Ministry of Housing, Communities & Local Government

Effects of the pandemic on the Housing First Pilots and service users

Findings from weekly calls during the lockdown period

Final Report

Foreword

This report provides evidence on the experience of delivering the Housing First Pilots during the Covid-19 pandemic. It sets out reflections from Housing First Pilot staff and from service users about the challenges involved in adapting service delivery and the key lessons learnt.

The findings are based on interviews conducted over a 12 week period of lockdown and subsequent easing of restrictions. The Pilots' embedded researchers held a series of telephone interviews with service users and Pilot staff at different levels of management and service delivery. The interviews covered a range of themes to help improve understanding of how the lockdown and social distancing impacted on service delivery, service users and staff experiences, and on the ability to access external support services.

I would like to thank ICF for their hard work in 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 in MHCLG who provided input to the research materials and reviewed the outputs.

MHCLG continues to develop its evidence base on the causes of and solutions to homelessness and rough sleeping. For example, the department has recently published an [impact evaluation of the Rough Sleeping Initiative](RSI), a review of the [Homelessness Reduction Act] and [initial findings from the Rough Sleeping Questionnaire]. This latest piece of research is a further demonstration of that commitment.

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Executive summary

1   Introduction

This report was written to provide an overview of research carried out by ICF embedded researchers over twelve weeks of telephone consultations during the Covid-19 national lockdown. The purpose of the research was to capture a broad view of the Housing First Pilots' and service users' experiences during lockdown. The report presents the information collected during the research, providing insight into subjects such as service delivery, staff support needs, service user responses to lockdown, partnership working, recruitment and training outcomes, and issues related to securing external services for Pilot service users.

2   Methodology

Over 12 weeks during the Covid-19 lockdown the Pilots' embedded researchers arranged and undertook a series of telephone consultations covering a range of themes. The consultations were held with varying members of Pilot staff at different levels of management and service delivery, as well as with service users. Each fortnight a report was produced using the data collected from the telephone consultations and detailing the findings. Each report was compiled from notes taken throughout the consultations and covered a specific theme or themes.

To compile this report the data and findings from the six fortnightly reports have been drawn upon to give an overview of the findings. The research, which is qualitative in nature, was delivered at pace, with the intention of providing a broad overview of consultee experiences regarding Housing First Pilot operations and service delivery during lockdown.

3   Key challenges and issues for the Pilots during lockdown

The report sets out the main challenges and issues that were identified by the Pilots throughout the twelve weeks of research. They are identified below.

Disruption to a high level of face to face support which resulted in service users having to adjust to what, to them, felt like a reduced level of support. This proved highly challenging for support workers also, some of whom reported frustration at not being able to see the service users they knew benefitted highly from face to face support. Support was predominantly provided through daily telephone calls to services users, which helped ensure their basic needs were met and assess whether any external intervention or support was needed such as foodbanks or mental health services. These calls also allowed an assessment of whether the service user required a face to face visit from their support worker. In most cases face to face visits were only undertaken if considered urgent, and with careful risk management. Initially there were various grievances with phone only support, however after an initial period of adjustment, both staff and service users built an efficient routine around phone support and how it works best. Unfortunately, there were cases of

service users who the Pilots were having difficulties engaging with before lockdown, losing contact with their support worker for a period of time.

Disruption to service user routines had affected Pilot service users greatly in some cases. Some consultees reported that the lack of access to informal, and formal, support networks accessed through things like volunteering, community centres, health centres, local shops and the street community had a considerable impact on some Pilot service users' wellbeing. Some service users also reported struggling to cope with the sudden change in their daily physical landscape.

Access to external services proved challenging for service users under lockdown, particularly those who needed **mental health support**, which was found to be a key challenge for the Pilots during lockdown. It was reported that as the need for mental health services increased amongst service users due to the triggering effect of lockdown restrictions, and Covid-19 anxiety in general, services were not always able to meet demand. It was reported that, in general, **medical treatment** remained accessible for service users. There was, however, a reported frustration amongst service users who were not able to attend regular appointments with specific health professionals such as chiropodists, chiropractors, physiotherapists, and counsellors. Pilot consultees also reported an increased reliance on **foodbanks and charities** to get their service users' basic needs met.

Pilot support workers reported a range of issues relating to their own concerns about service user wellbeing, service delivery and **their and their colleagues' own wellbeing**, during lockdown. Support staff reported feeling extra pressure through the effect lockdown was having on their service users, whilst at the same time being unable to go out and see them. Concern for the strain lockdown could have on service user-support worker relationships was commonly expressed. Consultations found that in some cases lockdown had an effect on these relationships, but it was considered by most support workers that whilst relationships had been strained to varying degrees, following a period of adaption relationships remained strong.

There were also concerns from Pilot staff regarding **managing domestic and professional responsibilities** whilst working from home. **Communication** between staff was immediately recognised as an issue that would need careful management. The Pilots introduced a flexible approach to working hours, given that professional responsibilities could still be carried out in a timely and effective manner remotely. All communications between staff at all levels were conducted through telephone or online communications. After an initial adjustment period communicating through these systems was considered successful, although it was reported that the intimacy of the office space brought benefits for most, such as being able to quickly ask questions as they went about their duties and get an instant response. **Small group conference calls** became more frequent, sometimes occurring daily, and were valued for their opportunity to share and gather information.

Support for Pilot staff was sought and delivered at varying levels across the Pilots to help them to deal with the sudden change in work mode, and the added stress that accompanied it. It was reported that where activities like **reflective practice, clinical supervision, and professional supervision** were in place before lockdown, these practices continued through online or telephone communications. **Mutual support** between staff members was also reported as having an important role in maintaining motivation, and discussing professional and personal issues where staff felt it safe and appropriate to do so. The consultations found that where strategic and

operational staff had led with an **attitude of reassurance, clarity, and understanding**, morale had been boosted and some pressure relieved.

Accommodation for Pilot service users during lockdown was essential. It was reported that having one's own accommodation before lockdown played a crucial role in service users' level of stability throughout it. However, it was found that having one's own accommodation did not guarantee that a service user would avoid some form of crisis needing intervention.

The extent to which the Housing First Pilot delivery teams were involved in **Everyone In** efforts ranged from no or little involvement, to being the main providers of support within a hotel designated to accommodate homeless people. There were some Pilot service users accommodated through Everyone In efforts in each area, although numbers were relatively low.

Sourcing long-term housing for Pilot service users also presented a range of issues. The number of housing offers initially reduced in each area during lockdown. This was reported to have been because of a mixture of **enhanced competition for properties** and a slowing of availability as housing providers adjusted their procedures. Instances were reported of service users being allocated properties but with any necessary maintenance to the property being called off due to lockdown. There were similar issues with the **supply of white goods**, with deliveries being unable to enter buildings, as well as disruption to the supply chain. In many cases **welcome packs** were supplied to those who had moved into new properties, so they at least had essentials such as cutlery, bedding, inflatable mattresses, folding chairs etc.

4   Service user experiences

Loneliness, isolation, and frustration during lockdown were frequently reported amongst Pilot service users. This led, in some cases, to the exacerbation of certain negative behaviours and coping mechanisms such as increased alcohol consumption and increased instances of anti-social behaviour at properties. There were also reports of service users going missing or disengaging from support. Service users struggled with feeling of **disconnection** from others and **worry** about the future. **Boredom** was reported to have had contributed towards certain services users' **low mood and increased anxiety**. Pilot service users reported placing great value on the **daily calls** from their support worker.

Examples were reported where Pilot service users had had the opportunity to **re-establish relationships** with family members and friends during lockdown, or busy themselves with **hobbies** or tasks such as gardening and knitting.

There were reports of a **reduction in known drug use** amongst some Pilot service users. Various reports of service users taking the opportunity to reduce their drug use, or to start a **drug treatment prescription**, were received. This were largely owing to the combined factors of reduced opportunity to obtain income, higher prices of street drugs, and increased difficulty in buying drugs. Consultees reported that service users who are alcoholic appeared to have stayed at home more but were drinking more as a coping mechanism.

5   Staffing

Each Pilot recruited **new staff** during lockdown. As of July 2020, a total of 47 positions had been filled. These include managers, frontline support staff, a dual diagnosis practitioner, psychological support staff, and administrative staff. In each area the recruitment process was restricted to online and telephone interviews. It was reported by those involved in interviews that getting to grips with the new interview approach was difficult as things like **body language and non-verbal cues** are mostly lost. However, virtual interviews were considered a suitable substitute in the current context. **Lived experience group** members were able to be included in the recruitment process also.

Induction of new staff throughout lockdown proved problematic, with the element of buddying or shadowing current staff lost along with the element of group dynamics that enhance in-person training sessions. However, new staff reportedly seem to have been settled into their respective roles, with the Pilots providing **online induction and training material** and making efforts to ensure they are welcomed and accommodated into their teams. It was reported by new staff that current staff have been very welcoming and supportive.

Staff experiences of online training more broadly varied. Some reported it was great for them to have the time to read the provided materials, while others reported that reading alone, online, was not best suited to their learning style, and others reported that the training in their area did not seem to be tailored to Housing First. A number of new staff reported that although they understood the **Housing First principles** and approaches to service delivery and support, they had trouble imagining how they would be **applied in practice**. Throughout consultations regarding new staff induction, it was reported by staff at varying levels that the induction process and materials could be revised and improved with more time.

6   Partnership working

It was reported that lockdown had helped to firm-up previous **collaborative relationships**, as well as form new ones, at both operational and strategic levels. It was reported in some areas that previously **referrals from local authorities** could sometimes seem to have been made without much regard to the appropriateness of the potential participant for Housing First. Now, through better communications with local authorities and the services within them, there is increased commitment to referring people who are the most **eligible and suitable** for the Housing First service. This has in some ways been established through a shared determined spirit, and need, to communicate throughout lockdown and get the best for people who are using services in a respective area.

Multi-disciplinary team meetings were reportedly better attended during lockdown. This is said to have been due to the meetings being switched to online conference meetings, meaning people did not have to travel long distances to attend, and a shared desire to communicate and share information. The Pilots were also represented on **Covid-19 working groups** established to monitor and respond to the crisis. Through these various multi-agency meetings better relationships were established between the pilots and those in attendance, as well as a clearer understanding of who does, and is responsible for, what. This is suspected, as reported by consultees in managerial positions, to continue to have a positive impact

on partnership working going forward. Various instances of improved, as well as already well-established, partnership working were reported throughout consultations.

7   Continued use

Throughout the consultation period it was found that there were elements of practice introduced during lockdown that have potential for continued use.

Whilst it was established that phone-only support was not suitable for all Pilot service users, there were **elements of support that are considered suitable to be kept to phone-only**, and some service users who do not require as much face to face time to be effectively supported. However, it should be noted that phone-only support lacks important elements of providing high quality support, especially in reference to the Housing First principles.

Online communications between Pilot staff, especially support staff, have provided a useful way for them to be present at meetings without having to travel long distances from their respective service users' areas, or their own homes. This also helps all staff attend meetings, and it was reported that online meetings are likely to be utilised in the future. Online communications have also enabled greater attendance and commitment to multi-disciplinary meetings, so it is likely that these meetings will continue to be held online also.

Online inductions have had mixed responses from new staff. Continued use of online induction will require careful consideration to be as effective and inclusive as in-person induction and training.

Improvements, and continued good practice where it already existed, in **partnership working** during lockdown is likely to be continued in the future. There is potential for positive impact on service delivery and collaborative working relationships that can be mutually beneficial, as well as providing better service for service users.

