

Housing First

Bench Housing First

Lessons from the delivery of
Housing First in south-east London

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December 2017





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ACKNOWLEDGEMENTS

Bench Outreach and the author would like to thank the clients and stakeholders who shared their experiences of Housing First to enable us to learn from the project and produce this report. Bench Outreach would also like to thank the Steering Group, including representatives from 999 Club, Jericho Road Project, London Borough of Lewisham, St Mungo's and Thames Reach, for their ongoing support and input, and the funders of the project to date, the Big Lottery, Trust for London and the Tudor Trust. We are very grateful to the registered social landlords who support the project through accepting nominations for Housing First clients: Lewisham Homes, Phoenix Community Housing, London and Quadrant, London Borough of Greenwich and Hyde Housing.

ABOUT BENCH OUTREACH

Bench Outreach is a small charity founded in 1999 to help vulnerable people overcome drug and alcohol dependence, find decent homes and lead lives that have meaning and purpose. The Deptford-based team operates across Lewisham providing support, legal advice and advocacy for homeless and vulnerable adults, enabling access to housing and services.

1 headlines

- **As a result of Bench Housing First, 21 long-term homeless people who faced persistent barriers to accessing housing are living in social tenancies in Lewisham and Greenwich. One other person is housed in the private rented sector. Sixteen of these clients have been in their accommodation for more than a year and four for more than three years.**
- A further six people were accommodated in social housing but these tenancies have ended due to client deaths, escalating health needs and one eviction. Although these tenancies ended, these clients still had a period in a home off the streets – in some cases for a sustained period.
- The project relies on the support of a range of partners. Crucially, the London Borough (LB) Lewisham's Single Homelessness Intervention and Prevention (SHIP) team provides nominations to social tenancies; this is a core element of the current model providing 20 of the 21 social rented tenancies.
- Housing providers interviewed were supportive of Housing First and keen to continue working with Housing First clients. Other organisations who support the project through referrals and partnership work include the 999 Club, St Mungo's and Thames Reach.
- Bench Outreach has developed a model of working that is faithful to the principles of Housing First. For example, the model applies a harm minimisation approach with minimal conditionality; the sustainment of the tenancy is given utmost priority in service delivery; and the team operates flexibly, offering ongoing support with small caseloads.
- Certain features of service delivery have been crucial to its success, including selecting the right property for people; assisting people with setting up their home, e.g. sorting out benefits claims and utilities; an outreach approach where the team visits the client's home and attends appointments with them; arranging 'managed moves'; and intensive tenancy rescue work including working with landlords.
- Outcomes of working with Bench First for clients have often included increased contact with family and better relationships. Health outcomes have also been common, including identifying and addressing health needs and reducing use of alcohol and drugs. Most people feel more positive when they have been housed, but there are persistent challenges for the client group including poverty, poor mental and physical health, dependency on alcohol and drugs, and feelings of loneliness and boredom.
- There is support for Housing First across stakeholder groups and it is regarded as an important new element to the options available for people who face multiple barriers to accessing accommodation. Securing ongoing funding for the team's work is a challenge following several years of short to medium-term grant funding and is a top priority for Bench Outreach.

2 introduction

Bench **Housing First** was established in January 2014. To date, the project has been supported by the Tudor Trust, Trust for London, and its current funder, the Big Lottery. This public report outlines the service delivery model of Bench Housing First, presents the outcomes achieved, and shares learning from the project. It is intended for use by service providers, commissioners and funders, and anyone interested in the development of Housing First.

The report was produced as part of a two-year evaluation of the service being undertaken by Becky Rice, an independent researcher in the homelessness sector. It is based on a range of data sources including case study interviews with six Housing First clients and interviews with seven stakeholders including the local street outreach service (Thames Reach London Street Rescue), the local authority and several housing providers.

3 a brief overview of Housing First

Housing First evolved in the United States in the 1990s and is underpinned by a growing body of research.¹ The approach centres on the provision of long-term accommodation to people experiencing entrenched street homelessness. The model differs from conventional 'staircase' models, common in homelessness services, which require people to demonstrate that they are 'housing ready' by progressing first through transitional tenancies – for example, in supported housing or hostels.

Housing First was introduced in England in 2010 and is gaining increasing popularity as a service model.² An evaluation of nine Housing First services in England in 2015, which included Bench Housing First, concluded that the model 'showed high levels of success in reducing long-term and repeated homelessness, which is associated with very high support needs'.³

The 'Principles for England' published by Homeless Link as part of its Housing First England project are as follows:⁴

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

Fidelity to the principles of Housing First in England is variable across services.⁵ Bench Housing First operates with a very high level of fidelity to the principles, as demonstrated by the model of operation and feedback from stakeholders during the evaluation.

¹ Bretherton, J, Pleace, N (2015) Housing First in England: An Evaluation of Nine Services, York University.

² Homeless Link (2015) Support for single homeless people in England: Annual Review 2015: a survey conducted by Homeless Link in 2015 found that 25% of homelessness services reported they were currently using a Housing First model.

³ Ibid.

⁴ Homeless Link (2016) Housing First in England – The Principles.

⁵ Ibid.

CASE STUDY

Sam*

Sam is in his early 60s. He started rough sleeping and street drinking regularly in 2012. Sam was picked up by London Street Rescue and placed in a hostel, but struggled with the communal environment and was barred following fights. Through Bench Housing First, he secured a housing association property in a quiet area away from his usual drinking haunts. His tenancy was jeopardised when he allowed associates to come and drink at his property. The Housing First worker and Housing Officer worked together with Sam to agree an acceptable behaviour contract, which has been effective. Sam has been in his property for 15 months. Since being housed his drinking has reduced, he is accessing health services, seeing more of his grandchildren, and has undertaken some numeracy training.

‘Three or four times last year I let people [drinking associates] in. I was a bit lonely and I thought, ‘I’ll bring ‘em back, they will be alright,’ but they weren’t alright so I got a six-month contract. I am not allowed to have anyone stay over and not allowed any alcohol in the house and I have been abiding by that... There have been no complaints for three or four months now.’

* Several months after the interview Sam’s property became vulnerable to being taken over by drinking associates and he had a managed move into a new home.

