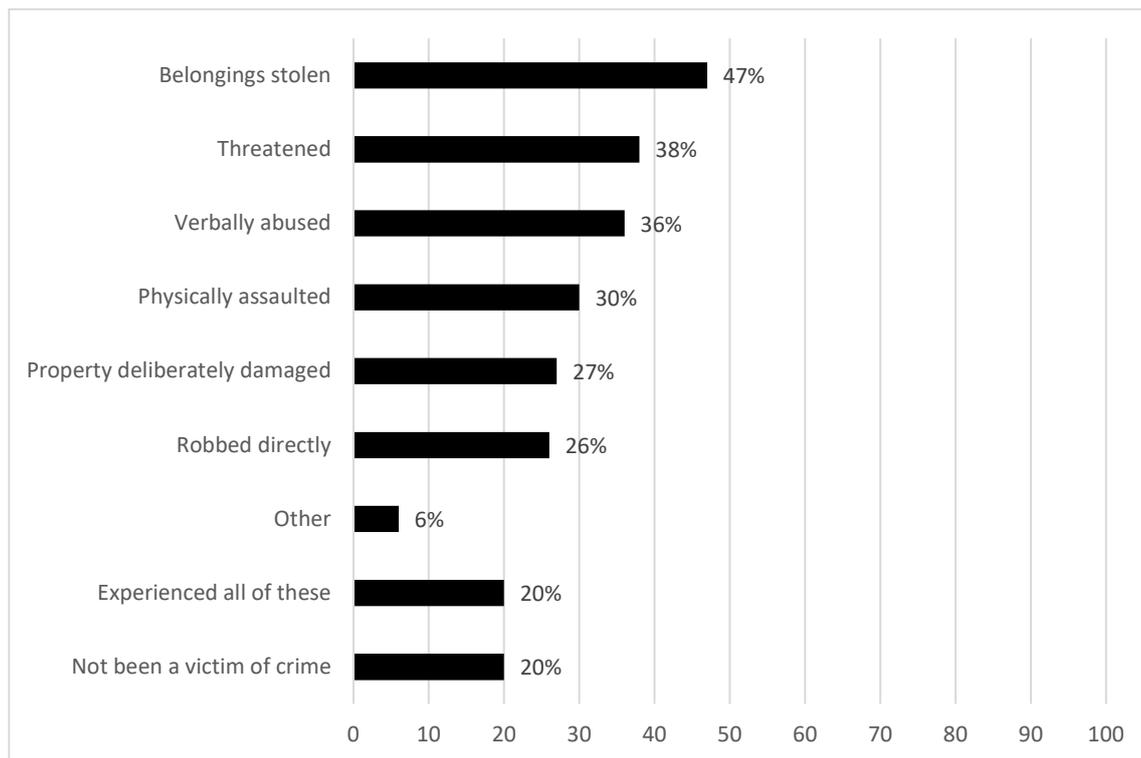
Bases: consumption and whether dependent: all Housing First clients (199); age at first dependant: all those ever dependent or had treatment (103)

3.2.7 Victim of crime

Housing First clients are very likely to have been victims of crime, with one in five (20 per cent) saying that they had experienced all of the crimes we asked them about and only one in five saying that they had not experienced any in the previous six months.

The most common forms of crime that they experienced were their belongings being stolen, being threatened, verbally abused, or physically assaulted (Figure 17).

Figure 17 Victim of crime in previous six months



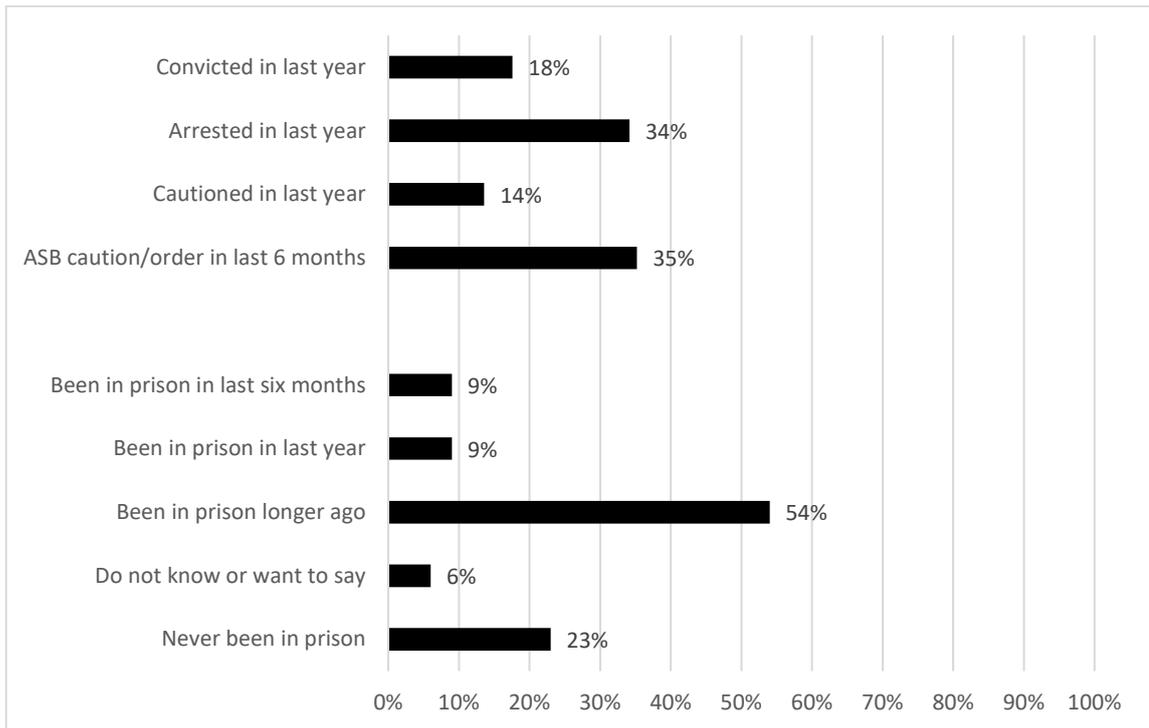
Base: all Housing First clients (199)

3.2.8 Contact with the criminal justice system

Substantial minorities of Housing First clients have had contact with the criminal justice system within the past year. A third (35 per cent) had antisocial behaviour actions taken against them in the last six months. Within the past 12 months, 14 per cent had received cautions, a third (34 per cent) had been arrested and 18 per cent had been convicted of a crime.

