Ministry of Housing,
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Local Government

Evaluation of the Housing First Pilots

Final synthesis report

October 2024

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Most of all we extend our thanks to those Clients and who gave up their time to participate in the study and without whom our research would not have been possible.

Foreword

This is the final synthesis report of the evaluation of the Housing First pilots (2018-2023). The pilot programmes aim to develop the English evidence base on delivering Housing First at scale by funding, and robustly evaluating, three pilots in the Greater Manchester, Liverpool and West Midlands combined authority regional areas. The evidence presented in this report combines findings from the Housing First pilot process evaluation, impact evaluation, fidelity reviews, and cost-benefit analysis study.

The evaluation of the Housing First Pilots has been building the evidence base for what works in delivering positive outcomes for people with experience of homelessness and with multiple and complex needs. A total of 1,061 individuals who were homeless and had experience of multiple and complex needs were provided with independent settled tenancies throughout the duration of the programme. The evidence indicated positive outcomes in relation to feelings of safety, social connectivity, and reduced levels of engagement with the criminal justice system and/or involvement in antisocial behaviour.

I would like to thank ICF and their partners for their hard work gathering information from the Pilot areas, the Housing First Delivery Team and Advisers, whose support was critical to the research, the Pilot staff and other stakeholders who participated in the research, and the analysts at MHCLG who provided input to the research materials and reviewed the outputs.

Most importantly, I am hugely grateful to the service users who participated for giving us their time and sharing their experiences with us.

MHCLG is committed to continuing to develop its evidence base on the causes of and solutions to homelessness and rough sleeping.

Stephen Aldridge
Director for Analysis and Data & Chief Economist
Ministry of Housing, Communities and Local Government

List of acronyms and abbreviations

A&E	Accident & Emergency
ACE	Adverse childhood experiences
ASB	Anti-social behaviour
B&B	Bed & Breakfast
BCC	Birmingham City Council
BVSC	Birmingham Voluntary Services Council
CA	Combined Authority
CBA	Cost Benefit Analysis
CSJ	Centre for Social Justice
DCLG	(former) Department for Communities and Local Government
DDP	Dual Diagnosis Practitioner
FTE	Full-time equivalent
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
GMHF	Greater Manchester Housing First
HCA	Homes and Communities Agency
HF	Housing First
HM	His Majesty
HR	Human Resources
HTMAG	Homelessness Taskforce Members Advisory Group
IT	Information Technology
KPI	Key Performance Indicator
LA	Local authority
LCRCA	Liverpool City Region Combined Authority
LHA	Local Housing Allowance
MHCLG	Ministry of Housing, Communities and Local Government
MDT	Multi-disciplinary team
MI	Monitoring Information
MOA	Memorandum of agreement
MoJ	Ministry of Justice
NHS	National Health Service
NDT	New Directions Team
NI	National Insurance
PIE	Psychologically Informed Environments
PRS	Private rented sector
RCT	Randomised Control Trial
RHP	Registered housing provider
RSI	Rough Sleeping Initiative
VCSE	Voluntary, Community and Social Enterprise
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WM	West Midlands
WMCA	West Midlands Combined Authority

Executive Summary

This is the final report of the evaluation of the Housing First Pilots. The report presents a synthesis of the evidence from the process, outcome, and cost-benefit components of the evaluation. In addition, it draws on the findings of a programme of fidelity assessments that reviewed each Pilot's fidelity to the seven principles that underpin the Housing First approach. The five-year evaluation, commissioned by MHCLG in July 2018, has been undertaken by a research consortium led by ICF Consulting.

This report is preceded by a series of four annual interim process reports, a six-month and a twelve-month outcomes report, a cost benefit analysis and four (unpublished) fidelity assessments.[1] Accompanying the evaluation reports is a Housing First Toolkit that draws on evaluation evidence to provide a practical guide to both service commissioners and providers looking to establish a Housing First service.[2]

Housing First is an intervention which supports homeless people with multiple and complex needs, which most commonly relate to co-occurring mental health issues and alcohol and/or drug use, to access and maintain independent housing. It differs from traditional 'staircase' or 'treatment first' approaches in that it places people directly in independent long-term settled housing, with personalised, flexible, and non-time-limited support. There are no preconditions around 'housing readiness' or participation in treatment, rather secure housing is considered to offer a stable platform from which other issues might be addressed.

The Housing First Pilots

The Housing First Pilots were established following a commitment of £28 million announced in the Autumn 2017 Budget and the completion of a Housing First feasibility study undertaken in the Liverpool City Region. This commitment represented one of several measures introduced by the government to reduce rough sleeping at the time and was endorsed subsequently as part of the government's manifesto to end rough sleeping. The Pilot programmes were set up in the three combined authority areas of Greater Manchester Combined Authority (GMCA), Liverpool City Region Combined Authority (LCRCA) and West Midlands Combined Authority (WMCA).

Greater Manchester Combined Authority Housing First (GMHF)

The GMHF Pilot covers the ten local authorities of Manchester, Bolton, Bury, Rochdale, Stockport, Oldham, Tameside, Salford, Trafford, and Wigan. Service delivery is organised across four zones, and the first service users were recruited and housed in March 2019. Key features of the GMHF Pilot include efforts to ensure consistency across the local authorities through the development of the GMHF brand, a central team, common job specifications and pay rates, shared training, a Quality Assurance framework, and standardised referral criteria. The Pilot has a co-production group of people with lived experience of homelessness and benefits from the inclusion of specialist mental health input with a Dual Diagnosis Practitioner (DDP) employed in each zone, input from a 0.2

[1] https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports
[2] https://homelesslink-1b54.kxcdn.com/media/documents/Housing_First_Toolkit_Inception_to_sustainability.pdf

FTE consultant clinical psychiatrist, and a 0.2 FTE psychologist providing clinical reflective practice for the frontline staff and Team Leaders.

Liverpool City Region Combined Authority (LCRCA)
The LCRCA covers the six local authorities of Liverpool, Sefton, St Helens, Wirral, Halton, and Knowsley. The Pilot followed a 'test and learn' approach to early delivery, recruiting the first cohort of service users by the end October 2019. The approach was revised and there are now six area-based teams comprising support workers and a team leader. The area teams are supported by a central team and consistency and fidelity of approach are ensured through a Quality Assurance framework and common recruitment, induction, and training processes. The Pilot has 2.5 full-time equivalent (FTE) psychologist posts contracted externally as well as access to the services of consultant clinical psychologist. The Pilot also has a lived experience group who have played an active role in staff recruitment and developing and reviewing policies and procedures.

West Midlands Combined Authority (WMCA)
The WMCA covers the seven local authorities of Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, and Wolverhampton, with Birmingham City Council acting as the accountable body with each local authority having commissioned their Housing First services separately. The first service users were recruited and housed in January 2019 through an early adopter pilot. The local commissioning model and the subsequent range of delivery approaches is unique among the three Pilots. Across the seven local authorities there are variations in case load sizes and arrangements for staff management and support as well as differences in approach to sourcing housing, referral mechanisms (although there is consistency in terms of agreed eligibility criteria and use of a common referral form), engagement with people with lived experience, and the use of peer mentors.

Client characteristics

The report provides an analysis of the characteristics of a sample of 312 clients from across the three Pilots who had completed a baseline questionnaire. Results illustrate the nature and high level of need of those individuals accessing Housing First. Qualitative data endorses quantitative findings with clients describing experience of multiple adverse life events. Key characteristics are:

Homelessness - one third had been sleeping rough in the month before being accepted onto Housing First. Ninety-six per cent reported experiencing rough sleeping previously, 54% of whom had done so before the age of 25. Many had been homeless for a long time.

Employment history and education - one in five (18%) had never worked and a further seven in ten (72%) had not worked in the past year. Half left school before the age of 16, with a further 36% leaving at 16. Only just over half (54%) reported having any educational qualifications, including vocational qualifications.

Health and well-being - 61% reported having a longstanding illness or disability, and 21% reported having a learning disability. The vast majority of clients self-reported having depression (80%) or anxiety (79%). The numbers reporting other mental health conditions were substantial – including around four in ten with trauma (42%) or PTSD (40%) and three in ten with a personality disorder (31%), psychosis or schizophrenia (31%). Half

reported difficulties with their mental health before the age of 16. Four in ten were prescribed medication for their mental health issues prior to entering Housing First. Many clients reported having multiple mental health conditions, and only 57% were registered with a GP prior to entering Housing First.

Drug and alcohol use - 71% of individuals reported taking drugs in the previous three months, including heroin or opiates (34%) and crack cocaine (41%). Some 33% described being currently dependant on drugs, 76% of whom reported becoming dependant before the age of 25. Fewer individuals reported issues with alcohol, although half (49%) were either currently (16%) or had previously (33%) been dependent on alcohol. For a third of these, dependency had begun under the age of 16.

Involvement with the criminal justice system – Three-quarters of respondents reported that they had been a victim of crime in the last six months, most commonly having their belongings stolen (35%), being threatened (31%), and being verbally abused (29%). Three quarters had spent time in prison, although only 16 % had done so in the year prior to recruitment. Over four in ten had antisocial behaviour actions taken against them in the last six months.

Client outcomes

In order to track progression of Clients were asked to complete a baseline survey when they entered Housing First, and then to complete follow-up surveys six and 12 months later. 312 clients completed a baseline survey, 159 clients completed the six-month survey and 167 completed the 12-month survey. With the key interest here being changes in outcomes over time, this analysis is based on clients who completed a follow-up survey. As such, the baseline percentages vary slightly from the figures given in the Client characteristics above. Housing First staff were later asked to provide updated information on key outcomes in summer/early autumn 2023, typically around three years since baseline.

Housing: A year after entering Housing First, the majority of clients were living in long-term, largely social rented, accommodation. 84% were living in long-term accommodation at the point of the six-month interview and this rose to 92% after a year. This represented a significant shift in their living circumstances compared to prior to being part of Housing First. The long-term housing secured for Clients largely suited their needs, with clients rating highly their ‘satisfaction’ with various aspects of where they were living. At 12 months, very high proportions were satisfied with the autonomy they had in their accommodation but were slightly less likely to be satisfied with the amount of choice they originally had about where they were housed.

Social connectedness: A year after entering Housing First, there had been a significant reduction in the proportion of clients reporting feeling lonely. At baseline, a third (35%) of clients reported ‘often or always’ being lonely, a percentage which had halved to 16% 12 months later. Similarly, the percentages saying they ‘never’ felt lonely doubled from 16% to 27% over the period. While three quarters (75%) of clients reported feeling at home where they lived, only half (48%) reported interaction with people locally. However, perhaps linked to support within Housing First, clients were significantly more likely at the 12-month

point, to have people to turn to for support. At baseline, 70% of clients felt they had someone to listen to them, a figure which rose to 81% after a year.

Safety: A year after entering Housing First, clients were significantly more likely than before to feel safe and less likely to have been a victim of crime. At 12 months, half (49%) of clients felt safe all of the time, with a further fifth (22%) feeling safe most of the time. This is a significant improvement on the comparative figures of 11% and 18% at baseline. Prior to entering Housing First, the majority of clients had been a victim of crime over the previous six months, with only three in ten (30%) saying that they had not been. Six months on, two thirds (65%) reported *not* having been a victim of crime in the preceding six months. While things after a year remain significantly better than prior to Housing First, there is tentative evidence of clients being more likely to be victims of crime at the 12-month follow-up stage than reported after six months, with 55% reported not having been a victim of crime.

Wellbeing and health: A year after entering Housing First, there had been a significant positive shift in relation to clients' wellbeing and health, particularly mental health, compared to their circumstances prior to entering Housing First. Significantly greater proportions of clients reported eating and sleeping well. At baseline, using a five-point scale, 10% of clients reported eating well 'all of the time' and 3% slept well 'all of the time'. A year later, these percentages were 36% and 10%. Conversely, the percentage reporting 'never' eating well fell from 22% to 2%, with the comparable figures for sleep being 42% and 25%.
Clients were also significantly more likely to perceive their overall health as good after a year. Using a five-point scale, at baseline, 4% rated their health as 'very good' and 17% as 'good'. A year later, the percentages were 7% and 27%. In addition, significantly fewer reported suffering from anxiety (71% compared to 81% on entering Housing First) and depression (68% compared to 80%). There had also been an improvement in access to health services, with a significant increase in the percentage of clients registered with a GP from 60% to 92%.

Drug and alcohol use: A year after entering Housing First, there had been no statistically significant reduction in self-reported drug use, overall drug use, or alcohol dependency. At baseline, 27% of clients said that they were dependent on drugs, a percentage which was 25% a year later. The proportion of Clients who reported being currently dependent on alcohol when they entered Housing First was substantially smaller (17%) and had not changed significantly (13%) a year later. However, there is some evidence of a reduction in the usage of particular drugs (e.g., a fall in the percentage using crack cocaine in the previous three months from 37% before entering Housing First to 20% after a year) and in the frequency of drinking alcohol. However, substantial numbers of clients had acted in relation to their substance dependency. Half of clients (51%) had received treatment for drug dependency since entering Housing First, and 17% had done so for alcohol dependency.

Contact with the criminal justice system: A year after entering Housing First, clients were significantly less likely than previously to report having been involved in antisocial behaviour (notices, orders, injunctions) or criminal behaviour. In the six months prior to entering Housing First, a third (34%) of clients reported having been involved in antisocial behaviour, a figure which dropped to 15% at the 12-month follow-up. Likewise, while 29%

of clients had been cautioned, arrested, or convicted of a crime in the year prior to Housing First, at the 12-month point, only 12% had done so in the previous six months.

Income, employment, training, and future plans: A year after entering Housing First, there is little evidence of clients having become closer to the labour market. Only 4% of clients were in paid work and only a further 3% were looking for work or expecting to be in work in the next six months. This is in line with the Housing First theory of change, which would not predict an impact of Housing First on employment at this early stage, given the severity of disadvantage that clients have typically experienced. However, there is some suggestion that Housing First may have ensured that clients were claiming the disability benefits to which they were entitled. At the 12-month follow-up, 56% of clients were in receipt of disability benefits, compared to 33% before they entered Housing First. When asked a series of statements about future plans a year months after entering Housing First, substantial proportions of clients had positive plans. Using a four-point scale, six in ten (60%) clients said that it was 'completely true' that they had the desire to succeed, and half (52%) said it was 'completely true' that they had life goals.

Outcomes for different subgroups of the client population

A year after entering Housing First, significant improvements in clients' outcomes were evident across the whole of the client population. Analysis comparing changes in outcomes among different types of clients (split by gender, age, where they were living prior to Housing First, age they were first homeless, health, mental health, learning disability and substance dependency) showed a relatively consistent pattern of change. The most notable differences related to:

- Gender: women's accommodation and health outcomes were slightly less likely to improve than men's;
- Age: younger people's health and alcohol dependency outcomes were more likely to improve than older people's;
- Age at which someone first became homeless: those first experiencing it at a younger age had worse outcomes in relation to drug dependency;
- Mental health conditions: those with conditions had better outcomes in relation to drug dependency than those without;
- Cognitive impairment/disability: those with impairments had worse outcomes in relation to alcohol dependency.

Three-year outcomes

The majority of Clients remained part of Housing First around three years after baseline. Where Housing First staff were aware of people's situations, most continued to be in stable accommodation with 81% in social housing. The only significant sub-group differences in housing status three years after recruitment to Housing First related to age and drug dependency. Hence older clients were somewhat more likely to be in long-term accommodation than younger clients and those who came into Housing First with a current or recent drug dependency were less likely to be in long-term accommodation than those without. Substantial numbers of clients who were still in Housing First were receiving treatment for a range of physical and mental health issues as well as drug and alcohol

dependency three years after joining the programme. However, still only a very small minority were in employment, education, or training.

Client and stakeholder perceptions of benefit and outcomes
Both clients and Housing First staff provided evidence of clients experiencing positive impacts across the full range of outcomes quantitively measured by this evaluation. Clients consistently commented on the 'distance travelled' on their road to recovery and the scale of positive change Housing First had made to their lives. The most frequently reported benefit was being settled in their property and having a space of their own which, combined with the support received from Housing First provided a platform from which other outcomes could be achieved. As well as quantifiable outcomes interviewees described other important benefits of engagement with Housing First such as being made a birthday cake for the first time and learning to ride a bike.

Delivering Housing First

Numbers housed and supported: At the end of December 2022, 884 individuals remained on the programme from a total of 1,061 that had been accepted onto the programme by that timepoint. Of the 884 remaining, 684 were housed and 173 were waiting to be housed, with the remainder still on the programme but either in prison or hospital. The total number housed across the lifetime of the programme at the end of December 2022 (including those currently and formerly) was 1,061. Across the programme as a whole very few had been accommodated in the private rented sector (PRS) and, with the exception of WMCA, the overwhelming majority were housed in registered housing provider (RHP) properties. A total of 512 (of the 1,061) individuals had left the programme. The most common reason for exit was loss of contact (103 individuals) followed, sadly by dying while on the programme (90 individuals). The total number of graduations was 86 compared to 32 at the end of November 2022.[3]

Referral to the programme: The Pilots established broadly similar referral criteria using a form of the New Directions Team (NDT) assessment, alongside additional criteria to assess eligibility. All faced challenges in in establishing referral pathways and processes across partner agencies in the first year of delivery leading to a number of inappropriate referrals including, for example, individuals referred without consent or in extremely poor health and whose needs could not be met by Housing First teams. The management of referrals through multi-agency panels/forums led to an improvement in the quality of referrals, helped strengthen multi-agency working and enabled more coherent and joined up packages of support to be delivered.

Securing accommodation: Securing access to affordable and suitable accommodation has been a major challenge for all three Pilots throughout the lifetime of the programme. Across the three Pilots there are wide disparities in levels of access to council owned housing stock. Hence for example, LCRCA has no access while in Birmingham the council has provided over 85% of properties. The willingness of registered housing providers to offer tenancies is in part contingent upon their perception of the level of support Housing First is able to provide to tenants and there is a high degree of variation between providers

[3] Graduation from Housing First is defined by MHCLG 'as a client-led, mutually agreed move away from Housing First support, while the client is living independently in a successful tenancy'.

in terms of their engagement with the programme. Waiting times vary across and within the Pilots with some clients housed quickly on referral while others, including those in need of adapted accommodation or wanting to live in specific locations, waiting for much longer periods. Waiting times have, however reduced over the lifetime of the programme. A key learning point is the need to engage early with housing providers ideally at the planning and commissioning stage and to actively build relationships throughout.

