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# The Inspiring Change Manchester Housing First Pilot:

## Final Evaluation Report

Deborah Quilgars and Nicholas Pleace

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Nicholas Pleace and Deborah Quilgars

## Disclaimer

The views expressed in this report are not necessarily those of Shelter/Inspiring Change Manchester or the University of York. Responsibility for any errors rests with the authors. This report draws on administrative data collected by Shelter. The University had no input into the collection or validation of these data. The statistical analysis within this report was undertaken by the authors and they are responsible for any errors in that analysis.

## Executive Summary

- This report presents the findings of the formative and summative independent evaluation of the Inspiring Change Manchester (ICM) Housing First pilot conducted by the University of York over the pilot period April 2016-March 2018.
- The research included interviews with people using the service, front line and senior staff and representatives of partner agencies. Project monitoring was also analysed.

### The ICM Housing First pilot model

- Housing First is the most significant innovation in service responses to homelessness, among people with high and complex needs, that has occurred in the last three decades. The model, originating in the USA, is gaining traction across Europe and further afield, with three large regional pilots commencing this year in England (including Manchester)<sup>1</sup> and a similar initiative proposed in Scotland<sup>2</sup>.
- ICM developed a Housing First pilot to further its core goal to effectively support Manchester residents who have high and complex needs. Housing First was seen as a way to engage with people for whom existing service offers had not been effective.
- The ICM pilot followed a high fidelity approach, closely following the core principles of Housing First, drawing on European and British guidance, which closely reflects, but does not entirely replicate, the original North American model. Inspiring Change Manchester also placed emphasis on peer mentoring within the Housing First pilot.
- The Housing First pilot had dedicated resources of a Team Leader, Housing First Development Officer, two Housing First engagement workers (support workers) and a GROW<sup>3</sup> trainee. Client caseloads were set at six per worker. It was also integrated into a wider programme of support that included peer mentoring, arts-based activities, education, training and employment services and support with mental health problems, also provided by ICM.

### People using the Housing First service

- The Housing First pilot worked with 21 people over the two-year pilot period.

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<sup>1</sup> <https://www.gov.uk/government/news/government-to-lead-national-effort-to-end-rough-sleeping>

<sup>2</sup> <https://www.bbc.co.uk/news/uk-scotland-scotland-politics-43025667>

<sup>3</sup> GROW (getting real opportunities of work) is an integrated initiative that is designed to enable individuals with high and complex needs to access education, training and employment.

- Following some early logistical problems with referrals, a clear referral path was established with all stakeholders and users involved reporting a smooth process.
- Whilst the majority of those accessing the service were men (67%), seven of the twenty-one people (33%) using the Housing First pilot were women.
- The average age of those using the service was 42 (youngest aged 24; oldest aged 55). All people were single at the time of referral to the project.
- The Housing First pilot worked with people with high and complex needs, with a history of long-term and/or recurrent homelessness. Twelve people had been in prison as an adult. Eight people had been in care as children. Ten people self-defined as 'disabled'.

## Housing for people

- Eighteen people had been found housing by the end of the pilot period. The process of finding suitable accommodation for people was not an easy task. The time taken to find accommodation varied greatly from between 7 and 550 days, with an average of 4.5 months.
- People were given as much choice in accommodation as possible, this meant that people would be supported to wait for accommodation that they were happy with, and in the right location, rather than accepting the first offer of accommodation,
- The service found getting housing providers signed up and on board with the concept of Housing First difficult. There was also considerable work required in persuading housing providers, particularly private landlords, that people with complex needs would be able to retain a tenancy.
- Access to housing was enhanced in the second year by the Manchester Housing Providers' Partnership<sup>4</sup>, which made 15, one-bedroom properties available per year to the ICM Housing First pilot.
- Overall, service users, staff and other stakeholders (where they had knowledge of it) assessed the housing offered to the project as mainly of good quality. There were a few ongoing housing issues, for example, the need for repairs, problems with utilities/ hot water and/or difficulties in paying for heating. There were occasional problems with neighbours or neighbourhoods but these were mainly low-level issues. Most people were settled in their tenancy although a couple of the people expressed a wish to move in the future.
- Access to funding and physical resources that enabled someone to establish an independent tenancy was seen as good.

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<sup>4</sup> This brings together all the registered providers working in the Manchester City Council boundaries, [http://mhpp.org.uk/info/1/the\\_forum/7/about\\_us](http://mhpp.org.uk/info/1/the_forum/7/about_us)

## Support provided

- The research team found a high degree of fidelity with the core principles of Housing First within the ICM pilot.
- Flexibility, comprehensiveness, tolerance and persistence were seen as key strengths of the pilot project by service users and stakeholders. Choice and control, personalisation and coproduction underpinned the delivery of the service. The delivery of services were based on people's strengths, goals and aspirations emphasising what people could do wherever possible rather than focussing mainly on issues that they were facing.
- There was a difficult balance to be struck between choice and control and active engagement. Some people chose to vary their levels of connection with the project over time; however the project stuck with people and repeatedly offered opportunities to re-engage.
- Service users were offered support on an ongoing basis for as long as they needed. The service did not 'sign people off' when they appeared settled.
- Some of the people using Housing First also had a peer mentor; this was seen as offering additional benefits both by staff and people linked with peer mentors.
- The Housing First service was delivered as part of the wider ICM Service. This also enhanced the offer to service users, opening up opportunities for peer mentoring, access to the ICM Hub, a mental health Self Help Service and the Back On Track service that helped people to access learning opportunities for people with complex needs

## Service outcomes

- At the point that the pilot period ended (March 2018), all eighteen people who had found independent housing had maintained a tenancy. This represents a 100% tenancy sustainment rate, which is a very significant achievement for the Housing First project.
- Within this, two people, both women, had made planned moves, with one person making one move and the other two moves.
- The majority of people (11 people) had been in their tenancy for at least 12 months by March 2018. A further four people had been in their housing for between 6 and 12 months, another three for between 1 to 6 months, and one person for less than 1 month.
- As has been the case with other Housing First service pilots in the UK, positive outcomes in respect of mental health, addiction and other support and treatment needs were not always being rapidly achieved. However, staff and users considered that progress had been mostly in a positive direction, even allowing for periods of set-backs over time.

- A lack of effective joined up working could also sometimes undermine progress in the health area. Challenges included accessing services for people with learning disabilities, mental health services not being proactive and drug and alcohol services lacking in flexibility. In turn, one stakeholder identified the need for better joined up working by the ICM Housing First service, particularly in terms of notifying health/ social care agencies that service users were with Housing First.
- The Housing First pilot project assisted people with a number of aspects of their lives related to social integration. Firstly, both staff and peer mentors supported service users with family relationships where this was requested by people, with some family reunifications achieved. Secondly, both staff and peer mentors supported people with involvement in social and community activities.
- Thirdly, working with the Back On Track service, the project was supporting people to access learning opportunities. Most people were involved in informal learning opportunities, although two people started jobs.
- The ICM Housing First was also successfully assisting some people to break 'revolving door' /'frequent flyer' experiences with the criminal justice service, giving them the chance of living in the community without resorting to crime.
- A key strategic impact of the ICM Housing First pilot was the successful demonstration that the Housing First approach could work in the city. Communication about the Housing First model and what it could achieve had been challenging in some cases. ICM had needed to persuade, argue and illustrate what it was trying to do.

## Conclusion

- The pilot project strongly suggests that Housing First is effective when employed as a key component of a wider programme for people with high and complex needs.
- The ICM Housing First pilot shows what an individual agency can achieve, collaborating with others and opting to use its resources in new ways. This evaluation indicates that Housing First can reduce long-term and repeat homelessness associated with high and complex support needs, and help people on a recovery journey.
- There is clear potential for Housing First to reduce homelessness among people with high and complex needs across Greater Manchester (including via preventative work). As now accepted, to make an effective contribution, Housing First will need to be deployed at strategic level within an integrated homelessness strategy.



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# 1 Introduction: The Inspiring Change Manchester Housing First Model

## Introduction

This first chapter introduces the Inspiring Change Manchester (ICM) Housing First Model. The chapter begins with a discussion of the origins and evidence base for Housing First, followed by a history of the development of the Pilot and key structures of delivery. Finally, the chapter outlines the methods used in the evaluation of the Pilot.

## Housing First

Housing First is the most significant innovation in service responses to homelessness, among people with high and complex needs, that has occurred in the last three decades. The model, originating in the USA, is gaining traction across Europe and further afield, with three large regional pilots commencing this year in England<sup>5</sup> and a similar initiative proposed in Scotland<sup>6</sup>.

Services for homeless people tend to take a ‘housing last’ approach. For example, if someone was an “entrenched” (long-term or repeated) rough sleeper with high support and treatment needs, a typical pathway to housing for them (in a major city like Manchester) would be contact with an outreach worker, a referral into congregate supported housing with on-site staffing, following by resettlement into ordinary housing, perhaps involving some floating support from a tenancy sustainment team. These pathways are designed to make someone ‘housing ready’ before they are offered support with getting a private rented sector or social rented home. Housing is provided “last”, because these services work on the basis that someone must be “housing ready” before they are able to live largely, or wholly, independently<sup>7</sup>.