Lockdown has meant the removal of a certain level of "gatekeeping", and some **streamlining of procedure**, that has aided service users' access to resources and provision. The Everyone In ethos, combined with the national efforts of local authorities and homelessness services, saw an unprecedented change in the mindset and expectations regarding what can be done to help those who are homeless. One Pilot consultee commented, "If the will and the funding is there, it's amazing what can be achieved". This presents an opportunity for partner organisations to **embed positive change** and **sustain the collaborative efforts** that a change in policy and procedure in housing homeless people has engendered.

1   Introduction

This report on the operation of the Housing First Pilots, and the experiences of staff and service users during the Covid-19 lockdown period, has been prepared by the evaluation's embedded researchers based with each Pilot on behalf of MHCLG.

The report brings together and reflects on the findings from a programme of work undertaken over a period of 12 weeks during lockdown period whereby the embedded researchers held weekly telephone conversations with a range of different stakeholders to explore the challenges resulting from lockdown and the ways in which these were mitigated in the field.

1.1   Context and methodology

Across England there are currently three Housing First Pilots that are delivering Housing First at scale, with the aim of identifying the benefits for service users and capturing key learning for developing and implementing Housing First at scale more widely. The three areas are the West Midlands, Greater Manchester, and Liverpool Combined Authority Areas. These Pilots were awarded funding in July 2018 and have recently been extended to complete in July 2023.

With the onset of the Covid-19 lockdown and social distancing measures, homelessness service providers, and other statutory and third sector bodies, faced the challenge of delivering their services under unprecedented conditions. To capture how the three Pilot areas have responded to the challenges presented by the lockdown, weekly telephone calls were held between each area's embedded researcher and various members of Pilot staff and service users over the course of twelve weeks. These calls helped to ascertain the challenges faced by both service users and providers and the ways in which service delivery was adapted by the Pilots to provide continued support throughout lockdown.

The information collected during these weekly calls informed the production of fortnightly reports, each covering a different research theme/topic and were shared with the Pilots. This final report reflects on the outcomes of the research, consolidating the key findings, themes and issues identified to provide relevant learning.

1.1.1   Method

Weekly phone calls were chosen as the best way to collect data while ensuring the safety of staff and service users and adhering to social distancing and other lockdown measures. Calls were held between the embedded researchers and a range of Pilot staff at varying levels of job role and responsibility, to ensure a broad range of experience was captured.

Each week a key theme for the interviews was chosen, which in some cases was explored over a two-week period. The topics were selected in collaboration with MHCLG based on suggestions from the Pilots in previous interviews and the findings from the preceding week's calls. The themes explored, which provided the focus for the fortnightly reports, were as follows:

1. Exploring main issues and challenges for the service delivery, operations, support staff, and service users (explored over two weeks)

2. Supporting staff during the crisis (explored over two weeks)

3. Accessing external services

4. Service users' experience of lockdown from the support worker perspective

5. Staff recruitment and induction

6. Training and continued professional development (CPD)

7. Service user voices: their experiences under lockdown (explored over two weeks)

8. Pilots' reflections of the crisis period (explored over two weeks)

The data collected during the calls was framed around a set of questions set out by the embedded researchers each week. As the interviews were qualitative in nature, they were able to collect additional data or explore associated sub-themes as conversations developed between the researcher and the consultee.

The first two weeks of consultations were based on exploratory open-ended questions to gauge the core challenges arising for the Pilots. Findings from these two weeks were written up into a baseline report. From the data collected during the opening two weeks, topics and themes for further research were identified and informed the basis for the next set of consultation calls.

During weekly consultation calls the embedded researchers took comprehensive notes which were consolidated across the three Pilot areas into a weekly report. These reports formed the basis of a set of fortnightly reports, which were shared with MHCLG prior to circulation to the Pilots. These weekly and fortnightly reports provide the evidence base for this report. It should be recognised that the intention of the research was to provide a broad overview of the Pilots' and individuals' experiences of the lockdown, delivered at pace to a weekly schedule, rather than a comprehensive record of the experiences across the complete range of agencies contributing to addressing homelessness in the Pilot areas.

1.2   Report structure

The remainder of this report is structured as follows:

*   **Section 2** presents the key points explored throughout the initial 12-week research period pertinent to both staff and service users. Section 2 also presents the ways in which the Housing First Pilots engaged with, or were engaged by, the "Everyone In" approach to housing homeless people during the lockdown.

*   **Section 3** of this report explores issues attached to service delivery and keeping in touch as related to service user experiences, staff experiences, and working with external services.

- **Section 4** covers staffing and management challenges and presents findings related to support worker experiences and solutions to challenges, team management and support, and challenges with recruitment and induction during lockdown.

- **Section 5** covers partnership working between Pilots, local authorities, and external statutory and non-statutory services throughout lockdown. It explores impacts and challenges of lockdown and positive examples of adaptive working and solution building throughout lockdown where relevant.

- **Section 6** presents findings related to key learning and considers what has been learned and how things might look going forward.

The report also contains an annex presenting summaries of the interviews with service users and their experiences, challenges, and successes during the lockdown period. In each case, and throughout this report, all names used have been changed, and specific references to localities altered, to ensure anonymity.

1.3   Acknowledgements

This report has been prepared by Jamie Barton, Carl Brown and Izabela Jamrozik, who are the embedded researchers with the Liverpool City Region, West Midlands and Greater Manchester Combined Authority Housing First Pilots respectively, with support from ICF.

ICF and the embedded researchers would like to thank the Pilot staff for making time in a particularly busy period to speak to us, and for their candour and good humour throughout. We hope that this report captures the challenges presented by the pandemic for all aspects of Pilot delivery. We also hope that it reflects the challenges faced by Pilot staff who have had to balance supporting clients with caring for their families, while demonstrating commitment, professionalism and ingenuity in adapting their approaches and with creativity.

A special thanks is also due to the service users who shared their experiences with us, and particularly for their openness in describing their experiences, both positive and negative, during the lockdown period.

2   Challenges and issues

This section presents the key findings from the main areas of investigation explored throughout the initial 12-week research period – including the key issues for service users and Pilot staff.

2.1   Key issues

Throughout the 12-weeks of consultations with Pilot staff, several key issues were identified as significant challenges faced by all Pilots. These will be further explored in the following sections and subsections; however, they are set out below for introductory purposes.

- Continuing to provide a high quality of service to service users whilst under lockdown – including keeping in touch with service users who struggle to engage and where there are barriers to engagement.

- Keeping service users and staff safe whilst still delivering support.

- Communication within support teams, and between support and strategic teams.

- Disruption to service users' routines and formal/informal support networks.

- Service user access to mental health support and medical treatment.

- Emotional needs of staff during lockdown, owing to a mix of professional and domestic stressors.

- Disruption to supply of, and access to, suitable housing (including issues with supplying furnishings and white goods).

2.2   For service users

2.2.1   Disruption to a high level of face to face support

During lockdown service users had to adjust to a highly reduced level of face to face, hands-on support from both Pilot support workers and any external services they were engaged with. Initially, this proved highly disruptive for a number of service users, with many expressing their frustration at the situation they were in regarding support. However, over time, service users adjusted to the support that was on offer from the Pilots largely through telephone calls but, when necessary, face to face visits in crises and emergency situations.

There was a mixed response to the lack of face to face intensive support on offer. Service users who had struggled to keep in touch with support services remained difficult to engage with, and in some cases lost contact with their support worker for a period. Of those who remained engaged and adjusted to mostly phone support (the majority), their reactions to the restricted support placed them in two main, although not exclusive or separate, groups:

1) Those who drew on their resilience, skills, and resources to deal with the lockdown (see case example 1 below).

2) Those who became more aware of their vulnerability in the face of adversity and suffered more emotionally and mentally than others (see case example 2 below).

Case example 1

Keeping focused on her recovery and family affairs meant that Bianca was "not bothered about lockdown", which helped her avoid triggers for relapsing, such as avoiding contact with people who were still using drugs and avoiding areas where she might meet them when going out.

Bianca used her additional time to write a journal describing her recovery journey and reflecting on the changes she had been observing in herself. She spoke passionately about wanting to become a drugs worker and help "people like me" in the future. With help from her support worker Bianca enrolled into a course starting in September, and she was eager to try volunteering and get involved in any peer programs the Pilot might offer. She also filled her time with keeping fit while at home.

Case example 2

Jess contacted her Housing First worker stating she was struggling with her mental health and that she thinks she needs to be sectioned because she was worried about what she is capable of. A referral was made immediately to a local Mental Health service.

During the following week several referrals were made, but the service twice closed her case as they were unable to contact her by phone. Jess ended up attempting suicide and was admitted to hospital where she was referred to the psychiatric team. Following triage, it was decided that Jess did not need a formal mental health assessment and she was discharged and recommended to contact [name of service].

The following day when Jess' Housing First worker tried to call, Justin (Jess' partner) answered stating he had left Jess alone in the flat as she was trying to stab herself and threatening to harm others. The Housing First worker immediately called 999. Paramedics and police arrived, and Jess was placed under a section136 of the Mental Health Act.

Annex I provides further detailed examples of service users' responses to lockdown. It is worth noting that patterns of service user engagement and coping behaviours changed throughout lockdown, depending on their circumstances and personal factors, managing boredom and loneliness being the most common issue.

In some cases, lack of face to face support from a service user's various forms of formal and informal support networks, combined with the stress and disruption of lockdown, led to a steep decline in mental health. In extreme cases this resulted in prison sentences or the service user being sectioned under the Mental Health Act, which happened on multiple occasions with certain individual service users.

2.2.2 Keeping service users and staff safe whilst delivering support

During lockdown each delivery partner had their own internal procedures, which directed respective support teams' approaches to face to face and outreach work. Delivery partners' internal procedures during lockdown also directed support teams' access to personal protective equipment (PPE).

It was important to quickly establish how Housing First would continue to deliver a service in line with lockdown regulations. An additional factor in delivering support as the pandemic intensified was the commonly poor physical health and vulnerability of Housing First clients, and so greater risk of serious harm if infected with Covid-19. Evidence suggests that very few service users were placed on the official shielded patient list despite vulnerabilities. The reasons for this were varied and include not being registered with a GP or having updated medical records.

All Pilots quickly established that the majority of support would be done over the phone, as opposed to their usual face to face, hands on approach. This led to some areas seeking advice from organisations such as Homeless Link and the Housing First European Hub on how to deliver support during lockdown and drawing upon a range of guidance materials for working with people with multiple and complex needs under pandemic conditions.

To minimise risk to service users and staff alike, in most areas, face to face visits were not permitted during lockdown. However, under special circumstances and after a risk assessment for both the service user and member of support staff had been completed with their manager, face to face meetings and interventions were approved. Availability of clear guidance and suitable PPE to enable safe service delivery was recognised as an essential provision to manage the situation across the Pilots. Some staff reported being sent PPE at home accompanied with instructions for safe use. While in other areas, plans were in place for staff to attend the office – one at a time – to collect their equipment and receive training.

Over time, and as lockdown restrictions started to lift, more face to face contact has been permitted, for example through doorstep visits or meeting clients in the open air. Towards the end of the 12-week interview period a majority of support workers seemingly felt adequately catered for in terms of knowledge and equipment related to their health and safety.

