

Housing First:

An evaluation of the FLIC model



Fulfilling
Lives in
Islington &
Camden



LOTTERY FUNDED



Housing First in Islington and Camden

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Housing First in FLIC: Research Summary

The evaluation consists of a brief literature review, ten interviews with Housing First clients, staff and Support Workers, an outcome survey and a case file and database audit. Numbers of clients in the project are small and numbers interviewed and the survey response rate is not 100 per cent, so results must be interpreted as indicative and not a full representative sample.

Housing First is an alternative client-centred approach to supporting people with complex needs including homelessness. CSH (iii) cite two key principles of the model; the first that housing is seen as a basic human right and not a reward for clinical success and the second that once the chaos of homelessness is eliminated from a person's life, clinical and social stabilisation occur faster and are longer lasting.

Client profile

Fulfilling Lives in Islington and Camden (FLIC) Housing First clients are an even male and female split, the average age is 46-55 and they are most likely to be White British. All clients have multiple and significant needs upon referral to FLIC; all had severe mental health and substance misuse issues, in addition to offending and homelessness. Most clients were referred from Camden and they were most likely to be referred from either the homeless or criminal justice sector. The average length of time they had been involved with FLIC before referral into Housing First was 9.6 months.

Outcomes:

Housing Sustainment;

- **Sustainment:** All ten Housing First clients have sustained their tenancy since first being housed. This is particularly significant as they had the most entrenched needs. However, two placements are likely to break down in the near future due to prison sentences. The average length of time taken to find housing once referred to Housing First is 9.8 weeks.
- **Previous experience of homelessness:** Most clients referred were either rough sleeping or in the hostel pathways. All clients had significant previous experience of homelessness, with one client rough sleeping for twenty years.
- **Satisfaction with housing:** 83 per cent of clients who completed an outcomes form said they were very satisfied or satisfied with the scheme. One client was dissatisfied due to the location. Clients listed multiple benefits, including feeling safe, feeling in control, having freedom to escape, feeling part of a neighbourhood and increased independence.
- **Issues in providing housing -:** Sole use of the private rented sector presents

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challenges finding affordable housing of a reasonable standard. Recent benefits changes and more significantly the London Housing Allowance (LHA) has resulted in placing all clients out of borough as Camden/Islington is not affordable. One of the other challenges Housing First has managed in accessing housing is the stigma and prejudices often held by private landlords in relation to those formerly homeless.

Housing clients out of borough has advantages and disadvantages. Housing First support staff perceive this to be an opportunity for clients to make a fresh start away from old networks. However, 50 per cent of the sample of clients interviewed described being dissatisfied with the location and had hopes to move in the future. FLIC management said they were exploring the opportunities of social housing within the borough and acknowledged providing intensive support from a distance could be challenging in some cases.

All clients struggled with basic living costs including food, bills, travel, communications and money to socialise. The FLIC personal budget has been used by all clients to supplement basic needs.

Health and Well-being:

- **Physical health:** The data collected appears to show an improvement in clients' physical health. Since being housed only one Housing First client has had a hospital admission for physical health, despite all clients being in poor health after experiencing homelessness. Improvements are likely to be because they are all more engaged with health services, and all are registered with a GP.
- **Mental health:** The data collected appears to show a significant improvement in clients' mental health. Since being housed none of the Housing First clients have had a psychiatric admission. More significantly, clients reported feeling in much better health mentally. This is likely to be because these clients were more willing to access support and the emotional burden of homelessness had been eliminated.
- **Substance misuse:** The Housing First programme does not place any pre-conditions in terms of sobriety and one client highlighted how this had particularly worked for him. However, clients who completed an outcomes form reported reductions in drug/alcohol use since being housed and two clients, one formerly alcohol-dependent and one a substance user, had become abstinent by choice.

Social Integration:

- **Economic integration:** None of the clients had entered paid work since being housed and all were living on benefits. One client had undertaken voluntary work and one was doing a vocational training course, but other clients interviewed reported not being ready for employment.

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- **Community integration:** All clients reported feeling a greater sense of community belonging since being housed although none had made neighbourhood connections. However, community integration was perceived in broader terms - one client described feeling more a part of society, many had strengthened family ties and some said they were uninterested in local connections anyway. Only one client said they need local connections and described suffering through lack of neighbourhood integration.
- **Anti-social behaviour & offending:** Data shows significant reductions in offending behaviour since being housed. Only two clients have been arrested and imprisoned where previously, prior to Housing First, all were offending. Clients also reported reduction in arrests, begging and anti-social behaviour. One client described housing as being the incentive to stop offending and others acknowledged that, without housing, the cycle of offending would have been inevitable.

Views on the Housing First Model and support:

- **Comparison to previous experiences:** All clients interviewed described the revolving door cycle they were entrapped in prior to housing and one described how addressing other issues without housing was unrealistic. Others described struggling with pre-conditions of previous support offered and the difficulties being housed around other users within the hostels pathways.
- **Choice and empowerment:** All clients were satisfied with the quality of accommodation offered and 75 per cent felt they had made the right choice and been enabled to do so. Others felt they perhaps should have waited for wider choice, although this is likely to have been limited by issues of affordability described above.
- **Support:** In practice the division between support provided by Housing First and FLIC support workers is not clear cut. Both provided case management, practical support with moving and furnishing, benefit and budgeting support, work and training support, links to wider services and community links, and all clients housed accessed a personal budget. Clients were highly satisfied with support provided describing it as all-encompassing and highlighting the constant availability of staff at the end of a phone. Additional issues clients had been supported with included family connection, bereavement, tribunals, mental health and isolation.

Cost Effectiveness:

We have been unable to conduct a longitudinal economic analysis for this evaluation and numbers are still substantially small to be statistically valid. We refer to the national evaluation (i) where they found the cost saving of a medium support Housing First service to be an average £18,000.

Methodology

This report presents an interim evaluation of the FLIC Housing First model after two years. The model has been running since 2014 and has housed ten clients. Evaluation systems have been set up to monitor the model as it expands and for the duration of the project. This report reflects progress so far.

The research comprised the following elements:

- A brief literature review: to establish the extent to which FLIC services reflect philosophy and practice elsewhere.
- Interviews: We undertook five in-depth interviews with Housing First clients (50 per cent). We also undertook five interviews with both Housing First and FLIC support staff.
- Survey: An outcome form was designed and distributed to all ten clients so they could report on outcomes before and after Housing First (based on the form utilised in the Housing First in England evaluation of Nine Services – Bretherton and Place so direct comparison could be made). Six service users responded (60 per cent).
- Case file audit and database analysis: Case notes were analysed for each of the ten clients on our Inform system to find evidence of outcomes and progress. A specific Excel database has been set up to monitor progress of the clients and is maintained by Housing First staff.

Limitations of the evaluation:

The number of clients housed is very small so far and we did not obtain an 100 per cent response rate to either the survey or interviews so results should be cautionary. This data needs to be treated as indicative because it is not a full representative sample of all Housing First clients. Six (60 per cent) responded to the survey and five (50 per cent) were interviewed.

It is an interim report rather than a longitudinal approach, so outcomes have not been measured over any significant time.

A cost effective analysis has not been conducted at this time as resources did not allow for a systematic analysis of cost effectiveness.

NB: All identifying factors have been removed. Names of people have been replaced with pseudonyms. Place names have been kept in as location is relevant to how people feel about the scheme but clients cannot be linked to places.

Housing First in Islington and Camden

Introduction

Housing First is an alternative client-centred approach to supporting people with complex needs including homelessness. CSH (iii) cite two key principles of the model; the first that housing is seen as a basic human right, not a reward for clinical success, and the second that once the chaos of homelessness is eliminated from a person's life, clinical and social stabilisation occur faster and are more enduring. There are no 'housing readiness' requirements like sobriety.

Housing First addresses chronic homelessness by providing rapid access to permanent housing without any pre-condition of treatment, along with ongoing support services such as crisis intervention and case management. It is a recovery orientated approach, first used by Sam Tsemberis in New York in 1990s. The basic underlying principle is that people are better able to move forward with their lives if they are housed first.

A distinctive aspect of Housing First is the fact that it makes no conditions in terms of compliance with treatment, symptom improvement or abstinence. Expanding on this theme, Pleace (2016) cited in (v) has identified eight core principles of Housing First:

1. housing is a human right
2. choice and control for service users
3. separation of housing and support
4. recovery orientated
5. harm reduction
6. active engagement without coercion
7. person-centred planning
8. flexible support for as long as possible

In addition to being a solution to long-term homelessness a number of studies have shown that Housing First is associated with positive outcomes in the following domains: (1) mental health, (2) physical health, (3) substance misuse, (4) reductions in acute health service use, housing retention and (5) social integration. Advocates of the approach have also pointed to the fact that Housing First has consistently demonstrated cost savings to the public purse.

It differs radically from the traditional approach where transition from street homelessness to independent living for those with complex needs often resembles a staircase. This can involve initial contact with outreach workers, a move into direct hostels, and a further

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move into a second stage progression to semi-independent or shared accommodation before independent tenancy. Access to initial stages of the staircase is usually dependent on engagement with treatment services and progress requires demonstration of improvements in substance misuse and mental health.

Research shows that this approach is not always suitable for chaotic clients. These type of clients are often 'revolving door' clients of the system, moving between accommodation such as hostels, hospitals and prisons. These places do not always provide a stable environment to address complex needs such as substance misuse, often leading to an eviction.

Particular problems with the staircase approach have been associated stress and dislocation caused by need to move between different accommodation-based projects, lack of service user choice, lack of freedom and lack of privacy or control. The final move into independent housing may take years and many clients may get lost or become frequent flyers stuck in the system. Accommodation, such as hostels, also tend to have a variety of people with widely different support needs which can create problems for vulnerable homeless people. Substance misuse is often an issue in such places.

In practice the model provides access to immediate housing with no housing readiness requirement which involves helping clients in finding safe, secure and long-term housing as quickly as possible. Housing First is a rights-based client-centred approach. Clients are able to exercise some choice on type of housing they receive and location but choice is constrained by local availability and affordability. Additionally, clients have choice about what services they use and when. Client-driven support recognises individuals are unique individuals and they are provided with a range of support that is individualised and voluntary. Part of the strategy is to help people integrate into the community and this requires socially supportive engagement

Since its inception, a number of Housing First projects have arisen across the world and there is considerable variation in how the model is applied but all share the critical elements described above.

The research evidence around Housing First is growing but expected beneficial outcomes include; reduced homelessness, reduced hospital utilization, reduced offending, improved mental health and improved well-being cited in (iii). It also has repeatedly demonstrated cost savings to the system. Turning Point evaluated Scotland's Housing First project (iv) and found it was highly successful at retaining the involvement of service users including those widely regarded as serial disengagers. Housing retention outcomes also succeeded expectations as the vast majority maintained tenancies continuously. The general direction of change in terms of health has been one of improvement, with a number experiencing vast improvements in physical health mainly attributed to improvements in diet and or drug/ alcohol use.

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The FLIC Housing First Model

In February 2014, SHP was awarded a grant of £7.4 million by The Big Lottery to deliver the Fulfilling Lives in Islington and Camden project (FLIC) over an eight year period. FLIC works intensively to support clients facing severe and multiple disadvantages. Housing First is part of the FLIC model of support and it is envisaged it will demonstrate a more effective way of designing and commissioning housing provision for people who have fallen through the cracks.

Camden Council was an early user of Housing First with SHP delivering the first contract. It was following this experience that FLIC integrated it into their project. Islington Council have not yet taken up Housing First and one of the intentions of the FLIC model is that its success will lead to adoption in Islington.

FLIC has adapted the core model for its clients. Housing First offers an alternative pathway for clients who do not progress in shared environments and therefore never move on to independence. The model has no preconditions of addressing wider social care and support needs, immediate (or relatively immediate), accommodation is provided to service users directly from the streets, without the requirement of assessed housing readiness. No preconditions of treatment access or engagement are made (housing first, not treatment first).

The FLIC model is essentially divided into two components. A Private Rented Sector (PRS) Access Officer is responsible for developing and maintaining a network of private landlords as well as responding to and managing the housing-related support needs of individual service users. In addition to securing good quality accommodation the Housing First staff work with landlords and agencies to negotiate terms of payment, deposits and incentives to secure accommodation. Engaging landlords is a constant part of the role. In addition to this, service users continue to receive regular and holistic support from their individual link/support worker. Support workers work with clients to provide support that is intended to be intensive, unconditional and relational. As part of FLIC support clients also have access to a personal budget of £1000 a year. It is intended to encourage social integration and social recovery. However, in practice it is often used to supplement ordinary living costs. This budget is often used in conjunction with the Housing First scheme.

FLIC Housing First aims to support or encourage positive housing and recovery-based outcomes through a focus on building links with private sector landlords who are offered a financial incentive. Many clients placed have previously been deemed too risky or chaotic in the local hostel pathway. There is no doubt it follows the core Housing First philosophy but there are subtle differences. They have been unable to secure permanent accommodation and clients are often placed in neighbouring boroughs.

Links with Housing First England

Housing First England is a new project to create and support a national movement of Housing First services. The overarching aim is to support the sector to create a credible Housing First Model that fits well in England. Specific aims include building an evidence base for the approach in England, encouraging cultural change in services, promoting and supporting a Housing First movement and enabling good practice and shared learning. To date they have adapted and developed principles for commissioning, designing and delivering Housing First in England.

We are linked into this network and recently met with the co-ordinator of the Homeless Link Housing First in England project. It was decided that a London practitioners forum would be established, with meetings coordinated by Homeless Link. The first meeting has already taken place and the remit agreed was to share challenges, best practice and jointly promote the model. Feedback was provided on the new principles. Additionally, our Housing First Worker has presented at the Homeless Link conference and provided information to The Centre for Social Justice who are compiling a report to lobby government to make provision for Housing First. Finally we have assisted a client to tell their story in a filmed interview for the BBC as part of promotional activities.

We will be adopting the new principles agreed by the network which are;

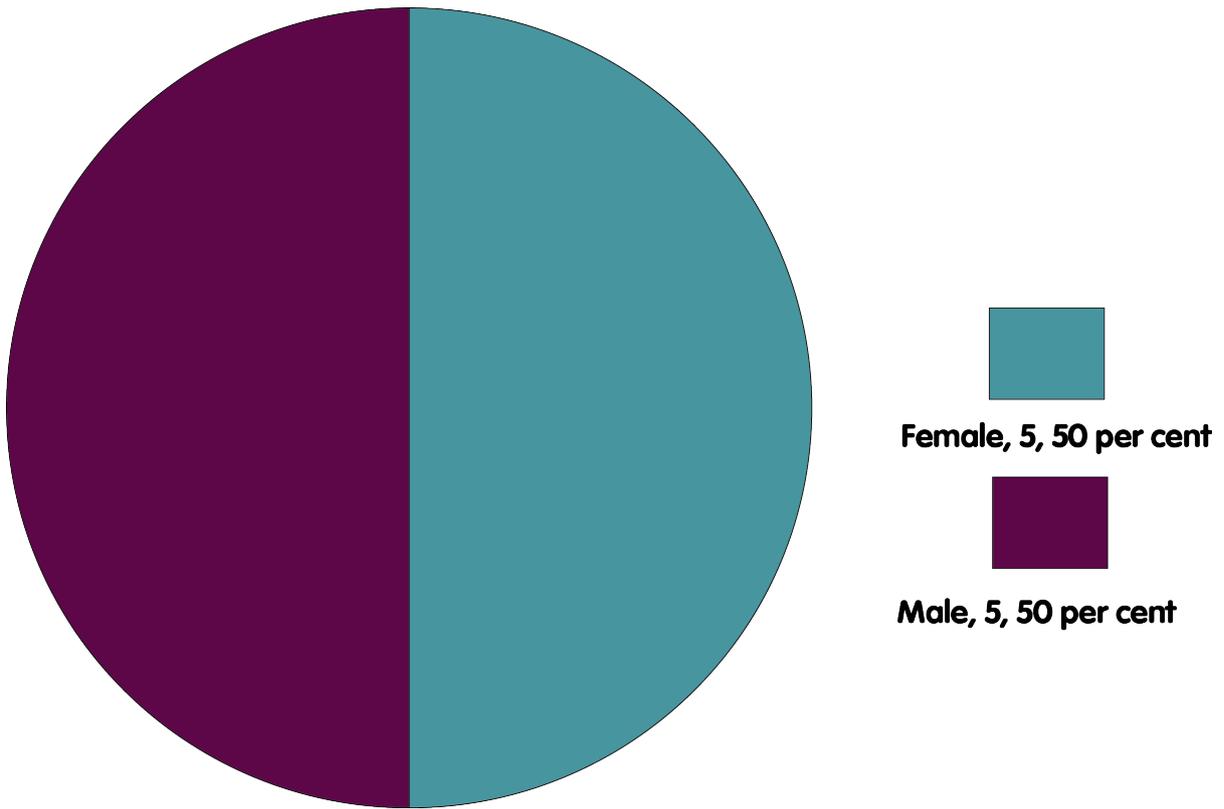
1. People have a right to a home
2. Flexible support is provided for as long as it is needed
3. Housing and support are separated
4. Individuals have choice and control
5. An active engagement approach is used
6. The service is based on goals, strengths and aspirations
7. A harm reduction approach is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

Housing First Service User profile

The FLIC Housing First model has placed ten people in private rented housing since 2014. The people who are using the project are a high need group of individuals with sustained experience of homelessness. Mental health problems, poor physical health, problematic drug use and anti-social behaviour were highly prevalent.