Existing services do effectively end homelessness for some homeless people, but standard systems do not always work well when someone has high and complex needs<sup>8</sup>. In some European countries and North America, homelessness services are relatively strict compared to the UK, for example following a policy that requires total abstinence from drugs or alcohol, homeless people with complex needs are often either ejected, or leave, because they find compliance with service requirements difficult<sup>9</sup>. Equally, individuals can become effectively stuck in a “housing last” service

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<sup>5</sup> <https://www.gov.uk/government/news/government-to-lead-national-effort-to-end-rough-sleeping>

<sup>6</sup> <https://www.bbc.co.uk/news/uk-scotland-scotland-politics-43025667>

<sup>7</sup> Padgett, D.K.; Henwood, B.F. and Tsemberis, S (2016) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

<sup>8</sup> Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies* London: St Mungo's <https://www.mungos.org/publication/using-housing-first-integrated-homelessness-strategies/>

<sup>9</sup> Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an international review* Edinburgh: Scottish Government.

model, because they do not reach the point where they are assessed as “housing ready”. The UK is somewhat different, in that many existing services follow ideas of personalisation and co-production, or are at least broadly responsive to service user’s wishes. However, the issue of people with complex needs becoming ‘stuck’ in a revolving door (sometimes called “frequent flyer”) pattern where they are using existing homelessness services, on a recurrent or sustained basis, without their homelessness ever being resolved, has been happening in the UK<sup>10</sup>.

Housing First moves someone whose homelessness is associated with high and complex needs straight into housing. The Housing First model then provides them with intensive one-to-one support to help them to move towards independent living and away from the risk of returning to homelessness. Housing First can be summarised as follows:

- Housing First provides rapid access to settled, independent housing, in the private rented sector and in social rented housing.
- Access to housing is not conditional, i.e. someone using Housing First does not have to be assessed as ‘housing ready’ before housing is offered.
- Housing, treatment and support are separated, i.e. someone using Housing First is not required to show treatment compliance, or show changes in behaviour, once they are housed.
- Support is provided using an intensive floating service, which visits people using Housing First at home, or at agreed venues, and provides case management, practical and emotional support.
- A harm reduction approach is employed.
- There is an emphasis on ensuring the possibility of positive change in someone’s life is clearly conveyed, without any requirements being set in relation to behavioural or other changes, often referred to as a recovery orientation.
- Housing First follows the principles of coproduction<sup>11</sup> and personalisation<sup>12</sup>.

There are some debates about how Housing First should be defined. While the key components of Housing First are broadly established, opinion differs on the extent to which the operational detail of the original American model, developed by Sam Tsemberis, should be copied<sup>13</sup>. The European guidance on Housing First<sup>14</sup> takes a quite broad definition, reflecting differences in social housing, public health and

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<sup>10</sup> Pleace, N. and Bretherton, J. (2013) *Camden Housing First: A ‘Housing First’ Experiment in London* York: University of York.

<https://www.york.ac.uk/media/chp/documents/2013/Camden%20Housing%20First%20Final%20Report%20NM2.pdf>

<sup>11</sup> <https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/>

<sup>12</sup> <https://www.scie.org.uk/personalisation/introduction/what-is>

<sup>13</sup> Pleace, N. and Bretherton, J. (2017) ‘What Do We Mean by Housing First? Considering the Significance of Variations in Housing First Services in the European Union’ in J. Sylvestre; G. Nelson and T. Aubry (eds) *Housing for People with Serious Mental Illness: Theory, Research, Practice and Policy* Oxford: Oxford University Press, pp. 287-299.

<sup>14</sup> <http://housingfirstguide.eu>

welfare benefit systems in different European countries and the UK. However, the definition used still draws heavily on Tsemberis's original model<sup>15</sup>, defining the key principles as follows<sup>16</sup>:

- Housing is a human right
- Choice and control for service users
- Separation of housing and treatment
- Recovery orientation
- Harm reduction
- Active engagement without coercion
- Person-centred planning
- Flexible support for as long as required.

Housing First England, led by Homeless Link, draws on the European guidance in defining the *key principles* of Housing First<sup>17</sup>:

- People have a right to a home
- Flexible support is provided for as long as it is needed
- Housing and support are separated
- Individuals have choice and control
- The service is based on people's strengths, goals and aspirations
- An active engagement approach is used
- A harm reduction approach is used.

Evidence showing Housing First ending homelessness among people with high and complex needs has been building steadily since the first studies were completed in New York in the early and mid-1990s. Randomised control trials of Housing First have been run in Canada<sup>18</sup> and in France<sup>19</sup>, showing that Housing First is more effective at ending homelessness for people with high and complex needs. There is evidence that using Housing First has helped reduce recurrent and long-term homelessness among people with high support needs in Finland<sup>20</sup> and the USA<sup>21</sup>.

In Britain, studies of Housing First have tended to be small scale studies of individual services. A major new pilot programme for Housing First is about to commence, in

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<sup>15</sup> Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Hazelden: Minnesota

<sup>16</sup> Pleace, N. (2016) *Housing First Guide Europe* Brussels: FEANTSA.

<sup>17</sup> Homeless Link (2016) *Housing First England: The principles* London: Homeless Link  
<http://hfe.homeless.org.uk>

<sup>18</sup> Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D. and Aubry, T. (2014) *National at Home/Chez Soi Final Report* Calgary, AB: Mental Health Commission of Canada.

<sup>19</sup> <https://housingfirstguide.eu/website/wp-content/uploads/2016/04/France.pdf>

<sup>20</sup> Pleace, N.; Culhane, D.P.; Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment.

<sup>21</sup> The U.S. Department of Housing and Urban Development (2016) *The 2016 Annual Homeless Assessment Report (AHAR) to Congress* HUD: Washington DC

Manchester, Liverpool and Birmingham, which should greatly improve the evidence base<sup>22</sup>. At present the available UK evidence indicates that<sup>23</sup>:

- Housing First is able to engage effectively with people with experience of sustained and recurrent homelessness, who have high and complex needs.
- Housing First engages effectively with people with sustained and repeated use of homelessness services, whose homelessness has not been ended, i.e. people who have become stuck in a hostel or supported housing, or caught in a revolving door of homeless service use.
- Exits from homelessness can be sustained (at one year) for between seven and nine out of every 10 people that Housing First services engage with.
- Housing First services are almost always well regarded by the people who use them.
- While results in enabling exits from homelessness are strong, the results in relation to drug/alcohol use and mental health can be more variable.

The findings of the work conducted so far mirror those of research conducted on Housing First elsewhere. Housing First has been found to be the most consistently effective service model, in terms of actually ending homelessness among people with high and complex needs, in Europe and North America, as well as in the UK. There is also potential for Housing First to deliver improvements in health, addiction, wellbeing and social integration, though these results are less consistent and can take longer to achieve than the housing outcomes<sup>24</sup>. In part, this is because these outcomes may take longer to achieve, helping with addiction or severe mental illness is more complex and involved processes that supporting someone to live independently and progress may not always be steady.

Housing First is designed for homelessness that is associated with high and complex support needs. Housing First is best understood as an effective *component* of an integrated homelessness strategy, rather than comprising a strategy in itself<sup>25</sup>. It has particular effectiveness with respect to the minority of high-need people whose homelessness may otherwise become recurrent or sustained. Finnish experience, where an integrated homelessness strategy, including Housing First, has been used to bring homelessness close to a functional zero, is the best working example of how

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<sup>22</sup> <https://www.gov.uk/government/news/government-to-lead-national-effort-to-end-rough-sleeping>

<sup>23</sup> Pleace, N. and Quilgars, D. (2017) *The Inspiring Change Manchester Housing First Pilot: Interim Report* York: Centre for Housing Policy; Boyle, F.; Palmer, J. and Ahmed, S. (2016) *The Efficiency and Effectiveness of the Housing First Support Service Piloted by Depaul in Belfast* Portsmouth: North Harbour Consulting; Bretherton, J. and Pleace, N. (2015) *Housing First In England: An evaluation of nine services* York: University of York; Pleace, N. and Bretherton, J. (2013) *Camden Housing First: A Housing First experiment in London* York, Centre for Housing Policy, University of York; Busch-Geertsema, V. (2013) *Housing First Europe: Final Report* <https://housingfirstguide.eu/website/housing-first-europe-report/>

<sup>24</sup> Quilgars, D. and Pleace, N. (2016) Housing First and Social Integration: A Realistic Aim? *Social Inclusion* 4.4, DOI: 10.17645/si.v4i4.672; Pleace, N. and Quilgars, D. (2013) *Improving health and social integration through Housing First: A Review* Paris: DIHAL.

<sup>25</sup> Blood, I.; Copeman, I.; Goldup, M.; Pleace, N.; Bretherton, J. and Dulson, S. (2017) *Housing First Feasibility Study for the Liverpool City Region* London: Crisis; Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies* London: St Mungo's <https://www.mungos.org/publication/using-housing-first-integrated-homelessness-strategies/>

Housing First can be effectively employed<sup>26</sup>. Housing First may influence wider service design, particularly the development of lower intensity *housing-led services*<sup>27</sup> but the model itself has only ever been designed for people with high and complex needs<sup>28</sup>.

Recently, Housing First has also been piloted for women with an offending history<sup>29</sup> and experiencing domestic violence<sup>30</sup>; and Housing First for Youth services have been developed in Canada<sup>31</sup> and being piloted in Scotland<sup>32</sup>.

## The Manchester Housing First Pilot

### Inspiring Change Manchester (ICM)

ICM is an eight-year programme commissioned and led by Shelter<sup>33</sup> and funded through the Big Lottery Fund's *Fulfilling Lives* project. ICM was specifically developed to support people with high and complex needs in Manchester, which are defined as encompassing problematic drug and alcohol use, mental health and emotional wellbeing issues, accommodation problems – including homelessness – and offending<sup>34</sup>.