2.2.3 Disruption to service users' routines

Service users suffered not only from a significant lack of face to face support and service disruption throughout lockdown, but also from major disruptions to their routines. This led to various problems related to boredom, isolation, mental health, domestic abuse, and addiction. However, it also led to some service users, whilst still frustrated at their situation, drawing on their strength and resilience to endure lockdown and build new routines within the lockdown environment. In some cases, relationships with family members were also strengthened through a heightened concern for each other. But for some service users, busying themselves with a new type of routine at the start of lockdown worked only as a short-term solution and they eventually started to seek out their usual networks and habits in search of familiarity and the comfort of old routine.

Under normal circumstances service users often rely on certain places for informal and formal support commonly including food banks, community centres, volunteering, counselling, meetings with support workers and family or friends and routine medical treatments. The lack of access to resources that give a familiar pattern to their daily lives affected service users in different ways, with some finding the lack of recognisable informal support networks extremely difficult to adapt to. For some, the complications of lockdown resulted in an effort to be deliberately imprisoned as a way to enter a structured, familiar, and, from their perspective, safe environment.

A lack of normal access to income, through, for example, begging and small-scale shoplifting from supermarkets, left some service users frustrated and confused as to how they would fund their lifestyle. Although an increase in income through benefits in many cases enabled a degree of financial stability and encouraged better budgeting skills.

For those who secured their own accommodation before lockdown, and who were living with problems related to alcohol dependency, being indoors more often with no options in terms of places to go and spend meaningful time, led to an increase in drinking. In some cases, housed service users were spending more time with those with whom they could share a drink indoors, in other cases tenants were going out to meet with groups of people to drink.

Support workers and team leaders reported that service user boredom and isolation led to more time spent reflecting on past traumas, leading to escalating negative thoughts and states of unhealthy emotional wellbeing.

Case Example

Paul has been under a lot of mental stress owing to a fire at his home. He had lived in his previous flat for around two to three months and had spent a significant amount of money, time, and emotional investment in getting it furnished and decorated with the help of his support worker. Lockdown has meant that repair work to his flat has stopped for the foreseeable future, and it is a constant source of worry and anxiety for him. Paul said:

"*With everything that's going on it's getting me down and wanting to self-harm. I have me phone calls daily from HF, at times I'll be on the phone for quite a while and have a good chat, other times I'm not in the mood for talking… I'm scared to go out and that, you know. I'm just sitting in a two-bedroom flat on a mattress with a TV and that's it more or less…I get very depressed, very low.*"

Throughout this period of disruption Housing First service users reported that their support workers were often a vital aid to their maintaining progress; in terms of needs being met and someone being available to speak to on a daily basis to offload worries and stress, and to seek any medical or mental health support they might need.

2.2.4 Access to external services

Many of the challenges experienced by the Pilot teams in continuing to support their clients were reflected in the experiences of external service providers, as they too sought to meet the requirements of working safely under pandemic conditions. Access to mental health, and wider health, services were particularly relevant during lockdown.

Mental Health Support

Throughout the lockdown it was reported that access to mental health services had been one of the key challenges to have persisted since Pilot inception, particularly in relation to co-occuring mental health and substance misuse needs' . Lockdown restrictions exacerbated the problem, with support workers reporting additional challenges communicating with mental health teams over the phone and greater concerns over a lack mental health provision for service users. Many interviewees reported that as demand for mental health support increased, services, were not always able to meet that demand successfully, resulting in an over-reliance on support workers to attempt to meet mental health needs that require professional attention.

Mental health services were offering telephone support only, unless in crisis or an emergency, to help keep service users and mental health support staff safe. Consultees reported that telephone contact with mental health support can be problematic as those service users who have a fractious relationship with mental health services tend not to respond well to phone calls and may "close down", making it difficult to assess what help they might need. Support staff therefore did not necessarily consider mental health telephone assessments or interventions an efficient tool when supporting people experiencing challenges and crises which can only be shared trustingly through face to face contact. Several such situations led to unwell people being considered well enough to be discharged, or not picked up by mental health services. In some cases, the increase in hospital admissions under the Mental Health Act was thought to be an effect of significantly reduced community mental health interventions which had moved to telephone support during lockdown.

Case Example

In some cases, mental health services stated that they had had a referral for a service user but couldn't see the person until after lockdown. In a particular case, although the mental health service and Housing First agreed that the service user needed assessment, the service user was not considered high risk enough by the mental health service to get the assessment. The support worker instead went to Careline to advocate for the service user's need of a home visit from social care workers. A week later the service user received a home visit and was able to access the support they needed.

Those new to mental health support, and those whose mental health support needs were not considered complex, appear to have adapted more positively to contact through telephone calls only. In some of these cases, telephone support suited the service user well as it can be a less taxing mode of contact (i.e. requiring less of a commitment to travel etc. than attending a clinic). It was noted in some areas that

clients new to mental health support were able to access support relatively quickly and were happy with the telephone approach having no previous experience with which to compare it to.

In some areas, clients under the care of community mental health teams were also restricted to telephone contact, with a face to face meeting only when regular depot injections[1] were required. The depot injection appointments required clients to visit community mental health offices rather than a nurse coming to their homes, which resulted in some clients forgetting, or being reluctant, to make the trip.

Generally, those prescribed oral mental health medication had no face to face contact with mental health professionals, even when medication was re-issued, meaning there was no regular consultation with a healthcare professional. However, there were examples of service users seeing their GP on a weekly basis for re-issuing medication, due to concerns for the service user's mental wellbeing and them being considered particularly vulnerable.

Medical Treatment

In the main, medical treatment remained accessible during lockdown although the time taken to get a GP appointment was reported as often being longer than before. Some health centres that had held homeless access clinics, which service users had previously relied on for wound redressing and general medical needs stopped functioning as normal, applying strict lockdown restrictions and social distancing measures. Others reportedly joined efforts in helping with outreach and extra provision for in-house skin clinics at hostels and similar resources.

One area was planning to prioritise those who had been issued shielding letters. However, many clients are not registered with GPs or have out of date health statuses and were at risk of falling through the gaps when it came to shielding.

Case Example

One third sector provider maintained a skin clinic during the pandemic, with the help of efforts from local health centres, to ensure residents were able to get the medical treatment needed to keep wounds and skin infections as clean and sterile as possible.

Experiences with GP surgeries were mixed, with an apparent increase in demand amongst Pilot clients. GP surgeries with a strong track record of supporting homeless and vulnerable people were reported to have continued to proactively support clients over the phone, and as described above, face to face when where appropriate.

Pharmacies were reportedly helpful in ensuring clients got prescriptions and minor medical needs met in as hassle free a way as possible by supporting clients to follow social distancing measures whilst in store and continuing to deliver their service as normal in terms of speed and efficiency. An increase in delivery of prescriptions to

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[1] A slow-release, slow-acting form of medication, often used to treat symptoms of schizophrenia.

service users' addresses was reported, and some hostels have also maintained the use of the methadone prescription drop boxes.

Some service users who had regular appointments with specific health professionals such as chiropodists, chiropractors, and physiotherapists felt at a loss when these appointments ceased, as they reportedly contributed to their mental wellbeing. Stress and a greater sense of the loss of routine occurred when these appointments could not be kept, and no timeframe for rearrangement could be given. One service user reported that the loss of their bereavement counselling was particularly stressful.

In common with the wider population, some service users were frustrated with having to wait for an extended period for elective surgery such as hip replacements[2] .

Case Example

Jo has been with Housing First since mid-2019. She has spent the last few years living in a hostel that provides some basic elements of support. Early this year one of Jo's children passed away and she has since been in mourning, experiencing varying levels of grief. Jo has been alcoholic most of her life but has given up drinking since her child's death – a considerable achievement for her. She has recently moved into her own property close to her remaining family (who she has been close with recently).

Since lockdown Jo has lost access to services she relied on for support, routine, and development. Jo also suffers from severe pain in her hip and is awaiting a hip replacement. Jo said "*my medical needs are not being met. It's not right. I need to get my hip replaced; I can't sleep with the pain. My life has been thrown off-track.*"

It was also found that some clients were reluctant to visit A&E, despite paramedic advice, due to fears of contracting Covid-19 at the hospital. In some cases they even felt that they would prefer to free the service up for those perceived to have more serious emergencies.

Despite the challenges above, examples were identified during the interviews of Pilot service users who were able to achieve specific goals during the lockdown period, such as: signing a tenancy and moving into their own home; becoming stable on a methadone script or Subutex, or coming off drugs altogether; managing a variety of stressful situations without the presence of Housing First worker; learning to be on one's own; and gaining confidence in talking on the phone. Each of these represent important milestones for the individuals achieving them.

2.3   For support staff

From the outset of the pandemic, it was clear from the interviews that support workers faced the combined challenge of continuing to support their clients while

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[2] It should be noted that there are good medical reasons for not carrying out elective surgery in the context of the pandemic but that service users experienced frustration at this.

making sure that their families were safe – particularly when they were also caring for a vulnerable family member or friend.

One of the key features of the Pilots from the outset has been an awareness of the need for, and provision of, appropriate approaches to meeting support workers' emotional and wider wellbeing. With the onset of the pandemic the Pilots were faced with the combined challenge of an increased need for support due to the pressures of operating under lockdown with the attendant restrictions on face to face contact.

2.3.1   Impact of lockdown on relationships with service users

Lockdown, especially in the initial stages, put the relationships between service users and support staff under strain. Through the period of adjustment staff and service users learned to get the most out of the limited modes of contact they did have, and it was generally felt amongst staff and service user consultees that the Pilots offered a level of service that kept the majority of service users well supported given the circumstances of lockdown.

Many support workers felt the extra pressures added to their work through the effect that lockdown has had on their service users. On top of this was the frustration at not being able, due to the imperative of keeping everybody safe, to get out and see service users face to face. In some cases, service users struggled to understand or take note of lockdown restrictions, leading to issues around non-compliance. For the most emotionally vulnerable, careful, calm and repeated explanation of the crisis was needed. Some service users whose reflections on previous experiences of trauma were triggered or intensified by the crisis and the impact of self-isolation, required additional support such as more frequent and more in-depth telephone with support workers and in some cases referrals to specialist mental health services. Providing support at that point could solidify existing relationships of trust, but it also placed pressures on staff to manage the need for specialist mental health support during the time when such support was limited.

Views varied on the comparative effectiveness of telephone rather than face to face contact, but it was commonly considered that telephone contact lacked the nuance that face to face interaction allowed. Phone-only contact sometimes created a false sense of some service users coping well, leaving staff unable to pick up on signs of a crisis or verify their actual situation in person.

Whilst reference was made to the pilots drawing upon a range of guidance materials around "enhanced telephone support", resulting in more in-depth telephone calls with service users, support workers felt less able to offer their service users the comfort and support they felt they would have been able to give in person.

While as a generalisation many clients already accommodated and stabilised could be supported quite well to maintain their progress, the life enhancement component of the support role (building client support networks, attending groups, meaningful activities etc.) proved more difficult to provide. Some evidence of compassion fatigue[3] was also reported by support workers.

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[3] Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924075/

Case Example – compassion fatigue

The feeling of diminishing empathy or 'compassion fatigue' (which commonly accompanies what is known as 'burnout') was reported in some consultations. For example, a combination of personal pressures (home schooling, concerns for family members' health etc.) and an apparent lack of awareness and appreciation of the wider context by clients, resulted in difficulties for some support workers to maintain empathy. Phrases like "*never found it so difficult to maintain empathy*" and "*my patience is wearing thin*" were reported by some Housing First staff. Compassion fatigue is understood to be a natural coping mechanism under prolonged periods of exposure to, and responsibility for, traumatised individuals.