* All names have been changed

CASE STUDY

Jake

Jake is in his early 50s. Following more than 20 years of homelessness, Jake was referred to Bench Housing First in 2014. He has maintained his tenancy for more than two years now, with ongoing support from the team. This has included a ‘managed move’ following issues with antisocial behaviour and tension with neighbours in his first property. Jake has made improvements in the way he is managing his drinking and his drug use is more settled. He also sees and speaks with family members on a regular basis.

‘They offered me a house – I was surprised, I had been sleeping on the streets for 20 years... I was shocked – could I handle it? Straightaway I thought, ‘I want to do that.’ When they offered me a flat, [I was] thinking it will be hard, and it was very hard... Things have changed, I’ve started to eat, I’m looking after myself. If you had seen me five or six years ago, you would say this man is definitely changed. I have changed in myself; I am smarter, I look after myself.’



4 the need for Housing First in Lewisham

There is clear evidence that Lewisham has a significant level of homelessness, including among people experiencing multiple and complex needs.⁶ In 2016-17, contact was made with 200 people rough sleeping in Lewisham, of these 48 had been recorded rough sleeping in a previous year.⁷

Feedback from stakeholders gathered during the evaluation highlights that there are particular people for whom the existing accommodation pathways are not working – for example, persistent street drinkers or people who have had multiple failed tenancies in supported housing. Bench Housing First prioritises these groups through the project's referral routes.

'That's one of the things I like about working with Bench, they won't shy away from the hardest people just to get the outcomes. We put forward the most chaotic people. (Local authority stakeholder)'

The Homes for Lewisham: Lewisham Housing Strategy 2015-2020 seeks to 'reduce all forms of homelessness, including rough sleeping, across Lewisham' and be able to 'offer relevant housing options, including supported housing, to vulnerable households in order to maintain or improve their health and wellbeing'.⁸ The Housing First project is aligned with these strategic priorities, responding to the specific needs of entrenched homeless people for whom existing services have proven ineffective.

⁶ Bramley, G, et al (2015) Hard Edges, Mapping Severe and Multiple Disadvantage, Lankelly Chase, Appendix J.

⁷ Greater London Authority (GLA) (2017) CHAIN annual report - Outer boroughs April 2016 - March 2017

⁸ Homes for Lewisham, Lewisham Housing Strategy, 2015-2020, accessed December 2016:

<http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/HousingStrategy2015.pdf>

5 operating model

The Bench Housing First operating model is summarised in **figure (a)**.

Figure (a) Operating model



Below is a more detailed description of each phase of the model.

REFERRAL

A range of agencies working with homeless and vulnerable people in Lewisham have access to an online referral system through which they can refer people to Bench Housing First. The criteria for referral to the service is that the client is multiply-excluded from accommodation services for homeless people due to their support needs. Reasons can include evidence of previous poor outcomes from supported accommodation and sustained periods of homelessness and rough sleeping.

If the referral is accepted, the client is invited to attend a meeting with Bench Housing First and sign up to the service. This is sometimes a three-way meeting with the client's lead worker also present – for example, their hostel worker if they are in accommodation or the person who referred them such as an outreach worker.

WAITING FOR ACCOMMODATION

The client is then in the 'waiting for accommodation' period. If they are rough sleeping, wherever possible a place in a local hostel is identified as an interim solution. Sometimes people who have refused hostel accommodation or have been unable to comply with hostel requirements (for example, they have been evicted because of altercations with staff or other residents) are able to cope with a hostel setting short term, knowing that they will be moving into their own tenancy in the near future.

During the waiting for accommodation period, the Housing First team work with the client to prepare them for their tenancy, for example ensuring that their benefits are correct and that they are linked in with support services if they wish to be. At this stage the client may continue to work with support workers in accommodation or at another service, for example their caseworker at the 999 Club day centre. This period can be challenging, as discussed in more detail in section 9.

TENANCY IDENTIFIED

The Homesearch Team at the LB Lewisham identifies potential properties for Housing First clients who have a local connection to Lewisham. The Housing Options Manager (Singles) at LB Lewisham has 'sign off' ahead of clients being put forward for social rented properties. This access to social housing via the local authority is central to the Bench Outreach Housing First model. In one case a social tenancy was provided through the LB Greenwich. Another borough in south-east London has also expressed an interest in the service.

The team has placed one person in Private Rented Sector (PRS) accommodation because they met the criteria for Housing First but did not have a local connection to the borough. As of April 2017, to be eligible for social housing in Lewisham an individual needs to have been resident in the borough for five years – an extension on the previous stipulation.⁹ This development means that providing a Housing First service to people without a local connection though the PRS may be a growing part of the team's work.

⁹ LB of Lewisham (2017), Lewisham Housing Allocations Scheme 10 April 2017



Once a property is identified, the Housing First worker supports the client with viewing and moving in, including attending the tenancy sign up meeting, setting up utilities and furnishing the property. Support consists of undertaking tasks on the client's behalf (such as difficult phone calls about benefits issues) and reminding and motivating the client to undertake tasks for themselves (for example, putting money on a gas or electric card when they know how and where to do this). Tenancy sign up is a very significant life event for clients. Sometimes people have unrealistic expectations of the transformative effect of getting their own flat; emotional support and coaching are also vital at this time.

ONGOING SUPPORT

Once in their accommodation, the client is offered ongoing support on an outreach basis. This involves the worker attending

suitable locations to provide support – in the community (e.g. at the post office or shops), at services (e.g. with the housing provider or doctor), and within the home (e.g. to check on the client's welfare, the condition of the property and discuss their support plan). The Housing First team has permission from clients to check rent accounts with social landlords.

Minimal conditionality is put on the service: the client must abide by their tenancy agreement, but aside from that they are not obliged to do anything specific. Even where there are issues with adherence to the tenancy agreement, the worker will seek to negotiate with the housing provider and find solutions – for example, negotiating arrears payments and agreements about acceptable behaviour. In one case a 'managed move' prevented an eviction and created a fresh start for a client where antisocial behaviour had resulted in a poor relationship with other tenants.

