



**Briefing 18-12**

**March 2018**

## **Housing First**

**To:** All Chief Executives, Main Contacts and APSE Contacts in Scotland

### **Key Points**

- The Local Government and Communities Committee recommend that Scotland pursue a policy of Housing First as one tool to tackle homelessness.
- Housing First is best used when dealing with people with multiple complex needs.
- Residents are given a home without mandatory conditions attached, such as maintaining sobriety.
- Expensive to set up, but potential for long term savings compared to current homelessness strategies.

Link to Report on Homelessness : <https://sp-bpr-en-prodcdnep.azureedge.net/published/LGC/2018/2/12/Report-on-Homelessness/LGCS52018R6.pdf>

### **Introduction**

The Local Government and Communities Committee published a report on Homelessness, detailing their findings into the current state of homelessness in Scotland. They heard first-hand from people who had experienced homelessness, and they explored potential policy that could be adopted to improve the services offered in Scotland and ways to ultimately reduce homelessness. This included the committee making a trip to Finland to learn more about the 'Housing First' Model. This briefing will outline the findings of the committee, and provide more information on the 'Housing First' model, including examples of projects that have been undertaken across the world.

### **Homelessness in Scotland**

The report begins by giving an overview of the current state of homelessness within Scotland. Most of these figures are from the [Homelessness in Scotland](#) bi-annual update from National Statistics. From October 2016 to September 2017, there were 34,864 applications for homelessness made to Local Authorities. This is very small rise from the year before of 0.3%, and compares with a peak in applications in 2005/06 of around 60,000 applications. However, at the

local authority level, there is a significant amount of variation in homelessness application rates. Glasgow City Council, and City of Edinburgh Council saw comparatively large reductions in applications; 8% and 9% respectively. This contrasts with Aberdeen City, which experienced a 32% rise in Homelessness. It must be noted however that the populations of various local authorities differ significantly, making direct comparison more difficult. The raw figures for each authority are included in *appendix a*.

The committee heard evidence from a number of people who had themselves been homeless at one point, on the causes of homelessness. Major factors that were highlighted to the committee included relationships breaking down, poverty and financial issues, high rent in the private sector and the benefit cap.

Certain groups of people are also more likely to become homeless. Those with long-term mental health issues, past trauma and people with troubled childhoods and/or a care-experienced background were most at risk from homelessness, particularly long-term homelessness. The committee notes that due to the wide variety of circumstances that can lead to homelessness, a one-size-fits all approach will not be sufficient, with solutions needing to be tailored to individual circumstances. The committee welcomed the £10 million Ending Homelessness Together fund that was announced in the 2018/19 budget, along with other interventions that have been made from Holyrood.

## **Housing First**

The majority of current Housing First Projects can trace their origins back to a 1992 programme in New York, [Pathways to Housing](#). It was initially conceived as a way to help those with mental health issues escape homelessness, though it has since grown to include other disadvantaged groups within its remit. It follows the ethos of harm reduction. Housing First differentiated itself from the traditional 'staircase model', in that those receiving a home did not need to meet a certain number of criteria, such as sobriety, to prove that they were ready for housing. The thought process being, that it would be easier to address issues such as alcohol and substance abuse when people had the security of a permanent home. The figure below from Turning Point Scotland (reproduced on page 56 of the Committee Report) shows the difference between both approaches.



Housing First models also share a common set of principles, drawn from the initial project in New York.

1. Immediate access to housing with no readiness conditions.
2. Consumer choice and self-determination.
3. Recovery orientation.
4. Individualised and person-driven support is provided.
5. Social and Community Integration

Alongside the house, people in a housing first project are offered ongoing support for their needs, however it is not mandatory for people to use these resources. They are free to choose their level engagement with support, if any at all. People also have the freedom to choose where they live, resources permitting.

There is no single Housing First Model, and as it has moved to new cities and countries, it has been adapted to suit. For example, the welfare system in the United States is considerably different to the systems found in Europe generally. Pathways to Housing was much more distinctly different from other American approaches, whereas in the UK and the rest of Europe, it does not represent as dramatic a shift away from other welfare programmes. This allows opportunity for existing services to work more easily together in a Housing First model.

### Turning Point Scotland

The first major trial of the Housing First model in the United Kingdom was conducted by Turning Point Scotland, running from 2010 to 2013. Following the pilot, the service has now been established permanently, and is being expanded into other areas of Scotland. An evaluation report was published following the end of the pilot, [available here](#).

In this implementation of Housing First, TPS sought to tackle repeat homelessness in those with problems with substance misuse. In addition to substance abuse, most participants also had a history of being in prison and hospital/psychiatric wards. As tenants, they were given a rent contract with unlimited lease. Where possible, tenants were given a choice of property, but this was limited by property availability. They were however generally the same as the limitations for housing association tenants. A total of twenty-two people were housed during the pilot, and they were supported by a team of six staff members, three of whom had experienced homelessness themselves.

### Results

The Glasgow pilot achieved generally positive results, in terms of both reducing homelessness and resident health and satisfaction. At the end of the pilot, 15 out of 22 participants remained in a permanent home. There were a number of reasons that the others did not have a permanent home, such as imprisonment, requesting to be moved and death, but crucially there had been no evictions.