The majority (77 per cent) of Housing First clients had spent time in prison, with 18 per cent having done so in the past year (Figure 18).

Figure 18 **Contact with the criminal justice system**



Base: all Housing First clients (199)

4 Participant Perspectives

This chapter sets out the findings from the first interviews with Pilot service users. Due to pandemic restrictions the interviews were undertaken by telephone, using a qualitative topic guide co-developed with the Pilot lived experience representatives. Where case examples are provided, they have been anonymised.

4.1 Interviewee characteristics and background

All interviewees described either long or intermittent periods of homelessness prior to joining HF including living in temporary accommodation, sofa surfing, night shelters, hostels or sleeping rough. Almost without exception interviewees described having a range of needs, typically experienced concurrently or serially rather than singly. These needs included:

- Problems with either drugs, alcohol, or both. For example, many reported a current or previous dependency on heroin and/or crack cocaine, some of whom had started using illicit substances in their early teens or even younger and others while in prison. Others reported previous or ongoing dependency on alcohol. One person very sadly died shortly after an interview from alcohol related issues.
- Poor physical health. Many reported histories of poor physical health, including chronic conditions such as COPD and respiratory disease, brain injury and chronic pain. Problems with mobility were also described, sometimes due to complications with infected injecting sites, which could restrict the types of property that would be suitable.
- Mental health conditions. Interviewees reported a range of mental health conditions most commonly depression and anxiety, but also in some cases more severe and enduring problems. Some service users were waiting for mental health assessments, which had been delayed due to the pandemic.
- A history of offending behaviour. Several interviewees reported repeated long-term contact with the criminal justice system with some having been imprisoned multiple times.
- Domestic violence. Several interviewees spoke about their experiences of domestic violence/abuse. For some, a long history of domestic abuse was the primary reason for their homelessness.

While not directly asked about their journeys into homelessness, interviewees frequently spoke at length about their childhoods and early adulthoods. They described a range of adverse life experiences including abuse, neglect, abandonment, the death of parents and close family members, experiences of being in care, involvement in gangs, prolonged domestic violence, and involvement in street sex work. Each person's life story is highly individual, but Callum's story below provides an illustrative example of how challenging a Housing First client's early life can be:

Case Study 1 Callum

Callum is in his mid-thirties. Callum first started using crack cocaine at age eight when he was introduced to it by either his mother or acquaintances of his mother. Throughout his childhood he lived with his mother who was a sex worker, but also had contact with his father. Callum attended school sporadically and left without any qualifications.

When Callum was in his mid-teens his father decided to take him to live outside the UK as he thought that this would help him to stop using crack and get him 'on the straight and narrow'. Callum however ran away before boarding the flight leaving his father to make the journey alone.

While abroad his father died from a heart attack and Callum was left feeling that this was somehow his fault and has carried a sense of guilt ever since. His mother subsequently died a few years later. At this point Callum started to sleep rough and had been homeless for over ten years when he was first approached by his Housing First support worker.

He has now been with Housing First for just over 18 months. is in his third tenancy with Housing First but is now settled in his own home. He no longer uses drugs and is successfully undertaking voluntary work which keeps him focused and motivated.

4.2 Initial engagement and perceptions of Housing First

Interviewees had been introduced to Housing First through different routes, most commonly through key workers in hostel accommodation or other homelessness providers, via RSI outreach workers or by being directly approached by a HF support worker. A small number had been contacted while in prison or through their probation worker.

Initial impressions on being introduced to the service varied. Some welcomed the opportunity of help to find a property and the offer of associated support, recognising that they needed help with ongoing health and addiction issues. Others had actively sought to be on the programme "*I went to the council almost every day and told them to get me on Housing First*". Some even described Housing First as representing their 'last chance' after having exhausted their other options:

[My key worker] explained it and said it was good, they had a good record in [pilot name] and it was my last chance of getting somewhere – I can't sing their praises enough, they said they would get things sorted and they did.

In contrast many clients described considerable apprehension, or reluctance to be involved. This was primarily due to previous negative experiences of service provision with the outcome that Housing First support workers needed to first prove that they were trustworthy and had something worthwhile to offer. One interviewee described his initial suspicion when approached by his support worker:

When I first met them [previous services] they said they would look after my best interests, get me off the streets, and all the things the other services said they're going to do and then don't.

Over time the support worker was able to demonstrate trustworthiness by following through on promises made:

They got it done, the next day they were there at 10am on the phone with me in the street to find a hotel. They really did care for me.

Other factors promoting engagement included building a friendship before offering support, being non-judgmental and showing empathy and respect. As one described:

When I first met them, they showed me a lot of empathy and compassion. They explained what they could do for me. I felt as though I was given a lifeline.

For some interviewees, the ability to empathise through having lived experience of homelessness or drug use was critical:

...because he [Name of SW] had been a smackhead himself, he would understand my people... whether he was 'on road' or not, he would get it, he's not going to judge me because he is one of us.

4.3 Finding a property and moving in

4.3.1 Finding a property

The majority of interviewees reported living in their own properties at the time of interview. Exceptions to these included one person who one had been living in a hotel since December 2020, having taken on one property which did not work out due to the property's proximity to local drug suppliers. Another was currently living in a different city although he still had a secured tenancy in his pilot area. He had been a victim of cuckooing although the situation had since been resolved through the work of his support worker, who had also worked to ensure his tenancy had been maintained. A small number of interviewees were in between tenancies having originally accepted a property that turned out to be unsuitable – in two cases because of accessibility issues.

