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A Place for Everyone
Housing First and Tenancy Support
in Nottingham

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Executive Summary

We evaluated the use of Housing First in accommodating homeless people with Severe and Multiple Disadvantage (SMD) in Nottingham. In its original form, Housing First houses homeless people directly and unconditionally into independent tenancies with an open-ended commitment to wraparound support provided separately. We incorporated three projects that operate the Housing First model in Nottingham, one delivered by the Framework Housing Association using its own social rented tenancies and some provided by Nottingham City Homes (NCH), and two provided by Opportunity Nottingham (ON) that have recently merged, a Multiple Needs Tenancy Support (MNTS) team using tenancies procured through the private rented sector, and a more explicit Housing First scheme using NCH tenancies.

Provision in Nottingham was evaluated for its fidelity to the principles of Housing First, for the impact of independent tenancies on the lives of beneficiaries, and for the effectiveness of the tenancy support that they were afforded. The evaluation drew on evidence from various sources. Data on outcome measures submitted routinely for ON beneficiaries were analysed for what they revealed about the impact of joining one of its Housing First schemes. Direct evidence was secured through focus groups with tenancy support teams and interviews with beneficiaries and key informants. Further indirect evidence was gathered from narrative notes that support workers submitted alongside the data entered on to the ON database.

A number of key points emerged from the evaluation.

- **Every request by, or on behalf of, a homeless person is taken seriously, but a right to a tenancy cannot be guaranteed.** Access is by negotiation that takes account of the availability and location of tenancies, the interests of the neighbourhood, and the risks and commitment of the applicant, set against the likely exhaustion of alternatives.

- **Enormous benefits accrue to the beneficiary of having an independent tenancy.** These include the physical benefits of security, shelter and subsistence, the psychological benefits of privacy, control and ownership, and the social benefits of hospitality and restored relationships. It is difficult to disentangle the benefits of the tenancy from those of tenancy support, but the improvement in outcome measures detected with all beneficiaries on accessing the schemes were more prominent in Housing First than with MNTS beneficiaries, many of whom already had tenancies at the point when they joined the scheme.

- **These benefits need to be set against risks that need to be overcome for tenancies to be sustainable.** These include the risk of discovery by unwanted past associates, the vulnerability of isolation from supportive networks, and the stigma of SMD in unfamiliar neighbourhoods.

- **The criteria for a successful tenancy are durability and belonging.** All schemes are committed to the principle of open-ended support but are finite in capacity and duration. However, successful tenancies are those that both stand the test of time and where support can eventually be phased out. When the research was undertaken, there had been 70 beneficiaries enrolled on the MNTS scheme, of which 20 had held tenancies for at least a

year. Of the 18 beneficiaries granted tenancies under the ON Housing First scheme, at least five had lasted for a year, with only three at risk of termination. Moreover, successful tenancies enable beneficiaries to forge a new identity as ordinary members of a local community, able to both receive and give services for mutual benefit.

- **Tenancy support is the vital ingredient that makes this happen.** It involves intensive support with the practical aspects furnishing, budgeting, bill paying and GP registration, along with fostering self-confidence and mediating relationships with neighbours and support services. It demands qualities of availability, flexibility, and trustworthiness.

- **Support needs to be flexible in duration and intensity.** The pattern of support that is most amenable to managing resource limitations is one where support workers are able to combine intensive support for a very few beneficiaries in the early days of their tenancies with floating support for a larger group of beneficiaries as they move towards greater independence.

Recommendations

1 A suitable joint commissioning body in Nottingham City, such as the Integrated Care Partnership, should commission a consolidated Housing First scheme that can ensure continuous funding.

2 Nottingham City Homes and other social housing providers in the City should expand the number of social rented tenancies available under this Housing First scheme.

3 A landlord liaison officer should be appointed under this scheme to generate a network of private sector landlords willing to allocate tenancies under the scheme.

4 Private sector landlords should be offered a modest financial incentive to enable them to charge a rent above Local Housing Allowance, in order to encourage their participation in the scheme.

5 Framework Housing Association, and other providers of accommodation to homeless people, should work towards altering the balance of provision away from supported housing and towards independent tenancies.

6 The Housing First scheme should offer negotiated access to an independent tenancy to all homeless people on request. Negotiation should only take account of the applicant's exhaustion of alternative sources of accommodation and previous record in managing tenancies.

7 This right to a tenancy should be continuous, though not necessarily in the same location.

8 The scheme should give applicants some choice in where their tenancy is located by negotiation that takes account of the established networks of the applicant, the interests of local neighbourhoods, and the risks that might be experienced by each.

9 All applicants awarded tenancies under the scheme should be provided with a wraparound tenancy support service that is managed independently of the management of the tenancy.

10 The right to tenancy support should be continuous, though not necessarily at the same level of intensity.

11 In addition to support in managing the accommodation, support workers should help tenants to integrate into their local neighbourhoods and engage in meaningful activities, such as volunteering, education, training, and employment.

12 The scheme should liaise with similar schemes elsewhere in the UK to facilitate the possibility of enabling applicants to relocate, as their safety, security or other interests require.

Contents

1. Introduction

## 1.1. Housing First in international perspective

This is a report on the role of housing in transforming the lives of adults with severe and multiple disadvantages (SMD) in Nottingham. SMD is a term applied to adults whose lives are blighted by the cumulative effects of homelessness, substance misuse, mental ill-health, offending and domestic abuse. The report arises from a programme of research evaluating Opportunity Nottingham (ON), one of twelve local projects that have made up the National Lottery's Fulfilling Lives programme since 2014. The focus of this report is the use of the Housing First model of housing provision in meeting ON's overall goal, but the scope is broader in seeking to capture firstly the use of Housing First by other agencies in Nottingham, and secondly ON's use of a particular model of tenancy support not necessarily linked to Housing First tenancies.

> **SMD is a term applied to adult whose lives are blighted by the cumulative effects of homelessness, substance misuse, mental ill-health, offending and domestic abuse.**

As an innovative model of housing provision for adults with SMD, Housing First has received a good deal of interest since first emerging on the streets of New York in the 1990s[1]. It began to be adopted in Europe from 2009 and had extended to 19 countries to varying degrees by 2018, extensively so in Finland and Denmark. However, fidelity to the original model has been mixed, as it has had to be adapted to very different patterns of housing provision.

Housing First was introduced as a more appropriate response to adults who combine long periods of homelessness with SMD than more traditional 'stairway' models of housing provision where access to permanent accommodation is conditional upon progress in addressing other complex needs while residing in some form of temporary accommodation, typically a hostel or supported housing. In Housing First, permanent accommodation, normally in the form of an independent tenancy, is offered immediately and unconditionally. Figure 1 illustrates the contrast between the two models.

Figure 1: Housing First versus Stairway models of housing provision.
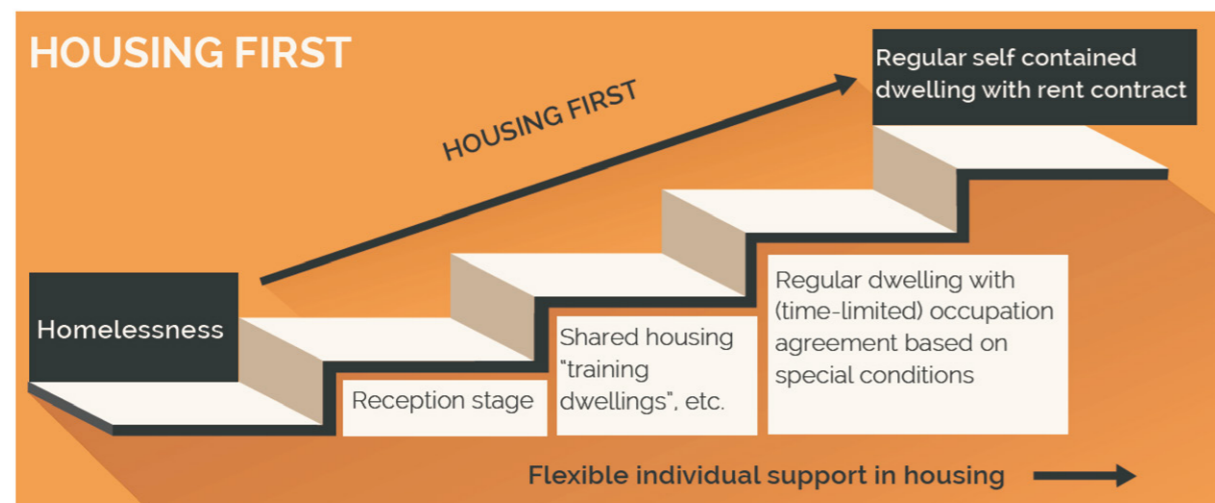
Figure 2: The Principles of Housing First

In its original model, Housing First envisaged eight core principles, as summarised in Figure 2.

1) Housing is a human right
accommodation is provided that is secure, affordable, habitable, well-appointed, accessible, and culturally appropriate.

2) Choice and control for service users
flexible responses let service users define their own needs, endorse their aspirations, acknowledge their strengths, and encourage opportunities.

3) Separation of housing and treatment
housing is not conditional on willingness to undergo treatment or change behaviour.

4) Recovery orientation
support is not limited to problem solving but pursues a restored sense of purpose.

5) Harm reduction
regarding substance use, support seeks harm reduction rather than total abstinence.

6) Active engagement without coercion
housing is not conditional on willingness to engage.

7) Person-centred planning
support is negotiated with the service user towards social integration, not just meeting support needs.

8) Flexible support for as long as is required
support is open-ended and not conditional on tenancy sustainment.

Evidence is accumulating of its effectiveness, not only in sustaining the resettlement of homeless people with high support needs, but also in improving the health, welfare, and social integration of beneficiaries. The model began to be introduced into the UK from 2010, and an evaluation of nine early projects in England confirmed this assessment[2], with three quarters of beneficiaries still housed after a year, having also experienced improvements in mental and physical health,

[1] Pleace, N. (2016), *Housing First Guide Europe,* accessible from Housing First Guide Europe (whiterose.ac.uk) (accessed 9/12/21).

