

Greater Manchester Housing First Pilot: An Evaluation

(Executive Summary and Conclusion)

October 2021

Executive Summary

From 2010 to 2017, the number of people who were homeless or rough sleeping in Greater Manchester increased significantly, a trend also reflected across the rest of England. A great deal has been done locally and nationally to reduce the prevalence of rough sleeping and to support people out of homelessness permanently, including the funding of outreach teams and navigators to engage with and support people sleeping rough, and the 'A Bed Every Night' scheme, which offers emergency accommodation to people who are homeless.

Although these schemes have proven effective in reducing the number of people sleeping rough, there was a wider recognition that they are much less effective for those people with entrenched and repeat experiences of homelessness, and with the most complex support needs. These may include physical and mental health, substance misuse, contact with the criminal justice system, and experience of domestic abuse. In response, the Ministry of Housing, Communities and Local Government funded three pilots of the internationally recognised Housing First programme to run in the Greater Manchester Combined Authority, the Liverpool City Region Combined Authority, and the West Midlands Combined Authority. The Housing First model has proven highly effective in permanently supporting the target cohort out of homelessness when implemented internationally, but in England the model has only been delivered in smaller local programmes. A core aim of the pilots was to establish whether the programme was effective in the English context and how best it could be delivered and scaled up to the national level.

Unlike traditional services, Housing First programmes prioritise providing people with stable accommodation and their own tenancy, without a need to demonstrate their 'housing readiness'. Intensive, wraparound support is then provided on an ongoing basis to help people sustain their tenancies and to address their wider needs, strongly led by their own choices. In Greater Manchester, the pilot was delivered in a partnership approach, led by Great Places, and including other housing providers and specialist support organisations, alongside Greater Manchester Mental Health (GMMH). Greater Manchester was divided into four zones, each with its own lead delivery partner. The programme was guided by a co-production panel of people with lived experience of homelessness.

The pilot followed the seven principles forwarded by Housing First England:

Principle 1) People have a right to a home

Principle 2) Flexible support is provided for as long as it is needed

Principle 3) Housing and support are separated

Principle 4) Individuals have choice and control

Principle 5) An active engagement approach is used

Principle 6) The service is based on people's strengths, goals, and aspirations

Principle 7) A harm reduction approach is used.

Impact on Homelessness in Greater Manchester

- The Housing First approach has been an important part of the wider response to homelessness. It has been described as a “key part of the puzzle”, targeting people with the most complex needs and entrenched or repeat experiences of homelessness.
- From accepting its first referral in March 2019, 442 referrals were made to Greater Manchester Housing First (GMHF). 358 people (81%) were still on the programme in June 2021, a significant achievement given the challenges to maintaining engagement that this cohort face.
- As of June 2021, 257 people had been housed under the pilot, with 221 people currently in their own property. Excluding those who had graduated from the programme or passed away, this represents a tenancy sustainment rate of 89%. Of those housed for the first time more than a year before the evaluation (119), four had passed away and two had graduated. Of the remaining 113, 90 (80%) were currently in their own tenancy at the point of the evaluation; 84 had been stably housed throughout this time, whilst six were re-housed.
- The pilot has been a long-term solution to ending homelessness for a number of people. Of the 221 people housed as of June 2021, 62 were rough sleeping when they were referred, and a further 120 were in bridging or temporary accommodation. 64% of those housed as of June 2021 had sustained

tenancies for longer than six months, with 38% having been stably housed for over a year.

- The separation of support from housing has allowed for persistence where tenancies have not worked, with GMHF facilitating 28 managed moves and 9 re-housings.

The Role of GMHF

- The intensive, flexible and person-centred support offered by Housing First has been essential in achieving positive outcomes for people that services have typically struggled to support. This was facilitated on the programme by its core principles and the small caseload, limited at a 1:7 support ratio. This approach has allowed strong, trusting relationships to form both internally (between support workers and people on the programme) and externally (between GMHF and other services).
- The support provided is incredibly broad, tailored to the individual. The role of the support worker was a “Jack of all trades”, offering emotional support, helping people to develop life skills such as shopping and budgeting, support in accessing health services, engaging with probation and mental health/substance misuse services, and promoting opportunities for social integration, volunteering/employment and pursuing personal goals. This support is invaluable for people with little to no experience of living independently, or with considerable barriers to engaging with services.
- Staff were aware of the challenge in providing intensive support whilst also promoting independence in the longer-term. Typically, support is most time-intensive around the move-in process, with workers helping to furnish properties, set up utilities and organise benefit payments. Frontline staff also act as advocates with landlords and address any issues that may arise during the tenancy. In guided conversations with the co-production panel, people on the programme felt they could access increased support if they were at risk of being evicted or abandoning their tenancy.
- GMHF has played a strong role in advocating with other services and coordinating multi-agency working to holistically address the needs of people on the programme. They have made efforts to reduce and remove barriers to

engagement, having a positive impact on other services by reducing the level and complexity of demand from the cohort.

