



RESEARCH



homeless link



# Exploring patterns of Housing First support: Resident Journeys

## Abstract

This report presents findings from in-depth interviews with 16 Housing First residents from across England. It maps their journeys and experiencing through support from a Housing First programme.

### **Housing First England**

Homeless Link's Housing First England project was created to promote development, and support Housing First services across England. The project aims to increase and sustain the use of Housing First in England (where appropriate for a specific cohort) and promote activities that focus on leadership, research, and supporting practice.

This Housing First England research was jointly funded by Lankelly Chase and Comic Relief.

<https://hfe.homeless.org.uk>

### **Acknowledgements**

We would like to thank all the Housing First residents who were involved in the research, for taking the time to talk to us and generously sharing their stories. We would also like to extend our gratitude to the following Housing First services who took time out of their busy schedules to accommodate our visit and set up the interviews: Basis Yorkshire, Cathedral Archer Project, Two Saints Limited, SHP Fulfilling Lives, St Mungo's and Riverside. Finally, we would like to thank Professor Sarah Johnson for her valuable ideas, comments and feedback during the planning and writing stages.

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*In the Housing First model, housing is the first step towards a better life, but the real work begins once housing has been secured. In addition to housing, residents receive the support they need to help them become part of society again.<sup>1</sup>*

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<sup>1</sup> Y-Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland*, Otava Book Printing Ltd, Keuruu

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## Chapter 1: Introduction

### Background

Housing First is an intervention which has been proven to successfully support people experiencing repeated homelessness and severe and multiple disadvantage. International evidence has shown the approach ends homelessness for approximately eight out of ten homeless people with complex needs who other services are generally unable to support.<sup>2</sup> The Housing First Model prioritises helping people access stable and independent housing, which acts as a stepping stone to help people improve their lives. Housing First is however much more than a housing intervention. The model is based on a commitment to provide individuals with intensive support for as long as is needed, even if they leave their accommodation. The provision of continuing high-quality support after a person has been housed, is key to ending homelessness and helping people address the negative consequences associated with homelessness (such as drug and/or alcohol dependency, mental and/or physical ill health and contact with the criminal justice system).

Evidence shows a growing momentum of Housing First in England. In 2017, 31 services were in operation<sup>3</sup>, and this number is steadily increasing.<sup>4</sup> Most existing Housing First services emerged from local partnerships or voluntary sector organisations. Then in 2017, the Government committed £28 million to fund three Housing First pilots in Greater Manchester, Liverpool City Region, and the West Midlands. While this shows that Housing First is gaining recognition as an important part of England's response to homelessness, now that the model is becoming more established and introduced at scale, there is a risk that the fundamental philosophy and principles may become 'diluted', thereby reducing its effectiveness.<sup>5</sup> The nature and intensity of the support is a key aspect of the model that could be at risk, with current commissioning arrangements in England making it difficult to put the principle of providing people with support for as long as needed into practice.<sup>6</sup>

This report outlines the findings from 16 timeline interviews carried out with Housing First residents across England. It explores how, and why, the nature, intensity and residents' engagement with support changes over time, and provides insight into the role and importance of Housing First support in positively changing the lives of people who would otherwise be caught in long-term and repeat homelessness. The report provides essential evidence to help services, funders, and the Government better understand how support is delivered and experienced within Housing First, while highlighting related implications for the resourcing and delivery of support.

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<sup>2</sup> Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence*. York: Centre for Housing Policy; Woodhall-Melnik, J. R. and Dunn, J. R. (2016) 'A systematic review of outcomes associated with participation in Housing First programs', *Housing Studies*, 31(3), pp. 287–304

<sup>3</sup> Homeless Link (2018) *Understanding the implementation of Housing First in England*. <https://hfe.homeless.org.uk/resource/research-evaluation>

<sup>4</sup> Homeless Link's online map shows where and how Housing First is currently being used in England <https://hfe.homeless.org.uk/services>

<sup>5</sup> Blood *et al*, (2018) *Implementing Housing First across England, Scotland and Wales*. (for Crisis and Homeless Link) [https://www.crisis.org.uk/media/239451/implementing\\_housing\\_first\\_across\\_england\\_scotland\\_and\\_wales\\_2018.pdf](https://www.crisis.org.uk/media/239451/implementing_housing_first_across_england_scotland_and_wales_2018.pdf)

<sup>6</sup> Rice, B. (2018) Investigating the current and future funding of Housing First in England, (for Homeless Link). [https://www.homeless.org.uk/sites/default/files/site-attachments/Investigating%20the%20current%20and%20future%20funding%20of%20Housing%20First%20in%20England\\_Aug18.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/Investigating%20the%20current%20and%20future%20funding%20of%20Housing%20First%20in%20England_Aug18.pdf)

## Delivering Housing First support

Housing First offers individuals with high and complex treatment and support needs intensive assistance to live in and maintain their own home, as well as help and support for addiction, physical and mental health, social support, and community integration.<sup>7</sup> While services are designed and delivered in different ways internationally<sup>8</sup> and across England<sup>9</sup>, they are all based on the same core philosophy. In England, this philosophy is built on the principles for Housing First in England.<sup>10</sup>

1. People have a right to a home
2. Flexible support is provided for as long as it is needed
3. Housing and support are separated
4. Individuals have choice and control
5. An active engagement approach is used
6. The service is based on people's strengths, goals and aspirations
7. A harm reduction approach is in place.

One of the most crucial differences between Housing First and other homelessness services, is the small caseload that is allocated to each project worker. Because of the level of need, Housing First England recommends that one worker should not support more than seven individuals.<sup>11</sup> Small caseloads facilitate a much more intensive level of service than what is possible in other types of floating support or tenancy sustainment services (where a worker may have caseloads of between 25–40 people). Another important difference between Housing First and other services, is that this support does not have a fixed end date and is provided for as long as a person needs it. An individual's housing is not conditional on them engaging with support and staff will meet and treat the resident as an equal.<sup>12</sup>

Open-ended support does not mean that services will indefinitely offer the same level of support to each resident. As captured within principle 4, a key aim of Housing First is to empower people to have as much control over their lives as possible, which includes the provision of support. The level of contact should, therefore, depend on the individual who is able to choose when, where and how the support is provided.<sup>13</sup> Small caseloads allow Housing First workers to vary the levels of support provided according to the needs and preferences of residents; for example, some residents may have daily contact with their support worker, while others may only be visited once a week. However, the extent to which support is allocated on the basis of the needs and circumstances of an individual may vary between services.

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<sup>7</sup> Busch-Geertsema, V. (2013) *Housing First Europe. Final Report* <https://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf>

<sup>8</sup> Pleace, N. and Bretherton, J. (2018) *The cost effectiveness of Housing First in England*, (for Homeless Link). [https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England\\_March%202019.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England_March%202019.pdf)

<sup>9</sup> Homeless Link (2018) *Understanding the implementation of Housing First in England*. <https://hfe.homeless.org.uk/resource/research-evaluation>

<sup>10</sup> Housing First England. The Principles [https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England\\_The%20Principles.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England_The%20Principles.pdf)

<sup>11</sup> Housing First England. Guidance for Support Providers [https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers\\_0.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers_0.pdf)

<sup>12</sup> Y-Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland*, Otava Book Printing Ltd, Keuruu

<sup>13</sup> Ibid Guidance

Internationally, Housing First support services are typically organised on the basis of one of two service models: Intensive Case Management (ICM) or Assertive Community Treatment (ACT). Most Housing First services in England typically use an ICM approach, with holistic support workers acting as navigators who encourage people to access and engage with mental health, health, drug/alcohol support and other community services. The ACT model is less common in England. In this model, services will directly employ multi-disciplinary specialists (e.g. a mental health nurse or substance misuse specialist) and other professionals. However, because of the range of public services in England there is less need for and funding to use the ACT model. Housing First England has also identified a third model of Housing First operating in England: ICM, with enhanced support from coordinated services (ICM plus).<sup>14</sup> Within this approach support staff operate as part of an established network of organisations that focus on multiple disadvantage, for instance in MEAM<sup>15</sup> and Fulfilling Lives<sup>16</sup> areas. The service may not have its own specialist workers as in ACT, but it is embedded within broader services that can be drawn upon to provide a wide range of support for residents.

Earlier research shows that internationally, Housing First services will usually include a dedicated staff member for residents, regular home visits and contact, 24/7 staff availability for crisis management, a person-centred approach and individual support plans.<sup>17</sup> An evaluation of nine services in England also showed that all participating services provide residents with the following forms of support:<sup>18</sup>

- Case management to help people access services from external providers
- Help with developing social supports and community participation
- Practical support, e.g., managing a home, budgeting
- Help with accessing education, training, volunteering and paid work
- Emotional support.