ICM follows the principles of coproduction, involving service users, service providers, commissioners and strategists working together to develop more effective service solutions. Coproduction centres on direct empowerment of service users in service design and in the day-to-day operation of services. The Social Care Institute for Excellence notes that while there is no single formula for coproduction, services based on this model tend to have the following key features<sup>35</sup>:

- People who use services are recognised as having skills that can actively contribute to service design and delivery.
- Services are strength-based, i.e. they recognise the capacity of individuals using services and build upon that capacity.
- There is reciprocity and mutuality in service operation, i.e. contributions are valued and rewarded through the pursuit of goals that deliver shared benefits.
- Peer support and personal support are built into service design.

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<sup>26</sup> Pleace, N. *et al* (2015) Op. cit.

<sup>27</sup> [https://www.feantsa.org/download/14\\_11\\_2011\\_hf\\_position\\_paper\\_final\\_en2408443683520304907.pdf](https://www.feantsa.org/download/14_11_2011_hf_position_paper_final_en2408443683520304907.pdf)

<sup>28</sup> Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Hazelden: Minnesota

<sup>29</sup> Quilgars, D. and Pleace, N. (2017) *Threshold Housing First Pilot for Women with an Offending History: The First Two Years*, York: Centre for Housing Policy, University of York.

<sup>30</sup> <https://www.24housing.co.uk/news/housing-first-initiative-for-domestic-abuse-victims/>

<sup>31</sup> <http://homelesshub.ca/HF4Y>

<sup>32</sup> <http://www.rocktrust.org/housing-first-for-youth/>

<sup>33</sup> <https://england.shelter.org.uk>

<sup>34</sup> <https://inspiringchangemanchester.shelter.org.uk>

<sup>35</sup> Source: SCIE, <https://www.scie.org.uk>

- Services act as agents for positive change, moving beyond simple service provision.

In a blog post in January 2016, ICM announced<sup>36</sup>:

*Inspiring Change Manchester is excited to be piloting Housing First in Manchester for our clients. Housing First ends homelessness for those with high support needs who have experienced recurrent homelessness by offering permanent accommodation together with personalised wrap-around support to help sustain the tenancy.*

*Until now, a 'stepped approach' has required tenants to progress through different types of accommodation- from hostels to shared accommodation and beyond – before being awarded their own tenancy, if they can comply with certain terms and conditions.*

*Housing First gives that permanent home straight away.*

*It uses a harm reduction rather than abstinence approach. It does not penalise clients who struggle to stop drinking or using drugs (although clients are strongly encouraged to reduce their intake in these areas). Clients are treated as any other tenant; tenancies are lost for the same reasons that any tenancy would fail. A Housing First tenant becomes indistinguishable from any other tenant. And these are clients who may have never held a tenancy successfully or who have been street homeless for decades.*

## The Housing First Pilot

The ICM Housing First pilot was designed to follow the core principles of the original American model<sup>37</sup>. There were, as has been the case elsewhere in the UK, some practical and logistical limits that centred on the amount of funding that is available, so the ICM Housing First Pilot was not able to replicate the operational detail of Housing First, but did seek to replicate the Housing First philosophy. In practice, this meant that the ICM Housing First Pilot was not an ACT (assertive community treatment) model with a dedicated psychiatric, health and drug/alcohol team. Although as detailed below, ICM Housing First was an integral part of a larger project and was able to access a range of support as a result of that position. ICM wished to test Housing First in Manchester, where there is considerable pressure on affordable housing supply, in both the private and social rented markets and there are people living rough and in homelessness services whose homelessness is recurrent, sustained and associated with high and complex support needs. It was this group of “frequent flyers” who could have repeated, sustained contact with existing services (at considerable financial cost) without their homelessness being resolved or whose experiences of rough sleeping had become sustained, that ICM wished to develop a new Housing First service for. The pilot was designed to work with 20 people, using private rented and social rented housing, beginning operations in April 2016 and coming to a close in March 2018.

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<sup>36</sup> <http://icmblog.shelter.org.uk/housing-first/>

<sup>37</sup> Tsemberis, S. (2010) Op. cit.

Initially, the Housing First pilot was a “service within a service”, using the existing case management and support services which ICM was providing for people with high and complex needs. This model, which has been used elsewhere in the UK<sup>38</sup>, works on the basis that a set of existing floating case management and housing-related support services are intensified and modified for particular service users to provide a ‘Housing First’ service. However, some logistical issues were encountered which led to the modification of this approach early on, with Housing First being reorganised within ICM around a Team Leader, Housing First Development Officer, two Housing First engagement workers (support workers) and a GROW<sup>39</sup> trainee. Client caseloads were set at six per worker, within the parameters, of between three to ten service users (dependent on the needs of each individual) that are recommended by existing guidance<sup>40</sup>.

Peer mentoring, giving service users access to help from someone with shared life experiences who were in a position to offer practical and emotional support, was integrated into the ICM Housing First pilot. There has been uneven development of peer support in Housing First in the UK to date, some services lack a formal peer-review element, while others, notably the Turning Point service in Scotland, place considerable emphasis on peer support<sup>41</sup>.

The ICM Housing First pilot is distinctive as, while it has clearly demarcated staff resources, ICM Housing First is an integral part of a larger programme. ICM includes *Back on Track*<sup>42</sup>, an adult education and arts-based service designed to engage with people with high and complex needs, which, among other options, provides training in peer-mentoring. ICM also coordinates with *Self-Help*<sup>43</sup> a user led mental health support service working in the North of England and *Community-Led Initiatives*<sup>44</sup> a mentoring, training and consultancy service created and led by former offenders for former offenders.

## The University of York Evaluation of the Pilot

Prior to Housing First being in operation, ICM developed links with the Centre for Housing Policy at the University of York, which agreed to lead an independent evaluation of the pilot. New Economy is undertaking a separate but linked cost benefit analysis on the pilot work<sup>45</sup>.

The formative and summative evaluation had three main goals:

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<sup>38</sup> Bretherton, J. and Pleace, N. (2015) Op. cit.

<sup>39</sup> GROW (getting real opportunities of work) is an integrated initiative that is designed to enable individuals with high and complex needs to access education, training and employment.

<sup>40</sup> <http://housingfirstguide.eu>

<sup>41</sup> <http://www.turningpointscotland.com/what-we-do/homelessness/glasgow-housing-first/>

<sup>42</sup> <http://www.backontrackmanchester.org.uk/projects/inspiring-change-manchester/>

<sup>43</sup> <https://www.selfhelpservices.org.uk>

<sup>44</sup> <http://www.communityled.org.uk>

<sup>45</sup> <http://www.neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis>

1. To test the effectiveness of Housing First from the perspective of the people using the ICM Housing First pilot, exploring in particular:
  - The extent to which the Housing First service supports and enhances their capacity to live independently in their own home. This includes health, well-being and social integration as issues like mental health problems, drug/alcohol use or loneliness might threaten housing sustainment.
2. To explore the perceptions of ICM staff, both frontline and management, volunteers and staff from other stakeholders, such as registered providers and other key ICM partners, about the extent to which Housing First is delivering housing sustainment, improving health and well-being and enhancing social integration for service users. The interviews also explored the implementation of Housing First.
- 3 To explore how Housing First performs over the two year pilot and adapts over time.

The research focused on qualitative work in terms of data collection. Over the course of the pilot, the team conducted the following interviews:

- nine interviews with seven people using the ICM Housing First pilot (approximately one third of the people currently using Housing First), and two peer mentors;
- three rounds of interviews with Housing First management and operational staff;
- twelve interviews with stakeholders, including representatives of management group with strategic responsibility for the pilot and partner agencies who were working with the Pilot to meet the housing and support needs of service users.

In addition, the researchers analysed statistical data on service user profiles and key outcomes, collected by the ICM Housing First project. Fully anonymised data was shared with the research team (in compliance with requirements of research ethics and data protection law) to provide quantitative information on the project.

Ethical approval for the research, incorporating mechanisms for informed consent, data sharing and collaboration between the University and ICM was provided through the research ethics committee within the Department of Social Policy and Social Work at the University of York.

## Structure of the report

Following this introductory chapter, the second chapter focuses on the delivery of the Housing First project, examining referrals and the type of housing and support available. Chapter Three looks at the outcomes from the service, including tenancy sustainment rates and also the views of the people using the service and other stakeholders. The final chapter considers the strategic direction of Housing First in Greater Manchester.

## 2 The Housing First Pilot: Delivering the service

### Introduction

This second chapter looks at the delivery of the Inspiring Change Housing (ICM) First Pilot. This chapter draws on anonymised statistical data collected by the pilot and interviews with people using the project, staff and other stakeholders.

### Referrals to the service

By March 2018, the Housing First pilot had worked with 21 people. Half (12) of the referrals were accepted in 2016, and a further 11 in 2017. All but four of these people were still receiving support from the service (see below).

A referral panel mechanism was established at the outset of the project. This included external and internal staff members who reviewed all applications. In the first year, the service concentrated on identifying existing ICM service users who could benefit from Housing First. By the second year of the project, the referral system was reoriented to look further afield, as most of the existing ICM service users for whom Housing First was potentially suitable had been targeted by the service.

In the first few months, there were some issues with interagency information sharing and coordination that hindered the selection of people who might benefit from the service. Four of the first referrals had not engaged with Housing First, at a point when processes for information sharing and access to the service were not yet fully operational. However, these initial teething troubles with referral procedures were quickly overcome. Once established, it was reported by stakeholders that there was a high awareness of which people might benefit from the Housing First pilot and what the referral arrangements were.