As described in Section 2.3.3 below, each of the Pilots have had emotional and practical support mechanisms in place from the outset, recognising the issues that can accompany work with the Housing First target group. Although delivered in a revised form during lockdown, these mechanisms were widely reported to be helpful. For example, one support worker found speaking to their Pilot's dual diagnosis practitioner very useful (helping them recognise the signs of compassion fatigue and suggesting ways of dealing with it), while for others more frequent conversations with colleagues or managers were described as being helpful.

2.3.2 Communication

Communication within support teams was a common theme raised by interviewees who reported that it had changed in both manner and intensity. Whilst under normal circumstances staff at all levels could catch-up around the office or at meetings to pass on information and discuss issues, under lockdown communications were strictly telephone and web-based.

Even though these web-based and telephone communications took time to establish, they proved to be a key mechanism for keeping staff informed of developments, motivating them to carry out their professional roles, supporting their wellbeing, and utilising online resources and document storage points. For those staff members who were less familiar with some of the software the move to online data recording, storing, and sharing has optimised staying up to date and making the most of shared resources. One of the Pilots created an online open resource and policy page available to all staff and established a weekly virtual coffee-drop-in for staff who want to catch up with members of other teams.

In some areas, smaller individual teams of support workers had and continue to have daily virtual meetings, providing updates on everything happening within their teams. These daily team meetings provide an opportunity to share resources and new, up to date information on developments. They also provide additional opportunities to ask for/offer assistance and guidance where needed.

Whilst in some cases the level of communication across teams was felt to have increased, it was recognised that it could be slower than in normal office-based environments due to the time taken for people to respond to messages and requests. It was widely recognised that, despite some notable benefits, web-based and phone communications are not always a sufficient substitute for face to face interactions.

It should also be noted that not all staff experience working from home as the best way of working, and that the social interaction that happens in a workplace can, in many ways, be conducive to wellbeing and morale, as well as facilitate sharing good practice and learning.

2.3.3   Maintaining staff wellbeing

As discussed above staff experienced challenges and pressures in providing support to service users who were facing unprecedented circumstances, as well as adjusting to new ways of communicating amongst teams. Staff also faced the task of providing support to service users while working from home, which brought with it the challenge of managing home and work-life within a domestic setting.

Common problems included coping with children off school, home-schooling concerns, reducing the risk of infection whilst maintaining a well-stocked household and, where applicable, looking after vulnerable family members and friends. The effects of lockdown had an impact on the lifestyles of support workers and interfered with their daily routines, ultimately effecting the emotional and psychological wellbeing of Pilot staff.

To help maintain staff wellbeing measures were put in place that varied between the three Pilot areas, while sharing some common characteristics. All Pilots applied a flexible approach to working hours throughout lockdown. The overall approach to work hours taken by the Pilots was that as long as staff fulfilled their professional responsibilities and duties at a high standard, they could manage their work hours in a way that left them space to meet their domestic responsibilities. This approach to working hours was reportedly appreciated by support staff.

Small group staff calls and briefings became more frequent – in some cases weekly or fortnightly team meetings were replaced by daily telephone or online communication which proved to be a positive step in the management and support of staff. The nature of topics discussed at team meetings also inevitably changed; in some areas a 'team motivation' element helped staff to remain focussed. Re-structuring the agenda as and when needed, to reflect the challenges of managing cases under lockdown, also helped. There was the production and circulation of newsletters on Covid-19 and on specific services of relevance to the crisis (e.g. psychological support newsletter for clients and staff in one Pilot area).

In a pre-lockdown environment, a range of emotional support was provided to staff by each of the three Pilots, including one to one and group support, reflective practice, clinical supervision and informal mutual support between colleagues, in recognition of the stress imposed by working with the Housing First target group. In lockdown the Pilots had adapted previous, and introduced new, arrangements for providing emotional support.

New arrangements dealt with the dual constraints of having to operate under social distancing and increased demands on staff. Wellbeing and supervision sessions were amended so they could be delivered online or over the phone, again on an individual or group basis. Reflective practice sessions were reportedly seen as a welcome opportunity for staff to discuss the additional professional pressures, and emotional strain, faced during lockdown. In areas where it was previously offered, staff continued to receive clinical supervision sessions. Clinical supervision sessions

were and have continued to be held either online or over the phone and have proved valuable to maintaining staff wellbeing.

Case Example

In one area, group reflective practice was ongoing, with various pieces of "homework" given, which staff reportedly found useful. Although only one session had been held at the time of consultation, four exercises emerged from the session and further reflective practice sessions were to be held.

Across the three Pilots, the role of all staff in providing mutual support to each other during the crisis was emphasised in consultations. In many cases positives emerging from the crisis experience were reported – including teams meeting more frequently leading to closer and more appreciative links, improved relationships with partners, and a sense of collective endeavour to work as a team in challenging circumstances.

Where management and strategy team staff had communicated in a way intended to cultivate a culture of openness and transparency, the approach was recognised as integral to supporting staff wellbeing and underpinned the development of trusting relationships within teams, with service users, and between external partners. It was clear that the Pilots, through their early focus on staff wellbeing, were well placed to respond to the restrictions and other challenges posed by the pandemic. In doing so, new and enhanced approaches have been introduced which are likely to be continued in some form once pandemic conditions have lifted.

3 Service delivery

As the earlier sections describe, maintaining access to, and delivery of, services to clients posed a range of challenges which required different responses. Here we explore these issues, and the Pilots' responses, in more detail.

3.1 Pilot experiences

Issues for Pilot teams included maintaining contact with service users, housing arrangements (particularly those not in their own tenancies at the start of lockdown) and meeting the wider needs of service users.

3.1.1 Keeping in touch

Keeping in touch with service users over the course of lockdown was a prominent directive for the Pilots. Maintaining contact with service users was predominantly carried out by telephone, with face to face contact being the exception commonly restricted to crises, viewing properties, food deliveries and welfare checks – all of which observed social distancing guidelines and often required risk assessments to be completed.

It was found that those who regularly lose their mobile phones, for reasons varying from brain injury and reduced cognitive ability to carelessness related to addiction, regularly proved hard to contact. The Pilots took to increasing their routine of purchasing mobile phones, as well as data packages to help clients stay in touch. However, in some areas there was a shortage of mobile phones due to an increase in the demand for cheap mobile phones, as well as restrictions placed on bulk-buying mobile phones to limit their use in organised crime.

The issues related to mobile phones also brought into focus the difficulties faced by service users in terms of their access to on-line resources, and their IT literacy. This was tackled in some areas by providing some service users with tablets or laptops to enable them to go online and access information related to their health and wellbeing, while also helping combat boredom and isolation during lockdown. Other areas noted that a lack of open, free access to online resources and solutions to this were being explored, including applying for grants to provide equipment and education in IT.

Case Example

The Housing First European Hub produced a document titled, Recommendations for Telephone Support for Clients by Housing First teams During Covid-19 Confinement. The document sets out ways in which to use phone contact with service users to maximum benefit, covering things like routine, and assertive in-depth conversation techniques.

The frequency of contact between Pilot staff and service users appeared to be based on the support worker's assessment of need. In some areas contact was made with all clients on a daily basis without fail, while in others a "Red, Amber, Green" needs

assessment approach was adopted. Early on the Pilots recognised that telephone contact lacked some essential aspects of supporting an individual with multiple complex needs. To get the most out of calls the Pilots followed an assertive approach to ensure in-depth information was collected. This sought to maximise the opportunity to have meaningful conversations with people and ascertain their needs and generate tasks, in line with relevant guidance e.g. Housing First European Hub[4] , Homeless Link and Groundswell.

There were mixed views about the value of telephone support – some staff members expressed frustration at what they considered to be a reduced standard of service for their clients, while others wondered if telephone support could be used more often in the future. However, the effectiveness of telephone support has been called into question after some support staff reported that their service users were not doing as well as had been assumed over the phone.

Case Example

One housing officer found restrictions imposed on meeting and visiting tenants in their homes challenging. The restrictions impacted on the ability to have honest conversations with tenants. The consultee commented that "*visits are still needed to check how the properties are sustained*" and ensure tenants receive appropriate support with stopping visitors who cause noise and nuisance.

There has been an example of a service user who reported over the phone that they were in control of visitors to their flat despite external reports to the housing officer suggesting the opposite. Only after organising a socially distanced joint visit with the support worker was it possible for the service user to open up and work with the support available to address issues which put their tenancy at risk.

The consultee emphasised the importance of having a good rapport with tenants which meant that "*half of the work was done*". Remote working during lockdown was possible but effectiveness of interventions "*comes down to knowing the service users*," which could not be done without face to face contact.

That being said, there has been a greater understanding reached of what can and can't be done over the phone in terms of support and helping with basic needs. This learning will be applied in future and is expected to help support staff with time management.

3.1.2 Housing

Throughout lockdown, any type of supported or emergency accommodation that was considered shared accommodation was closed, meaning it was more difficult to get clients into the types of supported housing they might have needed.

In some cases, properties had been allocated to people, but necessary maintenance work was called off due to lockdown, leaving the service user unable to move into

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[4] Recommendations for Telephone Support for Clients by Housing First teams During Covid-19 Confinement: https://housingfirsteurope.eu/assets/files/2020/03/Recommendations-for-telephone-support.pdf

their allocated property. For example, even prior to lockdown utility providers did not consider vacant properties a priority, which meant delays in getting properties safe and ready for clients to move in. During the lockdown these waiting times grew longer; one client waited five months for a utility metre to be fitted before the move in process could begin.

There were similar issues with the supply of white goods to new properties, as many services who provide these goods would not take deliveries indoors unless the property was empty, with delays also being experienced in their fitting/installation. In many cases these are supplied by charitable providers, who had either ceased delivering white goods or are experiencing substantial (2-3 week) delays. Where provided, welcome packs for new tenants, including items such as inflatable mattresses, folding chairs, microwaves, cutlery, plates, bedding and other necessities, have been crucial while service users wait for deliveries. Similarly, delays were experienced in making arrangements for setting up utility accounts and any associated on-site works required.

There were instances where housing associations refused client transfers on the grounds that, in part, the client was observed breaking social distancing rules. Some housing associations had also sent clients warning letters implying that not observing social distancing was considered anti-social behaviour and was a tenancy breach (for which there is no legal basis). Both have the potential to lead to increased anxiety as well as a defensive attitude amongst service users and distrust towards housing associations and neighbours.

Overall, the number of housing offers reduced across each Pilot during lockdown, although people not housed prior to the lockdown continued to be offered permanent accommodation where possible following revised procedures. Sourcing and securing accommodation faced the dual challenges of enhanced competition for properties following the introduction of emergency accommodation/the Everyone In initiative and the associated commitment to prevent individuals returning to the streets, alongside an initial slowing of availability as accommodation providers adapted their own policies and procedures. This led to concerns around the housing supply going forward, notably in the context of the emergency accommodation offer and what the impact of this may be in the future. One area described re-evaluating their priority for housing offers criteria to include those in some types of shared accommodation and sofa surfing alongside people sleeping rough, reflecting the unsuitable nature of some types of accommodations under pandemic conditions.

The approach to property viewings and sign-ups had changed to a combination of visits (undertaken under social distancing measures) and telephone/online sign-ups. In some cases, internet access was a barrier, so IT facilities were made available in service providers' offices, temporary accommodation, and other locations.