In terms of health, at the recruitment stage, only 4 people identified their health as good, with no one identifying their health as very good. One year into the project, this was 9 and 3 respectively. For substance abuse, the results were more mixed. There was a significant reduction in the severity of dependence on drugs, but alcohol dependence was mostly unchanged between registration and the one-year mark. Resident involvement in criminal activity fell, alongside the fall in drug use. Residents also reported that they felt in a stronger financial position following a year in the project. More detailed statistics can be found in section 4 of the [TPS Final Evaluation](#).

The officers involved in the project also responded positively, despite many being initially sceptical that it would succeed. Most of the recruits into the pilot had been through repeated periods of homelessness and were known to support staff. Support staff were impressed that the project managed to retain the engagement of its residents, which is something they had previously struggled with. In particular, when there were challenges with individual residents, housing providers were still able to engage with them and work through it, which has been difficult with other methods.

## **Challenges**

The TPS evaluation includes a section on the challenges that were faced during the pilot, and other lessons learned from the experience. Initially, getting stakeholders on board was an issue. Housing providers expressed trepidation as to their obligations surrounding drug use. This was alleviated following consultation with Strathclyde Police, who affirmed that whilst it is an offence to 'knowingly permit' drug use on the property, it is not a duty to police it. Their obligation was only to respond to any incidents appropriately.

There were also issues in the initial referral of people to the Housing First pilot. Frontline staff were reluctant to put forward people who might fail to sustain tenancies, as they feared that they would be held responsible for this. As the pilot went on, this attitude was found to shift.

There were also some significant issues with resources that caused issues, especially in the early stages of the pilot. Availability of housing was the biggest of such issues. Some of this was caused by issues specific to the Glasgow Housing Association, but availability in general has been a significant challenge to many housing first projects around the world. For the Glasgow TPS pilot, it took three months on average between recruitment and a house being allocated.

Whilst the primary issue with housing was due to availability of property, this was sometimes exacerbated by the residents themselves. Some changed their mind as to which area they wanted to live in, which would delay the process, and some recruits also had to spend time within institutional care facilities, which also lengthened the time it took to house them. One other issue the pilot encountered was the short windows of time that houses were usually available for, and it wasn't always possible to contact recruits quickly enough to accept the offer of the house, particularly where they didn't have a mobile phone.

## **Resident Support**

Residents were offered support alongside their home, however accepting this support was not a requirement for the tenancy. This led to challenges in how best to keep tenants engaged with support, and the report details the evolution of support that occurred with service users. Whilst

there was a general pattern to most users, with meetings usually occurring twice a week, this was free to vary to what best suited the tenant. At the start of tenancy, staff usually met with service users more frequently as they 'made a house a home', and increased support was also offered whenever residents experienced 'a dip in mood'.

Support was also relaxed if service users reported feeling pressure or had disengaged from support. Contact was maintained as much as possible, through text or phone calls, but it was made clear that there was no obligation for receiving support. This strategy was often successful, and after a period of time, most service users reengaged with support.

The relationship between staff and service users was hugely important to the project, especially as many recruits had negative experiences with support staff in the past. One way in which the TPS pilot worked to improve relationships was by bringing on board peer support workers, who had experienced homelessness and drug/alcohol misuse themselves. This allowed them to effectively gain the trust of service users, and also serve as role models. It was noted however that there are specific challenges with peer support workers. As they are in regular contact with those with active addictions and dealing with issues that may bring back painful memories, they were given additional personal development support and supervision over and above that given to other staff members. Sickness absence was significantly higher amongst peer support workers than the rest of the staff, which was occasionally problematic for service delivery.

### **Assessment of Housing First**

The TPS report focuses primarily on the benefits that Housing first has on those experiencing homelessness, and its findings were generally positive. Service users, staff and stakeholders consider the pilot project a success, in particular in tackling those who were considered 'serial disengagers'. Whilst there was considerable variation between service users, generally there was an improvement in the health and finances of those involved in the project, and customer satisfaction was high for the project.

Dissatisfaction was primarily focused on the lack of houses, which was beyond the control of the project. It does illustrate that Housing First projects will be challenging in most places in the United Kingdom, and indeed much of the world, as many cities are tackling a shortage of homes, and this style of project will only increase demand for homes further. Buy in from frontline staff is demonstrated to be essential, and this could prove challenging when started new projects, though if more evidence of success emerges, then this should become a less prevalent issue.

SocialBite has conducted some research into [the funding and feasibility of expanding Housing First in Scotland](#), and also provides specific analysis and recommendations for tackling homelessness in Aberdeen, Dundee, Edinburgh, and Glasgow. On funding Housing First across Scotland, it notes that to set it up properly is not a cheap option. The net cost following offsets to the public sector are estimated to be £1 million, rising to £1.96m in year two. This would allow for 470 adults with complex needs to be resettled each year. In the longer term however, it is expected that in the third year and beyond, this approach would result in cost savings compared to current strategies.