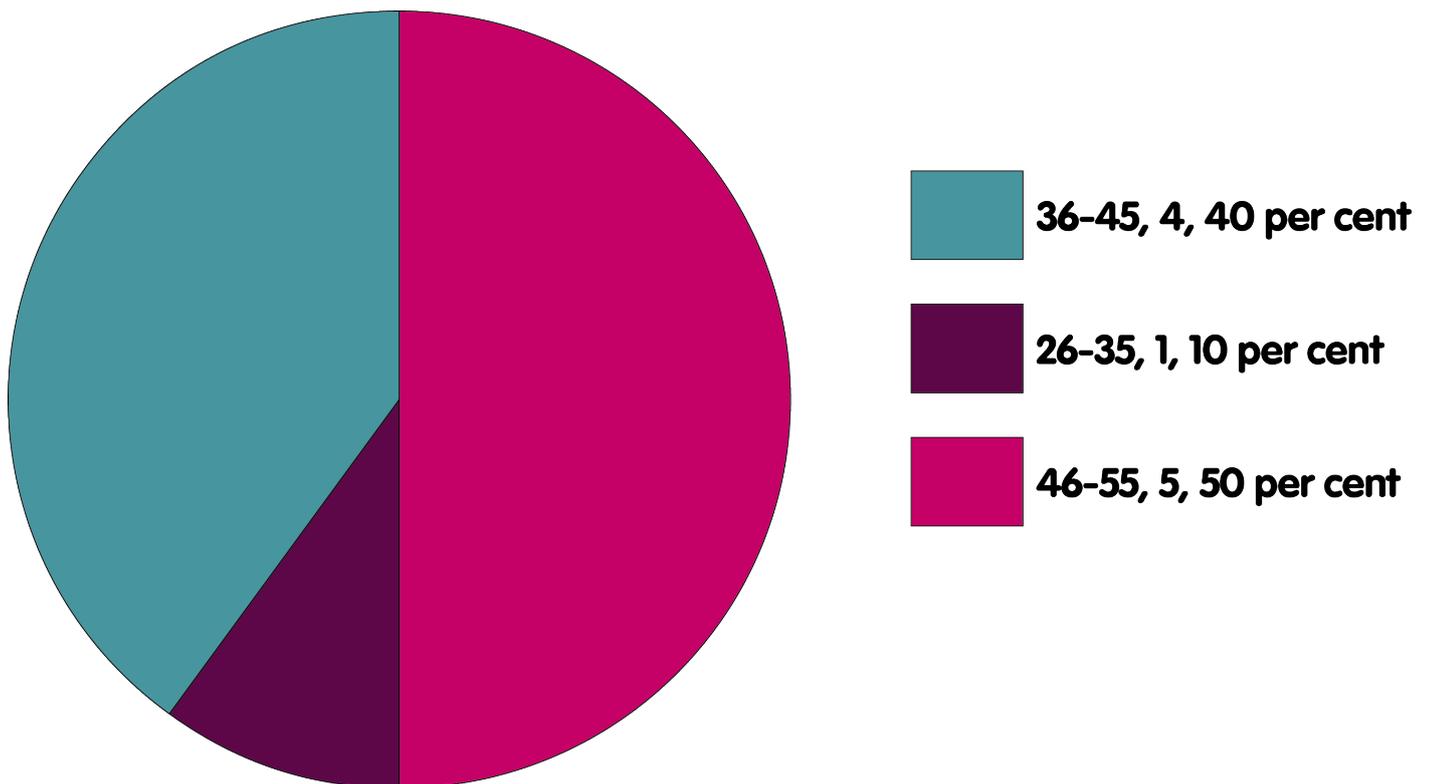
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Gender



Age Range

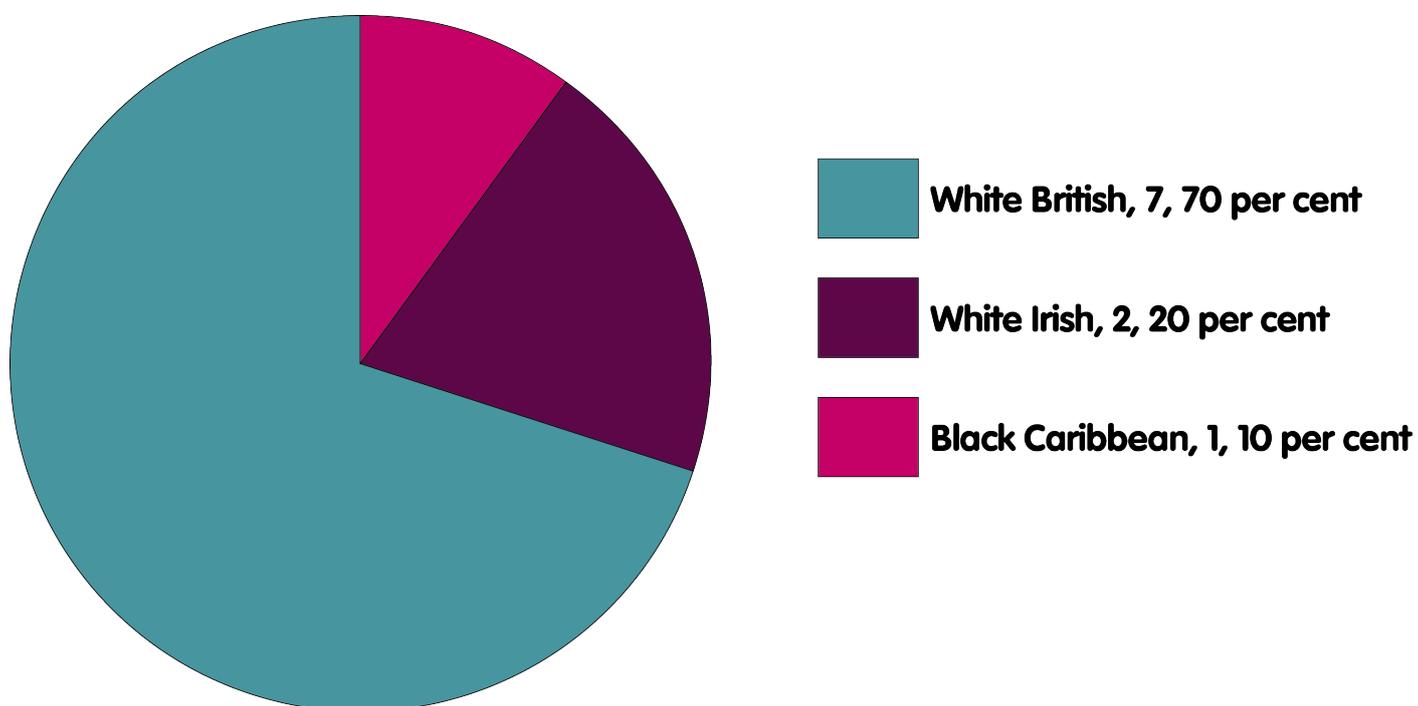
The majority of clients – 50 per cent (five) are aged between 46-55, 40 per cent (four) are between 36-45 and 10 per cent (one) is 26-35.



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Ethnic Origin

70 per cent (seven) placed are White British, 20 per cent (two) are White Irish and 10 per cent (one) is Black Caribbean.



Information received at referral to FLIC shows that all clients placed had significant substance misuse problems in addition to mental health. 80 per cent (eight) were using drugs and alcohol and two were alcohol dependent. All clients were also offenders.

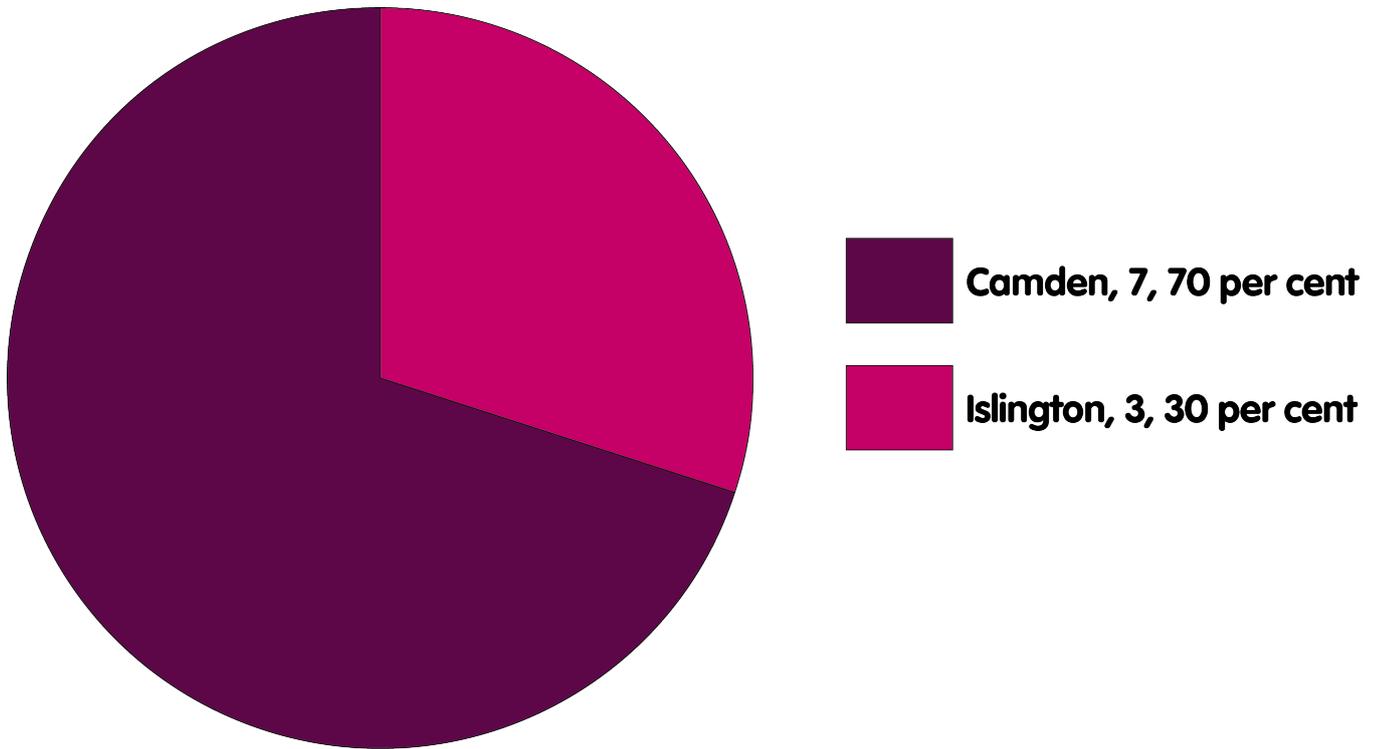
Issues at referral:

	Drugs and Alcohol	Mental health
Client One	Crack, heroin, alcohol	Mixed Personality Disorder
Client Two	Crack, heroin, solvents, glue	Paranoid Schizophrenia
Client Three	Alcohol dependency syndrome	Emotionally unstable
Client Four	Methadone and alcohol	Anxiety Disorder, depression
Client Five	Crack and heroin	Depression
Client Six	Heroin and methadone	Depression
Client Seven	Alcohol and heroin	Borderline Personality Disorder
Client Eight	Alcohol and heroin	Depression, self-harm
Client Nine	Crack and heroin	Depression and Personality Disorder
Client Ten	Alcohol	Borderline Personality Disorder

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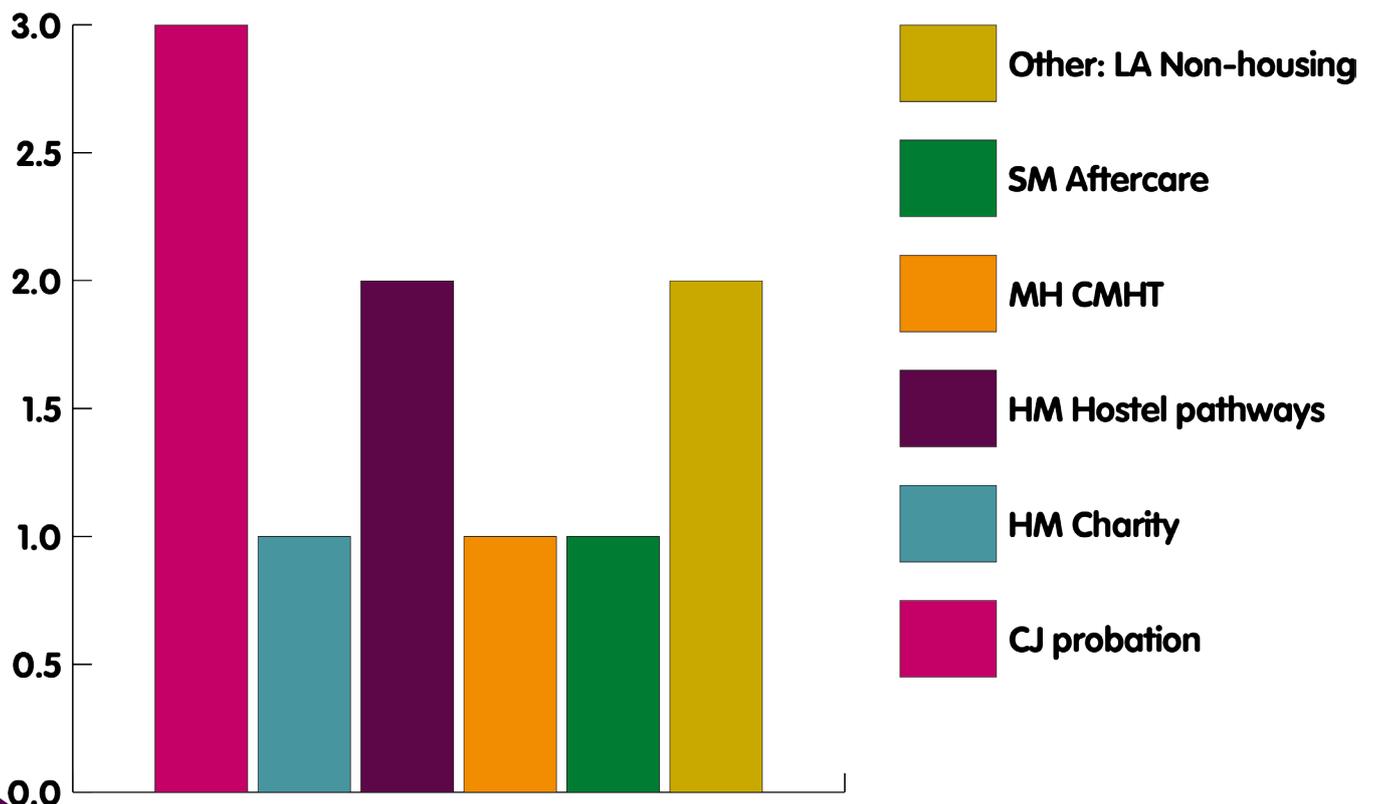
Referring Borough

70 per cent (7) referrals were from Camden and 30 per cent (3) were from Islington.



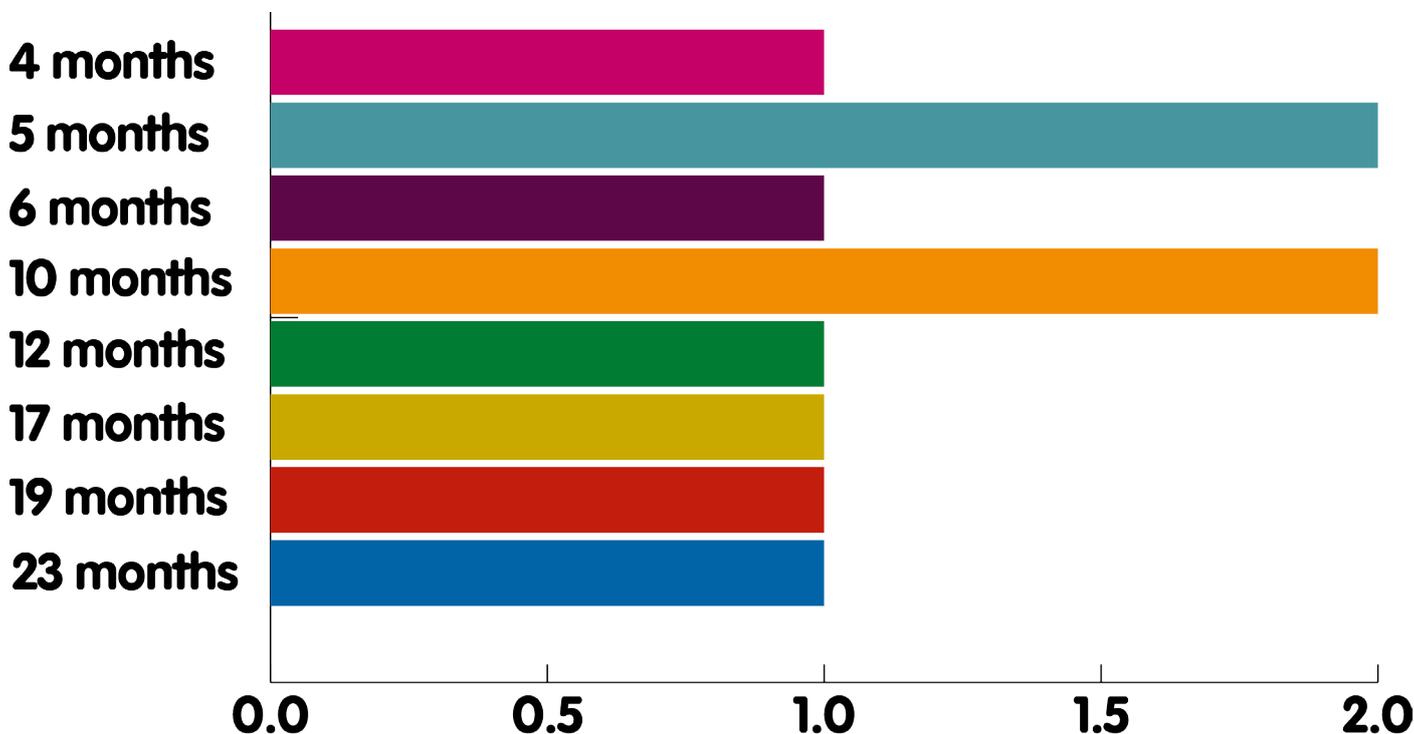
Clients were most likely to be referred to FLIC either through the criminal justice sector – (37 per cent) or homeless sector (37 per cent). From within these two sectors they were most likely to be from probation or the hostel pathway.

Source of referral by organisation type



Time involved with FLIC before being housed

All clients of Housing First were FLIC clients for a substantial period before being referred to the Housing First scheme. The average length of time was 9.6 months.



Outcomes:

1) Housing Sustainment

All ten clients have been sustained in Housing First accommodation, meaning the sustainment rate is 100 per cent.

However, two placements are likely to break down in the near future. One client is in prison and has completed a detox and will move to rehab. His Support Worker states that his drug use contributed to a deterioration in his mental health which led to offending. The second client has just been released from prison but is likely to be recalled as she is not complying with probation conditions. Additionally, she has only spent a few nights in the accommodation despite being encouraged back. The support worker was interviewed and asked to describe the problems in sustainment.

“My first case - even though he exhausted the pathways - we gave him the opportunity but because his drug use didn't change this then affected his mental health. Once that deteriorated it was very hard for him to maintain the property, so therefore he ended up back in custody. We are now looking into rehab he has detoxed in prison we are looking at funding. At the moment he

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would just not be able to manage a tenancy.

“The other lady it’s still ongoing. She wanted to move away from her normal pattern of behaviour, lifestyle and start afresh but when we gave her the opportunity we realised she still gravitates back to her old ways. Even when she has gone into custody for short periods she gravitates back to Islington. She has only stayed there a few times. We try and encourage her back but it’s not working for her and we need to re-evaluate because someone else can have it. Maybe we will look for somewhere closer. Maybe it is too far but at the same time it is the property she chose to start afresh. She can also be recalled at any time. She has already been recalled twice for fourteen days. She will keep being recalled until next year if she does not follow her order. We met her at the gate this time and took her back to the flat with supplies but she didn’t stay and instead went back to Islington.” – **Support Worker**

Additionally, two people in the scheme have moved properties but have been sustained in the scheme. One was fleeing domestic violence and the second wanted to move away from drug users in his block of flats. Despite these moves and difficulties, their use of the scheme has been sustained.