- The programme's four Dual Diagnosis Practitioners trained and empowered frontline workers to understand and better manage the mental health and substance misuse of the people on the programme, as well as to navigate complex service pathways (though access to services remained a challenge). They were able to encourage multi-agency working to address the needs of the cohort more holistically, and the part-time lead at the trust encouraged service flexibility, and where necessary, system change.

The Partnership Approach and Impact in GM

- The GM-wide partnership approach brought several benefits to the programme. These included profile and buy-in from external partners, prompting system-wide engagement. The sharing of best practice across zones and local authorities and the input from specialist partners also brought considerable value to the programme.
- Having central oversight of delivery was seen as essential in ensuring the programme's high fidelity to the Housing First principles, particularly in light of the other pressures local authorities and other providers face in responding to homelessness. It was felt that principles such as choice and control may have been more difficult for local authorities to deliver in this context.
- The input of Greater Manchester Mental Health directly into the partnership has been invaluable and seen as an essential element for any intervention targeted at people with the most complex needs. 94% of the people on GMHF had substance misuse issues, 88% had mental health issues, and 85% reported having both.
- Despite the benefits of the partnership approach to delivering the programme, the value of locality-based working was also highlighted by several local authorities. The large geographical size of the zones frontline staff worked across was felt to limit the intensity and responsiveness of the engagement which could be provided, especially in the early stages where there may be short windows where people could be located and were willing to engage. As

the pilot progressed, efforts were made to reduce the number of local authority areas support staff worked across.

- By working more locally and integrating more closely with local authorities' rough sleeping teams, some local authority stakeholders felt that support workers could be more responsive and maximise the value of relationships with local services and charities. In some areas, relationships with local authority teams were already strong, with joint outreach work being undertaken.
- The need to engage closely with local authorities and existing local networks was widely recognised as best practice and seen to produce positive outcomes where it was in place. However, the ability of the pilot to more closely embed with existing local structures, such as through co-location with local authority teams, was felt to have been inhibited by the pandemic.

Challenges

- The referrals process was almost universally identified as a challenge for the programme, particularly in its early stages. In some instances, referrers lacked awareness of what Housing First was, with GMHF viewed as a last resort or simply a rapid rehousing route.
- Improving understanding of the programme, having the consent of the person being referred, and joint working with the referrer and local authority to build the relationship were viewed as essential for a smooth referral process.
- As with other Housing First schemes, accessing accommodation remained a significant barrier for the programme. The private rented sector remains particularly inaccessible for the GMHF cohort, accounting for just 8% of the properties people were accommodated in as of June 2021.
- Availability of housing somewhat restricted the element of choice, and adapted properties were particularly difficult to source. Challenges with finding suitable properties were a core frustration for some local authorities, who often had to retain people in temporary accommodation in the meantime. In the most extreme cases, long waits for a property were seen to damage trust in the programme.

- The COVID-19 pandemic had a heavy impact on the programme. There was a reduced turnover of properties and a pause on move-ins. In the short-term, face-to-face support was temporarily stopped (except in urgent cases) and other services only continued to provide much of their support virtually, with reduced contact.
- The pandemic has also significantly limited opportunities for engagement with the local community, volunteering and employment, and health and wellbeing activities. The shift to virtual working has however had some benefits, enabling remote multi-agency working with statutory partners and increasing flexibility from some services.
- The short-term nature of the pilot's funding has presented several challenges. Several staff members have already left the programme for other opportunities, with the loss of highly trained staff expected to impact on the intensity of support that could be offered if caseloads were to rise.
- Given the strong relationships already established between staff and people on the programme, its discontinuation risks causing harm to people who have placed their trust in the service and shared their stories with support workers.
- There is widespread recognition that a significant number of people on the programme will continue to need intensive support to maintain their tenancy after the initial pilot period. It was believed that housing providers and other existing services could not offer the same level of support as GM Housing First, and although work had been conducted to anchor support with other agencies, this is unlikely to be sufficient if the programme does not continue.