[2] Bretherton, J. and Pleace, N. (2015), *Housing First in England: An Evaluation of Nine Services,* York: Centre for Housing Policy, University of York, accessible from Housing First in England : An Evaluation of Nine Services (whiterose.ac.uk) (accessed 9/12/21)

However, the pilots also identified three key challenges that require further research and experimentation. The first is establishing a reliable supply of affordable housing. Social housing is the preferred source because of its relative affordability, but this needs to be set against the competing claims of other potential tenants on waiting lists. The result has frequently been a reversion to the private rented sector, but the temporary nature of tenancies has undermined the principle of permanence in the Housing First model. The second challenge is the supply and funding of support staff. Housing First schemes are frequently funded from time-limited contracts, which again betray the assurance of open-ended support that is another principle of Housing First. Moreover, the availability of continuous support presupposes either that beneficiaries will assume independence after a while, or that the supply of support workers will be regularly renewed as new tenants are accepted on to the scheme, suggesting an unrealistic element in Housing First at the level of principle. The third challenge is the reliable engagement of other services. The effectiveness of Housing First in facilitating housing as a vehicle for wider transformation in the lives of beneficiaries relies on the cooperation of services crucial to addressing other complex needs. Research reports particular challenges in the availability of mental health services.

1.2. Tenancy support in Fulfilling Lives and in Nottingham

Opportunity Nottingham is not alone among the Fulfilling Lives local programmes in adopting the Housing First model for their beneficiaries, and neither is Fulfilling Lives the first time that tenancy support has been used to support adults with SMD in Nottingham. Other schemes are briefly noted for the way they have addressed the challenges identified above, before giving an account of the current context of Housing First and tenancy support in Nottingham.

Other Fulfilling Lives local programmes that have adopted the Housing First model have included Bristol Golden Key[4], Birmingham Changing Futures Together[5] and FLIC (Fulfilling Lives Islington and Camden)[6] The model has been shown to be particularly effective with especially vulnerable sub-groups in the SMD population, such as women involved in sex-work, who have been the focus of the Basis project in Leeds where the WY-FI Fulfilling Lives programme has operated[7]. The FLIC scheme addressed the challenge of securing affordable tenancies by employing a Private Rented Sector Access Officer to negotiate a network of amenable private landlords willing to let properties at affordable rates in exchange for the assurances of continued tenant support. The six-month tenancies were renewable, which was the best that could be achieved in the continuity of tenancies. Tenancies were reviewed every three months as an incentive to beneficiaries to engage with support.

The Basis project in Leeds has been a particularly successful demonstration of the effectiveness of Housing First with an especially vulnerable and highly stigmatised population of women engaged in sex work. Tenancies are largely secured through the social rented sector, but the main challenge has been the fears of landlords of associating their properties with 'red light' activities. Nevertheless, the project has managed to secure enough tenancies to offer choice to tenants and has shown a high level of fidelity with the original Housing First model, mainly through the unconditional security and stability afforded by the tenancies, the management of which was kept separate from the intensive support of tenancy support workers. These in turn have been particularly commended for their sensitivity to the distinct vulnerabilities of sex-workers with backgrounds of domestic violence and substance addiction.

reductions in substance use and anti-social behaviour and increased contact with family members. Fundamentally, the success of Housing First has derived not simply from having a tenancy, but from the intensive personal support from a designated support worker that accompanies it. This person helps the beneficiary to establish and maintain their tenancy against a background of limited experience. They help with the practicalities of securing furniture and equipment, setting up the payment of regular bills and connecting to key services. However, they also fulfil a further role in mediating social integration, helping tenants to reconnect with family members, to relate to their neighbours and to establish healthy social networks.

> "The success of Housing First has derived not simply from having a tenancy, but from the intensive personal support from a designated support worker that accompanies it."

More recently, Housing First has attracted endorsement and funding from the British Government, with pilots undertaken in Merseyside, Greater Manchester, and the West Midlands[3]. The success of the pilots and of Housing First more generally has been attributed to numerous key factors, notably the quality of the relationship of trust between beneficiary and support worker against a background of long-term disengagement with services of any kind. To this can be added success in enabling the beneficiary to turn their flat into a home, giving them a sense of ownership, the coordinated involvement of other agencies, flexibility on the part of landlords, and the building of social networks in breaking down the stigma frequently associated with severe and multiple disadvantages.

[3] Ministry of Housing Communities and Local Government (2021), *Evaluation of the Housing First Pilots: Second Process Evaluation Report,* accessible at Housing First Pilots: 2nd interim process evaluation report (publishing.service.gov.uk) (accessed 9/12/21)

[4] Fouracre, B., Fisher, J. and Milani, D. (2021), *Bristol Housing First: key learning,* accessible at Housing+First+Bristol+-+key+learning.pdf (squarespace.com) (accessed 16/12/21)

[5] Wilson, S. (2020), *Partnership & Delivery Support: An evaluation of BVSC's role in supporting the WMCA Housing First programme and the Birmingham Rough Sleepers Initiative,* accessible at https://www.bvsc.org/Handlers/Download.ashx?IDMF=640994e2-8992-4434-85de-009a4308d61d (accessed 16/12/21)

[6] *Housing First: An evaluation of the FLIC model* (n.d.), accessible at https://www.shp.org.uk/Handlers/Download.ashx?IDMF=ccf5d4e0-bf8e-4cf6-bdc6-5885cb54bb54 (accessed 16/12/21)

[7] Bimpson, E. (2018), An evaluation of Basis Yorkshire's Housing First pilot, accessible at Basis-Housing-First-Final-Report-March-2018.pdf (basisyorkshire.org.uk) (accessed 16/12/21)

Although not identified as such, the Housing First model of housing homeless people with SMD is not new to Nottingham. At a time when tenancy support received more generous funding through the Government's 'Supporting People' scheme[8], a tenancy support team funded by the Framework Housing Association (Framework) provided support to formerly homeless substance users who had recently acquired tenancies. The unique feature of the scheme was that the support was provided by the same staff with whom beneficiaries had become familiar through their use of a day centre during times of street homelessness. Tenancies were acquired through other social landlords and neither the tenancies nor access to tenancy support were conditional upon beneficiaries agreeing to control substance use. Research[9] into the operation of the scheme undertaken during 2005-6 showed that tenancy sustainment depended on more than just effective risk management, such as the regular payment of rent and other bills. It also involved a model of intensive tenancy support that enabled beneficiaries to rebuild their lives around a renewed network of relationships with family, friends and neighbours and meaningful activities.

More recently, the role of housing in the recovery of ON beneficiaries has been recognised firstly in the setting up of a Multiple Needs Tenancy Support (MNTS) team and then with securing designated properties to be rented in accordance with the Housing First model. The purpose of the MNTS team was to provide the intensive tenancy support element of Housing First through housing procured through the private rental market at a time when designated social rented tenancies were not yet available. Early evaluation[10] was encouraging, showing that beneficiaries who acquired their own tenancies with MNTS support demonstrated consistent progress as indicated by falling NDT and increasing Outcome Star scores, compared with a comparable group of homeless beneficiaries. Subsequently, social tenancies have been procured mainly from Nottingham City Homes (NCH) to operate in accordance with Housing First principles and managed by a designated ON team, which has since been merged with MNTS to form a single scheme. However, the picture of Housing First in Nottingham is somewhat confused by the operation of a separate scheme by Framework, which is also ON's lead agency, using their own and NCH housing and accommodating referrals from their Street Outreach Team.

1.3. Evaluating tenancy support in Nottingham

The research on which this report is based had three main aims:

- To evaluate the impact of tenancy support on the severe and multiple disadvantages of Opportunity Nottingham beneficiaries.
- To distinguish the effect of the tenancy from the broader impact of tenancy support.
- To add to the growing body of evidence on the value of Housing First as a homelessness remedy.

This report draws on disparate sources of evidence over a considerable period of time. The first source is the data which have been submitted quarterly to CFE Leicester since ON began as one of the requirements of the National Fulfilling Lives programme, and which contain demographic and service utilisation data on all beneficiaries currently registered with the programme. This includes two regularly recorded measures of progress: the NDT Chaos index (NDT)[11] with ten negative

> " The unique feature of the scheme was that the support was provided by the same staff with whom beneficiaries had become familiar. "

indicators of 'chaos' in beneficiaries' lives, progress being indicated by *declining* scores; and the Homelessness Outcome Star (HOS)[12] with ten positive indicators of growing self-management in beneficiaries' lives, progress being indicated by *increasing* scores.

The second source has been direct evidence from stakeholders. We have undertaken focus groups separately with the MNTS and Housing First teams at ON. We have also interviewed staff from NCH and Framework to provide the perspective of landlords and the managers of tenancy support services, and we have interviewed a small number of beneficiaries.

Given the difficulties encountered with securing direct evidence from beneficiaries, our third source has been the comments that regularly accompany the data entered by support workers. There is nothing systematic about the themes covered by these comments, so they have been analysed for what they might tell us about beneficiaries' changing needs and circumstances and the journeys they have experienced as tenants, including their engagement with tenancy support and other services, their evolving relationships, and their future aspirations. The case studies constructed around these comments can be seen in text boxes below, using fictitious names.

8 Department for Communities and Local Government (2007), *Providing Housing and Support: Lessons and Good Practice,* London: DCLG

9 Bowpitt, G. and Harding, R. (2009), 'Not going it alone: social integration and tenancy sustainability for formerly homeless substance users', *Social Policy and Society,* 8,1:1-11, DOI: https://doi.org/10.1017/S1474746408004533 (accessed 05/01/22)

10 Opportunity Nottingham (2018), *Multiple Needs: Meeting the Challenge,* accessible at 37-1563966152-opportunity_nottingham_midway_report._online._.pdf (opportunitynottingham.co.uk) (accessed 05/01/22)

11 South-West London and St. George's Mental Health NHS Trust (2008), The New Directions Team Assessment (Chaos Index). Available at http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf

12 Triangle Consulting (n.d.), Homelessness Star: The Outcomes Star for people with housing and other needs. Available at http://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/

2. Indications of progress in transformed lives

We present the findings from the quantitative analysis of the ON datasets separately, as this exercise was undertaken prior to the gathering of any qualitative data and informed the direction of subsequent data-gathering. Moreover, analyses of data on MNTS and Housing First beneficiaries are presented separately to check for the impact of any distinct features of the separate schemes. In the following presentation, we take the time of joining the scheme as a threshold around which we seek to measure changes in the wellbeing of beneficiaries, as indicated by changes in NDT and HOS readings before and after joining. However, please note that this time coincided with the acquisition of a tenancy for Housing First beneficiaries, but not necessarily for MNTS beneficiaries who may already have had a tenancy, making the data more sensitive to the impact of tenancy support.