“They did give me one place and I was there about nine months but there were people upstairs that were doing drugs and all that and I said to Jim in the end, ‘I’m responsible for my own actions obviously,’ but on paydays I was ending up buying crack again and that, because it’s hard not to in a house full of drugs. As soon as I mentioned that to Housing First and Jim they moved me to this place. About eight months ago, just after Christmas. It’s fantastic

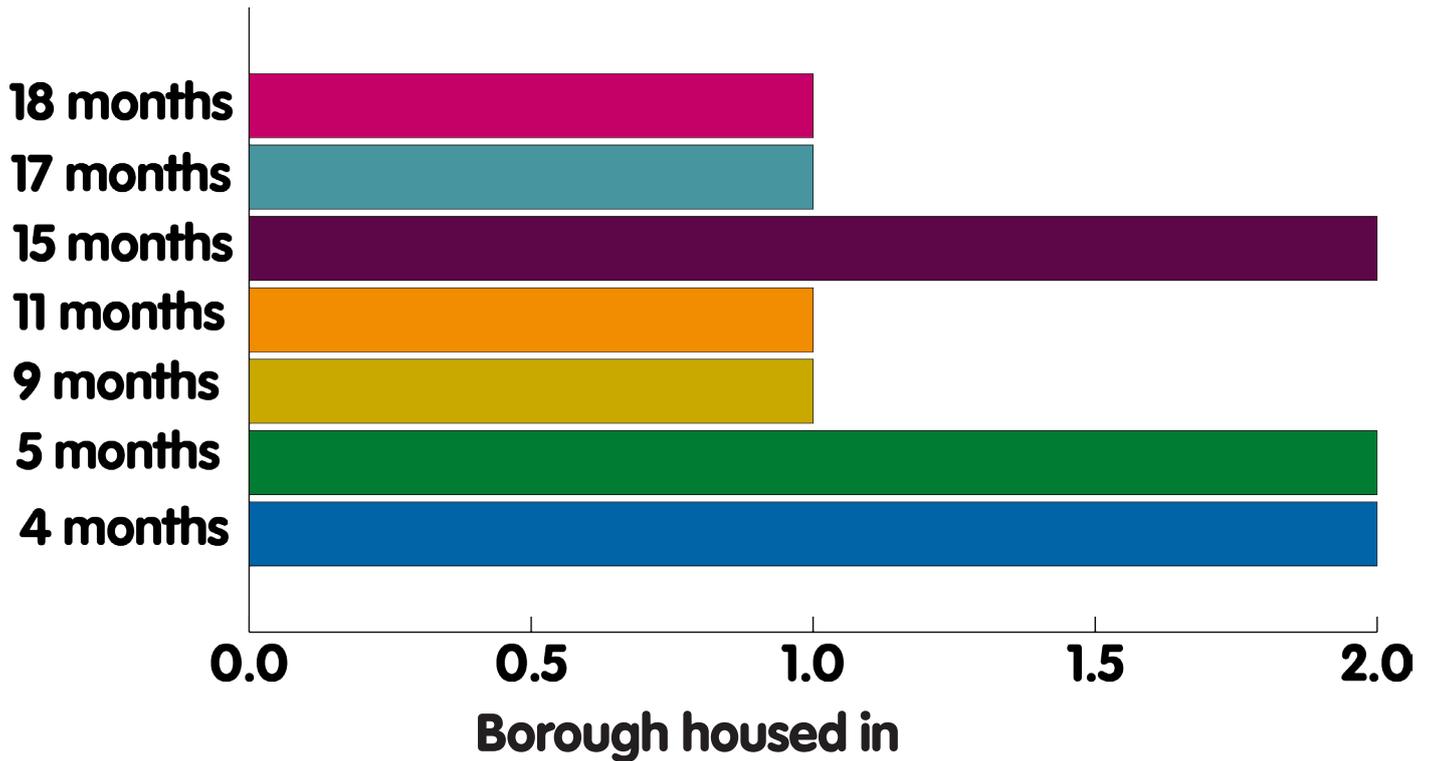
“The only concern I had was the people who live in the house with me, are they that sort of people? They’re not. As for drug dealers, drug dealers are going to walk down any road you choose to live in. There’s a difference between that and them knocking on the door and being invited in, if you understand what I mean. I can’t say look, move me to somewhere in London where there aren’t drug dealers. I’m not being rude, there is no such place. Even posh Chelsea or Kensington. You’re not going to avoid that. I just didn’t want it climbing up and down the stairs six times a day, walking around.

“I said, ‘I don’t use, I’m clean.’ They do realise that maybe many of their tenants have had issues in the past and I’ve never been one of these squeamish people, ‘I don’t want the landlord knowing I have a history.’ The truth is they’ve given me a good place and they’re happy that I’m there. They don’t hold it against you if you’re honest. I think if you’re still using they will. If you tell them, ‘Look, I’m clean, and the reason why I want to move out of that one is because I don’t want to put myself at risk and I want a clean home,’ I think they’re more than happy to give you a chance as long as the council’s giving them their money.” – **FLIC client**

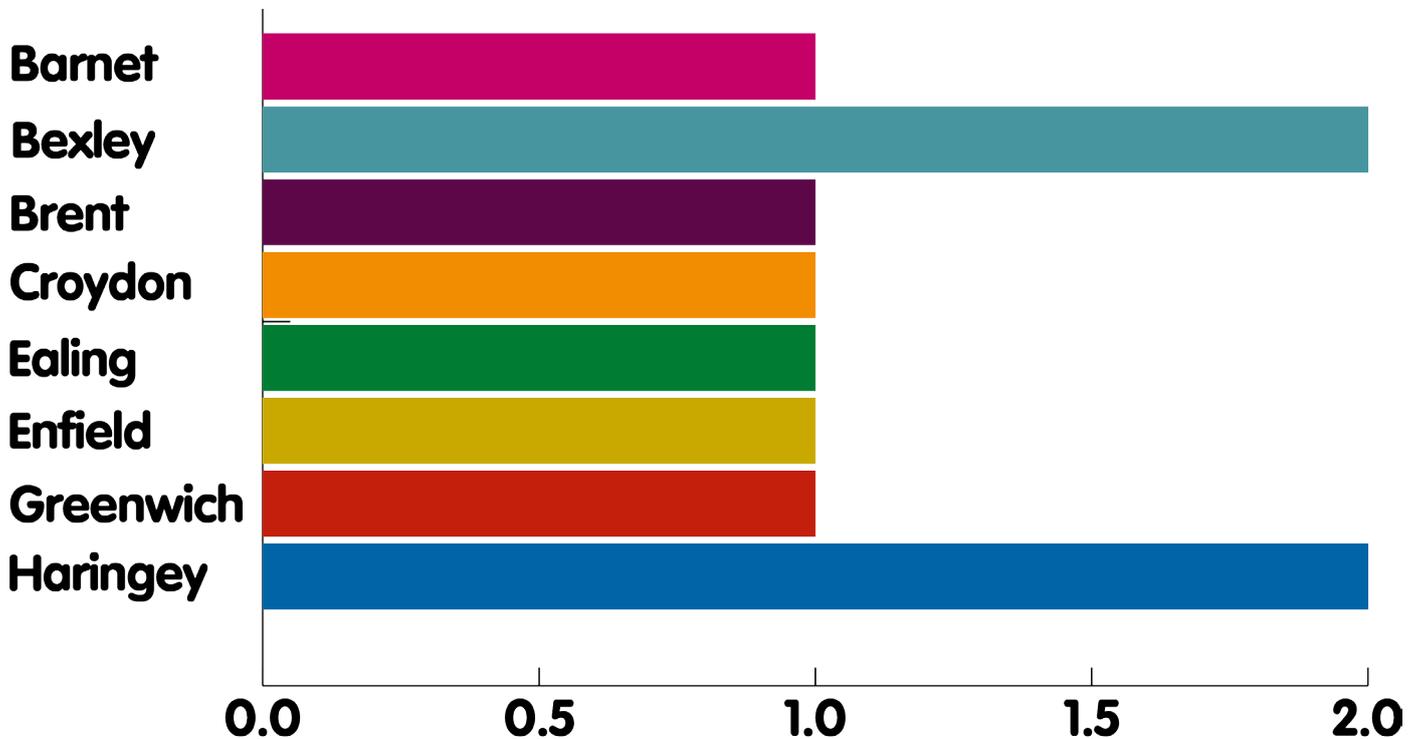
The longest length of time that tenancy has been sustained is eighteen months, with the average length of time nine months. The tenancy sustainment rate is significant because they were all ‘revolving door’ homeless clients with entrenched needs (as highlighted by issues at referral) and they have all sustained their properties so far.

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Housing Sustainment - length of time



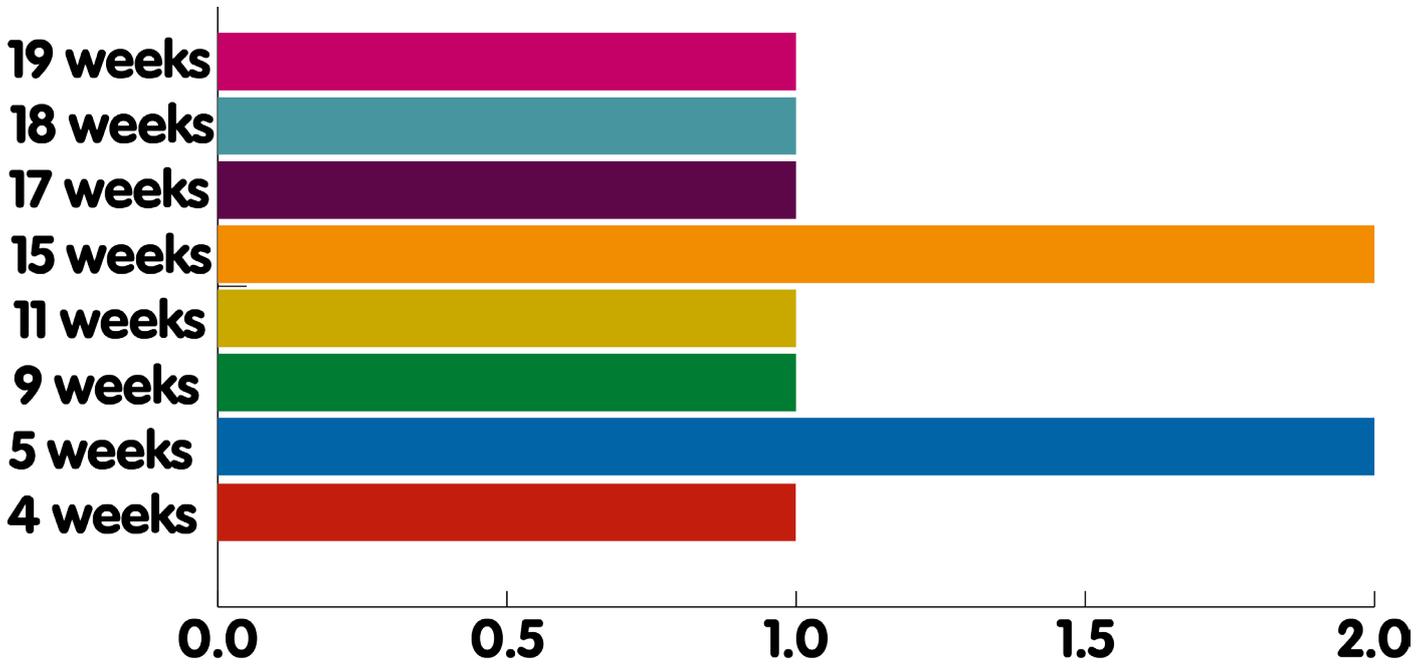
All clients have been housed in self-contained studio flats and none have been housed in the borough but rather neighbouring boroughs of London. Please see table.



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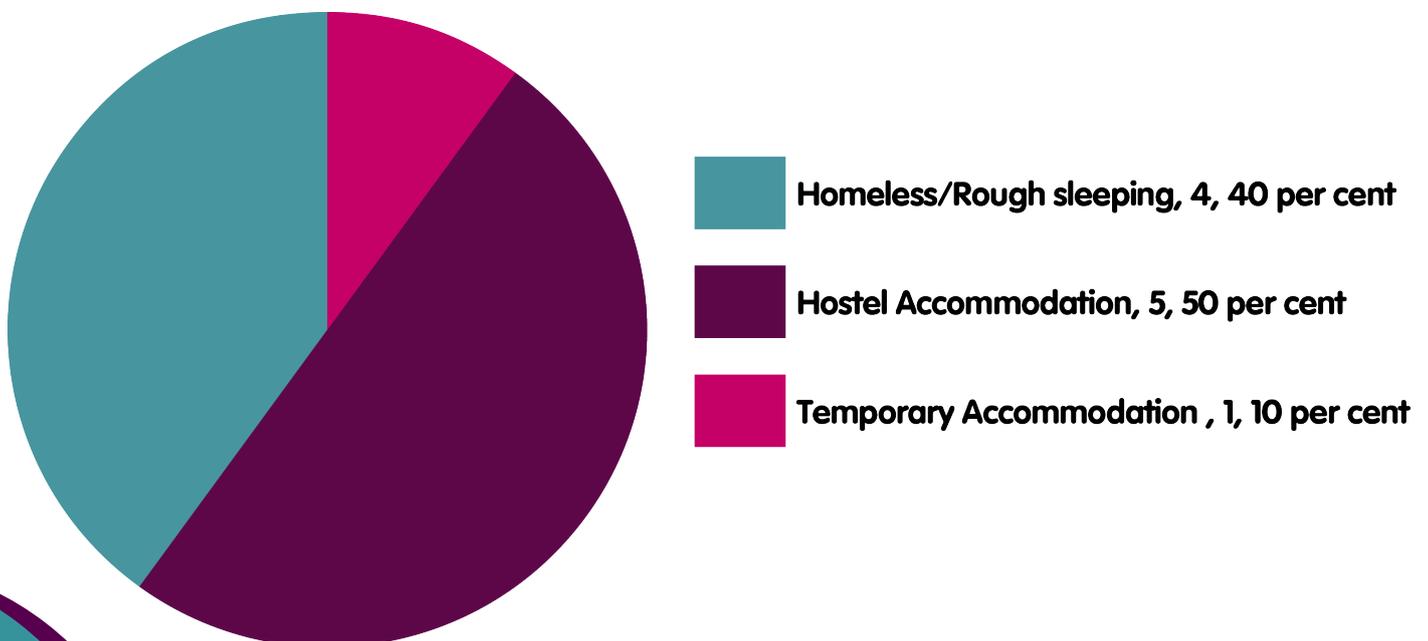
The length of time taken to find housing once the FLIC worker had made the referral to Housing First is relatively short, especially considering that the supply of suitable affordable accommodation is sparse. The average time taken to house someone under the scheme was 9.8 weeks.

Time taken to find housing



Previous experience of homelessness

Data was collected on the Housing First database about housing status immediately prior to Housing First placement. Five (50 per cent) were in hostel accommodation, four (40 per cent) were rough sleeping and one client (10 per cent) was in temporary accommodation.

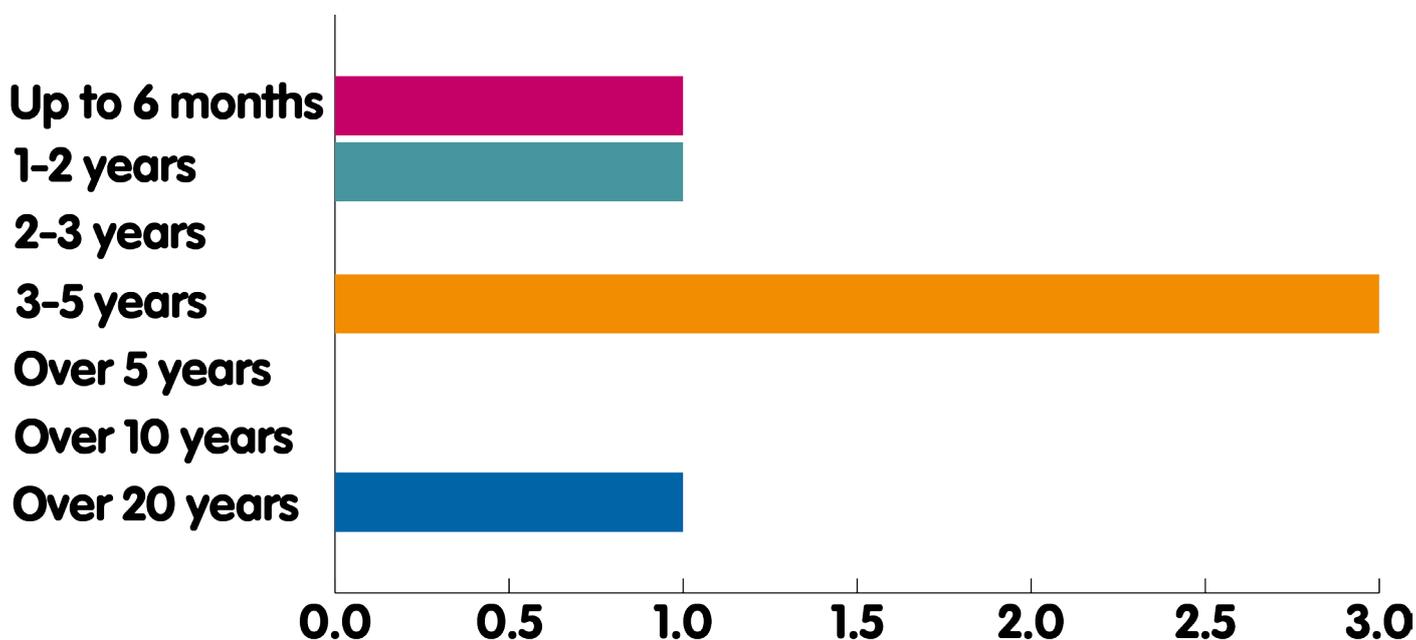


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There was evidence of sustained experience of homelessness among clients who completed an outcome form. Three (50 per cent) had experienced living rough for three to five years prior to Housing First, one (16.6 per cent) had experienced living rough for three to five years prior to Housing First, one (16.6 per cent) had 20 years' experience, one (16.6 per cent) had between one and two years' experience and one (16.6 per cent) had two to three years' experience of homelessness.

