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Best Practice and Partnerships Lead

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Housing First

Homelessness – The wider context

- **Homelessness Reduction Act** *(April 2018)*
  Additional statutory dues on English Local Authorities to prevent homelessness

- **National Rough Sleeping Strategy** *(August 2018)*
  Focus on Housing Led approaches to tackling homelessness including Housing First and Rapid Rehousing

- **Housing First Feasibility Study** *(July 2017)*
  Led to £28 million funding commitment for Housing First pilots in Liverpool City Region, Greater Manchester and West Midlands

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Homelessness in the UK

All information from Apr 20-Mar 21, with the exception of Halton (1 Quarter: Oct-Dec '20)

Local Authority	# Apps taken	% Prevention	% Relief	% Settled accom. outcome from prevention	% Settled accom. outcome from relief	In Temporary Accom. (Mar 31 2021)	In B&B (Mar 31 2021)	Homeless apps from Supported Housing (Prevention)	Homeless apps from Supported Housing (Relief)	Duty To Refer	Homeless apps from Rough Sleeping
Halton	**229**	*30.6%*	*69.4%*	*61.0%*	*44.8%*	**162**	**1**	**1** *(1.4%)*	**3** *(1.9%)*	**23**	**5** *(3.1%)*
Knowsley	**1092**	*62.2%*	*34.9%*	*70.6%*	*72.3%*	**50**	**0**	**4** *(0.4%)*	**21** *(0.2%)*	**97**	**17** *(1.6%)*
Liverpool	**1260**	*17.1%*	*81.3%*	*66.3%*	*79.2%*	**459**	**135**	**6** *(0.5%)*	**65** *(0.2%)*	**63**	**73** *(5.9%)*
Sefton	**719**	*24.9%*	*73.2%*	*49.1%*	*60.2%*	**41**	**16**	**7** *(1.0%)*	**29** *(0.6%)*	**118**	**7** *(1.0%)*
St Helens	**739**	*47.6%*	*52.0%*	*56.5%*	*67.5%*	**31**	**14**	**3** *(0.4%)*	**15** *(0.0%)*	**57**	**18** *(2.4%)*
Wirral	**1149**	*23.4%*	*74.7%*	*41.9%*	*67.2%*	**145**	**64**	**5** *(0.4%)*	**77** *(0.4%)*	**172**	**12** *(1.1%)*
North West	**39330**	*39.9%*	*56.5%*	*57.5%*	*41.9%*	**5430**	**1150**	**290** *(0.8%)*	**1,030** *(0.7%)*	**3,620**	**1,410** *(3.7%)*
England	**282,240**	*42.3%*	*52.8%*	*59.4%*	*39.8%*	**95450**	**11170**	**2,980** *(1.1%)*	**7,250** *(1.2%)*	**24,140**	**11,640** *(4.3%)*

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What's happening elsewhere

Finland eradicated homelessness with a Housing First and housing-led approach

France implemented Housing First as national strategy

Scotland, Housing First as national strategy

Ireland as national strategy and one of the solutions to homelessness

England, 3 large pilots to test scaling up.

Pilot Background

- The government invested in three pilot regions in the 2017 budget
- Pilots were established in:
  - Liverpool City Region Combined Authority
  - West Midlands Combined Authority
  - Greater Manchester Combined Authority
- Different models, same aim: **To test high fidelity Housing First delivery at scale in England**
- Pilots are currently waiting for the outcome of the Comprehensive Spending Review to determine their future

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What is Housing First?

