Housing First in England

The principles
What are multiple and complex needs?

Multiple and complex needs are persistent and interrelated health and/or social care needs, which impact an individual’s life and ability to function in society. These may include:

- Entrenched street homelessness, repeat service use or being otherwise vulnerably housed
- Mental, psychological or emotional health needs
- Drug and/or alcohol dependency
- Contact with the criminal justice system
- Physical health needs
- Experience of domestic violence and abuse.

Mainstream services are often not equipped to support individuals with these overlapping needs. Housing First has been shown to be effective in supporting people with histories of street homelessness, or other types of homelessness where contact with services has been unsuccessful in breaking the cycle of instability.

Housing First can be adapted for specific groups, including people with repeated hospital use or custodial sentences. There is scope to use Housing First to help prevent homelessness among people with multiple and complex needs who may be at risk of homelessness.
How does Housing First differ to other floating support or tenancy sustainment models?

Housing First differs from traditional floating or tenancy support models in several respects. Floating support workers may have caseloads of **20-40 people**, whereas Housing First workers will typically support an initial caseload of **5-7 people**. This number may increase over time as people require less support. Housing First employs active engagement, supporting individuals by recognising and emphasising their strengths and capacity for positive change, and links with relevant services that help to meet the full range of an individual’s needs.

It is also fundamentally a choice-led approach, which fully respects the choices of each person and supports their self-determination. The Housing First approach also allows for people to be rapidly rehoused in instances of housing loss.

Smaller caseloads enable more intensive, flexible and personalised support for a cohort of people who have not been successfully engaged and supported by other housing services due to the level and complexity of their needs. Evidence suggests that, over time, those housed by Housing First require less support from services and, in some cases, may no longer require support. However, this is completely dependent on the individual and may take several months or years.

How have these principles been established?

These principles are based on the evidence initially gathered by Pathways to Housing in the USA and subsequent implementation internationally. They are aligned with the core principles in the **FEANTSA Housing First Guide Europe** (www.housingfirstguide.eu), but have been adapted for the UK where necessary.

The Housing First Guide Europe was developed in consultation with a range of European providers who are delivering Housing First. It drew on research and evidence collated from national and international Housing First studies and directly involved Sam Tsemberis, who originally designed Housing First.

Evidence suggests that services with higher fidelity to the core principles of Housing First are more successful at generating positive outcomes for their clients, regardless of the operating context. We recommend that providers adhere to the following principles as closely as possible in order to provide high quality and successful Housing First services.
The principles for Housing First in England

People have a right to a home

This means...
• Housing First prioritises access to housing as quickly as possible
• Eligibility for housing is not contingent on any conditions other than willingness to maintain a tenancy
• The housing provided is based on suitability (stability, choice, affordability, quality, community integration) rather than the type of housing
• The individual will not lose their housing if they disengage or no longer require the support
• The individual will be given their own tenancy agreement.

Flexible support is provided for as long as it is needed

This means...
• Providers commit to long-term offers of support which do not have a fixed end date; recovery takes time and varies by individual needs, characteristics and experiences
• The service is designed for flexibility of support with procedures in place for high/low intensity support provision and for cases that are ‘dormant’
• Support is provided for the individual to transition away from Housing First if this is a positive choice for them
• The support links with relevant services across sectors that help to meet the full range of an individual’s needs
• There are clear pathways into, and out of, the Housing First service.

Housing and support are separated

This means...
• Support is available to help people maintain a tenancy and to address any other needs they identify
• An individual’s housing is not conditional on them engaging with support
• The choices they make about their support do not affect their housing
• The offer of support stays with the person – if the tenancy fails, the individual is supported to acquire and maintain a new home.
**Individuals have choice and control**

This means that they...
- Choose the type of housing they have and its location within reason as defined by the context. (This should be scattered site, self-contained accommodation, unless an individual expresses a preference for living in shared housing).
- Have the choice, where possible, about where they live.
- Have the option not to engage with other services as long as there is regular contact with the Housing First team.
- Choose where, when and how support is provided by the Housing First team.
- Are supported through person-centred planning and are given the lead to shape the support they receive. Goals are not set by the service provider.

**The service is based on people’s strengths, goals and aspirations**

This means...
- Services are underpinned by a philosophy that there is always a possibility for positive change and improved health and wellbeing, relationships and community and/or economic integration.
- Individuals are supported to identify their strengths and goals.
- Individuals are supported to develop the knowledge and skills they need to achieve their goals.
- Individuals are supported to develop increased self-esteem, self-worth and confidence, and to integrate into their local community.

**An active engagement approach is used**

This means...
- Staff are responsible for proactively engaging their clients; making the service fit the individual instead of trying to make the individual fit the service.
- Caseloads are small allowing staff to be persistent and proactive in their approach, doing ‘whatever it takes’ and not giving up or closing the case when engagement is low.
- Support is provided for as long as each client requires it.
- The team continues to engage and support the individual if they lose their home or leave their home temporarily.

**A harm reduction approach is used**

This means...
- People are supported holistically.
- Staff support individuals who use substances to reduce immediate and ongoing harm to their health.
- Staff aim to support individuals who self-harm to undertake practices which minimise risk of greater harm.
- Staff aim to support individuals to undertake practices that reduce harm and promote recovery in other areas of physical and mental health and wellbeing.
Let’s end homelessness together

Homeless Link, incorporating Sitra, is the national membership body for agencies working with people experiencing homelessness in England. Together, we represent around 850 organisations providing supported housing and homelessness services across the country. We work to make services better and campaign for policy change that will help end homelessness.

For more information:
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