

# Housing First



## Ending Homelessness and Improving Health



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# Housing First England



Aim: To ensure that Housing First is an available and viable option to everyone that needs it in England

1. **Culture change** in commissioning and practice where Housing First is championed across England
2. Increase the **number and sustainability** of projects in England
3. Improved **evidence base** for Housing First in the English context

[www.hfe.homeless.org.uk](http://www.hfe.homeless.org.uk)

# Housing First England Research



RESEARCH



## Housing First England

### Investigating the current and future funding of Housing First in England

Exploring innovation and identifying opportunities to sustain and expand Housing First services

Becky Rice, August 2018

Housing First England



## The picture of Housing First in England

Key findings from our *Understanding the models of Housing First in England* research, which outlines current provision and explores variation in delivery of the approach. Based on a survey of 28 out of 32 active Housing First services providers, July to September 2017.



RESEARCH



## Housing First England

### The cost effectiveness of Housing First in England

Nicholas Pleace and Joanne Bretherton, February 2018

Still to come - Exploring Patterns of Housing First Support: Resident Journey's

# History of Housing First

**‘Pathways to Housing’** model developed by Dr Sam Tsembersis in New York in 1990s

- Early approaches heavily influenced by mental health resettlement and support service models
- Support delivered to formerly homeless people with high and complex support and treatment needs, including a diagnosis of severe mental illness, in their own homes.
- In Europe and UK, Housing First developed with much philosophical consistency with original model, but differences in an operational sense.

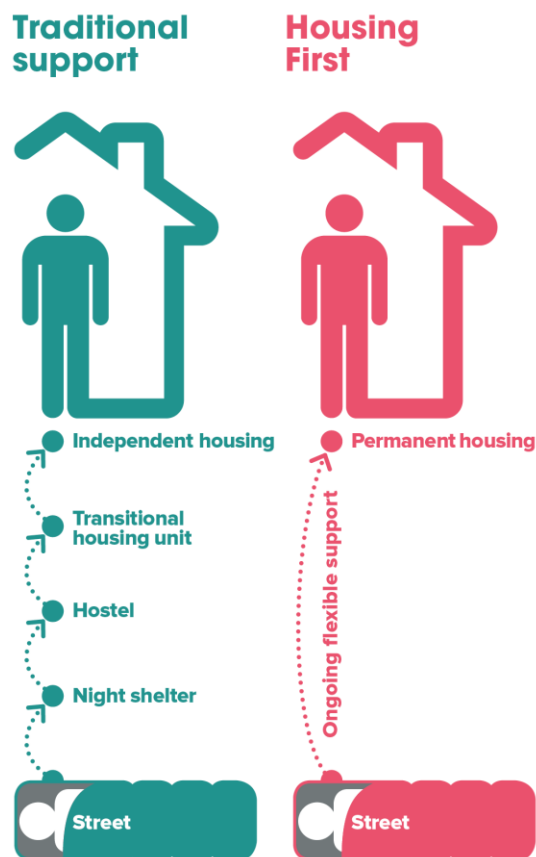


# An international movement

- Widely adopted across the US
- Central to national homelessness strategies in some countries
- Growing in popularity across other European countries (European Hub)
- Used in England and devolved nations since 2010
- Growing momentum of Housing First in England



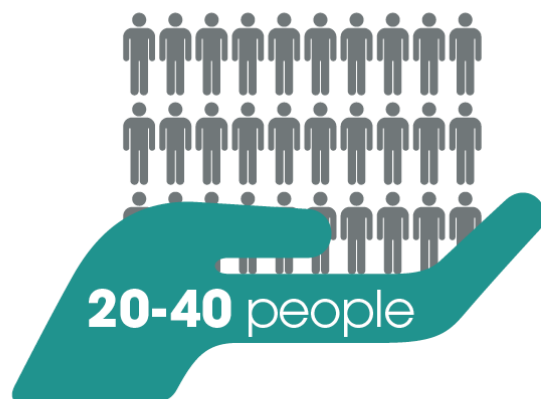
# What is Housing First?



- A Housing and Support model
- For people with multiple and complex needs, that existing services are unable to effectively support
- Unlike traditional staircase approach
- Housing is the priority need and is a stable base that enables recovery
- Not a panacea
- Strong evidence base

# That sounds like floating support...

## Traditional support



**Caseload**

## Housing First



**Caseload**

# Who is Housing First for?



**67 %**  
of services report  
their clients have a  
**physical health issue**  
on entry to the service



**100 %**  
of services report their clients  
have a **mental health issue**,  
either diagnosed or undiagnosed,  
on entry to the service



**96 %**  
of services report their  
clients have had a  
**substance misuse** issue  
on entry to the service



**75 %**  
of services report  
their clients have  
experienced  
**violence or abuse**



**88 %**  
of services report their  
clients have  
had been in contact with  
the **criminal justice system**

Services house people who have experienced homelessness for long periods of time prior to accessing this support.