Homelessness	Years before Housing First
Up to 6 months	1 (16.6 per cent)
1-2 years	1 (16.6 per cent)
2-3 years	
3-5 years	3 (50 per cent)
Over 5 years	
Over 10 years	
Over 20 years	1 (16.6 per cent)

Total life experience of homelessness



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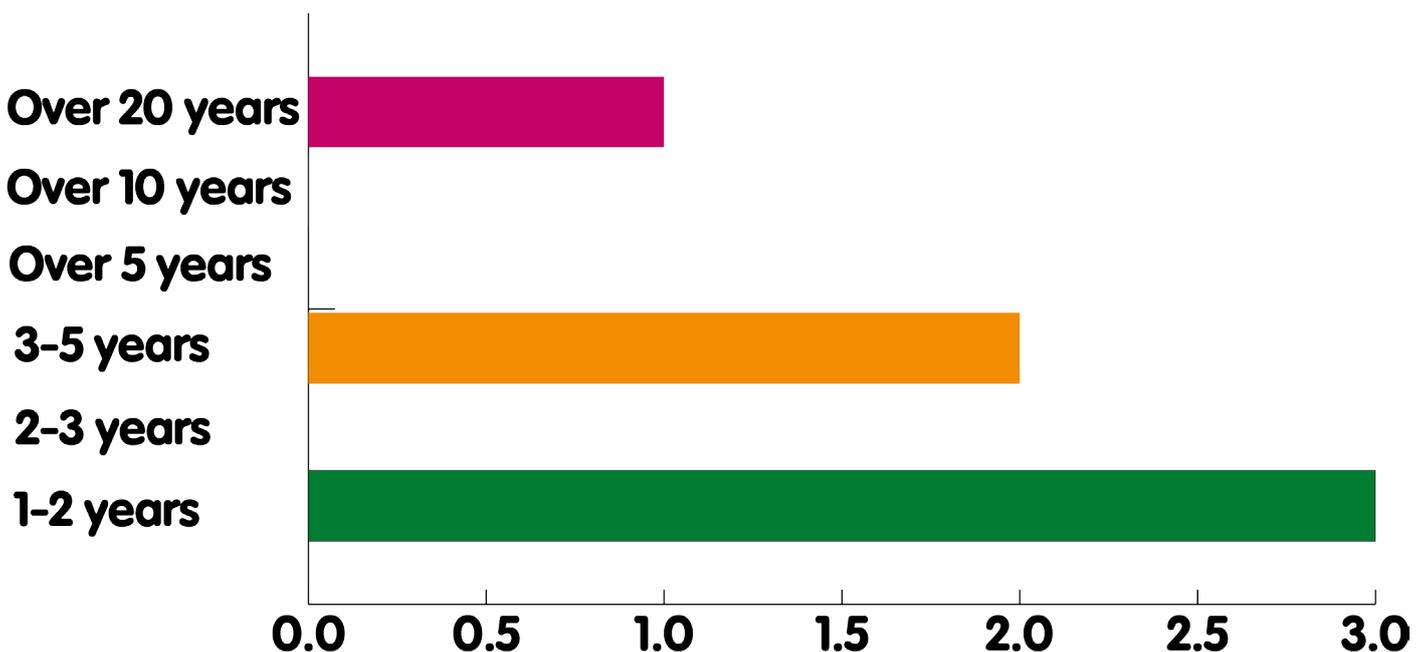
National evaluation

Compared to the national evaluation 17 per cent had been sleeping rough for six months, 21 per cent for between one and three years and 62 per cent reported having total experiences of living rough for three years or more.

Clients who completed an outcomes form were also asked how long they had been in accommodation-based services prior to Housing First. 50 per cent (three) had been in these services for one to two years, 33 per cent (two) for three to five years and 17 per cent (one) for over 20 years.

Time spent in accommodation-based services	Years before Housing First
Up to 6 months	
1-2 years	3 (50 per cent)
2-3 years	
3-5 years	2 (33 per cent)
Over 5 years	
Over 10 years	
Over 20 years	1 (17 per cent)

Total life experience of accommodation-based services

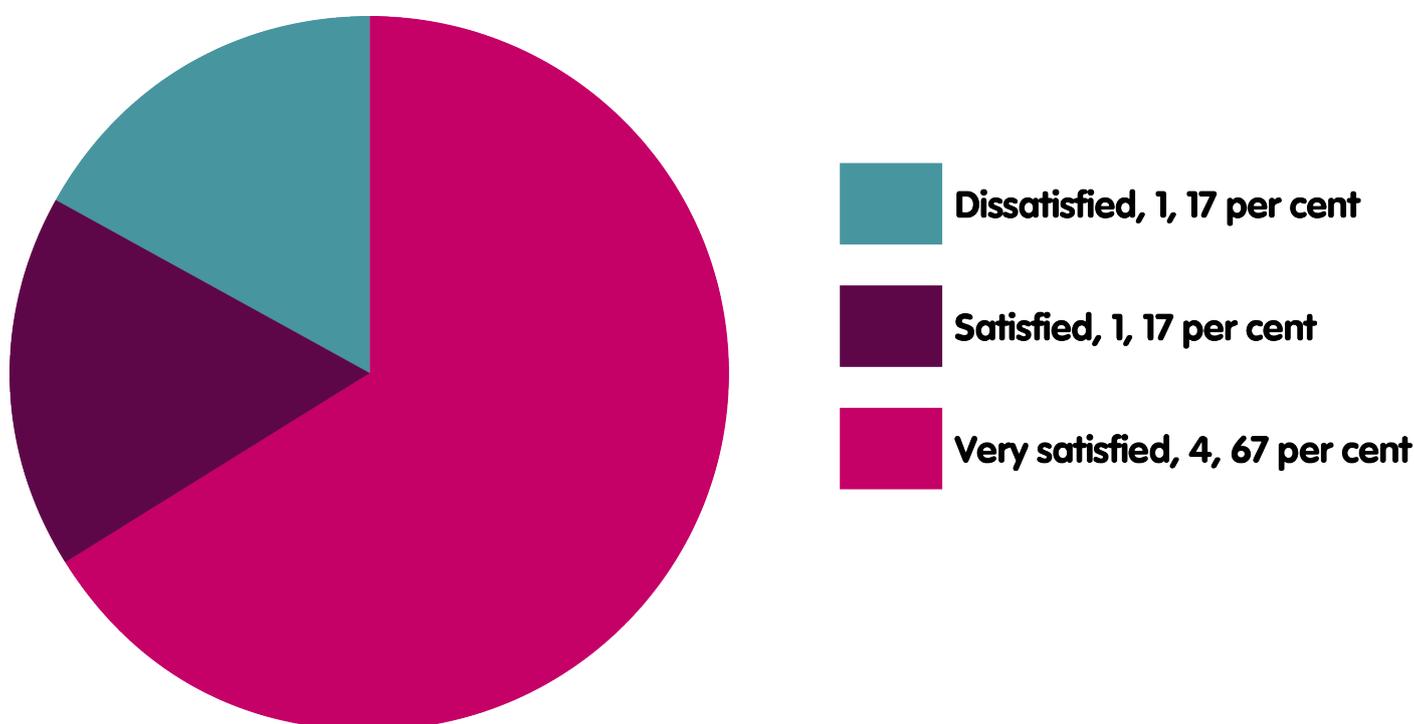


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Satisfaction with housing

Satisfaction among clients was high among those housed who completed an outcomes form. 67 per cent (four) said they were very satisfied, 17 per cent (one) said they were satisfied and only 17 per cent (one) client was dissatisfied and this was associated with the location.

Satisfaction with Housing First	
Very satisfied	4 (67 per cent)
Satisfied	1 (17 per cent)
Dissatisfied	1 (17 per cent)



The following comments were made:

'I am satisfied but it's not the area I initially wanted'. – FLIC client

'Initially but I have realised the area is not for me'. – FLIC client

'Dissatisfied. It is very small and the landlord/agents are slow to respond if I have a problem. The entrance to the flat is very dark and I feel unsafe'. – FLIC client

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National evaluation

Compared to the national evaluation; 62 per cent of service users housed reported they were 'very satisfied' with their housing, with an additional 26 per cent reporting they were 'fairly satisfied'. Only 13 per cent reported they were dissatisfied.

Linked to satisfaction, clients who were asked to fill in an outcomes form were also asked to tick the benefits that applied to them since being in housing; 83 per cent (five) said feeling safe, 83 per cent (five) said feeling in control, 83 per cent (five) said freedom to escape and 67 per cent (four) said other. Only 17 per cent (one) said feeling part of a neighbourhood.

Benefits	Years before Housing First
Feeling safe	5 (83 per cent)
Feeling in control to do as please	5 (83 per cent)
Freedom to escape	5 (83 per cent)
Feeling part of a neighborhood	1 (17 per cent)
Other	4 (67 per cent)

Those that listed other reasons were asked to expand and the main reason given was independence and self-reliance.

'Relief and self-confidence. I gave up drinking as a result, now two years coming up'. – FLIC client

'Not being under observation 24/7. More independence'. – FLIC client

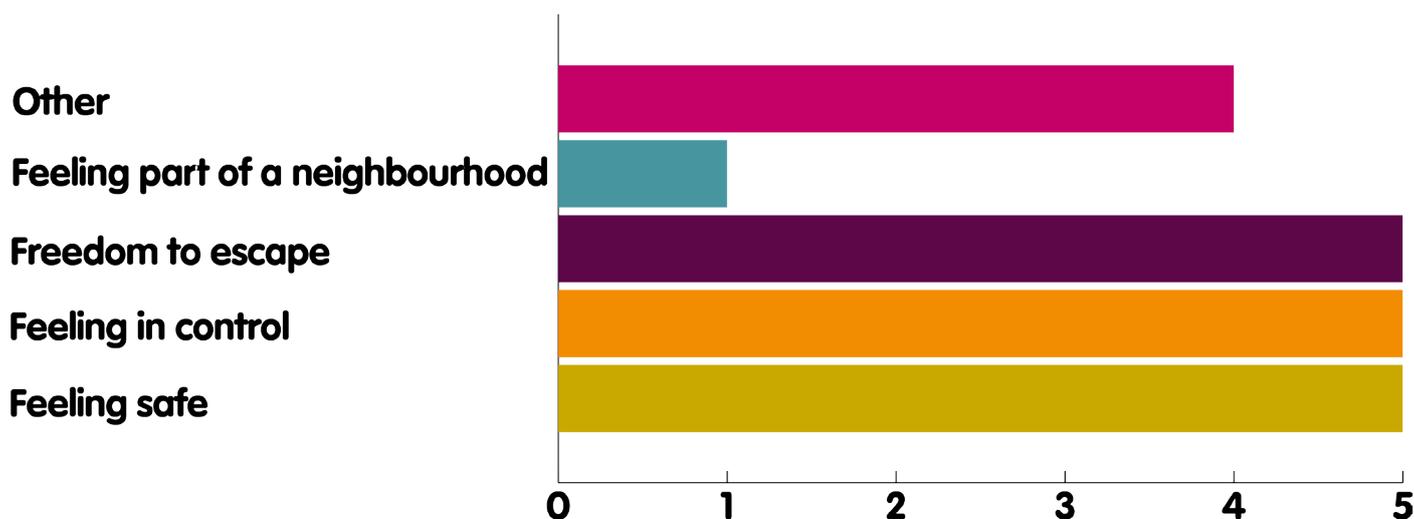
'Cooking for myself'. – FLIC client

'Being independent'. – FLIC client

'Feeling part of society'. – FLIC client

'Just having a safety net, my own safe haven. It's nice to be able to breathe and feel safe and be warm. Before that I was out sleeping in the snow so a roof, somewhere safe'. – FLIC client

Benefits since moving into housing



National evaluation

Compared to the national evaluation; 80 per cent reported that they felt safe in their homes, 89 per cent felt they could do what they wanted when they wanted and 76 per cent reported freedom to escape. Thus, we have similar outcomes with all over 75 per cent.

Issues in providing Housing

Difficulties in access & resources:

There have, however, been a number of difficulties accessing housing, which lie outside of the control of the Housing First project and have been a source of frustration to clients and staff alike. The Housing First scheme has accessed properties through the private rented sector solely because council properties are not available and we have as yet not accessed social housing.

'Private sector has individual landlords with a multitude of properties that they let out and there is no social housing. There is not really any other option for us'. – Housing First Worker

Housing First has faced a variety of challenges including welfare reforms, the introduction of universal credit, the lack of one bedroom properties and social housing stock and a general reluctance of landlords to house tenants on welfare.

Housing First staff were asked about some of these key challenges.

Housing First in Islington and Camden

Benefits

'Universal credit when it kicks in will be one of the difficulties. The benefit cap coming in in November will be a difficulty, the competition against councils who are now using PRS'.

Availability of stock

'Councils are placing mother and babies in one bed properties and will pay the landlord twice the bedroom rate so the landlord can get double; he gets £500 more per month for having a mother and baby so properties left are studios. Other issue is with the under 35's. Anyone under doesn't qualify for one bedroom unit /studio rate. They only get a shared rate. If they have stayed in hostels we can argue the case'.

An additional challenge in accessing suitable private sector property described by the Housing First worker was the commonly held prejudices and misconceptions towards FLIC clients or those formerly homeless and reliant on benefits. The Housing First Worker said he often struggled convincing landlords to take our clients on for this reason. Attitudes from estate agents can be very negative. Consequently, Housing First staff have developed ways to win over estate agents and demonstrate that a package of support is in place. Good relationships with landlords are often built by being honest about the FLIC programme and the clients it supports.

Stigma

'It's very negative. They don't want to know. I think the selling point has been the ongoing support from myself and key workers and also the fact the project is funded for eight years by the Lottery. 100 per cent it takes a long time to convince people'.

'It's not rent because they know we will pay the rent. It's more anti-social behaviour, drugs or alcohol consumption and neighbourhood disputes. If they have a unit which has been peaceful for so long and they put one of our clients and things happen they know who to blame. They don't want somebody who is going to upset the apple cart so to speak'.

There was a perception that some landlords might judge on appearances.

'The clients themselves to be honest, the way the clients present. Unfortunately we live in a society and a world where first impressions count. The problem is when we go to viewing or when they meet clients, it sometimes breaks up the deal'. – Housing First Worker

Issues in affordability

Sole use of the private rented sector can present challenges, both in terms of finding housing that is affordable and of a reasonable standard. There is very little or no adequate private rented housing in Camden or Islington that is affordable to clients reliant on benefits. The key issue faced by Housing First Workers in terms of affordability was the price of local

An Evaluation of the FLIC model

housing stock and accessing affordable housing. In London affordability is limited by the cap on Local Housing Allowance, and Camden and Islington are two of the most expensive boroughs in London. The 15 areas of the country with the highest ratio of average rental prices to salaries are in London, with Camden second only to Westminster. (Cromarty, H, Adcock, A et al. 2016. Affordable Housing in London House of Commons Library). This issue was particularly difficult and had led to Housing First staff placing all clients outside of the borough. Housing First staff interviewed said this was inevitable and a factor that would not change.

'We are working in Camden/Islington, probably some of the most expensive boroughs to be in. If you look at these rates – Camden Town the minimum rent is £1496 for a private rented flat and that will be a one bedroom or a studio with bills on top of it – if you really want to go to Warren Street, Kings Cross which is more Islington you are looking at roughly £1720. It is impossible to house in the borough, the reason being the government sets a local housing allowance and there is a maximum housing benefit someone can apply for in that area. I understand clients are not going to be happy about the location but it is explained to them that it is not affordable for them to live in the borough. We can't control the housing market either'. – Housing First worker

One of the ways used by Housing First staff of minimising any disappointment of being housed out of borough is to highlight to clients that a move from the area in which they may have been offending and using drugs could be viewed as a positive and an opportunity for a totally new start.

'The first thing I always say to them, or second or third is, 'I'd love to house you in Islington or Camden; I would love for that to happen but I know exactly what will happen. You'll be paying Housing Benefit for a property that's probably not going to be in a good condition, the landlord is not going to really care and you know you'll probably get stuck in the same cycle you've been in in terms sense of drugs, alcohol, sex working or whatever it was'. So I explain it to them... I say, 'maybe it's good to come out of the area so you can find yourself, get some housing experience or you never know you might even like the area and not want to do anything else' – Housing First worker

'It depends on the individual. We have some clients we could not consider housing out of borough because their support needs are too high but then you can move some people out for a whole change of experience to start afresh, it works'. – FLIC support worker

One client described welcoming this opportunity;

'No it's actually done me a favour. I now understand what they said to me once, 'even if we could house you in Westminster and Camden I won't because I want to help you'. You see all of my years taken on the streets was in Camden, stealing, using. The only people I know in this part of London are all dealers and drug addicts and that's what she was basically trying to say to me: 'let's put you at least a mile out of town'. – FLIC client

Some clients enjoyed a new location.

Housing First in Islington and Camden

'The house itself, there's three places in the house. There's flat A, flat B, the neighbours are perfect, drug-free as far as I know. We hardly ever see each other but when we do it's very pleasant. I love the street; it's in Haringey. You'd find somewhere like that in Brixton or something. I love it, it's very international, and you know what I mean? As terrible as it sounds, I like it. You've got everything from fishmongers, you know the really sort of, shall we say cultural areas?' – FLIC client

'No I was very happy about the location because it's in a really nice quiet area I wanted to be like that I was fed up I was happy I didn't have any issues. I did see a lot. Firstly, compared to what else I see it was by far the best. It was newly refurbished, so it was all clean and new and in a really nice area. I just wanted peace and it's like that here, peaceful'. – FLIC client

Despite being an opportunity for a fresh start, feelings of social isolation can be very common, particularly for those who have deliberately cut ties with former drug or alcohol networks and who find themselves in an entirely new area. Consequently, three clients were unhappy with the location.

'No I don't like the area. The worst thing is there is a housing estate there where I laid all the electricity pipes about ten years ago and now I got to pass that block every day and it gets on my nerves. Do you want it in two words? Yeah it's a complete shithole. An absolute shithole. Even the banks closing and it's even worse when you get a pound shop closing you know there is something wrong don't you?' – FLIC client

'I feel like I am hurting Housing First who got me the flat by saying that but at the time it was proving a point. I hate it across the river. I can talk to anyone but I can't do the area if you are friendly you are odd'. – FLIC client

'I just feel like I want to move now yeah but Housing First don't work for this place do they? I feel like I have been left high and dry by that part of it. I told him when he came to visit me the boroughs I wanted to go to but at the end of the day I am not saying a bad thing I don't know do I? Housing First might have forty people in the same situation as me'. – FLIC client

For these three clients, when asked about plans for the future, moving was at the top of their priority.

'At the moment I am worried, because no-one has contacted me and apparently my tenancy ends in November only six weeks away so what's going to happen in six weeks' time if no one has even contacted me'. – FLIC client

'I don't know how long this is for I don't really want to renew it you know. But what am I supposed to do, you know that's what I can't understand. I don't know if I am stuck there or not. I don't know how long this is for. I feel like I am stuck in a situation I want to get out of I don't want to stay forever. I want more security for my own safety'. – FLIC client

'Yeah I have for now its ok but I don't feel in a year's time I want to be stuck there but they say for my age but that shouldn't mean this is my only choice. To be honest where I am you are stuck in

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the back of a garden it's not even a studio I know they say it's your choice but now I think about it it's not. I am being honest I am stuck in it. There is no way to get out'. – FLIC client

'I can only move with the help of the team here I can't do it by myself. Housing First knows all this he has been looking but there are big lapses in support of months'. – FLIC client

FLIC staff had recognised that the location of clients out of borough due to the affordability issue was a concern. A FLIC manager suggested that they will explore social housing in the future.