Since the support offer is open-ended, an individual will remain on the caseload as time goes by. Although the intensity of the support may diminish over time (allowing new people to be taken on), on the whole services will need to increase capacity before being able to considerably increase caseloads.<sup>19</sup>

### Patterns of Housing First support

Due to the long-term nature of the support provided by Housing First, there may be times when people require less support or disengage from the service altogether, and service evaluations indicate that focus and intensity of support varies over time and between different residents and services.<sup>20</sup> For example, an evaluation of five

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<sup>14</sup> Homeless Link (2018) *Understanding the implementation of Housing First in England*. <https://hfe.homeless.org.uk/resource/research-evaluation>

<sup>15</sup> Making Every Adult Matter (MEAM) is a coalition of national charities working together to support local areas to develop effective coordinated services to improve the lives of people facing multiple disadvantage. <http://meam.org.uk/>

<sup>16</sup> Fulfilling Lives Programmes aim to ensure that services are better tailored and connected to support people with multiple and complex needs <http://www.fulfillinglives-ng.org.uk/>

<sup>17</sup> Busch-Geertsema, V. (2013) *Housing First Europe. Final Report* <https://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf>

<sup>18</sup> Ibid Busch-Geertsema

<sup>19</sup> Housing First England. Guidance for Support Providers

[https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers\\_0.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers_0.pdf)

<sup>20</sup> <https://hfe.homeless.org.uk/resource/research-evaluation>

Housing First test sites in Europe identified variation in the frequency and length of support visits, with some residents receiving daily support, and others only requiring weekly or monthly visits.<sup>21</sup>

While Housing First services do not have a policy of terminating support after a set period of time and will continue to work with residents as long as it is required, teams may look to gradually reduce the support.<sup>22</sup> For example, Fulfilling Lives in Islington and Camden will commence this process after a resident has been stable for six months.<sup>23</sup> In an evaluation of Turning Point Scotland's Housing First service, most residents said they could imagine a point in time where they would no longer require support, but found it difficult to predict when this might be.<sup>24</sup> Some people will always need support, and cases may go 'dormant' rather than end altogether.<sup>25</sup> Withdrawing support too quickly carries many risks, such as, relapse and difficulties in maintaining a tenancy.

A recent research study carried out by Nicholas Pleace and Joanne Bretherton at York University (commissioned by Homeless Link), sought to obtain an approximate picture of the level of support provided over time, by collecting information on how many hours of contact someone might have with frontline staff after their first month, after six months, and after one year.<sup>26</sup> Across the participating 15 services, the support an individual received during their first month was on average twice the level they would receive at 12 months.<sup>27</sup> Their study demonstrates that the average costs of delivering Housing First in England tend to reduce over time, as people begin to require less support. There is a lack of qualitative research in England exploring the factors which underpin these patterns and fluctuations.

Service evaluations also indicate that support tends to be greater in the early stages - around the time when people are moving into properties - and will often reduce over time.<sup>28</sup> However, people may require more support in times of crisis and it is important that services retain the ability to respond. An evaluation of nine Housing services in England reported that in times of crises, the frequency of support could exceed five times a week or more.<sup>29</sup> For some residents support will not diminish over time but may remain at a high level or fluctuate. In the evaluation of the Turning Point Scotland service in Glasgow some residents reported a 'sustained positive change' in recovering from substance misuse, while others had fluctuating experiences characterised by 'slips on their journey towards recovery'.<sup>30</sup> These may be associated with an individual withdrawing from Housing First support, or increased intensity of support provided.<sup>31</sup> There is at present little evidence to suggest what drives these patterns.

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<sup>21</sup> Ibid Busch-Geertsema

<sup>22</sup> Pleace, N. and Bretherton, J. (2013) *Camden Housing First. A Housing First Experiment in London*

<https://www.york.ac.uk/media/chp/documents/2013/Camden%20Housing%20First%20Final%20Report%20NM2.pdf>

<sup>23</sup> Howe, P. (2017) *Housing First: A case study on Fulfilling Lives in Islington and Camden* <http://mcnevaluation.co.uk/wpfb-file/housing-first-flic-case-study-final-pdf/>

<sup>24</sup> Johnsen, S. (2013) *Turning Point Scotland's Housing First Project Evaluation* <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

<sup>25</sup> Ibid Pleace and Bretherton (2013)

<sup>26</sup> Pleace, N. and Bretherton, J. (2018) *The cost effectiveness of Housing First in England (for Housing First England)*

[https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England\\_March%202019.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England_March%202019.pdf)

<sup>27</sup> Ibid Pleace and Bretherton

<sup>28</sup> Quilgars D. and Pleace, N. (2016) *Evaluation of the Threshold Housing First Project for Women Offenders, Interim Report,*

<https://hfe.homeless.org.uk/sites/default/files/attachments/Threshold%20Interim%20Evaluation%202016.pdf>

<sup>30</sup> Johnsen, S. (2013) *Turning Point Scotland's Housing First Project Evaluation,* <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

<sup>31</sup> Ibid Johnsen

Additionally, the nature and focus of support may change over time as the goals and needs of residents' change. Support provision may initially entail practical support (e.g. help with paying bills, obtaining and organising furniture) in 'making a house a home'.<sup>32</sup> Existing evidence suggests that requirements can subsequently evolve to focus on issues such as building or repairing social relationships, meaningful activities and/or employability.<sup>33</sup> However, there is a lack of research exploring these patterns of support provision within an English context and from the perspective of Housing First residents themselves. This research project seeks to address these gaps in the evidence base.

### **This research project**

This project explores residents' experiences of receiving support from Housing First, looking at the various ways and reasons why their support needs, preferences, and level of engagement change over time, and the ways in which services can accommodate these changes. The broader aims informing this project cover:

- How and why do Housing First residents support needs, preferences, and level of engagement change over time?
- What are the implications for the resourcing and delivery of support?

### **Research questions**

- How do residents' needs and preferences change in terms of type and intensity of support?
- Are there patterns in levels of engagement? What causes this?
- How do services respond to these changes in needs?  
What are the implications for the delivery and commissioning of Housing First programmes?

### **Research Methods<sup>34</sup>**

The research questions were explored by means of in-depth interviews with 16 Housing First residents from across England, which involved the creation of timelines. The interviews lasted between 20 and 90 minutes. Timelines are a visual arts-based way of collecting data and were used in this project to facilitate a participant-led discussion on critical junctions in the residents' journeys since being housed. This method was used in order to move away from the power dynamic associated with standard question-and-answer verbal interviews, with the residents themselves highlighting the events which they considered important enough to include on the timeline. A series of follow-up questions explored fluctuations in people's engagement: if, when and how their need for support varied; the intensity; and the type of support that was provided at different points.

The residents were recruited with the help of support staff from six different Housing First services. The length of time people had been on the case load at the time of the interview ranged between three months and five years. Two individuals had moved on from the service at the time of the interview. The sample included ten men and six women.

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<sup>32</sup> Ibid Johnsen

<sup>33</sup> Ibid Johnsen

<sup>34</sup> A full methodology is available upon request, which includes theoretical and philosophical assumptions informing the approach adopted, ethics risk assessment and safeguards employed, coding framework and interview schedule.

While most participants were open to the idea of creating a timeline, the majority expressed either a lack of literacy abilities or confidence to draw it themselves. Three participants created the timeline by themselves, and ten timelines were drawn by the researcher on the basis of information provided by the resident during the in-depth interview. Three people did not appear to engage well with the idea of a visual task, so an unstructured interview on the key themes outlined above was carried out instead. Due to safeguarding reasons, with the express permission of the residents, the support worker was present in four of the interviews.

All participants, bar one, consented to the interview being audio-recorded and the transcripts were analysed alongside the timelines. Although the timelines were intended to be used as a tool to aid the interview rather than a product to be featured in the report, three participants explicitly stated that they wanted people to see their timelines (these are included at the end of this report). To protect participants' identities, all names and identifiable details of staff, residents and organisations were redacted from the timelines and replaced with pseudonyms in interview quotations.

The timelines helped to place the residents' experiences of receiving support from Housing First in some sort of chronological order. However, due to the complex care and support needs of many of the participants, some were unable to recall or categorise all the details of their experiences of receiving support from Housing First. Nevertheless, this should not be seen as affecting the validity of the findings, since the use of timelines is not necessarily associated with linearity and coherence. In this study, timelines functioned as an interview tool to help explore how the pattern of receiving support from Housing First relates to the wider context of life events in which these experiences occurred.<sup>35</sup>

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<sup>35</sup> Adriansen, H.K. (2012) 'Timeline interviews: A tool for conducting life history research', *Qualitative Studies* 3(1) Available at: <https://tidsskrift.dk/qual/article/view/6272/5433>

## Chapter 2: Receiving support from Housing First: Resident Journeys

Drawing on findings from timeline interviews carried out with 16 Housing First residents in England, this chapter explores people's experiences of receiving support from Housing First and how this support varies over time. The individuals participating in the interviews presented with a wide range of circumstances, personal characteristics, needs, abilities, and experiences. These characteristics and experiences in turn informed the support that people needed and valued from the Housing First team, which was equally diverse and varied. However, some broad patterns and themes became evident within the timelines, indicating that the intensity, type of support and manner of delivery changes over time and at certain key critical junctures.

### Changes in intensity of support

Existing research indicates that while services will provide support for as long as is required, the frequency and length of contact with the worker will often reduce over time.<sup>36</sup> This was reflected in the timelines, with most residents reporting a need and preference for very intensive support in the initial stages around the time when they moved into properties, which then gradually decreased as people gained an increased ability to live independently. This process did however not always follow a clear pattern, with some individuals continuously requiring intensive support over long periods of time or at certain key critical moments in their lives.