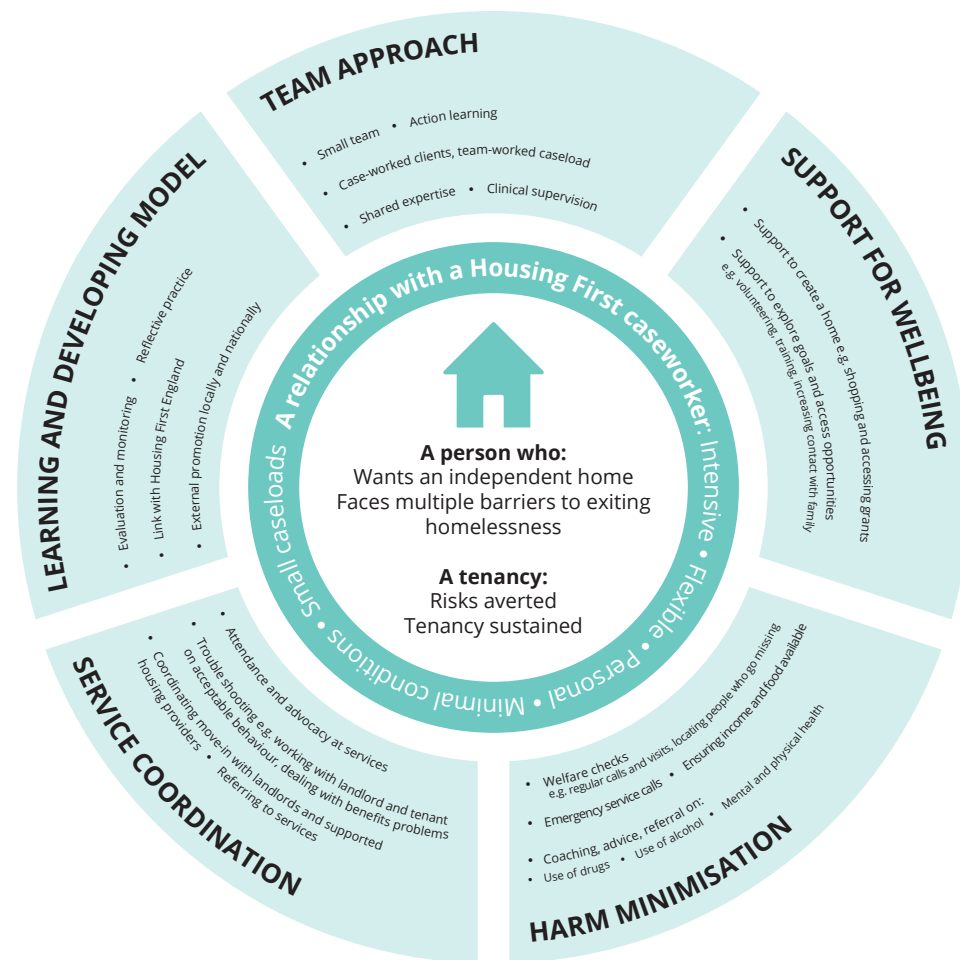
6 theory of change

The Bench Housing First Theory of Change diagram (figure (b)) shows in more detail how Bench Housing First brings about change. The model is based on action learning

sessions with the team over the last 18 months.

The key features of this model are discussed on pages 16 – 17.

Figure (b) Bench Housing First Theory of Change



THE CENTRAL FOCUS: THE CLIENT AND THE TENANCY

The client and the tenancy are central to the model. The problem that the team needs to address is that a person wants an independent home but faces multiple barriers to achieving this. The solution is access to a long-term tenancy where risks are proactively managed and the tenancy is therefore sustained.

Housing First in England is subject to many agendas, including, for example, the drive to assist people to access employment, training and volunteering; achievement of 'soft outcomes'; and health and criminal justice outcomes often related to financial savings. The Bench Housing First team regards all these as important (as reflected in the outer segments of the model), but the sustained tenancy is considered more important for the team's work – and the key measure of success for Housing First.

CLIENT-CASEWORKER RELATIONSHIP

Tenancy sustainment and the wider outcomes are achieved through the client's relationship with the Housing First caseworker – intensive, flexible support with minimal conditions. This is facilitated by small caseloads of around seven housed clients (along with around two to four people who are waiting for housing).

TEAM APPROACH

The outer segments on the diagram show key aspects of the team's approach that work to bring about positive change. First among these is that the caseworker team is small and works closely together. Each client is allocated a specific caseworker, but the team manage the overall caseload collaboratively,

undertaking reflective practice both formally in meetings and on a day-to-day basis in the office. Staff are provided with clinical supervision in addition to line management.

SUPPORT FOR WELLBEING

The team does not place conditions on the client beyond the upkeep of the tenancy, but they provide wide-ranging support around wellbeing, as reflected in the outcomes reported to funders. Support to help the client set up their new home includes arranging access to grants and helping with initial shopping for food and furniture. Clients are also encouraged to think about their goals and how to spend their time. These include ways to pass time away from substance misuse and accessing volunteering or training.

HARM MINIMISATION

The team does not ask for any commitment from clients to abstain or reduce drug or alcohol use, but takes a proactive harm-reduction approach. This includes:

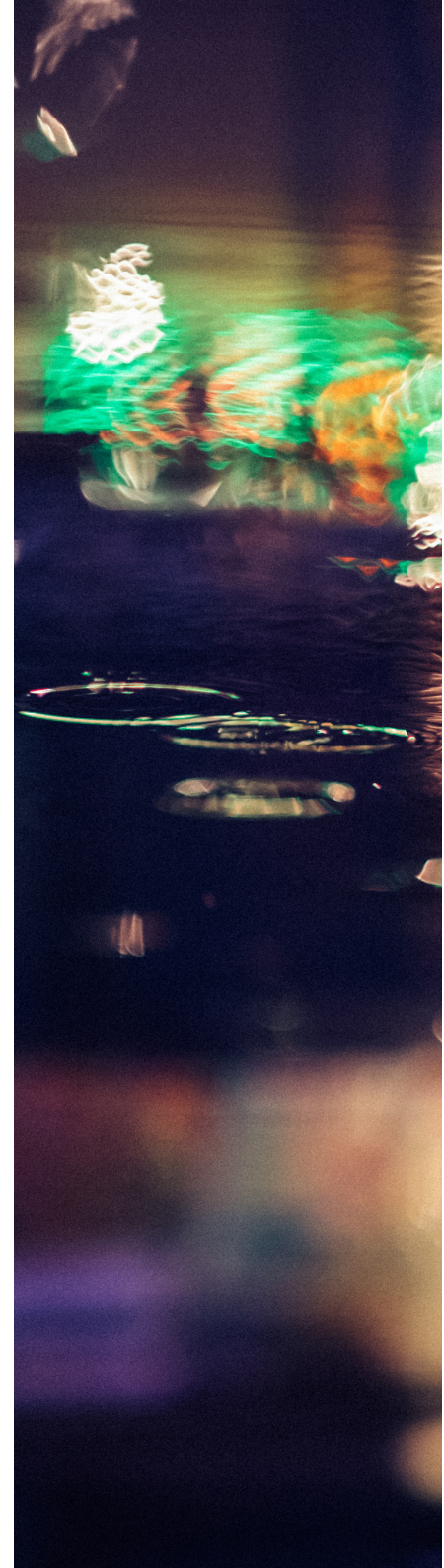
- checking the welfare of a client and making emergency service calls where appropriate
- ensuring that food is available to meet their basic needs (for example, the team may issue a foodbank voucher if someone has no food or money)
- advising on safe use, and ways to reduce use, of alcohol and drugs – for example, using clean needles and aiming to start drinking later in the day or avoiding old drinking and drug use haunts.

SERVICE COORDINATION

The team is able to take a flexible approach to service coordination, including attending certain appointments such as with drug and alcohol or health services. The caseworker's role in this could be to advocate, to give the client the confidence to attend the appointment, and/or to help them to remember and find the location of the appointment. The team also makes and chases up referrals, addresses problems with benefits, and liaises directly with social landlords with the client's permission.

LEARNING AND DEVELOPMENT

Bench Outreach seeks to contribute to the development of Housing First in England by promoting the service in Lewisham. This is by attending conferences and meetings to explain the Lewisham model of Housing First and by disseminating the results of the evaluation of the project.



Jay

Jay, in his 50s, spent many years sleeping rough in Lewisham. He was attacked multiple times during this time, resulting in surgery. Prior to becoming homeless, Jay had spent long periods in settled accommodation. Contributing factors to his homelessness included the end of caring roles, including caring for his daughter and subsequently a live-in caring role, which once it ended, meant Jay was homeless.

Once homeless, he entered a cycle of heavy drinking to alleviate the boredom. Between 2013 and 2015 he was evicted from, or abandoned, at least six placements in supported housing and detox projects. After signing up to the Housing First project, Jay found the wait for a Housing First tenancy difficult. He was unable to cope in the hostel space that was arranged for him as an interim measure, and after a short stay decided to slept rough until his flat was identified several months later. Once he moved into his flat he was able to start enjoying it straightaway and was adept at setting up home.

‘My own place again... I see someone on the street and they say, “Where are you going?” and I can say, “I’m going home!” My daughter has been over and I’ve been cooking for the [grand] kids a couple of times... I am healthy – I have got my ‘beans’ back.’

The hardest thing for Jay has been managing his very tight budget. He has struggled to afford food, preferring to prioritise his bills and getting equipment for the flat. He regularly went hungry in the early weeks of his tenancy.

‘I sit and look at what I have got and I’m happy; I can sit there and feel so proud even though I can’t eat... I am used to being hungry in the park [rough sleeping]. If I have electric and gas and bills, food comes after that... I know I can go to a foodbank [if I am desperate].’

As well as practical support and access to housing, an important part of Housing First for Jay is having a reliable, trusted person to help him see the potential for a future away from homelessness and heavy street drinking.

‘Since I sat with [my Housing First worker], it’s made me look differently – what I had, I can get back – and I have. I will now have two cans. Before I was drinking morning to night... She [the worker] listened. She has always been there; when I ring her, she goes out of her way meeting me in the library to have a chat and makes me feel better about myself. Each problem we worked around it... I’m very happy with [my worker].’

7 housing outcomes

Figure (c) Housing outcomes to October 2017

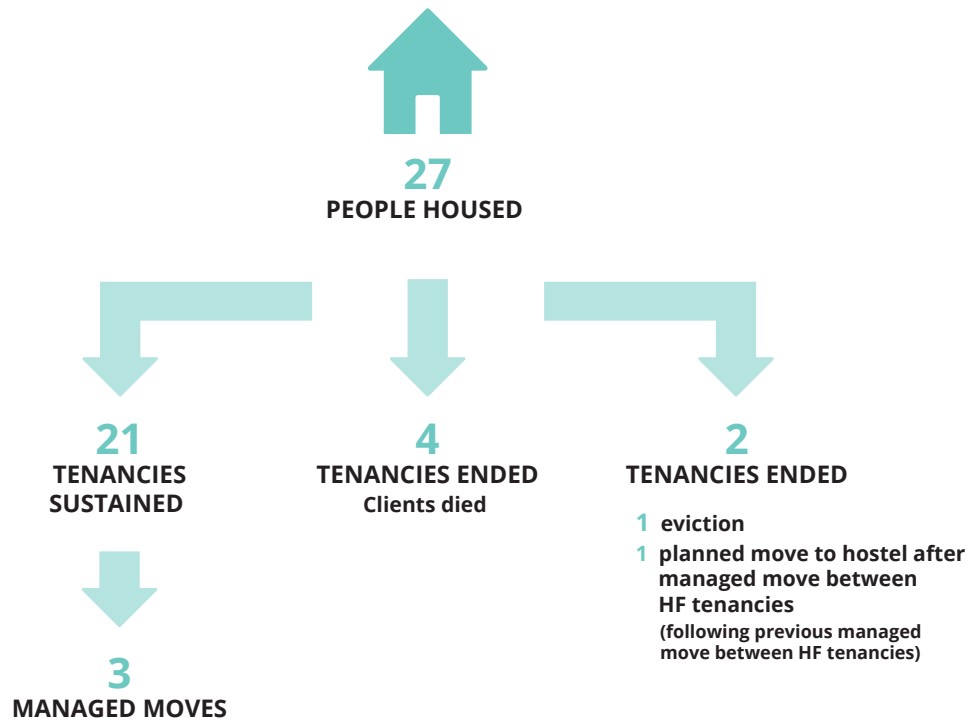


Figure (c) summarises the housing outcomes of the project. As of October 2017, 28 people had been housed in independent tenancies by Housing First. This represents just over one tenancy every two months since the service has been in operation. Twenty-two people remained in their accommodation at the time of the analysis, representing a tenancy sustainment rate of nearly 80%, which is comparable with other Housing First projects.