Maintaining tenancies: The delivery of practical and emotional support to clients whilst in accommodation is critical for tenancy success. Support is typically most intense in the first few weeks or months of moving in when supporting clients to 'create a home' is important. As tenancies mature the focus typically shifts from intense support to giving people the skills to sustain their property and build resilience in case of crisis. Many clients experience feelings of loneliness and social isolation on moving into their new homes which can pose a risk to tenancy security. Helping clients to establish new social networks, rebuild relationships with families (if/where appropriate), and engage in positive activity is key to fostering stability and independence. Small caseload sizes are critical in enabling support workers to devote sufficient time to this. The majority of Clients have successfully maintained their tenancies. When, problems arise that threaten the stability of a tenancy (e.g. a home being 'cuckooed' or damaged, neighbour disputes, or rent arrears). prompt multi-agency responses facilitated by good relationships between agencies can deliver solutions.

Building relationships and delivering support: The ability and skill of support workers in establishing and maintaining relationships with clients is critical to the success of Housing First. Perseverance with individuals and taking time to build trust are key to promoting successful engagement. Other key factors for success include consistency, openness and honesty and taking a person-centred, flexible, and non-judgemental approach. Support is typically most intense in the first few months of a client's tenancy after which point it can be scaled according to client need with the aim of balancing support with promoting independence and resilience. Given that the recovery process is non-linear support may need to be scaled up or down at different timepoints. There was a broad consensus among interviewees that the majority of clients would need support for prolonged periods of time given the complexity of their needs and fact that recovery and behaviour change is typically slow and non-linear.

Staff recruitment, retention, and support: The Pilots have experienced a level of challenge in recruitment and retainment across the lifetime of the programme due to a range of factors including relatively low pay, short-term contracts, and the challenges of the job. Given the challenges of working with people with complex and multiple needs the provision of support to frontline staff is critical in order to safeguard their well-being and support retention. All three Pilots offered their staff reflective practice sessions through a combination of group and one-to-one sessions which were generally appreciated and experienced as useful.

Working across the system: The Pilots have had significant success in shifting attitudes toward the target population and contributed to positive changes in working practices and cultures. This has not been without challenge and there remains substantial room for further improvement if genuine systems change is to be achieved. The development of new, and engagement with existing, multi-agency panels and/or parallel Multi-Disciplinary Teams (MDTs) has promoted person-centred working and helped foster joined up service responses to meet the needs of service users. The inclusion of Dual Diagnosis

Practitioners and psychologists in these panels/teams has been a critical factor in improving understandings of the needs of the client group amongst health professionals and in helping to overcome barriers to healthcare. The effective promotion of and high levels of buy-in to the principles amongst external stakeholders has been a key facilitator to the adoption of higher levels of flexibility, choice and control, and harm reduction by other support services and housing providers. However, a disparity between the flexibility of Housing First service delivery and the rigidity of statutory health and social services persists presenting challenges to service access.

Fidelity to the Housing First Principles: Across the lifetime of the programme a number of key challenges to delivering on fidelity were highlighted, including most notably the limited availability of appropriate housing stock, staff shortages, and uncertainties over longer-term funding. This has meant that some principles have been more difficult to operationalise than others. Hence the principles of users having *a right to a home* and *choice and control* have proved challenging in the context of a shortage of suitable housing. By way of contrast the Pilots have generally scored highly on the *separation of housing and support, use of an active engagement approach* and a *strengths-based orientation.* A number of factors have impacted on the Pilots ability to deliver a consistently high level of fidelity including the COVID-19 pandemic which had knock-on effects on staffing levels and hence case-load sizes, the availability of suitable housing, and efforts to promote social integration. Other key challenges have included funding uncertainties which led to staff shortages and high caseloads at the beginning of 2022, and the availability and appropriateness of other services – in particular specialist mental health services.

Cost Benefit Analysis

The CBA estimates the costs of support provided by the three Housing First Pilots in England and the value of benefits delivered. The costs of delivering the Pilots averaged £7,700 per person supported per year to the end of 2022.The full benefits of the pilots will take many years to be seen but are expected to amount to £15,880 per person per year, through improvements in personal well-being and reductions in the public service costs of homelessness. More than half of the value of these annual benefits were estimated to have been realised 12 months after participants had entered the programme. The benefit: cost ratio is estimated at 2.1 (based on expected benefits) and 1.1 (based on estimated benefits after only 12 months). Housing Benefits (as transfer payments) are excluded from these BCRs. This suggests that the Pilots have delivered good value for money.

1 Introduction

This is the final synthesis report of the evaluation of the Housing First Pilots which were funded by the Ministry of Housing, Communities and Local Government (MHCLG) to provide a testbed for how Housing First could be implemented and scaled-up within the English context. The report brings together evidence from the process, outcome, and cost-benefit components of the evaluation. In addition, it draws on the findings of a programme of fidelity assessments that reviewed each Pilot's fidelity to the seven principles that underpin the Housing First approach.

The five-year evaluation, commissioned by MHCLG in July 2018, has been undertaken by a research consortium led by ICF Consulting. The partners in the consortium include Bryson Purdon Social Research who led the outcomes strand, Matt Rayment Consulting who led the cost-benefit analysis, Homeless Link who led the fidelity assessments, and Heriot-Watt University who have provided subject expertise and led on the process evaluation of one of the three Pilots.[4]

The evaluation of the Housing First Pilots (2018-2023) has been building the evidence base for what works in delivering positive outcomes for people with experience of homelessness and with multiple and complex needs throughout the course of the programme implementation. This report is preceded by a series of four process reports, a six-month and a twelve-month outcomes report, a cost benefit analysis and four (unpublished) fidelity assessments.[5] Accompanying the evaluation reports is a Housing First fidelity assurance framework[6] and a Housing First Toolkit that draws on evaluation evidence to provide a practical guide to both service commissioners and providers looking to establish a Housing First service.[7]

1.1 Housing First

Housing First is an intervention which supports homeless people with multiple and complex needs, which most commonly relate to co-occurring mental health issues and alcohol and/or drug use, to access and maintain independent housing. Its traditional target group has historically been poorly served by mainstream services given the nature of, and overlaps between, their experiences of extreme disadvantage and support needs. The approach was originally developed in the United States and has been replicated across North America, Europe, and Australasia. Prior to this Pilot, England's Housing First experience had been limited to several predominantly small-scale pilots and projects.

Housing First is different to traditional 'staircase' or 'treatment first' approaches in that it places people directly in independent long-term settled housing, with personalised, flexible, and non-time-limited support. Service users are granted choice and control over both their housing and the support they receive, and there are no preconditions around

[4] IES were originally partners in the consortium and leading a data linking outcomes component of the evaluation that has since been discontinued for methodological reasons.
[5] https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports
[6] https://homelesslink-1b54.kxcdn.com/media/documents/Staying_on_Track_Housing_First_fidelity_assurance_framework.pdf
[7] https://homelesslink-1b54.kxcdn.com/media/documents/Housing_First_Toolkit_Inception_to_sustainability.pdf

'housing readiness' or participation in treatment. Rather, secure housing is considered to offer a stable platform from which other issues might be addressed.

Housing First is based on seven key principles, developed by Housing First England but closely aligned with principles endorsed across Europe, namely:

- Principle 1: people have a right to a home.
- Principle 2: flexible support is provided for as long as it is needed.
- Principle 3: housing and support are separated[8].
- Principle 4: individuals have choice and control.
- Principle 5: an active engagement approach is used.
- Principle 6: the service is based on people's strengths, goals, and aspirations; and
- Principle 7: a harm reduction approach is used.

There is substantial variation in how the model is implemented in practice within and beyond England, but existing international evidence indicates that programmes offering greater levels of fidelity to the core principles report better outcomes.[9]

1.2 Overview of the three Housing First Pilots

The Housing First Pilots were established following a commitment of £28 million announced in the Autumn 2017 Budget and the completion of a Housing First feasibility study undertaken in the Liverpool City Region. This commitment represented one of several measures introduced by the government to reduce rough sleeping at the time and was endorsed subsequently as part of the government's manifesto to end rough sleeping. Funding allocations for the programme were announced in May 2018 and the Pilots formally began delivery in 2019.

Greater Manchester Combined Authority Housing First (GMHF)

The GMHF Pilot covers the ten local authorities of Manchester, Bolton, Bury, Rochdale, Stockport, Oldham, Tameside, Salford, Trafford, and Wigan. It was initially delivered by a consortium of eight partners led by Great Places Housing Group with further partners bought on board in subsequent years to expand capacity and bring in specialist expertise. It is endorsed by the Greater Manchester Housing Partnership (GMHP) with operational

[8] This means that an individual's housing is not conditional on them receiving support and if a tenancy fails, they are supported to find and maintain a new home

[9] Davidson, C., Neighbors, C., Hall, G., Hogue, A., Cho, R., Kutner, B., and Morgenstern, J. (2014) *Association of Housing First Implementation and Key Outcomes Among Homeless Persons with Problematic Substance Use,* Psychiatr Serv. 65(11) pp.1318-1324; Goering, P., Veldhuizen, S., Nelson, G., Stefancic, A., Tsemberis, S., Adair, C., Distasio, J., Aubry, T., Stergiopoulos, V., and Streiner, D. (2016) *Further Validation of the Pathways Housing First Fidelity Scale,* Psychiatr Serv. 67(1) pp.111-114; Johnsen, S., Blenkinsopp, J., and Rayment, R. (2022) *Scotland's Housing First Pathfinder Evaluation*: Final Report (Edinburgh: I-SPHERE, Heriot-Watt University).

oversight by a Housing First Steering Board. Service delivery is organised across four zones, and the first service users were recruited and housed in March 2019. The Pilot has a co-production group of people with lived experience of homelessness and had benefited from previous experience of delivering Housing First in the region.

Key features of the GMHF Pilot include efforts to ensure consistency across the local authorities through the development of the GMHF brand, a central team, common job specifications and pay rates, shared training, a Quality Assurance framework, and standardised referral criteria. The Pilot also benefits from the inclusion of specialist mental health input with a Dual Diagnosis Practitioner (DDP) employed in each zone, input from a 0.2 FTE consultant clinical psychiatrist, and a 0.2 FTE psychologist providing clinical reflective practice for the frontline staff and Team Leaders.

Liverpool City Region Combined Authority (LCRCA)

The LCRCA covers the six local authorities of Liverpool, Sefton, St Helens, Wirral, Halton, and Knowsley. The Pilot followed a 'test and learn' approach to early delivery, recruiting a team of support workers and team leaders in Spring/Summer 2019 and the first cohort of service users by the end October 2019. LCRCA operated on an 'all region' basis during the test and learn stage, which was found to cause logistical and efficiency challenges. In 2020 the decision was made to adopt a locality model delivered internally rather than commissioned out as originally intended. There are now six teams (two covering Liverpool, and a shared team for Knowsley and Halton) comprising support workers and a team leader, working as a single unit with their own caseloads, and with a shift system to enable out of hours coverage. A central team that includes a Lived Experience Lead, two Operations and Lettings leads (one strategic and one operational), a Commissioning lead, and Best Practice and Partnership lead work to ensure consistency and fidelity of approach through a Quality Assurance framework and common recruitment, induction, and training processes.

The Pilot has 2.5 FTE psychologist posts contracted externally as well as access to the services of consultant clinical psychologist. The Pilot also has a lived experience group who have played an active role in staff recruitment and developing and reviewing policies and procedures. The LCRCA Pilot is overseen by a steering group represented by a range of partner agencies and there is an internal project board that meets to oversee implementation.

West Midlands Combined Authority (WMCA)

The WMCA covers the seven local authorities of Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, and Wolverhampton, with Birmingham City Council acting as the accountable body. Each local authority commissioned their Housing First services separately, with Birmingham Voluntary Service Council (BVSC) initially contracted to support the process through the development of a common service specification and job descriptions for support workers. The Pilot follows a strengths-based approach, underpinned by psychologically informed environments (PIE). Following a service review in 2020 there was some recommissioning of services in Birmingham, and restructuring has taken place in some of the other local authorities. At the time of final fieldwork two local authorities (Dudley and Sandwell) were delivering in-house with the remainder through externally commissioned providers. The first service users were recruited and housed in

January 2019 through an early adopter pilot, with three local authorities benefiting from early experiences of Housing First delivery as early adopters or as a self-funded service.

The local commissioning model and the subsequent range of delivery approaches is unique among the three Pilots. Across the seven local authorities there are variations in case load sizes and arrangements for staff management and support as well as differences in approach to sourcing housing, referral mechanisms (although there is consistency in terms of agreed eligibility criteria and use of a common referral form), engagement with people with lived experience, and the use of peer mentors. The WMCA Pilot is overseen by the Housing First Steering Group with representation from the seven local authorities and partner agencies.

1.3 The evaluation

The process evaluation

The process evaluation involved four rounds of qualitative research carried out in autumn/winter 2019, 2020, 2021 and 2022. These were preceded by a series of initial visits to each Pilot designed to introduce the evaluation and undertake a formative review of local partnership arrangements and delivery plans. Subsequent fieldwork involved interviews and focus groups with a range of key stakeholders including:

- **Pilot and provider staff** - reflecting local management and service delivery arrangements. Interviews took place with Pilot and provider leads; staff with key responsibilities for operations, securing properties etc; support workers and team leaders.[10]

- **Local partners and stakeholders** - in each area a sample of Pilot partners and wider stakeholders were interviewed to reflect local partnership arrangements. These included representatives from local homelessness services, housing providers, local authority staff, third sector partners, the police, NHS, and other statutory providers.

- **Pilot participants/service users** – qualitative interviews were undertaken with a sample of service users on an on-going basis between 2020-2022 recruited from across the three Pilots.

Interviews in the first round of fieldwork were largely undertaken face to face. In subsequent rounds, given the advent of the COVID-19 pandemic and related restrictions, interviews were carried out online with a few exceptions made for service users who expressed a preference for a face-to-face interview once restrictions were lifted.

Consecutive rounds of fieldwork have moved increasingly from an emphasis on early learning to a focus on benefits and outcomes and evidence of effective practice. Early work explored experiences of Pilot design, development, and early implementation, with subsequent fieldwork and reporting focused on how services evolved their approaches locally, the challenges faced, lessons learnt, the benefits/outcomes realised and the mechanisms or features of good practice contributing to positive change.

[10] Some Housing First providers use different terms (e.g., Navigator) but here we make generic use of 'support worker' for consistency.

Details of mainstage qualitative data collection are presented in table 1.1.

Table 1.1 Mainstage process evaluation data collection by wave

Role	Round 1	Round 2	Round 3	Round 4	Total
Pilot leads and members of central teams	18	16	13	12	59
External partners	18	17	15	5	55
Delivery teams incl. managers and support workers/navigators/peer mentors	26	34	36	22	118
Service users	0	29	44	8	81
Total	62	96	108	47	**313**

Fidelity assessments

A series of four fidelity assessments were undertaken in parallel with each round of process evaluation fieldwork. The four assessments provided a qualitative assessment of adherence to the seven principles with exploration of the contextual factors facilitating or inhibiting fidelity. They involved a total of 72 interviews with key strategic stakeholders, frontline staff, and delivery partners in each Pilot area as well as a review of relevant documentation including internal quality and fidelity audits. Information collected in the interviews was interpreted in line with a scoring guide created by Homeless Link. Each Pilot received an annual separate fidelity assessment report which included recommendations for improvement and learning.

The outcome evaluation

A key part of the evaluation was to track how far Clients progressed, having entered Housing First. To do this, clients were asked to complete a baseline survey when they entered Housing First, and then to complete follow-up surveys six and 12 months later. Housing First staff were later asked to provide updated information on key outcomes in summer/early autumn 2023, typically around three years since baseline.

Between November 2019 and November 2021, 312 clients completed a baseline survey, administered by one of ICF's embedded researchers, who worked closely with the Housing First Pilots in the field. This asked about their situation at the point they entered the programme, focusing on their housing situation, health and wellbeing, feelings of social connectedness and safety, any issues with drugs and alcohol, contact with the criminal justice system and their proximity to being ready for work. It also asked questions about their history, including their experience of homelessness, being in care and being in prison. 159 clients completed the six-month survey and 167 completed the 12-month survey,

collecting information about their situation at the time across the same set of metrics as the baseline.[11]

Table 1.2 Number of surveys completed

Time point	Baseline	Six months	12 months
No. of surveys	312	159	167

Chapter 4 of this report focuses on the changes observed between entering Housing First and 12 months later, testing for statistically significant shifts in clients' situations over that period, the methodology for which is further described in Section 4.1. A fuller account of clients' progress at the six and 12-month points can be found on gov.uk.

In summer/early autumn 2023, Housing First staff were asked to provide updated information on the 312 clients who completed the baseline survey. They were asked whether or not they were still in Housing First (and if not, what they were doing), their current housing situation, and a number of questions about any treatment they were receiving, any issues with drugs or alcohol or with the criminal justice system (as victims or perpetrators). Unsurprisingly, the quality of the information they were able to provide was better for the 184 individuals still within Housing First.

Cost Benefit Analysis

A cost-benefit analysis (CBA) was undertaken, with the aim of helping MHCLG and the Pilots to understand the resources committed locally and nationally to deliver the Housing First interventions, the benefits that have resulted (and are expected to result) from these interventions, and the extent to which they have delivered value for money.

Data on costs were provided to ICF by the three Housing First Pilots. They include both financial expenditures by the Pilots, and in-kind costs (mostly relating to participation of senior staff and partners in meetings and governance arrangements). The unit costs of delivering the Pilots were calculated by dividing these costs by numbers of Clients supported by the programme and numbers housed to date.