### Pre-tenancy work

When an individual is identified as eligible for Housing First, the team will in most cases make personal contact to explain and offer the service.<sup>37</sup> Participants were usually first contacted by a Housing First team at another service or on the streets and most participants had started building a relationship with and receiving support from their worker before moving into their first tenancy. A few residents already knew the Housing First staff and/or organisation in which the service was embedded, with findings indicating that this can contribute to a willingness to work with the service:

*Interviewer: 'Can you tell me why you were keen to work with Housing First?'*

*Respondent: 'Because they're nice people and I get right well, like I can't talk to many people, I keep everything in, with them I know them and it's easy to talk to them because they know a bit of my background as well from being in here [local service].' (Housing First resident, female)*

As explored in Chapter 2, due to previous negative experiences of services, and a lack of trust, many people did however initially turn down the offer of support. The frequency, intensity and duration of the pre-tenancy engagement work did not follow a clear pattern and varied between each individual, which highlights the importance that teams are flexible and responsive to individuals' needs and circumstances. The findings indicate that people's needs are exceptionally high prior to moving into a tenancy and that flexible and proactive outreach activities will be an essential part of delivering any Housing First service:

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<sup>36</sup> Busch-Geertsema, V. (2013) *Housing First Europe. Final Report*, <https://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf>

<sup>37</sup> Housing First England. Guidance for support providers [https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers\\_0.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers_0.pdf)

*'I was spewing blood. I was wandering around like that for a good seven months, hardly any clothes on, just quilts wrapped round me, sat asking for money. I was a real state ... I was killing myself. They were the ones that came and physically picked me up, waited an hour for me to come round.'* (Housing First resident, female).

## Moving into their new home

When residents first moved into a property, many met with their support worker daily or almost daily either at their home, in a café, or at the service premises. The provision of intensive support during the initial stages of being housed has been reported in service evaluations.<sup>38</sup> In Pleace and Bretherton's study, services also reported high intensity contact in the first month, with individuals receiving an average (mean) of 32.6 hours of contact, and a median of 30 hours during this time.<sup>39</sup> Although there were variations in the length of time that people in this study received this level of support, accessing housing was a particularly pivotal moment that appeared on each of the timelines, which framed the residents' needs and preferences for very intensive support:

*'This sounded like the best one because the others just seemed like floating support. This seemed like intense support, which is what I need. I needed daily support when I first moved in.'* (Housing First resident, female)

*Respondent: 'She [key worker] was a blinder. Oh yes, she really was, you know?'*

*Interviewer: Why do you say that?'*

*Respondent: Well she was there. When I first moved into the flat, she was there every day. She wouldn't hold up, do you know what I mean? ... She was there. And even sometimes when I got angry with her or something, you know?'* (Housing First resident, male)

Moving into their own home was depicted by participants as a significant life event and many of the residents' sketched a range of positive experiences and outcomes as emerging from this point in time. However, in the discussions it did become clear that the process of moving into a tenancy was at the same time a very difficult experience for many of the residents, who described feeling claustrophobic, isolated, agoraphobic, and/or depressed during the initial weeks or months. Many participants relayed stories of severe childhood and adulthood trauma, and reflecting observations from the implementation of Housing First in Finland,<sup>40</sup> there was some indication that moving into a stable and safe environment led to the surfacing of their traumas that until then, they had not had time or space to process. Living in a house was also described as requiring considerable adjustment, particularly for those with reoccurring or prolonged experiences of rough sleeping prior to accessing Housing First:

*'I found it really hard at first. Once I was staying in, I didn't want to go out. I was scared of going out my front door, and I just couldn't get used to it. Couldn't get used to having the place, and that's been more of a struggle than anything, I think, just trying to keep on top of it'*

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<sup>38</sup> Rice, B. (2017) *Bench Housing First. Lessons from the delivery of Housing First in south-east London*

<https://hfe.homeless.org.uk/sites/default/files/attachments/Bench%20Housing%20First%20Evaluation%202017.pdf>

<sup>39</sup> Pleace, N. and Bretherton, J. (2018) *The cost effectiveness of Housing First in England* (for Homeless Link)

[https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England\\_March%202019.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England_March%202019.pdf)

<sup>40</sup> Y-Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland*, Otava Book Printing Ltd, Keuruu

*and not get depressed. ... Yes, the adjusting and getting used to it. Again, after being outside for so long, it feels weird to be indoors. You know what I mean, when you've not had a roof over your head or been able to get... you know, I didn't get a shower for two years.'*  
(Housing First resident, male)

In the timeline interviews, most residents spoke very highly of the support received at this time (and at later stages), describing it as much more intensive than any other support received in the past. Several residents particularly valued its holistic nature:

*'They come here, they pick me up, they take me to appointments, they take me shopping, they carry all my shopping bags in, they wheel the trolley round for me, they do everything. They help me get my bank card, take me to every shop that I need to go to, wherever it is, no matter how far. They take me to my appointments, sit in my appointments with me, phone up agencies and get me help and push things.'* (Housing First resident, female)<sup>41</sup>

Reflecting findings from Pleace and Bretherton's 2018 study, there was however some variation in the services' ability to provide intensive support in the early stages, with two individuals reporting that they would have liked more support during this time. One resident's property was located at a significant distance from the Housing First service base, which then limited the frequency of support visits. This resident was housed in a region of England with a severe shortage of affordable accommodation and other research has highlighted the difficulties Housing First services face in securing housing.<sup>42</sup> This individual reported high levels of isolation and loneliness in the initial stages of being housed, and his first tenancy was not sustained (see Case Study 2).<sup>43</sup> Another individual lacked the confidence to ask for daily support rather than the twice weekly visits arranged with her support worker, which then detrimentally impacted her wellbeing and put her tenancy at risk. For safeguarding reasons this individual had been quickly moved into an independent tenancy, and the relationship-building that usually takes place between staff and residents prior to an individual moving into a property, had in this case not taken place:

*'You need to ask them ... I know if people don't know what the support they need is, so they really need to concentrate on finding out what their support is at the interview, before they take the person on and say, "Yes, we can help you".'* (Housing First resident, female)

This individual's story highlights the importance of pre-tenancy relationship-building activities and suggests that people may at times find it exceptionally difficult to identify and articulate their needs.

Among those who did experience a reduction in the intensity of support (see below), the frequency of support during the early stages varied from daily to weekly visits and lasted for anything from two weeks to three months. While moving into a property did appear to be associated with a peak in support provision which most commonly lasted around one month, it is important to note that this was not a fixed pattern and varied between the different respondents. Three participants reported having always received weekly visits, although the support they received did increase in times of change or crisis.

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<sup>41</sup> This participant had only recently begun to work with Housing First at the time of the interview.

<sup>42</sup> Homeless Link (2018) *Understanding the implementation of Housing First in England*. Available at: <https://hfe.homeless.org.uk/resource/research-evaluation>

<sup>43</sup> This individual was later supported to access another property closer to his support network and other services, which was sustained at the time of the Interview.

## Getting settled, becoming independent

Many residents reported that after they had been with the project for some months, they began to see their support workers less frequently. In the early stages support workers would provide a significant amount of support to help people get settled in their new home, manage day-to-day tasks and activities, and develop basic life skills. Within the Housing First model, support workers will remind and motivate residents to undertake tasks for themselves, and the impact of this approach was apparent within the timelines, with residents reporting increasing confidence and ability to complete daily tasks and activities as time went on (such as food shopping and attending appointments):

*Support Worker: 'Like, you just go shopping by yourself now and get food and stuff, whereas, I used to come with you to make sure you didn't just put this, this, this, this ...'*

*Interviewer: 'Is there other stuff she used to help you with that you don't really need help with now?'*

*Respondent: 'Yes. Oh yes, I found out what soap was. It used to be like, I didn't care about what I looked like ... and I've got skin. Oh, the washing machine. Yes, sort of. Takes a little bit of getting used to. Sort of, yes. Did a couple of trials'. (Housing First resident, male)*

During the interviews it became clear that the Housing First services were helping people facing severe disadvantage to make what may seem like small and insignificant changes in their lives, but which actually represented vast progress. As a result, people's capacity to live independently increased and the need for such intensive support diminished:

*'But in the six months I was here, I started doing a lot more for myself. I didn't need Lisa to nurse me constantly and take me here, take me there, and speak for me. I started actually doing things for myself.'* (Housing First resident, male)

The aim of Housing First is to give people as much control over their lives as possible, including in the intensity of support that is offered. The narratives suggest that the reduction in support intensity was generally person-led, with respondents expressing a desire to become increasingly independent. The findings indicate that people do not want to receive intensive support for longer than they feel is necessary, thereby illustrating one of the key benefits of the Housing First model in that when people no longer need the support or the same level of support, they can simply move away.<sup>44</sup>

*'When I moved into my place, she was still coming in, meeting me for a coffee and checking my welfare was okay, and coming, in the flat, "Oh, it's clean." Checking everything, making sure that everything was fine ... Gradually did that less and less, and I eventually broke it off. I was like, "Come on, I'm fine now, phone me every once in a while or something."' (Housing First resident, male)*

While the gradual reduction in support as people's capacity to live independently increases, is not dissimilar to that seen in traditional homelessness services, the key difference is that Housing First services are able to continue or re-introduce very intensive support if the individual needs or wants it:

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<sup>44</sup> Pleave, N. and Bretherton, J. (2018) *The cost effectiveness of Housing First in England* (for Homeless Link)

[https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England\\_March%202019.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England_March%202019.pdf)

*Respondent: 'If I want every day, I can see them every other day'*

*Interviewer: 'Do you see them every other day?'*

*Respondent: 'No, because I don't want to, I don't need to.'* (Housing First resident, female).