Of the 22 people in accommodation, seven were women and 15 were men, with an age

range of 38-52 years. Monitoring data shows a high prevalence of drug, alcohol and mental health support needs in the client group. Most housed clients were White British; three were Black/Black British. The tenancies are provided by five different social landlords and one PRS landlord. Lewisham Homes is by far the largest contributor with 14 Housing First tenancies, followed by Phoenix Community Housing with three tenancies. The other providers are LB Greenwich, L&Q and Hyde Housing.

Three people had 'managed moves', which means that due to risks in their original tenancies they were supported by Bench Housing First and the landlord to move into a more suitable social rented tenancy. The reasons for such managed moves were:

- complaints of antisocial behaviour from neighbours putting the tenancy at risk
- risk of domestic violence as an ex-partner located a client
- antisocial behaviour in the property related to the client's associates visiting and drinking in the property.

Another client had a 'planned move' from Housing First accommodation into a hostel, so his interaction with the Housing First service ended. He had already had a 'managed move' between Housing First tenancies because of health considerations, but his health deteriorated and he moved into hostel accommodation.

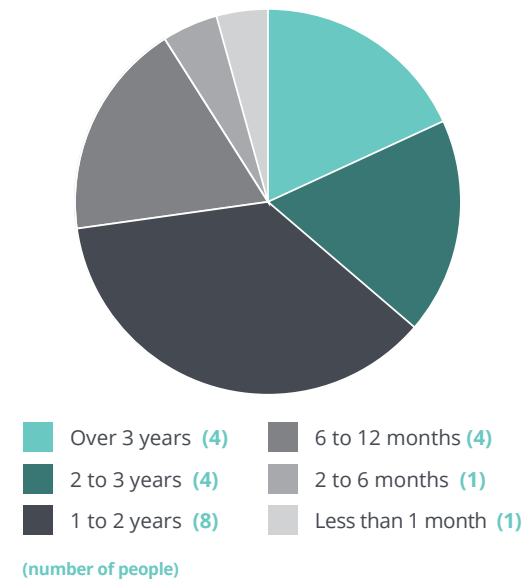
There was one eviction relating to antisocial behaviour. In this case the client moved into the property, but then declined support from the team and became very hard to contact or engage with.

Four clients died in independent tenancies during the project period. No clients died in the first 23 months of the service; the four deaths occurred between December 2015 and August 2016. The clients who passed away were between 50 and 57 years old. Bench Housing First's client group is at risk of premature death due to long-term homelessness and associated addiction and mental and physical health problems. The average age of death among rough sleepers in London is 44 years.¹⁰ When long-term rough sleepers move into accommodation, while health positive outcomes are common (see case studies), many risk factors pervade.¹¹

The team carries out ongoing ongoing assessment of the risk of tenancy failure; at any time around four tenancies are 'at risk'. When a tenancy is at risk the team undertake intensive casework to mitigate this, for example arranging three-way meetings with housing providers to reach solutions on antisocial behaviour, resolving problems with benefits and if necessary exploring the option of a managed move.

Figure (d) shows that four people have been continuously housed in social rented tenancies for more than three years and another 12 for between one to three years. There are six newer tenancies.

Figure (d) Length of tenancy



¹⁰ Dumoulin, D, et al (2016) Nowhere safe to stay: the dangers of sleeping rough, St Mungo's.

¹¹ The average age of death among homeless people, including people living in accommodation and rough sleepers, is 47 years, according to a study by Crisis published in 2007. Thomas, B, (2009) Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England.

8 wider outcomes

This section summarises the wider outcomes for clients of Bench Housing First, as observed by the team and evidenced in interviews, support reviews and other monitoring data.

HEALTH AND WELLBEING

Housing First clients typically have ongoing health problems, often associated with drinking and drug use. Monitoring data shows that long-term conditions among clients include angina, emphysema, HIV, liver disease and issues related to injuries such as mobility and memory problems.

Case study interviews (see case studies throughout this report) and analysis of support reviews demonstrate health outcomes for many clients.¹² These include better diagnosis and management of physical and mental health problems, engaging with services and improved self-care including preparing and eating food, washing, and buying and keeping clothes clean. Outcomes are linked to practical factors such as being reminded to attend appointments, having an address to receive mail and having a washing machine, as well as more personal factors such as having the confidence, motivation and self-worth to prioritise health and wellbeing.

Interview feedback illustrates the above. In one interview the client described the terrible state of his health before being housed, reporting that he is now unrecognisable in terms of his overall personal presentation, having reduced his drug consumption and no longer sleeping outside. This physical transformation is echoed in feedback about several other clients following their move out of hostels or rough sleeping and into independent tenancies.

In support reviews and interviews, client feedback illustrates the way in which the team's messages about harm minimisation influence people's lifestyles:

'Make sure you are safe – they drive that message home to you...' (Client interviewee)

[What are you doing to stay safe] 'I use a sharps bin. I try not to use alone, and I never use on the street or outside.' (Extract from support review)

'I have been to [community drug and alcohol service]; I have cut my drinking down. I walk away from a group of drinkers if I don't want to drink anymore or if people become rowdy or violent.' (Extract from support review)

¹² Support reviews are part of the monitoring package developed by the team, they are undertaken every three months with housed clients.

Evidence from support reviews and interviews demonstrates that clients generally feel they have a more positive outlook on life having been housed and many feel proud of achievements such as maintaining their home. However, the support reviews and feedback from the team and clients also demonstrate that problems with depression, stress and anxiety, loneliness and boredom and low levels of confidence are persistent.

FINANCIAL INCLUSION

There is good evidence that clients' financial situations improve as a result of the team's support, which includes assisting clients to open bank accounts. The team helps clients to compile the evidence required by the bank (which differs between banks) and accompanies the client to make an application for an account. Housing First staff and clients also described the casework undertaken to ensure that people are accessing the right benefits; address any issues with their benefits; support budgeting; and help the client maintain control of their finances.