2.1. MNTS beneficiaries

When the research was undertaken, 70 beneficiaries had enrolled on the scheme since it began, of which 20 had been enrolled for at least a year. Table 1 shows changes in mean NDT scores for each of the ten indicators before and after accessing MNTS. The numbers in brackets in the left-hand column are the maximum scores for each indicator. Since all beneficiaries spent some time enrolled with ON before accessing MNTS, the '1st Reading' figures relate to the point of ON enrolment. Figures indicating greater change since accessing MNTS than before it are highlighted in grey.

Table 1: Changing NDT scores for MNTS beneficiaries (n=11)[13]

INDICATOR	1ST READING	CHANGE BEFORE ACCESSING MNTS	CHANGE SINCE ACCESSING MNTS
Engagement with services (4)	3.0	-0.09	-0.18
Intentional self-harm (4)	2.0	-0.45	-0.18
Unintentional self-harm (4)	2.8	-0.45	-0.45
Risk to others (8)	4.7	-1.27	-0.55
Risk from others (8)	4.5	-0.91	+0.73
Stress and anxiety (4)	2.8	-0.27	-0.45
Social effectiveness (4)	1.9	-0.36	0.00
Substance misuse (4)	3.6	-0.64	+0.18
Impulse control (4)	2.3	-0.27	-0.18
Housing (4)	2.3	-0.82	-0.55
	TOTAL (48) = 29.8	MEAN = -0.55	MEAN = -0.16
		MEDIAN = -0.10	MEDIAN = -0.30

This group of beneficiaries indicate a decline across all ten indicators during the period before they joined the scheme, with the most marked declines occurring for 'risk to others', 'housing' and 'substance misuse'. Further declines are indicated thereafter for seven indicators, while 'risk from others' and 'substance misuse' show a reversal in earlier progress and 'social effectiveness' shows no further change. Moreover, subsequent declines in 'engagement with services' and 'stress and anxiety' were greater than those experienced prior to joining the scheme. What we see is a mean

[13] It was only possible to undertake this calculation for the 11 beneficiaries for whom the necessary number of readings were available, not the total number who have used the scheme.

decline in NDT scores both before and after the threshold, but if we use a median average which is less sensitive to the impact of extreme outliers when the sample is small, then the decline is greater after joining the scheme than before it.

In Table 2, we compare the scores for MNTS beneficiaries with those for ON beneficiaries as a whole, to provide a further yardstick by which to gauge the progress that might be attributed to MNTS against what might be expected of beneficiaries generally. To provide a threshold around which to compare change that is equivalent to the time of joining MNTS, we have used a 2-year marker, which is roughly equivalent to the average time after initial enrolment with ON that MNTS beneficiaries joined the MNTS scheme. So, for the wider group of beneficiaries, changes up to two years are compared with those experienced during the subsequent two years for those beneficiaries for whom these measurements are available.

Table 2: Changing NDT scores for MNTS and all ON beneficiaries

INDICATOR	1ST READING		MNTS BEFORE JOINING	ON UP TO 2 YEARS	MNTS AFTER JOINING	ON BETWEEN 2-4 YEARS
	MNTS	ON				
Engagement with services (4)	3.0	2.6	-0.09	-0.43	-0.18	-0.17
Intentional self-harm (4)	2.0	1.8	-0.45	-0.28	-0.18	-0.04
Unintentional self-harm (4)	2.8	2.6	-0.45	-0.48	-0.45	-0.04
Risk to others (8)	4.7	3.7	-1.27	-0.62	-0.55	-0.72
Risk from others (8)	4.5	4.4	-0.91	-0.76	+0.73	+0.12
Stress and anxiety (4)	2.8	2.8	-0.27	-0.30	-0.45	-0.16
Social effectiveness (4)	1.9	1.6	-0.36	-0.02	0.00	-0.04
Substance misuse (4)	3.6	3.1	-0.64	-0.36	+0.18	-0.10
Impulse control (4)	2.3	2.2	-0.27	-0.35	-0.18	-0.27
Housing (4)	2.3	2.3	-0.82	-0.46	-0.55	-0.09
TOTAL (48)	29.8	27.2				
MEAN CHANGE			-0.55	-0.41	-0.16	-0.15
MEDIAN CHANGE			-0.10	-0.40	-0.30	-0.60

We should note that MNTS beneficiaries show slightly higher initial levels of SMD than ON beneficiaries generally, as indicated by NDT scores. For this group, after the 2-year threshold, further progress occurs for all indicators except 'risk from others', but the progress is less than occurred during the first two years of engagement, the only exception being 'risk to others'. What is more striking for our purposes is that indicators of further progress after two years are less than that experienced by MNTS beneficiaries after starting to receive MNTS. This is true for all indicators except 'risk to others', 'substance misuse' and 'impulse control', while 'risk from others' shows a more significant relapse, which explains why the mean change is about the same.

With HOS readings, we also compared data for MNTS beneficiaries with data for all ON beneficiaries. Table 3 presents HOS data at the same strategic points as does Table 2 for NDT data. There are ten indicators for the Homelessness Outcome Star (HOS), with a maximum score of ten for each indicator, giving a total out of 100. We have used the same thresholds as for the NDT data, measuring change prior to joining for the MNTS beneficiaries and the 2-year point for the wider group of ON beneficiaries for whom measurements are available. Where changes since the threshold are greater than before, the figures have been highlighted in grey.

INDICATOR	1ST READING		MNTS BEFORE JOINING	ON UP TO 2 YEARS	MNTS AFTER JOINING	ON BETWEEN 2-4 YEARS
	MNTS	ON				
Motivation & taking responsibility	3.7	2.9	0.82	1.16	0.09	0.70
Self-care & living skills	3.9	2.8	0.73	1.28	1.36	0.95
Managing money	3.5	2.9	1.45	1.17	1.09	0.88
Social networks & relationships	3.3	2.5	1.00	1.10	0.45	0.90
Drug & alcohol misuse	3.2	2.6	0.64	1.15	0.45	0.83
Physical health	3.3	3.0	0.91	0.89	0.45	0.61
Emotional & mental health	3.1	2.7	1.18	1.08	0.18	0.49
Meaningful use of time	3.2	2.5	0.55	1.15	0.91	0.55
Managing tenancy & accommodation	3.6	2.9	0.73	1.41	1.09	0.86
Offending	4.9	3.9	1.36	2.05	1.00	0.72
TOTAL	**35.7**	**28.5**				
MEAN CHANGE			**0.94**	**1.24**	**0.71**	**0.75**
MEDIAN CHANGE			**0.4**	**1.1**	**0.4**	**0.7**

Great care should be taken in drawing inferences from these figures, but certain points might be noted. MNTS beneficiaries show higher baseline scores for all ten HOS indicators, suggesting a lower level of SMD than ON beneficiaries as a whole. This is contrary to what the NDT scores suggest, which might be explained partly by the sequencing of the two initial assessments, with the HOS being measured sometime after the NDT, and partly by differences in what the two are measuring, with the HOS assessing motivation rather than the actual condition of the beneficiary.

A further difference is that, for MNTS beneficiaries, progress before the threshold seems to have been slower, as indicated by both mean and median average changes. Changes after the threshold seem to be about the same for each cohort, but with some significant differences for certain indicators. 'Self-care and living skills', 'meaningful use of time' and 'managing tenancy and accommodation' all show greater advances for MNTS beneficiaries after joining the scheme than both their readings before joining and readings for the wider ON beneficiary population after the 2-year threshold.

Figure 3 presents the HOS findings more graphically as an Outcomes Star, displaying readings for MNTS beneficiaries of four years registration before and after joining the scheme, and readings for ON beneficiaries with at least four years registration before and after the two-year threshold.
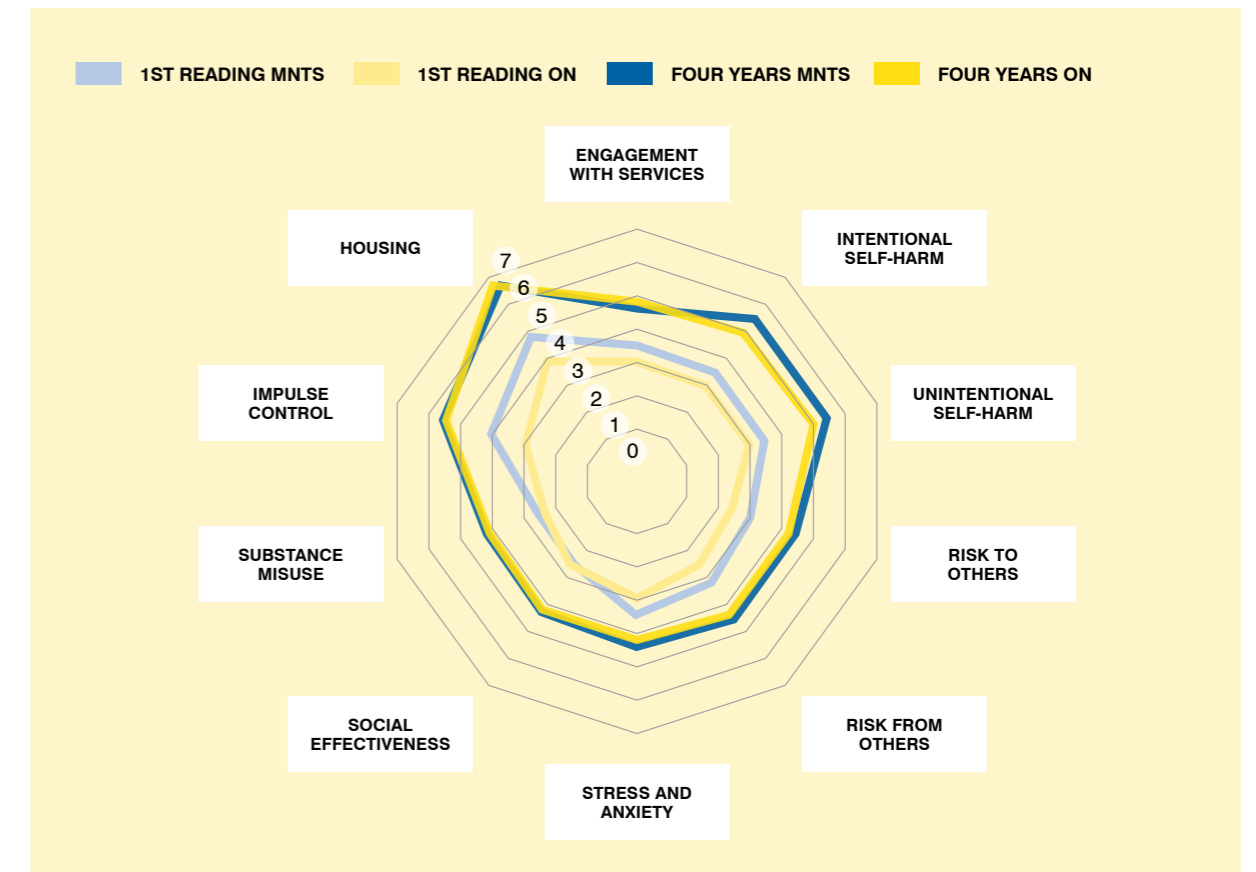
Evidence of a threshold impact of joining MNTS is hard to come by, but at the risk of cherry-picking, Figure 4 presents HOS readings as a timeline for two beneficiaries who had been with ON for nearly three years at the time that they started receiving MNTS, had made little progress up to that point, but made considerable progress against multiple indicators from that point onwards. The dates denote the time at which they became MNTS tenants.