It is also important to note, that the reduction in intensive support was not experienced by all the Housing First residents. Due to the complexity and severity of their needs, two individuals were continuing to receive daily, or near daily, support after working with Housing First for more than a year. Examples of this support included help in accessing key resources (e.g. a winter coat and a bus pass), attending appointments and managing addictions. These individuals would generally receive daily check-up calls or visits from their support worker.

### Ongoing support and moments of crisis

Once people had settled in their tenancy, they continued to receive ongoing support from their support worker, this often on a weekly or bi-weekly basis, which generally focused on helping people to access external services or meaningful activities within their communities. Only two participants had moved away from the service completely at the time of the interview; one of these cases appeared to lie dormant with the individual continuing to receive an occasional check-up call. Although Housing First residents generally needed and preferred to receive less support over time, at certain moments of change or crisis people would again require an intensive level of support (as explored below).

### Moving to a new house

Housing First is the offer of a permanent home, but this does not mean that people will remain in the same place for the rest of their lives. Moving into a new property is of a period of change that seemed to be associated with a peak in needed support. For a range of reasons, such as unsuitability of the original housing offer, changes in housing tenure (e.g., moving from private rented to social housing), and individual circumstances (e.g., admitted to hospital), several participants left their first property and then received support in accessing and settling into a new tenancy. In some cases, participants were housed in temporary accommodation (in one case a self-contained flat above a day centre) while the Housing First team would try to secure more stable housing.

Throughout the process of moving into a new property, residents would often receive daily or near-daily visits and/or phone calls, with the support worker providing very hands-on support to help people get settled in their new home (e.g., by liaising with landlords, setting up utility payments, helping residents get settled in a new area where relevant). The quote below is taken from an interview with George, who had been working with Housing First for four years, and at the time of the interview had just moved into a new property:

*Interviewer: 'How often do you meet up together now?'*

*Respondent: 'I'd say about at least twice every couple of weeks, something like that. At the moment, since I've been moving in here it's been virtually every day nearly ... They're very clever with that. No, I've noticed, I've noticed. They don't tell you but I've noticed. Once they've realised that you don't need their help so much, they back off. And then all of a sudden something might come up, bosh, they're back here again'. (Housing First resident, male)*

## Welfare Benefit Issues

Changes to, or problems with, accessing benefits were also associated with a surge in support provision. In two cases, residents had recently moved onto Universal Credit and another individual reported being unfairly sanctioned. All three of these participants reported finding the process of navigating the welfare benefit system particularly difficult, and as a result were in more regular contact with their support worker:

*Respondent: 'When I was in hospital, I missed the appointments, because that Universal Credit ... When I missed the appointments, I didn't know anything about it, because I was in hospital. They sanctioned my money. I showed sick notes as proof, everything, to social. They still wouldn't do it. I couldn't believe it. Having to survive with nothing. It was crazy.'*

*Interviewer: 'How often were you meeting with Tim then?'*

*Respondent: 'A lot more often, trying to get my things sorted out. He was making phone calls, and sorting it out for me, and things like that. It was horrible. Because it wasn't my fault.'* (Housing First resident, male)

## Moments of Crisis

As explored in Chapter 2, certain key events such as tenancy abandonment or mental health crises were associated with a tendency to withdraw from support workers, which in turn highlights the importance of adopting a persistent, flexible and proactive approach to encouraging engagement. Participants described how support workers would respond to these situations by increasing the frequency of support visits and telephone or text communications. Many residents described how staff would immediately respond to crisis situations, which suggests these teams have more flexibility than those operating in mainstream services:

*'Then, one day, when it happened [experience of domestic violence], it was really bad and I was heartbroken. So, Kate just said, like, "I'm going to be there in half an hour." I was like, "No, it's alright," because I knew I couldn't get washed and stuff before they came and they just came. They were like, "Look, it's okay," and they were fine with me.'* (Housing First resident, female)

The experience of crisis and the need for staff to respond rapidly was a recurring theme in the interviews, which, in turn, suggests that people's need for support is unlikely to follow a straightforward or predictable pattern. The findings show the importance of staff teams being able to adapt support to an individual's circumstances and any crisis situations that may arise.

## Changes in type of support

### Pre-tenancy support

The findings indicate that the type of support that people receive from the Housing First team will change over time. The support people received prior to moving into their first tenancy often took the form of crisis management; for example, help to access emergency medical care as well as other basic resources such as food, clean clothing and, in some cases, emergency accommodation. Whilst people's eligibility for the service was not conditional on accepting this support, findings indicate this pre-tenancy help was key to establishing a trusting relationship and to helping people experiencing crises (e.g. in relation to their physical or mental health) achieve some degree of stabilisation prior to moving into their first property. A few participants also reported that receiving support to access methadone maintenance was an important first step:

*'I was in a tent ... basically. In a tent. I had no script. I wasn't on a script then or anything. I was using badly, heavy. And he got all that sorted out for me, basically.'* (Housing First resident, male)

*'I was really, really ill, where I couldn't make compos mentis decision for myself. I was drinking, like I say, a litre and a half of vodka. My liver was failing ... I had so many infections flying round my body. I was jaundiced ... they saved my life because I wouldn't have got there [into first property] if they wouldn't have picked me up and took me to these appointments at the hospital.'* (Housing First resident, female).

One resident, a survivor of modern slavery, who was also experiencing severe mental and physical health problems, as well as substance misuse issues, talked about the importance of the service providing immediate safety and a means of escape; the service arranged immediate temporary accommodation and safeguarding while more permanent housing was secured.

### Moving into the first property

Reflecting findings from service evaluations<sup>45</sup>, when people moved into their first tenancy, they would receive very hands-on practical support to help them get settled in their new home; e.g. in setting up and paying bills, communicating with the landlord, obtaining and organising furniture, and setting up a benefit claim. The assistance also focused on developing life skills needed to manage a home, for example, to budget, cook, take care of food shopping, and learn how to use household appliances. Some participants described how the support worker also helped them to get settled in an area, for example, by going on walks with them and pointing out local shops, the bus stop or library. Respondents described how this intensive practical support helped reduce the stress of moving into a new property, and for some helped establish a trusting relationship between the support worker and the resident (see Chapter 2).

*'They've helped support me, because the place that I'm in is private rented. So, they found the accommodation for me. They've put the deposit down to secure the bond and that for me. They've done all liaising with the landlord. Yes, they sorted out, like, my electric. They actually done all of that for me. It took all the stress away, yes .. and they've supported me with, like, getting the stuff that I need to live there, like the washing machine, the cooker and bed, bedding. Everything, yes ... they made them calls for me on my behalf. It can feel a bit intimidating and overwhelming, can't it?'* (Housing First resident, female)

### Ongoing support

The findings indicate that as people's confidence, independence, and trust in their support worker increased, the support would subsequently evolve to focus more on people's wellbeing and emotional needs. While the role that Housing First played in providing emotional support was a reoccurring theme throughout the interviews, respondents described how it took time for them to build trust and feel comfortable in disclosing personal problems and past traumatic experiences. The findings indicate that increased confidence and trust

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<sup>45</sup> Johnsen, S. (2013) *Turning Point Scotland's Housing First Project Evaluation* <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

which was associated with the positive staff/resident relationship played a key role in encouraging participants to access support services (see below):

*'I'd say after about three months, when all my electric and bills were up and running, that's when it started getting to a deeper level. What term is it? I got more confident in telling him. Not confident in telling. I got more confident in opening up to him. That's it – trusting him. I got more confident in opening up to him. Then, I say after about another month or something like that – yes, one month – he helped me with a doctor's appointment. He actually printed a map off for me.'* (Housing First resident, female)

As also shown in earlier service evaluations<sup>46</sup>, evidence from the timelines indicate that once people have settled into their home and are linked up with other needed services, their requirements for support then moves towards accessing meaningful activities within their communities. Reflecting the diversity in people's abilities, needs and preferences, these activities were varied and included woodwork, volunteering, starting a college course, knitting, playing musical instruments, and accessing library groups:

*'I was asking questions like, "I love my charity shops. I pop into the charity shop and I speak to them anyway." He said, "Well, if that's what you want to do, to volunteer, then just pop in like you would and, as you're browsing around, just ask naturally." Those weren't the exact words he said, but, yes, something like that.'* (Housing First resident, female).