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

A harm reduction approach is used

An active engagement approach is used

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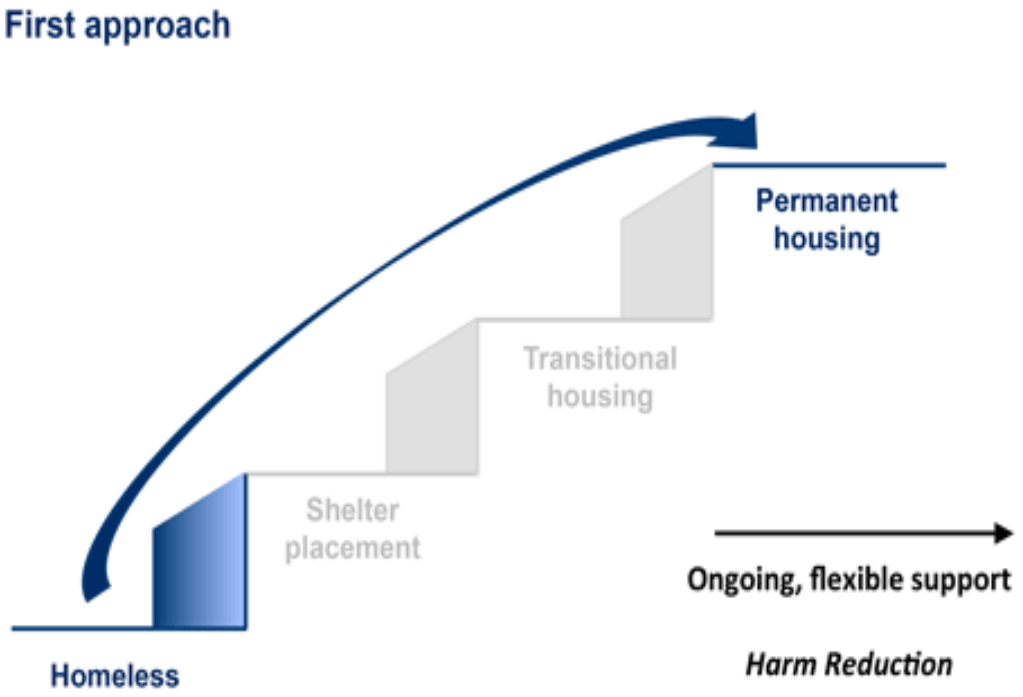
https://housingfirsteurope.eu/guide/what-is-housing-first/

Why Housing First fidelity matters

- For some people the traditional hostel pathway does not work
- Too many people cycle in and out of homelessness
- Housing First is designed to end this cycle
- At least 16,500 would benefit from this type of support in England
- Housing First ‘principles’ based on evidence of what works



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Who does Housing First work with

Example across the three pilots

73% History of offending	**74%** Dual diagnosis
49% Physical health issue	**31%** Disability

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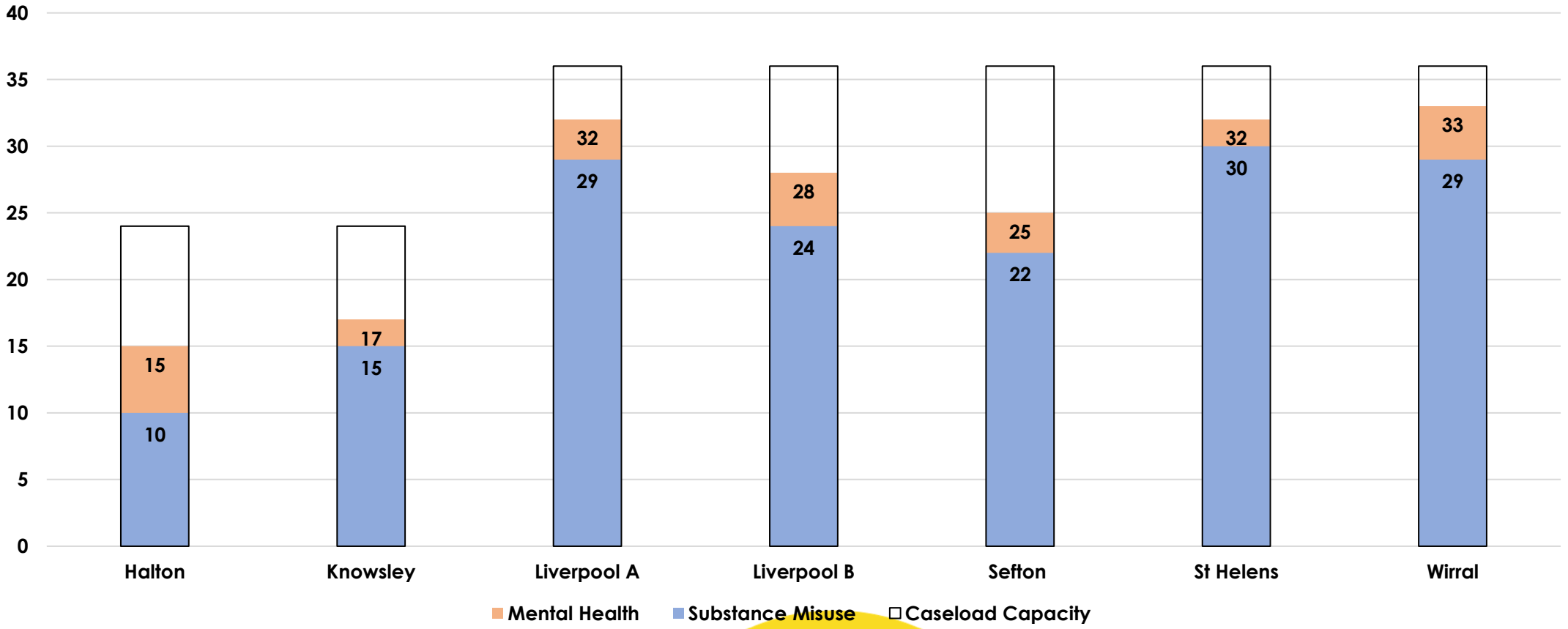
Service Users with Substance Misuse & Mental Health Needs, LCR CA