Support workers in some areas have taken on responsibilities usually covered by Housing Officers, taking the lead on the sign-up process with their service users in advance or once in their new homes. Despite representing an additional task, some support staff felt this was preferable as it reduces potential friction between housing officers and service users, and removes any doubt that housing officers may veto the service user from being offered the property based on initial judgements made on the person's presentation etc.

In some cases, a speedier move into individuals' own tenancies was reported to have been facilitated by the lockdown. In one area two service users reported being offered accommodation quickly after being moved into Everyone In emergency accommodation. One was able to be engaged by their support worker more conveniently, which resulted in relevant paperwork and admin being done more swiftly and so a quicker move in.

3.1.3   Temporary and emergency accommodation

Case Example

Direct matching of Housing First service users to properties in areas the service user has requested has meant that some service users are getting into their own properties faster than they would have prior to lockdown. For example, in cases where applying for a property through a local authority housing scheme can be a somewhat lengthy process direct matching has bypassed that process.

Having accommodation during lockdown became essential for service users. Reports highlighted that being housed in their own accommodation was crucial for service users in helping achieve stability, mental and physical safety, and impacted on feelings of self-worth and relationships with others.

The Everyone In scheme – which offers homeless people a placement in (mainly) designated hotels – was largely recognised as an opportunity for local authorities to rethink the provision of homelessness support. Across all areas, a range of examples were described of statutory and third-sector organisations working collaboratively to keep homeless individuals safe and, in the case example below, to deliver a 'one-stop' service from Everyone In accommodation.

Case Example

The Housing First team in one local authority area was directly involved in delivering the Everyone In initiative. The local authority, working with its partners, co-opted a centrally located hotel to house homeless people during lockdown, transforming it into a central hub for multi-agency working.

Housing First staff were responsible for providing a core service to all hotel occupants, teaming up with rough sleeping initiative (RSI) outreach teams, mental and primary health practitioners, benefits advisers, housing support workers and, after initial negotiations and encouragement from senior council officers, drug and alcohol support workers, to provide what was broadly described as a 'one-stop-shop'.

In addition to offering support to hotel attendees, Housing First workers assisted the local authority in delivering on its aims of trying to move everyone into sustained accommodation as part of the Next Steps initiative. Housing First staff also benefited from working in the hotel, where the neutral and safe environment allowed interactions with their clients to continue and, although not encouraged, some clients could meet their support worker in the hotel if necessary. The hotel also allowed interactions with potential Housing First clients.

Furthermore, multi-agency working relationships were seen to have significantly improved as a result of many services combining under one roof and operating to a united purpose – a benefit which it is hoped can be built upon in future.

The extent to which Housing First delivery teams were involved in Everyone In was dependent on their available capacity, and ranged from no or little involvement, to being the main providers of support for all hotel occupants, as in the example above. There were examples of Housing First clients in all Pilot areas who had been accommodated in Everyone In schemes, although the numbers were relatively low – in one region, this represented a running average of between 3.5% - 6% of all Housing First clients. One area also gave examples of "Everyone In" occupants being enrolled onto Housing First during lockdown.

3.1.4   Meeting service user needs

Under lockdown there was a mixed response from external providers across different sectors and local authorities. In the initial stages of lockdown there was confusion as different services and LAs adjusted to new ways of working. As time went on a proportion of these organisations began to gain momentum in the effectiveness of their approach to lockdown. While in some cases organisations responded well from the very beginning, others struggled throughout the whole of lockdown.

Staff absences, redeployment and restrictions in service provision at a number of day centres, statutory bodies and other voluntary sector organisations were reported to have had an impact on service users' situations. Some service users were no longer able to rely on their key support workers (non-Housing First) due to unavailability or operating on a restricted basis. However, where a service user was new to a service, the process of accessing the service was more drawn out due to contact restrictions, reduced staffing and/or increase in demand.

In each area, the importance of partnership working in providing a continued service to clients was emphasised. The Pilots also reported that during the lockdown they and their clients increasingly drew on community resources (such as food banks and organisations that provide refurbished white/household goods needed for new properties). Partner organisations too faced issues in adapting to lockdown conditions and took time to plan for operating safely. Experiences of access to drug and alcohol services, for example, varied between areas. In one case, contact with drug and alcohol teams had increased to compensate for the reduced direct client contact, while in others, responsiveness was more variable. Allowing prescriptions to be repeated without the requirement for face to face contact, where applied, was reported by consultees to be helpful. However, in other fields, instances of statutory services stepping back and leaving Housing First support workers to lead were reported, leading to concerns that clients were unable to access specialist support or became overly reliant on Housing First staff. For example, cases were reported where social workers were unable to deliver interventions such as assessments and care plans for service users, and in some cases reduced access to mental health services resulted in a reliance on interventions and support from support workers.

Housing First workers reported they were aware of changes that the DWP introduced in accordance with Covid-19 regulations on social distancing. This included the suspension of the requirement for face to face meetings and assessments. However,

Jobcentre buildings remained accessible for those who did not have access to their online work journal. The interview evidence suggests that no loss of benefits or sanctions were suffered by service users owing to those measures.

Support workers reported a surge in demand on foodbanks during lockdown, in part because shopping was more difficult and stressful, and supermarket home delivery slots were fully booked for several weeks ahead. The increased demand on foodbanks, who were also required to amend their operations due to the crisis, led to food parcel deliveries to service users taking longer. Some service users reported frustration that their food parcels were not as full as normal, meaning they had to order them more often. In cases where service users were without food, or even electric or gas, support workers made journeys to shops or supermarkets to pick up essentials.

Throughout lockdown there was an increase in demand for drug and alcohol services due to the Covid-19 motivated action to get people sleeping rough off the streets, primarily through the Everyone In initiative. In general, drug and alcohol services were considered to have adapted positively to lockdown conditions, in some instances resulting in notable improvements for service users. In some cases, the frequency of service users' methadone prescription re-issue changed from daily to weekly or fortnightly. However, daily methadone prescription pick-ups remained in place where it was considered necessary to minimise the risk of overdose, and to reduce the chance of service users losing their prescription.

Several Pilot staff reported that since the beginning of lockdown joint working with substance use and outreach services proved effective and co-operative. These services introduced less restrictive procedures and continued operating on the ground with a 'hands-on' approach (within social distancing measures) as opposed to moving to telephone contact only.

Case Example

In one area it was reported that there were examples of service users who had sustained similar levels of illicit drug use, as well as some whose patterns of use had increased.

Others found self-isolation and drug of choice shortages an opportunity to detox at home or with help from a specialist substance use service. With changes to prescribing and diminished opportunities for using drugs on top of prescriptions, there were examples of service users who had become more stable on methadone scripts or opened up to Subutex as an option when methadone shortages became an issue.

Conversely, in some areas, various drug and alcohol services had stopped delivering a service for a period.

In some areas it was reported that domestic abuse services (DA services) were proactive, increasing their contact with service users who were considered a high risk. Concerns were raised that in the absence of face to face support it might be difficult to engage with a service user in their own home, due to apprehensions over phone calls sparking a reaction from an abuser and the service user having no safe

space to retreat to. In some areas DA services ensured face to face contact for those most at risk.

For a range of external support services where verbal consent was needed for a support worker to act on behalf of a client, it was reported that securing and validating that consent with other services could be problematic. Where a client was required to be present during a phone call made on their behalf, there were issues regarding social distancing and safety measures. Whilst in most cases these issues could be resolved in a fairly straightforward manner, it significantly increased the time needed to arrange appointments, assessments, and access to services. This led to a significant increase in frustration for both clients and support workers. Consultees reported a range of issues resulting from the fact that the most contact with external providers was undertaken remotely.

Case Example

Samuel had been enrolled with the Housing First programme just over a year before lockdown and was placed into suitable accommodation within weeks. Despite notable challenges, he had made significant progress: a sustained tenancy, access to support services, and various steps towards harm reduction including accessing mental health support.

With the onset of lockdown, mental health appointments were cancelled/postponed causing additional frustrations for Samuel. Samuel reported suicide ideation to his support worker who gave him details for Samaritans, sought further assistance from mental health services and requested a visit from the Home Treatment Team.

The request for home treatment was not met due to limited capacity and, as a result, Samuel's prescription was amended to limit the amount of available medication at any one time, thus mitigating the risk of an overdose. However, Samuel was now expected to travel to the pharmacy on a more regular basis to collect meds, which ultimately resulted his meds not being taken at all. Samuel later took an overdose and was admitted to hospital. Samuel has been discharged from hospital, though at time of consultation Home Treatment teams were still unable to visit and meds were still not being taken.

It was reported in one pilot area that probation services had switched to phone appointments only, with probation officers working mostly from home. Whilst probation services have been helpful in enabling phone appointments for clients to maintain the terms of their probation, this is less suitable for some clients.

Case Example

One service user, recently released from prison, was confused as to what the arrangements were regarding probation. They turned up at the probation office as per their appointment, but the office was closed. The service user was nearly recalled to prison, but that measure was averted by their support worker's response.

Additional challenges related to phone appointments with probation services, exacerbated by lockdown, are that some service users frequently lose their phones or find it difficult to keep to phone appointments for reasons such as reduced

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cognitive capacity and mental health related distress/confusion, problems with memory etc.

3.2 Service user experiences

Widespread loneliness and frustration resulting from the crisis was reported amongst service users. In some cases, the stresses and worries of the pandemic, and restrictions in access to support and services, exacerbated certain behaviours and coping mechanisms, such as increased alcohol consumption and increased incidents of ASB at properties. There were also examples of people going missing or disengaging from support. Those clients who were the most isolated struggled with feelings of disconnection from others and worry about the future. For these people boredom and loneliness played an increasing role in their low mood and may have led to the re-visiting of past trauma, placing increasing value on daily, or more often than daily, phone calls with Housing First support workers.

Case Example

Graham has been with Housing First since October 2019. He currently lives in his own, supported accommodation. Before his current property he lived in a residential treatment centre and before Housing First he lived in a bedsit.

Graham had not been feeling great since lockdown began. When asked how he had been dealing with lockdown he said "*Terrible. Getting on with it like. But some days I feel like shit, some days I'm alright. Weekends drag. Getting me down in general, stressed out. Sometimes I just go out for a walk.*"

Graham said that he really misses meeting his support worker for a cup of tea in the [name of service], a recovery support, alcohol free café-bar based in the city centre.

Calls with support workers during lockdown led to opportunities to discuss interests not explored previously. Several examples were identified of service users using lockdown conditions to re-establish, maintain or strengthen relationships with friends and family members in the absence of face to face contact. Or busy themselves with new or re-discovered hobbies and activities.

The sense of loss of a daily routine, irrespective of what that routine normally comprised, appears prevalent. For example, homeless access clinics and day centres were missed, as weekly visits provided routine, a chance to see people, and a feeling of being looked after.

Case Example

Jo adapted to the lockdown by taking up more knitting. She has been a keen knitter for a while now, but during lockdown went through periods of knitting non-stop.

During the early stages of lockdown Jo became very ill and was worried she had Covid-19 and she thought she was going to die. After dialling 111 she was treated

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quickly, being diagnosed with a chest infection and given antibiotics. This left Jo in a state of heightened awareness around contracting Covid-19.   Jo said:

"Since I had my chest infection, I haven't wanted to have contact with anyone other than my family. I totally rely on family at the moment… I talk to my sister a lot, she lives in [area] and can't really visit. My brother takes me out on a Sunday to [name of park]. I see my daughters on Saturdays to do my shopping and I go back to theirs for a chippy tea. Which I've found massively helpful as I've really needed their support."