'Our private sector worker is going to continue to liaise with landlords and continue building access to properties so I am sure he will continue to maybe try to find ones that are geographically more suitable. Something we have not tried which I would really like to try is to see if we can get any housing associations on-board with Housing First. We have not tried that yet and I would like to. If we could get them to release a couple of properties that would be great'. – FLIC manager

Other support workers acknowledged that the placement out of borough can affect the level of support provided.

'I think something we have learnt is that FLIC clients are different and individual but what we have realised is for people with really high needs that we are going to work with in this way location is really key both in terms of how they manage a new area and also in terms of our own capacity to work with them. The Housing First model is meant to be the property but it's also intensive wrap around support, not floating support, so I think we have learnt we can't put people really far out because it's just not going to work in terms of staff visiting them and meeting their needs so I think we do need to be careful about that moving forward. There are properties but they are just a bit harder to find and I think that's something we need to work on to ensure the support we provide is as true to the Housing First model'. – Support worker

'I think it's hard when you have someone in Bexley Heath for example to link them in with all their services and sometimes I think it would be better if we could just refer our clients to a really good support service in their area they would probably do better if they had someone like us nearby'. - Support worker

"I think it is hard with delivering support because one of my clients lives in Bexley Heath and today I have not got in touch with her by phone and to just go to Bexley Heath is difficult, I need to plan it. I have done it, but if you go it's a whole morning or a whole afternoon so that's difficult. It would be better to have the clients closer. But we know the reason why – it's because of the price of rent and that's just not going to change so that's the problem." – Support worker

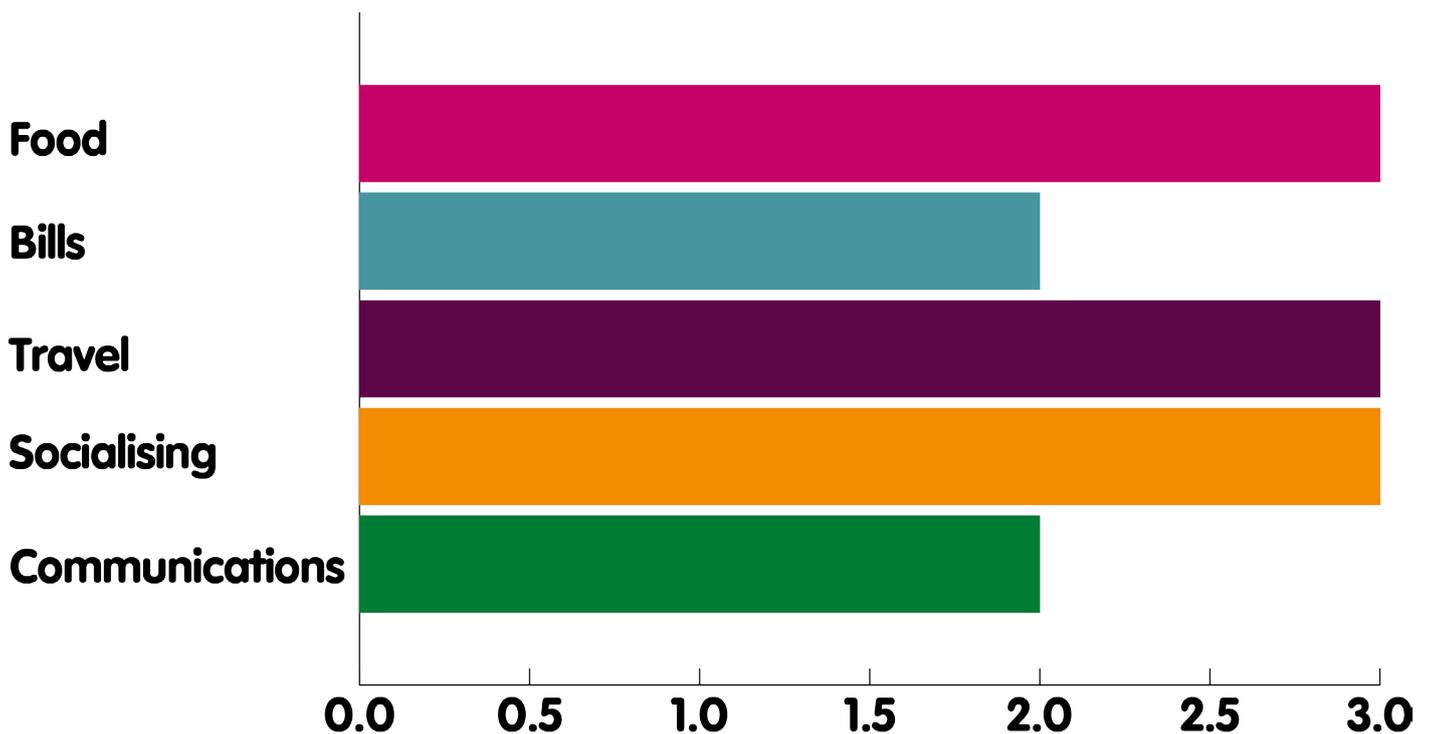
Housing First in Islington and Camden

Living costs

Beyond securing affordable housing that can be paid entirely on benefits there were some challenges to living independently on a limited income once housed. Living on a limited income can have potentially negative consequences for social integration. Clients were asked to indicate if they had struggled to pay for any key items. Three clients (50 per cent) said they had struggled to pay for food, three clients (50 per cent) said they had struggled to socialise, three clients (50 per cent) struggled to pay for travel, two clients (33 per cent) struggled to pay for bills and two clients (33 per cent) struggled to pay for their phone.

Items clients struggle to pay for	
Food	3 (50 per cent)
Bills	2 (33 per cent)
Travel	3 (50 per cent)
Socialising	3 (50 per cent)
Communications (e.g. phone)	2 (33 per cent)

Items clients struggle to pay for

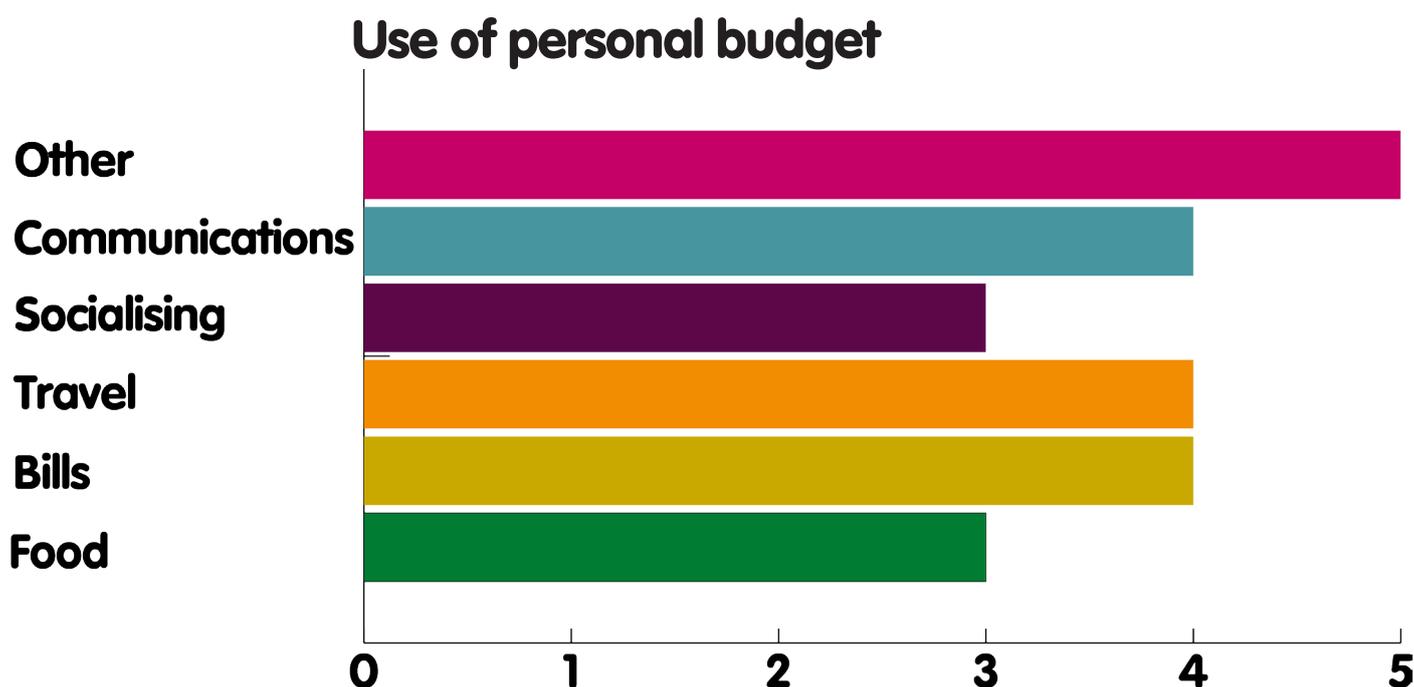


The challenge of living on a limited income has in part been negated by the provision of a personal budget with the Housing First model. The original intention was that this budget would be used on therapeutic or recovery-orientated activities. However, those that completed an outcomes form show that the majority of them have used this budget to assist with basic living costs. 67 per cent have used the budget for bills, 67 per cent have used it for travel, 67 per cent have used it for phone costs, 50 per cent for food, 50 per cent

An Evaluation of the FLIC model

for money to socialise and 83per cent have used this budget for other things. Consequently, personal budgets are being used in reality to cover basic cash shortfalls.

Use of personal budget	
Food	3 (50 per cent)
Bills	4 (67 per cent)
Travel	4 (67 per cent)
Socialising	3 (50 per cent)
Communications (e.g. phone)	4 (67 per cent)
Other	5 (83 per cent)



Clients were asked to describe the other things they had used the personal budget for and responses included B & Bs, microwave, bedding, clothes, laptop, phone top-ups and hotels

Health and well-being

Housing First is designed to promote gains in health and well-being, by creating a stable foundation to move from the effects of homelessness and ensuring support is offered. The evidence we have collected does suggest that FLIC housed clients have experienced gains in health and well-being and reductions in drug/alcohol use.

Physical health

Through the Inform system and a case note review we were able to discover that only one of the clients has had a hospital admission for physical health since being housed. This is significant as previously many clients had poor health and this is most likely to be because all clients are registered with a GP and are more readily engaging with health services.

Housing First in Islington and Camden

	Yes	No
Registration with GP	10 (100 per cent)	0
Hospital/Medical admissions	1 (10 per cent)	9 (90 per cent)

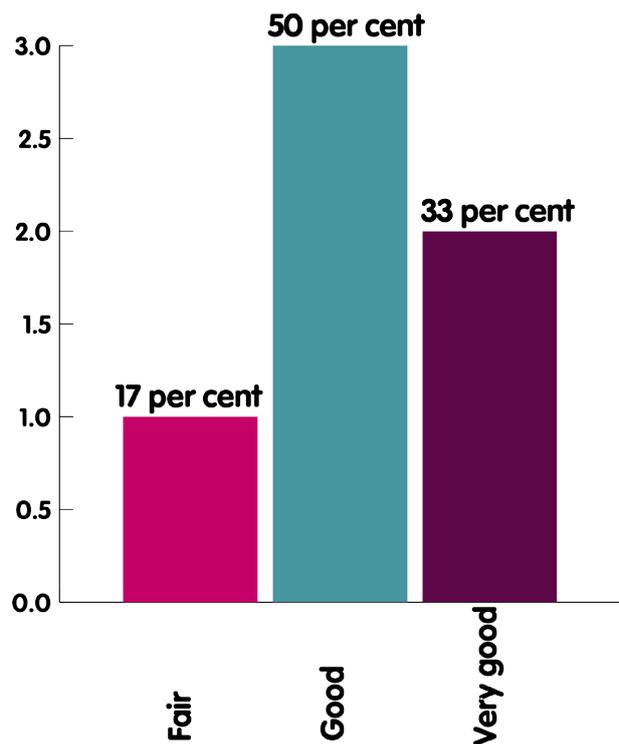
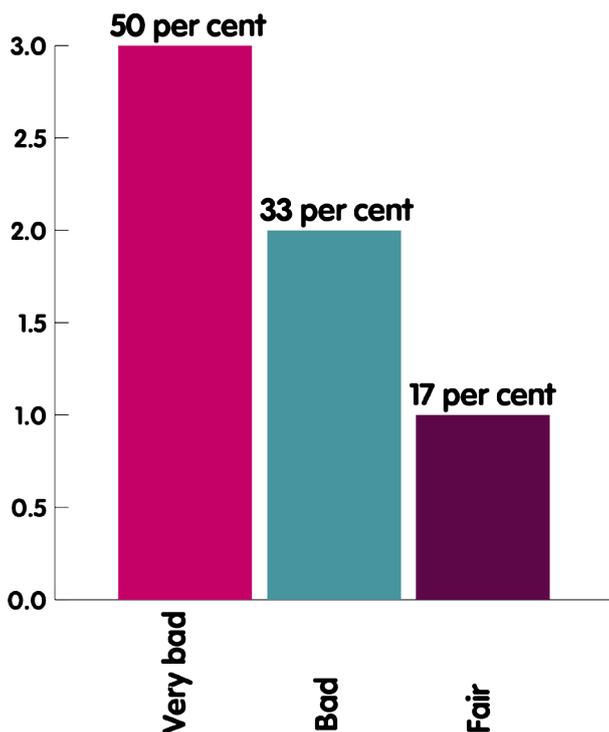
The six clients who provided outcome data reported that their general health was much better than it had been a year before they started working with Housing First. Before Housing First three clients (50 per cent) reported their health was 'very bad', compared to none after.

Before Housing First two (33 per cent) clients reported their health was 'bad', compared to none after.

After Housing First 50 per cent reported their health was 'good', compared to none before, and 33 per cent reported their health was 'very good', compared to none before.

Health	Years before Housing First	After receiving Housing First	Difference
Very bad	3 (50 per cent)	0	-3
Bad	2 (33 per cent)	0	-2
Fair	1 (17 per cent)	1 (17 per cent)	0
Good	0	3 (50 per cent)	+3
Very good	0	2 (33 per cent)	+2

Health one year before Housing First Health after receiving Housing First



An Evaluation of the FLIC model

National evaluation

Compared to the national evaluation overall 63 per cent of service users reported better health. There was a corresponding decline in reports that health was either 'very bad' or 'bad' (60 per cent described their health in these terms, a year before receiving Housing First, compared to 28 per cent since receiving Housing First.) The FLIC decline in poor health was higher and rise in good health was higher.

Further evidence of improvements was reported when clients were interviewed. One of the clients commented that he had improved health. He said that since being housed he was more willing and able to attend medical appointments. Another client stated that his health had dramatically improved.

'Well everybody's saying I look much better. People I pass, market traders that I knew and that, they take a double take and say, 'Blimey, John. You look better.' I've put on a lot of weight and that, a bit too much round the girth (laughs). I've started finding out about my health. I didn't bother going to a doctor unless it was for a methadone script, in and out. Now I've been told that I've got Hep. C and I've got a swollen liver and that, so now we're doing something about that. I wouldn't have been if I'd been on the streets. I mean the fact that I'm sitting here, talking to you on this phone is incredible. I didn't do appointments. I just didn't do appointments. They knew not to give me probation in the end and all the things like that and what have you'. – FLIC client

'My doctors are amazed by me. I have been an alcoholic since I was 12. They say I have got a super liver. My blood pressure is amazing, my strength'. – FLIC client

A FLIC worker commented that they had seen improvements in accessing medical treatment among all clients.

'In terms of health they have all maintained really good links with GP services; two of mine are accessing hospital services. Previously their lives just didn't allow for them to attend appointments'. – Support worker

Mental health

Through the Inform system and a case note review we were able to discover that none of the clients have had a psychiatric hospital admission since being housed.

	Yes	No
Psychiatric admission	0	10 (100 per cent)

The six clients who provided outcome data reported that their mental health was significantly better than it had been a year before they started working with Housing First. Before Housing First 83 per cent reported their mental health was 'very bad', compared to none after.

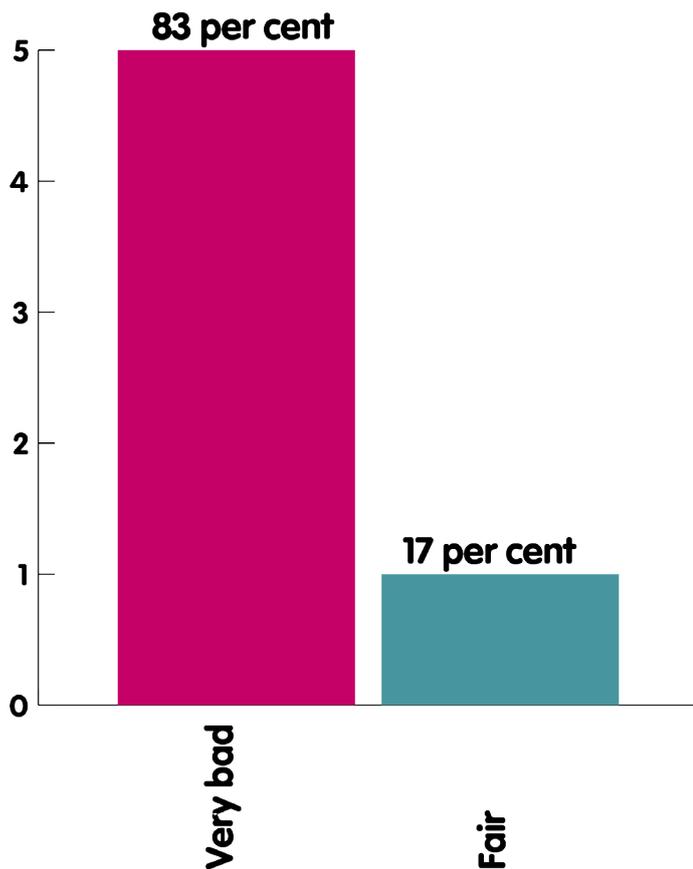
Housing First in Islington and Camden

After Housing First 50 per cent reported their mental health was 'good', compared to none before.