Arrangements for referrals to social housing providers from the Housing First service were viewed as providing clear, detailed information that enabled social landlords to make a clear judgement. Some stakeholders did not know much about the details of the referral and assessment procedures, however those that did reported that this aspect of the service worked well overall. Service users reported a straightforward referral procedure:

*I just got out of prison... Inspiring Change, I was with them first, and then they put me in with [Housing First worker], and she sorted like everything out...*

### Profile of people using the service

#### Socio-demographics

Whilst the majority of those accessing the service were men (67%), seven of the twenty-one people (33%) using the Housing First pilot were women. One stakeholder

commented that they considered successfully supporting women with experience of homelessness and complex needs a key achievement of the project. In recognition of this experience and the support needs of homeless women in Manchester, the post-pilot project is now focusing on women only new referrals.

The average age of those using the service was 42 (youngest aged 24; oldest aged 55). The average age of women using the service was slightly younger at 40 (compared to 42). This mirrors the traditional age range of many services for people with long-term experience of homelessness and sleeping rough.

All people were single at the time of referral to the project.

The majority of people using the pilot were from a white ethnicity background; four people had a minority ethnic background. All were UK nationals. Eleven people self-identified as Christian and one person as Muslim. Nine people stated that they had no religion.

Four people self-identified as bisexual (3 women and one young man); all other service users self-identified as heterosexual.

One of the 21 people (a woman) was a veteran of the Armed Services.

## People's backgrounds

The Housing First pilot was developed to meet the needs of those people who were not able to access and/or had been formally excluded from other services and were also not benefitting fully from the existing ICM service, itself a programme focused on Manchester residents with high and complex needs. It was clearly understood that the service was working with people with high and complex needs and with people who had been rejected by other services. Senior staff explained that Housing First was about recognising and supporting the human beings experiencing homelessness:

*...what we tend to find with a lot of people and particularly housing first is that services have refused to work with them across the board really, you know they have burned their bridges in nearly every service offer and part of the skill of a key worker is... you want to re-build those bridges with those organisations, you can't have people who are blacklisted, or stopped from accessing services, because everybody's behaviour is related to something, you know an external factor, an internal factor, or something that is going on, but then people get labelled as a behaviour, and not as a person and that is a big issue that we face in Housing First.*

Table 2.1 shows that eight people on the Housing First project were street homeless directly prior to starting with the service. A further eight people were living in temporary accommodation – including four people in bed and breakfast establishments. Four people were sofa surfing with friends or family members. One person was already in a private rented let but this was unsuitable for their needs. For

two people, Housing First was their first time that they had their own independent accommodation; both of these people were in their mid-thirties.

**Table 2.1 Accommodation prior to Housing First accommodation**

Type of accommodation	Number of people
Street Homeless	8
Temporary (B&B/Hostel/ night-shelter/direct access)	8
Sofa surfing	4
Private Rented Flat	1
(Total)	21

The majority of people had mental health problems and/or issues with substance use. Twelve people had been in prison as an adult: nearly 3 in 5 of all people supported by ICM Housing First.

Eight people had been in care as children. Although only a small sample of people, this was 38% (nearly two in five) people, which is a greatly over-represented background compared to the general population where less than 1% of people are in care as children<sup>46</sup> and reflects longstanding evidence of an association between experience of the care system and homelessness as a young person and as an adult<sup>47</sup>.

A high proportion of people self-defined as ‘disabled’ (10 of 19 people for whom information was recorded). This is a very high proportion of people given the average age of all users, and those with disabilities, was 40. Some people had physical health problems, including diabetes, problems with walking and heart problems. The project also recorded that two people were autistic/ had a diagnosis of Asperger’s Syndrome; another person had been diagnosed with ADHD and mild learning disabilities, and; one person had mild to moderate learning disabilities. It appeared that some people’s social exclusion was associated with disabilities that they had not received assistance with.

<sup>46</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/556331/SFR\\_41\\_2016\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/556331/SFR_41_2016_Text.pdf)

<sup>47</sup> Quilgars, D., Johnsen, S. and Pleace, N. (2008) *Youth Homelessness in the UK: A Decade of Progress?* York: Joseph Rowntree Foundation.

## Finding homes

### Number of people housed by the project

Eighteen people had found independent housing, with the support of the service, by March 2018. Three people were waiting for accommodation: all had been referred towards the end of October 2017; two were in temporary accommodation and one was still sleeping rough at the end of the pilot period.

Of these, twelve people were living in social rented tenancies at the end of the pilot. Eight different social housing providers had helped to find properties: Great Places Housing (4 properties), One Manchester (2 properties), People First Property (2 properties), Wythenshawe Community Housing Group, Southway Housing Trust, Northwards Housing and Mosscafe (1 property each). Over the course of the pilot, ICM was able to build good working relationships with a number of social landlords (see below).

In addition, six people were accommodated in the private rented sector.

### Process of finding housing

The process of finding suitable accommodation was not an easy task, particularly in the first year. The time taken to find accommodation varied greatly from between 7 and 550 days<sup>48</sup>.

Table 2.2 shows that a majority of people (11) were housed within 3 months, however, two people waited between 3-6 months, and five people waited over six months for housing. The average time taken was 140 days (approximately 4.5 months). The average of 4.5 months is higher than might be expected due to two people waiting a considerable length of time (440 and 550 days, respectively). Staff reported that the two people had high presenting unmet support needs, in particular a need for social care interventions with the project undertaking considerable advocacy work in this area. In addition, one person had stays in both custody and hospital that delayed rehousing; the second person had a pet and requested a garden and it took considerable time to source an appropriate and affordable property.

The average time taken to find private rented housing was lower than that for social housing (91 days compared to 164 days). However, when the two cases of very long waits (440 and 550 days are removed), then the average time taken to find social housing drops to 98 days, similar to that of the private rented sector.

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<sup>48</sup> With thanks to James Found, Shelter, for undertaking this analysis, which was subsequently verified by the researchers.

**Table 2.2: Time taken to find housing**

<b>Length of time taken</b>	<b>Number of people</b>
Less than 1 month (0-30 days)	3
1 - 3 months (31-100 days)	8
3 - 6 months (101-180 days)	2
6- 12 months (181 days-365 days)	3
Over 12 months (366 days or more)	2

Source: ICM (Author's calculations)

The ICM Housing First pilot employed a Development Worker to work with housing providers to access housing. Initially, securing housing involved contacting as many landlords as possible, with networks being established with housing associations (registered providers) and with letting and estate agents, and a couple of individual private landlords, to access the private rented sector. Working within the confines of the Manchester City Council area brought logistical challenges, as demand for housing across Greater Manchester is highest within the city centre. Staff reported that securing housing had been a relatively time consuming process, something also reported in the first London experiment with Housing First and the later evaluation of the first nine Housing First pilots in England<sup>49</sup>.

*...the same sort of stumbling blocks that everyone has when they are setting up Housing First which is access and availability of accommodation, it is always tricky.*

Access to housing was enhanced greatly in the second year by the Manchester Housing Providers' Partnership<sup>50</sup>, which in support of the Manchester Homelessness Charter made a series of pledges<sup>51</sup>. Pledge seven is to make 15, one-bedroom properties available every year to the ICM Housing First pilot. Here, ICM Housing First sent a weekly list to the Partnership that was circulated to all the housing associations. Whilst this had worked well, it involved considerable work in liaising with so many different housing providers.

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<sup>49</sup> Pleace, N. and Bretherton, J. (2013) Op. cit.; Bretherton, J. and Pleace, N. (2015) Op. cit.

<sup>50</sup> This brings together all the registered providers working in the Manchester City Council boundaries, [http://mhpp.org.uk/info/1/the\\_forum/7/about\\_us](http://mhpp.org.uk/info/1/the_forum/7/about_us)

<sup>51</sup>

[http://www.manchester.gov.uk/mhpp/download/downloads/id/168/10b\\_mhpp\\_homelessness\\_pledges\\_report.pdf](http://www.manchester.gov.uk/mhpp/download/downloads/id/168/10b_mhpp_homelessness_pledges_report.pdf)

It was evident that the service had found getting housing providers signed up and on board with the concept of Housing First quite difficult. There was also considerable work required in persuading housing providers that people with complex needs would be able to retain a tenancy, particularly private landlords. One staff member stated:

*One of the challenges has been working with housing providers, they are not necessarily on the same page...in their heads it's about being 'tenancy ready'*

One stakeholder explained that, from their perspective, it was difficult to sign up people with their own tenancy when other organisations might give them better guarantees and/or the tenant was supposedly better prepared:

*Strategically...the biggest challenge they had was finding private landlords that would let properties to their clients... the biggest challenge was with the tenant signing the lease and there was no other support for that lease... whereas when [other org] do it they either sign the lease in their name or they bond the lease, whereas Shelter [ICM] wanted the tenant to sign it on their own.. I think technically that is the biggest reason why it has been really slow...the profile of the tenant is really different [to other projects], you know one has had rehabilitation and structure in their lives and the other one hasn't – and if you're a landlord meeting this tenant for the first time, the experience between the two is quite different...*

People were given as much choice in accommodation as possible, this meant that people would be supported to wait for accommodation that they were happy with, and in the right location, rather than accepting the first offer of accommodation, reflecting the focus on showing fidelity to the Housing First model. This often meant that waiting periods for *appropriate* housing were longer than they would have been for *any* housing. As one worker explained:

*We don't push people into getting the accommodation... we are very into sustaining the accommodation, by giving them something that they really want, there is no point in giving them something that they are not going to sustain, or cherish, we hope this will work better...*

People using Housing First also emphasised the importance of the choices they had been given when looking for a home and how the project, '*made sure I got a decent place*'. The option to visit a potential home with a staff member from the Housing First pilot and assess the accommodation before moving in was valued. Knowing that they could reject a possible home because it was unsuitable was also viewed positively. For example, one respondent reported an example where possible housing had been damp, but that it been an easy matter to reject it and to work with the Housing First service to seek and secure an alternative.