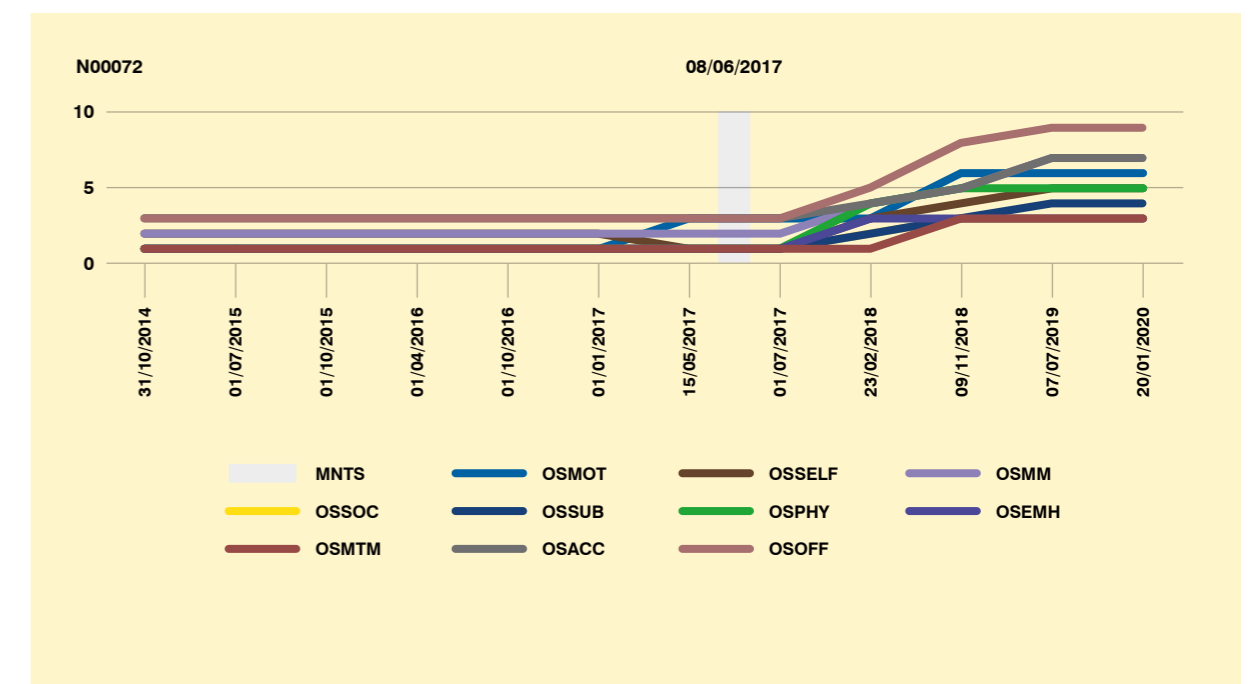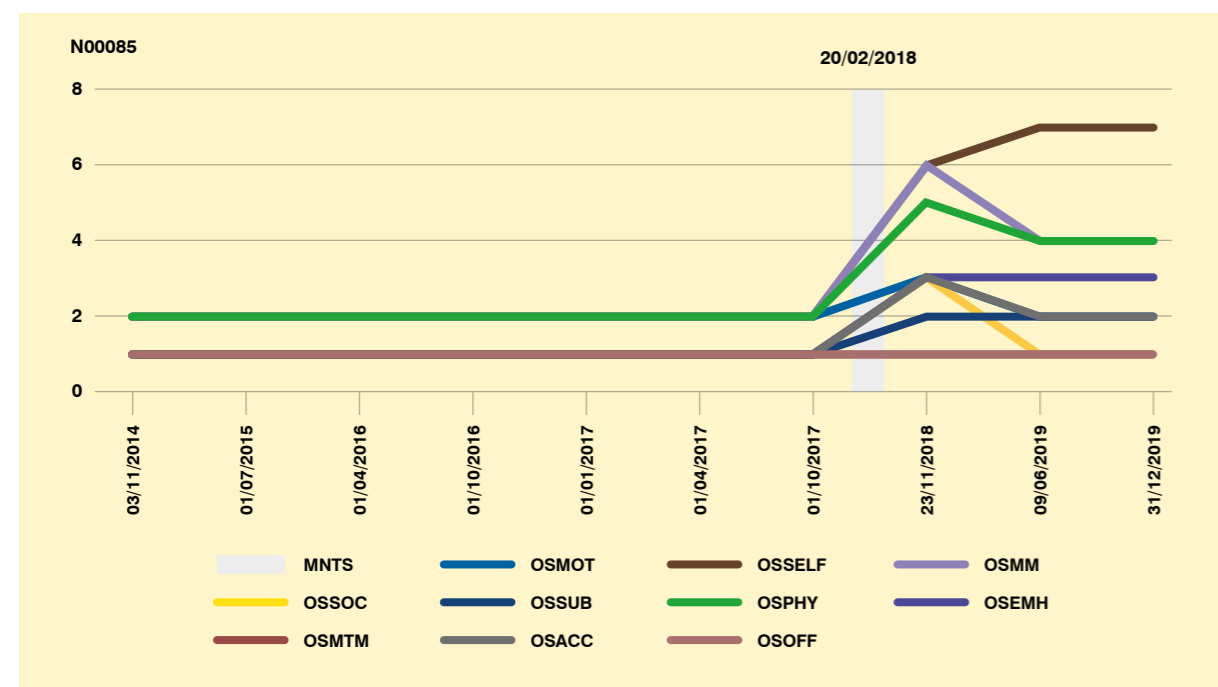*Figure 4: The impact of MNTS on beneficiary progress*

Figure 4: The impact of MNTS on beneficiary progress

Unfortunately, progress has been much more erratic for other beneficiaries.

2.2. Housing First beneficiaries

When the research was undertaken, 18 beneficiaries had been granted tenancies under the ON Housing First scheme.[14] Of the ten for whom we have start dates, five have rented for at least a year. Of the 18, one has had to leave to serve a prison sentence and two are subject to court proceedings for anti-social behaviour that are likely to result in eviction.

A similar analysis has been undertaken as for MNTS beneficiaries. Table 4 gives NDT scores from the first reading, and then indicates changes before and after becoming HF tenants. Figures for first readings are taken from 16 beneficiaries. Unfortunately, because of the short duration of the

Table 4: Changing NDT scores for Housing First beneficiaries

INDICATOR	1ST READING	CHANGE BEFORE TENANCY	CHANGE AFTER TENANCY
Engagement with services (4)	2.7	+0.75	-0.75
Intentional self-harm (4)	2.2	+0.50	-0.25
Unintentional self-harm (4)	2.8	0	-0.75
Risk to others (8)	5.2	-1.00	+1.50
Risk from others (8)	5.3	0	-1.00
Stress and anxiety (4)	3.3	0	-0.75
Social effectiveness (4)	2.1	+0.25	-0.75
Substance misuse (4)	3.7	0	-0.25
Impulse control (4)	2.9	0	-0.25
Housing (4)	2.9	0	-1.75
TOTAL (48)	33.0	+0.05	-0.50

[14] No figures were available for the Framework Housing First scheme.

Housing First scheme, the necessary repeat readings were only available for a small group of four beneficiaries, so figures should be interpreted with caution.

Compared with MNTS beneficiaries, Housing First beneficiaries exhibit a greater degree of SMD at the outset and appear to make slow progress initially, even regressing against some indicators, which may be one of the reasons for their selection for the Housing First scheme. Only 'risk to others' shows an appreciable decline. However, the impact of becoming Housing First tenants is very apparent from subsequent NDT readings, with declines against all indicators except 'risk to others', and a considerable decline in the 'housing' measure, which is what we would hope.

In Table 5, as with the MNTS analysis, we make a similar comparison between Housing First scores and those for ON beneficiaries as a whole, except with the latter group, we have used a one-year rather than a two-year threshold, to reflect the shorter duration of the Housing First scheme.

Table 5: Changing NDT scores for Housing First and all ON beneficiaries

INDICATOR	1ST READING		HF BEFORE TENANCY	ON UP TO ONE YEAR	HF AFTER TENANCY	ON 1-2 YEARS
	HF=16	ON				
Engagement with services (4)	2.7	2.7	+0.75	-0.37	-0.75	-0.22
Intentional self-harm (4)	2.2	2.0	+0.50	-0.38	-0.25	-0.13
Unintentional self-harm (4)	2.8	2.7	0	-0.47	-0.75	-0.22
Risk to others (8)	5.2	4.5	-1.00	-0.90	+1.50	-0.40
Risk from others (8)	5.3	4.7	0	-0.90	-1.00	-0.20
Stress and anxiety (4)	3.3	2.9	0	-0.35	-0.75	-0.14
Social effectiveness (4)	2.1	1.9	+0.25	-0.22	-0.75	-0.02
Substance misuse (4)	3.7	3.5	0	-0.53	-0.25	-0.11
Impulse control (4)	2.9	2.5	0	-0.40	-0.25	-0.13
Housing (4)	2.9	2.7	0	-0.50	-1.75	-0.25
TOTAL (48)	33.0	30.1				
MEAN CHANGE			+0.05	-0.50	-0.50	-0.18
MEDIAN CHANGE			+0.15	-0.40	-0.15	-0.10

What is immediately apparent is the contrast between the experience of Housing First beneficiaries and the overall ON cohort. The latter make early gains in their engagement with ON against all indicators, unlike Housing First beneficiaries. However, although beneficiaries as a whole carry on progressing after their first year, it is far less than the progress made by Housing First beneficiaries after becoming Housing First tenants. The biggest gains can be seen in 'housing', 'social effectiveness', 'risk from others', 'stress and anxiety', 'engagement with services' and 'unintentional self-harm'. Taking mean scores for such a small cohort may exaggerate the differences, but even median scores are appreciably higher for the Housing First cohort.