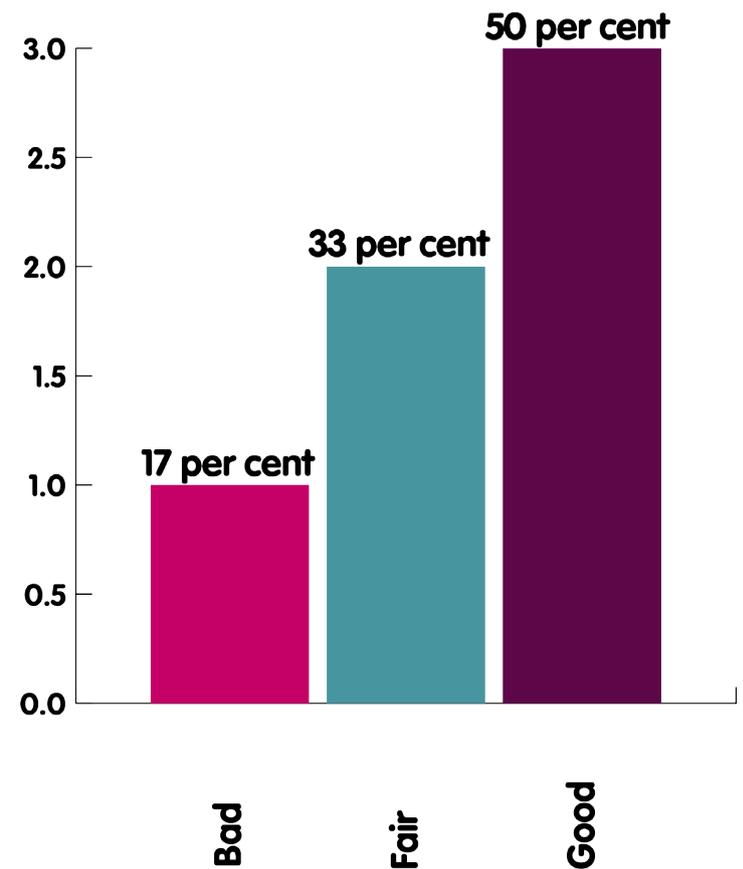
This could in part be that clients are more willing to access support. They have emotional and practical support needs met through FLIC/Housing First, and having a safe and secure home contributed to better mental health.

Mental Health	Years before Housing First	After receiving Housing First	Difference
Very bad	5 (83 per cent)	0	-5
Bad	0	1 (17 per cent)	+1
Fair	1 (17 per cent)	2 (33 per cent)	+1
Good	0	3 (50 per cent)	+3
Very good			

Mental health one year before Housing First



Mental health after receiving Housing First



National evaluation

Compared to the national evaluation overall 40 service users reported better mental health since using Housing First (66 per cent). There was a decline in reports of 'very bad' or 'bad' mental health (52 per cent a year prior to working with Housing First, 18 per cent since working with Housing First.) The drop in poor mental health and rise in better mental

An Evaluation of the FLIC model

health was higher among FLIC clients.

Two of the clients interviewed commented that their mental health had improved.

'My mental health is getting a bit better'. – FLIC client

'So different, a hell of a difference. I was around difficult people I nearly tried to kill myself. I felt disgusted. I felt sick it was making me ill'. – FLIC client

'I am under psychiatric care now. It's going well'. – FLIC client

One of the FLIC workers commented that clients housed seemed more willing to access mental health support and the increased stability from being housed had led to improvements in mental health.

"In terms of mental health, I don't think it's enabled them to access mental health services any easier but I think due to the general improvement in their quality of life and feeling of independence and ownership of their needs they have all been more willing to access support. Of my three clients; one is regularly seeing a psychologist, one is being referred for CBT and the other one has a much better sense of well being and ability to cope with day-to-day situations." – Support worker

Substance misuse

Among the clients who completed outcomes forms some significant reductions in both drug and alcohol use were reported.

A year before Housing First all clients (six) reported being drunk or street drinking compared to only one client after being housed.

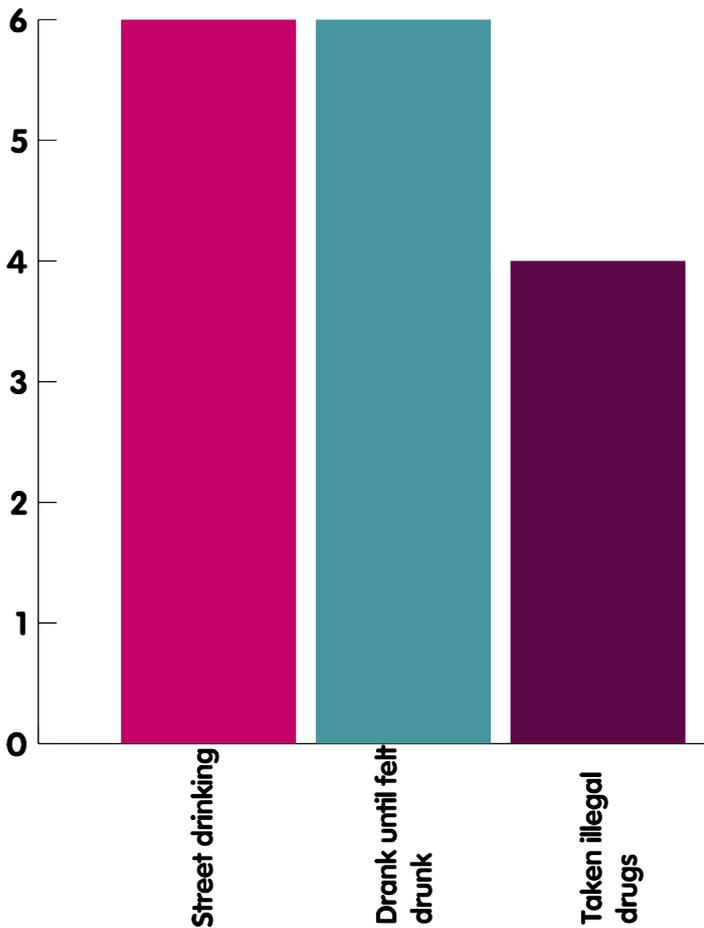
A year before Housing First all clients (six) reported being drunk until they felt drunk compared to 50 per cent (three) after.

Finally, four clients (67 per cent) reported taking illegal drugs a year before Housing First, compared to none after.

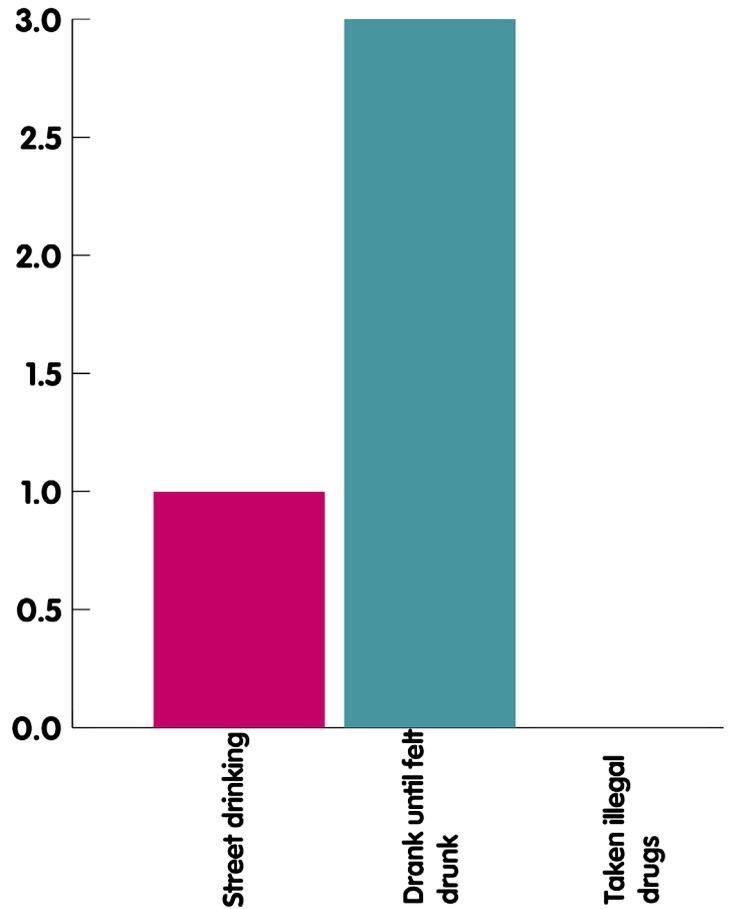
Drug and alcohol use	Years before Housing First	After receiving Housing First	Difference
Street Drinking	6 (100 per cent)	1 (17 per cent)	-5
Drank until felt drunk	6 (100 per cent)	3 (50 per cent)	-3
Taken illegal drugs	4 (67 per cent)	0	-4

Housing First in Islington and Camden

Substance misuse one year before Housing First



Substance misuse after Housing First



National evaluation

Compared to the national evaluation there was some limited evidence of reductions in drug and alcohol use. 71 per cent reported they would drink ‘until they felt drunk’ a year prior to Housing First, falling to 56 per cent when asked about current behaviour. When asked about illegal drug use, 67 per cent of the same group reported drug use compared to 53 per cent asked about current behaviour. It is clear that FLIC clients reported a higher reduction in drug and alcohol use.

Those that completed an outcomes form were asked if their drug/alcohol use had reduced and most of them said it had.

‘I gave up drinking after 31 years of it. I enjoy life to a degree now. I ride a motorbike and I am amazed at how well I am respected.’ – FLIC client

‘Yes I do. I have reduced drinking and stopped all drug use.’ – FLIC client

‘Yes it has but I still have blips.’ – FLIC client

‘Yes I am drinking but not as much.’ – FLIC client

An Evaluation of the FLIC model

'Others struggle but I actually see her doing a lot better. There have been ups and downs, but she is changing. The other client is doing better too.' –Support Worker

Two clients had made significant changes in their drug/alcohol use since being housed. One, an alcoholic since the age of 12, had given up drinking altogether and was currently abstinent. Another client had given up class A drugs.

'I waited until no-one was looking and I thought hold on a minute and I couldn't get up in the morning without shaking like a leaf. I had to peddle on my bicycle to get someone to make me a roll up please make me a roll up now that is horrible. Then I thought I do everything because I can so I can give up drinking because everyone says I can't – this is the rebellious part of me. I went to services. I went there for a week for a detox then I went back to the hostel after a week. I never drank again and I have not drunk since. I accidentally went in there one day and they knew me straight away. 'Oh come in' the team said 'you left after a week those that stayed all drank - what's your secret?' I had to do this myself. I couldn't do it with anyone's help it had to be me. I couldn't let me down because I am too stubborn.' – FLIC client

'I've always known I could sort my own life out. I was saying for 30 years, 'I can give up the heroin and the crack cocaine as soon as I get a base, my own place.' I was clean within two months of moving into my flat and I am clean on the phone today after 30 years. I've had no counsellors, no rehab, nothing. None of that.' – FLIC client

'The way I was before just been homeless I really do think that. The only reason I stay off drink now is my stubbornness and also I have someone to please. I am not pleasing them cause they expect. I do it so they can say 'look we helped someone now we can sleep at night.' I would have been in jail probably because I got to a point where I would rather be there than on the streets. Jail didn't scare me any more.' – FLIC client

One FLIC worker commented that having their own front door had been a catalyst for these changes made.

'Having their own front door, independence feeling part of the community, knowing they don't have to share - they can go and hide themselves away if they want to in their own space. For a lot it has been a foundation to move forward or deal with different issues.' – Support Worker

Housing First staff also noted that they had seen these changes in drug/alcohol use.

'One of the clients who was an alcoholic has not touched drink for eighteen months. Another client was always getting picked up for petty theft but he doesn't do that anymore and drug and alcohol intake has decreased.' - Housing First Worker.

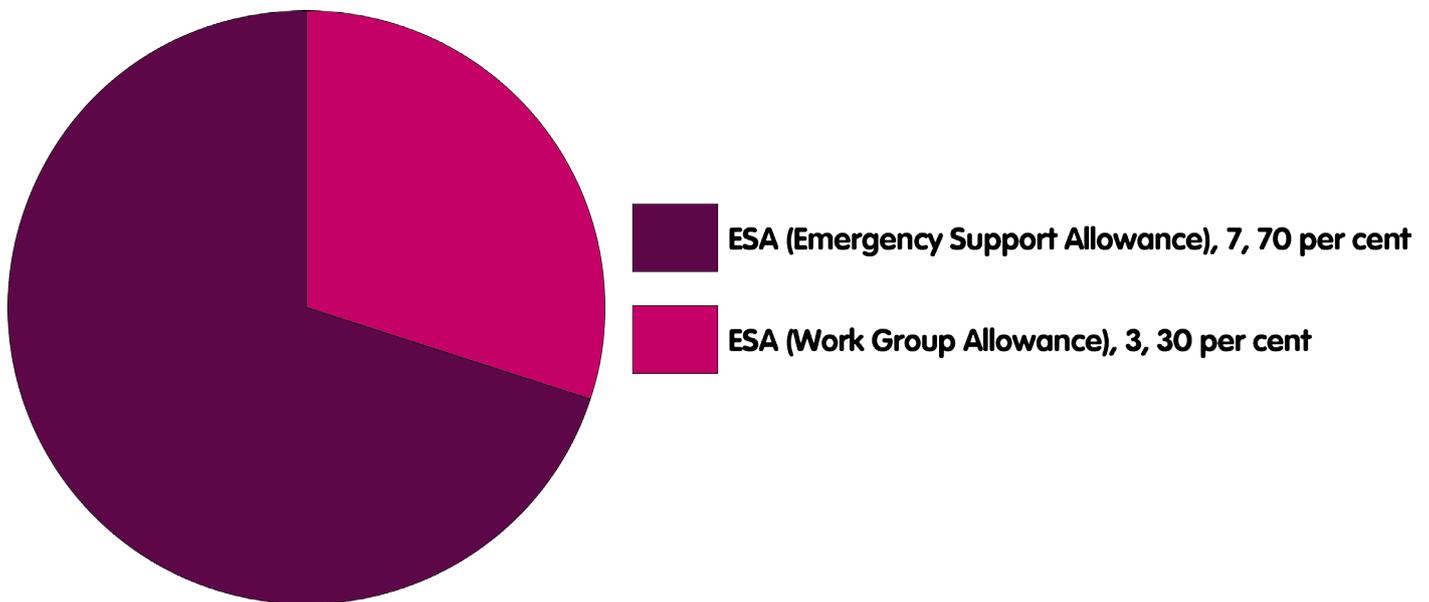
Housing First in Islington and Camden

Social Integration

Economic integration

Levels of paid work among clients housed were low. In fact, none of them were working and all were on long-term benefits and their situation had not changed since using Housing First. Considering the entrenched needs that clients presented with, economic integration in the sense of securing paid work was not an immediate or expected goal for clients. However, clients are encouraged to think about work opportunities. Reliance on benefits can lead to alienation from 'ordinary' social and economic life.

Benefit Type



One client had done some voluntary work and one client was currently doing vocational training but others did not feel ready.

'I can't even look after myself at the moment let alone all that. And I used to be a manager. I don't think it would work now.' – FLIC client

'I am doing a hairdressing course at the moment.' – FLIC client

'I did a lot of volunteer work but after a while I felt used and stopped.' – FLIC client

'More plans than I ever had - I don't know where to start. I want to get back into work but it's not affordable. I have to go outside London.' – FLIC client

'We have discussed what I want to do in the future but I have to get myself well first before I even think about it.' – FLIC client

An Evaluation of the FLIC model

Community participation

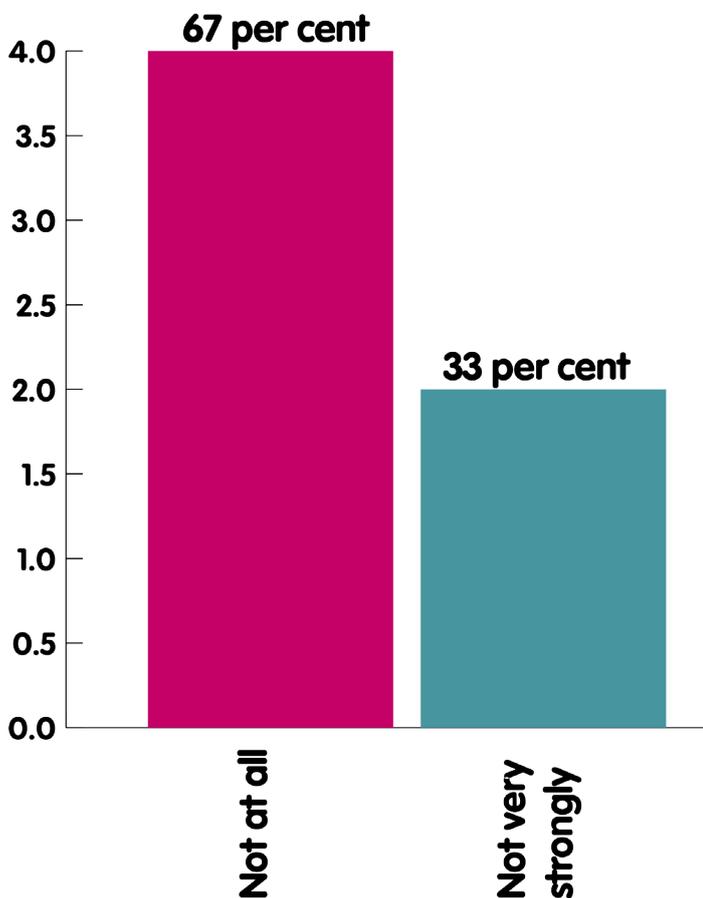
There was strong evidence from the clients who completed outcomes forms that they felt a greater sense of being part of a community.

Before Housing First 67 per cent said they did not at all feel sense of community compared to only one client (17 per cent) after.

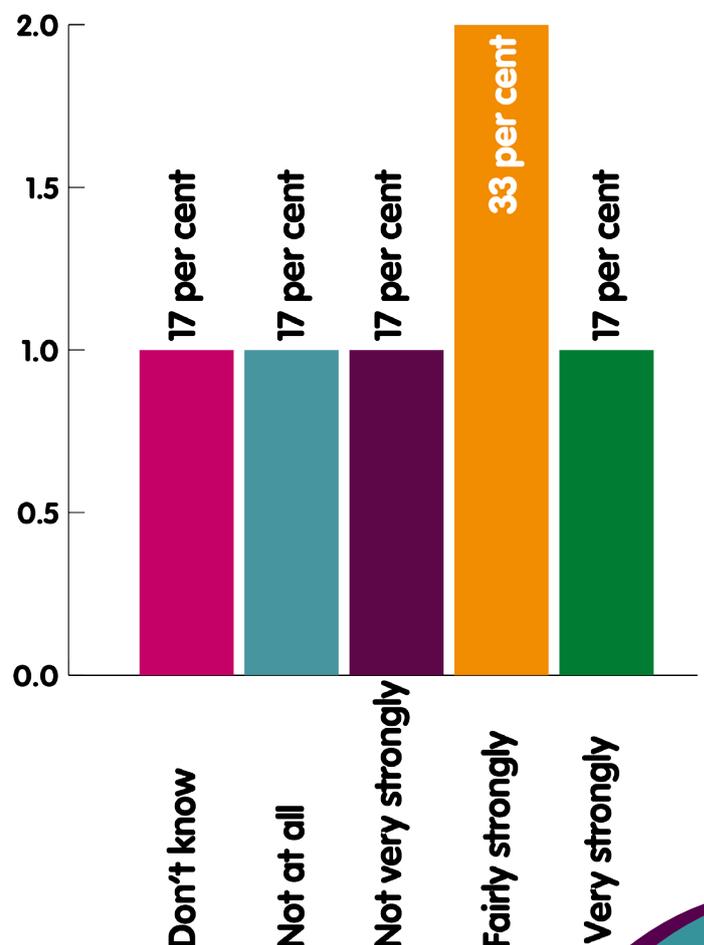
After Housing First 33 per cent said they felt fairly strongly a sense of belonging and 17 per cent said they had a very strong sense of belonging.