Whilst there were reports that drug use amongst service users was decreasing (notably heroin and opiates), many with an active drug addiction were still socialising with their network to obtain and use drugs. This group were still impacted by service closures and restrictions, and changes in the visual landscape, such as in locked down city centres. These people were also being stopped by police more often.

Service users who are alcoholic commonly appeared to have stayed in more but were drinking more as a coping mechanism. Increased benefit income, easy access to alcohol and reduced support during the crisis were reportedly key factors.

Incidents of domestic abuse and exploitation (including tenancy takeovers) were reported in some areas. The scale of the issue amongst Housing First service users was difficult to monitor due to limited face to face contact and restrictions on visiting service users' properties. Some support workers reported that the police could be reluctant to enter people's homes. This led to cases where support workers were left to de-escalate difficult situations with partners and neighbours or had to work with clients on tenancy management. While in some cases joint working with housing and neighbourhood officers had improved, there were also several instances when this had diminished or stopped, posing a risk to the tenancy.

As discussed previously, phone calls were increasingly used to break up the day, give some sense of routine and structure, and to give service users small tasks to occupy them, such as making lists of things they needed, sourcing documents, making phone calls to other services and organisations.

Case Example

Graham reported that what he found most challenging about the lockdown was not being able to go and see family and friends, and not being able to go and do outreach work with [service name]. The outreach work was something he found particularly valuable and was sad at not being able to do. He said it felt as though he was "*locked up*".

Graham has a small support network, his main support being Housing First. He spoke to his support worker every day (except weekends, when an alternative support worker would phone him), and regards them as a valuable resource. He said:

"[Housing First] have been helping with a few things. Got me a nice telly. Give me a hand with foodbanks. Generally just have a chat. Helped me with letters and things I've had to arrange, appointments and stuff."

4 Staffing and management

4.1 Team management

As reported in Section 2.3.2, the Pilots revised their internal and team communication approaches to address the challenges of lockdown. This involved moving from face to face discussions and in-person group meetings to remote modes. The importance of effective communication was in most cases immediately recognised by the Pilots as contributing to maintaining staff function and wellbeing.

Increased use of IT-based communications developed to support teams during the crisis with a range of products used to both enhance communications and to allow access to new sources of information. Several examples where informal staff WhatsApp groups had been established were reported. While views remained mixed on the effectiveness of remote communications from the Pilot staff perspective, team members reported an increased level of communication between themselves, and in some cases externally, which led to the improvement of existing, and the establishment of new, relationships between partners.

For example, where areas held regular city-wide Covid-19 meetings there was a reported benefit in that Housing First and external services and organisations were speaking more than they had perhaps spoken prior to lockdown. This was likely to have been due to two factors. One factor was not having to travel to a specific place for meetings, which were held online instead. The other was a shared spirit of adversity which motivated people to work together to find solutions to problems.

In one area the importance of good staff communication was emphasised following an initial lack of clarity on changing support roles under lockdown. At the outset staff were unclear what Housing First should be providing, with differences in contact protocols between other local homelessness services experienced as disconcerting by some staff. While acknowledging the fast pace of change in the operational environment, staff felt that early and clear communication at the outset would have been helpful in addressing any early concerns.

A Dual Diagnosis Practitioner (DDP) in one Pilot area was recognised as an asset in delivering staff support throughout the crisis, to the extent that plans were being drawn up to include the role of a DDP in the reflective practice and clinical supervision process going forward.

None of the Pilots reported an increase in staff absence in absolute terms during lockdown, with any employees self-isolating continuing to work from home as their health permitted. However, in some areas which were under-staffed before the crisis these pressures had exacerbated, with team members going into isolation and in one case temporary staff being brought in (under the direction of a senior support worker) to cover the gap.

4.2 Recruitment and induction

4.2.1 Recruitment

Although lockdown conditions have somewhat limited each Pilot's capacity to recruit, all areas have had to carry out recruitment in order to meet increasing demand and forecast recruitment numbers.

As of July 2020, a total of 47 positions had been filled across the Pilots since the onset of lockdown. These included senior managers, frontline support staff, a dual diagnosis practitioner, psychological support, and administrative staff to aid frontline operations. Most of these positions were filled in one Pilot region, which was seeking to expand its operations to allow for a planned second intake of Housing First clients.

The pandemic has highlighted the necessity for robust recruitment strategies and stable staffing levels in maintaining a consistent standard of service in accordance with Housing First principles.

In all cases, face to face recruitment interviews were suspended during lockdown, with online and telephone interviews utilised instead. Managers responsible for recruitment remarked on initial difficulties with getting to grips with the new approach, commenting on how non-verbal cues are hampered. While virtual interviews were broadly considered a sufficient substitute for recruiting applicants, some additional challenges were noted. Apprehensions were voiced about conducting interviews in an unfamiliar format, and how this could impact on the candidate. Connectivity issues were noted as an impediment, causing delays and impacting on the 'chemistry' between interviewer and candidate. For example, one person's connection dropped in the middle of the interview and the interview had to be rescheduled to another day. Candidates and interviewers alike experienced interruptions from their environment (e.g. children in the background).

Case Example

In one Pilot region a centralised recruitment strategy had been devised shortly before the lockdown. The pre-lockdown interview stage included two steps, a 'speed dating' round between lived experience group members and candidates, and a panel interview including members of lived experience groups and staff

During lockdown two interviews were carried out with candidates via Zoom calls. 60 interviews took place over lockdown for new staff of varying roles. The "speed dating" with members of the lived experience group had to be abandoned due to lockdown restrictions. Instead, there was an online session with lived experience group members where each candidate answered two values-based questions. The questions were inspired by Greater Manchester's value-based interview questions, which in turn were borrowed from the speed dating done in Liverpool. The candidates were challenged with questions like "what can you do to help somebody to change before they are ready to change?" For the lived experience input to be genuine candidates had to be able to be eliminated at this stage of the interview process.

The second stage was a more traditional interview with delivery team members, based on competencies.

Another Pilot region was in the process of designing a recruitment strategy, originally intended to feature a three-step process, written exercise, interview with lived experience group, and then panel interview. However, due to lockdown, a streamlined process was applied, which consisted of one virtual interview with a panel of two managers.

Case Example

One example was given where a written exercise was carried out remotely. In this case, the interview structure and process remained as previously but was delivered in a different format (MS Teams). The candidate was emailed the written exercise and had 30 minutes to complete and send it back, followed by a 10-minute break before sitting the interview. While this approach was relatively straight-forward and effective, one candidate commented that they had the opportunity to use Google to improve their answer if they so wished.

A candidate who applied for a post internally reflected on the difference between previous face to face and virtual interviews. The candidate felt that the online process was less stressful and more time-efficient due to less travelling time but remarked that it resembled a Q&A session rather than a lengthy examination. The interview took no more than 20 minutes which the candidate felt was sufficient. Not being in the room with a panel felt less intimidating, which helped them to focus on the questions rather than trying to read the body language of the panel.

4.2.2   Induction

Inducting and initial training for new employees, providing the necessary guidance, and integrating new staff into their respective teams presented clear challenges under lockdown. This applied to one area in particular that had completed a recruitment exercise shortly before lockdown but had not inducted their new staff. In most cases, social distancing measures were fully applied, and inductions were carried out remotely, with new starters given resources to work from home. Across the Pilots the induction models broadly followed two stages:

1.   Familiarisation with Housing First, operational procedures, and colleagues, general reading on Housing First principles and other relevant theory and training; and

2.   Buddying and/or shadowing, introduction to clients, and case-loading.

Under normal conditions, although both stages can be conducted simultaneously, stage 2 is seen as key for new starters to meet with their clients and to observe the Housing First principles in action. However, due to Covid-19 contact restrictions, inductions typically took place through phone conversations, online audio/video meetings, webinars and shared online documents. Consequently, arrangements had to be made for IT equipment, mobile phones and induction packs to be delivered to new starters' homes, although this relies on a certain level of digital literacy which cannot always be guaranteed. For some staff, whose expertise may not have necessarily been in Housing First or even homelessness services, not being able to experience the practical application of the Housing First principles caused additional

concerns. Some new starters reported that they understood the principles but found it difficult to see how they would be rigorously applied during lockdown.

Overall, there were mixed reports on the early experience of revised induction procedures for new staff. Some stated they had not in effect received a "formal" induction, while others remarked on there being less pressure than normally felt when starting a new role.

Case Example

One local authority area provided a candidate with a choice between completing their induction remotely from home, or shadowing colleagues at a hotel.

In response to the Everyone In initiative, the local authority took the decision to co-opt the hotel, that was near a city centre, to house homeless people during lockdown providing a central hub for multi-agency working. In addition to Housing First support workers operating from there daily, so were homeless outreach teams (RSI), mental and primary health practitioners, benefits advisers, housing support workers and, following initial negotiations and encouragement from senior council officers, drug and alcohol support workers.

This provided the newly appointed staff member with an effective platform to introduce themself to relevant external partners and become familiar with the broader provision of support available to clients. Both the team manager and newly appointed staff member observed that this induction process had been 'easier' than it would have been had they not had the hotel to as a hub during lockdown.

One person summed up their experience as a new member of staff during lockdown as a "sink or swim moment". Their experience is somewhat representative of the other newly recruited members of Pilot staff. As all face to face training was suspended, a more basic, less-structured induction was generally followed whilst awaiting a fully adapted and comprehensive virtual induction to meet the needs of a large number of recruits. New staff did in some cases acknowledge that it would have been easier if the full training had been in place, but felt they were able to overcome any barriers and throw themselves into the work and, in some respects, learn more efficiently and effectively. However, other new starters reported that the way in which they were expected to learn during their induction did not lend itself to their preferred learning style. Things like face to face training, shadowing existing staff, meeting people around the office, and general in person practice that aids in cohesiveness, team building, and deeper conversations were sorely missed, their absence being the source of some anxiety.

Inductions were significantly aided by existing Pilot staffs' understanding attitude and advice. New staff also reported feeling supported by an understanding and approachable attitude from external organisations. Close supervision and focusing on strengths, transferrable skills, past professional experience, and personal values were also key to assisting in the theoretical understanding of support in line with Housing First principles. In general, new staff reportedly have a strong sense of the Housing First principles. Many remarked on their belief in the principles and how that led them, often above all else, to apply for a Housing First position, but at the time

could only reflect on a theoretical understanding of the principles and were looking forward to learning how they are applied in practice.

One new member of staff remarked, "We had to read quite a lot of literature on Housing First. I wouldn't have had time to read it as well if I wasn't working from home. We had a really good background and I understand the principles, but I feel you've got to see them in practice. Really missed shadowing and seeing the principles at work. Got a lot of info but it's just not the same as the in-action stuff."

In some areas "doorstep introductions" took place as a way of introducing new staff to clients. One Pilot conducted a successful and comprehensive series of induction sessions over one week on a large scale. Their induction technique combined with creating socially distanced local staff "bubbles" has the potential to meet the needs of support teams in future restrictive pandemic conditions.

Case Example

A good foundation was built between a new starter and a service user who might have found the handover a frustrating experience. During the handover period the client's current support worker and the new starter met with the client, safely, on the client's doorstep. This proved to be a highly positive experience for all involved and allowed for a good client-support worker relationship to begin.

4.3 Experiences of training and continuing professional development during lockdown

4.3.1 Continuing professional development

In addition to the training provided as part of the induction process for new staff, the Pilots have demonstrated a clear commitment to the training and continuous professional development of their staff to ensure a high degree of fidelity to, and alignment with, the seven Housing First Principles. However, as is perhaps to be expected, lockdown has impacted on how the Pilots deliver training.