With HOS readings, as with the MNTS analysis, we compared data for Housing First beneficiaries with data for all ON beneficiaries. Table 6 presents HOS data at the same strategic points as does Table 5 for NDT data.

Table 6: Changing HOS scores for Housing First and all ON beneficiaries

INDICATOR	1ST READING		HF BEFORE TENANCY	ON UP TO ONE YEAR	HF AFTER TENANCY	ON 1-2 YEARS
	HF=12	ON				
Motivation & taking responsibility	3.0	3.1	0	0.81	2.75	0.40
Self-care & living skills	2.8	3.3	-0.75	0.90	3.25	0.34
Managing money	2.4	3.1	0	1.04	2.25	0.36
Social networks & relationships	2.3	2.8	0	0.86	2.75	0.33
Drug & alcohol misuse	2.8	2.9	0	0.92	2.75	0.36
Physical health	3.0	3.3	0	0.67	2.50	0.29
Emotional & mental health	2.5	2.9	0	0.75	2.50	0.24
Meaningful use of time	2.3	2.6	-0.25	0.85	2.75	0.37
Managing tenancy & accommodation	3.1	3.1	0	1.00	3.00	0.40
Offending	2.8	3.9	0	1.21	2.00	0.67
TOTAL	27.0	31.0				
MEAN CHANGE			-0.10	0.90	2.65	0.38
MEDIAN CHANGE			-0.05	0.70	2.20	0.30

The HOS scores mirror the NDT scores even more starkly. Once again, the figures reveal a Housing First sample with greater levels of SMD than the general ON population at the point of registration, and they show little progress before acquiring their Housing First tenancy, after which we can see progress across the board. The greatest contrasts can be seen in the fields of 'self-care and living

Figure 5: Comparison between Outcome Stars for Housing First and all ON beneficiaries
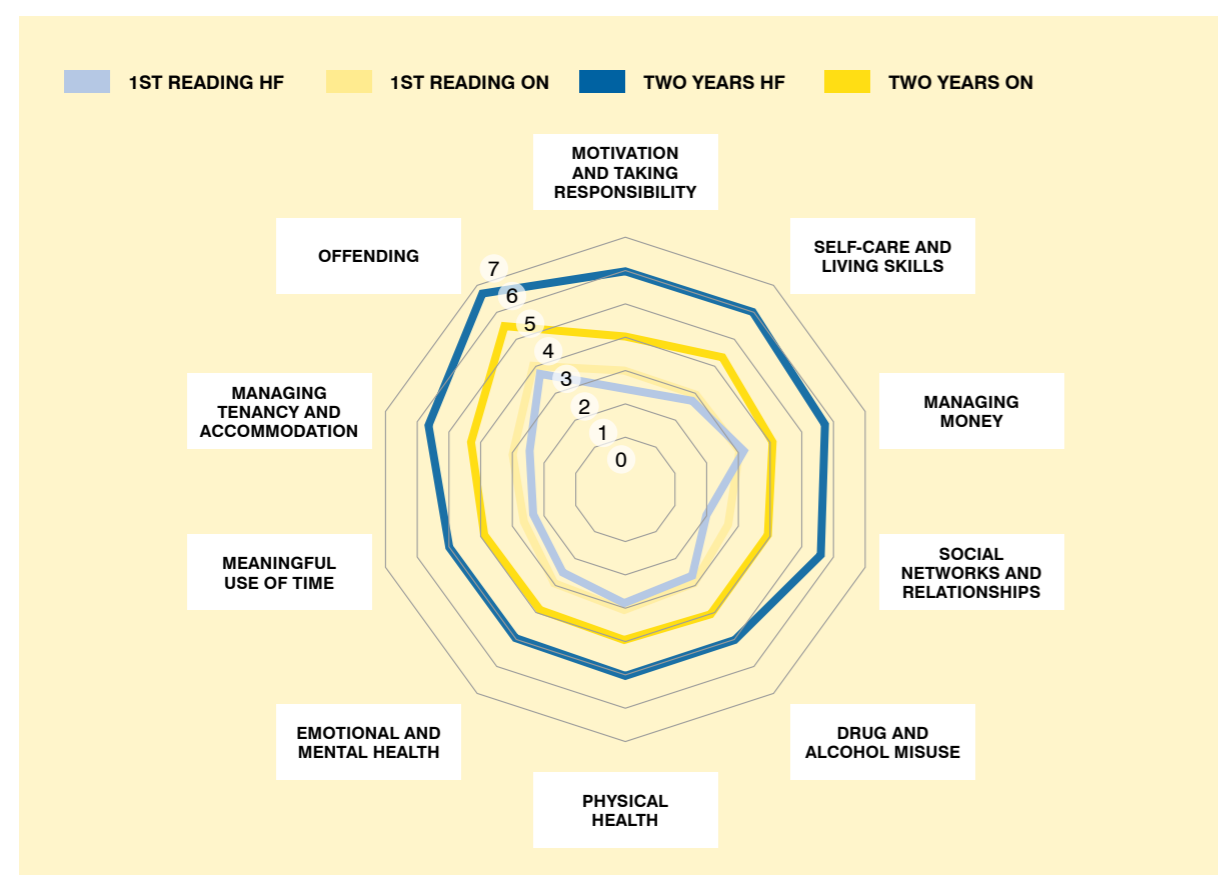
skills' and 'managing tenancy and accommodation', reflecting the immediate benefits of a tenancy with tenancy support.

Figure 5 illustrates these findings graphically, displaying readings for Housing First beneficiaries with two years registration before and after acquiring a tenancy, and readings for ON beneficiaries with at least two years registration before and after the one-year threshold.

2.3. Indications emerging from the data

We have reviewed data on MNTS and Housing First beneficiaries by exploring a dataset common to all ON beneficiaries, focusing on outcome indicators that might illuminate the impact of these two schemes on the lives of beneficiaries. This quantitative analysis is presented separately to detect indications of impact that are then tested in greater depth below using different data sources. MNTS and Housing First data are presented separately, and each are compared with matched data from other ON beneficiaries to test for any distinct impact of each scheme by comparing data before and after joining the scheme, and by comparing MNTS and Housing First data with that for other beneficiaries. The analysis of MNTS data will only reveal the impact of tenancy support, since some MNTS beneficiaries already have tenancies at the time of recruitment on to the scheme, though all eventually acquire them through the efforts of the MNTS team. So, it is hoped that the analysis of Housing First data will show something of the additional impact that securing a tenancy has on beneficiary progress, as these beneficiaries do not have tenancies at the point of enrolment.

Extreme caution should be exercised in interpreting all comparative findings, as data sets were usually too small to allow proper statistical analysis. However, a few points are worth noting.

- With MNTS beneficiaries, comparisons with other beneficiaries should take account of their having slightly lower levels of SMD on first registration as ON beneficiaries.

- They make slower progress prior to joining the MNTS scheme compared with ON beneficiaries during the first two years of their registration.

- They make more rapid progress subsequently.

- This is especially evident in the areas of self-care and living skills, meaningful use of time, and managing tenancy and accommodation, precisely the areas on which we might expect tenancy support to be focused.

- With Housing First beneficiaries, comparisons with other beneficiaries need to acknowledge a much higher level of SMD on initial ON registration, a factor that might have influenced their enrolment on to the Housing First scheme.

- Like MNTS beneficiaries, they too make slower progress before acquiring a Housing First tenancy compared with ON beneficiaries during their first year of registration.

- However, they make much more rapid progress following tenancy acquisition compared with ON beneficiaries if we use one year's registration as a comparative threshold.

- This is true across all HOS indicators but especially with self-care and living skills and managing tenancy and accommodation.

What would therefore be valuable to find out from the analysis of other data is how far this apparently greater impact of Housing First is a genuine reflection of the scheme's advantages and if so, how much it arises from the additional impact of tenancy acquisition in itself, over and above the benefits of tenancy support.

There is clearly an issue with housing availability. Before Nottingham City Homes (NCH) was able to release properties for the Housing First scheme, the MNTS team relied on negotiating tenancies with private landlords at affordable rents. Managers of the Framework scheme that uses their own and NCH social rented housing have been keen to preserve some element of the Housing First principle of giving choice over housing to the beneficiary, as much as anything else, to avoid abandonment.

That's why it's so important and involving them in the location because some people they just, they would never stay there. If it's far out, they'll tell you simply I want to be near town and it's difficult because you want to … you know some people want to get away from that, and some people want to stay with that, and so we ask them, you know, we give them options - if we have options - we give them options of areas.

Although most beneficiaries have a history of rough sleeping, they are normally in some kind of temporary accommodation prior to the offer of a tenancy and in practice access is by negotiation rather than a guaranteed right. In the case of beneficiaries with SMD, negotiation must take account of the contested interests of landlord, neighbours and support workers, as well as those of the beneficiary. For the Housing First schemes, the NCH housing manager was concerned with whether a potential tenant would fit into a neighbourhood in which other vulnerable tenants might be housed.

We don't really want to be putting them in somewhere like a high rise where it's a lot of people in a very condensed space. They have a lot of their own problems, so generally, if we're looking at a referral and trying to make sure that we have appropriate properties, my concerns are usually around 'Will they fit into the area? Does the area have any particular risks to such a vulnerable tenant? Do the risks that the tenant have on their referral pose too much of a risk to the vulnerable people possibly living around them?

On the other hand, the primary interest of the Housing First support team when a tenancy becomes available is balancing the conflicting demands and support needs of potential tenants on a very limited resource. All potential tenants undergo a detailed risk assessment that takes account of all factors likely to affect the success of the tenancy. These will include housing history where the success or otherwise of previous tenancies and engagement with services more generally are set against the possible exhaustion of supported housing options, or the risks associated with current accommodation. Beneficiaries reported many negative experiences in shared housing, such as racism, homophobia, noise, and pressure to consume drugs, provoking abandonment and return to rough sleeping.

A support worker from the Housing First team at ON explained selection in terms that go to the heart of the rationale for Housing First, the failure or unsuitability of shared housing options.