While support workers played a key role in helping people access these types of activities, having a home was portrayed by participants as a necessary precursor to integrating into the community and finding ways to use their time meaningfully:

*'Just now I've got somewhere to live, I want to do more things that I've not done ... You just don't really want to do anything when you're homeless, do you? You want to get somewhere to live and your benefits up and running ... Now I've got my fishing gear and that, I've got to do some woodwork, bits of woodwork that I like doing. I can put that in place and do some of that now I've got somewhere to live ... He helped me get my fishing gear and my woodwork stuff through his organisation or something where he works.'* (Housing First resident, male)

Community integration, reconnection with family and/or increasing employability generally featured later in people's timelines, with support workers then playing a key role in helping people build confidence and access the necessary resources.

### Accessing external services

Although participants were not asked directly about their care and support needs, this information was openly shared by many of the residents. Reflecting recent research on the picture of Housing First in England<sup>47</sup>, participants described having long-term experiences of homelessness, poor mental health, substance misuse, contact with the criminal justice system, as well as other support needs. The multiplicity and complexity of support needs experienced by Housing First residents, will require services from across different sectors.

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<sup>46</sup> Johnsen, S. (2013) *Turning Point Scotland's Housing First Project Evaluation* <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

<sup>47</sup> Homeless Link (2018) *The Picture of Housing First in England*

<https://hfe.homeless.org.uk/sites/default/files/attachments/The%20picture%20of%20Housing%20First%20in%20England.pdf>

However, people facing severe and multiple disadvantage are likely to face significant barriers in accessing and engaging with services.<sup>48</sup> For example, services may work in silos, which can make it difficult for people to navigate the different services and be aware of the help that may be available to them. Previous negative experiences of services may also make people reluctant to engage with services (see Chapter 2).

Many participants in this study were not accessing any services before they were contacted by Housing First so that their needs were very high in these early stages, and they required significant support in order to access the relevant services. The complexity of people's needs alongside a general distrust of professionals made it extremely difficult for some of the respondents to speak about their lives and problems when first introduced to the service. Several participants highlighted learning to communicate with professionals as a key outcome they experienced as a result of working with Housing First; many also said that prior to Housing First they would have found it impossible to carry out the interview for this research:

*'I couldn't physically talk to a professional person, I couldn't look them in the eyes after that breakdown. The social worker knows that, I've got a social worker, an adult social worker, a lovely woman, I can't remember how to pronounce her name. I couldn't look at her, I was struggling, it was [my support workers]. They taught me to look at them and deal with it. I was so broken, I was so terrified to talk to them and tell them what was going on in my life.'*  
(Housing First resident, female)

Most of the respondents spoke at length about how their support worker helped them to access other services and attend appointments. Although support to access other services did not follow a clear pattern and occurred at different times for different individuals, its prominence within the timelines suggests that it is an aspect of Housing First support that is particularly valued by residents. The narratives show the key role that support workers play in supporting people to address the barriers they face to accessing services:

*'I had to fill in my assessment things for my benefits and stuff. He came to help me get through it, help me to say things, helping me get through the interview thing that you have to go through because I'm no good at using my words to get through.'* (Housing First resident, male)

As highlighted by Pleace and Bretherton, Housing First is most effective when working closely together with addiction, social care, criminal justice, and physical and mental health services, which allows a wide range of needs to be addressed.<sup>49</sup> This is put into practice through the use of an Intensive Case Management approach, where support workers act as navigators who help residents to access and engage with services (see Introduction). Reflecting findings from an evaluation of nine Housing First projects, the services participants were supported to access included: psychiatric and community mental health services, medical services, drug and alcohol services, education, training and employment related services, community participating events and services, volunteering opportunities and support with gender based violence/domestic violence issues:

*'Let me think, in that space, I was there for six months, got quite a lot done. I even started going to hospital appointments and stuff, which I wasn't doing. Because I had seizures in my sleep, so I got a hospital appointment and Lisa got me down there, picked me up, made sure*

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<sup>48</sup> Agenda (2018) Making Places Work for Women: Gender and Systems Change. A discussion Paper by the Point People and Giselle Cory

<sup>49</sup> Pleace, N. and Bretherton, J. (2018) *The cost effectiveness of Housing First in England* (for Housing First England) Forthcoming

*I went to it, because I probably wouldn't have. So, a lot of stuff like that.' (Housing First resident, male)*

Several residents highlighted the flexibility of services and the importance of having workers accompany them to appointments; a type of support that had generally not been available to them before and one which appeared to play a particularly crucial role in helping people to engage with external services:

*'One day, like, it was six or eight o'clock at night, my appointment was, and they finish at 5:00. I was like, "I don't even know what to do. Can you get me a bus route or something?" So, she went, "No, I'll take you." She stayed and took me to my appointment. Like, things like that mean a lot to me because no one ever does anything like that for me, so, yes, it's really good.'* (Housing First resident, female)

## Responding to difference

Although Housing First services in England are designed and operate in very different ways<sup>50</sup> they are all underpinned by the same set of principles, which includes a commitment to put individual choice and control at the centre of support provision. In a personalised approach people will be asked what they need to reach the goals that they set for themselves, rather than expecting them to fit into existing services. Existing research indicates this approach is highly effective in engaging people with multiple and complex needs who have consistently refused offers of support.<sup>51</sup> The Housing First residents taking part in the interviews had a wide range of personal characteristics, circumstances, needs, abilities, goals and aspirations. This, in turn, informed their support needs and preferences, which were equally diverse and varied. The interviews suggest that the services were able to respond to these differences by providing support that were closely tailored to each individual:

*'If I want to lose weight, for example, she'll go and she'll say, "Right, go to the doctors. You can get a free Slimming World pass if you're overweight, but there's a Slimming World here. There's this there, there's that there. There's this that's free...".'* (Housing First resident, female)

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<sup>50</sup> Homeless Link (2018) *Understanding the implementation of Housing First in England*. Available at:

<https://hfe.homeless.org.uk/resource/research-evaluation>

<sup>51</sup> Homeless Link (2013) *Personally speaking. A review of personalised services for rough sleepers*. Available at:

<https://www.homeless.org.uk/sites/default/files/site-attachments/Personally%20speaking%20Dec%202013.pdf>

## Chapter 3: Exploring patterns in engagement

In contrast to many homelessness and other public services in England where the individual using the service is expected to engage with the available support in exchange for receiving support, in Housing First the staff team is responsible for encouraging engagement. While engagement with wider services is not compulsory and lack of contact does not result in the service being withdrawn, Housing First teams are meant to be assertive in encouraging residents to engage with the available support.<sup>52</sup> This chapter explores patterns in Housing First residents' engagement with Housing First staff teams, and highlights key pivotal moments, meaning, and experiences which affect levels of interaction and the ways in which services respond.

### Pre-tenancy stages

Participants were usually first contacted by a Housing First team at another service, or on the street, at which point many residents would initially turn down the offer of support. The general inclination to not engage with the service was associated with a lack of trust as well as previous negative experiences of homelessness services (see below). Some individuals were initially openly hostile to the Housing First team, who they associated with positions of power or authority. Complex trauma is common among people facing severe and multiple disadvantage<sup>53</sup> and is often associated with a tendency to be defiant, oppositional, or untrusting of authority figures.<sup>54</sup>

*'He came to probation. That's when I started working with him at the probation. But at first, I said I didn't want to work with him for some reason. I just didn't want to. I knocked it back at first. I said I didn't want the help at first, even though I did. I don't know why, I just said I didn't.'* (Housing First resident, male)

*Support Worker: 'Be as honest as you want to be. The first day I met you, if you remember, you threatened to stab me, for about two months, every day you threatened to stab me. The question is, do you still want to stab me today?'*

*Respondent: 'No. (Laughter) ... I thought it was the law. Do you know what I mean?'*

*Interviewer: 'You thought he was an official, type thing?'*

*Respondent: 'I thought he was the police.'* (Housing First resident, male)

The interview findings suggest that when people withdraw or are unwilling to engage with the Housing First service, the support teams will respond with a highly persistent and proactive approach, which under certain circumstances is maintained for significant periods of time. These assertive street-based outreach activities were particularly important for individuals who were initially reluctant to accept the offer of support and for those who temporarily withdrew. Residents described how this persistence – without being intrusive – was key to encouraging engagement. Findings indicate that this approach can be very resource-intensive:

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<sup>52</sup> Housing First England. Guidance for Support Providers

[https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers\\_0.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers_0.pdf)

<sup>53</sup> The Centre for Social Justice (2017) *Housing First. Housing-led solutions to rough sleeping and homelessness*

[https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2017/03/CSJJ5157\\_Homelessness\\_report\\_070317\\_WEB.pdf](https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2017/03/CSJJ5157_Homelessness_report_070317_WEB.pdf)

<sup>54</sup> Courtois, C.A., Ford, J.D. (2013) *Complex Trauma and Traumatic Stress Reactions*

<https://www.guilford.com/excerpts/courtois2.pdf?t>

*Respondent: 'I don't go [disappear/disengage from the service] for a day or two, I go for months.'*

*Support Worker: 'Yes, you were away for a long time ... I found you a couple of times though. I did actually find you a couple of times, but it took a lot. I was getting up at, like, 6:00am and walking around looking for him and going out after work until late because you would pop up in the morning or in the evenings, wouldn't you? But not during the day.'*  
(Housing First resident, male)