There is some international evidence for this as well. [A Canadian academic paper](#) reviewed a number of North American Housing First projects to identify costs and associated cost offsets. The majority of projects showed a net savings following the introduction of Housing First. This

was based on all but one project on comparing a group who received a Housing First intervention with a group that didn't.

These savings manifested in a number of ways. Obviously, shelter costs fell as they were rarely needed by those who had been given a tenancy. Savings were also made due to the decrease in hospitalisations and the general increase in the health of participants given a home. However, contrasting to reduced inpatient costs, outpatient costs tended to increase. A driving cause for this is that following intervention, people are more likely to seek out medical care they needed. This was also mirrored by an increase in social security costs, as again people were more likely to sign up to assistance they were entitled to, once in a home.

Caution must be taken when interpreting these results however. Whilst most studies used a pre-post design, and reported savings, those that used an experimental or quasi-experimental method tended to find an increase in overall costs. There is also an issue that of all the projects used in the review, the longest follow-up period is three years. As the current thinking is that savings due to Housing First are long-term, then cost analysis of projects over longer periods of time is desirable.

The European country that perhaps has the most experience with Housing First models is Finland, and the Local Government and Communities Committee [arranged a visit to Helsinki](#) to meet with key people involved in homelessness projects. Finland is the only European Country that [Feansta](#) (European Federation of National Organisations Working with the Homeless) identified as having an improving homelessness situation. They credited this due to their national homelessness policy being based on a Housing First model. Financially, [research on one project by the Technical University of Tampere](#) suggest a saving of €15,000 per homeless person given accommodation.

### **APSE Comment**

Homelessness is one of the largest challenges facing local authorities across the United Kingdom and APSE welcomes any work done to try and reduce this. Housing First is a relatively new concept in the UK and it could prove a useful addition to the methods used to tackle homelessness. It should however be noted that this is not a method suited to every case of homelessness and should not be treated as such. Housing First has proven most effective with groups with complex needs, such as mental health problems and alcohol and drug dependencies. Where the situations are different, then different approaches, including sheltered accommodation, may be more appropriate.

Should more areas seek to implement Housing First projects, then there are challenges that will need to be overcome. The most obvious and pressing is that of housing availability. The housing shortage in the UK has been a prominent public policy issue and implementing Housing First projects will create further demand that already cannot be met. In addition to this, the large initial costs of setting up projects and hiring and training staff will come at a time when budgets at all levels of government are tightening.

Finally, there may also be issues with the way in which these projects may be received by the general public. As the principle of Housing First is that people do not need to meet or maintain criteria such as sobriety during their tenancy, then there could be objections, should it be perceived that undesired behaviour is being 'rewarded' and this could be amplified by housing

shortages. There may also be an issue where neighbours may object to having Housing First residents as part of their community and this will need to be addressed.

Evidence is therefore key to any expansion of Housing First, and APSE would encourage continued pilot projects in a number of Scottish and UK towns and cities. If these have positive outcomes then it will serve well to allay any fears that people may have over this approach to homelessness. APSE's Building and Housing Advisory group provides an excellent opportunity for councillors and council officers to share learning and best practice, such as this.

Finally, should Housing First become national policy, then it is important that it is properly resourced and financed. Housing First initiatives require a significant amount of investment at the start and this is not something that councils would be able to cope with out of their own budgets. The Scottish Government would need to ensure that they provide adequate funding to local authorities, over and above what is already given to councils, if they were to pursue a policy change of this magnitude.

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## Appendix A

	2016	2017	Change	
	Year to end Sept	Year to end Sept	number	%
<b>Scotland</b>	<b>34,746</b>	<b>34,864</b>	<b>118</b>	<b>0%</b>
Aberdeen City	1,286	1,693	407	32%
Aberdeenshire	1,087	999	-88	-8%
Angus	827	731	-96	-12%
Argyll & Bute	418	506	88	21%
Clackmannanshire	444	519	75	17%
Dumfries & Galloway	715	887	172	24%
Dundee City	1,364	1,306	-58	-4%
East Ayrshire	568	539	-29	-5%
East Dunbartonshire	516	454	-62	-12%
East Lothian	694	761	67	10%
East Renfrewshire	304	320	16	5%
Edinburgh	3,591	3,258	-333	-9%
Eilean Siar	147	119	-28	-19%
Falkirk	1,122	1,130	8	1%
Fife	2,492	2,431	-61	-2%
Glasgow City	5,876	5,429	-447	-8%
Highland	992	942	-50	-5%
Inverclyde	232	217	-15	-6%
Midlothian	523	527	4	1%
Moray	575	578	3	1%
North Ayrshire	759	923	164	22%
North Lanarkshire	1,902	1,930	28	1%
Orkney	99	138	39	39%
Perth & Kinross	859	901	42	5%
Renfrewshire	791	821	30	4%
Scottish Borders	663	685	22	3%
Shetland	119	115	-4	-3%
South Ayrshire	743	734	-9	-1%
South Lanarkshire	1,937	2,101	164	8%
Stirling	603	611	8	1%
West Dunbartonshire	1,155	1,117	-38	-3%
West Lothian	1,343	1,442	99	7%

Source : <http://www.gov.scot/Publications/2018/01/8686/downloads> **Table 2**