Is there any particular reason that shared accommodation isn't suitable for that person? If so, why? And how you establish that is a relatively grey area, but that's usually just based on a person's history, so if they've had multiple attempts at living in like shared environments, either in shared houses they've abandoned every single time because they've had conflict with their neighbours, or they've been in hostels, but they only ever lasted a couple of months before there's some sort of argument and fight, and then they're excluded from that service, that's a reason to believe that someone may struggle to maintain accommodation that's shared, so it doesn't have to be proved beyond a reasonable doubt or anything, it's just based on the person's history. There's an argument to be made that shared accommodation doesn't work for that person.

The assessment will also take account of current complex needs and the risks these might pose to the local neighbourhood in which the proposed tenancy will be located. Vulnerability and the risk of exploitation by past associates also needs to be recognised. Overruling all of this are the wishes and determination of the beneficiary, as another support worker explained.

3. Understanding the impact of tenancy and tenancy support

To delve more deeply into the processes at work in the lives of beneficiaries who joined the MNTS and Housing First schemes, we gathered further data from interviews and focus groups with beneficiaries, support workers and housing managers, and from the notes that accompanied HOS records. Findings are presented that seek to answer key research questions. How consistent were these schemes with the principles of Housing First? What were the benefits and challenges of having a tenancy? How effective was tenancy support in sustaining tenancies and enabling beneficiaries to address complex needs and rebuild their lives? How well have beneficiaries integrated with the wider community?

> " We gathered further data from interviews and focus groups with beneficiaries, support workers and housing managers. "

3.1.   Fidelity with the model of Housing First

The overarching principle of Housing First is that housing – almost invariably as a tenancy – should be offered unconditionally and sustainably, with open-ended, holistic support offered separately. There is also an expectation that housing should be affordable and that beneficiaries should have some choice over where they live. Principles connected to tenancy support will be considered more fully in the sections below, but at this stage, the key issue is the right to housing.

All there needs to be is a willingness to try and to work alongside us to try, so we will consider people who have never had their own tenancy before as long as there is some indication on their part that they are willing to try to set up bill payment plans, to set up the Housing Benefit claims ... As long as there's some degree of willingness on their part to try to engage with that process, then that is enough.

Support services are faced with challenges that can lead tenancies to break down, although in practice few do. Of the 18 Housing First tenancies, one has been lost because the tenant was sentenced to prison for more than three months, and two are subject to court proceedings for anti-social behaviour that poses a risk to the neighbourhood. Tenancies may also be lost if the tenant abandons the tenancy. This may be to return to rough sleeping to mitigate isolation, restore contact with past networks, or escape from previous associates or current neighbours, as the NCH housing manager explained.

So, the biggest housing estates in Nottingham are either in the north of the city or the south of the city, so they're all quite far away from the City Centre, and obviously these housing first tenants their entire support network is the homelessness community. And we're housing quite a lot of people who know each other, but obviously one at a time, … so that leaves their mates on the street. And a lot of them don't have family, don't get on with their family because of their lifestyle, so these people are their entire world.

There have also been cases where tenants have been found by abusive partners or drug dealers. Moreover, some are simply not ready, or believe they are not ready, for the responsibilities of managing a tenancy and paying rent and other bills, never having had this responsibility before, or their support needs are too complex.

Amelia and her partner had to be found a new flat when the first was taken over by drug dealers but has since made progress.

Amelia struggles with substance misuse and self-harm, and while her engagement with ON has been excellent, she regularly misses appointments with other services. She has been in a volatile abusive relationship, but no domestic violence incidences have been reported recently. Amelia had her first Housing First accommodation taken over by drug dealers who took money off her every two weeks and made threats to her and her partner.

Once being moved from that property into her new one, her engagement with services and workers became more regular and stable. She keeps her flat tidy, pays her bills and has good self-care skills, such as having enough food in the house. She is also engaging with other services and attends their appointments with support but still struggles to engage due to anxiety around groups.

3.2. The benefits and challenges of a tenancy

In practice, these problems are rarely terminal, because beneficiaries are determined to make their tenancies work, many becoming what can only be described as 'house proud'. So, what do they get from having a tenancy, and what challenges do they face? Beneficiaries reported varied routes to their tenancies, but they reflect a mixture of extreme need arising from repeated hostel breakdown, prison release or domestic violence, combined with their own requests and the recommendation of support workers, often their Personal Development Coordinator from Opportunity Nottingham.

Beneficiaries began by reporting the practical, physical benefits of cleanliness, safety, shelter, regular meals and privacy. They were glad of a base from which to address support needs and

escape from triggering environments when it came to substance misuse. But they quickly moved on to talk about the social benefits of hospitality, restored relationships, and being able to have pets. Above all, they valued somewhere they could call 'home', a place of stability where they could develop routines, a refuge to which they could escape and enjoy tranquillity, where they had autonomy and could find fulfilment, where they could develop a sense of self-worth.

" Above all, they valued somewhere they could call 'home', a place of stability where they could develop routines. "

Barry, a Housing First beneficiary, was glad to be in control of meeting basic needs, unlike when he slept rough.

You're not living out on the doorway, you're not freezing your nuts off, come winter now. I can go to my cupboard and what I want to eat, is there not in the line for the soup run, stuff like that. I mean, I begged people for a bit of change to get something to eat and stuff like that you know.

His tenancy gave him a sense of ownership, unlike being in a hostel. *"That's why I'm glad about the place where I'm at now coz it is generally like being on your own place you know, there's no staff there 24/7."* To this sense of ownership, Chris, a MNTS beneficiary, added privacy and possessions, especially his pets.

I can walk around my house naked if I want to, I can go to my own flat, lock my door, lock the world off if I want to, you know what I'm saying, and going on my time, I got my dog as well she helps me out massively so and I've also got a ferret now, she keeps be on board more than my dog, she's a big help in my life.

To these benefits, he added tranquillity, personal fulfilment, the addressing of support needs and the possibility of restoring lost relationships.

I do like my peace and quiet as well. I've got my daughter staying there at the minute, and my nephew ... they are going to be with me until after Christmas … I love living here like it's made me a person again, it has. Like I feel like a normal person … I can deal with things a lot better now, since I have got rid of all the drugs and that as well, my mind has got a lot clearer.

The dignity and self-worth associated with this sense of ownership was very much reinforced by the MNTS team.

A lot of them have literally never had their own place, they've never had something. If they've had things that are theirs, it has been relatively transient, or it's been relatively small. They have never had a THEIR home, if that makes sense, and I think there's a level of dignity that people have by being given high-quality long-term accommodation.

More than that, a tenancy provides a base from which to overcome the damaging effects of past trauma and move forward with a sense of hope, as the Housing First team asserted.

Most of the people we work with have had some sort of historical abuse, or something that has happened in their past. It's traumatic and led them down this path to where they've ended up. So, a lot of it, is not only dealing with what happened, but actually how to move forward, and actually that there is a future. We're not just living until tomorrow morning, and a tenancy can be really powerful tool in doing that. It just gives you a base …

Corrie provides a good example of the impact of a tenancy on the management of complex needs.

Corrie moved to Nottingham after leaving a violent relationship. She spent most her time at a winter night shelter or rough sleeping. When being advised to go back to Derby, she was unable due to the continued risk of domestic violence, so she remained rough sleeping or staying in temporary accommodation. She briefly moved into a property above a fast-food place with no door and an en-suite that is used by several people at the property. She struggled with feeling worthy of support and did not always access services or engage with them. She had a very negative outlook on life which prevented her from engaging with services and improving her self-care skills and personal hygiene. She had a history of being in controlling and abusive relationship. In her subsequent relationship, she blamed her partner for introducing her to drugs and begging, and there were reports of emotional and physical violence.

She was then moved into an NCH property in Bestwood with Housing First but was unable to manage tenancy by herself as she had not lived on her own for a long time. She was worried and anxious about having her own place because there was no one else in her life and she needed her partner to protect her as she was "too frightened to attempt independence". Yet, she settled well with medium housing support. Her motivation skyrocketed after moving into the tenancy and she did well with regard to self-care and living skills. She worked on quitting drugs and started seeing a clinical psychologist for her mental health issues, anxiety and depression that she continued to experience. However, her anxiety increased with the fear of having to manage bills, but she worked on building up coping skills to manage her emotions more successfully even though she continues she was still very anxious when needing to make phone calls to discuss money and payments.

Soon, her confidence improved, and she no longer needed to rely on the protection of her partner (who was in prison at the time). She disclosed that "she has been waking up feeling happy and just wants to put the kettle on and watch TV curled up on her sofa." She has since reconnected with her daughters and her son. They have visited several times and spent Christmas with her. She was also looking at getting involved in peer research and becoming an expert citizen. She was also clean off drugs and on a methadone script.

However, when her partner was released from prison and moved in with her, she stopped engaging. She wanted to continue engaging but has struggled to do so and has declined all offers of support to make changes to her situation. She has avoided going to a GP or registering with a GP, and ignored her health concerns, spending most of her time with her partner. They both went back to using heroin and crack. However, she is trying to minimise and put her money towards bills and the house to limit the amount she spends on substances.

More recently, she has fled her NCH address due to domestic violence and the HF team are working on finding a new property for her.

The threat of a returning abusive partner is not the only challenge with which newly housed beneficiaries must contend. The stigma of a spoiled identity can be experienced in services as well as casually on the streets, as the MNTS team illustrated.

> *A good example is I took one of mine to a hospital and they weren't really well received, and it was maybe more because they were quite dirty, they were quite loud because he was quite anxious about people looking at him and making comments which had the opposite effect and anyway, it was just a massive ordeal for him just to go to the hospital and be treated the way he was.*

Corrie's case study provides a good example of the initial anxiety generated by tenancy responsibilities with which beneficiaries may be unfamiliar. Then there is the effect of long-term

institutionalisation that generates an abiding fear of losing everything, as was the case with another MNTS beneficiary.

> *I've got one gentleman who is very institutionalized … He's been in the care system, abused by the care system, in and out of jail, is now 51 and it's his first flat that he's had. […] But now it causes extra problems because he's so petrified of losing it. He's sort of very paranoid, and he wants to be overly nice to the neighbours, and he refuses to have his TV on loud because he doesn't want to cause any problem and 'I don't want to lose my flat' so I mean you can hardly hear the TV … It's quite sad to see really because he's still very much on edge because of what he thinks somebody can just come away and take that away from him.*

Loneliness and isolation from the City Centre homeless community is a further challenge to the sustainability of some tenancies that are necessarily located on peripheral social housing estates where often the only affordable tenancies can be found, as once again the MNTS team explained.