The benefits of Housing First include improvements in individual wellbeing associated with access to secure housing, and savings in the costs of public services for homeless people (which include homelessness, physical and mental health, and police and criminal justice services). Analysis of benefits involved examination of evidence from surveys of Clients at baseline and 6- and 12-month follow-up (see above), to examine changes in their wellbeing and their use of public services. These changes were valued as far as possible, based on a review of evidence of the benefits of homelessness interventions, and the unit costs of delivery of relevant public services.

[11] The clients who completed the two follow-up surveys were broadly representative of the original 312 clients, across a range of demographics and starting situations.
See https://assets.publishing.service.gov.uk/media/65a1503ce96df5000df845ba/Housing_First_Pilots_report_on_clients__12-month_outcomes.pdf for more information.

The CBA compared estimates of the costs of the Housing First Pilots with the benefits measurable to date, calculating benefit: cost ratios and estimating the value of net benefits.

In general, the costs are known with a large degree of certainty, while the benefits are much more uncertain and subject to major data gaps and assumptions. Because the full benefits of Housing First are expected to take many years to become evident, two estimates of benefits were calculated: the expected potential benefits for those provided with secure housing (based on evidence from previous studies) and the actual measurable benefits to date (personal wellbeing and reduced public service use) identified through the surveys.

In the absence of a comparison group, assumptions were made about the additionality of Housing First outcomes, based on a review of international evidence.[12] Because of these uncertainties, particularly in relation to the assessment of the net benefits delivered by the pilots, the results of the CBA should be regarded as indicative only.

1.4 Structure of the report

The remainder of this report is structured as follows:

Chapter 2 provides an analysis of service user characteristics based on data collected in baseline interviews and evidence from qualitative interviews with service users.

Chapter 3 describes the progress made by clients from the time they first entered Housing First to around three years later. It draws on survey data from 312 clients who completed a baseline and follow up questionnaires and data collected from Housing First staff after three years of Pilot implementation.

Chapter 4 examines the delivery of Housing First covering issues related to referral, securing accommodation, supporting clients, staff recruitment and support, multi-agency working and fidelity. It draws on management information collected by the Pilots (to end December 2022) and qualitative interview data undertaken across all four rounds of fieldwork with clients, Pilot and provider staff, partners, and strategic stakeholders.

Chapter 5 presents an analysis of the costs and benefits of the three Housing First Pilots. It analyses cost data provided by the Pilots, with benefits assessed by combining outcomes data from the surveys of Housing First participants with estimates from previous studies and published sources.

Chapter 6 presents a series of conclusions and key learning points.

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[12] [12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8513528/

[12] https://www.cambridge.org/core/journals/epidemiology-and-psychiatric-sciences/article/effectiveness-of-a-housing-support-team-intervention-with-a-recoveryoriented-approach-on-hospital-and-emergency-department-use-by-homeless-people-with-severe-mental-illness-a-randomised-controlled-trial/4EFD852DDA12E45E9516D9AC801D1682

[12] https://jech.bmj.com/content/73/5/379

[12] https://www.socialventures.com.au/assets/Evaluation-of-the-Aspire-Social-Impact-Final-Report.pdf

[12] https://ps.psychiatryonline.org/doi/10.1176/appi.ps.51.4.487

[12]https://www.researchgate.net/publication/8936976_Consumer_Preference_Programs_for_Individuals_Who_Are_Homeless_and_Have_Psychiatric_Disabilities_A_Drop-In_Center_and_a_Supported_Housing_Program

2 Housing First client characteristics

2.1 Introduction

This chapter brings together quantitative data from a sample of 312 service users accepted onto Housing First across the three Pilots (for the outcomes evaluation) with qualitative data collected from 81 service users (for the process evaluation) to present a profile of their characteristics. The baseline questionnaire was completed by consenting individuals and recorded characteristics and circumstances at the point at which they began to receive support from Housing First. Interviews were undertaken between 2019-2022 and were conducted either face-to-face or by phone.

2.2 Demographics

Although Clients covered a wide age range, most were between 30 and 39 (36 %) or 40 to 49 (35 %). Three in ten (29 % of) clients were women and nine in ten (88 %) identified as heterosexual or straight. The substantial majority of clients (85 %) were White. Four per cent were Black, one per cent were Asian, and six per cent were from mixed backgrounds. A quarter (23 %) of clients were currently in a relationship and eight in ten (78 %) said that they had a local connection to the area. Previous experience of care was common among participants: three in ten (30 %) of those entering Housing First had been in care during their childhood or early adulthood.

2.3 Experience of homelessness

All 81 Housing First service users interviewed across the lifetime of the evaluation described either long or intermittent periods of homelessness in the months and/or years before referral to Housing First. For most, but not all, this had included periods of rough sleeping. This is echoed by analysis of baseline data which showed that, prior to entering Housing First, the vast majority (91%) of Clients had experience of rough sleeping: a quarter (27%) of these had first experienced rough sleeping before the age of 18, with a further quarter (27%) first experiencing it as a young adult (between the ages of 18 and 25). Many had been homeless for many years; three in ten (28%) had not been in settled housing for between two and five years before entering Housing First, and nearly half (48%) had not been for five years or more.

2.4 Education and employment history

Most Clients were a long way from the job market at the point of recruitment to Housing First, with one in five (18%) never having worked and a further seven in ten (72%) not having worked in the past year. Half (52%) had left school before the age of 16, with a further 36% leaving aged 16. Only just over half (54%) of Clients reported having any educational qualifications, including vocational qualifications.

2.5 Health and well-being

Clients were experiencing a range of health issues, with high levels of need in relation to both physical and mental health at the point of recruitment. Using a five-point scale from 'very good' to 'very bad', one in five (21%) Clients rated their health as very good or good. Six in ten (61%) reported having a longstanding illness or disability, and one in five (21%) reported having a learning disability.

Just over half (57%) of Clients were registered with a GP prior to entering Housing First. This highlights the high number of clients who did not have GP access to support in relation to their mental or physical health.

Clients were asked how well they were eating and sleeping in the period prior to entering Housing First, as well as how safe they felt, using a five-point scale from 'all of the time' to 'never'. Only minorities of clients were eating or sleeping well or feeling safe all or most of the time. Six in ten (58%) clients said they hardly ever (31%) or never (27%) ate well. Four in ten (42%) clients said that they never slept well and a third (36%) never felt safe.

2.6 Drug and alcohol use

Drug-taking and drug dependency was common among Clients prior to recruitment to Housing First. Seven in ten (71%) clients reported taking drugs in the last three months, often taking several different types of drugs. Four in ten had used crack cocaine (41%) and cannabis (40%), and a third had used heroin/opiates (34%) and methadone/Subutex (34%). One in five (20%) of Clients reported never having been dependent on drugs, with a third (33%) describing themselves as currently dependent. Dependency usually started at a young age, with four in ten (41%) of those ever dependent on drugs having been so under the age of 16, and a further third (35%) becoming dependent between the ages of 16 and 25.

2.7 Contact with the criminal justice system

Substantial proportions of Clients had had contact with the criminal justice system within the past year prior to receiving Housing First support. Over four in ten (44%) had antisocial behaviour actions taken against them in the last six months. Within the past 12 months, 14% had received cautions, three in ten (31%) had been arrested and 16% had been convicted of a crime. Three quarters (73%) of Clients had spent time in prison, although only 16% had done so in the past year prior to recruitment.

2.8 Victim of crime

Clients were very likely to have been victims of crime prior to recruitment to Housing First, with only a quarter (26 %) saying that they had not been a victim in the previous six months. Given a list of potential crimes, one in five (19%) Clients said they had been a victim of every crime on the list. Among others, the most common forms of crime that they experienced were their belongings being stolen (35%), being threatened (31%), and being verbally abused (29%).

2.9 Qualitative evidence

Qualitative data echoes these findings and provides some of the context as to the vulnerabilities and level of need experienced by Housing First service users. Almost without exception interviewees described having a range of needs, typically experienced concurrently or serially rather than singly. These needs included:

- Problems with either drugs, alcohol, or both. For example, many reported a current or previous dependency on heroin and/or crack cocaine, some of whom had started using illicit substances in their early teens or even younger and others while in prison. Others reported previous or ongoing dependency on alcohol.

- Poor physical health. Many reported histories of poor physical health, including chronic conditions such as COPD and respiratory disease, brain injury and chronic pain. Problems with mobility were also described, sometimes due to complications with infected injecting sites, which could restrict the types of property that would be suitable.

- Mental health conditions. Interviewees reported a range of mental health conditions, most commonly depression and anxiety, but also in some cases more severe and enduring problems. Some service users were waiting for mental health assessments, which had been delayed due to the pandemic.

- A history of offending behaviour. Several interviewees reported repeated long-term contact with the criminal justice system with some having been imprisoned multiple times.

- Domestic violence. Several female interviewees spoke about their experiences of domestic violence/abuse. For some, a long history of domestic abuse was the primary reason for their homelessness.

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

Case Study 1 Callum

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

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

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

At the time of interview Callum had been with Housing First for just over 18 months. He was in his third tenancy with Housing First but was settled in his own home. He was no longer using drugs and was successfully undertaking voluntary work which helped keep him focused and motivated.

2.10 Summary of key points

Both qualitative and quantitative data highlight the prevalence of a range of vulnerabilities and complexity of need of those receiving support from the Pilots. Qualitative data describes how interviewees had frequently experienced multiple adverse life events including, by way of example, abuse, neglect or abandonment in childhood, the death of parents and close family members, experiences of being in care, involvement in gangs, time spent in prison, prolonged domestic violence, and/or involvement in street sex work.

Baseline quantitative data shows that almost all service users had experience of rough sleeping, and that many had been homeless for a very long time. Rates of self-reported physical and mental health problems were high, as was the prevalence of long-standing illness or disability. Most self-reported substance use, particularly drug use, at the point of recruitment. The majority reported experience of the criminal justice system, with three quarters having spent time in prison during their lifetime and an equal proportion having been a victim of crime in the six months prior to acceptance on the programme.

3 Housing First Client Outcomes

3.1 Introduction

This chapter describes the progress that Clients made from the time they entered Housing First to around three years later. It is based on 312 clients who entered Housing First between November 2019 and November 2021 who completed a survey about their situations prior to Housing First (for example in relation to housing, health and wellbeing, substance use, social connectedness, safety, and contact with the criminal justice system) as well as their history of homelessness. These clients were asked again after six and 12 months to complete a similar set of survey questions about their current situations. Further to this, in summer/early autumn 2023, staff were asked to report on what they knew about their current housing situation, as well as anything they knew about any treatment they were receiving, any issues in relation to drugs, alcohol, or crime. The interval between baseline and this final set of outcomes was typically around three years, although there is a lot of variation around this.[13]

It is very likely that the follow-up surveys overrepresent those who have been offered and have stayed in long-term accommodation, simply because those exiting are both harder to locate and are harder to engage in research. Nevertheless, even with this bias in terms of exits, both of the six-month and 12 months samples look to be broadly representative of all baselined Housing First clients in terms of personal characteristics and baseline circumstances. And the baseline, six-month and 12-month samples are broadly in line with the programme monitoring information (MI) data in terms of the few personal characteristics that are comparable. The MI suggests that around 30% of those on the programme by the end of 2021 were female (the six-month survey data has 33% and the 12-month has 34%), and 77% of those on the programme were ex-offenders, a figure very similar to the outcome survey profile at each time point (72% in the baseline sample, 71% in the six-month sample, and 69% in the 12-month sample, excluding those that did not answer the question).

The survey data at each time-point has been weighted so that the percentage per Pilot from the survey reflects the relative size of each Pilot.[14]

Section 3.2 focuses on changes in clients' outcomes from the time they entered Housing First to around a year later, based on the 167 clients who responded to the 12-month survey[15]. Section 3.3 then provides an update – based on reports by Housing First staff – regarding where clients were around three years after entering the programme, and section 3.4 presents qualitative evidence of client outcomes.

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[13] Given the range of baseline dates, this gives final follow-up intervals of between 22 and 46 months, with a median interval of 34 months.

[14] At each time point, the clients have been weighted for the analysis so that the data reflects the proportion of clients supported by each of the three Pilots by the end of November 2021.

[15] For brevity, the synthesis report does not include the change between baseline and six months. However, the picture is largely similar to the 12-month findings, with much of the progress made in the first six months. For more information, see https://assets.publishing.service.gov.uk/media/65a1503ce96df5000df845ba/Housing_First_Pilots_report_on_clients__12-month_outcomes.pdf (.

While the absence of a comparison group of similar people not offered Housing First[16] means that changes in outcomes cannot formally be attributed to Housing First, the outcomes observed are very encouraging, with statistically significant improvements evident across a wide range of outcome measures in the first year and continued high levels of stability and support after three years.[17]

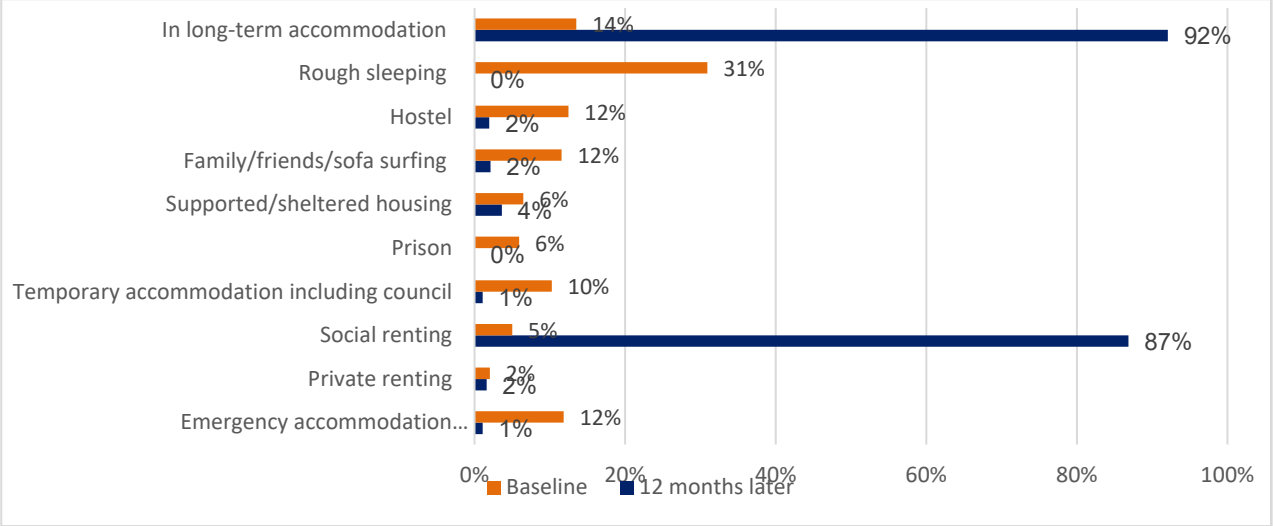
3.2 Changes in the first 12 months

Housing

Clearly, the cornerstone of Housing First is for clients to secure and maintain long-term accommodation, and this was achieved for the vast majority of clients a year after entering Housing First (Figure 3.1).

In the month prior to entering Housing First, the vast majority (86%) of clients reported having precarious, unstable living circumstances, with the largest group (31%) reporting having slept rough for most of that month. A year later, nearly all clients (92%) were living in long-term, largely social rented (87%), accommodation. By that point, none of the clients were sleeping rough and there was a significant drop in the proportion of clients who were staying in hostels, staying with friends or family because they had no home of their own (sofa surfing), or living in emergency accommodation[18].

Figure 3.1: Housing situation



Base: Clients completing baseline and 12 month follow up survey (167)

[16] Original evaluation plans to include a comparison group were thwarted by the pandemic.

[17] P-values for key changes are provided in footnotes, with full information available in the 12-month outcomes report.The p-value is the probability of an observed difference being due to chance alone, rather than being a real underlying difference for the population. A p-value of less than 5% is conventionally taken to indicate a statistically significant difference ($p<0.05$). The term 'statistically significant' is often abbreviated in the text to 'significant'. The tests of significance take into account the fact that the data is longitudinal and weighted (using the SPSS complex samples module). Tests are based on change scores per person, with the test being that the average change score is significantly different to zero.

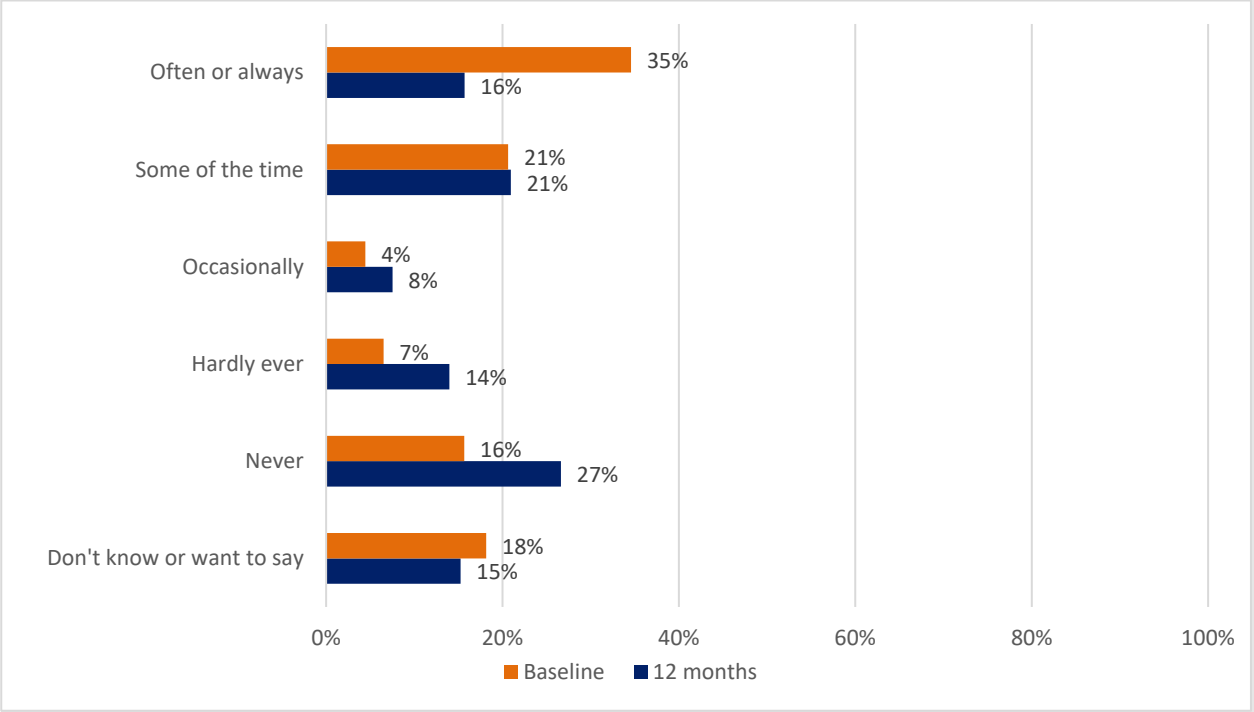
[18] Given the absence of secure housing is a key eligibility criterion for HF, it is somewhat surprising that 14% of clients reported being in long-term accommodation in the month prior to entering HF. It is likely that these clients misinterpreted the survey question and answered about their current circumstances rather than the month prior to entering HF. Alternatively, they may have answered about the tenure of the place they were living (e.g. if sofa surfing with family or friends).