Managing money is extremely challenging for Bench Housing First clients. Clients reported having to choose between paying bills or buying food, becoming desperate for money and relapsing into offending to manage, and relying on free food from Bench Outreach and foodbanks during difficult times. Despite this, most clients (nine of 16) stated in support reviews that they did not have current issues with their benefits and that they had a good relationship with their landlord.

VOLUNTEERING, TRAINING AND EMPLOYMENT

Engaging clients in volunteering, training and employment has been a challenging area, according to team. A quarter (four of 16) of people who took part in support reviews with the team had taken part in training or volunteering in the last three months and one intended to start a cooking course. Several clients mentioned that they would like to get into work or volunteering in support reviews and in interviews, but this is often challenging given clients' support needs. The team continues to explore clients' goals through regular support reviews, but there is a flexible approach and clients are only steered towards this route if it is what they would like to do.

'The service fits my needs, not the other way round.' (Client interview)

RELATIONSHIPS

Outcomes for clients working with Bench Housing First have often included improved relationships with family members, as well as, though less commonly, friends and partners. Case studies illustrate that in several cases people have far more contact with family members, particularly children and grandchildren, once living in a settled home with Housing First. When asked in support reviews what the 'best things about life' were at the moment, family relationships were a common theme:

'Relationships with my family are improving.'

'I've had a big welcoming hug off my 16 year old.'

'Having my home, my dog and my friend.'

Dan

Dan is in his early 30s; he has a range of mental health conditions including schizophrenia and bipolar disorder. Homelessness, sex working and use of illegal drugs, during his 20s resulted in serious physical health conditions and post-traumatic stress disorder. He has been multiply evicted from supported housing and temporary accommodation. Prior to this long period of homelessness, Dan was living in high-quality private rented accommodation and working having completed his studies.

When he was invited to meet with Bench Housing First, he was in very poor health and in a desperate situation:

‘I had been sex working... using intravenous drugs, sleeping on the streets... When they [Bench Housing First] met me I had no notion of self-care.’

He feels that it was partly because his situation was complex and also atypical that he had fallen through the gaps in services and had struggled to get the help he needed.

‘Complexity of the situation. I am schizophrenic, bipolar, well-educated, and had never had benefits.’

Although Dan was keen to get his own tenancy, he struggled to trust the offer of accommodation because he felt that he had been let down multiple times before by ‘services’. He did, however, have a sense of trust in Bench as an independent organisation with which he had been in touch previously.

Dan is extremely pleased with his flat; he likes the ample space and the quiet, leafy location. He is surrounded by books and carefully selected secondhand furniture and is keen to cook and keep the property spotlessly clean. Having a stable base, along with ‘assessment and superb care’ from the Housing First team, has enabled him to drastically improve his health and wellbeing:

‘I feel 100% more secure and stable; I am calm and relaxed. I occasionally use [drugs], but not here [in the flat]. This address is not known; it’s not used for drugs.’

Dan faces numerous challenges and needs ongoing support, but he feels that Housing First was the right solution for him and would be for many others.

‘I need an anchor [his description of his support worker]. I’m still using [drugs]; I’m too chaotic to engage with rehab at the moment. In the seven months I have been housed, there have been three emergencies. I relapsed, my benefits were stopped and my confidence was shot. I needed professional help... The way to end homelessness is to give someone a home and support them to keep it.’



9 learning from the project

The Housing First team at Bench Outreach has captured learning through reflective practice, regular monitoring and self-evaluation, as well as through the independent evaluation of the project. Key lessons, relevant to other projects, are shared in this final section.

1

SUSTAINABILITY IS AN ONGOING CHALLENGE FOR GRANT-FUNDED PROJECTS.

Grant funding is fairly common for Housing First projects in England, as are short to medium-term funding arrangements (two to three years). Grant funding often provides flexibility and the opportunity to demonstrate innovative practice, but does present challenges in terms of sustainability.

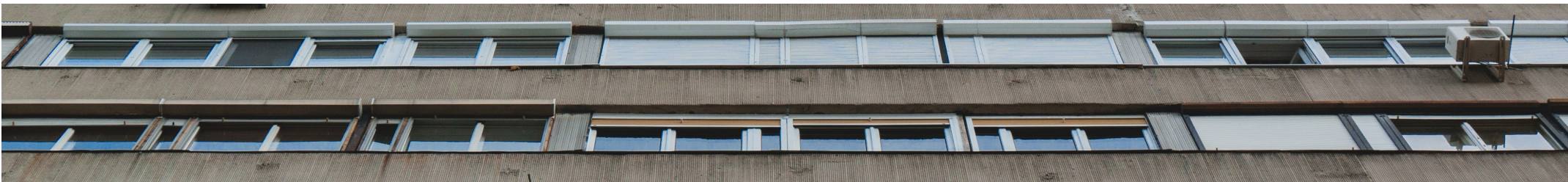
Bench Housing First has been supported by trust funding; grants have come from the Tudor Trust, Trust for London and the Big Lottery. These have enabled Bench Outreach to set up and establish a service that has proven successful in sustaining accommodation outcomes for a cohort of long-term homeless people. The project is funded until Summer 2018, but thereafter the situation is uncertain. Bench Outreach is applying for a range of grants and exploring different funding opportunities, but the long-term funding to mainstream Housing First and secure its future is unlikely at this stage.

2

TARGETING THE COHORT MOST SUITABLE FOR, AND MOST IN NEED OF, HOUSING FIRST REQUIRES ONGOING INPUT AND GOOD COMMUNICATION.

Inappropriate and poor quality referrals to the Bench Housing First service have been an issue for the project. Ongoing efforts need to be made to ensure a high quality of referrals; this includes regular contact with referral agencies and thorough feedback on rejected referrals.

A small number of people were accepted onto the service's caseload, but did not end up accessing housing through the scheme. The reasons included serious current mental health problems, very chaotic drug use, being very hard to contact, not wanting to engage, and escalating health needs meaning that independent living was unlikely to be sustained in the medium term. Although the service puts minimal requirements on potential clients, it is clear that to secure a housing outcome the person must want a tenancy, understand what this means in reality, be contactable for an ongoing period, and be willing to meet with the team and discuss a potential tenancy.