Community participation	Years before Housing First	After receiving Housing First	Difference
Don't know	0	1 (17 per cent)	+1
Not at all	4 (67 per cent)	1 (17 per cent)	-3
Not very strongly	2 (33 per cent)	1 (17 per cent)	-1
Fairly strongly	0	2 (33 per cent)	+2
Very strongly	0	1 (17 per cent)	+1

Sense of community belonging one year after Housing First



Sense of community after receiving Housing First



Housing First in Islington and Camden

National evaluation

Compared to the national evaluation there was some evidence from the service users who completed outcomes that Housing First brought a greater sense of being part of a community. When asked about how strongly they felt they belonged to the neighbourhood, 64 per cent reported that they felt 'fairly strong' or a strong sense of belonging, compared to 38 per cent one year before they started working with Housing First.

Community belonging is broader than having local community connections. One client commented that, since being housed, he felt more a part of society/ community.

"For example when I got that voting slip from Haringey for that election. The positive thing for me is that I feel, for the first time, really ever in my life, that I feel like part of the community. My name was down there when I went to the hall to vote. It was down there under Haringey, I get my council letters and that. You see when you're in prison or on the streets, people are telling you, 'You're in the way of community.' I always felt in the way. You're always in somebody's doorway or in a park drinking, you're told to move along, you don't belong anywhere. You're just in the way." – FLIC client

For others being housed had provided them with the opportunity to strengthen and develop family ties which had led to a greater sense of community belonging. Housing First and FLIC had often taken an active role in helping re-establish these family or personal links.

'Very much so my family love and care about me, respect me, and I have a whole new group of friends.' – FLIC client

'Yes family ties and accessed services.' – FLIC client

'Yes I have positive social networks and engaging with social networks.' – FLIC client

'It is in working progress' – FLIC client

'I have maintained a strong relationship with my family but they worry about me a lot.' – FLIC client

'My kids coming to see me. Every now and then my eldest son coming to stay over. Basically not having to answer to anyone.' – FLIC client

'They put me in touch with my son again. I couldn't have done it without them.' – FLIC client

'His relationship with his children has really improved, Stephen is about to be a grandfather. He has been included in family meetings to discuss his daughter's pregnancy and it's amazing really to see how Stephen has done.' – support worker

One client had wanted to make a fresh start away from old contacts.

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'In my story, no, but if I had family and friends I would have wanted to move away for a new start. I've been a solitary creature now since I was about eighteen. I always had a single cell in prison, always. Every prison I've been to. I was always alone on the streets. For example, I was an addict on the streets that never shared or used with anyone. I would do my own shoplifting, sell my own goods, buy my own drugs. I have plenty of people I could nod to. They know me, I've got no enemies, just friends. But I've got no mates as such. It was a very deliberate act on my part I think. Emotionally, people get hurt, don't they? I didn't want to let people down because of my lifestyle and that so years ago I did what most addicts do and I pushed my family and anybody away. Heroin will help you do that. It's the coward's way out really. I haven't had anybody meaningful to me for a long time because I didn't want to hurt anybody or get hurt.' – FLIC client.

Although few clients had made local contacts within their neighbourhoods, this seemed to suit them. This is maybe in part from being housed outside of the borough and in part a reflection of society and city living where neighbourhood ties are generally sparse.

'Not really. It's only a short distance I can get the train from there to King's Cross or to my mum so it's not far for me to travel'. – FLIC client

'None. I am actually trying to move now because of the social contacts. I want to move back to Haringey.' – FLIC client

'It is difficult to build up making relationships in a brand new area can take years can't it?' – FLIC client

'I just travel to my mum.' – FLIC client

'No I don't feel like it. I travel to family and friends. It's easy but no.' – FLIC client

One client particularly struggled with the lack of local connections in his new neighbourhood. He had a particular attachment to the Camden area and travelled everyday back to the old locality.

'I am starved of human contact. I bought the bike because otherwise I am just breathing, sleeping. I don't know where I am going to put the bike when the weather gets bad. We looked at another one as well that was no good. We looked at three and I took this one. All same place. It's so hard to get anything in Camden. I am here every day. Woolwich is just different people. I am not the person for Woolwich - it's a set up community they don't want to know you. In Camden I met people every day.'

'I have actually not a single friend in the world to run around with. The gym is in Woolwich so people don't talk. It's like who is the man with ten heads.'

'I get up I go on my bike just to get to Camden then I think where am I going to go now. I sit on the bench where I used to be an alcoholic and talk to people and tell them that.'

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'I hate it. In one way I just don't understand it I don't know anyone. I just sleep there. I have to come out to familiar areas in the day. I can't understand it I don't speak the language - I hate it hate it. I love my flat. I wish I could lift it like a Tardis and move it to Camden, Harrow anywhere where people speak my language. It's all drug addicts, I avoid it all like a plague. I hate all drugs. When I first came here I was 17 and the first place I stayed was Camden.

'I need to move out of London. I love my flat you understand where I am at? I love my flat. I have never had anyone to cook for and I used to be a chef. I have not a single friend in the world. I have three phones and none of them ring'. – FLIC client

Anti-social behaviour and offending

Data shows that offending and convictions have been significantly reduced since being housed. All Housing First clients were regularly offending. FLIC's Inform data shows that since being housed, only two clients have been arrested and subsequently received short prison sentences.

	Yes	No
Arrests	2 (20 per cent)	8 (80 per cent)
Not at all	2 (20 per cent)	8 (80 per cent)

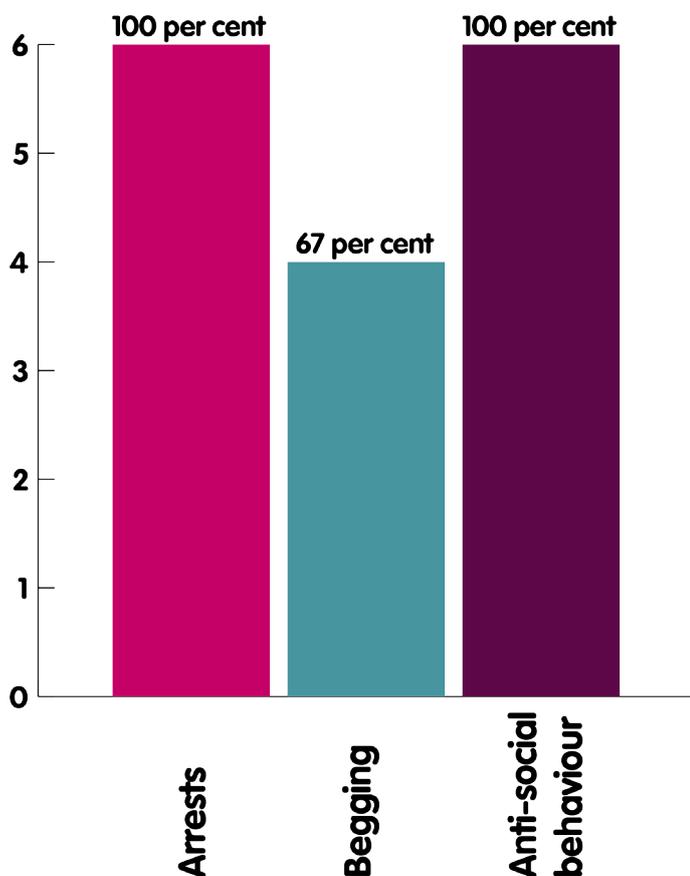
Those that completed an outcome data form were asked to self-report on anti-social behaviour and offending. The data shows significant improvements. A year before Housing First all clients (six) reported arrests compared to two (33 per cent) after Housing First.

Additionally, before Housing First 67 per cent reported begging compared to none of the clients after Housing First and 100 per cent (six) reported anti-social behaviour compared to none of the clients after.

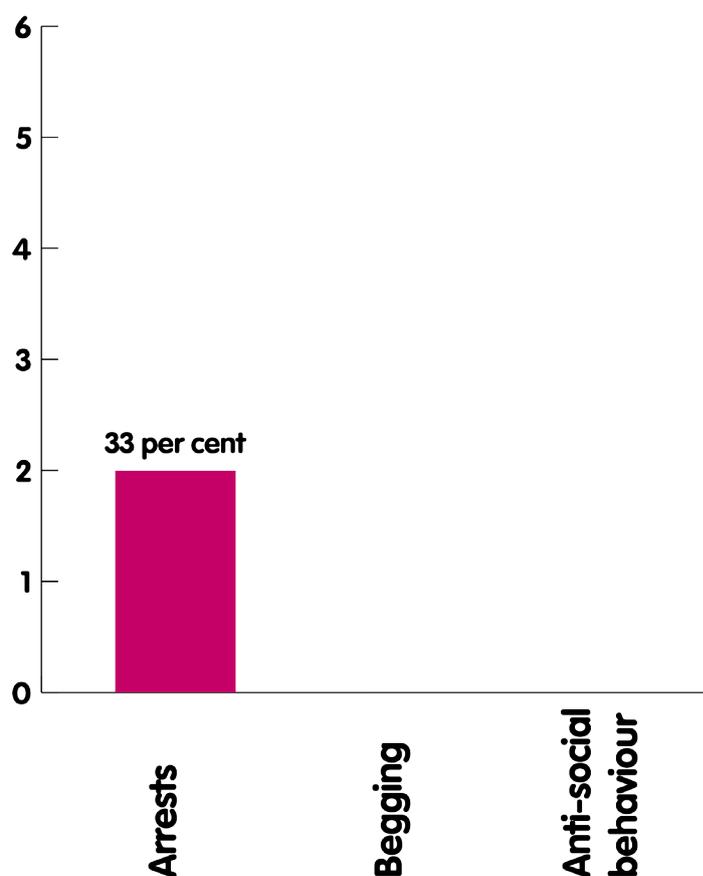
Anti-social behaviour and offending	Years before Housing First	After receiving Housing First	Difference
Arrests	6 (100 per cent)	2 (33 per cent)	-4
Begging	4 (67 per cent)	0	-4
Anti-social behaviour	6 (100 per cent)	0	-6

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Anti-social behaviour and offending one year before Housing First



Anti-social behaviour and offending after Housing First



Clients interviewed were asked to expand on the impact of housing on offending. For many, being housed had given them an incentive to not offend and others conceded that without the opportunity of housing they would have been likely to be back in prison.

'Now I've got my own place for the first time, it's the first time society really has got hold of me in the sense that now there's a deterrent. I've got something to lose that I don't want to lose. My flat, my television, everything like that. You know I've got everything now, a microwave that they bought. I don't want to lose that. It's a big deterrent for me going out shoplifting or using drugs again and all that, because I've never had anything to lose before. I think housing somebody first, showing them actually, 'Here it is then, there's a life.' When you've got a life you don't want to lose it.' – FLIC client

'For me, I needed my own place; I needed my own front door. I've always said that. From there I did give up heroin and crack, which I have. I'm making massive strides, but I needed a place first, because otherwise everything was conditional on complete success or you don't get your own place. The fact is you're going to trip up sometimes.' – FLIC clients

'I think I would be back in prison and I have only been arrested twice since been out.' – FLIC client

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'If I lived in a hostel I would definitely be back in prison definitely.' – FLIC client

'It's kept me out of prison. I still have the odd lapse where I cut up but I know I can stay in for three or four days and no-one will bother me. That's where I wear long sleeves.' – FLIC client

FLIC workers also commented that there had been significant improvements in offending.

'I think reduction in offending has been a really significant one. So for all three of the clients I have worked with, two of them have not offended at all and one only once, for which he received a conditional discharge which is the first time in his life he received a non-custodial sentence. He was imprisoned on average three times a year prior to getting the flat and now he has had one arrest in eighteen months and no custodial. This is really significant for him.' – Support worker

'There have been big time improvements especially for Timothy. For me Tim is my good example of how it works really well. He still struggles with his drinking and mental health but he was never out of custody he has not gone back to prison he has had a couple of arrest but never gone back for him that is really empowering.' – Support worker

Views on Housing First model and support provided

Interviews with FLIC workers and clients were used as an opportunity to explore more about the Housing First model, what works, compare it to previous experience and explore the nature of support in place.

Staff were asked to define the FLIC model.

'I think the key ethos of the model is about providing an independent home for people that is not reliant on any conditions so, compared to the more traditional housing pathways which is conditional, it's turning it around and finding housing then providing flexible wrap-around support and letting them deal with things in their own time rather than putting goals and conditions on top off them.' – Support worker

'We just have the ethos of the main one - taking some of the principles put up by Housing First England and tailoring to them our clients. The support is with client not the tenancy, is the basis. We also believe in engagement of client in terms of offering them support.' – Housing First worker

The model compared to experiences pre-Housing First

Clients were asked how the model compared to previous experiences and what it was about the model that worked for them. Many of the clients described the need for housing as a starting point for other changes and described the revolving door cycle of homelessness and offending or substance misuse. They revealed that, without a base and while rough sleeping, it was impossible to deal with other issues. Long-term homeless

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people are often caught in the 'Revolving Door' cycle. They are often in hostels but evicted, leave or are unsuited to these services and consequently never get housed.

'I found it very insulting sometimes. I know everybody means well but when you've got a graduate, a 24-year-old, sitting in front of you saying, 'Well John I'll tell you what you need,' there's something very offensive about that. When I've been telling them for 30 years, 'No, I'll tell you what I need, I need somewhere to live.' I was let out of prison 48 times 'NFA', no fixed abode. When you leave the prison gates it didn't matter if I went right or left. It was irrelevant. Yes, I'm responsible that I kept going back to prison, but when you're released from prison with just the clothes you're wearing and £47 in your pocket, are you really shocked to see the same man back in court within a month? Obviously that was my fault, but I was being set up to fail for many years'. – FLIC client

'Until February 2012 I was living with partner and kids. On 2nd Feb 2012 I had a mental breakdown and went to prison for seven weeks. I was released homeless so when I was released committed crime and went back to prison and again and again. Then I was in and out of prison for four years basically and I was put in hostels a couple of times but me and people don't get on so I ended up going to prison again. Then these lot come to see me in prison when I came out I was released homeless again but these lot met me and put me up in B& B's for about one month then they found me my flat where I am living now'. – FLIC client

'I never got any help from prison. I didn't drink when I got out so I started drinking again because actually when you are homeless it helps you keep warm. This is not an excuse, it's also real. You can't sleep unless you're drunk or you will go mad'. – FLIC client

Others described that it was unrealistic trying to put support in place without a fixed address.

'I've never had any help to find a house or home before. No experience before. Nobody will help you. Every other system I've gone through, 'We don't deal with housing,' that's the first thing they tell you. You think, 'Well what's the point of doing this, what am I doing here?' Because you see when you're trying to think about giving up drugs-, if you're living on the streets, and you're doing drugs all day every day, shoplifting and all that, it really is a case of 'get yourself a life'. I don't see how you can do that without a base to do it from. People were being ridiculous with me. The thing is they were saying, 'We can get you in to Cranford College.' I was homeless. 'We can get you a training deal on a building site for the Olympics, or a job.' I was saying to them, 'Are you not listening to me? I am homeless. You want to give me a job on a building site? Well what, wake up in a shop doorway and go to work?' – FLIC client

'There's a lot of stuff on offer and I soon realised they were just ticking boxes. It wasn't their fault. I believe a lot of frontline workers do the work they do because they really do give a damn. They certainly don't do it for the money. They're just ticking boxes. It's like the drug testing in prison. I remember they kept testing everybody on the drug-free wing. Just so they can say, 'Look, this is how good we're doing,' with as many names and that as they can. I just found that most of them are just box ticking exercises. This is the first time I stuck with anybody because they actually do something

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physical, you know? Actually do something as opposed to talking about it all'. –FLIC client

One client described the preconditions that had come with other offers of support which prevented success.

'I think for very short spaces of time. I've never stuck with any of them. They always want you to jump through hoops. There are preconditions. Go to rehab, get clean, be teetotal. I'm not going to jump through hoops like that; I've never been able to do that.' – FLIC client

One client commented that the FLIC team were particularly tenacious in finding him and trying to find him support. He felt he had built up significant barriers to receiving help because all previous offers of help had failed.

'I met x from the Safer Streets Team and a few other ones and they kept finding me in spots you wouldn't think you could find me and I kept thinking this is a waste of time. They were just annoying me, getting my hopes up and nothing ever happened then. Eventually I was up at Margaret Street in the soup kitchen and I was just in the queue then a car pulled up and it was x and four people got out and they said get in the car, you can't stay there anymore. There is snow on you. And they got me into a hostel on Finchley Road. Eventually I was there a month or two then I went to Kilburn. I enjoyed it there and I had a choice of a room but I got fines and stuff and lost the room. I was homeless again and sleeping by Euston - Sean found me again and I got into Southampton Row. From then I thought I have got help here because you just don't care. You are living from one moment to the next. It was horrible. I laugh at it now because I just can't believe how my life changed. Anyway, eventually I got in there and it was very strange, people helping me. It was unfamiliar. It takes your brain a long time to cope with that. You are very rebellious and you shout and that I still do - it's like you can't let go of that bit saying 'I will be on the street again soon there has got to be a catch somewhere.' I think you've got to believe there is hope. I just thought I need this yesterday because I suffer anxiety. Next week is no good. I don't want it at all now because the anxiety of being homeless, you have not got patience. I coped somehow; I liked the staff. I still pop in because I go past there and I met new staff.' – FLIC client

Clients were asked how their experience of Housing First compared with other accommodation. Clients described being in hostel accommodation with a lack of independence and the temptation of other users. One client had been in particularly disturbing mental health pathway accommodation which had led to a decline in her mental health. Hostels pathways often do not work for the most chaotic of clients who do not suit them and have a limited capacity to address either substance misuse or offending on the street.

'Hostels have got people coming into room check if you are clean. I am a clean person. You won't find any dirt. Simple fact got own kitchen, cook your own food. I would not dream of using anything in a hostel or a B & B where you got to use other people's pans or anything.' – FLIC client

'Yeah I was in place for people with mental health problems. But to be honest I was not in the right

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place. There were really, really ill people. I said it to them. I was under Camden who referred me. I was there a year. But to be honest in that year I thought I was going to commit suicide because of where I was. It came to the end with Camden and they referred me.' – FLIC client

'It's totally different I don't have to deal with a whole group of people I don't want to mix with, having my own space to keep myself to myself.' – FLIC client

Some FLIC staff also described the hostel pathway or accommodation as not always being suitable for clients who were ready and willing to make changes in their lives or chaotic clients - as their lives in such places often spiral. Housing First is perceived as an opportunity for a new environment.