Social connectedness

A substantial number of Clients were feeling less lonely and more socially connected a year after entering Housing First.

Over the 12-month period, there had been a significant reduction in the proportion of clients reporting feeling lonely (Figure 3.2). When they entered Housing First, a third (35%) of clients reported 'often or always' being lonely, a percentage which had halved to 16% 12 months later. Similarly, the percentages saying they 'never' felt lonely nearly doubled from 16% to 27% over the period.[19]

Figure 3.2: Loneliness



Base: Clients completing baseline and 12 month follow up (167)

Perhaps linked to support within Housing First, clients were significantly more likely at the 12-month point, compared to when they entered Housing First, to have people to turn to for support. Coming into Housing First, 70% of clients felt they had someone to listen to them, a figure which rose to 81% after a year.[20] However, after a year, while three quarters (75%) of clients reported feeling at home where they lived, only half (48%) reported interaction with people locally.[21]

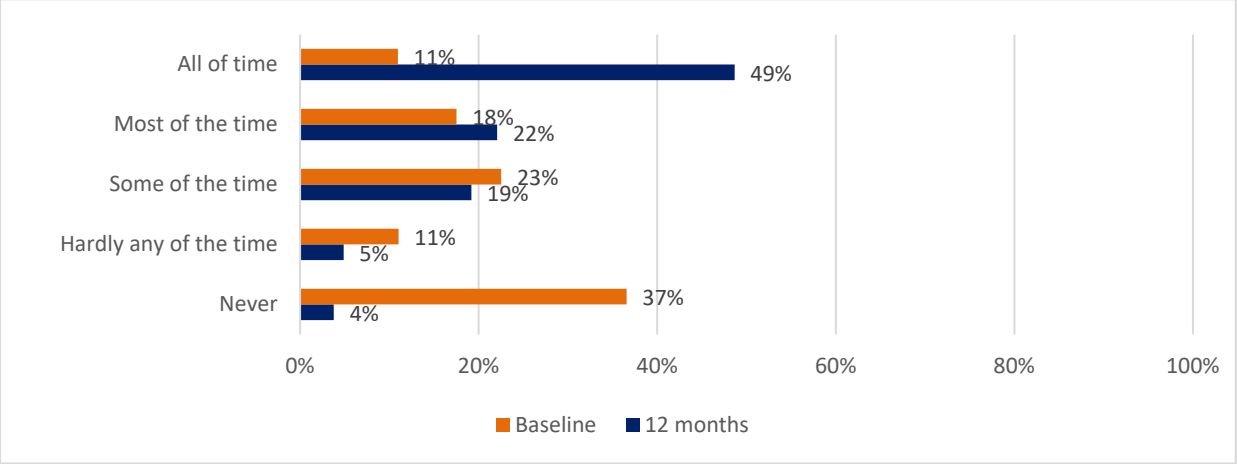
Safety

Again, positively, a year after entering Housing First, clients were significantly more likely than before to feel safe and less likely to have been a victim of crime (Figure 3.3).

[19] P-value for the change in levels of loneliness <0.001.
[20] P-value 0.003.
[21] These questions were not asked at baseline.

At 12 months, half (49%) of clients felt safe all of the time, with a further fifth (22%) feeling safe most of the time. This is a significant improvement on the comparative figures of 11% and 18% before entering Housing First.[22]

Figure 3.3: Feelings of safety



Base: Clients completing baseline and 12 month follow up (167)

Prior to entering Housing First, the majority of clients had been a victim of crime during the previous six months, with only three in ten (30%) saying that they had not been. A year on, 55% reported that they had not been a victim of crime in the preceding six months.[23]

Wellbeing and health

As reported in Section 2.5, clients were experiencing a range of health issues, with high levels of need in relation to both physical and mental health at the point they entered Housing First.

However, a year after entering Housing First, there had been a significant positive shift in relation to clients' wellbeing and health, particularly mental health, compared to their circumstances prior to entering Housing First.

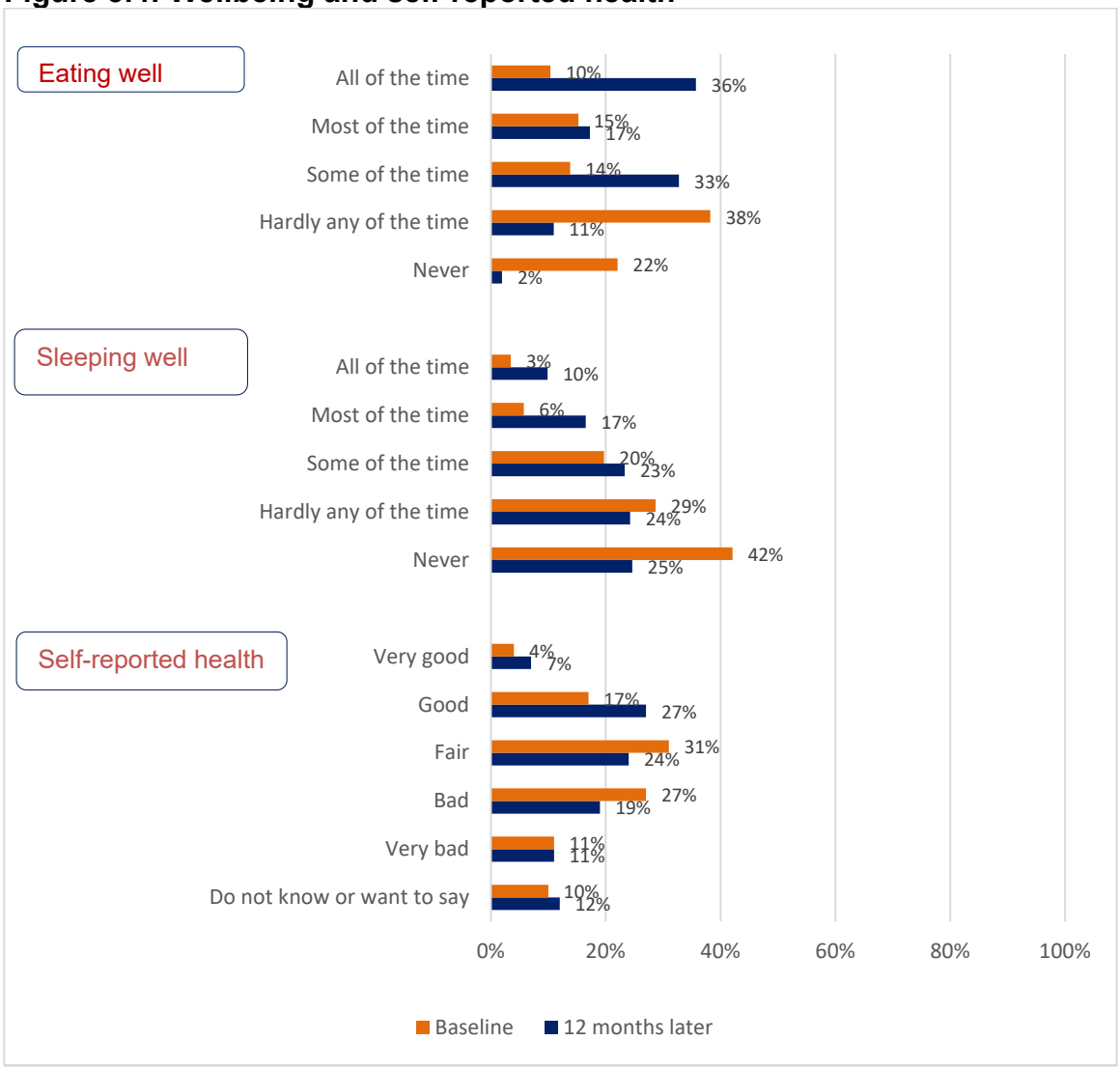
Significantly greater proportions of clients reported eating and sleeping well one year after entering Housing First. At baseline, using a five-point scale, 10% of clients reported eating well 'all of the time' and 3% slept well 'all of the time'. A year later, these percentages were 36% and 10%. Conversely, the percentage reporting 'never' eating well fell from 22% to 2%, with the comparable figures for sleeping well-being 42% and 25%.

Clients were also significantly more likely to perceive their overall health as good after a year. Using a five-point scale, at baseline, 4% rated their health as 'very good' and 17% as 'good'. A year later, the percentages were 7% and 27%. Most of the shift had happened in relation to the proportions of clients reporting 'fair' or 'bad' health. At baseline, 31% of clients rated their health as 'fair', 27% rated it as 'bad' and 11% rated it as 'very bad'. A year later, the proportions rating their health as 'fair' was 24% and the proportion rating

[22] P-value <0.001.
[23] P-value <0.001.

their health as ‘bad’ was 19%. However, the proportion rating their health as ‘very bad’ remained at 11% (Figure 3.4).[24]

Figure 3.4: Wellbeing and self-reported health



Base: Clients completing baseline and 12 month follow up (167)

In addition, significantly fewer reported suffering from anxiety (71% compared to 81% on entering Housing First) and depression (68% compared to 80%). There had also been an improvement in access to health services, with a significant increase in the percentage of clients registered with a GP from 60% to 92%.[25]

Drug and alcohol use

In contrast to the improvements observed in relation to housing, safety and health, a year after entering Housing First, there were fewer signs of a reduction in drug use or problematic alcohol intake (Figure 3.5).

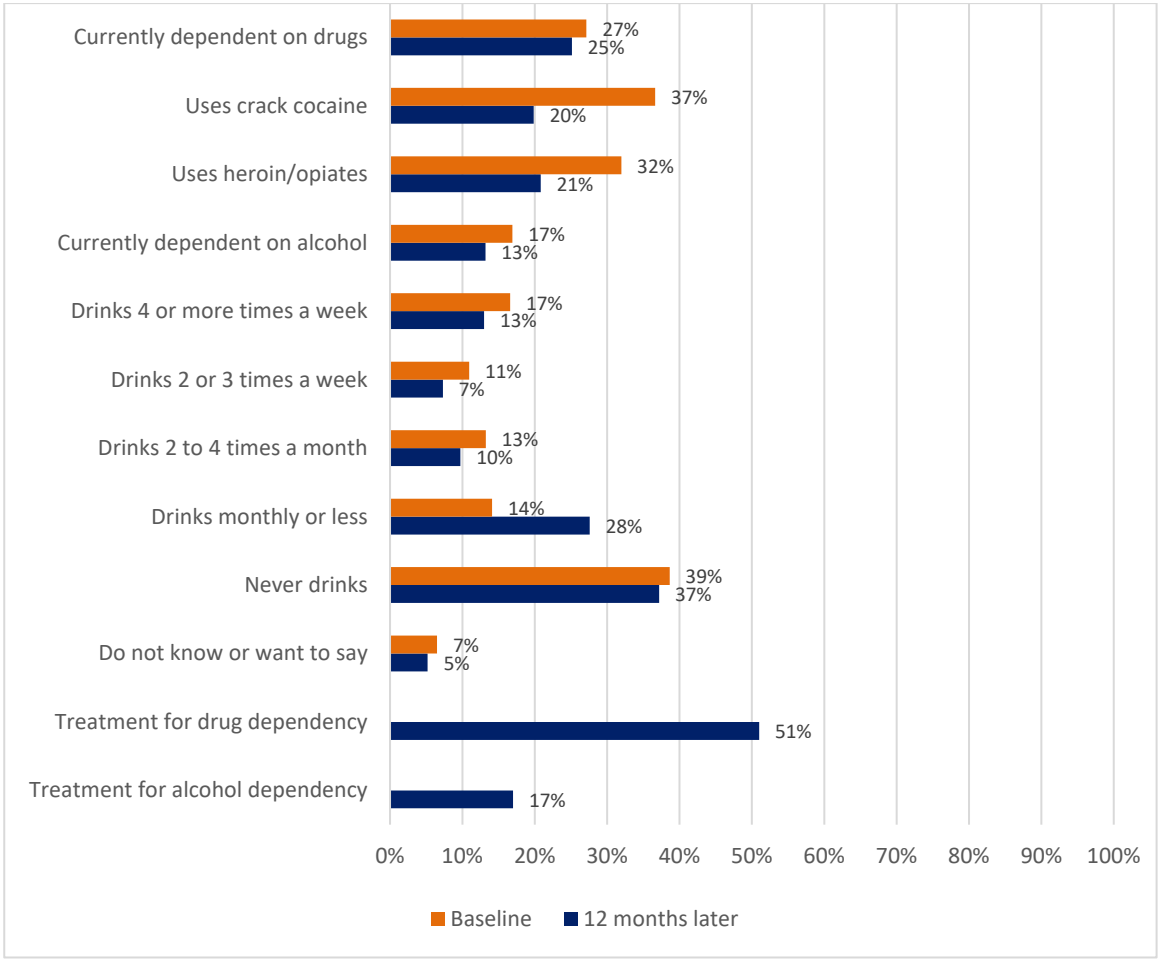
[24] P-values in relation to eating and sleeping both <0.001; for self-reported health 0.002.
[25] P-value for anxiety 0.014; for depression 0.009; for GP registration <0.001.

At baseline, 27% of clients said that they were dependent on drugs, a percentage which was still 25% a year later. However, there is some evidence of a reduction in the usage of particular drugs (e.g., a fall in the percentage using crack cocaine in the previous three months from 37% before entering Housing First to 20% after a year).[26]

The proportion of Clients who reported being dependent on alcohol when they entered Housing First was substantially smaller (17%) than those who were drug dependent, and this proportion had not changed significantly (13%) a year later. However, there is some evidence of a reduction in the frequency with which clients were drinking alcohol.[27] For instance, the percentage of clients reporting drinking once a month or less doubled from 14% at baseline to 28% a year later.

What is more, substantial numbers of clients had taken action in relation to their substance dependency. Half of clients (51%) had received treatment for drug dependency since entering Housing First, and 17% had done so for alcohol dependency.

Figure 3.5: Recent self-reported drug and alcohol use, dependency and treatment behaviours



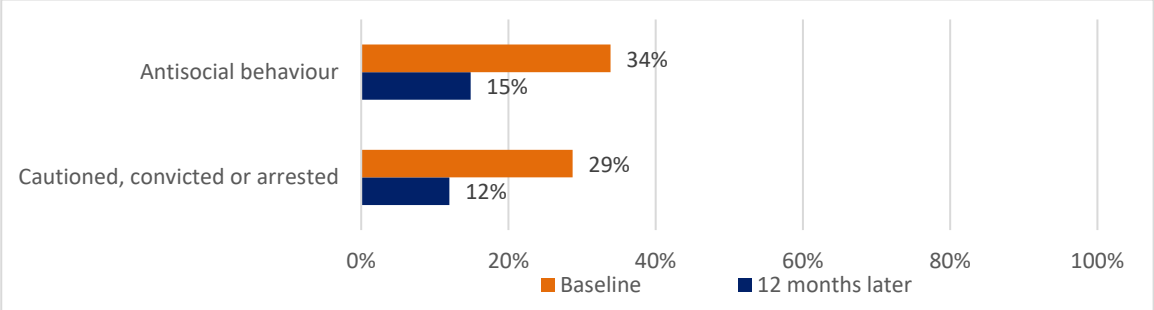
[26] P-value for drug dependency 0.6754; for crack cocaine <0.001; for heroin/opiates 0.005.
[27] P-value for alcohol dependency 0.117; for reduction in frequency of drinking alcohol p-value 0.043.