Interviewees who had been housed described different routes into their current homes and waiting different lengths of time before being offered a suitable property that ranged from a week to 12 months. Most were pragmatic about the time they had to wait to be housed, particularly when their requests for locations or property types were highly specific. For example, one disabled service user had very particular property requirements and wanted to be close to family members, and it had taken 12 months before such a property became available. Recognising the effort their support worker had made to find the property, the service user felt *...over the moon, and all my prayers had been answered*. There was also an appreciation of the pressures on local housing markets and the problems associated with securing a property under lockdown conditions. That said one interviewee expressed frustration at the time taken to find a property, after waiting up to eight months, which was longer than they expected or *...what I'd been led to believe at the start*.

Some had been housed in temporary accommodation first and this could be for a number of reasons including where this was the policy of the local pilot/provider, or where individuals had been temporarily housed on release from prison. Two interviewees had elected to sleep rough rather than use the bridging accommodation that was offered given prior negative experiences (including being a victim of violence) in temporary accommodation.

Most had clearly been offered choice and in some cases were almost incredulous that this had been the case:

I told them [Names of SW] I don't care where you put me, I just can't share with anyone else. But they kept asking me questions like 'what do you think of this or that area?' and 'would you prefer ground-floor or what?' We even went a drive round once and was just looking at different areas and chatting about where would be nice to live.

I was buzzing man! I barely walk at the time but when they rolled up with the keys, I swear, I did a back flip!

Other interviewees expressed feelings of anxiety at the point of and/or immediately after moving into their new home:

[I kept thinking I] will get kicked out, gonna lose it, don't get comfortable because things never work out for you. I was very negative but (name of worker) assured me that I wasn't going anywhere and since then I'm so comfortable there.

For some, relief from the dangers and stress associated with street homelessness or hostel living had led to an almost instantaneous reduction in anxiety levels once they were housed. For others, the fact that they were no longer preoccupied with activities such as finding somewhere safe to sleep was attributed to a deterioration in mental health at the point of being housed:

...with being homeless for so long just trying to live took up so much time...now I've been able to concentrate on my mental health so I'm feeling worse now than when I was homeless but I've got help and support to get out of it.

For some, anxiety experienced at the point of being housed was exacerbated by delays in getting their flat furnished and/or setting up utilities. These difficulties had been compounded by the pandemic-related delays in some cases. One interviewee had accrued substantial arrears in utility payments as he had not understood at the point of moving in that the cost of these was not covered. The support of staff in overcoming these issues had been critical.

Several service users described how their first property had not worked out for them, before they found a second property better suited to their needs and preferences. Some described how they had jumped at the first offer made but on moving in had felt lonely and isolated as their property was too far away from friends and family. Proximity to former drug dealers or others that people wanted to distance themselves from was the key reason prompting a move for some interviewees. For a small number their move was due to a build-up of rent arrears and/or complaints from neighbours due the property being in an unkempt state. One interviewee described how she had felt pressured to accept the first property she had moved in to explaining that she felt, fearful of letting people down or being judged if she refused what had been offered:

They [the support worker and social worker] seemed dead excited for me and it made me feel like I couldn't say 'no'. And I knew the council were desperate to get me out of the bedsit and I was concerned that they would think I was a bad mom for not jumping at the chance to get them [her children] in a proper home.

For others, the move to an alternative property was prompted by more 'positive' reasons. Examples include the wish to live closer to family members with whom contact had recently been re-established, or to move into a larger home offering more potential for children to visit.

4.3.2 Moving in

Most properties were described as being in reasonable decorative order and a good state of repair when people first moved in. Some were unhappy that their new home did not feel personalised to them, but this was resolved in most instances through the support worker helping them to source furniture and decorate fairly quickly.

Others appeared content to move into their property ready furnished as one interviewee who had just left prison described:

They bought me the stuff, like a washing machine, cooker, carpet, everything was already there, everything was just ready to settle in. I even had a telly and radio, which was wonderful, that someone would do that for you... I didn't have to do anything - carpets were down, there was a microwave, a kettle, pans and towels for the bathroom.

Interviewees commonly expressed pride in their new homes and a feeling of disbelief that they were now living in furnished accommodation in good decorative order:

I got a lovely flat, it really is nice. Yeah, I can't believe it's mine sometimes. I walk in and I look around and I can't believe I [have] this place. (...) I'm very proud of it, yeah ... I got a lovely couch, a leather settee and chair, carpets throughout. It's decorated nice.

It's a palace compared to where I was before.

Service users who had joined the programme more recently, and were housed during the pandemic, reported how in some cases the refurbishment and 'kitting out' of their properties had been delayed. However, another expressed his amazement that his support worker had managed to furnish his flat for him under lockdown conditions:

Imagine that – the world had stopped spinning, but my guy not only got me a flat, but he also furnished it and turned it into a home!

4.4 Relationships with and role of support workers

Interviewees described the support received from their support workers, and the relationships they had established with them, in largely positive terms. For some it was clearly their support worker that they primarily valued rather than the Housing First programme per se.

*[Name] gets sh*t done – you can't knock the man, he gets results...Housing First is a charade it won't last – it's [Name] "without [Name], the whole charade collapses, trust me!*

Service user interviewees highlighted key differences between their relationship with HF support workers and those with staff in other services, using terms or phrases such as 'genuine', 'true to their word', 'non-judgemental', and 'prepared to go the extra mile' to describe their support worker:

(Name of worker) would do anything for you, he would bend over and backwards for you. I couldn't ask for a better worker, I couldn't praise him enough ... I don't feel like I have to hide anything from him. I can tell him straight and he'll understand, and he won't ever judge me.

Housing First workers actually give a monkey's, that's the main difference. You have to experience it to know what I mean. You know it when you're face to face talking with them, they care.

A few interviewees emphasised their appreciation of the contributions of support workers who had lived experience of homelessness and/or other disadvantages:

I got a lot of mental health issues and ... my worker (name) is very good with that, has a lot of understanding ... He was forthcoming and it means a lot to me that he's been through a lot himself. I can call on to him and he gets it.