## Moving into the first property

Moving into a tenancy was generally associated as a higher level of engagement with Housing First staff teams; residents accepted the housing offer and started to meet with a support worker on a regular basis. In these initial stages several participants would however still mistrust their support worker and remained reluctant to engage. Reduced contact or attempting to withdraw from their support worker was manifest in not answering calls or texts, failing to attend scheduled meetings, not leaving the flat for considerable periods of time, not wanting to discuss certain aspects of their lives or problems, or simply not wanting to see the support worker. Respondents emphasised that their lack of engagement was not necessarily related to the service, but rather due to their own mental health problems and/or the difficulties experienced when moving into their first property:

*'At the beginning, I just used to make up excuses not to see them and make up excuses like, "I'm not in," or whatever because I just really couldn't be bothered talking to anybody those days.'* (Housing First resident, female)

*'When I was in my flat not coming out for a few days maybe. That wasn't to do with them, that was me just getting depressed or whatever, and anxious about things, and now I've got a room I can lock myself in, I was doing it.'* (Housing First resident, male)

The importance of positive and trusting service user/staff relationships when supporting people with multiple and complex needs, is well established within the literature.<sup>55</sup> Existing evidence indicates that Housing First staff will in the early stages dedicate significant time and resources into engaging with the individual and building a trusting professional relationship.<sup>56</sup> During the interviews residents described how over time, their trust in their support worker and engagement with the service had increased. This was manifested by people's increased willingness to access other services (e.g. physical and/or mental health care services, drugs/alcohol services) and their increased willingness to meet with their support worker and to share more details regarding their needs and experiences:

*'Then, in the best way possible, he kept prompting me and prompting me to talk to him. That's how I've gained the trust with them. In the best way possible, that's what they did on a weekly basis.'* (Housing First resident, female)

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<sup>55</sup> Duncan, M. and Corner, J. (2012) 'Severe and Multiple Disadvantage: A review of key texts', Lankelly Chase Foundation

<sup>56</sup> Housing First England. Guidance for support providers

[https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers\\_0.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20Guidance%20for%20Providers_0.pdf)

*'I've been speaking to him more, rather than less more recently, and I talk to him a lot more about what's going on. When we first met, I was pretty closed off, wasn't I.'* (Housing First resident, male)

Other research has shown that while people's requirements for support and the costs of Housing First tend to reduce over time, costs may in some circumstances increase when people who have not been accessing services begin to connect to treatment and support services.<sup>57</sup> The findings from this study also indicate that in some cases people's engagement with the Housing First service may initially increase, which in turn underlines the need for services to have the capacity to respond to these fluctuations.

### Developing independence

For some residents, lack of engagement was not necessarily a negative experience, but rather part of the process of becoming more independent and as a result less reliant on Housing First support:

*'I like to be on my own, doing my own thing. Sometimes when they say, "Do you want to meet up?" I don't want to ... I can't be bothered. I want to just be on my own for a bit. I can't be bothered meeting up with them ... You just want to see whether you can do it on your own without the support, do it on your own.'* (Housing First resident, male)

Due to the long-term nature of the service, there may be times when people require less support and the findings of this study indicate that this is more likely to happen after the initial phase of settling into a property. An individual's support worker should usually have an awareness of their patterns of behaviour and the findings suggest that close and personal relationships between staff and resident will allow workers to identify whether certain behaviours are of concern or not and respond accordingly<sup>58</sup>:

*'Like, when I said, "I don't want to see you," she went, "Well, you better get up because I'm going to be there in 10 minutes." "No." "Well, Nina, I'm here, I'm two minutes away." Then, like, she genuinely does come and bang my door down, do you know, but it's because she knows that it's not that I don't want to see her, it's just that I'm either sat here feeling low or shit.'* (Housing First resident, female)

### Key events

In addition to time in tenancy, patterns of engagement with Housing First appeared to be associated with certain key events, such as tenancy abandonment, accessing counselling and/or drug treatment therapy, or being sent to prison. Three individuals first moved into properties that turned out to be unsafe or otherwise unsuitable for them, and subsequently abandoned their properties. Two individuals then withdrew from their support worker for a significant amount of time before later re-establishing engagement:

*Respondent: 'I just walked out of it, yes, then I was on the street ... It's not safe there, you could push the door open. Like, literally push the door open ... I had my guitar stolen, my music stolen, everything stolen.'*

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<sup>57</sup> Pleave, N. and Bretherton, J. (2018) *The cost effectiveness of Housing First in England* (for Housing First England) Forthcoming

<sup>58</sup> Ibid Guidance

*Support worker: 'Then he disappeared on me'*

*Respondent: 'Yes, I done a disappearing act. Disappearing act for, like, a year, wasn't it?'  
(Housing First resident, male)*

Engagement with other services was a common outcome for residents once they started working with Housing First, and individuals who did not access any support while homeless, then connected with the needed treatment and services. Depending on the individual, this could then lead to either increased or reduced contact with the Housing First service. One resident reported that she started withdrawing from the service because of emotional difficulties associated with accessing counselling, while another felt more able to communicate with his support worker when accessing a GP and drug treatment service. For some participants, engagement with the Housing First service was only possible once they started to receive methadone maintenance therapy:

*'Through the start of my counselling, I started to back off from Lewis again, but that was just me. Does that make sense? Yes, I think, because I was crying too much and I actually wasn't dealing with my feelings properly. It was all coming out in my counselling. I didn't want to re-open up and talk about it at home, so I backed off.'* (Housing First resident, female)

*'It was more that it [engagement with the service] changed, towards the Christmas, I started feeling better, but I was getting more help then. I was engaging with the drug service and Dr Henry, as well.'* (Housing First resident, male)

Reflecting findings from earlier research, some residents' journeys towards improved wellbeing seemed to be punctuated by 'ups and downs,' where reported improvements were followed by periods of deterioration in mood or wellbeing.<sup>59</sup>

*Interviewer: 'Is it okay to ask why is it you didn't want to meet up with Vicky then? Why were you disengaged?'*

*Respondent: 'Well, sometimes I go on a mad one and just go on one of my episodes ... I don't go for a day or two, I go for months.'* (Housing First resident, male)

Support workers would respond to people withdrawing from the service by increasing the intensity of support. Teams were also flexible and responsive, as characterised by seeing people outside of scheduled visits, attempting to locate people by searching for them on streets or by contacting other services and by increasing the frequency of telephone, text or face-to-face communications:

*'It was all coming out in my counselling. I didn't want to re-open up and talk about it at home ... So I backed off. I backed off, but he didn't really let me back off ... Every text, I was ignoring, or he was trying to make an appointment and I was cancelling. He made sure. He gave me a couple of hours or a day or something and then he would text back to see if I was okay, which is what I needed. Not in a bad way. He wasn't harassing or whatever, but he was doing it for my own good. He was good with me. Not "he was good with me." What is the*

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<sup>59</sup> Johnsen, S. (2013) *Turning Point Scotland's Housing First Project Evaluation*, <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

*word? I'll just put "I felt good with him." Yes ... Even on this part, he was so good with me. It's what I needed.'* (Housing First resident, female)

## Causes of patterns in engagement

This section explores the key life experiences which seemed to contribute to the patterns in engagement that were explored above. Past experiences, including experiences with other public services, appeared in several timelines, with respondents often contrasting their interactions and opinions of Housing First with services they had previously accessed.

### Previous experiences of services

Housing First services in England have generally been developed to meet the needs of people with prolonged or reoccurring experiences of homelessness, who have often experienced repeated system failures.<sup>60</sup> Participants described how prior to accessing Housing First, they were generally disengaged from or 'revolving' around existing homelessness services without ever achieving a positive outcome:

*'I've known Project Ten for many years. I met Project Ten when they used to drive round when I was working on the beat. They used to drive round in a van giving us sandwiches and warm clothing for winter, that's when I met them. I wouldn't liaise with any group or Project Ten for a long time, I was very difficult.'* (Housing First resident, female)

*'These actually do help you, and the services that I've engaged with in the past haven't, not even anywhere near as much. I felt like I was let down for six years.'* (Housing First resident, male)

Existing research indicates that homelessness services are not always adequately equipped (e.g. in terms of staff training or resources) to support people with multiple and complex needs. In Homeless Link's 2017 Annual Review of the support available for single homeless people, 71 percent of the responding accommodation providers reported having refused access to their services because potential residents were deemed too high risk.<sup>61</sup> Experiences of eviction or abandonment from services and of not having received support that was adequately tailored to their needs, were commonly reported within the interviews:

*'I actually came out from a women's refuge homeless. I got kicked out of the refuge because I was trying to commit suicide. I don't think that was good, in a way, because I had more to deal with then. Obviously, I had nowhere to stay or anything.'* (Housing First resident, female)

*'A lot of places, they say they tailor their service to your needs, but they're not. They're really rigid in what they do. So, it's not really that they tailor it to you. There's just certain things that they can do, and it's what one of those certain things that you need help with, but if you need help with something else, you're pretty much buggered really.'* (Housing First resident, female)

An inability to adhere to the conditions for support in traditional services (e.g. addressing substance misuse, scheduled key working sessions), experiences of services failing to deliver on their promises, difficulties in

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<sup>60</sup> Homeless Link (2018) *Understanding the implementation of Housing First in England*. Available at: <https://hfe.homeless.org.uk/resource/research-evaluation>

<sup>61</sup> Homeless Link (2017) *Support for single homeless people in England. Annual Review 2017* [https://www.homeless.org.uk/sites/default/files/site-attachments/Annual%20Review%202017\\_0.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/Annual%20Review%202017_0.pdf)

sharing rooms or buildings with other people with drug or alcohol addictions, and poor-quality accommodation, all contributed to negative perceptions of services and a tendency to disengage from them all together. These negative experiences appeared to be the primary factor contributing to some of the residents' reluctance to work with Housing First when they were first offered the service, as they generally assumed it would be no different from the services they had accessed in the past.