Clients completing baseline and 12 month follow up (167)

Contact with the criminal justice system

A year after entering Housing First, there is also evidence of positive change in relation to the risk of clients being involved with the criminal justice system. After 12 months, clients were significantly less likely than previously to report having been involved in antisocial behaviour (as indicated by receipt of notices, orders, or injunctions) or criminal behaviour. In the six months prior to entering Housing First, a third (34%) of clients reported having been involved in antisocial behaviour, a figure which dropped to 15% at the 12-month follow-up. Likewise, while 29% of clients had been cautioned, arrested, or convicted of a crime in the year prior to Housing First, at the 12-month point, only 12% reported having done so in the previous six months (Figure 3.6).[28]

Figure 3.6: Antisocial behaviour and contact with criminal justice system



Base: Clients completing baseline and 12 month follow up (167)

Income, employment, training and future plans

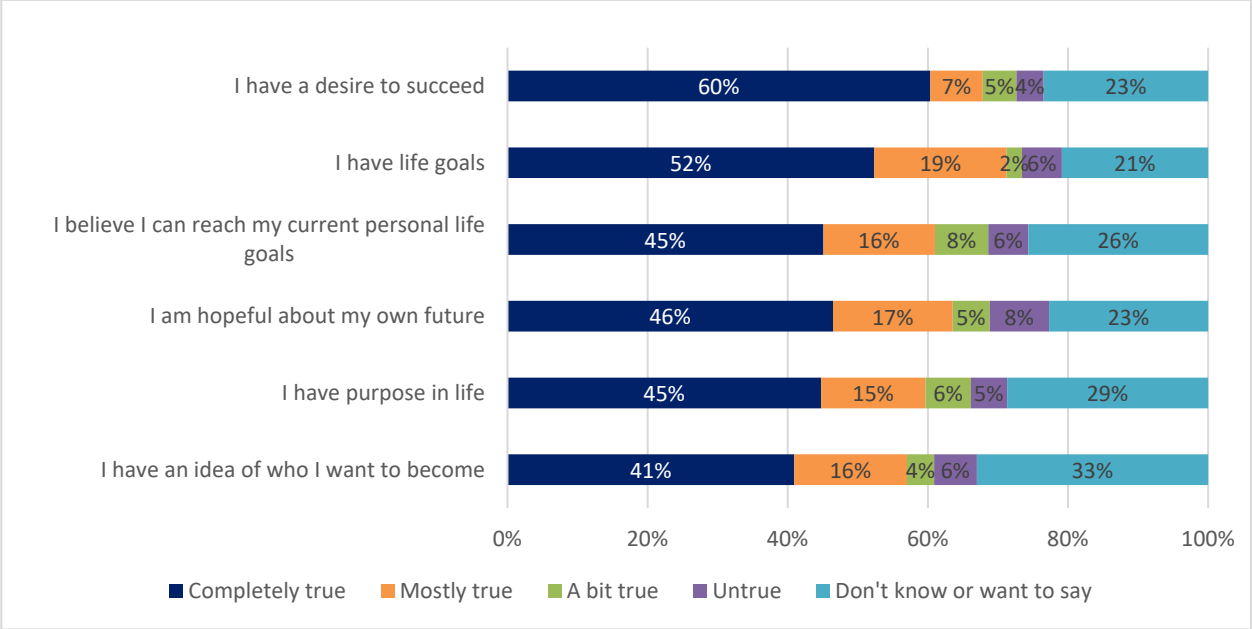
A year after entering Housing First, there is little evidence of clients having become closer to the labour market. Only 4% of clients were in paid work and only a further 3% were looking for work or expecting to be in work in the next six months. This is in line with the Housing First theory of change, which would not predict an impact of Housing First on employment at this early stage, given the severity of disadvantage that clients have typically experienced.

However, there is some suggestion that Housing First may have ensured that clients were claiming the disability benefits to which they were entitled. At the 12-month follow-up, 56% of clients were in receipt of disability benefits, compared to 33% before they entered Housing First.[29]

Also, when asked a series of statements about future plans a year after entering Housing First, substantial proportions of clients had positive plans. Using a four-point scale, six in ten (60%) clients said that it was 'completely true' that they had the desire to succeed, and half (52%) said it was 'completely true' that they had life goals (Figure 3.7).

[28] P-values for ASB and cautioned, convicted or arrested both <0.001.
[29] P-value <0.001.

Figure 3.7: Future plans



Base: Clients at 12-month follow up (167)

Outcomes for different subgroups of the client population

A year after entering Housing First, significant improvements in clients' outcomes were generally evident across the whole of the client population. Analysis comparing changes in outcomes among different types of clients (differentiated by gender, age, where they were living prior to Housing First, age they were first homeless, health, mental health, learning disability and substance dependency) showed no significant variation in the extent or nature of outcomes achieved.

However, there were some indications that older age, first experiencing homelessness at an earlier age, and having a cognitive impairment/disability were associated with making less progress in relation to health and alcohol and drug dependency issues. Moreover, at the 12-month point, women's accommodation and health outcomes were less likely to have improved than those of men.

3.3 Further outcomes data

As explained above, the data collected at around three years after clients joined Housing First is based on the reports of Housing First staff. This sits in contrast with the baseline and six and 12-month follow-up data, which is based on the self-report of Clients. Moreover, while the survey asked clients more detailed, often more nuanced questions about their circumstances, the staff were asked largely simple binary questions about their clients' current situations. These issues make it difficult to make direct comparisons or to assess change over time. Certainly, for some outcomes (most notably drug and alcohol dependency), the disparity in client and staff reports would suggest that the differences may be attributable to reporters' interpretation (and potentially question wording) rather than indicative of real change. So, rather than use the data to report on changes over time, we use the 'around three year' outcomes to provide a broad picture of clients' circumstances, as understood by Housing First staff.

Around three years after joining Housing First, six in ten (59%) who provided baseline data when they entered Housing First were still in the programme. A further 14% had graduated, while 9% had entered alternative accommodation, and 3% had moved out of the area. Over the period, 7% of clients had died and 3% were reported not to be on Housing First because they were in prison at the point of the follow-up. [30] Housing First staff had lost contact with 5% of the clients who provided baseline data.

Although staff were asked what they knew about outcomes in summer/early autumn 2023 for everyone who took part in the baseline survey, regardless of whether they were still involved in Housing First, understandably information – other than on housing outcomes – on those who had by that time left Housing First was patchy. So, with the exception of housing, the findings in this section focus on people who were still in Housing First three years on. In general, it is a picture of stable housing for the majority of those who entered Housing First, and high levels of support. However, substantial numbers of clients have ongoing health and substance dependency issues, and very few were in work or seemingly close to the labour market.

Housing

Overall, staff knew the living situations of nine in ten (86%) of those who had provided baseline data when they entered Housing First, who were not known to have died.[31] Figure 3.8 shows what staff reported about all clients who provided baseline data who were not known to have died three years later (the orange bars) and about those still in Housing First (the navy bars).

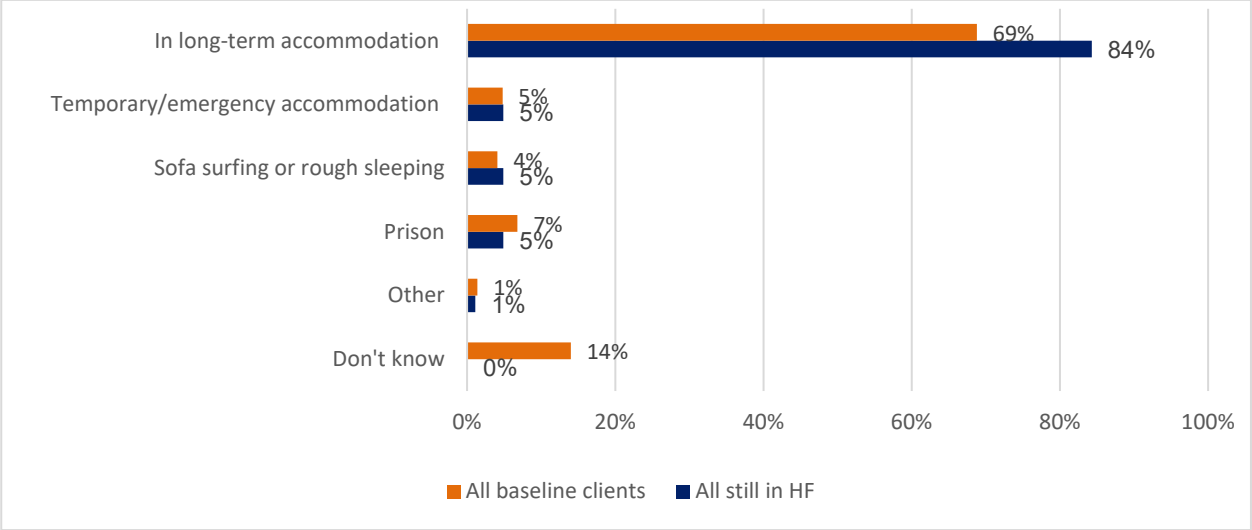
Staff reported knowing that seven in ten (69%) clients who took part in the baseline and had not died were in stable accommodation after three years, with a further 5% in temporary accommodation. A small minority were sofa surfing (2%) or rough sleeping (2%) and 6% were in prison.

Among those still in Housing First, the vast majority (84%) of clients were in stable accommodation around three years after joining Housing First. Most (81%) were in social housing, with 2% in supported or sheltered housing and 1% renting privately. Of the remaining 16%, 5% were in temporary accommodation, 3% were rough sleeping, 2% were sofa surfing and 5% were in prison.

[30] This is in line with the proportion of clients dying in other HF programmes within and beyond the UK (e.g. https://pure.hw.ac.uk/ws/portalfiles/portal/65371759/PathfinderEvaluation_FinalReport_Summary.pdf; https://homelesslink-1b54.kxcdn.com/media/documents/Reducing_changing_or_ending_Housing_First_support_2021_full_report.pdf; https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11310-w.

[31] That is, among those still on HF, graduated, entered alternative accommodation, moved area or were in prison.

Figure 3.8: Housing situation around three years after entering Housing First



Bases: All clients completing baseline survey known to be alive after three years (287); all still in HF at final follow up (201)

Information about those who had moved out of Housing First was, unsurprisingly, patchier, with no information available on substantial proportions of these clients. However, where there was information available about those who had graduated or entered alternative accommodation three quarters (77%) were known to be in stable accommodation.[32]

Where clients were in stable accommodation, their housing situation was largely well-established. A quarter (24%) had been in their accommodation for a year to two years, half (48%) had been there two to three years, and 15% had been there for over three years.

Reviewing different groups of Clients, there was very little indication that certain demographic groups were more likely to be in long-term accommodation – or indeed still engaging with Housing First – three years later. Looking at clients' circumstances when they entered Housing First, there were no significant differences between men and women; people of different ages; people with and without mental health issues, learning disabilities, drug, or alcohol problems; people with differing levels of health; people who were rough sleeping or in temporary accommodation; and the age at which people first became homeless.

The only significant sub-group differences in housing status three years after recruitment to Housing First related to age and drug dependency. Specifically, around three years after baseline:

- Those aged 40 or over were significantly more likely than younger people to be in long-term accommodation (76% compared to 63%). Staff were more likely to have lost touch with or have no information about younger people (18% compared to 9% of older people).[33] Older people (aged 40 or over) were also more likely than their younger counterparts to still be in Housing First (72% compared to 57%).[34]

[32] There was information on where someone was living for 68% of those who had graduated or entered alternative accommodation.
[33] P-value 0.040.
[34] P-value 0.026.

- Those who came into Housing First with a current or recent drug dependency were less likely than those who did not to be in long-term accommodation (65% compared to 78%), with drug dependency associated with being more likely to be in temporary accommodation or rough sleeping three years later (21% compared to 9%).[35]

Services and support in Housing First

Reflecting the findings above, levels of support for drug and alcohol dependency were relatively high for those still in Housing First. Half (57%) of all clients still in Housing First had received treatment in the previous six months for drug misuse, and a third (31%) had done so for alcohol misuse.

Substantial numbers of those still in Housing First were also receiving treatment in relation to their mental and physical health. During the previous six months, half (52%) of these clients had received treatment for physical health issues and four in ten (42%) had done so in relation to their mental health. Three in ten (30%) had been to A&E over the same period.

Being a victim of crime or involved with the criminal justice system

Around three years after baseline, as far as Housing First were aware, a third (34%) of the clients who were still in Housing First had been a victim of crime in the previous six months, and a third (35%) had had contact themselves with the criminal justice system.

Economic activity

Despite early aspirations of moving towards employment (see Figure 3.7), around three years after baseline, only 1% of those still on Housing First were in paid work; in all cases this work was part-time. However, a further 5% were volunteering and 2% were in education or training.

3.4 Client and stakeholder perceptions of benefit and outcomes

In interviews Clients were able to provide numerous examples of the benefits of being on Housing First. The most frequently reported benefits were being offered the opportunity to accept a tenancy in an area they had chosen and receiving flexible and non-judgmental help from their support worker. These aspects combined had clearly provided the platform from which other positive outcomes could be achieved. Commonly reported benefits included better access to help and support with physical and mental health leading to reduced or more stable drug and/or alcohol intake and support for long-term health conditions that had previously been neglected:

> *Since I've been indoors my health seems to be just getting better. Everything is getting better. I'm a lot happier… I'm fitting right into the community here. I've made loads of friends around the area. It's nice to know that I fit in around here. Normally*

[35] P-value 0.047.

people are too quick to judge you, all they see is an addict. I'm not getting that so much around here. My neighbours are great, they do a lot for me.

Stakeholders and delivery staff provided evidence of clients experiencing positive impacts across the full range of outcomes quantitively measured by this evaluation (housing retention, substance misuse, health, criminal activity, social support etc.). What was notable in these accounts was the 'distance of travel' experienced by these clients many of whom had been homeless for long periods of time due to a combination of childhood trauma and other adverse life events. These journeys were often described in terms such as 'astonishing', 'amazing', 'remarkable', 'incredible' and 'miraculous.'

> *They've had some absolutely miraculous outcomes with customers … for example one … within the first 10 weeks of being supported on Housing First he had zero hospital admissions as opposed to 54 in the 10 months prior to that.* (Stakeholder, Housing)

> *We've had some people who have actually gone through recovery, have worked on their addictions, and recovered from those which has been incredible. There're people that we've seen real changes in their mental and physical health from [working with Housing First], being in a home, a stable environment.* (Housing First Team Manager)

For some these outcomes were experienced as life changing and examples were given of individuals who had totally 'turned their lives around':

> *I had a lady that was very high on heroin and was an alcoholic. She's now completely clean. She's still on script but she's not taking drugs…She's very happy where she is now, and she's really settled. She's doing really well, paying all her bills. It's just the simple things isn't it just to get her settled and happy. I'm referring her onto bike riding classes and things and she's doing well socially.* (Support Worker)

Significant benefits that could not be captured by traditional outcome measures were also reported. Examples included one client celebrating their birthday with a cake for the first time ever, another who had visited a GP for the first time in over 35 years, while someone else had learnt to ride a bike after not having had the opportunity to do so as a child.

3.5 Summary of key points

The vast majority of Clients were in long-term accommodation a year after entering Housing First and reported significantly better outcomes across a range of measures, with sub-group analysis suggesting that, in the main, Housing First support had wide benefits across the different types of clients coming into the programme. The greatest degree of change after a year was seen in relation to social connectedness, safety, wellbeing and health, and a reduction in contact with the criminal justice system. However, there were fewer signs of positive change at that point in relation to drug use or problematic alcohol intake. In line with expectations, very few clients were in paid work, education, or training after a year.

The majority of Clients remained part of Housing First around three years after baseline (with older clients somewhat more likely to be so than younger clients) and, where Housing First staff were aware of people's situations, most continued to be in long-term accommodation (although the proportions were somewhat lower for those who entered Housing First with a current or recent drug dependency). Substantial numbers of clients who were still in Housing First were receiving treatment for a range of physical and mental health issues as well as drug and alcohol dependency three years after joining the programme. However, still only a very small minority were in employment, education, or training.

Qualitative interviews with Clients, triangulated with discussions with delivery teams and other stakeholders, provide further evidence of a range of positive outcomes and benefits. These include outcomes measured through the survey data (e.g. reduced substance use, better health and increased social integration), as well as outcomes that are difficult to quantify but nonetheless very important.

4 Delivering Housing First

4.1 Introduction

This chapter explores the implementation of Housing First. It summarises the evidence for what has worked well, the challenges faced by the Pilots, strategies for overcoming these and key learning. It covers the key elements of delivering Housing First including referral and recruitment, sourcing accommodation, supporting clients, and staff recruitment and retention. It also covers the experiences of the Pilots in working with partner agencies and their efforts to deliver fidelity to the Housing First principles. The chapter brings together the monitoring data collected by the Pilots with qualitative data from interviews and focus groups with Clients, staff, partners, and strategic stakeholders undertaken over the four years of the evaluation.

4.2 Referral and recruitment

Numbers referred, supported, and exiting

At the end of December 2022, monthly monitoring data provided by the Pilots shows that a total of 884 individuals were on the programme at that timepoint, of whom 684 were housed and 173 were waiting to be housed, with the remainder (n=27) still on the programme but either in prison or hospital.

Over the lifetime of the programme a total of 1,396 individuals had been accepted onto the programme of whom 512 had exited by the end of December 2022. At the individual Pilot level, 169 (34% of the total supported at any time) had exited the GMHF Pilot, 82 (28%) had exited the LCRCA Pilot, and 261 (43%) had exited the WMCA Pilot.

Across the three Pilots the most commonly reported reason for exit was loss of contact with the individual (103), sadly followed by dying while on the programme (90 or 6% of the total number of individuals recruited onto the programme). As a percentage, this figure is on a par with the numbers of clients dying while on other Housing First programmes, both in the UK and internationally.[36]

Data collected by the evaluation team on clients who had taken part in the baseline survey shows that, at three years after recruitment staff were less likely to be in contact with younger people than their older counterparts and the latter were more likely to remain on the Housing First programme.

The total number of graduations was 86 compared to 32 at the end of November 2022. Graduation from Housing First is defined by MHCLG *'as a client-led, mutually agreed move away from Housing First support, while the client is living independently in a successful tenancy'*. Numbers of graduations varied widely between the Pilots with WMCA

[36] Blood, Imogen et al. (2021). *Reducing, changing or ending Housing First support*. Available at: https://hfe.homeless.org.uk/sites/default/files/attachments/Reducing%2C%20changing%20or%20ending%20Housing%20First%20support.pdf. Johnsen, S., Blenkinsopp, J., & Rayment, M. (2022). *Scotland's Housing First Pathfinder Evaluation: Final Report*. Heriot-Watt University. https://doi.org/10.17861/8GJ7-SV28.

recording 67 graduations and LCRCA and GMHF recording 10 and 9 respectively. Qualitative evidence suggested that some support workers in the WMCA Pilot felt under internal pressure at certain time points in the programme to graduate clients given that the funding model for the service was based on a high number of expected graduations. There were also concerns that this compromised fidelity to the principle of support as long as it is needed.