Learning and Recommendations

- The Housing First approach addresses a clear gap in homelessness services, offering holistic and consistent support to those with complex needs and for whom other services have proven ineffective. There is a clear need for the continuation and expansion of services true to the Housing First principles to act as a long-term pathway out of homelessness for this cohort.
- Small caseloads and allowing staff the time and freedom to build meaningful and trusting relationships with people on the programme have been essential

to the pilot's success. It is essential that low caseloads are maintained for Housing First programmes or in any work with the Housing First cohort.

- The involvement of the co-production panel has been invaluable to the pilot and should be replicated in the design and delivery of any future homeless services. In GMHF, the co-production panel have cemented the values of Housing First through their ongoing role in recruitment, training, and evaluation. They have also provided a forum for people on the programme to share their experiences through art and legislative theatre, which has shaped the ongoing delivery of the pilot. Moving forward there is also scope for increased input from the co-production panel in offering peer support to people on the programme.
- The input of mental health services directly into GMHF has been essential for widening access, with the current arrangement viewed as a strong model for other services to replicate. This includes the involvement of Dual Diagnosis Practitioners to provide advice and support, as well as direct input from a consultant psychiatrist for diagnostics and a lead within the GMMH to integrate the model with wider treatment services.
- It is important that a balance is struck to maximise the benefits produced through both regional and locality-based working. The central strategic ownership and monitoring of programme delivery has placed a strong emphasis on fidelity to the Housing First principles, with a partnership approach helping to promote buy-in to the model and engender systems change. However, integration with local networks and a knowledge of local services is essential, with local geographical delivery maximising the ability of Housing First workers to be responsive and work intensively with the people on their caseload.
- The delivery of the Housing First pilots has taken place in an unusual context, heavily impacted by the COVID-19 pandemic. To fully evaluate the effectiveness of Housing First programmes in England would require further opportunities, under more normal circumstances, to embed the programme locally, generate systems change, and work proactively to support people on the programme with their long-term goals.

Conclusion & Recommendations

The three regional Housing First pilots were intended to expand on the international evidence base of the model's effectiveness and improve understanding of how Housing First could be delivered at scale in England, as part of a solution to end rough sleeping. Greater Manchester Housing First has piloted an ambitious delivery model, seeking to deliver a cohesive programme across 10 distinct local authorities, with a partnership approach engaging multiple organisations. This model has provided detailed insight into the efficacy, challenges and opportunities for scaling Housing First, and the conditions necessary for its success across England.

Was it successful?

Overall, the pilot has demonstrated the value of the Housing First model as an effective intervention for the cohort of people with entrenched experiences of homelessness and other complex needs. As of June 2021, the pilot had accepted 442 referrals and was providing support to 358 people. 221 people were accommodated in their own properties, with an overall tenancy sustainment rate of 89%. The programme had demonstrated its ability to produce long-term housing outcomes, with 64% of people currently housed having sustained tenancies for over 6 months, and 38% for over a year.

The pilot has also had a demonstrable impact on homelessness in Greater Manchester, being described as a "key part of the puzzle" of services to tackle homelessness, targeting those for whom other interventions have proven less effective. Of those currently in accommodation, 62 were rough sleeping when they were referred to the programme, and a further 120 were in temporary or bridging accommodation.

In addition to positive housing outcomes, the pilot has demonstrated the wider value of the Housing First model, providing emotional and practical support in addressing other needs and ambitions, as defined by the person being supported. This has included support in improving physical and mental health and addressing substance misuse, as well as engaging with probation services and reducing offending and anti-

social behaviour. In addition, the programme has supported people in the pursuit of their personal goals and the development of wider life skills.

Why was it successful?

The pilot's success can be attributed first and foremost to the partnership's commitment to the principles of Housing First, despite the challenges this has presented to existing ways of working. The model's principles are person-centred and place the highest value on the relationship between the person and their support worker. This relationship forms the foundation for positive outcomes, led and owned by the individual. The resources required to enable this have been clearly set out: low caseloads; no time limits on support; the separation of support and housing, and the flexibility to form a relationship and tailor support to the individual (unhindered by targets or outcomes frameworks). These are essential to the success of Housing First but should also be considered for adoption more broadly across services that are commissioned for people with entrenched experiences of homelessness and multiple and complex needs.