3

ACCESS TO SOCIAL HOUSING FOR CLIENTS WORKS WELL FOR BENCH HOUSING FIRST, BUT THERE ARE CHALLENGES INHERENT IN THIS MODEL.

Generally the Housing First offer in Lewisham, and in one case Greenwich, is a social rented tenancy. This means that, unlike Housing First models that rely on private rented accommodation, Bench Housing First is able to offer a settled home for as long as the client wants and complies with the tenancy agreement. This access to social rented housing is an indication of the boroughs' commitment to meeting the needs of entrenched homeless people and the positive reputation of Bench Outreach in working with this group.

The two main providers of social tenancies gave positive feedback on Housing First. They felt that the principle of providing homes to vulnerable homeless people fitted with their organisations' values and that the support on offer helped them ensure that the tenancies were sustainable. In one case three Housing First clients have the same Housing Officer, which works well and enables excellent communication between Bench Outreach and the housing association.

The social rented model is highly beneficial to clients in many respects, especially in London where private rented sector options are so limited, but it does make the project reliant on a third party (the local authority team who hold the nomination rights to social housing). It also results in a fairly lengthy wait between a client being taken onto the Housing First caseload and moving into a tenancy. The 'waiting for accommodation' period is challenging for clients, but also sometimes for people working with the client. Ways of working during this period have been defined as the project has progressed.

The team has successfully tested the provision of support to one client in private rented accommodation and will be exploring this option further in the future. The requirement for five years local connection to be eligible for a social tenancy in Lewisham may mean that the PRS is the only possible pathway for a greater proportion of clients referred to the project in the future.

4

THE RIGHT PROPERTY IS A KEY ELEMENT OF SUCCESS.

Several stakeholders commented that ensuring that the right type of property is found for the client is crucial to success. Examples include ensuring that people who may be noisy are not put in properties with poor soundproofing; that clients are not placed in accommodation blocks where there is a current issue with drug use; and that people are housed a reasonable distance from old drinking or drug use haunts. The Housing First team reported that sometimes the initial excitement of having found a potential home for a client needs to be tempered with an objective assessment of whether it is suitable for the specific client in question.

5

THE DELIVERY OF HOUSING FIRST REQUIRES A COMBINATION OF SKILLS IN THE SERVICE DELIVERY TEAM.

The skills required as a Housing First caseworker include practical skills in, for example, dealing with benefits claims, liaising with a range of agencies, and taking a motivated and organised approach to outreach work in the community. Skills in communication, setting boundaries, coaching and motivating, and a non-judgemental approach are also essential. The things that clients valued about the support they received from Bench Housing First included feeling cared for, listened to, encouraged, and given boundaries, as well as the practical aspects of casework.



6

HOUSING FIRST CASEWORK IS CHALLENGING AND STAFF NEED SUITABLE SUPPORT.

The Bench Housing First service works intensively with clients who often have complex lives. The work is very challenging: there are periods of non-engagement, clients disappearing, and mental health crises and relapses into very heavy substance misuse. Four clients passed away while the team was working with them. It is clear that the work is very demanding and the team need appropriate support and time to reflect on their work. Clinical supervision has been beneficial to staff and should be considered for other Housing First projects.

7

SMALL CASELOADS ARE ESSENTIAL TO ENABLE FLEXIBILITY IN RESPONDING TO CLIENTS' CRISES AND UNDERTAKING TENANCY RESCUE WORK.

Small caseloads are central to the Housing First model and have enabled the teams to respond to crises and provide a personal, outreach service to clients. Although some clients have reduced their need for support, progress is non linear and the risk of crisis persists for most clients.

Bench Outreach is exploring models of volunteer or peer support to provide enhanced support to Housing First clients with developing social networks and finding meaningful ways to spend time. Although this could add a new dimension to the service offer and may represent an opportunity to 'step down' support for a small number of clients, it is important to be aware that significant resources will be required to recruit, train and support volunteers and enable their relationships with clients.

8

CERTAIN RISK FACTORS IN HOUSING FIRST TENANCIES CAN, TO AN EXTENT, BE PREDICTED AND RESPONDED TO.

Working with 28 clients who went into Housing First tenancies has enabled the team to identify risk points and risk factors in the client journey and respond to these:

- The process of moving into a tenancy is a big step for clients who may fear that they will not be able to cope and find the adjustment to living 'behind a closed door' challenging.
- There is initial evidence to suggest that clients who have had tenancies or a stable home before find the transition into their Housing First tenancy easier. People who have not had a tenancy before may need more support to create a welcoming home environment.
- Clients need intensive support during the period just after moving in. This is a risky time for clients who may feel overwhelmed by the change and the responsibility of a tenancy.
- Clients need support to avoid their tenancies from being jeopardised by visitors who cause antisocial behaviour and/or exploit the client, for example staying when the client does not want them to.
- Regular contact with clients is vital even when things are going well because risk factors persist; this is illustrated by clients who have managed their tenancy well for ongoing periods, but then have their properties 'taken over' by associates.
- Checking all rent accounts systematically is a way in which the team can monitor tenancies, even during periods when the client is hard to contact or does not inform the team that they are having problems with their benefits.
- Housing First has a high rate of tenancy sustainment, but tenancies do end sometimes. In this situation a planned move into another sector is ideal. This can be challenging for the client and the organisation, and the team should provide full support with an exit from the Housing First service – for example, with a case closure meeting in the client's new accommodation or efforts to locate and explain options to the client if they are sleeping rough.
- Four clients have died during the project. The team has reflected on strategies to prevent this, as far as possible, including the procedure where a client is extremely unwell or not answering their door. These include: regular contact with clients as far as possible and dedicating time to locating people where appropriate; a very persistent harm minimisation message; assertive encouragement to seek medical help when health deteriorates; holding keys for all properties; having the police enter a property, not just the team, when a client is at risk and not answering their door.

9

MINIMAL CONDITIONALITY AND HARM MINIMISATION ARE EFFECTIVE APPROACHES FOR ENGAGING MULTIPLY EXCLUDED PEOPLE, BUT DO CREATE CHALLENGES AND DILEMMAS.