Referral pathways and processes

After some initial trialling of different approaches all three Pilots established broadly similar referral criteria using a form of the New Directions Team (NDT) assessment, alongside additional criteria to assess eligibility. All three Pilots faced challenges in establishing referral pathways and processes across partner agencies in the first year of delivery. Challenges led to a number of inappropriate referrals for typically for the following reasons:

- Individuals were referred without their consent or knowledge, that is, the importance of user choice in engagement with Housing First had not been fully appreciated by referral agents;

- Individuals referred lacked capacity, for example due to a severe learning disability and/or acquired brain injury. On referral it subsequently became clear that these individuals were not able to understand a tenancy agreement or the consequences of failing to adhere to any associated conditions. Interviewees commonly agreed that alternative interventions including, but not limited to, supported or sheltered housing, would be more appropriate for such individuals;

- Individuals were referred with extremely poor health, wherein their healthcare needs could not be met by Housing First. (e.g. individuals requiring nursing care) There was consensus amongst interviewees that sheltered housing or alternative provision offering full-time nursing care would be more appropriate in these cases.

The Pilots responded through establishing new and/or building upon existing multi-agency referral panels/forums focused on vulnerable adults and/or people with multiple and complex needs. These led to an improvement in the suitability of referrals, helped strengthen multi-agency working and enabled more coherent and joined up packages of support to be delivered.

Key enablers to the development of more effective referral processes included: the use of clear referral criteria that were well understood by partner agencies; local multi-agency referral panels that provided a forum for consideration of individual referrals and joined up support planning; multiple and honest conversations with individuals being referred involving clear explanations of what Housing First can and cannot offer; being realistic about what holding a tenancy means in practice; and exploiting insofar as possible ‘windows of opportunity’ to engage with individuals when they were ready to make a change.

4.3 Securing accommodation and maintaining tenancies

Numbers housed

The Housing First Pilots have delivered significant housing outcomes since their inception in 2019.At the end of December 2022, monthly monitoring data provided by the Pilots showed that a total of 884 individuals were on the programme at that timepoint of whom 684 were housed and 173 were waiting to be housed, with the remaining 27 still on the programme but either in prison or hospital. The **total number housed** including at end of December 2022 and formerly was **1,061**[37]. The majority of individuals had sustained their tenancies, with 68% having done so for between one and three years, and a further 10% for longer than three years. A total of 79% of current clients had sustained their tenancies for at least one year at the end of December 2022[38].

Across the programme as a whole 458 individuals (67%) had been housed by registered housing providers, 209 (31%) in council-owned properties and only 17 (2%) individuals had been accommodated in the private rented sector. There was however a marked difference between the Pilots in terms of numbers housed in local authority properties. Hence in WMCA where access to council owned stock was good (in particular in Birmingham) compared to the other Pilots a total of 178 individuals (representing 57% of all those housed by WMCA) were housed by the local authority. This compares to none in LCRCA and 31 (or 13%) in GMHF.

Securing accommodation

Securing access to affordable and suitable accommodation has been a major challenge for all three Pilots throughout the lifetime of the programme. This has been particularly true for one-bedroomed properties in popular city centre locations and adapted properties for individuals with disabilities. Problems have been exacerbated by the COVID-19 pandemic which saw a slowdown in tenancy turnover and the current cost of living which has seen people more reluctant to move and more licence given over rent arrears resulting in fewer evictions and hence voids.

Waiting times vary across and within the Pilots, with some clients housed quickly after referral while others, including those in need of adapted accommodation or being very specific as regards their choice of location, waiting for much longer periods. Average waiting times have, however reduced over the lifetime of the programme. For example, in GMHF the average length of time between referral and housing reduced over the course of the Pilot from 135 days in Year 1 to 94 days in Year 3. In Birmingham waiting times are relatively short where a bespoke fast-track pathway for Clients was established with an allocation process that did not put a formal limit on the number of offers made. Long waits for housing in some individual cases have remained a key source of frustration for frontline staff given the negative effect these can have on some service users' motivation and morale. In LCRCA for example, in certain areas where demand and competition are very

[37] Figure includes those still on the programme and those that had been accepted by subsequently exited

[38] Care should be taken in interpreting both the share of service users housed and the duration of their accommodation, as they represent flow measures which can be expected to change once remaining service users are housed and others sustain their tenancies for longer going forward. It should also be noted that tenancies are considered sustained Housing First even where there have been one of more moves between properties.

high individuals have waited for up to 47 weeks to be housed. Frontline staff in all Pilots reported that delays in securing property offers can place immense strain on their relationship with service users. While waiting to be housed clients in all areas are offered temporary accommodation (including supported accommodation, short-term social housing, hostel etc) and assigned a support worker who provides on-going practical and emotional support in line client needs.

All three Pilots have maintained a focus on building relationships with registered housing providers (RHP) and in particular in those areas where there is no access to council owned stock. Both GMHF and LCRCA have dedicated staff posts within their central teams tasked with generating a pipeline of accommodation.

The willingness of providers to offer tenancies is in part contingent upon their perception of the level and longevity of support Housing First is able to provide to tenants. In some areas RHPs have become more confident about what Housing First can offer but there is a high degree of variation between providers in terms of their engagement with the programme Service Level Agreements (SLAs) have also been important although these have not always been as successful as originally envisaged with the number of properties secured from RHPs falling short of the number pledged. Establishing Memoranda of Agreement (MOA) that set out the detail of mutual expectations, commitments, and actions as implemented by LCRCA might prove more effective.

Efforts to engage with the private rented sector with a view to increasing levels of access to suitable properties have been met with little success with only 2% of all service users housed in this sector at the end of 2022. Interviewees reported that not all landlords are invested in the Housing First model and remain unwilling to take on what they see as high-risk tenants. While demonstrating success has convinced a minority of landlords of the value of Housing First others remain sceptical that the level of support provided to tenants is sufficient to mitigate potential problems and have not come forward with property offers.

Maintaining tenancies

In client interviews the most frequently reported benefit, above all others, was being settled in their property and having a space of their own.

> *Housing First has made a huge difference to my life. It's been a massive, massive difference to my life. Having my own place, my own space, my own time to be who I want.*

As well as providing security and a release from the pressures associated with homelessness their tenancy provided the platform from which other positive outcomes could be achieved. Commonly reported benefits included better access to help and support with physical and mental health leading to reduced or more stable drug and/or alcohol intake and support for long-term health conditions that had previously been neglected.

> *Having a house and support has changed my lifestyle completely. I've reduced my drug taking and I'm volunteering. I'm going out and speaking to people, "normal people" who aren't on drugs.*

Having my own place really does help me to get back up when I do fall down [figuratively]. And living on the streets my health was bad all the time. Since I've been indoors my health seems to be just getting better. Everything is getting better. I'm a lot happier…

The success of a tenancy is influenced at least in part by the groundwork done before the tenant moves into a property. Making sure clients are fully informed of what Housing First can offer and what accepting a tenancy will mean in practical terms were widely held to be important by Housing First providers. Equally important was helping clients to 'create a home' with the personalisation fund representing a valuable resource to enable them to furnish their property to their own taste, set up utilities and generally foster a sense of belonging. Many client interviewees spoke about the pride they took in their new home, for example decorating it, and being motivated to maintain the property to a high standard.

The continuing viability of a tenancy is largely contingent upon the delivery of practical and emotional support to clients once accommodated. This varies according to individual need but is typically most intense in the first few weeks or months of moving in when practical support is needed with things such as furnishing, sorting out utilities, dealing with financial issues, and registering with a GP. After this initial flurry of activity many clients experience feelings of loneliness and social isolation which can pose a risk to tenancy security. While challenging, helping clients to establish new social networks, rebuild relationships with families (if/where appropriate), and engage in positive activity are key to overcoming this while also fostering stability and independence. Small caseload sizes are critical in enabling support workers to devote sufficient time to work at this level of intensity. As the tenancy matures the focus typically shifts from intense support to giving people the skills to sustain their property and build resilience in case of crisis.

The majority of Clients have successfully maintained their tenancies. However, problems do arise that can threaten the stability of a tenancy including tenants being either a victim or perpetrator of anti-social behaviour (ASB), experiencing domestic or financial abuse, having their home 'cuckooed',[39] properties being damaged, neighbour disputes, or rent arrears. Front line staff reported that prompt multi-agency responses facilitated by existing good relationships between Housing First teams and housing providers can deliver solutions as the following case study illustrates.

[39] Cuckooing refers to the practice of taking over the home of an often vulnerable person typically in order to establish a base for illegal drug dealing.

Case Study 2 - Mandy

Mandy had been settled in her new home for a few months before a distressing incident triggered a decline in her mental health. She began throwing things at passers-by and verbally abusing people. She was on the point of being sectioned and her landlord issued her with enforcement action. A Multi-Disciplinary Team (MDT) meeting was held including Housing First support workers and psychologists and a set of support measures put in place. As a result of these interventions Mandy is reported to have '*completely transformed…she's given up alcohol and is now running'.* Consequently, the housing provider instructed their legal team to retract their enforcement action.

"I think that approach of the housing association…I mean this was serious antisocial behaviour and actually really quite dangerous. But they haven't [evicted her] they've taken onboard everything that's been said about her, they've supported all those interventions…" (Support worker)

Housing provider responses to specific problems have, however, proved widely variable with some more amenable to delaying enforcement action than others. The ease with which tenants can be transferred to a new property varies and is in part contingent upon the reason for the move. The need for clear protocols that detail how and in what circumstances a transfer may happen, and the responsibilities of all parties is indicated.

4.4 Building relationships and delivering support

Findings suggest the ability and skill of support workers in establishing and maintaining relationships with clients is critical to the success of Housing First. Perseverance with individuals and taking time to build trust are key to promoting successful engagement. As discussed above support is typically most intense in the first few months of a client's tenancy after which it can be scaled according to client need with the aim of balancing support with promoting independence and resilience.

In interviews Clients described their relationships with support workers in overwhelmingly positive terms. A range of factors were identified as critical to the quality of relationships – with honesty, trustworthiness, and empathy being key amongst these. Developing trusting relationships in which they felt they were treated with respect was important to service users who largely felt that the approach their support workers took with them was effective and non-judgemental.

> *The honesty I was getting – straight answers, honesty and there was always effort put in.*
>
> *They actually treat me like an adult. [...] They [Housing First] are coming with no judgement, they come to be here for you. They sit with you; they listen to your voice. And take your words into account instead of talking to third parties about you.*

Interviewees described commitments met and support being delivered in a way, and pace, that worked for them. The non-conditionality and 'stickability' of the support offer (which continues even when a service user is evicted from their housing or disengages from

support, for example) also appeared crucial. Knowing that someone was there for them no matter what the situation was highly valued, and this was frequently contrasted with previous experiences of support.

> *When I first met Housing First because I'd been let down so much, I thought it was another let down. The more I got to know them the more I began to trust [Housing First worker] and I began to believe there was hope... We got to know each other a bit. All I know and recall really is that there was this lovely person that had come into my life and who was telling me there was hope.*

A similar set of 'magic ingredients' were identified by delivery teams who also highlighted the importance of perseverance, flexibility, giving positive feedback, being solution focused and taking a person led approach.

The ability to maintain small caseloads (i.e. not exceeding 7) is critical to delivering the quality and consistency of support valued by service users. The three Pilots have had different levels of challenge in their capacity to maintain small caseload sizes and keep teams stable. These relate in part to the funding uncertainties experienced in 2021/22 which contributed in some areas to the loss of valued staff. Limits to opportunities for career progression and the challenges of working with people who have complex needs, who often require intensive support and can sometimes feel challenging to help have also led to staff losses.

There was a strong consensus amongst interviewees at both strategic and frontline levels that the majority of clients would need support for indefinite periods of time given the complexity of their needs and fact that recovery and behaviour change for the target population is typically slow and non-linear. Some client interviewees expressed anxiety about support being withdrawn:

> *They've given me all the support I really need, they're there for me […] All I want is for them to not disappear.*

Levels of anxiety were particularly high where individuals relied heavily on Housing First for help in accessing statutory services or where on-going support was enabling them to have contact with their children:

> *To stay in my flat, I need the support I have at the moment to continue. I didn't think it would be so soon getting my own flat and seeing my own son…In the future I want to be more settled, see my son more, and get my flat how I want it. Reduce crack use…the main aim is to not go back to prison.*

There was a consensus among interviewees that a national strategy regarding the funding of long-term (and cross-sectoral) support for Housing First users is needed. They described this as essential if projects are to fully operationalise the principle of flexible support for as long as it is needed, especially given growing evidence that successful Housing First 'graduations' have been relatively rare in the UK to date[40].

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[40] Blood, Imogen et al. (2021). *Reducing, changing or ending Housing First support*. Available at: https://homelesslink-1b54.kxcdn.com/media/documents/Reducing_changing_or_ending_Housing_First_support_2021_full_report.pdf. Johnsen, S.,

4.5 Staff recruitment, retention, and support

The Pilots have experienced a level of challenge in staff recruitment and retention across the lifetime of the programme due to a range of factors including perceived low pay, short-term contracts, competition between providers, and the challenges of working with people with multiple and complex needs. Following challenges in early recruitment efforts and the need to recruit more staff as referrals grew, all three Pilots sought to recruit staff from beyond the traditional housing/homelessness sectors with transferable skills and values felt to be compatible with the Housing First approach.

Values as well as skills and experience were widely deemed important considerations in recruiting front-line staff. The involvement of people with lived experience of homelessness was an integral part of the recruitment process in both GMHF and LCRCA. Interviewees in both these Pilots widely reported that they felt this was key to ensuring that applicants' values aligned with the Housing First philosophy and approach.

Problems with retention were particularly intense when future funding was insecure towards the end of 2021 and during the first quarter of 2022. At this stage in the programme staff attrition led to higher than intended caseloads in some areas and an associated increase in staff stress levels with some feeling unable to cope.

The experiences of the Pilots over the lifetime of the programme have underlined the imperative of providing adequate support for frontline staff in order to safeguard their well-being and support retention. The demands of their role are significant, in part because of the (sometimes challenging) ways in which people with experience of severe and multiple disadvantage interact with care, and frequency of non- or dis-engagement with offers of support in particular, but also the many gaps and weaknesses in the broader service landscape within which they operate. Hence providers gave examples of staff members leaving after a short period in the role because *"they found it too intense*" or *"could not switch off"*, while some support workers described feeling overwhelmed by the responsibility felt when a client went into crisis or 'heartbroken' when a client passed away.

The intensity and type of support available to staff differed across providers although reflective practice sessions were offered to staff in all three Pilots through a combination of group and one-to-one sessions. Where these were taken up they were generally much appreciated and described as extremely useful. Where provided, clinical support for staff was well received and there was an appetite for further consideration regarding its wider utilisation for Housing First programmes going forward.

4.6 Working across the system

Collaborative working

Evidence from the evaluation suggests the Pilots have made major inroads in terms of shifting attitudes toward the target population and have contributed to some very positive changes in working practices and cultures. Significant challenges have been encountered

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Blenkinsopp, J., & Rayment, M. (2022). *Scotland's Housing First Pathfinder Evaluation: Final Report*. Heriot-Watt University. https://researchportal.hw.ac.uk/en/publications/scotlands-housing-first-pathfinder-evaluation-final-report.

however, and there remains substantial room for further improvement if genuine systems change is to be achieved.

The development of new, and engagement with existing, multi-agency panels and/or parallel Multi-Disciplinary Teams (MDTs) were universally acknowledged to have promoted person-centred working and helped foster joined up service responses to meet the needs of Housing First service users. These forums have helped to engender constructive changes in attitude and working practices, for example through advocating for trauma-informed approaches. It was noted that external stakeholder representation on and the functioning of such panels varied within Pilot areas, however, depending on the level of commitment and capacity of other organisations to support Housing First delivery.

The multi-agency forums and other inter-agency relationships took a range of formats across the Pilots, but virtually all facilitated information sharing, problem solving, and tasking relevant agencies with appropriate actions. Multi-agency referral panels were also noted as having enabled better communication between organisations, quicker access to services, and more coherent pathways of care.

Critically, the Pilots were widely credited as having catalysed the adoption of increasing levels of 'elastic tolerance'[41] by many (but by no means all) of the housing providers with whom they engaged. Where this had been achieved, it resulted at least in part from the establishment of effective relationships between Housing First staff and housing officers, but also the provision of first-hand evidence that trauma-informed and person-centred ways of working are effective for homeless people with experience of multiple disadvantage.

Drug and alcohol services, and to a lesser extent mental health services, were also reported to have developed an improved understanding of the needs of the Housing First population. These changes were largely attributed to the input of the psychologists and Dual Diagnosis Practitioners (DDP) where these were incorporated into Housing First teams and/or the Pilots' broader involvement in MDTs. That said, even where Pilots have benefited from in-house health expertise in the form of psychologists or DDPs, the lack of flexibility and eligibility thresholds exercised by mental health and drug/alcohol services more generally continued to be an ongoing barrier hindering Housing First support workers' and psychologists'/DDPs' attempts to broker access to treatment for service users.

Challenges in engaging Adult Social Care were reported to persist in many locations. On this issue, interviewees commented on an apparent unwillingness of Adult Social Care staff to *'get to grips with really complex cases'* (Team Manager), but also observed that the capacity of social work teams to respond to the needs of Clients was limited given their typically very high caseloads.

It was noted that a lack of capacity in mainstream health and social care services in the context of a decade of austerity and following the COVID-19 pandemic have seen eligibility criteria tighten and waiting times grow. These restricted the responsiveness of other services and impeded efforts to improve cross-sectoral joint working.

[41] For example, through demonstrating willingness to consider alternatives to eviction, finding routes to resolution of ASB etc

System change

There was a widespread view amongst interviewees that whilst much has been achieved by the Pilots in terms of identifying and challenging key barriers, engendering culture change, and promoting more effective joint working, many of the procedural adaptations made represented effective 'work arounds' rather than the achievement of actual systems change *per se.* Innumerable 'small wins' were recognised and celebrated at the local level, but the apparent intractability of many systemic barriers affecting Clients was a source of frustration for Housing First providers and other stakeholders across all three Pilot city-regions.