4.4.1 Consistency of support worker

A number of interviewees highlighted the benefits of having a single consistent worker (or first and second named workers) which fostered the development of trust and ensured that they did not have to keep sharing their 'story' repeatedly:

*All my life I've been pillar to post pillar to post, pillar to post, and it's just 'stick to just one f**king worker' ... I know I need help but sticking with one worker means I only have to explain myself once. Before, I had to explain myself every ten minutes ... just going 'round in a big circle.*

However, many other interviewees reported that they had had at least two support workers since joining the programme. There were different reasons for this that were, to a degree, pilot or provider specific. Hence in LCRCA transition to a new support worker was largely due to a revision in caseloads when the programme moved to a locality model, while in other areas this was most often because of staff turnover. Less commonly interviewees reported that they had requested a new support worker as they had not got on well with the person they had originally been allocated.

Experiences of a change in support worker also varied, although for most interviewees this was not experienced as problematic and the transition had been handled well. The process of transition commonly included discussions with their current support worker to identify who would be best suited as a replacement, followed by a three-way meeting with the new proposed replacement. Several interviewees described having 'two support workers' during the transition, with their initial worker keeping in touch throughout the process, and others described being able to choose between new support workers.

A small number of interviewees found the process of transition more problematic and had felt anxiety about losing the person they had built a relationship with. One person reported that they had had a total of six different support workers, and this had appeared to contribute to a loss of trust. This interviewee had developed a positive and trusting relationship with her first SW/Navigator who had subsequently left her job. Each transition was experienced as difficult by the interviewee who verbalised feelings of self-blame for the number of times her SW had changed *"It feels like I've done it to them or something, like I'm a bad person to work with."*

4.4.2 Frequency of contact

Some interviewees were in daily phone contact with their support worker as well as receiving weekly visits, recognising that contact had necessarily been restricted during the pandemic. For example, one interviewee described how her support worker visits at least once a week when the two will *'have a good cleaning session so it [the flat] doesn't get into a state like before'*. Another reported that his support worker calls him *'everyday...sometimes just for a chat or to remind me about something I need to do'* and explained that he also attends clinical appointments or three-way calls with him. Another described his relationship with his support worker as *'more of a friendship'* explaining that before Covid they had been to football matches, out for meals and to the cinema together and that under lockdown they text and call on a regular basis.

Conversely some interviewees were happier with a weekly phone call describing a more *'hands-off'* relationship *"I don't want people snooping around"*, but also reported that they felt comfortable with calling more often if they had a problem or felt that things might escalate to a crisis. Being able to control the amount of contact was clearly important to some interviewees for whom this contributed to a sense of agency:

Sometimes I don't want them to phone me every day. And I've told them to call me about two or three times a week, and they did that. They have respect. They're the best worker I've ever had, and I feel like I'm making progress if they don't need to talk to me every day.

4.5 Ongoing support

The level of support interviewees reported receiving varied and appeared to be in part contingent upon what individuals felt they needed and wanted and in part on the length of time they had been on the programme. For most the intensity of support received was highest in the first months of moving in and again when problems arose. Hence some interviewees described becoming less reliant on their support workers over time, but others felt that they would still require support for some time yet, even if experiencing an increase in confidence levels:

I'd be lost without them, I would. I can't even handle my own appointments ... One day I will know how to do all this myself. And I am getting better at it and I am getting more confident.

Interviewees described a wide range of ways their support workers had helped them beyond accessing housing. While individual needs and capabilities varied, interviewees commonly reported receiving help with a combination of the following:

- Arranging utility services and payment arrangements.
- Sorting out benefit payments to maximise income and setting up bank accounts.
- Help with cooking, cleaning, or gardening to help keep homes in good order.
- Instigating initial engagement with a range of services for example registering with a GP and accessing local food banks. Making, and 'chumming' individuals to appointments with other health services including mental health and local substance misuse services. Supporting attendance at self-help groups.

- Helping to alleviate or avoid social isolation through paying for mobile phone top-ups, keeping in regular contact, helping to access social activities.
- Support to reconnect with family members including children who were either estranged or in care.

Under lockdown support also included ensuring food supplies were available, and in some cases support workers had encouraged people to take exercise, including accompanying them on (socially distanced) walks. Several reported that, during the pandemic, access to external services such as physical and mental health appointments, had been restricted – as one person described “...*trying to get in touch with the occupational therapist [during lockdown] was like trying to see the Pope!*”

4.6 Reflections on Housing First and reported benefits

4.6.1 Housing First compared to previous experiences of service provision

The majority of interviewees reported being highly satisfied with Housing First to date, comparing it positively to previous experiences of homelessness services:

Housing First is a lot better, they are more organised, more professional – I seemed to get nowhere with the other places in my wild days... they have more time for you, they will see you one to one, they listen to you, and when I ask for something, they do it for you. I can't thank them no more for what they have done.

I'm normally a very negative person and I can't find fault with Housing First, so they must be good!

I am treated as an individual. I know most of the Housing First users from living on the streets and you know what, some of them are impossible but Housing First just keeps being there.

A number emphasised that the longevity of this support contrasted starkly to other services wherein support was typically withdrawn as soon as they began to show the benefit from it and were therefore no longer deemed to 'need' it.

That was really appealing to know that they're going to be there for me for as long as I needed

Some reported that the support provided by workers had been pivotal in helping them overcome long-standing barriers to help with these other areas of their lives.

As soon as Housing First got involved, everything just happened quicker, things just started to get right.

Others noted that the tenor of their interactions with support workers was also very different to what they had previously experienced, reflecting Housing First's consumer choice philosophy:

[Other support staff say] 'You've got to do that; you've got to do this' when you're suffering and they're treating you like you're an outsider. The difference with housing first is my

support worker asks, 'do you want to do that?' and 'are you ready to do this?' And that makes such a difference. They're there to support you in what you want to do.

4.6.2 Reported benefits

For many interviewees, the greatest benefit of their engagement with Housing First has been to secure their own home. and the associated feelings of safety and security that accompanies a move off the street:

The biggest difference for me is being in my own place, I feel more secure now, I have my own front door key, and I don't need to worry about the next place I can sleep.