It is clear that independent accommodation with intensive, flexible support has transformed the lives of Bench Housing First clients. This contributes to a body of evidence showing that people who have been multiply excluded from accommodation and spent long periods without a home can be supported to maintain an independent tenancy. An approach that separates housing and support and imposes minimal conditionality has proven successful in engaging the target client group.

It is, however, important to recognise that there are serious challenges facing clients relating to poverty, depression and anxiety, loneliness and boredom, as well as health and support needs. Some people who are no longer 'homeless' are still part of the homeless community; others feel isolated in their accommodation.

This throws up dilemmas and questions to be explored about how best to encourage people to move on from a street lifestyle and homelessness services, and how far this is a priority, when still employing a harm reduction, client-led model and dealing with a caseload where at any given point several tenancies are at risk. This is an area on which Housing First projects should share good practice and develop strategies for engaging clients in activities.

CASE STUDY

Ed

Prior to being in accommodation, Ed, now in his 50s, had spent five years in prison, rough sleeping, sofa-surfing and in hostels. During this time he was evicted from temporary accommodation and a detox project due to fighting and drug use. He is a long-term drug and alcohol user with a complex background of offending, mental health problems and poly-drug use. As a result his physical health has also suffered and he has multiple medical conditions including nerve damage, abscesses and Hepatitis B.

Ed was immediately comfortable with the idea of having his own tenancy. He appreciates practical support from his Housing First worker, for example with benefits, arranging the direct payment of rent to his landlord and obtaining a grant for carpets, as well as coaching and advice for 'steering me in the right direction'.

There have been major ups and downs for Ed since moving in. He is sometimes still using heroin on top of his script and suffers with mental and physical health problems. One of the things Ed struggles with is living on a very low income and affording food once the bills are paid; he finds this very frustrating. Overall though he is far more settled and healthy than previously and is able to relax and enjoy having his own space. His children have visited his home and he enjoys cooking and decorating.

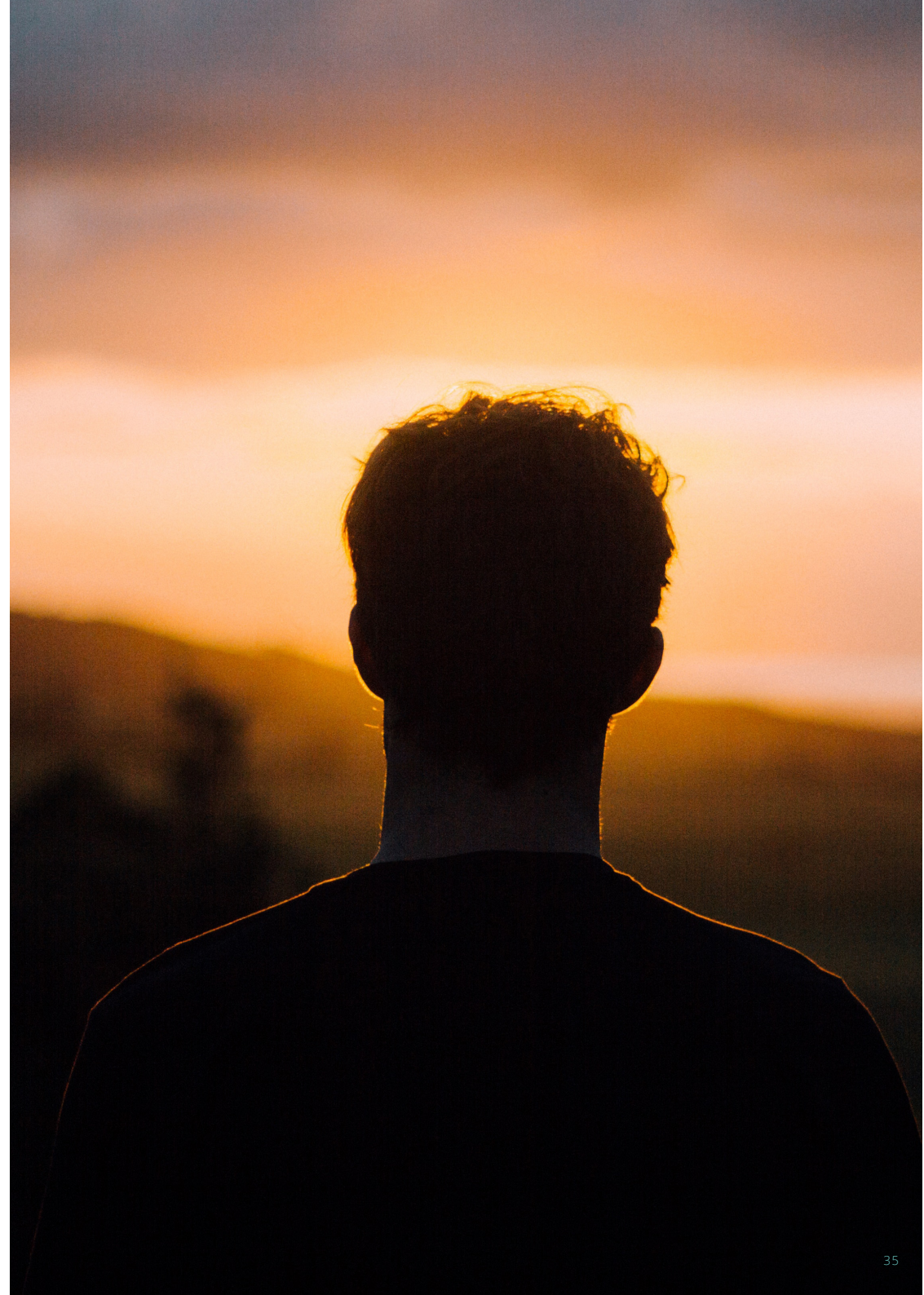
'Life is better – I am starting to come into my own... this flat has given me something to look forward to. I go out for four to five hours and I can't wait to get home and do a dinner; I cooked a lovely stew the other day. My mate came round and I cooked him a roast dinner. I find cooking relaxing; it makes me feel calm... I have no issues with the landlord.'



PUBLISHED IN DECEMBER 2017
BY **BENCH OUTREACH**

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Housing First

‘I feel 100% more secure and stable; I am calm and relaxed. I occasionally use [drugs], but not here [in the flat]. This address is not known; it’s not used for drugs.’

CASE STUDIES ‘DAN’