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LCRCA Pilot Progress Update

Worked with **259** people (currently **220**)

1+

41 people have been supported in a tenancy over a year

152 people have secured a Housing First tenancy. (**130** Currently)

91%

Tenancy sustainment

14 people have been supported into <u>another</u> home

108 Individuals who still need support at end of funding

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Successes in Liverpool City Region

- Transition to new localities model of co-location & LA partnerships
- Use of a Panel and multi-disciplinary approach in each LA Tenancy sustainment rate: 91%
- Zero Evictions
- Everybody In response in partnership with Local Authorities
- Entrenched rough sleepers with complex needs brought in and engaging
- Additional Housing Association partners engaged
- Voluntary and third sector accommodation offers
- Some joint working with mental health services and multi agency panels
- Change to Allocations Policies
- Lived Experience input

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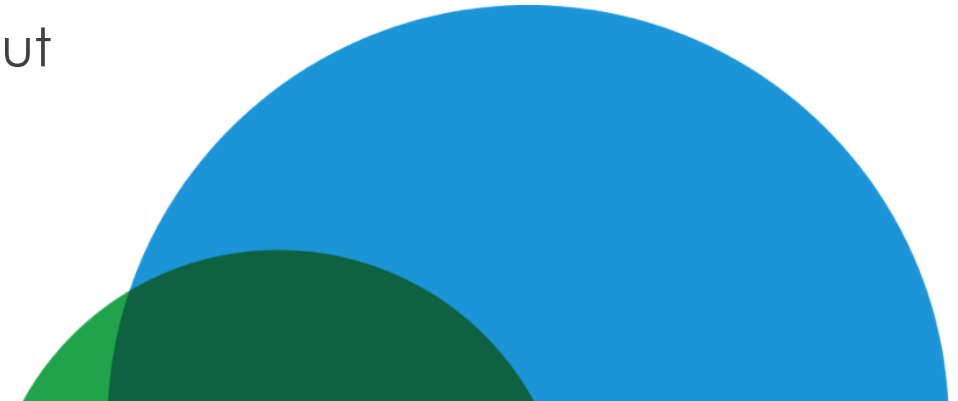

What we have learnt in Liverpool City Region

- Partnership working is paramount.
- Housing supply needed at the outset.
- Housing First services need to be responsive to the need of Service Users, and have the ability to change, such as through a Human Learning Systems (HLS) approach.
- Workforce needed additional skills input.
- Cultural change takes time.
- System changes start in practice at the frontline in parallel with strategic system changes

How We Collaborate

- Embedded locality model enables better partnership working and tailored approach
- Operational meetings at different levels and in different areas
- Linking Housing First to LA's wider homelessness solutions (e.g., Rough Sleeper Action plans)
- Developing region-wide systems and processes (e.g. Under One Roof, Property Pool Plus)
- Joined-up approach to safeguarding and case management work
- Transparent collaboration and discussions of key areas of work (e.g. Allocations Policy Review)

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How We Influence & Shape

- **System Change**
  - Changes in access to services for people with multiple and complex needs
  - Changing Allocations Policies to reduce exclusions to accessing social housing
  - Different service delivery models
  - Identifying gaps and additional areas of need e.g. Children's Social Care processes