Besides this they described a range of other positive outcomes including:

- Stabilising drug use through maintaining a methadone prescription – although some reported 'topping up' at times.
- Reduced levels of drinking, although one reported that she did not want to stop drinking as '*vodka is my best friend, no one is taking that away*'.
- Improved health and regular attendance at GP and other appointments – for example one person reported regaining his mobility since receiving treatment on his leg.
- Stopping working as a street sex worker.
- Re-established relationships with friends and family including with children who had been estranged or in care.
- Becoming involved in voluntary work.

Most interviewees were very clear that they would not have achieved these outcomes without their support worker, and that their continued support was critical to their ongoing ability to maintain their tenancies and achieve positive outcomes.

They have sorted my mental health, my physical health and my life ... if not for Housing First no one would have known if I was alive or dead.

They couldn't give me anything more, it's all being done – last week I told them I had run out of food and they sorted that, and my telly blew up, so they got me a new TV over Christmas. I was made up, they do that much, every day they do something for me, then at least once a week I [mess] up!

For some the outcomes they had achieved while on Housing First had had a snow balling effect, motivating them to care about themselves and to continue to make positive behaviour changes:

I've been with other services and it's only with Housing First that I gave a toss about my own actions. Now I'm not on the streets, I'm more stable, I don't smoke Spice anymore, I've reduced my drug use and I'm on a Methadone script.

... it's the motivation they give me, through finding me somewhere to live, helping me settle in, and helping me stay away from drink as now I've got something to stop drinking for – I've got my family, my place, and now the hope of a better life.

Many interviewees recognised that they would need ongoing support to maintain the progress they had made and identified Housing First as their only source of support having no friends or family that they could turn to or rely on for help when needed:

I am still struggling to sort things out, I hope they [Housing First] are there for as long as I have this place. I have a lot of problems [and without Housing First] I will end up back on the streets, it's the workers that are stopping me – when the support goes, I mess up, so I hope they stay for the long haul.

The best thing as far as I am concerned is that I can tell them what is worrying me, and they can help me sort it, I have no family or friends, so they are everything to me.

Housing First has definitely made a difference for me, they help me stay on the right track and moving forwards. Housing First just gives me reassurance that I'm not in it on my own. I don't speak to my family or have anyone else.

4.7 Next steps

Interviewees hopes and expectations for the next six months often focused on the easing of lockdown, when they were looking forward to socialising more freely, meeting with friends and relatives and even planning for holidays. Several struggled to articulate their longer-term expectations and were focused on the short-term goals of achieving and maintain stability:

To be honest I can't think that far, I'm just trying to get through today. But now I'm only going forwards, it might be baby-stepping but at least I'm out of the rough.

I want to be settled, it took a while to find this place, I am going to take each week as it comes, and each day as it comes.

Some interviewees felt they had moved on from previous lives and that old behaviours were a thing of the past:

I've got a good life now. I know who I am and what I need to do. I don't even think about anything anymore – like drugs and that – I'm that busy looking after these [her children] – I've got two kids who need me, and I'll have three soon.

That life [involvement in gang crime] is way behind me now, I'm glad to say... In the next year I reckon I'll be in a better frame of mind...and getting on with my life.

For others big changes like being free from drugs or back in touch with estranged children remained intentions but things that they wanted to work towards:

*I'm in my 50s now and I'm still running around like a teenager – I know my body can't take much more so I know it's time for a change...I want to see my kids again, but I can't let them see me like this can I? They'll just tell me to f**k off again. Well, the younger two will, the eldest is worse than me, he's still locked up, I think!*

I just want to live to see my son again...stop prating around with drugs and settle down... then I can die a happy woman.

A small number of interviewees had ambitions to move towards work and earning money. One described how he was planning to set up his own business selling his paintings and other items on a street stall. He was hoping to get a vendors' license in the next 12 months, starting small before earning enough to take his driving test and buy a van. He had discussed his plans with his support worker and agreed a step-by-step approach, beginning with improving his health and wellbeing, and taking on increased responsibility for managing his home and finances. Another with trade qualifications talked about wanting to get a job and "*do what a normal person does*" while recognising that this was likely to be some way off.

The majority of interviewees were aware that they would need support for some time. A number expressed a level of concern regarding the potential termination of support given awareness that the pilot is time limited. In some cases, the prospect of losing support from their current worker(s) was extremely anxiety-provoking:

[I worry] that they're gonna leave me, I don't want them to leave me. I want them to stay with me, I need the support. I know that one day they're gonna go and I get all worried about that, that's my anxiety.

Some, however expressed optimism for the future:

The future's bright. I'm excited about my future and that's the first time I've ever been able to say that. It's weird, I have all the people letting on to me in the street and I've never had that before. I feel safe, settled and welcomed in the area. This sense of community is really, really good.

I got aspirations now. At one point I never even thought I had a future, I never thought I had a life worth living. I was ready for dying anytime, I was suicidal. I was on drugs and I was really a mess, didn't care if I lived or died. But after Housing First helped me I really think I've got a chance. They gave me all the start that I needed, all the foundations and I just gotta carry it on and keep it going.

5 Conclusions, Key Learning and Looking Ahead

This chapter provides our conclusions, consolidates the key learning points from Pilot implementation to date, and sets out the key issues, challenges and expectations for the Pilots going forward.

5.1 Conclusions

Our conclusions from the most recent round of Process evaluation fieldwork are set out by theme below.

5.1.1 Embedding services

The theme for this round of Process evaluation fieldwork was initially intended to be 'embedding services', with a focus on the extent to which the Pilots had embedded their services within their areas and established their position within the wide and often complex ecosystem of services to support people who are homeless and experience multiple and complex needs. While this focus was retained, the context within which the research took place was different to what could have been predicted at the start of Pilots. Given the onset of the Covid 19 pandemic in March 2020, and subsequent periods of lockdown across the three areas, the Pilots and their partners have faced a series of unprecedented challenges in providing continued support to their service users.

Looking back to the time of the first Interim process report, the Pilots were at different stages of their development, with the WMCA and GMCA Pilots delivering their main stage services through a combination of externally contracted providers and internally recruited support worker teams. In Liverpool initial 'test and learn' service delivery had begun, the learning from which would inform the detail of their main stage delivery process. Subsequently the three Pilots have become embedded in their areas, with individual Pilots experiencing changes in their delivery partners as they have scaled up provision for increased numbers of service users.