## Making a home

Most service users had very few belongings on moving into their new tenancies, whilst most tenancies were offered unfurnished (or partly furnished). The process of securing housing had been enhanced significantly, according to staff, by the availability of a £1,500 budget per person<sup>52</sup> to help with the move into independent housing. This could be used flexibly to buy furniture and/or white goods as well as to pay a deposit and month in advance rent in private rented housing. One client received help to get her new flat professionally cleaned before moving in. Staff could also help clients access other supports such as starter packs for a new home and services such as Mustard Tree<sup>53</sup>, which can provide furniture vouchers and the Big Change Fund Street Support<sup>54</sup> in Manchester, which can provide grants. Resource levels to set someone up in housing were seen as sufficient by the workers delivering Housing First.

## Housing quality

Overall, service users, staff and other stakeholders (where they had knowledge of it) assessed the housing offered to the project as mainly of good quality. There had been one or two less than ideal tenancies, two in a block of bedsits/ flats, another which staff felt 'slipped through the net' of allocations, however the majority were 'decent' and also in locations that people were happy with and/or had requested.

There were a few ongoing housing issues, for example, the need for repairs, problems with utilities/ hot water and/or difficulties in paying for heating. Housing First staff were able to support people to address these issues quickly with the relevant landlords.

People living in the block of bedsits reported some problems with other neighbours or unwelcome visitors. Occasionally problems of crime and nuisance in the wider neighbourhood were mentioned. However, problems with the surrounding neighbourhood were not something that a single service like the Housing First pilot was able to resolve. Safety and peacefulness were important features of properties and areas for people, and this was mainly being achieved, with users commenting:

*It's quiet.... Usually I've been in places that are pretty rough, the streets and that, noise all night, but it's really quiet here.*

*It's a safe place.*

Most people were settled in their tenancy although a couple of the people expressed a wish to move in the future, for one this was because of the people living around

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<sup>52</sup> This was a guidance figure per person but staff had flexibility in utilising this resource, for example, those moving into private rented sector property might have higher costs due to deposit needed – staff could allocate sums above this figure when people still needed furniture and white goods.

<sup>53</sup> <http://www.mustardtree.org.uk>

<sup>54</sup> <https://streetsupport.net>

them and another person was hoping to get a fully unfurnished flat (presently living in a partly furnished flat).

The people using Housing First were broadly content with their housing and expressed gratitude for it. However, issues like neighbour problems, the quality of the area surrounding their housing and a few problems with the quality of the accommodation meant that housing was viewed as adequate rather than outstanding.

*I'm liking it a lot, just being out of the hostel – it was a dead-end place, once you were in there, it was very hard to get out, the way the housing [works], they put me in the lowest group, at the bottom, so it would have took me years before I would have been offered a property with the council so what these did for me was pretty good.*

*It's all I need...secure, stable, that's all you want isn't it?*

## Delivering support

The research team found a high degree of fidelity with the core principles of Housing First within the ICM pilot. The service followed the guidelines in the European guidance<sup>55</sup> and the key principles produced by Homeless Link<sup>56</sup>, both of which were produced with the involvement of Sam Tsemberis, who established the original North American service. The management and staff team were clearly committed to achieving a project with high fidelity to the greatest extent possible and considered that this was central to making the project work:

*[the] approach we have towards people, about staying true to Housing First principles...makes it successful.*

Stakeholders were also keen to see this fidelity adhered to:

*What I really liked about it was the fidelity to the actual Housing First principles... there is a bit of a buzz around Housing First and a lot of people keen to take a Housing First approach but not necessarily having that fidelity to the principles that Homeless Link and others have set up – It's Housing First proper rather than a housing led approach.*

The first principle, that people have a right to a home, was at the heart of the project and this was discussed in the previous section. Similarly, the principle that housing and support are separated was also at the core of the project, with housing not being tied to the receipt of support in any way.

The principle of providing flexible support for as long as it is needed was a dominate theme in the discussions of support by both staff and people using the service. Flexibility, comprehensiveness, tolerance and persistence were seen as key strengths of the pilot project. People who had not been reached effectively by other

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<sup>55</sup> <http://housingfirsteurope.eu/guide/>

<sup>56</sup> <https://hfe.homeless.org.uk/principles-housing-first>

service models could potentially be reached and supported by Housing First. Staff explained a respectful but tenacious service ethos:

*...the fact that when people sort of 'misbehave'... it may be getting angry, a lot of shouting, we don't close the door, if you know what I mean, we give them some time to calm down and they do come back, and when they are calmer we try to understand the reasons why... flexibility, and also respecting what they want is what works, for sure.*

*I think in terms of the ethos, the principles of housing first, in that sticking with people, that's worked really well, and that is the staff and volunteer team, they are all very clear that we keep on trying with people...*

Housing First was, in common with a growing number of homelessness services for people with high and complex needs, following a psychology informed environment (PIE) model, which aims to improve the psychological and emotional well-being of people using homelessness services<sup>57</sup>.

Service users also stressed the flexibility of the service to help them with whatever they needed help with, from buying clothes for them, making sure they had a phone, helping them sort benefits and bills, arranging and attending health appointments with them, helping them get in contact with family and friends and just having a chat. The service was flexible in terms of meeting any need and also delivered flexibly in terms of them being able to access help when they needed to, rather than fit into the needs of a statutory service like Probation or council offices:

*They will help you with any problem that you put in front of you, it's not like Probation where they say, like, you have to be here for 10 o'clock or you are going back to jail or something, it's not like that, they work around you and make you feel comfortable, so I think that is a good thing, personally.*

Although there had been some staff changes over the pilot period, some users had been seeing the same worker throughout and had really appreciated this consistency:

*People come and go [in other services]...and that's what I like about here, there's always someone I can see, [worker] is a constant.*

Service users were offered support on an ongoing basis for as long as they needed. The service did not 'sign people off' when they appeared settled, rather following people's lead, they might reduce the intensity of the service for a time, always willing to increase this again to meet changing needs.

Pilot workers also emphasised the importance of *choice and control*, personalisation and coproduction, as underpinning the concept of Housing First services and how it influenced the provision of support. As one reported:

*...the beauty of the service is that the client is in the driving seat...*

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<sup>57</sup> <http://www.homeless.org.uk/trauma-informed-care-and-psychologically-informed-environments>

Hand-in-hand with choice and control, the delivery of services were based on people's strengths, goals and aspirations emphasising what people could do wherever possible rather than focussing mainly on issues that they may be struggling with. A staff member explained:

*I mean believing in people is important and that is one of the things that we really instil into it, people you have to believe in them as so often nobody believes in them, they are just another problem, they shout they are loud they are aggressive, and you need to believe in them.*

The principle of adopting an active engagement approach was also followed by the service, however this was one of the most challenging to operationalise in practice. The project staff team reported that over half of the people using the service had periods of non-engagement during the pilot period. There was a difficult balance to be struck between choice and control and active engagement. Workers respected people's choice to disengage but repeatedly offered opportunities for re-engagement to give people opportunities to re-connect when they were ready. Sometimes people disengaged as they had relapsed or in one case, an abusive partner returned. A team approach assisted this process hugely as people might re-engage via a different part of the ICM service. In one case, one service user had fallen out with his allocated worker but was willing to re-engage with another team member. This active engagement approach also fundamentally relied on good inter-agency working, with workers often in contact with other homelessness and allied services to locate people and deliver them services in as joined up approach as possible. However, one stakeholder argued that the pilot could have adopted a more proactive approach to contact. The ICM Housing First pilot allowed more flexibility in this regard than the original Housing First service, which does require weekly meetings with a Housing First support worker<sup>58</sup>:

*[The support]... is fairly reactive... with one of the other service providers we work with, they have a real structure, the same guy that goes round every day, has a quick cup of tea, checks that everything is okay, you know he might only be there 10 minute but that, for me, is a better way of doing things, than just reacting to issues as and when they arrive, particularly with people who have just come off the streets...*

Finally, the project operated according to a harm reduction approach. It did not expect people to stop using drugs and alcohol, rather the primary goal was supporting people to reduce alcohol and drug related harm over time. The first stage of this was often finding a home for people so they could begin what staff called a 'recovery journey' that might involve (re) engaging with specialist services.

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<sup>58</sup> Tsemberis, S. (2010) Op. cit.

Overall, people using ICM Housing First described a respectful and caring service that worked alongside people, and importantly, a service that continued to be there for people over time.

*[other services], they just want to tick a box, these don't [Housing First workers] want to know in their own mind that you are alright...*

*They treat you with total respect, there is no looking down at you, there is nothing false about them, they are all nice people.*

*...the relationship has really bonded and gone up.... like in the last couple of weeks I've had my little offs with everyone but that's for other reasons... they work their socks off to do what needs to be done, granted it might take her a couple of months, or a year maybe, but they still get it done...*

One stakeholder summed this approach up:

*They care, the people genuinely, genuinely care....you can't get any more valuable than that really.*

## Housing First as part of the Inspiring Change Manchester service

Housing First was delivered as part of the wider ICM Service. Whilst the Housing First team was a specific team with allocated staffing, it was closely linked into other service offers providing by Inspiring Change. This enhanced the offer to service users in two key ways.