> *They're losing their friends and people [they] have known for years in years, so it be up to maybe giving up their addiction would mean giving [up] a lot of their friends or family as well, which is a lot harder to do … and then you become lonely in a flat because then it's just you and your flat and all your friends are still where they are.*

However, letting aspects of your former life come to you is not a solution either, as we saw with Amelia, generating a further challenge of managing your front door when coping with an addiction.

> *Telling people you know, telling your drug dealer where you live, that might be alright while you don't owe any money or when you do have money that's going to cause some problems coz now, you're not safe at home, so it's getting them to understand that, but their addiction problem always come first.*

This may help to explain the Table 2 finding that substance misuse was one of only two NDT scores that actually increased after MNTS beneficiaries joined the scheme.

3.3. The value of tenancy support

The tenancy itself was clearly of great value to beneficiaries, but the support they received in establishing and sustaining their tenancies was also crucial. So, what was the added ingredient supplied by the tenancy support workers that enabled beneficiaries to overcome the obstacles and succeed in their tenancies? At the outset, support workers helped with the acquisition of furniture, setting up bill payments, getting registered with a doctor and connection with other services. For Dawn, a Housing First beneficiary, it was really basic things like sorting out a bank card, so she had money to buy food that was of critical importance in the early days.

> *I haven't been able to get my bank card from the banks, so I've had no money, nothing, and Framework has put me electric on, and [HF support worker] went and got me food the other day, put stuff in my fridge for me, you know she brought me food vouchers, I've had to ask her today if she can put some money on my travelcard, because tomorrow no matter what I have somehow to get to that bank in town and get my card, I cannot wait for that money any longer.*

Thereafter, support workers negotiate a support plan with beneficiaries and help with budgeting, becoming a reliable source of support in tenancy sustainment, acting as a mentor or resourceful friend, nudging beneficiaries with household chores and the payment of bills, but also providing emotional support and encouragement. The success of this aspect of support is very much confirmed by Table 3 above that shows that, for MNTS beneficiaries, 'self-care and living skills' and 'managing tenancy and accommodation' were two of the three HOS indicators that increased more

after the threshold than for ON beneficiaries generally. Barry appreciated the extent to which his support worker put himself out to get key things set up. *"Oh, he's done more than enough, really lucky, he's got me into the right doctors got him sorted with my mental health. Sorted all my benefits, got me on the right benefits. He's done … he's been there."*

The result was growing self-reliance, of which Sajid was both proud and grateful for the support that had made this possible.

> *I've sorted all the paperwork out. I am my own support worker; I am not egocentric but confident enough to do what we do … I submitted the proof of income for Council Tax. I've done it and also [support workers] all help me. I can ask them for help, we are working as a team, so it is a good support network. And I thank them for their patience*

So, what was it about tenancy support that made this possible? Support workers gave insight into the effectiveness of their work in sustaining tenancies. They talked of being a consistent presence in the lives of beneficiaries, flexibly available at short notice, but willing to keep their distance to let them get on with their lives. Giving time with patient listening was as important as practical fixing tasks like helping to arrange appointments. They would encourage beneficiaries in addressing support needs and reviving neglected aspirations, thereby injecting a sense of direction and hope into the lives of beneficiaries. All this was built on a relationship of trust, providing a model for other services from which beneficiaries may have disengaged.

The MNTS team saw themselves as introducing beneficiaries to a different order of priorities from what they are used to on the streets.

> *A lot of we do is mentoring, like showing them a different way from what they used to so when it's payday, it's not about going out and getting drugs or alcohol. It's about well, we do this first, we do this next and then yeah whatever all the choices you've got after you've you know paid your bills and stuff.*

There are other aspects of tenancy support that are equally valuable. Flexibility and honesty were particularly important to Barry.

> *I could ask him anything tonight if he can't do it or tell me straight, he can't do it, and if he can do it for me or bend over backwards to do it for me, so I can't say no more than that. And I like that, I like people to be right in, the same time and not to go and say, 'Oh yeah, I do it and then like [don't do it]'. I mean tell me straight: I can't really do that then.*

There was certainly a commitment to the Housing First model of open-ended support as far as the MNTS team were concerned, because that's the only way that the entrenched effects of SMD can be overcome.

> *You know it's 6 to 8 weeks in a matter of your chaotic life that you've probably lived for 20 something years. It's not gonna change in 6 to 8 weeks and I suppose that's what we do that you know, we're here for as long as you need us to be here, and we just keep going.*

Eventually, there is also the hope that tenancy support will render itself obsolete in the lives of beneficiaries, which is essential if it is to benefit new tenants when resources are finite. This is indeed the outcome for a proportion of tenants, as the manager of the Framework scheme explained.

> *They can have as much support for as long as they want, but some people we do down step it, so they become a lower level of support and that's only if, they've been there at least 12 months, and they've passed a sort of intro tenancy. The housing officers are happy that there's no ASB concerns there's no rent arrears, we're happy that they're paying bills and budgeting. And then we can step down the support and do it gradually every few weeks but still not end it. But you know, minimize it.*

The ultimate goal is that *"after a year they are … in a position where they can apply through Homelink for general housing"*.

Although he hasn't reached the stage of no longer needing support, Eric provides a good illustration of the impact of tenancy support on a range of outcome measures.

> *Eric had been in and out of hostels. He had three evictions from services and periods of street homelessness before renting a private room with other chaotic people with similar needs. He is a heavy user of drugs (crack) and alcohol, as well as misusing his and other people's prescription medication. He had little structure to his life and spent most of the time with people living a similarly chaotic lifestyle and pursuing substances. He has a diagnosed Anti-Social / Borderline / Schizophrenic and Paranoid Personality Disorder.*
>
> *Eric became street homeless again after being given a 5-day Notice to Quit for violence. He experienced difficulties finding a new place to stay, or a hostel due to aggressive and antisocial behaviour. He briefly went back to prison for breaching an ASBO and violence to a partner and was sofa surfing and street homeless after his release. After his release from jail, he had a short period of sobriety and avoiding alcohol. He went back to using after a year which, according to his support worker, exacerbated his mental ill-health which caused conflict and led to dangerous and threatening behaviour which brings him into conflict with the law. He also struggled to make ends meet, had day parties and spent most of his money on alcohol and street prescription substances.*
>
> *Subsequently, he was referred to HF and received his own tenancy on a probationary contract which improved his HOS score from 1.8 to 5.1 in the first assessment after acquiring a tenancy, mostly in the area of managing money, motivation, offending, physical health, self-care, tenancy, and meaningful use of time. His motivation increased in several areas, and he hopes to avoid alcohol, which he recognises as the main reason for his issues in the past, wants to engage with mental health services and is doing so, and wants to work on a positive relationship with his family and his daughters. He is very grateful to have the HF tenancy, seems more settled and wishes to stay settled. In the first month after moving in he was visited by his landlord, and they were very happy.*
>
> *Although he maintains the tenancy well, he struggles to keep enough food in the house and paying his bills. While previously he spent much of his time with people with a similar lifestyle, pursuing and ingesting substances, he now tries to avoid spending time with them. Being away from poly substance users and also being low on benefits, reduces his substance intake. Yet, he maintains a daily NPS habit, which he denies and does not see the impact it has on his mental health, stating the self-medication helps him, although according to his PDC it contributes to his poor mental health. He enjoys fashion, biking and working on his bike. He will spend money on gadgets and clothes but still struggles to fill his time productively and gets bored easily.*
>
> *In the first months after moving in, his 'risk to other' scores dropped from six to four and he moved to an assured weekly tenancy, but for the next assessment, it went back up again. He has been abusive to his neighbours and held people hostage in his flat, which led his landlord to move to take possession of the property due to antisocial behaviour and his conviction for ABH on his ex-partner who lives on the same street. His HOS scores went back to 4 after the next assessment, with many of the indicators (housing, substance misuse, offending, mental health, networks, tenancy) decreasing by 2 points.*

Eric is a classic illustration of the dramatic impact that a tenancy with intensive support can have in bringing order into a life afflicted by years of SMD. The tenancy was managed efficiently, support needs were brought under control and there was even evidence of a desire to engage in meaningful activity. But his past came back to haunt him in the use of substances that harm his

mental health, undermine his self-control, and challenge his capacity to manage relationships. All this points to the need to sustain tenancy support past the initial, intensive settling in phase, maybe to assume a different pattern of involvement.

So, what makes a successful tenancy. To the MNTS team, it was sustainment against adversity, managing to keep the tenancy in the face of all the challenges of SMD. It involves …

> *Keeping them in a tenancy and getting them maybe into a routine where they are paying the bills and even if they are still drinking or doing drugs, then they're maintaining that to a point where they're still paying their base and sustain their tenancy.*

To the Housing First team, it was managing the little things that we might take for granted but which turn a flat into *their* home on which they have put their mark.

> *I've got another tenant who … sort of celebrates the facts like oh, I put some money on my meter today, I figured it out and … they've bought themselves something for the flat or they've made something or created something. I mean, to me that shows the signs of a good tenancy in that they're actually contributing to their own place, and you know even if something really, really small, it's sort of how they tell you about it and how they celebrate it, that [it's] their independence and achievements*

3.4. Restoring social citizenship

There is more to tenancy support than simply sustaining the tenancy. It is based on the belief that secure housing might be a vehicle for wider long-term recovery in the lives of beneficiaries and the re-establishment of community membership, of social citizenship, things that have been lost through the stigma that attaches to long-term homelessness, substance misuse, mental ill-health, and criminal association. Beneficiaries talked about the restored self-confidence that comes from growing self-reliance. They were increasingly able to manage the damaging aspects of their lives, anti-social and addictive behaviour, substance misuse and the lasting impact of traumatic episodes. More than this, a stable tenancy fostered a desire to give something back, whether it was through volunteering, training, or the pursuit of work opportunities. This links well to the positive finding on 'meaningful use of time' in Table 3 that shows improved HOS scores after MNTS beneficiaries joined the scheme.

For Dawn, it begins with not going back, with capitalising on the blessings of your own tenancy in terms of freedom from drugs and the other things that controlled her life, but also in the way that former associates see you in a more affirming light.

