



# Assessing the impact of Housing First in Brighton and Westminster

## Summary Report

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## What is Housing First?

Housing First was developed in the United States in the 1990s. It primarily targets those who are chronically homeless with complex needs, often involving issues of both mental health and addiction. In the original model, individuals are offered permanent, independent housing without the prerequisites of sobriety or engagement with treatment or rehabilitation and are provided with tailored, wraparound support services (Tsemberis et al., 2004; Stefancic and Tsemberis, 2007). This contrasts with more common models which can be variants on a 'treatment first' approach, where clients work their way through a series of steps and transitional housing before 'earning' their right to permanent housing (Tsemberis, 2010; Henwood et al., 2011).

Within the United Kingdom (UK) the popularity of Housing First has grown among policymakers, campaigning organisations and researchers. There is evidence that Housing First is the most effective treatment for certain groups (see, for example, Shelter, 2008; Homeless Link, 2015; Centre for Social Justice, 2017). In May 2018 the Ministry of Housing, Communities and Local Government announced £28 million funding for three large-scale regional Housing First pilots across Greater Manchester, the West Midlands and the Liverpool City Region. Together these pilots aim to support around 1,000 people.

As homelessness continues to rise in the UK, coupled with an increase in the attention given to Housing First as a strategy, St Mungo's commissioned the Sustainable Housing & Urban Studies Unit (SHUSU) at the University of Salford to conduct research to explore the impact of two of its Housing First services, located in Brighton & Hove and Westminster.

## About this summary

This summary brings together the findings from this study, which are provided in more detail in an accompanying full report. The research involved undertaking longitudinal interviews with service users and consultations with staff and wider stakeholders from across both the Brighton & Hove and Westminster projects, alongside an analysis of project monitoring data.

## What did the research find?

### The projects were having a positive impact on service users

The Brighton & Hove and Westminster services were having a positive impact on service users across areas including housing retention, health and offending. Some positive impacts can also be observed in relation to social integration and engagement with education and training. In addition, both services appear to have potentially resulted in some cost reductions for local services – in both places because of better engagement with the local health service, and, in particular, for the criminal justice system in Brighton & Hove.

### Housing First helps people to remain in tenancies

Both projects tended to work with those people who had long and chaotic housing histories and those who could be reasonably described as multiply excluded homeless. The success of the projects in being able to support people to retain their tenancies is particularly striking and in keeping with findings from experiences of Housing First elsewhere.

### There is a positive impact for most service users but particularly for young people and care leavers

The Housing First model seemed to work well for most clients but the research indicated that it was young people (and care leavers in particular) for whom the model showed most impact. However, owing to the low numbers of clients in these pilots, definitive conclusions about which clients appear



to experience most success are limited. What is clear, taken as a whole, is that many, but not all, clients make at least some positive changes, but these do fluctuate over time, which means that support does not necessarily taper off over time in a linear way.

### **Person-centred support is a critical factor**

The research provided further evidence that to succeed projects should remain 'Housing First', not housing only. Whilst the provision of a dwelling is a key part of the offer, this cannot be separated from the person-centred support that is provided by talented and creative workers. A key constant across both areas was the impact of the relationships between service users and workers in the engagement with the projects and the outcomes that resulted.

### **Support may be needed for a long time**

It is likely that to have most impact Housing First projects need to accept and plan for some people being dependent on Housing First support for the foreseeable future, and Housing First should be seen as being open-ended until the person can demonstrate they no longer need the support.

### **Support to help navigate housing and provide some security of tenure is key**

Although total security of tenure is not always possible, the support provided by workers to identify alternative accommodation should a client be evicted was crucial. As a result, this enhanced holistic security (of tenure and support) can alleviate some of the worst impacts of an individual's negative experiences (e.g. substance misuse or alcohol dependence) and support and accelerate opportunities when things are working well.

### **Failings in the wider operating environment can thwart Housing First success**

The challenge of engaging with services that are themselves in high demand and underfunded (e.g. mental health services) was a clear issue for the projects. The lack of provision in these areas can thwart good work being undertaken by workers and engagement by service users. The wider operating environment therefore needs to be taken into account in order to ensure Housing First has the best chance of success.

### **More accommodation options are needed**

A lack of suitable accommodation options poses a particular challenge to Housing First as this places limits on the extent to which the service is able to offer its users a choice of unconditional housing options. Findings from the research show that the fears of initially sceptical social landlords were not realised over the period of the study.

### **Partnerships with local organisations are integral**

Across the full range of service areas, having positive and open communication was a crucial factor in supporting people to move forward. However, developing more (and better) relationships with local housing providers was highlighted as a key area for development.

### **Careful planning for clustered vs scattered provision is needed**

Housing provision that is scattered across a wider area appears to serve the purpose of disrupting existing unhelpful social networks with 'associates' but can result in isolation. A more clustered provision has additional benefits in that a project worker can focus more on one particular area and spend less of their time travelling between clients.



# Recommendations

1. In any future expansion of Housing First relationships need to be actively cultivated with local social and private landlords in order to enable access to affordable accommodation.
2. There was a lack of awareness amongst clients about how long the support being provided would be available. St Mungo's may want to consider the value of having open conversations with clients about their vision for their future to provide an increased level of certainty about how long support will be required for. These sorts of conversations may help co-produce an agreement about what constitutes individual 'success' or graduation from Housing First.
3. There were a number of missed opportunities arising from the experiences in both areas, notably around the issue of social integration. There appears to be room for more work around supporting Housing First clients to engage more in improving their wider learning, literacy and numeracy skills as they become more settled and look towards a future of entering the labour market.
4. There were clearly some ongoing issues with alcohol dependence for some people, and there were no clear answers for what could be done about this. This underlines the continuing need for a wider ecosystem of support services that can help tackle the wider issues that people face. The provision of housing and generic support can only go so far, and there needs to be a suite of services available for those people who need support to overcome addiction and tackle their health needs. It may be worth considering the extent to which these specialist 'clinical' skills should or could be incorporated into the model of Housing First support. This happens in other countries where support teams include mental health clinicians.
5. Additional resource is needed in order to provide vital auxiliary support to address health-related issues, it is recommended that Housing First services should associate closely with those health practitioners that are working within a model of social prescribing. Such services could provide vital routes to addressing some of the issues that arise in conjunction with transitions from precarious to stable housing and from 'unhelpful' social networks.
6. Transitioning between funding cycles poses particular risks for both service providers and clients in terms of consistency and quality of service. The provision of long-term accommodation and support struggles against this context. Hence, Housing First needs to be designed with long-term funding in mind and form part of wider long-term strategies in order to provide the contextual security required for its success.

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