**50%** of services support people who have been homeless for **3-9 years** **17%** of services support people who have been homeless for **10+ years**

*Based on findings from a survey of 28 out of 32 active Housing First providers July – September 2017*



# The principles

1. People have a right to a home
2. Flexible support is provided for as long as 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. Harm reduction approach is used



# How is support organised?

**Types of support teams** operating in England:

**1. Assertive Community Treatment (ACT)**

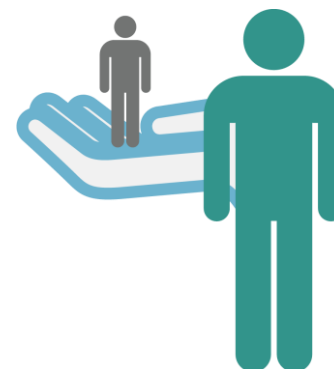
Where cross-sector support is funded specifically for Housing First individuals are more easily able to access wider services.

**2. Intensive Case Management (ICM)**

Intensive support from worker that navigates wider services. Relies on individual forming relationships with other services.

**3. ICM with enhanced support (e.g. Fulfilling Lives or MEAM areas)**

The Housing First ICM is part of a wider system approach towards addressing multiple disadvantage. Access to wider services can be more smooth so long as those wider services are engaged in the programme.



*Homeless Link Models of Housing First in England (2018)*

# Case Study 1 (East Midlands) ACT Model



## LEADERSHIP

Steering group/partnerships



## HOUSING

Social housing, private rented sector and service's own accommodation



## FUNDING

SIB funded – MHCLG, contract awarded by local authority

## Case Study 2 (London) ICM Model



### LEADERSHIP

Local authority housing commissioning team



### HOUSING

Mainly private rented sector



### FUNDING

Local authority

## Case Study 3 (East England) ICM-plus Model



**LEADERSHIP**  
A team within  
the local authority



**HOUSING**  
Social housing only



**FUNDING**  
Cambridge  
City Council

# Housing First Outcomes



- Tenancy sustainment rates coalesce to around 80% in different countries and different contexts (*Pleace, N. 2016*)
- Evidence of effectiveness from a number of Randomised Control Trials in North America (e.g. *Gulcur L. et al, 2003; Padgett, D., K. et al, 2006; Yanos, P.T. et al, 007*).
- Improvements, or at least stabilisation in terms of substance misuse, health and social inclusion (*Homeless Link, 2015; Pleace, N. and Bretherton, j. 2015*).

## International Evidence

- **RCTs find positive results** in control of HIV (Buchanan, 2009), reduction in suicidality (Collins, 2016), to some extent across standard physical health measures, and reduction in time spent in hospital (Woodhall-Melnik, 2015; Sadowski, 2009).
- In 2015, **interim of results from French Un Chez-Soi d'abord** HF programme showed contacts with hospitals and frequency of hospital stays had fallen significantly (Pleace, 2016)
- **Review of research and findings from RCT of At Home Chez soi Demonstration Project**, demonstrated benefits for people with severe mental illness, including community functioning and quality of life (Aubry *et al*, 2015).

## UK Evidence

- **2015 Study of 9 Housing First services (York University)** 63% of residents self-reported improvements in physical health, 66% self-reported gains in mental health (Bretherton and Pleace, 2015)
- **Financial analysis of VOICES in Stoke-on-Trent** show reduction in A&E attendances and hospital inpatient nights (Rice, pending publication).

Whilst progress to housing sustainment can be steady and rapid, HF is designed for people with high multiple and complex needs, these do not disappear overnight, highlighting need for ongoing and intensive support (Pleace, 2019)