While WMCA had followed an approach based on the local commissioning of services from the outset, a move towards more of a 'locality' based delivery model was seen in the GMCA and LCRCA areas. In the GMCA area, while still divided into four zones, services and support teams now operate increasingly at the local authority level. In LCRCA, developments following the end of the 'test and learn' stage included the decision to continue with and expand the 'in-house' delivery model, but with the support teams recruited operating within each authority rather than across the whole CA area. As described in Section 5.1.3 (Delivery) describes the move to a more locality-based approach has brought a range of benefits, including improved efficiencies and closer working with local partners.

5.1.2 Achievements for service users

As the report describes, at the end of February 2021 the Pilots had collectively recruited and provided services to 904 individual service users, each of whom have histories of

homelessness and rough sleeping as well as other complex needs, often experienced serially and/or concurrently rather than singly.

Of these, 534 have been housed in their own tenancies, receiving support from the Pilots and their support workers to move in and make the necessary arrangements to turn a property into a home. The moving in/settling in period can be when service user support needs are greatest, given the scale of change to their lives such moves represent, and the help that may be required with practical tasks such as managing finances. It is testament to the dedication and persistence of the Pilot support workers, and the efforts of many of their service users, that even within the context of the pandemic, of the 534 individuals housed:

- 149 had been housed for between 12 and 24 months; and
- 27 had been housed for 24 months or more, including one individual in the West Midlands celebrating their third year housed.

The first qualitative interviews with service users, triangulated with discussions with support workers and other staff, also found that the benefits resulting to many service users from participation in Housing First extend beyond housing, based on the additional steps they choose to improve their lives. These are highly individualised and include support to settle into their homes and keeping themselves occupied while they do so; receiving help to register with a GP and start to address longstanding physical health, mental health, and substance misuse issues; and considering, with the help of their support workers, what their next steps and short term goals might be.

Achieving these benefits is not without challenge, however, with many of the issues around facilitating access to external services, and notably mental health services and support, continuing to be reflected from the first round of fieldwork. In this round, however, the influence of the pandemic brought additional pressures, in some cases increasing the already high needs for service provision at a time when delivery staff (providers and partners) were having to revise their approaches towards remote working while also keeping themselves and their families safe.

5.1.3 Service delivery

The Covid-19 pandemic has provided an unexpected context for the Pilot programme, and as introduced above has required the Pilots and their partners to review their operations to meet the requirements of social distancing and remote working. The influences of the pandemic on service users and staff, revisions to the delivery approaches necessitated, and the potential legacy effects were reported in detail, in a separate report, although it is worth noting that even as restrictions begin to lift over the summer months there will be some time before services return to a pre-pandemic environment. Both the specific pandemic report and the recent fieldwork confirmed that in some cases the pandemic had had a net positive effect on local partnership relationships and collaborative working, in part as a result of increased joint working in a spirit of shared endeavour. Operational lessons had also been learnt, and which have the potential to be applied to improve service efficiencies.

WMCA have operated a locality model from the outset, with services being commissioned at the local authority level, on the premise that this would benefit from and build upon local partnership working and provide the opportunity to trial different approaches. More recently

the GMCA and LCRCA Pilots have also moved to more of a locality-based model, with support teams focussing their attentions on specific local authority areas to increase operational efficiencies and reduced wasted travel time. These moves have shown additional benefits, ranging from improved knowledge of local areas and the services available within them, to closer working with partners and improved understandings of Housing First services and the individuals most suitable to be referred. Co-location, where practicable, has helped realise these benefits, and has served to further embed the services within the authorities they serve.

5.1.4 Sustainability

In this fieldwork round, Pilot staff, support workers and stakeholders raised questions and concerns about the sustainability of the Pilots, and the services they provide to existing service users, at the end of the Pilot funded period. Service users also expressed concerns over the continuation of Housing First services, and it was clear from discussions with them and their support workers that many will continue to require intensive support well beyond the end of the funded periods. The short duration of the Pilot also compromises fidelity to the principle of support for as long as it is needed. Many consultees felt that the programme should be extended to enable support for existing tenants to be stepped down in a safe manner where this is appropriate, while some called for the development of a national funding strategy to ensure that long-term support is available to Housing First service users in the three Pilot areas and more widely.

Each of the Pilots have started to investigate potential sustainability options with their local stakeholders, without thus far any agreed commitments to provide similar levels of support to existing service users resulting. Cuts in mainstream local authority services over recent years suggest there is little slack with which to support Housing First service users to the degree that many will require, and concerns were expressed that it is likely to be the most vulnerable who fall out of the system first. One area reported having recently made the case to MHCLG for sustained funding and had completed a costing exercise based on specific scenarios, including reducing the level of support to more established service users, with alternative RSI funding being used to support newer service users. In a second area a similar exercise was ongoing, for completion in early spring, but expectations of likely contributions at the local authority level were mixed.

It is important that the Pilots are able to describe their achievements and demonstrate the value of the service to potential funders.

With the first Pilot funding period ending in less than 12 months' time, clarity on sustainability options and the development of appropriate continuation strategies should be a key area of focus for both the Pilots, their local stakeholders and MHCLG going forward.

5.2 Key learning

Below we set out the key learning points arising from the recent Process evaluation fieldwork. While these focus on experiences of service delivery, they also serve to emphasise the continued importance of many of the findings from the first Interim report, such as the importance partnership working, allowing sufficient time to set-up Housing First services, and of ensuring common understandings are developed and reinforced. Perhaps most importantly, the most recent fieldwork further emphasised the time required

to establish and embed effective delivery arrangements, and the relationships that underpin them, which should not be underestimated.