Firstly, methods of coproduction were at the centre of the ICM programme, and also therefore of the Housing First service. Service users were involved in all aspects of the programmes and there was an established peer mentoring service that Housing First users could access to help them transition into independent living. The peer mentoring element of the service was used by just over a third of service users, including two of the people using Housing First interviewed for this research. For those two respondents, the experience had been a positive one, with the peer mentor providing additional practical and emotional support, and an element of companionship which was also valued. Peer mentors had also helped to keep people's spirits up when waiting for accommodation. Staff also commented that sometimes people had an 'easier relationship' with a peer mentor, with people sometimes listening more readily to a peer mentor than a worker.

*I have a peer mentor, we go out for days, we have days out doing different things..., it's okay, it helps, it helps get me out of here, cos I'm like a prisoner in the place you know, I mean, it's like a prison in a way, you know, just cos I just don't go out, they keep trying to get me to go out...*

*[peer mentor goes with person using Housing First to the gym, on bike rides and to the cinema]...he is nice, he is fun to get along with.*

Staff pointed out that peer mentoring was not, however, for everyone as some people preferred just to have a relationship with one worker:

*Where it has worked it has worked really well. Some people don't want one as they just want to work with the worker, they don't want anybody else coming on board as it's the same thing with working with Self Help<sup>59</sup> services and Back on Track<sup>60</sup>, some people are fine with working with lots of people, others don't really want to get involved they just want a worker, not lots of people coming around...*

ICM also employed GROW (Getting Real Opportunities of Work)<sup>61</sup> trainees across their services, including Housing First. The overall coproduction approach taken by ICM was praised by some stakeholders:

*I've only got positive things to say knowing the way that ICM works...one of the real positives were the GROW trainees and the peer-led element – ICM have been doing this a lot longer than other organisations, ourselves included, so that has been something that is a real positive, that is some of the learning from that sort of approach, which we are trying to take...*

The staff explained that this element of the service was not something that was tokenistic but rather at the heart of both the ICM and Housing First service:

*The more that we develop this, the more we want to have a really good mix of lived experience, people who are experts by lived experience, and can bring that to the service offer and to the people, who can benefit from that service offer...*

Secondly, the Housing First service worked very closely with other ICM services, particularly the Back On Track service<sup>62</sup>, helping people to access learning opportunities for people with complex needs. Delivered in the ICM Hub or directly to people in the community, activities included short taster courses, like cookery, gardening and art drama, vocational courses including work and volunteering experience and literacy, numeracy and IT courses. The Housing First service also had links with the ICM Self Help service<sup>63</sup> that supports people experiencing mental health issues. One stakeholder from these linked services suggested that this framework delivered considerable additionality:

*One of the most successful things the partnership working – having that central location, we do keep in regular contact...and it's like a community base almost that people can come to, so although we are all separate services to some extent, we are all part of Inspiring Change.. .that's the key,*

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<sup>59</sup> <https://www.selfhelpservices.org.uk/about-us/>

<sup>60</sup> <http://www.backontrackmanchester.org.uk>

<sup>61</sup> <http://icmblog.shelter.org.uk/grow-traineeship-opportunities/>

<sup>62</sup> <http://www.backontrackmanchester.org.uk/>

<sup>63</sup> <https://www.selfhelpservices.org.uk/about-us/>

*whereas if it was an organisation providing Housing First working with an organisation providing E & T [education and training], an organisation providing mental health and we were all based at different locations, I don't know whether that would have had the same successes. We do all feel like we are part of one team.*

## 3 Key outcomes from the Housing First project

### Introduction

This chapter focuses on the achievements of the Inspiring Change Housing First project in terms of the key outcomes recorded from the project. As with chapter two, this draws on anonymised statistical data collected by the pilot and interviews with people using the project, staff and other stakeholders. Below, we start by examining the main outcome measure of Housing First projects, tenancy sustainment. We then move onto focus on health and well-being and social integration outcomes. The chapter also examines data collected by the project using the Outcomes Star<sup>64</sup>. Finally, the chapter considers wider impacts of the project.

### Tenancy sustainment

At the point that the pilot period ended (March 2018), all eighteen people who had found independent housing had maintained a tenancy. This represents a 100% tenancy sustainment rate, which is a very significant achievement for the Housing First project. Housing First, in the USA, and across Europe, has a uniformly high success rate, usually 80-90% tenancy sustainment after a year, whilst five of the first UK pilots achieved a tenancy sustainment of 74%<sup>65</sup>. However, most projects find that a small proportion of service users disengage and move on unsupported. The 100% success rate by ICM Housing First project is therefore a good outcome and, whilst small numbers means this finding must be treated with caution, it may reflect a combination of better referral mechanisms and/or more effective housing and support packages.

Within this, two people, both women, had made planned moves, with one person making one move and the other two moves. The project explained that the project had struggled to engage with one woman but had stayed in touch well enough for her to let them know that she wasn't happy in her previous tenancies and they had supported her to move.

Service use had started at different points among the 18 people using Housing First. Table 3.1, which draws on ICM analysis, shows how long people had been in their tenancies (including planned moves) at the end of the pilot. The majority, eleven people, had been in their tenancy for at least 12 months by March 2018. A further four people had been in their housing for between 6 and 12 months, another three for between 1 to 6 months, and one person for less than 1 month. So whilst not all people had been in their tenancy for 12 months (the typical length of time where tenancy sustainment levels are calculated), the majority had.

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<sup>64</sup> <http://www.outcomesstar.org.uk/>

<sup>65</sup> Bretherton and Pleace (2015), op.cit.

**Table 3.1: Length of time in Housing First tenancies (including planned moves)**

Length of time	Number of people
> 12 months	11
6 - 12 months	4
1 - 6 months	3
< 1 month	1

Source: ICM

Service users explained the significance of finding and sustaining housing:

*If it wasn't for these I would still be in my sleeping bag... when you've got your flat with everything you need, it's a big, from here to here kind of thing, it's amazing, be sat on the street... its done a hell of a lot for me...*

*If it wasn't for [ICM Housing First], I think I'd still be in a shelter....and I can't do it anymore... I like my own space.*

Stakeholders also stressed the significance of a stable base:

*I don't think we would have had some of those successes without having a stable home, if somebody has a place that they can call their own, can have a stabilising effect on them, so they can then focus on some of the things that they want to do... Although there is another side to that as well as people if they want to get into their home, they are content to stay in a bit more...*

*...in order for people to progress properly in their lives they just can't do it without a stable home and we see that over and over again...*

Another stakeholder explained that this was a huge achievement given people's starting points

*...the overall outcomes speak for themselves, some of them are people who have spent years and years on the street, and years blocked out of most service offers across the city, and these are the same people who are sustaining tenancies and are rebuilding their lives and are on a recovery journey...*

## Health and well-being outcomes

As has been the case with other Housing First service pilots in the UK, positive outcomes in respect of mental health, addiction and other support and treatment needs were not always being rapidly achieved, which also reflects the global

evidence base for Housing First<sup>66</sup>. However, it must be remembered that Housing First was working with people with long histories of homelessness and poor health, and typically with people who also had very difficult childhoods and who had experienced adverse events in their life.

Housing First staff members explained that some people had made gains in their mental health or reduced substance misuse but then had experienced relapses, before again making progress. Progress, then, was not linear and could go up and down. For most the overall trajectory was considered by the project to be positive (see Outcomes Star later in this chapter which also suggests this). One woman who was previously in a psychiatric hospital was reportedly doing very well in their own tenancy; another person had been suicidal and was also doing well in their own tenancy. Working with the Back On Track<sup>67</sup> service, one service user had been helped to develop her confidence:

*One lady who didn't really want to come out of her home, we went to her, visited her at home and provided things that she could do in her home, and we found that a big barrier for her was she wasn't confident in how she looked, so we took her to the hairdressers, got her hair done and she was able to access activities and build a really good relationship with a peer mentor and started to go out on a more regular basis... quite a success for her...*

Two of the people using the service explained the wellbeing benefits following on from their involvement with the project. The Housing First approach, with its persistence, flexibility, supporting choice, strengths-based approach, and trauma-informed way of working clearly influenced these outcomes:

*It is brilliant, it gives me a lot of confidence, and well-being, 'cos I was homeless, do you know what I mean, I was taking drugs every day... I've been involved with other institutions and you always get that initial we are going to help you, but you never even get a call back, do you know what I mean, but these people here they are texting me every day, or phoning me back every second day and saying that there is this on, there is that on, getting involved in all sorts. I think they are a really \*\*\*\*ing good team...I'm proud of myself.*

*...and it's a different mind-set to other places where they just growl at you... and it's good as it just calms your head down... I like the way they keep you on a level and it's your choice...it's the best way that I've had, and I've had a lot of workers, trust me, a lot of people trying to help me...you know a lot of people on the streets have a lot of mental health issues and it's just easier when you know that you can relax and that is a good thing, I think so.*

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<sup>66</sup> Quilgars, D. and Pleace, N. (2016) Op. cit.