While the importance of continued professional development (CPD) was recognised as a necessity by the Housing First Pilots, the provision of training was limited. In most cases training was restricted only to what could be accessed virtually, and staff were encouraged to make use of available online resources, such as Homeless Link webinars on working under Covid-19 conditions. The Pilots also considered whether to revise existing training materials for future use online – which posed the question of whether to invest in revised materials which will be required for an unknown period of time. At the time of writing this is still being considered with no conclusions discussed during consultations.

4.3.2 Experiences of online training

Experiences[5] of, and views generally on, online training divided opinion on its perceived effectiveness. Some in one Pilot area felt that the training received was "more corporate" and seen as a formality, rather than the Housing First specific training they had expected. Some felt that online training was not suited to their individual learning style and experienced it as lacking the humanness and dynamic of in-person training. Others generally found the online training delivery to be a useful resource that suited their individual learning requirements and style, particularly those that liked to read. In one area the weeklong period of daily phone calls that accompanied the online training with new staff was greatly appreciated. However, experience more widely some consultees suggested that to be effective the content of the training is currently more important than the mode of delivery – and particularly the extent to which it can be related to a specific support role.

Case example

The lockdown prompted one area to consider amending their recently developed training modules to be delivered either partially or fully online. These modules included:

- Housing First for practitioners;

- Introduction to Housing First and the Pilot;

- Asset-based approaches (planned and delivered by the lived experience group);

- Trauma-informed care and harm reduction; and

- Staff practice forums.

Experience more widely suggested that in terms of effectiveness the content of the training is more important than its mode of delivery – and particularly the extent to which the training can be related to a specific support role.

Across all three Pilots, some criticism of the format of online training was detected, even in those who found it mostly useful. This is understandable, especially given that the Pilots had little time to prepare specially focused online training that matched the effectiveness and interactive nature of the usual, in person, training. The implication is that in the continued absence of in-person training there needs to be a revised and well thought out approach to online training.

4.4 Lived Experience Groups

Prior to lockdown each Pilot developed arrangements to ensure that their design and ongoing delivery was informed by the experiences of individuals with lived experience of homelessness and/or multiple and complex needs. These

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[5] Feedback on online training and induction was unavailable from one Pilot area at the time of preparing the report.

arrangements included individuals with lived experience playing a role in staff recruitment and induction, as well as informing Pilot development and implementation more widely. However, one Pilot has not set up a Housing First lived experience group (LEG), instead choosing to engage with already established lived experience groups for inputs to the Pilot's development.

Working with Housing First lived experience groups throughout lockdown has presented similar challenges as working with staff, although the context is different.

With regular LEG meetings cancelled, work with LEGs slowed significantly during lockdown[6]. At LEG meetings attendees from MHCLG, local authorities, and other local services would often seek advice and input. LEG members' opinions would be sought on varying aspects of Pilot operations and delivery, and LEG members would bring issues and solutions to the table. In some cases efforts were made to meet with individual LEG members (with social distancing measures in place), to get them involved in staff recruitment, for example.

One of the additional challenges raised for Pilot LEGs under lockdown centred around how LEGs could be enabled to be involved in operations, advisory groups, and in-house consultation without a monetary investment that enables them to be present and included. For example, providing LEG members with money, vouchers, or even items for their time and to complete their work comes with risks that are yet to be formally mitigated. LEG members might have been eager to help out from home but might not have had the correct IT equipment or internet access and offering them laptops and/or payment for a broadband provider may raise issues around their compliance with benefit regulations, putting them at potential risk of sanctions.

However, throughout lockdown, Pilots utilised their LEGs to varying degrees in the recruitment and induction process. In one area, LEG members had no input in the revised, "fast-track" approach to recruitment due to the need to quickly fill positions and heightened health and wellbeing concerns. Elsewhere, there was a dynamic response to include LEGs, albeit modified to meet the requirements of lockdown. Issues around digital accessibility were overcome by arrangements being put in place for IT equipment to borrowed, being exchanged at a convenient and safe location, allowing individuals to access interviews via Zoom (or alternative) where the individual had already set up internet access at their own cost.

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[6] In one area working with the lived experience group was largely halted due to a temporary replacement for the lived experience lead not being able to be quickly arranged under lockdown conditions. However, members of this area's lived experience group were still involved in Pilot staff recruitment interviews.

5 Partnership working

This section explores the influence of the pandemic, and the formulation of responses to it, on local partnership arrangements.

5.1 Impacts and Issues

5.1.1 Joint responses to the pandemic

The Housing First Pilots, being delivered at scale, rely on working on a collaborative basis. While in some areas the Pilots have faced challenges in this regard, it was reported that lockdown has helped to firm up previous relationships, and form new ones, at both the operational and strategic levels.

The Pilots have been involved in efforts to respond to the pandemic on the ground in their areas and continue to participate in local multi-agency meetings. In some cases, the switch to virtual meetings resulted in increased attendance, better time efficiency, and more of a task-resolution orientation. All three Pilots are also represented on local working groups established to monitor and respond to the crisis, although in most cases the Pilots' contributions to these groups appear to have been mainly advisory.

Case Example

In one area representatives from the Pilot attended a daily joint-working Covid-19 meeting chaired by the Combined Authority and alongside representatives from probation, prescription services, homelessness services, housing services, psychology input, commissioners, doctors, nurses, community psychiatric nurses etc.

At these meetings care plans, with varying levels of success, were agreed for some Housing First service users. Within one local authority area, daily calls were arranged during the pandemic between all the authority's external partners (including Housing First) to continue tackling issues associated with supporting the most complex cases in that area.

Elsewhere the Pilots remained linked in with other support agencies, such as single homelessness teams, homeless charities, probation services, substance use services and outreach to ensure the wellbeing and whereabouts of people, especially if they were sleeping rough or hard to contact.

The Pilots were and are continuing to participate in various strategic/multiagency group meetings, including new groupings established for Covid-19, and providing advice and support (and if necessary, challenging strategies) as local arrangements develop. The provision of accommodation post Covid-19 was also under discussion in some local authority areas. In some cases, the Pilots and their providers reported also helping lobby the plans for housing provisions post-crisis, which will impact on Housing First clients going forward. It was reported that the Covid-19 multi-disciplinary teams meetings were a good opportunity for communication,

accountability for service users' needs, and establishing who is responsible for what under the new arrangements developed.

There were reports of certain local authorities liaising more meaningfully with Housing First to identify and determine who would most benefit from referral into the service. Multi-disciplinary teams in these local authorities were positive and easy to arrange as the people involved were highly motivated to be on board.

It was also reported that, of the people leaving Everyone In accommodation, some are being referred to Housing First. Housing First are part of collaborations with local authorities in this regard though they are not specifically targeting people leaving Everyone In; local authorities are referring those people that meet the program criteria.

Case Example

Since lockdown has started to lift, in various local authorities, a multi-agency partnership approach has been developed to ensure people are not simply returning to sleeping rough.

Direct matching of properties to those in the Everyone In accommodation, including Housing First service users, is proving to be a success. In these local authority areas, those that have been temporary housed during lockdown, and requested a home in the area, have been offered a suitable property. Whilst in some other local authority areas things have reportedly "*gone back to normal*", with people returning to sleeping rough and difficulties in establishing good multi-agency working.

Housing First staff identified that getting mental health and adult social care on board with helping service users maintain tenancies during lockdown was difficult in a lot of cases. It was suggested that mental health services and adult social care will not necessarily offer support or act on an issue reported by Housing First until it becomes "relevant", that is, until the service user has acted out in such a way that clearly shows there is an issue that needs to be addressed. The difficulty is that once that point is reached it is more difficult to help that person maintain a tenancy as damage between neighbours, landlord, and to the wellbeing of the service user has already been done.

Case Example

Kelly faced being released from prison back into her flat during lockdown (she was imprisoned before lockdown). She has various mental health problems which, since moving into her own accommodation through Housing First, have resulted in conflicts with her neighbours and her housing provider.

Prior to Kelly's release from prison Housing First had to act quickly to get her property ready for her release. The housing association that provided Kelly with a flat said they were only responding to emergency needs so Housing First had to convince the housing association that it was an emergency. Once that was established everything was made ready for Kelly once she was released from prison. Through the concerted effort of Housing First, police, mental health services, and

probation Kelly was looked after. Unfortunately, Kelly subsequently had an emotional breakdown and found the lockdown unmanageable, resulting in her return to prison.

It was suggested that ideally a "fast track" to adult social care could be arranged for certain service users, to help them maintain a steady progression instead of being held up.

5.2 Positive outcomes and emerging positive multi-agency practice

Several examples of emerging positive multi-agency practice and positive outcomes during lockdown were identified across the Pilot areas, which have the opportunity to be built upon over time. Examples identified are set out below.

Maintaining contact and enabling service access

- Some services offered "doorstep sessions", with appropriate PPE and maintaining social distance, as a means of maintaining more direct contact with service users. These were reported by support workers and service users as being valuable where provided.

- Domestic abuse services, for example, assured face to face contact (with the necessary precautions in place) with clients who were at a very high risk of domestic abuse

- In one area the local YMCA facilitated Zoom appointments between residents, which included Housing First service users, and doctors.

- In another area a local homeless mental health team was planning to open a telephone helpline to enable homelessness services to contact the trust for advice, guidance and possibly referrals.

Sharing information and promising practice

- City-wide and multi-disciplinary team weekly meetings, where applicable, were helpful in improving communications at both strategic and operational levels. Then accompanying exchanges of knowledge between a multitude of external organisations and professionals had, for some cases in a specific area, led to care plans being produced for Pilot clients.

- Sharing good practice and resources related to operating under pandemic conditions during various meetings and forums was considered useful.

Efforts to keep people off the streets

- Previously people who were assessed as "intentionally homeless" could be owed a "lesser duty" by statutory services, despite the Homelessness Reduction Act[7].

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[7] Homelessness code of guidance for local authorities, Chapter 9, section 3.

However, during lockdown the Everyone In approach attempted to give all homeless people equal duty of care regardless of the type of homelessness they experienced.

- One Pilot reported that the police are working closely with services to ensure service users are up to date with Covid-19 measures, and increasingly took into consideration the complexity of service users in a way that is helpful and protective. When Pilot clients have been seen out in the streets by the police, the Pilots have been able to get those individuals off the street with joint working.

- Some hotels have actively offered space during Everyone In to those who were previously homeless. Whilst the hotel staff have no experience of working with people who have complex needs, they were still making efforts to help. It was commented on by several consultees (including service users) that hotel staff were able to embrace accommodating the people who were brought in during lockdown. In one area some attended a Homeless Link webinar on supporting people with complex needs.

Revised approaches under lockdown conditions

- Some housing providers had been creative in assisting new tenant move-ins. One property that was on a "void turnaround" couldn't have any work done because it required more than one worker to complete the task. The landlord realised they had two members of staff who lived together and assigned them the job, which was then completed, and the property was ready for the client to move in to.

- Changes to how DWP operate were reported to have been helpful to many. There is a reduction in the requirements which need to be met to claim Universal Credit. Multiple Housing First staff felt that this increase in available income and "*kinder way of working*" has resulted in a reduction in begging, increased wellbeing, improved mental health and bettered engagement. They also felt that any return to pre-pandemic arrangements will have costly, detrimental impacts. Furthermore, support staff recognised that an increase in income combined with a rolling back of support services (foodbank etc.) has helped some to take more personal responsibility as they have been "*forced to start to budget their money better*".