5.2.1 Delivery models

- Locality working (as in the West Midlands from the outset, i.e. limiting the geographic coverage of frontline workers to a single local authority) is effective, enabling greater worker responsiveness and fostering constructive relationships with local stakeholders. That said, frontline workers still value the opportunity to share learning with colleagues operating outside of their area.
- Further to this, the locality approach can offer additional benefits where Housing First services are co-located with agencies with common interests, enabling and promoting multi-disciplinary team working and embedding shared understandings.
- Where local authorities hold housing stock this has supported buy-in from housing teams and commitment of properties. This has also enabled Housing First to be implemented as part of a commissioning pathway alongside other services, supporting a multi-agency approach. However, a strategic approach is required for the longer term to release pressures on local authority stock.
- Several consultees considered that, on reflection, housing providers should be integral to Housing First partnerships from the outset.

5.2.2 Relationships matter at all levels

- The recent fieldwork has emphasised the continued importance of partnership working, with relationships between services and between individuals being key to this.
- Relationships matter between **all** stakeholders and at **all** levels – between CA's and providers; between partner agencies, Housing First staff and stakeholders; and between service users and support workers. Critically it is important to build positive relationships with people from senior management through to frontline levels.
- There is substantial value in defining and documenting relationships, responsibilities, and processes as early as possible. This militates against misunderstandings in what Housing First can and cannot do and fosters cultures of shared practice.
- The process of building relationships with new clients should never be rushed. A disproportionate focus on increasing numbers of service users quickly risks compromising fidelity with Housing First principles.

5.2.3 Shared understandings

- A clear and early focus on external understandings of Housing First is recommended. Effective training and communications strategies targeting all levels of seniority (including senior managers and frontline staff) should ideally be integrated from the outset to prevent inappropriate or insufficiently detailed referrals and to promote stakeholder engagement.
- Ensuring that partners and stakeholders at all levels 'buy into' the Housing First approach from the outset is also important. Housing First services must also continually 'refresh and update' their understandings through continued and consistent communications with partners, stakeholders, service providers and referral agents. In

addition, communications must target senior manager and frontline staff, to ensure consistency in messaging throughout.

5.2.4 Fidelity

- Integrated fidelity self-assessments into internal quality assurance measures keeps fidelity to HF principles at the forefront of delivery partners' and staff member's minds. External pressure to re-house people quickly and meet targets must be resisted if a high degree of fidelity is to be maintained. Several consultees suggested that a common, national framework for assessing the fidelity of Housing First services would be useful.

5.2.5 Staff

- As the previous report emphasised, it is worth taking time to identify and recruit staff with values that align with the principles of Housing First. Enlisting the experience of individuals with lived experience is invaluable in this process.
- Experience has shown that recruiting suitable staff can also be slow, and it can be difficult to recruit people with the right values, experience and skills. It was suggested that the homelessness sector would benefit from a nationally funded workforce development programme to grow the number of people with the right skills to work with people with complex needs.
- As experience has shown, and as emphasised during the pandemic, there is a clear need to understand the enormity of the challenge facing Housing First support workers and the implications for their wellbeing. The importance of having appropriate support in place for staff was emphasised in recent fieldwork and particularly that one-to-one supervision and reflective practice sessions had proved invaluable.

5.2.6 Housing

- Securing a sufficient supply of suitable properties for service users was considered the main risk in each Pilot area. This emphasised the importance of considering housing supply in detail at the outset, and of considering all potential options to avoid an over-reliance on one source and to maximise choice. Ideally this would mean having access to a property supply from the start. In some areas, a greater focus on facilitating PRS access earlier in the programme development and mobilisation would have been beneficial. As noted above, several interviewees considered that housing providers should be integral to all Housing First partnerships from the outset.
- Furnishing properties as quickly as possible at the point of (or even before) move-in protects against potential abandonment and anti-social behaviour. Further reflection is needed to determine how to expedite this process while also maximising service user choice insofar as practically possible.
- In one area a KPI has been established to encourage weekly contact with landlords, which has helped relationship building between Housing First staff and housing officers, ensures that problems are communicated early, and enhances housing providers' confidence in Housing First.
- The fieldwork further emphasised that many service users' journey's into tenancies may not be linear, and that a high degree of flexibility and sensitivity may be required.

5.2.7 Referral processes

- Referrals should be discussed by a multi-agency panel with direct input from Housing First partners. Ideally, these meetings should be cross-sectoral and include representation from health and criminal justice sectors. Where in place, multi-agency panels were reported to be helpful in ensuring those determined unsuitable for Housing First received a more suitable service, and in securing any required input from partner agencies.
- Several consultees emphasised that Housing First is not suitable for individuals who lack capacity to enter into a tenancy agreement and/or require very intensive or specialist care beyond that which Housing First is equipped to provide. In such cases, alternative forms of provision involving additional support is required. Those not (or not yet) having the inclination to engage with Housing First will also require some level of interim support, and where relevant supported transitional accommodation, before being housed. Brokering support from or facilitating a handover of care to external services in such cases is key.
- The success or otherwise of Housing First is largely contingent upon having a mosaic of other services in place and on-board. It is important to see Housing First as part of a wider 'ecosystem' in which the strength of local partnerships is critical.
- As reported previously, engaging with mental health services in particular has continued to pose challenges in many areas, and there is the need for a specific pathway into mental health services for Housing First clients. Ideally this would be agreed at the strategic level before the service is implemented. The Pilots have found it is helpful to have a 'way in' to such services – for example by having a dedicated social worker or mental health practitioner as part of the team. Ideally, mental health provision should be integrated within Housing First partnerships from the outset.

5.2.8 Targets

- It can be useful to have targets in place, but they must be feasible and realistic. Establishing targets at the outset is problematic particularly for a pilot programme for which there is no precedent. While each individual is different many will need support for a long time (and in a minority of cases potentially indefinitely). This makes service modelling on the assumption of early migration from Housing First unrealistic and has the potential to compromise fidelity to the 1:7 staffing ratio unless additional capacity is put into the system.
- Pressure to meet targets can also lead to people being inappropriately housed. From a provider perspective there should be less focus on targets and more on the degree and quality of flexible and often complex support provided.

5.3 Expectations going forward – issues and challenges

Looking forward, future expectations, issues and challenges for the three Pilots to the end of their funding periods are set out below.

5.3.1 Housing supply

Housing supply remains the main concern across all three Pilot areas, with further thought being required regarding whether, and if so how, Housing First programmes should

operate external to or be embedded within existing housing allocation systems at the local/regional level.