# Cost Effectiveness of Housing First

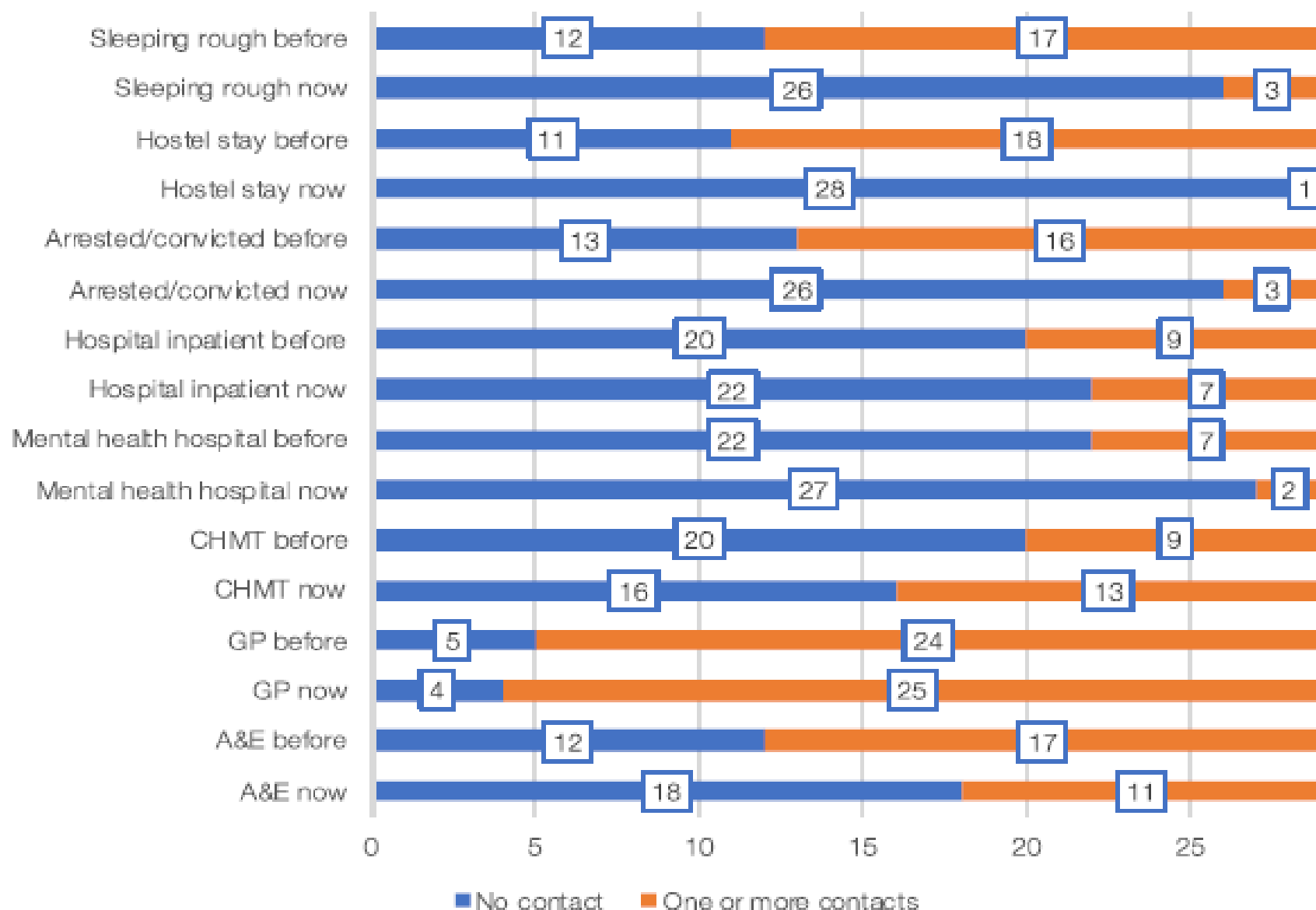


- HF can save NHS money by helping homeless people who may be 'frequent flyers' of some NHS services.
- HF most likely to be cost effective when used to help homeless people with high support needs who are heavy users of health and other services.
- May sometimes be spikes in expenditure where an individual is connected with support that they need.
- Savings may not be cashable but can at least take pressure off public services.

*Ref: Pleace, N., and Bretherton, J. (2019) Commissioned by Homeless Link*



Figure 15: Changes in Service Use for Housing First Service Users



Source: Anonymous Housing First service user questionnaire (based on last 90 days compared with a 90-day period prior to using Housing First, 29 respondents).

# Cost Effectiveness of Housing First

Table 12: Unit Costs for Other Services

Service	Savings from one less contact	Savings from two less contacts	Savings from three less contacts
A&E	£123	£246	£369
Mental health hospital stay*	£1,449	£2,898	£4,347
Hospital stay	£1,963	£3,926	£5,889
Arrested and convicted	£758	£1,516	£2,274
Hostel stay**	£102	£204	£306

Source: Anonymous Housing First service user questionnaire. \* Assumes a three day stay. \*\* Assumes a three day stay.

Findings show clear potential for cost offsets. If more expensive service interventions can be avoided there will be larger cost offsets.

# Cost Effectiveness of Housing First



- Five people who reported visiting A&E prior to using Housing First had not attended in the last 90 days, three less contacts would amount to £615.
- Five of the people who reported hospital admissions for mental health problems, prior to using Housing First, had not attended in the last 90 days, a potential saving of £7,425 (based on five fewer stays of three days duration).
- Two people who had been admitted to hospital prior to using Housing First, had not been admitted in the last 90 days, a potential reduction of £3,926 (based on two fewer admissions).

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# Conclusion

- Housing First should be recognised as a health and wellbeing intervention as well as a housing service.
- The outcomes of Housing First are relevant across a range of areas including health.
- With the importance of stable housing to areas such as health increasingly being recognised, it may be desirable to seek contribution from a wider range of funders.
- Housing First is designed to connect up to other services. Its effectiveness will depend on incorporating support and services for addiction, mental and physical health.
- The human benefits and ways Housing First can positively change the lives of people who would otherwise be caught in long-term and repeat homelessness, that are the real measure of its value.

# Any questions?



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