> *I'd like in the future to know in myself that I'm never gonna go back, I'd like to think, I won't be dabbling you know I'm nearly forty, you don't see that many forty/fifty-year-old smackers, do you? You know, I don't want to go back down that road, I need to keep this house, this flat, so my dog is more than everything, he is the king of the house, but he is my baby … I want to be the one that can walk down the street, I mean when me and [partner] did go into town the last time, there were people walking past me that didn't recognise me, and then the people that did recognise me, even the junkies were like 'Dawn, don't go back … you are looking so good.' You know, 'Don't fuck up again, Dawn, you know we are all rooting for you to a certain degree' which is alright.*

For Barry, it moves on to a desire to give something back, expressed almost as a form of atonement. He hopes *"just to have my own gaff and most probably back in some kind of work or some college. Just wanted to give something back for everything I've took and done wrong in my life, I'd like to do something right for once I would."* He would achieve this *"just by staying off drugs and that and just keeping my tenancy and just doing everything right. Just doing everything right."*

Chris expressed it terms of having a different road to look on, that would eventually lead to volunteering and work.

> *When I first got the flat, I was trying to get on everything, and it gave me a different like road to look at. Instead of looking at that road, I had a new path to look at, so I thought I'm just gonna go down this path to see what happens … I want to get busy. I want a future. My future is, I want to get into this line of work, somewhere like that, like I don't care if it has to be volunteering for two, three, four years whatever, but yea … I want to get the foot in the door and at the end of the day I want a full-time job.*

The other main outcome is a potential for healthy relationships. Having your own tenancy makes hospitality possible and with it the possibility of restoring lost relationships with family and friends.

Francesca provides a particularly good example of the impact of a tenancy on self-esteem, personal motivation, and the potential for restored relationships with children removed from her custody.

> *After suffering domestic abuse from her partner ten years ago, Francesca lost custody of her children. She began drinking, attempted to take her own life, became street homeless, and has become more isolated from society as the years have gone by. She has been homeless and sleeping rough for the last 9-10 years and has had no alcohol-free days since sleeping rough. The daily abuse of alcohol or drugs caused severe impairment of her functioning and aggressive behaviour. She engaged in criminal activity to support alcohol or drug use. She severely neglected her physical health. Despite being in an incredible state of discomfort due to psoriasis, she refused to engage with her GP. She sometimes sofa surfed at a number of different men's houses but didn't trust them. Yet, she was reluctant to go to Housing Aid due to previous negative experiences when she had her children removed. She felt let down by them in the past when and didn't trust them to put her in an appropriate living situation. She struggled with substance misuse and made provisional appointments with Nottingham Recovery Network but then lacked the motivation to follow through and attend.*
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> *She was then housed by HF and her motivation improved drastically. While she previously spent a lot of time just trying to survive, she now enjoys spending her time maintaining the flat, and takes pride in her home and spends more time with friends and her family. She needs a lot of guidance and support to maintain her tenancy, and experiences barriers due to being illiterate and often appears to be overwhelmed with trying to remember everything that is new to her. Yet, she is very motivated and is working hard on her responsibilities. In the months since she has moved in, she has been able to manage most of her bills, finances, shopping, and only requires support around medication and understanding letters, as she cannot read or write. She has also been able to establish contact with some of her children which motivates her to improve her life and has sparked a catalyst for her to tackle her drinking which continued when she initially moved into her flat. She understands the impact of her drinking but often falls back into the mindset that there is nothing that can be done, and she will be an alcoholic forever, and that there is no point in changing that. Although her mental health has improved since reconnecting with some of her children, she still experiences period of low mood and depression which increases her drinking. She also suffers from severe psoriasis but is able to manage better now as she can take daily baths in her own home is able to better take care of herself. The result has been great improvement across all HOS indicators and mean scores steadily went up from 2.3. to 6.8.*

What Francesca's experience demonstrates is the mutually reinforcing motivating effects of maintaining your own tenancy and restoring lost relationships with children, but the continued mediation of tenancy support is vital until this process reaches some kind of conclusion.

Tenancy status also put beneficiaries into a neighbourhood with a landlord, obliging them to work on being accepted and overcoming stigma, especially where long-term residents see tenants as a threat. As we have seen, the NCH housing manager had a contractual interest in maintaining good neighbourhood relations, and she describes some of the issues that might arise with beneficiaries, like inherited anti-social habits that may provoke a stigmatising reaction, depending on levels of local tolerance. She also indicates the skilled diplomacy needed to resolve disputes in the social rented sector.

> *Some are more understanding than others. Quite often the Housing First tenants do stick out with the amount of support stuff they have coming and going from the property, so neighbours can quickly pick up that they've got extra needs … So, in situations where the neighbours have been told by the tenant that they've got a support worker, there are times when it helps them be a bit more understanding and then give their new neighbour who's a Housing First tenant a little bit of extra leeway to maybe learn the things that they're not naturally coming to the property with, like that flats always have thin walls and … you have to understand how much your neighbours can hear you when you used to live in a hostel and you talk loudly or you shout that … your neighbours are probably in, and they can probably hear you. Or if you're leaving stuff outside your front and it's blocking a communal pathway … and some neighbors are happier to give the leeway for people to learn and for … me to go out and talk to them and say I will help them understand and it will resolve the situation … And other neighbours are just very set in their ways or a lot of people who have lived in their properties for almost as long as I've been alive, and they want the situation resolving right then and there because that's just their personality.*

Are things any different in the private rented sector? The MNTS team reported that, provided the rent is paid on time and there is no anti-social behaviour, private landlords are generally happy. They are even willing to support beneficiaries where there are minor difficulties by liaising with Housing Aid or an appropriate voluntary organization. However, Section 21[15] is the bottom line, along with some financial leverage, though this happens very rarely.

> *Most landlords will say 'what's the rent?'. And they'll say Housing Benefit plus £20 a week, and not bother about the £20 a week, but if there's any way they want them out, they will then [use] Section 21 … 'You're not paying that £20', and 'you're not paying that £20 for x amount of weeks, so I'm getting you out'. So, it's a way of covering themselves cheaply to move people out if there's any anti-social behaviour or they just don't like them.*

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[15] Of the Housing Act 1988, which permits 'no fault' evictions.

4. Conclusion

To what extent have we used evidence from Nottingham to confirm the growing research findings of the benefits of the Housing First model of using a right to secure, independent accommodation, with choice and open-ended wraparound tenancy support, as a vehicle for restoring the lives of adults with SMD? Moreover, how far does our research suggest ways of overcoming the limitations identified in Housing First schemes elsewhere? Earlier, we noted that the Government's pilots had exposed three challenges, that the right to tenancies might be compromised by a shortage of affordable housing, that open-ended support might be constrained by short-term funding, and that addressing SMD might be impaired by the non-cooperation of other support services. We will reflect on these issues in the light of our findings, as well as picking up on the implications of our analysis of Opportunity Nottingham data, that there might be something uniquely significant about having a tenancy in promoting restoration over and about the provision of support services.

Research has been complicated by the need to evaluate a suite of schemes in Nottingham, all incorporating elements of Housing First with varying degrees of fidelity to the original model, when it might have been clearer to have been able to evaluate a single scheme. Against that, there are the benefits of mutual corroboration and an opportunity to an extent to separate out distinct elements for analysis. Thus, Opportunity Nottingham has run two schemes, recently merged, a Multiple Needs Tenancy Support scheme that sought to operate elements of Housing First using tenancies from the private rented sector, and a designated Housing First scheme using social rented tenancies made available by Nottingham City Homes. In addition, the Framework Housing Association has operated a separate scheme using some of its own housing and further NCH tenancies.

Every request for a tenancy by, or on behalf of, someone who is sleeping rough or in temporary, insecure accommodation is taken seriously.

There is no guaranteed right to a tenancy; access is by negotiation. Applicants undergo a thorough risk assessment that takes account of all factors likely to affect the success and desirability of the tenancy, such as previous abandonments or anti-social behaviour set against the possible exhaustion of alternatives. Negotiation also takes account of neighbourhood factors, such as the locality into which the applicant will be housed, the vulnerability of other local residents and the risk of the applicant being isolated. What there is not is any requirement for the applicant to prove tenant 'readiness'; a willingness to try is the key.

The tenancy itself brings enormous benefits to the beneficiary.

These were as clear with MNTS as with Housing First beneficiaries. There are the physical benefits of security, shelter, reliable food and warmth that would also be available in a hostel, as well as the means to connect with support services. However, there are the further psychological benefits of privacy, tranquillity, a sense of ownership, control over your circumstances, a secure base from which to address complex needs and a sense of self-worth from growing self-reliance. There are also the social benefits of being able to show hospitality and restore relationships with lost friends and family members, of being an ordinary citizen in an ordinary locality, and of finding opportunities to give something back through volunteering, training, and employment. These are hard to find in a hostel setting.

These benefits need to be set against risks that are also less likely to be encountered in a hostel or shared housing.

There are the paradoxical risks of being found by those you fear – drug dealers, abusive partners, personal enemies – and of being ignored in a neighbourhood cut off from familiar networks and friends. Above all is the fear of failure, of losing everything and having to start again.

The criteria for a successful tenancy can be summarised as durability and belonging.

A successful tenancy will stand the test of time as the beneficiary learns to overcome the hurdles of household management on a limited budget while overcoming the effects of a damaging past. But it will also give the tenant a sense that they have an identity that is recognised and valued by others, to which rights are attached, on the basis of which the person can be located in a community to which he or she can participate and make a valid contribution. A homeless person is either anonymous or controlled entirely by the wishes and interests of other people.

For people with SMD, a successful tenancy cannot be achieved without an appropriate pattern of tenancy support.

This needs to be intensive and practical, at least initially, as beneficiaries need help in the practical aspects of household management to which they may have lost sight over years of homelessness, such as procuring furniture and household facilities, setting up a bank account, budgeting and paying bills reliably, registering with a GP. However, effective support work adopts a pattern that contributes to the development of the sense of belonging described above. So, it needs to be available without being intrusive, to provide support that fosters self-reliance, to be flexible in the things to which it can turn its hand, to be trustworthy and reliable, and to mediate relationships with the outside world, whether it be neighbours, landlords, support services or past associates.

There needs to be a pattern of support that is flexible in duration and intensity.

It may be that support workers have a small caseload of beneficiaries with whom they work intensively in the early days of a tenancy, and a larger caseload of long-standing beneficiaries to whom they are available on a floating support basis, with a view to planned obsolescence, but preferably not abandonment.