In all three areas the contribution of the private rented sector has been limited to date, and in some work is ongoing to engage private landlords through consultations and engagement events planned. While there may be different issues to consider when engaging private landlords, including developing trust and safeguards to ensure confidence, the private rented sector represents an area which could be exploited further. Suggestions which may enable this, and are under consideration across the Pilots, included Help to Rent schemes, closer links with local letting agencies and landlord forums. However, in certain areas where private rental costs are high, the mismatch between Local Housing Allowance (LHA) rates and rental costs presents an additional barrier.

Several support workers also described how making it easier for service users to transfer between properties would be beneficial, particularly when service users initially selected areas which expose them to risk, or that risked disrupting their progress.

Finally, the main concern emerging for several Pilot staff was for service users who have waited for some time to be housed, and who may disengage or 'get lost' from the Pilot if they feel progress has not been made. Keeping service users engaged and motivated while they search for a property will be important going forward. The possibility of purchasing properties for specific sub-groups – such as vulnerable women, those with chronic ill-health or victims of domestic violence – may be helpful to explore.

5.3.2 Caseloads and staffing

While the fidelity assessment findings suggested that the Pilots are maintaining the 1:7 ratio to maintain fidelity with the model, providers in some areas felt this may be difficult to maintain going forward. As service users commonly had higher and more complex needs, and so required more intense inputs over a longer time period than initially expected, maintaining this ratio was becoming increasingly challenging. Recruiting staff with the right attitudes, values, skills and experience was reported to be an ongoing challenge.

5.3.3 Systems challenges

In each area the challenges of operating within a 'broken system' continue, most particularly those relating to the stark disjuncture between Housing First's very flexible mode of delivery and the less flexible systems/services it interacts with. Promotion of learning endorsed under the 'Inclusion Health' agenda may offer a way forward here.

Continued delivery experience also highlighted the need for the review and redress 'upstream failures' affecting this client group, including inadequate assessments of and/or support for individuals who lack capacity; similarly, the redress of widely recognised gaps in mental health provision and support for the Housing First target group more generally.

5.3.4 Uncertainties

Finally, there are several areas of uncertainty for the Pilots over the coming 12 months, over and above the questions related to sustainability described above.

First, the longer-term impacts of the pandemic remain unclear. While many of the restrictions which have accompanied the pandemic are being eased, it remains too early to forecast when a situation akin to 'normality' will return, and it may be that future lockdowns are required at the local or national levels. While the pandemic led to a range of both challenges and benefits for the Pilots, it will be some time before its wider impacts are known.

Other uncertainties raised included:

- At the time of the fieldwork, the potential implications of the Mayoral elections in May 2021 - given the impacts that any change in leadership might have on political agendas at the city region level.
- While it is clear that many existing service users will need ongoing and intensive support beyond the Pilot funding period, precisely quantifying these continued support requirements is not straightforward, complicated by uncertainties over the likely number of 'graduates' from the programme who may no longer require the level of support that Housing First offers.
- Concerns were also raised over the easing of some of the measures introduced during the pandemic. These included the protection provided by the Coronavirus Act 2020 to social and private tenants to delay when landlords can start eviction proceedings, and what the impact might be of the easing of such provision.
- In one Pilot area, concerns were raised over the impact of the ending of existing Social Impact Bond (SIB) funded provision. Here the uncertainties related to potential increases in demand for Housing First services, given concerns over the sustainability of some SIB tenancies where clients have very high support needs.

Annex 1 Housing First fidelity 3rd review: summary

In the most recent assessment of fidelity², undertaken between November 2020 and February 2021 by Homeless Link, the Pilots were evaluated to have medium and high fidelity to the Principles, with there being many instances where fidelity has increased since the last review.

Across most of the programme, there continues to be high adherence to the Principles where delivery is in direct control of the support teams. The delivery of face-to-face support was affected during the first lockdown, impacting adherence to the Principles with both positive and negative consequences for individuals, however adaptations were made and through the rest of the year face-to-face support resumed.

Fidelity was particularly strong in areas which offer training, support and reflection about the Principles to operational staff, and there were many examples where this awareness raising was also underway with partner agencies in order to overcome barriers to fidelity in the local system. Teams in each region reported how some partner agencies had adapted their approach in ways which supported fidelity.

However, there were also examples where there was less knowledge of The Principles amongst support staff and indications that this impacts support delivery and approaches to partnership working. In this region, the provision of high-fidelity Housing First is also impacted by a strategic focus on numbers being housed, as opposed to the long-term and holistic support ethos of the model. This has put pressure on caseloads with expectations around throughput or reducing levels of support over time.

Across all three regions, there continue to be systemic factors impacting fidelity. These included:

Housing accessibility

Whilst there has been significant progress in increasing access to social housing, there continues to be issues around availability of one-bed and ground floor flats. Waiting times for homes due to general availability and void turnaround, both of which have been exacerbated by the pandemic, can be long. There also appear to be common challenges around understanding and flexibility from operational housing association staff even where there has been strategic commitment given at a senior level.

Challenges to resettlement and tenancy sustainment

Many interviewees mentioned that individuals are often expected to move into homes with little to no furnishings, and that delays in Universal Credit payments can mean that new residents begin accruing arrears at the start of their tenancy. There was also concern that offering homes based on individual choice increased risks around anti-social behavior,

² 'Fidelity' here means how closely the service is able to adhere to the key Principles of Housing First which are evidence-based and recognised internationally.

crime and victimization. This often meant that more intensive support has been required and in some cases tenants had subsequently transferred to properties in other areas. The tension that sometimes occurs between respecting and enabling choice whilst mitigating harm was mentioned by many operational interviewees.

Sustainability

There is no clear plan in any region about how support delivery will be sustained when the current funding ends. Not only does this mean there is a significant risk that those on the caseload will no longer have support, but there are also inconsistencies with how this is being communicated to individuals. Principle 2, that support should be open-ended, is difficult to deliver when there is no clear sense of what will happen in the future. More recently, staff turnover has also been observed to impact caseload size and consequently the intensive and flexible support that can be provided.