Service providers highlighted the dissonance between the flexible approach endorsed by the Pilots and rigid bureaucratic processes governing access to and retention of eligibility for statutory services. Key to the promotion of systems change going forward, interviewees argued, will be a change in the thinking of, and processes employed by, commissioners (and those responsible for procuring mental health and drug/alcohol services in particular). They emphasised that frontline practitioners employed by statutory services need to be given licence to exercise the flexibility that is now widely acknowledged as good practice when supporting this client group.[42]

There appear to have been two main factors impeding progress on this issue to date. The first is the limited capacity of overstretched statutory services, especially but not only in mental health and adult social care services. Caseloads in such services are widely acknowledged by practitioners to be unmanageable, hence it is virtually impossible for practitioners to operate flexibly even where the merits of trauma-informed approaches are recognised by frontline care providers. A second barrier is the high level of staff turnover in health and social care services. This means that the benefits of work invested to improve understanding of Housing First and the needs of its target group and relationship-building with staff in key services can sometimes feel short lived. The need to educate external stakeholders about Housing First and keep developing positive joint working relationships is thus ongoing. This issue highlights a system weakness, in that many of the gains made in responding to the needs of Clients have been operationalised at least in part because of the commitment and goodwill of local stakeholders. The sustainability of such changes will remain precarious until such time as they are 'baked into' policy and practice at local and/or national levels.

As service delivery has continued the need for the review and redress of 'upstream failures' affecting the Housing First client group has been highlighted. These include the need for better preventative services to stop people becoming homeless as well as the cumulation of multiple forms of disadvantage. Further work is also needed to counter a view amongst some external stakeholders that Housing First exists to fill the gaps in other services (especially mental health services).

[42] See NICE guidelines on integrated health and social care for people experiencing homelessness https://www.nice.org.uk/guidance/ng214

4.7 Delivering fidelity

There has been a substantial growth in understanding of the Housing First principles (which were outlined in Chapter 1) amongst partner agencies across the lifetime of the programme. That said, it was noted that levels of understanding regarding each of the principles tended to be variable. The separation of housing and support was identified as a principle that is sometimes poorly understood by some stakeholders, including some housing providers. Similarly, the implications of the choice and control principle for expectations around engagement with treatment (for substance use issues especially) had not been fully comprehended by some stakeholders, including but not limited to those in the criminal justice sector. A number of key challenges to delivering on fidelity have been highlighted, including most notably the limited availability of appropriate housing stock, funding uncertainties leading to staff shortages and high caseloads, and the availability and appropriateness of other services – in particular specialist mental health services.

These challenges, some of which were exacerbated by the COVID-19 pandemic, have rendered some principles more challenging to operationalise than others. The commitment to long-term flexible support was described as particularly difficult to implement given funding uncertainties beyond March 2025. The issue of caseload size was central to discussions of fidelity. In areas where caseloads had been exceeded, support workers reported being unable to deliver the intensity and flexibility of support previously offered, highlighting again the need to protect small caseload sizes.

Two of the three Pilots (GMHF and LCRCA) undertook internal fidelity self-assessments. These score highly on separation of housing and support and the use of an active engagement approach. A strengths-based orientation was also commonly identified as strongly shaping the Pilots' day-to-day delivery. Delivering on a right to a home and choice and control was described as challenging in the context of a shortage of suitable housing meaning that there was a balance to be struck between on the issue of choice and control, wherein frontline workers needed to have 'realistic conversations' with clients regarding the availability of properties and any potential risks associated with different options. The ability of staff to promote a harm reduction approach is compromised by on-going barriers in access to mental health services and to a lesser extent drug/alcohol provision, especially where service users were dually diagnosed.

Internal fidelity assessment can help to grow depth and critical thinking in the team's understanding and application of the principles. GMHF for example created their own Quality Assurance Framework and process to conduct a biannual internal fidelity review. LCRCA also conduct biannual fidelity reviews, which were originally based on and built upon GMHF's framework. The absence of any such coordinated fidelity review process in the WMCA Pilot was reflected in lower fidelity ratings in some WM local authority areas by assessments conducted by the evaluation team. However, given small sample sizes within individual local authorities it was not possible to establish whether high fidelity was linked to the achievement of better outcomes or to determine the relative importance of different principles.

There is a strong appetite for long term audit of Housing First fidelity going forward. This is now being enabled by the publication of a fidelity framework (led by Homeless Link and funded by MHCLG) with parallel guidance for commissioners hosted on the Homeless Link website.

4.8 Summary of key points

The Housing First Pilots have achieved impressive housing outcomes with a total of 1,061 clients housed across the lifetime of the programme at the end of December 2022 (including those currently and formerly).

All three Pilots established broadly similar referral criteria using a form of the New Directions Team (NDT) assessment, alongside additional criteria to assess eligibility. All faced challenges in in establishing referral pathways and processes across partner agencies in the first year of delivery which were largely resolved by the end of the programme through the use of new and/or existing multi-agency referral panels/forums focused on vulnerable adults and/or people with multiple and complex needs.

Securing access to affordable and suitable accommodation has been a major challenge for all three Pilots throughout the lifetime of the programme. Across the three Pilots there are wide disparities in levels of access to council owned housing stock. Hence for example, LCRCA has no access while in Birmingham the council has provided over 85% of properties. All three Pilots have maintained a focus on building relationships with registered housing providers (RHP) and in particular in those areas where there is no access to council owned stock and the majority of clients have been housed by this sector. The willingness of registered housing providers to offer tenancies is in part contingent upon their perception of the level of support Housing First is able to provide to tenants and there has been a high degree of variation between providers in terms of their engagement with the programme. It has proved important to engage early with housing providers ideally at the planning and commissioning stage and to actively build relationships throughout.

The success of a tenancy is largely contingent upon the delivery of practical and emotional support to tenants whilst in accommodation. This varies according to individual need but is typically most intense in the first few weeks or months moving to less intense support focused on giving people the skills to sustain their property and build resilience in case of crisis. The majority of Clients housed have successfully maintained their tenancies. However, problems do arise that can threaten the stability of a tenancy. Prompt multi-agency responses facilitated by existing good relationships between Housing First teams and housing providers can deliver solutions.

The ability and skill of support workers in establishing and maintaining relationships with clients is critical to the success of Housing First. Perseverance with individuals and taking time to build trust are key to promoting successful engagement. Other key factors for success include consistency, openness and honesty and taking a person-centred, flexible, and non-judgemental approach. The recovery process is non-linear hence support may need to be scaled up or down at different timepoints. The ability to maintain small caseloads is critical to enable support workers to deliver the level and intensity of support that many clients need. While the Pilots have endeavoured to keep caseload numbers down a combination of funding insecurities, staff ‘burn out’ and turnover have compromised their ability to do this at times. Given the challenges of working with people with complex and multiple needs the provision of support to frontline staff is important in safeguarding their well-being and supporting retention.

The Pilots have made major inroads in terms of shifting attitudes toward the target population and contributed to positive changes in working practices and cultures. Work

through multi-agency panels and/or parallel Multi-Disciplinary Teams (MDTs) has promoted person-centred working and joined up service responses to meet the needs of service users. However, a disparity between the flexibility of Housing First service delivery and the rigidity of statutory health and social services persists presenting challenges to service access.

5 Costs and benefits

5.1 Introduction

This chapter presents an analysis of the costs and benefits of the three Housing First pilots. The CBA aims to help MHCLG and the Pilots to understand the resources committed locally and nationally to deliver the Housing First interventions, the benefits that have resulted (and are expected to result) from these interventions, and the extent to which they have delivered value for money.

Key Messages

- The CBA estimates the costs of support provided by the three Housing First Pilots in England and the value of benefits delivered. The costs of delivering the Pilots averaged £7,700 per person supported per year to the end of 2022.
- The full benefits of the pilots will take many years to be seen but are expected to amount to £15,880 per person per year, through improvements in personal well-being and reductions in the public service costs of homelessness. More than half of the value of these annual benefits were estimated to have been realised 12 months after participants had entered the programme.
- The benefit: cost ratio is estimated at 2.1 (based on expected benefits) and 1.1 (based on estimated benefits after only 12 months). Housing Benefits (as transfer payments) are excluded from these BCRs. This suggests that the Pilots have delivered good value for money.

Cost data were provided to the evaluators by the three Pilots and include data on financial expenditures in delivering Housing First services, as well as additional in-kind resources (especially additional senior staff time involved in meetings and governance) (Section 5.2). Benefits were assessed by combining outcomes data from the surveys of Housing First participants with estimates from previous studies and published sources of the value of changes in wellbeing and the costs of public service delivery (Section 5.3). This enabled the costs and benefits of the Housing First Pilots to be compared in monetary terms (Section 5.4). Further details of the method are given in Section 1.3 above, and in a separate report of the CBA.[43]

5.2 Costs of delivering the Housing First Pilots

The Housing First Pilots programme had a budget of £28.0 million over 4 years to 2021/22, of which £25.3 million was shared between the three Pilots and the remainder

[43] MHCLG (2024) Evaluation of the Housing First Pilots. Cost Benefit Analysis – Final Report. Report by ICF for MHCLG. 22 May 2024

spent on evaluation (Table 5.1). An extension of £13.9 million funded the Pilots for a further 2 years in 2022/23 and 2023/24.

Table 5.1: Housing First budgets

Pilot	Budget
Greater Manchester	£8.0 million
Liverpool	£7.7 million
West Midlands	£9.6 million
Total budget for Pilots	***£25.3 million***
Evaluation costs	£2.7 million
Total Housing First budget	**£28.0 million**

The Pilots had spent a total of £27.6 million by 31 December 2022 (Table 5.2). More than 80% of this sum was spent on staffing costs, most of which was for Housing First support workers. In-kind costs committed by the local partners amounted to a further £0.4 million. Most of these in-kind costs relate to local governance arrangements, comprising the time taken by senior staff to attend meetings.

Table 5.2: Comparison of expenditures by three Pilots at 31 December 2022

Expenditures	Greater Manchester	Liverpool	West Midlands	Total
Expenditure to date	£9,783,550	£8,299,587	£9,498,981	£27,582,117
Estimated in-kind costs	£92,266	£30,144	£250,656	£373,065
Estimated total cost	£9,875,815	£8,329,731	£9,749,637	£27,955,183
Housing First Budget (for pilot phase)	£8,000,000	£7,700,000	£9,600,000	£25,300,000
Extended government funding, 2022/24	£7,142,305	£4,233,511	£2,553,086	£13,928,902

Two measures of the unit costs of supporting Clients were calculated, by dividing the total costs incurred by the Pilots by (1) the number of clients housed and (2) the number of clients receiving support on the programme, but not yet allocated housing. This recognises that there is a time gap between enrolling individuals on the programme and them entering housing.

The three Pilots had a total of 684 people in housing at 31 December 2022, while a total of 884 were receiving support through the programme at that date. A total of 1,387 people received support from the three pilots at some point in the programme, with 1,061 of these provided with housing. People leave Housing First for a variety of reasons. Most of these lose contact with the programme or experience negative outcomes (such as those who die or go to prison). Many, however, achieve positive outcomes, including 86 classified as having graduated from the programme by the end of 2022.

Unit costs were calculated from the cumulative total costs of support provided to date, as well as the annual support costs.

Table 5.3 summarises the cumulative unit costs across the three pilots.

Table 5.3: Estimated cumulative unit costs per Housing First client, at 31 December 2022

Cumulative unit costs	Greater Manchester	Liverpool	West Midlands	Total
Pilot Expenditures to Date:				
Financial expenditures	£9,783,550	£8,299,587	£9,498,981	£27,582,117
Including in-kind costs	£9,875,815	£8,329,731	£9,749,637	£27,955,183
Number of Participants per Pilot at 31/12/22:				
Total number housed on Pilot	236	133	315	684
Total number on programme	327	207	350	884
Proportion of those on programme housed to date	72%	64%	90%	**77%**
Number of Participants including leavers:				
Total number housed on Pilot at some stage	342	190	529	1061
Total number on programme at some stage	496	280	611	1387
Unit Costs (including in-kind costs):				
Cost per person housed:				
Per person in housing at 31.12.22	£41,847	£62,630	£30,951	£40,870
Per person in housing at some stage	£28,877	£43,841	£18,430	£26,348
Cost per person on programme:				
Per person on programme at 31.12.22	£30,201	£40,240	£27,856	£31,624
Per person on programme at some stage	£19,911	£29,749	£15,957	£20,155

Cumulative costs (including in-kind costs) per person in housing at 31 December 2022 averaged £40,870 for the three Pilots combined. This unit cost ranged widely from £30,951 in the West Midlands to £62,630 in Liverpool, where far fewer clients had been housed and where initial set-up costs were much higher, because the Pilot had to develop a new service model and associated systems. The cumulative cost per client housed by the Pilots at some stage is considerably lower, at £26,348.

Total cumulative unit costs per person on the programme at 31 December 2022 averaged £31,624 across the three Pilots, ranging from £27,856 in the West Midlands to £40,240 in Liverpool. The cumulative cost per client on the programme at some stage amounts to £20,155.

The profile of unit costs has changed over the programme with the rate of client recruitment. In the early stages, costs were incurred before new clients are recruited, so unit costs were high in the early stages and declined as recruitment progressed. However, in the later stages, the Pilots slowed down the rate of recruitment of new clients but incurred costs in supporting existing clients, such that unit costs per cumulative client rose again. Indeed, the cumulative financial cost per person in housing increased from £22,314 by 30 September 2021 to £40,870 by 31 December 2022, while the cost per person on the programme increased from £15,590 to £31,624 over the same period.

Table 5.4 gives the weighted average annual cost per person housed and per person on the programme over the period 2018/19 to 2022/23 (including those exiting during each year). On average, across the three Pilots and including in kind costs, the programme cost £10,915 per person housed per year and £7,737 per person per year on the programme.

Table 5.4: Weighted average annual unit costs, by Pilot

Pilot	Average cost (2018/19 to 2022/23) per person housed during the year	Average cost (2018/19 to 2022/23) per person on programme during the year
Greater Manchester	£11,984	£8,157
Liverpool	£22,027	£12,613
West Midlands	£7,116	£5,558
Programme (3 pilots)	**£10,915**	**£7,737**

The wide variations in annual costs reflect the differences in numbers of clients between the Pilots, as well as the proportion of clients housed, and differences in local circumstances and the types and levels of service provided. The levels of services provided to Clients may influence the sustainability of housing outcomes as well as the costs of service delivery, such that minimising the costs of service delivery does not necessarily deliver long term cost effectiveness. However, the evaluation found insufficient evidence to comment authoritatively on the effectiveness of different levels of fidelity.

LCRA reported that its higher unit costs result from higher developmental costs than the other Pilots. Establishment of the delivery model and associated systems required recruitment of a new strategic lead for homelessness, best practice lead, commissioning lead and lived experience lead. This was reflected in high unit costs in the early stages, prior to upscaling client recruitment. LCR operated a small test and learn phase at the start of the Pilot, taking time to mobilise fully and reach full capacity of service users. Unit costs have therefore fallen significantly since 2019/20.

The figures are comparable to estimates in a report by The Centre for Social Justice (2021)[44] that a high-fidelity Housing First programme (with mental health input and a personalisation budget) has support costs of £9,683 per person per year. The annual unit costs of the Pilots per person housed were well above this level in the early years but fell to £9,384 in 2021/22 and £9,903 in 2022/23.

5.3 Benefits of the Housing First Pilots

The principal benefits of Housing First are to enhance the wellbeing of the people it supports. In tackling homelessness, the programme also delivers financial benefits through savings in the costs of public services.

[44] Centre for Social Justice (2021) CLOSE TO HOME: Delivering a national Housing First programme in England. https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/02/CSJ-Close-to-Home-2021.pdf

The CBA examined both:

- Benefits to the wellbeing of supported individuals and wider society from alleviating homelessness; and
- Financial savings resulting from reduced consumption of other public services by those supported by the programme.

The full benefits of the programme - delivering positive outcomes for homeless people with complex needs – are expected to take many years to be realised. However, the impact evaluation evidence is based on surveys of supported individuals 12 months after entering the programme. This is too early to expect to observe the full outcomes of Housing First interventions. Therefore, it is appropriate to examine the expected value of outcomes from the support provided as well as the outcomes observed to date. The assessment therefore considered both:

- The expected benefits for those supported, based on existing evidence of the costs of homelessness and benefits of interventions to tackle it; and
- Evidence of the benefits observed to date among people supported by the programme, as recorded through this evaluation.

There is much evidence of the substantial cost of homelessness to public service providers. These costs include the provision of homelessness services (including temporary accommodation and support for homeless people), costs to the NHS (costs of treating negative effects of homelessness on physical and mental health, drug and alcohol use), and costs to police and criminal justice services through increased incidences of crime and anti-social behaviour.

The impact evaluation of the three Housing First Pilots found that, after 12 months, supported clients significantly reduced their use of homelessness and prison services, though there was no significant change in use of physical or mental health services at this stage. By applying appropriate unit costs, the Housing First interventions were estimated to yield savings in the costs of homelessness services estimated at £6,116 per person per year, and prison costs estimated at £1,804 per person per year. Gaps in survey evidence meant that it was not possible to quantify, and value observed reductions in the use of certain other police and criminal justice services associated with arrests, cautions and anti-social behaviour. The costs of homelessness services were balanced by additional housing costs, met through Housing Benefit payments.

The baseline and follow-up surveys of Housing First participants measured actual changes in self-reported wellbeing using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This found improvements in self-reported wellbeing of participants against all seven WEMWBS criteria at 6-months and again at 12-month follow-up. Published

evidence of wellbeing values linked to the WEMWBS scale were used to estimate the monetary value of these improvements in wellbeing. The annual value of these wellbeing improvements was estimated at £6,246 over 12 months, suggesting that almost 50% of the expected value of improvements in participant wellbeing could be observed after a year of entering the programme.

Therefore, combining wellbeing benefits and savings in public service costs, the actual benefits to date recorded by the survey for each individual achieving positive outcomes through Housing First were estimated at £14,166 per annum.