- **Lived Experience Group**
  - Involved in all stages of recruitment
  - Advice and guidance around systems and service user experiences
  - System development within Housing First and wider homelessness
  - Customer feedback

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System Change

We have started to see systemic change from the frontline, including:

- Direct tenancies and quick responses to housing with support works
- Some organisations have begun to be more flexible due to understanding of vulnerability and trauma (Probation, Police, some health, some GPs)
- Culturally acceptable to give homeless people choice – hostel offers and offers of property, choice of worker
- Strength based practice noted in approach from Police and Adult social care, RSI funded project. One particular GP leading the way
- Change of practice in some HAs (rent, allocations and sign ups)

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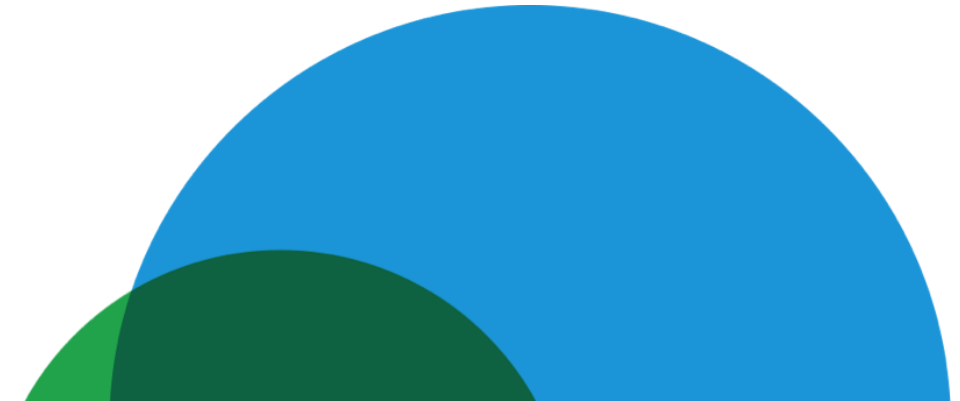
Mental Health Sucesses

- Supporting people who are undiagnosed through to diagnosis, in communities
- Case formulations to create shared understanding with other agencies person centric and inclusive of mental health
- Multi agency approach to mental health in each locality area
- Neuro Triage spot purchased service – assessment and case formulation (case study)
- Across all Service Users, 252 individual Outcome Goals have been achieved regarding Better Management of Mental Health.



Challenges

Mitigating operational risks to Service Users (e.g. cuckooing)

Housing Supply

Lack of certainty around long-term funding and continuation of the service

Trying to affect lasting systemic change through a pilot project

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Mental Health Challenges

- Pathways into Mental Health Services – Access points and thresholds
- Hierarchy in mental health services – support workers not able to feed into safety planning
- Understanding from mental health staff of how childhood trauma affects behaviour and engagement
- Face to face visits in the community

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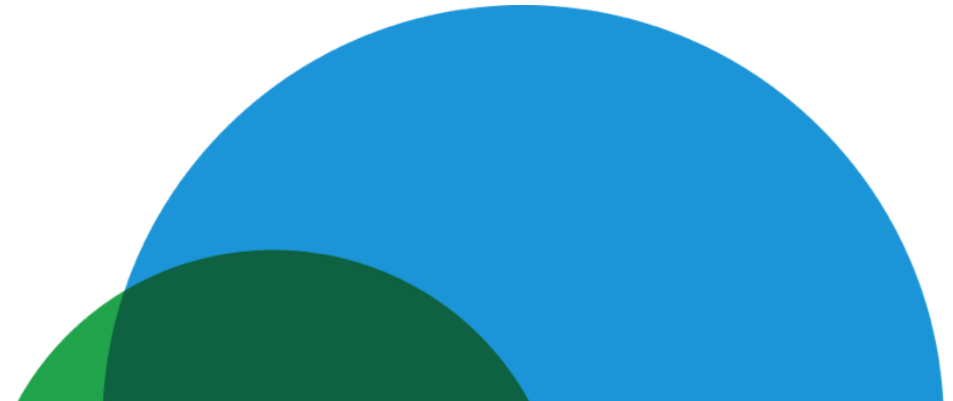

Psychologists Offer

- Case Formulation
- Support into statutory services
- Staff support, reflective practice, clinical supervision and training
- Training for the Support Workers includes Motivational Interviewing, Suicide Awareness, and Personality Disorders.
- As well as training, periodic DBT Skills Sessions are held with the team, with topics including Coping Skills, Emotion Regulation, and Interpersonal Effectiveness. To maximise the utility of these sessions, they are recorded and uploaded to a secure servicer for Staff to revisit.