'I think it could work. It does work if there are no other resources because there is not much housing apart from the pathways hostels and with our clients pathways does not always work.' – Support worker

'Some people want their own front door without all of the problems that come with hostels like substance misuse if they are recovering or going down a different path going into a hostel does not always give you that opportunity. They have got to be ready but then saying that sometimes you give someone that opportunity that is not ready and then they are able to make that change.' – Support worker

'Those that want to live independently, those that actually want to rather than those forced into, don't respond. If client says they want their own place Housing First will work for them because the client makes it work for them.' – Support worker

'I think the fact they are actually are not homeless but for a lot of our clients the pathway model does not suit them and when they live in hostels they get more into alcohol and more into drugs and then they also get into fights and they find the environment really difficult to cope with so they are more likely to get evicted. Whereas some of the people I work with in Housing First have done really well because they have kept themselves to themselves and not mixed with their neighbours and not got into conflict, so they have managed their tenancies.' – Support worker

'They feel under observation in other environments. They feel they are adults - why should adults be monitored? They feel more independent. They see us but it's their choice and they don't have to see us everyday. That is quite empowering for them really.' – Support worker

'It works for FLIC clients because they are by nature some of the most disengaged and complex in their needs and I think a lot of them have been through traditional housing pathways and it has not worked for them for exactly that reason, because they were not ready to address their drug use or mental health because their issues are so complex and overlapping and they don't have the appropriate support around them to address the issues, especially when they are in a homeless hostel surrounded by other drug users. So I think for FLIC clients, giving them independence in terms of their living conditions with support that follows their needs has worked.' – Support worker

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'In a lot of cases we have seen it tends to be clients who are very entrenched in street homelessness or revolving door prison cycle type thing and they have been trapped in the cycle for years without ever being given opportunity. They have been in a system that has failed them for a very long time and because it is so new to them they have been really happy to work with us and receive support.' – Support worker

One client described Housing First as working for him because it offered an incentive to stop offending that was previously not there. It offered him an opportunity to feel part of society and it allowed him to remain empowered about lifestyle choices without pre-conditions.

'It's because the prize is there. Also, it's not trying to win a prize like through rehab, trying to pretend to be something I'm not, because I'm never going to be teetotal. I shouldn't tell you this on the phone, and I know you can't condone it. I would always have a little spliff or something, or a can of beer, but I wanted to stop committing crime and get off the hard drugs and all that, which was the reason for my crime. The rehab system, it's teetotal or nothing and that's just not realistic for most addicts. Well, I'll talk about me; the truth is it just wasn't realistic for me. It was never going to work. There's that big kid in every addict and homeless person. 'Don't tell me what to do,' sort of thing'.

'I've never kidded anybody. I've never said, 'I'll be substance free.' That's not me, it's not who I am. But what I did want to do was take responsibility. No more crime, you know. And be a part of society. That's the thing with housing first for me. I don't want to say which way because it's irrelevant how I voted, but for example that Brexit vote, it's the first time I've ever voted. To get that slip from the council through my door, you see when you're homeless or in prison you're in the way of society. When you've got your own address you're part of society, and I can't begin to tell you the difference that makes to me in my mind.' – FLIC client

Choice and empowerment

Satisfaction with accommodation

Clients were asked if they were satisfied with the quality of accommodation and whether they had felt they had been given sufficient choice. Five clients interviewed felt they were given choice and were happy with the standard of accommodation.

'It's a little studio. I love it though. That's what I wanted to be honest. I know you can't be choosy but I wouldn't want a big one-bedroom flat. Not because I'm lazy, I keep it spotless. I do. I've got my easy chair, my bed, my kitchen units, my TV and I control it easily. I can keep it nice and clean, you know?' – FLIC client

'One room. The main room, only got a bed in, then got a shower and a toilet and a kitchen. Very quiet location. West London. Nice.' – FLIC client

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'Yes can't fault it. Got my own place and no-one looking after me like in a hostel got people looking.' – FLIC client

'It took a couple of months because Sam thought I was not really ready. To be honest when I moved in there was nothing really there except a wardrobe. I have made it homely myself. I did it all myself. There was not work to do.' – FLIC client

'It's nice, I live basic. I've got an en-suite shower. It is shared accommodation there is three. It is a house. I left the back garden. I have let it go because I did it all last year.' – FLIC client

'Through x basically went and had a look at it I liked it straight away. I saw potential. I could do things up, but why should I when the landlord doesn't pay for it.' – FLIC client

'It's a studio, a room in a shared house but it has its own shower and its own kitchen sink. Real nice, all newly done.' – FLIC client

One client said she felt unsafe in the property.

'When I think about my own safety - you have to where I am - for a lady by myself it's not at all safe. I have to walk through an alley way and its pitch black. There are no lights working there. I said to them there should be lights, what if I fell?' – FLIC client

And one support worker felt the size of properties offered was disappointing but an inevitable reflection of the market.

'It's not the model but I would change the size of the places, that's one thing I do have an issue with myself. All the properties I have seen are really small. I think it's hard to expect someone to live in a tiny space without getting frustrated and I think it would be really nice if we were able to give them fair size properties.' - Support worker

Clients were asked whether they felt they had been empowered to make the choice about taking the property they selected particularly in light of the fact that three clients were unhappy with the location. Four clients interviewed felt they had made the choice.

'Because I felt I had to I didn't want to keep moving in B & B's. When I was in the B & B's you had to be out by 10 or 9, so a solid base.' – FLIC client

'I can't remember. Sam helped me. Yeah I could have waited to be honest but at that time I didn't. Sometimes I think I should have waited for a different area.' – FLIC client

'I couldn't handle the five flights of stairs, you didn't want to bring anything back shopping or anything. I counted them all the time. I felt like I was in jail but I could leave. I just didn't feel right there. Then I was introduced to Brian and since then my life has changed a lot. They mentioned the rent deposit scheme and I asked 'have you got anything at the moment' and he says there is a few. I said anywhere is better than no-where. I just want to get away. I looked at one in Woolwich. I see

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the garden and I see potential and that's it, I am still there.' – FLIC client

'It was fine. It was not important, I wanted my own place to call home. I leave in the morning on my bike and I come back at night.' – FLIC client

'It was completely straight forward choosing it, it couldn't have been easier I am so grateful without you guys I would have been screwed. I have no complaints with it.' – FLIC client

Two clients described being unsure about the location from the outset.

'When they come to visit me in prison I told them the boroughs that I wanted to go to and I didn't get any of the three boroughs that I said, but at the end of the day I can't fault them.' – FLIC client

'To be honest because of the location I didn't want to go. I was brought up around Islington all my life. I told Sarah she said maybe it will be a change for you. It's not far but still very different.' – FLIC client

'No concerns but being so far away from my kids was a problem, you can call that a concern. A little bit. The area. I looked around and I could see what it was like, you know how you can judge straight away can't you. You come out see lot people sitting on wall drinking a lot all the time. I thought to myself this is a bit hectic. I was concerned to be honest. I am still unsure of the area.' – FLIC client

Support provided with Housing First

The range of support needs among clients is broad, ranging from poor physical and mental health and problematic drug/alcohol use, lack of basic living skills, lack of confidence and low self-esteem. Despite similar characteristics they have a great variety of need and support is tailored and individualistic.

The FLIC model essentially divides the Housing First model in two. The Housing First staff provide access to the private rented sector and the support workers provide additional support. However, in reality the division is not clear cut and Housing First staff also provide emotional support, advice on work/training, enhance community links, support with benefits and budgeting. They also refer to other services. The support provided by Housing First was recorded in a Housing First database. The data shows that most clients were given emotional support and advice on work/training and all clients were given case management benefit advice, budgeting advice and support with community links as part of the service. Additionally, links were made with medical services, drug/alcohol services, criminal justice services and psychiatric services. In addition to this, support would have been provided by FLIC workers.

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Support provided	Yes	No
Emotional support	6 (60 per cent)	4 (40 per cent)
Work/training	7 (70 per cent)	3 (30 per cent)
Case management	10 (100 per cent)	0
Benefits	10 (100 per cent)	0
Community Links	10 (100 per cent)	0
Budgeting	10 (100 per cent)	0

Links/referrals made to other services	Yes	No
Medical services	8 (80 per cent)	2 (20 per cent)
Drug/alcohol services	9 (90 per cent)	1 (10 per cent)
Criminal Justice services	10 (100 per cent)	0
Psychiatric services	7 (70 per cent)	3 (30 per cent)

In practical terms Housing First staff usually begin working with clients one to two months before placement to assess their suitability for independent living and their strengths.

'I try to place clients with different types of landlords. For me I tend to work with the person one month or two before placing them that's my criteria so I know what their strengths and weaknesses are. That allows me to put them with a landlord who is either hands on or not so there is not really a criteria, just finding those individual strengths and weaknesses.' –Housing First worker

In terms of wider FLIC support data shows that all clients were enabled to access a personal budget and 20 per cent had accessed in-house psychology services.

Referrals made to FLIC services	Yes	No
Peer Mentoring	0	10 (100 per cent)
Psychology	2 (20 per cent)	8 (80 per cent)
Personal budgets	6 (60 per cent)	

Nature of support

Clients interviewed were asked about the nature of additional support they received and Support staff and Housing First staff were asked to describe the type of support they have offered.

All clients interviewed were happy with and described the practical support given to furnish the flat and ensure it was in a good state.

'They've done all that. It's all done; I haven't had to do anything I must admit. Housing First's brilliant and I don't think he would put anybody in a property that they need to do themselves.'

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Maybe it's because of the nature of people like myself that he's working with, he knows, 'Hey, I can't put John in a property and there's a paintbrush, hammer and nail, you know what I mean?' – FLIC client

'FLIC bought all my bedding and microwave.' – FLIC client

'It was so smooth it was unreal. They said just 'tell us what you need I will get it' I need a bed etc. I couldn't show thanks enough.' – FLIC client

'FLIC got me everything I need wardrobe, bed - obviously I got a lot of stuff. Even my cutlery. Everything I needed quilts, sheets, blanket.' – FLIC client

'They have dealt with the landlord on my behalf. I have not even met the landlord. That totally suits me because I have post traumatic stress disorder and I can't really deal with a lot most of the time and I know the FLIC team and it's easier for me to go through with them.' – FLIC client

The perception of clients was that they are very well-supported in all areas. Clients particularly highlighted the benefits of having access to someone on a phone, constant availability of staff and feeling able to ask for support for a wide range of issues.

'I am given a lot of support in that sense. Whether it's just because of the nature of the place, I mean I am lucky, I did say I would need support. I didn't say, 'Get me a house and I will live brilliantly from then on.' I always knew it would be tough, but the way I see it is that to build a life, I don't know about you but if you look to the top of the ladder that's too far to go and most people walk away. If they just offer you the first rung first it gives you the courage to take some steps, doesn't it?' – FLIC client

'They've covered it all. It's brilliant, and they're here. I could come in seven days a week if I wanted to talk to them. Or once a fortnight, and that's the other reason why I can work with them. They're not being sloppy at all but they don't put any conditions on me.' – FLIC client

'I get on well with him, prefer face to face so you can look at someone. I've only had one problem and phoned Ryan and they came round the same night. I am not into talking on the phone. I am not sociable I just want yes or no and if you give me nonsense on the phone I will just tell you where to go.' – FLIC client

'I can't fault these people. I can't fault these people one little bit.' – FLIC client

'You know what, I haven't asked for any because I really wanted to, I believe that it's all there if I wanted. Seriously. Including drug support. If I want it, it's there. Not necessarily all of it from this team, but they would find by that afternoon where I can get it. There is no doubt. I have been told, not in the sense of taking the piss, but anything I do want I can ask and I can get it. If I asked for two weeks in the Algarve I probably wouldn't get it, but what I'm saying is, you know what I mean. The support is fantastic. Like I said I've had budget issues, they got me a bus pass where I only pay a tenner a week and when I haven't been able to put a tenner on that they've done that for me.'

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Things like that. It's brilliant support. If I run out of food, they'll give me a Tesco voucher for £10. They don't encourage me to take the piss, I can't come in every day, but then they haven't said I can't either. You know, they're treating me like an adult because I'm acting like one. I did give up the drugs, I do keep myself clean shaven and smart and clean.' – FLIC client

'I know I can always phone Sam. I know I can always phone and talk to them.' – FLIC client

'Yeah been fine. If there are any problems I speak to Theresa and she passes it on. She has helped me a lot in other ways – she has been really supportive.' – FLIC client

'It's more than enough. Anytime I want to talk to them I can ring.' – FLIC client

'I wouldn't be as relieved as I am without the team. I just can't do things for myself, I have to have people to do things for me. Otherwise I don't care.' – FLIC client

'Clare is brilliant. Rachael I have only just known her but she is just a nutcase.' – FLIC client

'Basically if I need him I can phone him any time. If I need him he is totally there.' – FLIC client

'Just in general the support is brilliant. I started on the streets homeless in central London and they totally took me out of that. I would not be here today if it was not for them. I was suicidal. I would have killed myself or someone would have killed me. I was having a nightmare and they put me up in hotels – they totally supported me. I couldn't have done this without them.' – FLIC client

FLIC staff verified that they are available to support with any issue and provide emotional support for those experiencing isolation.

'Support? We try to do everything so if they need someone to talk to we are here, any issues with the property we are here. I work with the FLIC workers.' – Support worker

'I think there are really common themes, so for example in terms of procuring the property and making sure all the boxes are ticked we make sure everyone is on housing benefit, lots of practical support, benefit, bills, tv licence – that's what we do for everyone. For everyone as well there is support around linking in with services so we make sure they have access to support in their new area. Budgeting, we help with and also people move into flats without any possessions so we support them to use personal budgets to make their flat more hospitable and enjoyable for them. And I think a universal one is emotional support – to have someone to speak to and spend time with to avoid isolation and support issues to be the voice on the end of the phone.' – Support worker

Clients were asked to describe some of the issues that staff had supported them with and it included help with bereavement, depression, tribunals and family ties.

'My children contact. Lots of advice. My father died, lots of help to get over there. Anything I need help with. I find it hard to ask for help because I don't want to feel I am pestering anyone because

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of my pride. It's hard to get back to caring. I let things go till it's too late. I can't handle bad news.'
– FLIC client

'I got mental health problems and they help.' – FLIC client

'To be honest she tries to talk me out of it say if I am depressed or down she talks about positive stuff and doing positive things.' – FLIC client

'Yes. I didn't need any help he helps me with anything with the landlord, it's more than that it's help with everyday things. It's help with my kids, its advice, endless advice all good advice.' – FLIC client

'They got me a tribunal. I was on the wrong benefits for 12 years.' – FLIC client

'I was so lost when my dad died I just rang Tim and they got me there. I don't know how I got there. I needed that.' – FLIC client

Cost Effectiveness

It is anticipated that there may have been significant cost savings or offsets through placing clients in Housing First. For example, if a long term homeless person enters accident and emergency 20 times there is a clear financial cost. Using Housing First to place someone in their own home, put support in place, including access to a GP, is likely to lead to gains in their well-being and reduction in hospital use. This evaluation has shown there have been other outcomes for the selected clients such as a significant reduction in offending and psychiatric admissions. However there is also the possibility that Housing First may cause costs to rise for many of our FLIC clients. The issue prior to Housing First was not over-use of services, but poor access to services and once they begin to access services previously not utilised, costs may increase in the short-term but are counter-balanced by lower use of crisis emergency services.

To be able to analyse economic costs we would need to collect data and compare clients' use of all services for a period prior to Housing First compared with afterwards. To date we do not have the systems in place to obtain and access this. Future plans for evaluation include this form of longitudinal economic analysis.

In the interim we refer to costs utilised in the National Evaluation of Housing First. They highlight that one of the ways to measure costs is to compare the costs of Housing First compared to the usual pattern of services used to reduce long-term homelessness.

They calculate the following:

Assuming three hours of contact per week from a medium cost Housing First service (£34 per hour), a total cost of £5974 in support and health costs, including £672 for GP time and the outpatient appointments. A saving of £18,638 is made per person.

This is compared to the illustrative health care, support and criminal justice costs of £24,612.

Concluding remarks

Evidence from this evaluation indicates that the project's Housing First service model has proven to be a highly effective strategy in supporting people affected by long-term and recurrent homelessness to gain access to stable accommodation and acquire life skills. The initiative has also clearly demonstrated that it is possible to help people sustain tenancies through intensive, open-ended and flexible support. In addition to the highly successful sustainment rate, the evaluation demonstrates significant outcomes for clients despite there being no pre-conditions for treatment. There was significant improvement in physical health and psychological well-being and reductions in offending and substance misuse. Client levels of satisfaction, sense of community belonging and feeling of being supported were very high.

The evaluation raises challenges facing the Housing First model regarding the London housing market. The London private rented sector is competitive & highly insecure. Benefits changes and the London Housing Allowance have made affordability in the boroughs of Camden & Islington largely out of reach. On the one hand, a move out of borough enables clients to have a fresh start: It may, however, affect the intensity of support that workers are able to provide. One possible avenue to explore is local social housing. It would be helpful to give further consideration to these challenges if the scheme expands.

Challenges and Lessons Learned

The project has successfully sustained engagement of very hard-to-reach clients with high and complex needs. The Housing First scheme does not have pre-conditions in terms of sobriety. The sustainment rate is a great success. However, two placements that are likely to break down are due to prison sentences. While not placing any pre-conditions on people, perhaps it is fair to say the programme's success is in part dependent on clients' own willingness and ability to make some lifestyle changes.

The London Housing Allowance and benefit changes have made affordability within the borough out of reach. Placing clients outside of the borough can work for clients who want to make a fresh start. However, evidence from the evaluation also shows that some clients are greatly attached to the local area or neighbouring boroughs. It is also more difficult to provide intensive support out of borough. Management are to explore the possibilities of providing some local social housing.

One of the constant challenges encountered by Housing First staff involved addressing stakeholder's reservations regarding the risks accommodating people.

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Living in London on benefits continues to be a real struggle. Personal budgets are being used to supplement basic needs like food and bills.

Once housed, clients do experience gains in health and well-being and reductions in drug/alcohol use. Physical and mental health improved in all clients and substance misuse was reduced. These outcomes prove that the model works and that once the chaos of homelessness is eliminated clinical and social stabilisation occurs. Clients were more willing and able to engage with health services and to manage addictions, often without support.

None of the clients felt able or ready to enter paid work and perhaps some form of employment or training support needs to be in place to help people become work-ready and economically integrated. The barriers between long-term homelessness and employment are often significant.

Being housed creates a greater sense of community belonging despite lack of neighbourhood connections because clients are more likely to feel part of society and to strengthen often shattered ties with family and friends once their lives are more stable. However, there remains a need to develop innovative ways to combat social isolation, especially where clients have cut ties with former networks and are then placed in unknown localities.

Being housed provides clients – often for the first time – an opportunity to break the repetitive cycle of offending (which is often undertaken as a means of survival) and can provide an incentive not to re-offend.

Being housed has often been the first opportunity to break the ‘revolving door’ cycle that many clients described previously being trapped in. It provides the opportunity to address issues which are unrealistic to manage on the streets and to address issues independently without peers in similar situations.

Support is individualistic and difficult to define. However, the principle that clients appear to flourish under was that support is always available and all encompassing. A key message from the evaluation is that the success hinged in large part on the quality of relationships between staff and users.

Promotion of this Housing First approach to tackle homelessness is recommended at all levels, local, national and regional.

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