These actual benefits are likely to underestimate the true benefits that Housing First will deliver, because of gaps in the outcomes data, and because the full benefits of the support provided will take many years to be realised. Therefore, it is also helpful to estimate the expected benefits of the outcomes delivered, with reference to previously published evidence of the benefits of alleviating homelessness.

A review of published evidence found that an intervention which provides secure housing for a previously homeless person can be expected to yield reductions in annual public service costs of between £10,900 and £15,900 at 2022 prices (central value - £13,400).[45]

Based on published evidence of the value of benefits to personal wellbeing of alleviating homelessness, the benefits of the Housing First Pilots in providing access to secure housing were estimated to average £13,289 per person entering the programme. [46]

Therefore, combining wellbeing benefits and savings in public service costs, the expected benefits for each individual supported by Housing First were estimated at £26,689 per annum.

5.4 Comparison of costs and benefits

The benefits estimates were adjusted to take account of the proportion of Clients losing contact with the programme and/or experiencing negative outcomes (such as those who die or go to prison), for which a (conservative) 15% reduction in average benefits per person was applied (based on 3-year outcomes data).

Furthermore, some of the outcomes delivered by the Pilots might have been expected even in the absence of the intervention. However, no comparison group was available to the evaluation due to the COVID-19 pandemic and the provision of emergency accommodation (often referred to as the 'Everybody In' initiative).[47] In the absence of a

[45] Centre for Social Justice (2021) CLOSE TO HOME: Delivering a national Housing First programme in England. https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/02/CSJ-Close-to-Home-2021.pdf; Nicholas Pleace and Dennis P. Culhane (2016) Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England. https://www.crisis.org.uk/media/20680/crisis_better_than_cure_2016.pdf

[46] Fujiwara and Vine (2015) The Wellbeing Value of Tackling Homelessness. https://socialvalueuk.org/reports/the-wellbeing-value-of-tackling-homelessness/

[47] At the beginning of the pandemic, the Government urgently called on local authorities to bring 'everyone in' – and quickly accommodate people currently, or at risk of, sleeping rough, to allow them to self-isolate and be protected from the spread of COVID-19.

robust counterfactual, it was necessary to make an informed assumption about the extent to which the estimated benefits would have occurred without the Pilots (i.e., the extent of non-additional outcomes). Based on a review of international evaluation evidence[48], it was assumed that 30% of Housing First recipients would have achieved access to secure housing and associated benefits in the absence of the programme, i.e., 70% of benefits were assumed to be additional while 30% would have occurred under a "treatment-as-usual" scenario. It should be noted that, while there are some similarities, the context covered by these international examples is likely to differ from that in the English Housing First Pilots. The Pilots themselves argue that this assumption overestimates non-additional outcomes, given the multiple challenges facing their cohort.

Deducting 15% from the estimated benefits to allow for negative outcomes, and a further 30% to adjust for non-additional outcomes:

- The expected annual benefits of the Housing First Pilots were estimated at £15,880 per person supported through the programme, comprising reduced public service costs of £7,973 and wellbeing benefits of £7,907.

- The actual annual benefits observed at 12 months were estimated at £8,429 per Housing First client, comprising reduced public service costs of £4,712 and enhanced personal wellbeing of £3,716.

Housing First interventions are expected to take several years to deliver positive outcomes for clients with complex and multiple needs, so the presence of quantifiable benefits at 12 months demonstrates significant progress towards the estimated total benefits expected.

Table 5.5 and Figure 5.1 compare the costs and benefits of the Housing First programme, based on estimates of the expected benefits (by applying transfer values from previous studies), and on evidence of the estimated benefits to date.

The analysis applies the unit costs per client on the programme, rather than per client housed, because this is comparable to the benefits estimates (which are based on surveys of participants of the programme, whether or not housed to date).

The unit cost per Housing First client of £7,737 per annum compares with annual potential benefits of £15,880, and estimated benefits to date of £8,429, after allowing for non-additional outcomes. This gives an expected benefit cost ratio of 2.1, and an estimated benefit: cost ratio to date of 1.1. Thus the estimated annual benefits exceed the costs, even when considering outcomes observed only 12 months after entering the programme, and after applying a (conservative) 15% adjustment for negative outcomes. The 12-month benefit estimate is likely to be an underestimate, because certain savings in police and criminal justice costs cannot be quantified.

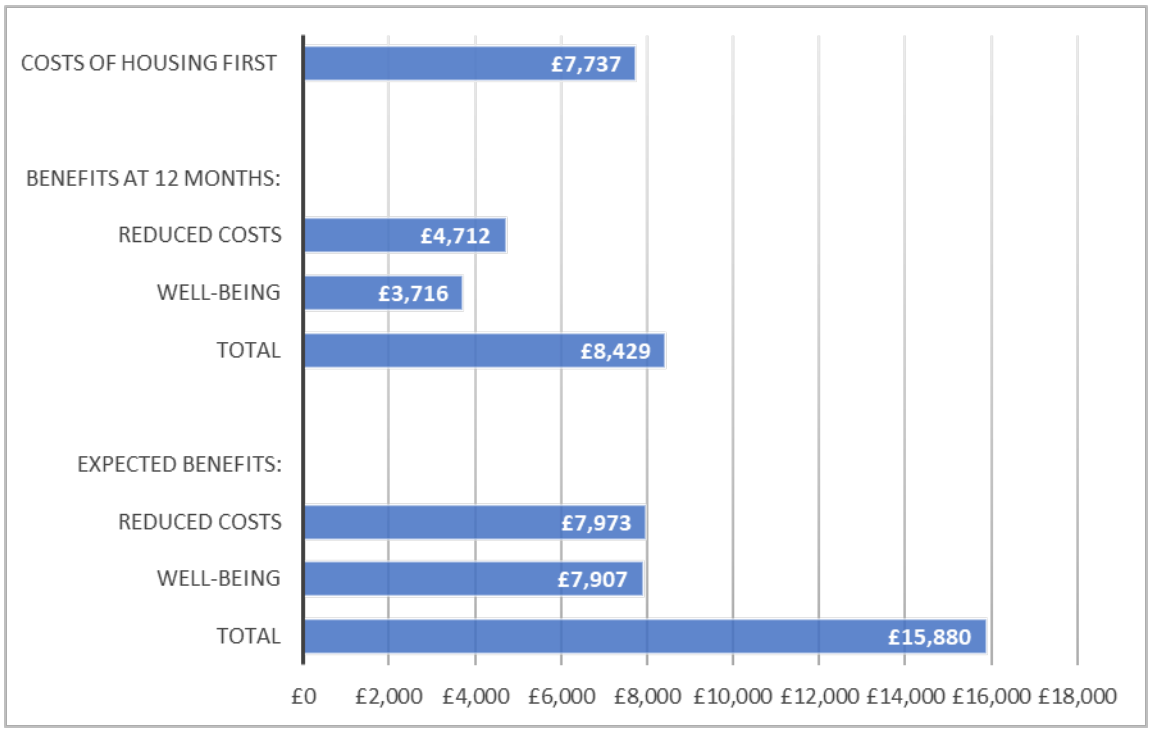
[48] See separate CBA report for full references.

Table 5.5: Comparison of annual costs and benefits of Housing First Pilots[49]

Cost/ benefit	Based on expected benefits	Based on benefits estimated to date
1. Cost of HF per client	£7,737	£7,737
2. Reduced costs of public services	£7,973	£4,712
3. Enhanced personal wellbeing	£7,907	£3,716
4. Benefit of HF per client	£15,880	£8,429
5. Net benefit per HF client	**£8,143**	**£692**
6. Benefit cost ratio	**2.1**	**1.1**
7. Housing Benefit payments	£3,713	£3,713
8. Net benefit if Housing Benefits deducted	£4,430	-£3,021
9. Benefit cost ratio if Housing Benefits deducted	1.6	0.6
Net financial savings, ignoring Housing Benefits	£236	-£3,025
Net financial savings, deducting Housing Benefits	-£3,477	-£6,737

[49] The estimates of benefits and Housing Benefit payments apply a 30% deduction for deadweight and 15% for negative outcomes.

Figure 5.1: Comparison of estimated costs and benefits of Housing First (£ per participant per year)



The Housing First programme has reduced the costs of homelessness services, with similar amounts spent on housing individuals, supported by Housing Benefit payments. The benefit cost ratios exclude housing costs, met through Housing Benefit payments, which, as a transfer payment, are normally excluded from social cost benefit analysis. The programme has so far had a net overall cost to the public finances, even based on potential cost savings, if Housing Benefits costs are deducted from cost savings. However, it may be expected to generate net savings over time as the costs of supporting each individual declines.

Overall, the comparison of costs and benefits suggests that the Housing First Pilots are providing good value for money. The unit costs of delivering Housing First varied between the Pilot areas and over the course of the programme, reflecting differences in starting points, delivery models and service levels, and varying needs for adaptation and learning over the programme period. The learning from the pilots can inform the design of cost-effective future delivery models.

The net annual benefits can be expected to increase over time, both through declining costs (as individuals become more established on the programme and require less intensive ongoing support) and increasing benefits (as individual wellbeing improves and savings in public budgets increase with improvements in physical and mental health and reduced contact with police and criminal justice services).

5.5 Summary of key points

The CBA estimates the costs of support provided by the three Housing First Pilots in England and the value of benefits delivered. The costs of delivering the Pilots averaged £7,700 per person supported per year to the end of 2022. The full benefits of the pilots will take many years to be seen but are expected to amount to £15,880 per person per year, through improvements in personal well-being and reductions in the public service costs of homelessness. Roughly half of the value of these annual benefits was estimated to have been realised 12 months after participants had entered the programme.

The benefit: cost ratio is estimated at 2.1 (based on expected benefits) and 1.1 (based on estimated benefits after only 12 months). Housing Benefits (as transfer payments) are excluded from these BCRs. This suggests that the Pilots have delivered good value for money.

6 Conclusions

This report has synthesised the headline findings of the evaluation of the Housing First Pilots which were funded by MHCLG and delivered in Greater Manchester, Liverpool City Region, and West Midlands. This concluding chapter provides on overview of the pilots' main achievements and the key challenges encountered. It draws upon all threads of the study which comprised an outcomes evaluation, process evaluation, fidelity assessment, and cost benefit analysis.

6.1 Key achievements and challenges

A total of 1,061 individuals who were homeless and had experience of multiple and complex needs were provided with independent settled tenancies between programme inception until the end of December 2022. Echoing findings regarding the effectiveness of Housing First in resolving homelessness in other international contexts, the vast majority of clients successfully retained their tenancies.

A number of other positive outcomes were recorded, including an overall: decrease in overall levels of loneliness and increase in social connectivity; increase in feelings of safety and reduced risk of being a victim of crime; and reduced levels of engagement with the criminal justice system and/or involvement in antisocial behaviour. There was less evidence of significant quantifiable change in other outcome areas (e.g. substance use, engagement with education/employment/training), albeit some evidence of a shift toward less harmful patterns of behaviour in many cases (e.g. drinking less frequently).

Qualitative findings confirm that the programme was very positively received overall by the clients supported. It contributed to substantial improvements in clients' self-reported quality of life even in cases where progress on individual recovery journeys may appear negligible in traditional outcomes measures or may not be obvious to external observers who are unfamiliar with the challenges that individual clients face. It was also widely regarded as a success by external stakeholders, such as other service providers in housing, health and social care sectors, given the tangible benefits to the individuals being supported and positive effects on joint working at the local level, albeit that the extent of progress in achieving systems change was less marked than hoped.

The Housing First programme was unable to retain engagement with all of the individuals recruited, with 34% of the total 1,396 individuals originally signed up leaving the programme. The proportion of clients who sadly passed away during the pilot period (6%) – which is equivalent to that recorded by Housing First programmes elsewhere[50] – is

[50]Blood, I., Birchard, A., and Pleace, N. (2021) *Reducing, Changing or Ending Housing First Support,* Homeless Link, London; Johnsen, S., Blenkinsopp, J., & Rayment, M. (2022). *Scotland's Housing First Pathfinder Evaluation: Final Report*. Heriot-Watt University, Edinburgh; Tinland, A., Loubiere, S., Cantiello, M., Boucekine, M., Girard, V., Taylor, O., and Auquier, P. (2021) Mortality in Homeless People Enrolled In The French Housing First Randomized Controlled Trial: A Secondary Outcome Analysis of Predictors and Causes of Death, *BMC Public Health* 21(1294): 1-12.

testament to the extreme poor health of the population targeted. As noted previously, Housing First does not (and cannot reasonably be expected to) vitiate entirely clients' risk of early mortality given the long-term health issues they face related to life on the street, substance use, and associated trauma.[51]

The CBA estimates the annual average costs of delivering the Pilots at £7,700 per person supported per year to the end of 2022. The full benefits of the pilots will take many years to be seen but are expected to amount to £15,880 per person per year, through improvements in personal well-being and reductions in the public service costs of homelessness. Roughly half of the value of these annual benefits was estimated to have been realised 12 months after participants had entered the programme. The benefit: cost ratio is estimated at 2.1 (based on expected benefits) and 1.1 (based on estimated benefits after only 12 months). This suggests that the Pilots have delivered good value for money.

A number of challenges were encountered as the pilots were designed, implemented and embedded at regional and local levels. Key amongst these were limited supply of appropriate affordable properties, poor understanding of Housing First principles amongst some stakeholders, extremely limited availability of mental health provision, and uncertainty regarding the long-term sustainably of funding. Many invaluable lessons were learned as Pilot providers and partners devised strategies to overcome these and other challenges. The key implications of these are distilled into a toolkit which offers practical guidance as regards factors to consider and actions to take at different stages in the design, commissioning, and delivery of Housing First.[52]

[51] Johnsen, S, Blenkinsopp, J & Rayment, M (2023) Gaining and Preserving Pioneer Status: Key Lessons from the Housing First Pathfinder Programme in Scotland', *European Journal of Homelessness*, 17(1): 73-97.
[52] The toolkit can be downloaded from MHCLG's Housing First Pilot evaluation report website: https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports.

Bibliography

Baxter AJ, Tweed EJ, Katikireddi SV, and Thomson, H. (2019) Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *J Epidemiol Community Health*. **73:**379-387. Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials | Journal of Epidemiology & Community Health (bmj.com)

Blenkinsopp, J., & Rayment, M. (2022). Scotland's Housing First Pathfinder Evaluation: Final Report. Heriot-Watt University. https://researchportal.hw.ac.uk/en/publications/scotlands-housing-first-pathfinder-evaluation-final-report.

Blood, I., Birchall, A. and Pleace, N. (2021) Reducing, Changing or Ending Housing First Support. Research Report. Homeless Link https://hfe.homeless.org.uk/sites/default/files/attachments/Reducing%2C%20changing%20or%20ending%20Housing%20First%20support.pdf.

Centre for Social Justice (2021) CLOSE TO HOME: Delivering a national Housing First programme in England. https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/02/CSJ-Close-to-Home-2021.pdf

Coram, V., Lester, L., Tually, S., Kyron, M., McKinley, K., Flatau, P. and Goodwin-Smith, I. (2022) Evaluation of the Aspire Social Impact Bond: Final Report. Centre for Social Impact, Flinders University, Adelaide and Centre for Social Impact. https://doi.org/10.25916/202z-ey67

Department for Levelling Up, Housing & Communities (2024) Evaluation of the Housing First Pilots: Report on clients' outcomes twelve months after entering Housing First. Gov.UK Evaluation of the Housing First Pilots (publishing.service.gov.uk)

Fujiwara and Vine (2015) The Wellbeing Value of Tackling Homelessness. https://socialvalueuk.org/reports/the-wellbeing-value-of-tackling-homelessness/

Homeless Link (2024) Housing First Toolkit: Inception to sustainability. Homeless Link. Housing_First_Toolkit_Inception_to_sustainability.pdf (kxcdn.com)

Homeless Link (2024) Staying on Track: Housing First Fidelity Assurance Framework. Homeless Link. Staying_on_Track_Housing_First_fidelity_assurance_framework.pdf (kxcdn.com)

Johnsen, S, Blenkinsopp, J & Rayment, M (2023) Gaining and Preserving Pioneer Status: Key Lessons from the Housing First Pathfinder Programme in Scotland', *European Journal of Homelessness*, 17(1): 73-97. https://pure.hw.ac.uk/ws/portalfiles/portal/92748042/EJH_HFSKeyLessons.pdf

Johnsen, S., Blenkinsopp, J., & Rayment, M. (2022). *Scotland's Housing First Pathfinder Evaluation: Final Report*. Heriot-Watt University. https://doi.org/10.17861/8GJ7-SV28.

MHCLG (2020) Housing First Pilot: national evaluation reports. GOV.UK. https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports

NICE (2022) Integrated health and social care for people experiencing homelessness. National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/ng214

P. Culhane (2016) Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England. https://www.crisis.org.uk/media/20680/crisis_better_than_cure_2016.pdf

Peng, Y., Hahn, R. A., Finnie, R. K. C., Cobb, J., Williams, S. P., Fielding, J. E., Johnson, R. L., Montgomery, A. E., Schwartz, A. F., Muntaner, C., Garrison, V. H., Jean-Francois, B., Truman, B. I., Fullilove, M. T., & Community Preventive Services Task Force (2020). Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review. *Journal of public health management and practice : JPHMP*, *26*(5), 404–411. https://doi.org/10.1097/PHH.0000000000001219

Tinland A, Loubière S, Boucekine M, et al. (2020) Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: a randomised controlled trial. *Epidemiology and Psychiatric Sciences*.;29:e169. doi:10.1017/S2045796020000785

Tsemberis, S., & Eisenberg, R. F. (2000). Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities. *Psychiatric Services*, *51*(4), 487–493. https://doi.org/10.1176/appi.ps.51.4.487

Tsemberis, S., Moran, L., Shinn, M., Asmussen, S. and Shern, D. (2004). Consumer Preference Programs for Individuals Who Are Homeless and Have Psychiatric Disabilities: A Drop-In Center and a Supported Housing Program. American journal of community psychology. 32. 305-17. 10.1023/B:AJCP.0000004750.66957.bf.