<sup>67</sup> <http://www.backontrackmanchester.org.uk>

A lack of effective joined up working could also sometimes undermine progress in the health area. The ICM Housing First team noted a challenge in terms of linking in with other services for people with learning disabilities where people had to stop taking drugs before receiving services; they also felt that mental health services were not as proactive as they could be. Similarly, drug and alcohol services were not always as flexible as needed, for example one person had been waiting for about 7 months to access detoxification services<sup>68</sup>, as she was having problems in demonstrating engagement to the service. In addition, one stakeholder felt that inter-agency working on the part of the Housing First service could have been improved. They explained that there was not a consistent notification system to some health/ social care agencies, so that these other agencies did not always know who was with Housing First. The same stakeholder also felt the service could have worked better with city-wide multi-disciplinary forums.

*With Housing First it's not about they have to engage with services but it would have been good to work with the patient about what their health needs are and what they could access should they wish to, and either doing that with the person or with the worker, had we known... [however] specific workers have been really excellent.*

A couple of people were assessed by the team as having extremely complex ongoing health needs and one staff member wondered whether Housing First was the best option for them:

*We have a couple of people on Housing First that I'm not sure that this is the right solution for them because of their level of complexity... They are still in the accommodation and on paper it looks like a big success, and it is a success because they are still there and they are better off than they were before, but one of them in particular, he has not re-offended since he went into accommodation [last year]... which is great but instead he is going in and out of hospital under a section... so it's better for him in that hopefully the underlying cause is being addressed but it is a very long road and in the meantime you have the housing association saying we are going to have to put him somewhere else, he is upsetting the neighbours... are we doing the right things for these people or are we being influenced by there is nothing else for them and let's give it a go?*

In other contexts, where Housing First has been used successfully at strategic level, it is always within a mix of services, which can include high intensity fixed-site services with on-site staffing, alongside housing-led and preventative services. As mentioned earlier, Housing First typically works well with around eight out of ten homeless people with complex needs, but when it cannot help someone different

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<sup>68</sup> Housing First does use a harm reduction model, but it is also a service-user led service model, so that someone can opt for detoxification or an abstinence-based approach to addiction and be supported by Housing First if that is what they choose for themselves.

intensive forms of support may sometimes be necessary<sup>69</sup>. At present, there is a gap in the evidence base as to when and why Housing First fails to meet some people's support needs.

## Social integration outcomes

The worry that by using ordinary housing, Housing First may lead to some service users being isolated has been used as a criticism of Housing First<sup>70</sup>. Housing First guidance emphasises the need to support social integration, partnerships, families and friendships to reduce this potential risk<sup>71</sup>. The Housing First pilot project assisted people with a number of aspects of their lives related to social integration. Overall, it appeared that there had been a positive impact in this area although, as with health and well-being, this was often small steps on a long road.

Firstly, both staff and peer mentors supported service users with family relationships where this was requested by people. For example, the project had moved one person to live nearer their family. In a couple of cases, people had also reconnected with family after many years of estrangement. One person explained that the support had assisted them with family relationships:

*I'm in touch with my daughters, my grand-kids, my family now, that is all through these [workers], I wasn't in touch with any of them before... and it makes a big difference to your head, because before I didn't even know where they was.*

Secondly, both staff and peer mentors supported people with involvement in social and community activities. For example, one worker had attended church with one person using Housing First. Peer mentors had helped people access gyms and other community facilities such as libraries. People's birthdays were also celebrated. However, ICM, particularly through Back on Track services, provided people with opportunities to take part in service forums, and informal learning opportunities such as gardening workshops and a women's group...

*I love the Art class here [ICM Hub], nice company, otherwise I'd be sat at home.... [it provides a] break and I can talk to someone...'*

However, staff felt that many people were some way away from feeling confident to go out into the community, commenting:

*One of the things where we could perhaps do more is making links in their immediate neighbourhoods....*

Thirdly, the project was supporting people to access learning opportunities. This was mainly through internal ICM services as mentioned above. Most people were involved in informal learning opportunities. One person had been supported to start a

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<sup>69</sup> Pleace, N. (2018) Op. cit.

<sup>70</sup> Pleace, N. and Bretherton, J. (2013) *Finding the way home: Housing led responses and homelessness strategy in Ireland*, Dublin: Simon Community.

<sup>71</sup> <http://housingfirstguide.eu>

course in the community but unfortunately this had proved too challenging to complete (at this point). Two people went into work – one woman who had worked before, and a second person who had just started working in an ice cream factory.

Finally, crucially, ICM Housing First was assisting people to break ‘revolving door’ /‘frequent flyer’ experiences with the criminal justice service, giving them the chance of living in the community without resorting to crime. One service user explained to us that he kept returning to jail for taking things to sell as he had no access to benefits until the project helped him:

*[ICM Housing First] has made it [life] better; cos I was out committing offences, I think this is the longest time I've been out of prison! Cos I'm usually in and out, in and out, I might be remanded or a little sentence and that, but I'm not getting into trouble as I don't need to go out and get the scrap... I didn't get paid like for 2 years and she sorted all me papers out like cos I wasn't getting paid...cos I couldn't do it, me, going to jobseekers, too much to write down and go for jobs and all that when I was homeless...*

## Distance travelled measured by the Outcomes Star

The Housing First project used the Outcomes Star<sup>72</sup> to assess the distance travelled by people using the service over time. This tool is widely utilised throughout the homelessness and housing sector. The star enables relative changes in individual progress to be recorded over time. The star cannot function as an outcome measure in itself, because it lacks the robustness and consistency of measurement for this purpose. The star focuses on individual characteristics and uses a ‘behavioural’ model of homelessness (inconsistent with some elements of Housing First) that pays inadequate attention to context and is based on variable, individual judgements about progress rather than a consistently defined set of metrics. Recently, it was assessed as having some merit as a management tool but as unsuitable for use as an outcome measure<sup>73</sup>. An analysis of the data collected with the Outcomes Star should therefore be treated with some caution, particularly the size of any recorded change over time.

The Outcomes Star was used at three points in time by the Inspiring Change Housing First Pilot: on referral to the service, on being housed, and following 6 months housed (and then at 6 monthly intervals). Scores were available for 15 people using the service. Table 3.2 shows the average Outcomes Star scores over time for these 15 service users analysed together as a group, which were collated by the pilot<sup>74</sup>. Scores within set ranges band into five classifications: ‘stuck’ (1-2), ‘accepting help’ (3-4), ‘believing’ (5-6), ‘learning’ (7-8) and ‘self-reliance’ (9-10).

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<sup>72</sup> <http://www.outcomesstar.org.uk/>

<sup>73</sup> Johnson, G., & Pleave, N. (2016). How Do We Measure Success in Homelessness Services? Critically Assessing the Rise of the Homelessness Outcomes Star. *European Journal of Homelessness*, 10(1), 31-51. [https://www.feantsaresearch.org/download/10-1\\_article\\_24170470439113543118.pdf](https://www.feantsaresearch.org/download/10-1_article_24170470439113543118.pdf)

<sup>74</sup> James Found, at Shelter, undertook this analysis.

Four key patterns can be drawn from the Outcomes Star recordings:

- Overall, people using the Housing First service, as a group, had travelled in a positive direction as suggested by the Outcomes Star;
- All domains appeared to be affected across the Outcomes Star – that is the ICM Housing First pilot appeared to be positively changing different parts of people’s lives;
- The Outcomes Star records suggests that two areas were improving for most service users those of ‘managing tenancy and accommodation’ and ‘offending’;
- Within most domains, changes were from within the ‘accepting help’ category, to the ‘believing’ category – suggesting that there is still distance to be travelled for the group of people to achieve the ‘learning’ and ‘self-reliance’ categories.

It should be stressed that this analysis reported change for the group of 15 people where Outcome Star records were available. Within this, there was a high degree of variability in scores between individuals on the scheme, from a gain of 2 points across all 10 domains from referral to their last measure to 43 points. Within this, there was also variation as to where the most progress was made, so for some progress was particularly made from referral to entry into accommodation, whilst others travelled more distance when housed. These variations may or may not be indicative of large differences, as there are inherent problems with consistency of recording in the Outcomes Star<sup>75</sup>. One person had an overall negative score between referral and housing; and three people had a negative score between housing and the last measure (after a large positive score change from referral to being housed). However, over the group, the overall step-change between referral and housed was twice the distance travelled compared to between housed and last measure.

## Wider impacts of the project

From a strategic standpoint Housing First was achieving the goals that ICM had set for the service pilot. Successful long-term engagement (sometimes with periods of disengagement) was occurring with people who had very high and complex needs and for whom existing services had not delivered the housing stability and range of support that they required. Tenancy sustainment rates, as well as service user feedback, were excellent. Other impacts were more variable, and less easy to confirm by the evidence, but were still pointing in a positive direction. This variation is common in most Housing First evaluations globally: there has to be realistic expectations of the overall health and social integration gains for people in the short term following what could (often) be a lifetime of adversity.

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<sup>75</sup> Johnson, G., & Pleave, N. (2016) Op. cit.

A key strategic impact, therefore, of the ICM Housing First pilot was the successful demonstration that the Housing First approach could work in the city.

*It is showing on a local level that Housing First can work in Manchester – and a lot of that learning has been fed into the Greater Manchester approach...it is still small scale, obviously need to work at scaling it up but it's been a positive in that it showed that it can and does work in Manchester.*

Social landlords working in the Manchester City Council area were positive about the Housing First pilot, evidenced in their pledge to make 15 single bed properties available each year to support the service. Seeing the service sustain tenancies for people with high and complex needs had bolstered confidence that the Housing First service concept could work and brought engagement from the social landlords. In a context where affordable, adequate housing supply, is highly constrained, particularly with respect to housing offering the security of tenure and lower rents found in the social rented sector, securing the support of social landlords is vital to enable Housing First to function properly. As one respondent from the social landlord sector noted:

*This is about people who we would not normally re-house... and that is what we are here for... the more we can do and prove that this approach works, the more we can do in the future...*

Communication about the Housing First model and what it could achieve had been challenging in some cases. The emphasis on providing support for as long as needed, on providing housing before someone had engaged with treatment and they were not, in the sense employed by orthodox service models, 'housing ready' and the requirement for patience, because Housing First does not, in any situation, produce instant results across every aspect of need had been challenged in some instances. ICM had needed to persuade, argue and illustrate what it was trying to do.