### **Importance of Trust**

Trust was one of the most commonly appearing themes throughout the interviews, with residents explaining that their negative experiences with other services had resulted in a lack of trust of services and other professionals. This distrust in turn caused residents to at first refuse the offer of support and, in some cases, to remain hesitant to engage with the service in the early stages of moving into their first property:

*'Yes. But that's where a lot of my distrust comes from, stuff like that [talking about negative experiences of services where staff had not kept to their word and not offered the support that was needed]. So, when I met Sarah [support worker] I was just thinking of all these things. No, no, no. But no, she proved it [that Housing First really was different from the services which had been offered in the past].'* (Housing First resident, male)

The findings indicate that a trusting relationship between staff and the individual being supported is key to engaging the person both with the Housing First and with external services, with participants describing how with time, they learned to trust their support worker. This was associated with support staff keeping their word and consistently being there when the person needed them:

*'Because I'd not had that trust before or that relationship with Kate, Joe or anything, I found it hard to begin with to constantly open up and have that trust, but now – oh, I like it – as you can see, I've got my trust there with them. I know if I need anything, they're there.'* (Housing First resident, female)

*'Well, because she delivered everything she said. Do you understand? There have been no false promises and I haven't had to meet any targets. She has kept her word. I've tried to keep mine. Now, I haven't always kept mine. She has always kept hers. But, do you understand? It makes me feel I can trust her more. I would say the longer it has gone on, the more respect I have for her as a professional.'* (Housing First resident, male)

### **Importance of Housing**

In Housing First, independent stable housing acts as the foundation through which people can begin recovery and move towards a better life. Moving into a property was a crucial factor in stimulating patterns of engagement or non-engagement, and many respondents identified this as a pivotal moment in their timelines. Due to their previous experiences, residents would often initially disbelieve that the offer of permanent housing was genuine:

*'Moving into a flat was a pretty big thing. That was a real 'wow' moment, because I realised what had been said was true ... they told me ... "We'll get you a flat in six months," and I just laughed at that, like, "Yes, okay, I've heard that one before" sort of thing. Bang on six months, I got a flat. Literally to the day, as well, I think it was.'* (Housing First resident, male)

### **Housing First Support**

In their narratives, residents discussed the aspects of the Housing first service which they particularly valued and which appeared to play a key role in encouraging them to engage with the service. The journeys of

several individuals were characterised by departures on the road to recovery, such as by time spent in hospital, prison, or other supported housing arrangements. The 'stickability' of support<sup>62</sup> - with workers continuing to support them during the time they spent in prison or hospital – was featured on several of the residents' timelines:

*'There were other changes along the way before I got to there. I was in various different hostels. But Housing First always, wherever I went they seemed to follow.'* (Housing First resident, male)

As mentioned above, residents also emphasised that the close and trusting personal relationship with their support worker was key in encouraging engagement with the service:

*'I think the best thing about them is they don't judge you neither. I feel I can be totally open and honest with them, and I can tell them anything ... They make you feel like you can open up to them, you can talk to them, which I think is an important thing. If you've got, like, a keyworker, if you don't feel that you can talk to them and connect with them, then you're not going to engage with them, are you?'* (Housing First resident, female)

The person-led approach that allows people to make changes in their own time and on their own terms, was also reported to be key in encouraging engagement:

*'Anyway, sorry, what this place has done for me. I'm just allowed to do it in my time, because otherwise it's not getting done. But I'm not smashing the West End up today. ... What is it about this place? I don't know. It works. They're the only people I've ever entertained.'* (Housing First resident, male)

Many of the residents also described how their support workers - by means of a non-conditional and person-led approach - played a key role in helping them become aware of their needs:

*'Interviewer: How well do you think the support you got during this time matched up with what you thought you wanted, and needed?'*

*Respondent: Brilliant, because there was a lot of stuff I didn't realise I needed, and they weren't just going, "Right, this is what you need," they were doing it subtly in a way that I'd go actually myself ... So it was brilliant. It was really good, and I did it. It was really good. ... Because it sounds subtle, but it's quite a different approach, helping people find these things out for themselves, not telling them, "You need to do this, this, and this.'* (Housing First resident, female)

The findings also highlight the importance of the unconditional and positive regard services have for residents, with the offer of support remaining in place regardless of an individual's tendency to engage or disengage. Feedback from residents indicates that this approach differs significantly from the type of support that they had previously received:

*'When I missed appointments and all that, I had my bad days, I just shut the door in his face, and he was good about it. He didn't say, "Ah..." basically. He was really good. He just said, "We'll do it the next day. No worries." So that was good, because some people just say, "He's not interested, so leave him." That's what I had a lot of.'* (Housing First resident, male)

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<sup>62</sup> Johnsen, S. (2013) *Turning Point Scotland's Housing First Project Evaluation* <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

<sup>62</sup> <https://www.york.ac.uk/media/chp/documents/2013/Camden%20Housing%20First%20Final%20Report%20NM2.pdf>

## Case studies

### Case study 1: Hannah's journey

Hannah first moved into an independent flat in January 2017 and said that it made her feel as if she had *'finally been rescued.'* In the first month Hannah experienced a very low mood and became generally disengaged from the Housing First service (marked on timeline as 'low [relationship with] support worker' and 'ignored him'). Over time Hannah experienced a wide range of positive outcomes such as improved mental and physical health, increased confidence and self-esteem, and improved social relationships and community engagement. Hannah however emphasised that this process took time:

*'From that moment of getting this flat, it's been a lifesaver for me. Everyone else might be different, but I've been here a year and a half, and it took me a good ... if you ask anybody ... my support worker, from how I am now to when I first moved in here, I was a right wreck. I didn't open my door to anybody. I didn't want to go out.'*

The overall pattern of Hannah's timeline shows that her engagement with the service increased over time. This was not characterised by a change in the frequency of support visits (Hannah continued to meet her support worker on a weekly basis) but rather by a change in the quality of interactions; marked in yellow as 'good [relationship with] support worker.' After the first month Hannah said she became *'confident in opening up to him.'* The type of support that Hannah received also changed over time; whilst during the first month she was receiving support in *'electric/bills, etc'*, after seven months Hannah received help to reinstate contact with her mum and to begin volunteering at a local community foodbank.

Hannah's journey was characterised by periods of low mood and a tendency to temporarily withdraw from her Housing First support worker, which were associated with certain key events such as moving into the flat, including a change of medical focus worker, and accessing counselling. Hannah described how, during these times the Housing First service responded by increasing the intensity of support (e.g. her support worker would text or call her much more frequently).

Hannah's timeline shows the type of support that she particularly valued including: 'can text [support worker] anytime will get back to me,' that he 'actually came with me to appointment,' and 'being provided with reassurance and support during difficult times'. For Hannah, having one dedicated support worker was important, and she said that *'if I changed worker I would relapse on my life.'* When asked how well the support she received matched up to the support she needed or wanted, Hannah emphasised that she needed 'more support' prior to being offered Housing First:

*'It's mainly before all this I wish I had more support so it wouldn't have lasted that long. Does that make sense?'*

*Interviewer: 'Of course it does.'*

*Respondent: 'If I had more support here – I'll put it here [draws on timeline] – then I wouldn't have got to where I got to in my life.'*



## Case study 2: Steve's journey

When Steve started working with Housing First, he was homeless and faced poor physical and mental health, as well as drug addiction. Due to a severe shortage of affordable housing in his area, Steve's first tenancy was located at a significant distance from the Housing First service base and his social support network. Although this particular point of Steve's journey was generally positive and characterised by improved mental wellbeing and the motivation to start work again, it was also challenging, and Steve reported feeling isolated and a bit depressed during this time.

Although Steve experienced a range of positive outcomes from working with Housing First, his timeline illustrates that people's journey towards a better life does not necessarily follow a linear trajectory and that the negative consequences of homelessness and multiple disadvantages will not be resolved overnight. When Steve was sentenced to a short prison term after he started working with Housing First and had moved into his first property, he particularly valued the ongoing support from his keyworker, who visited him in prison and accompanied him to Court. Steve said *'lots of people in prison don't have that support, prison can be very low.'*

Approximately nine months after his initial contact with the Housing First service, Steve moved into a second tenancy that was arranged by Housing First. This was highlighted as a very positive stage in his journey, and Steve was particularly pleased that the property was located near his support network and a daycentre (which he would visit regularly). The importance of housing is highlighted on Steve's timeline: *'Housing is my own space, it's very important to know your own space.'* Steve also said that over time he became better at managing a tenancy: *'learning not to let people in my flat.'*

Steve's experienced a wide range of positive outcomes after accessing independent housing: on his timeline Steve said that he wanted *'to get back into the workforce'* and that he *'started going to go to the jobcentre because I got a home.'* In addition to re-entering the labour market, many of Steve's aspirations involved greater community-involvement. Steve has recently become involved in numerous activities that relate to *'getting out into the community,'* such as going to the local gym and cycling and swimming, going to the zoo, having a BBQ, and inviting his parents around.