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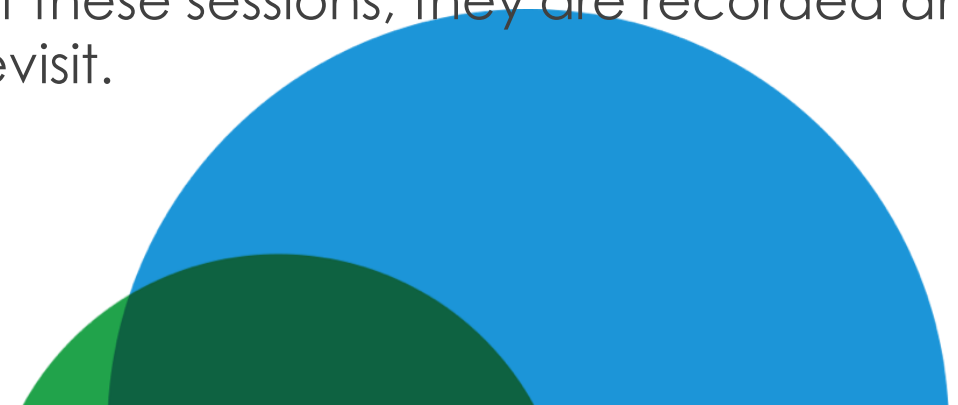

Life history

Early worries around cognitive functioning

Struggled with life at an early age

Attended mainstream school

School life traits of neuro diversity

Suspected fluctuating capacity and suspected executive functioning difficulties

Feel through gaps as didn’t meet thresholds for social care or learning difficulty assessment

Estranged from family with restraining order in place from family.

Presenting issues

Male in early forties

Cognitive functioning issues

Struggles to make decisions

Severe epilepsy

Prolific offending history

Vulnerable to abuse from others (financial and cuckooing)

Displaying anxiety through behaviour

Substance misuse (heroin)

Stays in temp accommodation in and out of borough

Stays in prison

What HF did

Started work whilst in prison

Supported into accommodation with offer of sub misuse support wrapped around

A home of his own

Included health partners such as sub misuse, gp and chemist.

Offered intensive support (2/3 times a day) across two areas, unbiased and intensive, considered anxiety affecting behaviour

Flexible support offer, step up and step back – client led

Supported to make decisions with consequences

Supported to self reflect and develop coping mechanism.

Referred to for Neuropsychological assessment (spot purchased)

Outcomes

Neuropsychological report outlined – language issues, visuospatial issues and executive functioning issues. Shared with other professionals – created understanding.

Also diagnosis of acquired brain injury

Regular MDTs support wrap around offer

No offending since Nov 21 – longest in adult life

Keeping to conditions of restraining order

Managing meds and epilepsy under control

Heroin and Methadone free – 5 months

Maintaining own accommodation - independently

Anchoring in community – re established links with family (mum and sister)

Our Offer	Our Ask of You
• Intensive support to stay in the community • Joint working offers • Nurse placements • Agreed amount of contact with you i.e., daily or weekly • Daily contact with joint client • Support to attend appointment • Case formulation to create understanding • Assessment for acquired brain injury • Advocacy • An offer of a home	• Collaboration • Communication (shared risks and safety) • No hierarchy • Joint working face to face • Outreach appointments • Understanding of trauma • Flexibility around engagement • Single points of contact in each locality area

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In the words of Housing First clients

"It seems every other charity I've been to there's rules and regulations. If you don't jump through hoops the help stops. There are no hoops with Housing First… You do it in your time, at your pace. It's the only thing that would ever have worked for me"

"There was never a you must do this or you must do that to get something, only suggestions and encouragement for things that would benefit me"

"I think people get lost in the system and they are usually the ones that need help the most…I keep falling over, but with support I am not giving up"

"They're there all the way through. And as long as I want the service in my life, that support network will always be there. That's what gave belief to me. The promises didn't get broken"

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Any Questions?

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- *How is housing first different ? Listen to our frontline workers to understand more : https://youtu.be/4wcj9zFO-2Q*

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Thank you

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