One stakeholder also commented that delivering and using the service necessitated a process of adaption. Staff delivering the service needed good training to think differently in terms of how they worked with service users. And the degree of choice and control could also require adjustments to be made by service users, after sustained contact and use of services that had set parameters and requirements to a greater extent than was the case for the ICM Housing First pilot.

*...learning to listen to what people are telling you and to go with it, however crazy it might feel... in community care [that approach] was really quite transformative... many of them have been kind of institutionalised, in and out of hostels, even the way that they approach services is quite institutional so it's about helping them to break that cycle...*

There was more scepticism, however, about whether the model could be scaled up at the city level:

*Housing First a good model? I don't think it is a scaleable model, straight from the streets into long-term accommodation, with the lacking of any form of backing to the tenancy, those two things collectively, I think, make it*

*unscaleable, at least to private landlords, I think its scaleable to housing associations.*

## 4 Housing First in Greater Manchester

### Introduction

This final chapter considers the future development of Housing First at strategic level in Greater Manchester.

### Housing First as a Mainstream Response to Homelessness

Housing First is now integral to the Greater Manchester Combined Authority (GMCA) strategic response to homelessness, both in terms of the Mayoral response to the rising levels of homelessness and rough sleeping and in the selection of Greater Manchester as one of the three pilot sites (with the combined authorities in the West Midlands and Liverpool City Region) for an Ministry for Housing, Communities and Local Government (MHCLG) backed pilot of Housing First<sup>76</sup>.

There is change happening across the homelessness sector, in local authorities and in national policy towards homelessness that is being led by the process of Housing First becoming a mainstream response to homelessness in the UK. Alongside the *Housing First England*<sup>77</sup> programme developed by Homeless Link and the *Housing First Hub Europe*<sup>78</sup> that is also involved in the development of Housing First in the UK, Housing First has become integral to Welsh, Northern Irish and Scottish strategic responses to homelessness.

When the work on developing ICM Housing First began, Housing First was still a very new, experimental idea in the UK. As this work draws to a close, only two years later, a great deal has changed. In many senses, the argument in favour of using Housing First in the UK has been won and services like ICM Housing First, while relatively small in their own right, have nevertheless added to the accumulation of evidence, experience and practice that has shown Housing First is a viable response to homelessness in the UK.

One danger, evidenced in the loss of cohesion as Housing First initially spread through the United States, with services that bore only a passing resemblance to Housing First being described as “Housing First”, is that the Housing First will become distorted and diluted as it spreads. For this reason, both the Canadian and the French national Housing First programmes played close attention to *fidelity* with

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<sup>76</sup> [https://www.greatermanchester-ca.gov.uk/news/article/229/greater\\_manchester\\_comes\\_together\\_to\\_tackle\\_rough\\_sleeping\\_in\\_unique\\_partnership](https://www.greatermanchester-ca.gov.uk/news/article/229/greater_manchester_comes_together_to_tackle_rough_sleeping_in_unique_partnership)

<sup>77</sup> <https://hfe.homeless.org.uk>

<sup>78</sup> <http://housingfirsteurope.eu/>

the original model, being clear about what exactly Housing First was and ensuring that the results of their national pilot programmes (evaluated using randomised control trials) were generalisable and could be easily replicated<sup>79</sup>.

There are dangers in saying Housing First can be a strategy to end homelessness in and of itself. Where Housing First has been at its most effective, it has been integrated within a wider homelessness strategy that also offers preventative services, purpose built low-intensity housing-led services and some supported housing which can for example help people with very high and complex needs for whom Housing First may not be suitable. The archetype of this kind of approach is Finland, which has produced startling reductions in long-term homelessness by using Housing First within an integrated strategy, but there are other examples too, including the USA, alongside the perhaps more obvious candidates like Norway<sup>80</sup>. The recent feasibility study in Liverpool advocated this kind of strategic integration, using Housing First within a strategy as distinct from presenting Housing First as a strategy<sup>81</sup>.

The most obvious risk centres on using “Housing First” for groups of people for whom it was not designed, particularly lower need homeless populations who do not need the intensive services offered by a Housing First service. This dilutes the meaning of Housing First, creating particular risks that services using low levels of resources and with very high client loads on each worker will be seen as being ‘Housing First’ with the expectation being that Housing First can be resourced at very low levels. Adherence to core principles will also be potentially seen as less important, as more and more services drift away from the core Housing First model and, as did actually happen in the USA<sup>82</sup>, coherence is lost and the unique strengths of true Housing First as an effective solution to long-term and recurrent homelessness become lost.

ICM Housing First is an example of a service that has tried to keep fidelity with the original North American model, in terms of who it sought to help, how it organised itself and in the philosophy of service design. This single project does not have the resources made available to, for example, a full blown Housing First pilot project in Canada, which operates with far more resources, both because it is already scaled-up to strategic level operation, but also because it is relatively better funded than an equivalent UK project (for example it is able to follow an assertive community treatment (ACT) approach which means it has its own dedicated interdisciplinary team, including drug/alcohol, psychiatric and medical services<sup>83</sup>. However, ICM Housing First was closer to a high-fidelity Canadian or French Housing First service

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<sup>79</sup> Pleace, N. (2018) Op. cit.

<sup>80</sup> Pleace, N. (2018) Op. cit.

<sup>81</sup> Blood, I. et al (2017) Op. cit.

<sup>82</sup> Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. and Goering, P., 2013. The Pathways Housing First fidelity scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 16(4), pp.240-261. <https://www.napha.no/multimedia/6918/Bakgrunn-fidelitetskala-Housing-First>

<sup>83</sup> <http://housingfirsttoolkit.ca>

than it may first appear, because although every detail of the operation is not replicated, ICM Housing First followed the same philosophy as those services and, as this evaluation shows, was achieving often very positive results.

## Scaling Up Housing First

ICM Housing First, showing fidelity with the core philosophy of Housing First is an example of what can be achieved in the UK. With the creation of the national programme in England, with Greater Manchester as one of the pilots and the Glasgow-led Scottish developments in Housing First<sup>84</sup>, alongside progress in Northern Ireland<sup>85</sup>, Housing First will now begin to be used at a larger scale.

The ICM Housing First pilot shows what an individual agency can achieve, collaborating with others and opting to use its resources in new ways. This was a small evaluation of a small project, but the evidence reviewed above, while not in any sense as robust as the randomised control trials or the quasi-experimental evaluations of Housing First that have been conducted elsewhere, still has some weight and clearly shows that Housing First was making positive changes to the lives of people whose experiences of homelessness had often been sustained and whose support needs were high. Like the *Housing First England* evaluation, which was a similar exercise, but lacked the tracking elements that it was possible to include in this two-year study, while the evidence is not as robust as it could be, there is enough here to warrant exploring the use of Housing First at a greater scale across Manchester.

Beyond the obvious gains from using Housing First to help reduce long-term and repeat homelessness and helping tackling recurrent rough sleeping associated with high and complex support needs, there is evidence of potential cost benefits. These benefits are for the other elements of the homelessness systems, which no longer have to work repeatedly with people whose needs are best met by Housing First, alongside the potential cost benefits to the NHS, to local authorities and to the criminal justice system, which will be reported in the parallel cost benefit research being conducted on ICM Housing First.

The ICM Housing First pilot can be extended and expanded with a strong likelihood that it will continue to achieve good results. At scale, this model could start to make positive differences to visible homelessness in Manchester, alongside tackling the needs of people who are 'frequent flyers' in homelessness and other publicly funded services that cannot fully meet their needs. As noted, to be effective, the international evidence suggests, Housing First needs to be an integral part of a homelessness strategy, it is designed for high-need individuals, not to tackle homelessness as a whole, to do that takes prevention and an array of lower intensity, supported housing and other services.

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<sup>84</sup> <http://www.ghn.org.uk/publications/housing-first-scotland/>

<sup>85</sup> Boyle, F. *et al* (2016) Op. cit.

Manchester is further down the road with Housing First than the other two cities that will also be pilots because of ICM Housing and also the Threshold Housing First model, which focuses on homeless women ex-offenders with high and complex needs, which is currently operational in three of the GMCA authorities<sup>86</sup>. GMCA, because of the successful operation of ICM Housing First over the last two years, has a tested example of a service model that can be scaled up and direct experience of running Housing First within its own boundaries. As was noted in our interim report, the potential roles of Housing First in GMCA can be summarised as follows:

- Tackling recurrent and sustained rough sleeping and meeting the needs of people with high and complex needs who are caught in repeated, unsuccessful, use of existing homelessness services.
- Functioning as a preventative intervention within the wider reforms to homelessness strategy that will occur as the Homelessness Reduction Act is rolled out. This centres on the use of Housing First when someone with high and complex needs is at heightened risk of homelessness, which may encompass some former offenders with high needs, people with a history of mental health problems and people with a history of addiction.

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<sup>86</sup> Quilgars, D. and Pleace, N. (2017) *Threshold Housing First: Report of the University of York Evaluation*