The high-fidelity approach to Housing First has also been facilitated by the structure of the programme in Greater Manchester, with the Central Team playing an important role in ensuring fidelity. The value of this should be maintained, whilst further developments are made to also maximise the value of locality-based working. In ensuring the fidelity of the model, the input of the co-production panel has also been invaluable in enabling the development of the programme to benefit from lived experience.

Following the quality and nature of support, the provision of social housing beyond ordinary allocations policies by GMHP and others has been another crucial factor for success. Despite several challenges regarding one-bed supply, re-housing has been possible due to the commitment of housing providers to the programme, both in the number of properties offered and their willingness to afford more flexibility in working with tenants on the programme. Despite this commitment, the availability of properties has remained the largest challenge for the programme, and a continuation of Housing First in Greater Manchester should be met with strategic commitment (including at the national level) to provide access to the necessary housing stock to

meet the needs of this cohort. This should include further consideration of support in accessing the private rented sector, which is a necessary source of additional supply and would enable greater choice for those on the programme.

The involvement of Greater Manchester Mental Health was also widely praised, with the direct input of mental health services viewed as a critical factor for the success of Housing First. Dual Diagnosis Practitioners provided crucial support to frontline staff and improved wider access to mental health and substance misuse services, though this persisted as a challenge for the GMHF cohort. The input of mental health and substance misuse services directly into the delivery of Housing First programmes is highly recommended.

Developing an understanding of the model and building relationships with other organisations (including local authorities, statutory services and in the VCFSE sector) has also been essential. All of these stakeholders play a vital role in the response to homelessness, and the integration of Housing First within this network is key right from the initial referral. Despite some success, embedding the model and engendering service changes has undoubtedly been significantly more difficult in the context of the pandemic, when services have already been stretched to respond whilst adapting to remote working. Promoting the long-term ambitions of people on the programme has also been restricted as opportunities for hobbies, community integration, training and employment were scuppered by national and local lockdowns. There is therefore considerable scope for Greater Manchester Housing First to continue to embed itself across the region moving forward and support people to achieve their long-term goals.

Scaling Housing First

The pilot has already demonstrated Housing First's effectiveness in Greater Manchester, and through a test and learn approach has helped to identify what factors are essential for success and how the model can continue to improve.

Although this evaluation has focused on the pilot in Greater Manchester, the learning and recommendations are likely to be relevant in other contexts in ensuring the success of the Housing First model. A review by [Homeless Link \(2020a, p.31\)](#) found similar challenges were identified by Housing First services across England,

particularly in accessing suitable accommodation. If the model is adopted nationally, there is therefore considerable scope for wider systemic changes to be implemented and address existing challenges in the sector.

Firstly, given the overlapping needs of the cohort and the range of services involved in supporting them, a cross-departmental approach should be taken to embed the delivery of Housing First across government. The pilot has already demonstrated the value of Housing First across the housing, health and justice systems, but it is clear that more can be done to ensure that a whole-systems approach is taken to the identification, prevention and relief of homelessness. In scaling delivery, involvement of stakeholders across these sectors is critical in ensuring that everyone takes responsibility for meeting the needs of the cohort and that services are sufficiently connected to deliver.

Secondly, the scaling up of the Housing First programme should also see the extension of the model's values and ways of working across and beyond the intervention itself when working with those with the most entrenched experiences of homelessness and multiple complex needs. The principles of Housing First are essential in achieving positive and sustainable outcomes for the cohort, but the model meets challenges when other services are unable to work to these principles due to higher caseloads and less flexible approaches to support. Statutory services should receive the necessary support to enable them to work to the Housing First principles when supporting the cohort.

Finally, the implementation of Housing First programmes should be forward thinking. Housing First represents a long-term investment in the lives of people experiencing homelessness, many of whom will require considerable support on an ongoing basis to sustain their tenancies and address their wider needs and ambitions. The programme's commitment to people requires a parallel commitment of funding to ensure sustainability and offer security to those being supported, the frontline staff providing support, and to the wider range of organisations whose commitment is equally required for the programme to be delivered successfully. Whilst the short-term commissioning of services is common, this is irreconcilable with the principles of Housing First and the long-term support needs of the cohort.