### Case study 3: Vicki's journey

When Vicki first met her Housing First support workers, she faced multiple forms of severe disadvantage including experience of sex work, domestic violence, drug and alcohol abuse, severe mental and physical health problems and lifelong trauma. Vicki had previously been let down by hostels and refused to engage with services for many years afterwards. The intensive support and safety that Housing First provided in her early stages of working with the service, were particularly important:

*'I was on a bad manic episode. I ended up in hospital, my friend got me to safety, the hospital phoned up the support workers and safeguarded me. So [Housing First] kept me safe whilst I was in hospital, got me off drugs, got me on medication to stabilise me ... they got me to safety from a nasty dangerous ring. They're still keeping me safe now, I didn't think I'd ever get out of that. They got me in emergency accommodation, they have literally whisked me away and got me help.'*

On her timeline Vicki marked the characteristics and qualities of the support worker that she particularly valued as 'sympathetic,' 'professional,' 'honest,' and also highlighted the 'flexibility' and 'reliability' of the service.

At the time of the interview Vicki received very intensive support, which included daily visits and phone calls. Vicki described the support she received in getting furniture and other necessities as not only helping her feel more settled, but also as key in establishing a trusting relationship with her support worker, and a sign of their trust in her:

*'They went and got me a couch, I've got my name on it, cream leather couch and it's in good condition. The person apparently they got it off doesn't buy crap. They got me a 32" telly through the council ... This is what [my support workers] with their help the council did this. This is trust isn't it. Sorry, this is trust, to buy me that, considering my history with drugs and everything.'*

On her timeline, Vicki highlighted the help she receives to access other services (including being accompanied to appointments), as aspects of the support that she particularly values. Although Vicki has only worked with Housing First for a few months, she has already experienced a range of positive outcomes, such as improved physical and mental health. When asked to describe the overall pattern of the timeline, Vicki said:

*'I like to think I'm not a victim anymore. I feel confident in myself, these women have brought me out of myself like I didn't realise. I forgot. They brought out the woman that my mum wants back.'*



## Conclusion

The findings show that people's previous experiences with support services strongly affect their willingness to engage with Housing First. People who are multiply disadvantaged, severely traumatised and who have been repeatedly let down by services may be distrustful, suspicious and sometimes hostile to offers of support. Significant time is required to win their trust and to build and maintain relationships.

The provision of intensive, flexible and personalised support is one of the founding principles of Housing First and is key to its success in ending homelessness. While independent and unconditional accommodation is a stepping stone from where some of society's most vulnerable and disadvantaged people can begin to recover, housing is of itself not a magic bullet. If people are to sustain their accommodation and heal from the multiple traumas and the damaging experiences that are associated with long-term homelessness, they will need intensive and therapeutic support with staff who have the time, values, capacity and interpersonal skills needed to build close and trusting relationships.

This research provides further evidence to illustrate the importance that all Housing First services adhere to the model's fundamental principles and philosophy.<sup>63</sup> The provision of highly intensive, non-conditional support for as long as people need it must be considered as an intrinsic part of the Housing First model and approaches which dilute this principle (e.g. by only providing floating support, limiting contact hours in the initial stages, or by employing workers with large caseloads) are unlikely to be successful in achieving the high rates of housing sustainment which are associated with Housing First, nor foster the other positive outcomes (health etc.) that often reported.

As covered within the principles, services should also ensure that people are empowered to make choices over the nature and frequency of the support they receive. Everyone accessing Housing First will have different needs, characteristics, and experiences, and by means of a personalised approach led by the individual, Housing First is designed to recognise and respond to these differences. Small caseloads allow teams to provide support in a flexible manner according to individual needs and preferences.

The findings from the timeline interviews do, however, suggest there are some broad patterns in how support is experienced within the Housing First model. The intensity of support appears to be at its peak when people first move into a property, and while services will provide support for as long as is needed, the frequency and length of time of contact with the support worker will usually diminish over time. This process does, however, not follow a clear pattern or trajectory, and some individuals will continuously require intensive support over long periods of time, or at certain key critical moments in their lives. The long-term nature of the support also allows it to evolve from generally practical support towards addressing people's emotional needs, past traumas, and helping them to integrate within the community and access and engage with services.

As the Housing First model becomes more established and introduced at scale across England, it is essential that new services spend time familiarising themselves with the underpinning philosophy and practical implementation of the Housing First approach, which will allow for the development of realistic expectations of

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<sup>63</sup> Housing First England. The Principles

[https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England\\_The%20Principles.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England_The%20Principles.pdf)

the resources, outcomes and processes associated with a successful Housing First service.<sup>64</sup> Housing First must be regarded as a housing *and* support intervention, with services commissioned, designed and delivered according to an understanding that provision of highly intensive, holistic and personalised support for as long as people need it. This is key to the model's success in ending homelessness and helping people to move towards a better life and future.

*'I was on a death wish and if it weren't for them never giving up on me cause I gave up on myself a long time ago ... they never gave up on me, they didn't just say "she's drunk again just leave her", they never stopped coming back and physically, emotionally and in every way picked me up ... I wouldn't be sat here today were it not for that involvement and it worked and it payed off. My kids have their mum back and it changed mine and my children's lives.'* (Housing First resident, Female)

## Recommendations for Housing First services

### Support recommendations:

- Housing First services need small caseloads to be effective. The principles of Housing First in England recommend that a Housing First worker should support an (initial) case load of five to seven people.<sup>65</sup>
- Housing First services should prepare for people (especially in the beginning) to be uncertain of engaging with the service at first. Assertive and psychologically informed outreach is an essential part of Housing First service delivery and is key in fostering constructive engagement and building trusting relationships. Staff should be adequately trained and supported to provide this type of service.
- Staff should plan for the likelihood that they will need to offer intensive support to people when they move into a property. This includes being available to provide hands-on, practical support to help people settle into their new home.
- Services may expect to gradually reduce support over time, but this should not be assumed and should happen only if it is in response to the needs and preferences of the resident. Some residents may continue to use intensive support in the long term.
- Housing First services should expect people to need different levels and types of support at different times. People may need more support at times of crisis or to support them through key life events (such as moving to a new property or transitioning to Universal Credit), and should have the capacity to react flexibly and swiftly. Partnerships with other agencies should also be formed.
- Even if they're no longer accessing support, people being supported through Housing First should be aware that the service remains available to them for whenever they need it in the future. Any changes to support should be led by the resident.

### Outcome recommendations

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<sup>64</sup> For further information and guidance see [www.hfe.homeless.org.uk](http://www.hfe.homeless.org.uk)

<sup>65</sup> Housing First England. The Principles

[https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England\\_The%20Principles.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England_The%20Principles.pdf)

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- A broad approach to outcome measurement should be taken. Outcomes which may on the surface appear to be small or trivial changes (e.g. being able to do a weekly food shop) should be captured and welcomed, acknowledging that these may signify vast progress for residents of Housing First.
- Housing First teams should recognise that people's journey towards recovery may have 'ups and downs' and the outcomes which are achieved and the rate at which they occur, will vary between each individual.

## Recommendations for Commissioners

### Support recommendations

- Caseloads should be maintained at 5-7 people to allow for the intensive support often required in Housing First services. This includes before people move into a property, as well as in response to significant life events and crises throughout their tenancy.
- Adequate resources should be made available to employ experienced and motivated staff who are adept at tailoring support to an individual's needs and preferences, which are likely to evolve over time.
- Within the resourcing of support, allowances should be made for the prospect that some people may consistently require high levels of support.
- As individuals 'graduate', or 'float away' from Housing First services, it should not be expected that they can be replaced by new residents within existing capacity as the ability to provide support must be retained in the long term. Taking on additional residents will often mean growing the service through increased support funding.

### Outcome recommendations

- Outcome measuring processes should capture the wide range of outcomes achieved by Housing First services and should be consistent with the fundamental principle of non-conditionality.
- Commissioners should recognise that people's journey towards recovery may be punctuated by 'ups and downs' and the outcomes which are achieved, and the rate at which they occur, will vary between each individual.

## Recommendation for partnership working

Housing First is not solely a housing intervention and residents will likely require support from a range of non-housing services. Services should work in partnership with Housing First teams to enable residents to access support from a range of other agencies, including (but not limited to): housing providers, mental health services, drug and alcohol services, the police, domestic violence support services, local GPs and the council's anti-social behaviour team.

Homeless Link



## What we do

Homeless Link is the national membership charity for frontline homelessness agencies and the wider housing with health, care and support sector. We work to improve services through evidence and learning, and to promote policy change that will ensure everyone has a place to call home and the support they need to keep it.

## Let's end homelessness together

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