6 Key learning and going forward

The Covid-19 pandemic has had a significant impact on the Pilots' ability to maintain effective contact with their service users, as well as impacting access to a wider range of support from external services. Each Pilot has worked hard to establish safe approaches to supporting clients, both during lockdown and as restrictions have started to lift, as well as recognising the additional pressures on staff by introducing remote communications and enhanced emotional and wellbeing support.

These responses, and the obvious commitment evidenced amongst support workers to supporting their clients, is testament to the professionalism and dedication of the individuals involved. Where not already apparent, this commitment has also been evidenced by work with local partners, which positions the Pilot well for continued and deepened collaborative working going forward.

While the 12 weeks of calls have shown how the Pilots and others have responded to the crisis and the imposition of lockdown, it should also be noted that at the time of writing the pandemic is far from over. It seems likely that lockdown restrictions will be applied and eased at varying levels, locally and/or nationally, as time goes on. So establishing a 'new normal' may be an extended process. This implies that the Pilots will need to apply similar levels of flexibility demonstrated during the first lockdown period, and that many of the measures put in place will continue to have currency into the future.

In this context, this section discusses the main lessons from the lockdown period for maintaining Pilot services throughout the pandemic period and beyond, and the potential improvements that can be made going forward, based on the findings from the weekly calls.

6.1 Key Findings

6.1.1 Maintaining support

The Pilots, from the beginning of lockdown, were focused on continuing to provide support to service users in a way that kept service users and staff safe. This was a difficult task, and the strain showed in both service users and Pilot staff. Service users, for the most part, were frustrated at the sudden loss of face to face support from the Pilots, who until lockdown had used a hands-on approach to finding solutions to service user problems, de-escalating crises, and providing basic provisions where needed.

The switch to, mainly, phone support was tricky to manoeuvre given the need to respond rapidly to lockdown. Both service users and support staff were accustomed to communicating in person, which brought with it the intimacy of personal space that is conducive to trust between two people. The work the Pilots had put into building relationships with service users prior to, and during, lockdown proved vital, and will certainly have helped to keep many service users engaged with the Pilots.

Face to face meetings between support workers and service users continued but in most areas this was only permitted in an emergency or crisis, and only after some type of risk assessment had taken place with the support worker's manager.

There was a level of frustration among service users who found it hard to grasp that Housing First had, to their mind, stepped away from providing support during the pandemic. This suggests there is some work to be done to re-engage those that have drifted away from the service. The Pilots had spent a lot of time ensuring service users have choice and control over their support, in line with the Housing First principles. Covid restrictions, by necessity, abruptly compromised the extent to which service users were able to exert this choice and control. Staff at different levels reported that this was attempted to be mitigated, through the persistent and determined work done by support workers in keeping in touch with service users and meeting service user needs in as flexible way as possible under lockdown conditions. Though it was reported by some staff that the element of choice and control could not be fully restored during the lockdown.

In a few cases, reduced contact with support workers suited those service users who felt independent enough to manage their daily affairs and who felt confident that they could reach out whenever assistance was needed, drawing on an already established relationship of trust with the Housing First service.

It was reported by some service users and support workers that the daily telephone calls from support workers to service users became, for most, essential in maintaining service user wellbeing, ensuring their basic needs were met, and seeking specialist help. However, there were examples of those who were thought to be doing well and were found to be doing less well when lockdown restrictions eased and face to face support became more regular.

During consultations it was discovered that there were instances where a service user's support worker reported problems in getting a service user's needs met, but the service user didn't appear to be concerned about the issues the support worker had raised. Examples include obtaining white goods, getting work done to properties and securing appointments. This is possible evidence of the work done to shield service users from unnecessary stress and worry during lockdown and provides an example of how support from Housing First has supported service users during lockdown in subtler, but important, ways.

6.1.2 Meeting service user needs

Lockdown affected services users' support needs and access to services in a variety of ways. Meeting service user mental health needs proved to be the most problematic of various issues reported by the Pilots. Mental health services found or were believed to have found it difficult to meet an increase in demand for their services whilst working under lockdown restrictions, with highly reduced face to face contact between service users and mental health services being a major barrier for some service users and the Pilots. Where service users were unable to get their mental health needs met, or had to wait long periods of time, the Pilots did their best to provide as much support as possible or find alternative routes to mental health support.

High levels of boredom and isolation, as well as the stress of lockdown, is likely to have fed into the increased need for mental health services. Where boredom and isolation were reported by service users, or picked up by support staff, solutions were explored. This resulted in certain provisions like mobile phones, tablets, instruments, and supplies related to hobbies like knitting, gardening and home decorating tools being supplied to service users.

Need for basic provisions, such as food, was met in a relatively straight forward way during lockdown, with foodbank charities being heavily relied on. Food parcels often contained products which service users did not know how to cook or were smaller in volume than they were used to receiving, which led to some frustration in that they were having to order food parcels more regularly. The increase in demand on foodbank charities also meant there were sometimes longer waiting times for food parcels to be delivered, so a service user might get very low on essentials. At this point, or even before, depending on the service user's level of distress, a Housing First support worker would make a trip to the supermarket and drop off food at the service user's doorstep.

Service users in need of accommodation were offered emergency accommodation in the form of hotels under the Everyone In approach. There were some concerns raised at the strategic level relating to hotel staff not being trained in working with people with complex needs, however, where relevant, the Pilots liaised with the hotels to help ensure hotel staff were more at ease with their task. However, the Pilots were careful to ensure that support for their service users always came mainly from the Pilots themselves.

Some service users were housed during lockdown. Initially housing offers slowed due to lockdown restrictions affecting all areas of work. There was also a slowdown in housing offers owing to an overall increased motivation to house people either homeless or at risk of becoming homeless. However, once lockdown restrictions began to ease the flow of housing picked up and service users are starting to be placed into their own suitable accommodation.

6.1.3 Partnership relations

The need for a combined approach to help those with complex needs during lockdown assisted relations between partners and Pilots. The desire to come together to address the issues at hand during lockdown, as well as a switch to online meetings meaning more people could attend meetings, had a positive impact on communications and joint working. This was seen not only between those responsible for delivering Housing First but across the field of those responsible for finding solutions for people with complex needs.

City-wide multi-disciplinary team meetings, as well as Covid-19 task groups, were valuable in sharing information and strategies to provide the best ways service users could be catered for and supported throughout lockdown.

Whilst some tensions and challenges did arise between partners, Pilots, and others responsible for providing care, these situations have led to finding solutions and working together to understand in what ways everyone involved is accountable. The pressure of lockdown and delivering Housing First has mostly brought people to a better understanding of what can and should be done in partnership with each other on a wider, cross-disciplinary basis with some historic system blockages being overcome.

6.1.4 Staff communications and support

The Pilots' focus in providing effective means of staff communication, as well as support, has had a positive impact on staff morale and cohesion, and therefore service delivery. At the beginning of lockdown all staff were switched to working from

home. Shortly afterwards a flexible approach to working hours was introduced to help staff manage professional and domestic responsibilities.

The move to home working meant all communication between staff was made through telephone or online means, which after an initial short period of adjustment and problem solving, proved successful. However, staff did suffer somewhat with the combined issues of not having a work environment to communicate in, and not being able to deliver face to face support for those they knew really relied on it.

All staff meetings were held online via software such as Skype, Microsoft Teams, and Zoom. Staff adjusted well to online meetings, eventually finding them useful in that there was no need to travel between service user visits, appointments and general support responsibilities back to an office where the meeting would take place. Staff also reported that daily meetings between smaller team groups proved highly valuable during lockdown.

In terms of formal emotional support and maintaining wellbeing, staff, at varying levels depending on Pilot area, were offered their usual forms of managerial and/or clinical supervision and/or reflective practice. However, in some cases where wellbeing support had been scheduled to begin it was unfortunately cancelled until further notice.

Informally staff were supported by "open door" attitudes from managers and strategy teams. In cases where a human, understanding attitude was conveyed by managers it was greatly appreciated by staff. Individual staff also supported each other professionally and personally through phone calls and online communications, and meeting in small socially distanced groups for lunch once lockdown rules eased.

Staff showed a strong spirit in the face of the barriers to delivering the service they are passionate about and maintaining professional integrity. This spirit was demonstrated in their combined efforts to come together and work to the best of their abilities during the lockdown.

6.2   Potential for continued use and legacy effects

Whilst at present lockdown restrictions are being lifted, the global pandemic is still ongoing and there is a likelihood that lockdown restrictions will be introduced in the future. The Housing First Pilots now have established procedures and practices for delivering their service during any reintroduction of lockdown restrictions, with time now to plan on top of and fine tune what has been developed so far. There is also ample opportunity to build upon the efforts and the will that has brought about closer partnership working and ease of access to homelessness provision during lockdown; provision that has historically suffered from system blockages, and a shortage of funding.

Interestingly, there are also some practices which were introduced during lockdown which might be useful for continued use outside of lockdown.

6.2.1   Continued use

- As reported previously, while it has been established that phone-only support is not suitable for service users, even those perceived to be doing well, there are elements of the phone support approach which have proved useful and effective.

Support workers reported that certain elements of support can be done effectively over the phone, for example establishing what resources are needed for a service user, checking in on whether utility bills are up to date etc. However, it is important to note that there are some service users who require a high level of face to face support, and others who need less face to face support, but for whom face to face support is nonetheless essential. A small increase in overall phone support has the potential to facilitate better time management.

- Online communications have evidenced their utility in enabling people to be present at meetings without having to travel long distances to attend. The smaller, daily support-worker-team meetings provided a regular check-in point for staff to share information and ask questions which kept them up to date on what their team was doing as well as sharing updates on resources, practice, and procedures. Online multi-disciplinary team meetings also offered ease of access to meetings, allowing practice to be shared and new approaches to supporting individuals to be developed. Virtual meetings have also allowed local authorities to attend meetings more easily, especially for those representatives who would normally have to spend a considerable amount of time travelling. The potential for continued use of virtual meetings is high as evidence suggests they can support the development and maintenance of good partnership relationships.

- As reported, online inductions so far have received mixed responses, and have their positive and negative aspects in terms of new staff acclimatisation, cohesion, and learning. To be more effective any elements of online induction and training that see continued use will require careful planning and organisation. Ideally all training would still be accompanied by a physical induction where possible.

- In areas where partnership working between local authorities and the Pilots has not been optimal, it was reported to have improved within some local authorities during lockdown. This good work is likely to continue. Those local authorities, and services within these local authorities, are now in a strong position to work closely with the Pilots to deliver more appropriate and considered referrals to Housing First due to improved relationships and communication between all involved. Furthermore, for the most part, local authorities and the Pilots, are seizing the opportunity provided by the collaborative working of the Everyone In ethos to further provide service users with suitable accommodation and support in the areas they have requested.

6.2.2 Potential legacy effects

Lockdown has meant the removal of a certain level of "gatekeeping", and some streamlining of procedure, that has aided service users' access to resources and provision. The Everyone In ethos, combined with the national efforts of local authorities and homelessness services, saw an unprecedented change in the mindset and expectations regarding what can be done to help those who are homeless. One Pilot consultee commented, "If the will and the funding is there, it's amazing what can be achieved". This presents an opportunity to partner organisations to embed positive change and sustain the collaborative efforts that a change in policy and procedure in housing homeless people has engendered.