

Greater Manchester Housing First Pilot: An Evaluation

October 2021

Acronyms

ALMO – Arms-length Management Organisation

ASB – Anti-social Behaviour

CLI – Community Led Initiatives

DDP – Dual Diagnosis Practitioner

GM – Greater Manchester

GMCA – Greater Manchester Combined Authority

GMHF – Greater Manchester Housing First

GMHP – Greater Manchester Housing Providers

GMMH – Greater Manchester Mental Health

LA – Local Authority

MASH – Manchester Action on Street Health

MHCLG – Ministry of Housing, Communities and Local Government¹

PRS – Private Rented Sector

RP – Registered Provider

SIB – Social Impact Bond

VCFSE – Voluntary, Community, Faith and Social Enterprise

¹ MHCLG is now the Department for Levelling Up, Housing and Communities.

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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.

Introduction

The Housing First Pilots in Context

Between 2010 and 2017, the number of people sleeping rough in Greater Manchester increased dramatically, mirroring the broader national trend ([MHCLG 2021](#)). Tackling rough sleeping has been a priority within the city-region since 2017, with its first mayor Andy Burnham pledging to end rough sleeping by 2020. Whilst the flagship ‘A Bed Every Night’ programme represents the most visible effort to tackle rough sleeping, it is only one solution in a landscape where key work is being undertaken across the public, private and VCFSE sectors.

In 2019, the UK government committed nationally to end rough sleeping by the end of the current Parliament ([The Conservative Party 2019](#), p.30). Funding was allocated to pilot Housing First schemes in the Greater Manchester Combined Authority (GMCA), the Liverpool City Region Combined Authority, and the West Midlands Combined Authority. Housing First schemes (described later in this chapter) are designed specifically for individuals with complex and overlapping support needs, with a recognition that this group “has historically been poorly served by mainstream services” ([MHCLG 2020](#), p.1).

Whilst the international evidence of Housing First’s effectiveness is strong, evidence in the UK context is less developed and limited to largely qualitative evaluations of small projects. The pilots are therefore intended to “develop the UK evidence base on the effectiveness of Housing First delivered at scale” ([MHCLG 2020](#), pp.1-2).² Although the Ministry of Housing, Communities and Local Government (MHCLG) have published several process evaluations on the pilots, the COVID-19 pandemic has delayed other elements. The aim of this evaluation is to provide a timely complement to the forthcoming national evaluation as the pilot period ends. In addition, it provides a more local opportunity for evaluation, reflection and learning in the context of the pilot as it has been delivered in Greater Manchester. Overall, it reviews how the programme has been delivered regionally and its effectiveness in

² A survey of 87 services in England in 2020 found 89% of Housing First programmes could support 30 or fewer individuals, and just 6% could support more than 50 ([Homeless Link 2020a](#), p.14).

supporting people and preventing recurring and entrenched instances of homelessness and rough sleeping.

Evaluation Outline

Chapter 1 – The remainder of this chapter includes an introduction to the philosophy of Housing First programmes, the Housing First principles in England, and a summary of the existing literature and evidence of Housing First's effectiveness.

Chapter 2 – An overview of the evaluation's aims, research questions and methodology.

Chapter 3 – An outline of the Greater Manchester Housing First programme and the delivery model, along with a review of the success and challenges experienced in the process of staff recruitment and referrals to the programme.

Chapter 4 – This chapter outlines the outcomes achieved by people engaging with Greater Manchester Housing First, with an insight into how outcomes have been achieved, as well as any successes and learning in the delivery process. This includes finding and supporting tenancies, day-to-day support, and accessing and promoting engagement with other services.

Chapter 5 – Chapter 5 explores the context in which the GM Housing First pilot was established and the benefits of the regional approach to delivery, as well as the programme's impact on homelessness in Greater Manchester and its position in the wider homelessness space.

Chapter 6 – Chapter 6 focuses on the sustainability of the pilot and the realised and potential impact of the programme's uncertain future.

Chapter 7 – The conclusions of the evaluation are presented, with a summary of the key findings and learning, as well as recommendations on the future delivery of Housing First programmes in England.

An Introduction to Housing First

Housing First programmes are interventions targeted at supporting individuals with entrenched or repeat experiences of homelessness, accompanied by multiple and complex needs. These may include any combination of physical or mental health issues, substance misuse, a history of contact with the criminal justice system, or experience of domestic abuse and trauma ([Homeless Link 2017](#)).

As the name suggests, and unlike other programmes, Housing First models prioritise providing people with permanent and secure housing without requiring that the individual has or will address any of their other needs, or to demonstrate their 'housing readiness' ([Homeless Link 2017](#)). The approach centres on the principle that housing is a human right, and that a stable tenancy provides the foundation and security for further change. Housing First offers people intensive but flexible support for as long as it is needed to help them maintain their tenancy, recognise and use their assets, and address any of their other needs. Crucially, support is person-centred, meaning individuals are in control of what support they wish to access and when. The provision of support is entirely separate from housing, meaning people will not lose their home if they choose not to engage with the programme, and equally, support will not end if a tenancy fails ([Mackie et al 2017](#), p.31).

Housing First was initially implemented in the USA in 1992 through the *Pathways to Housing* project, but similar programmes following the philosophy outlined above have been operationalised in North America, Australia, Europe, and more recently, the UK ([Bretherton and Pleace 2015](#), pp.13-18). Whilst Housing First programmes delivered around the world share a similar core philosophy, there is substantial variation in how they are delivered and the local context. This requires consideration of the wider welfare system and local housing market, as well as other structural and cultural constraints ([Homeless Link 2015](#), p.7; [Raitakari and Juhila 2015](#), pp.159-161). Some key variations include:

- The kind of accommodation which is used – for example, whether this is aggregate or 'scattered-site', and whether this is accessed through social housing routes and/or the private rented sector (PRS).
- The extent to which individuals have the rights to their property – in the US *Pathways* programme, individuals leased the property, with the programme

holding the tenancy. Elsewhere, individuals hold and enjoy the full rights of the tenancy agreement.

- How support is delivered – some services use an Intensive Case Management (ICM) approach, with staff providing support to access a range of other services as needed, or an Assertive Community Treatment (ACT) approach, where all the necessary support services are delivered in-house as part of the programme ([Bretherton and Pleace 2015](#), pp.13-18).

A survey of 87 (of 105 identified) services by [Homeless Link \(2020a\)](#) found that Housing First services in England had the capacity to support almost 2000 people. 81% of English services used social housing, with 35% accessing the PRS. For nearly all services the individuals themselves held the tenancy, and 97% of services provided self-contained, scattered-site accommodation ([Homeless Link 2020a](#), p.5). Intensive Case Management approaches were by far the most common means of delivering support, used by 81% of services. 26% also had access to enhanced support arrangements with other services, most commonly for substance misuse and mental health ([Homeless Link 2020a](#), p.27).

The 7 Principles and Housing First in England

Whilst a large variation exists in the way Housing First programmes have been designed and delivered internationally, seven key principles have been identified for Housing First in the English context:

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 ([Homeless Link 2017](#)).

In addition to these core principles, [Homeless Link \(2020b\)](#) also identify five 'non-negotiable' elements of a Housing First programme. A Housing First programme must: engage with individuals experiencing multiple disadvantage; offer support on a permanent basis; provide access to housing which is not conditional; ensure stability of tenure, giving the individual rights to their property, and ensure a small caseload so that flexible and personalised support can be delivered to clients.

Evidence of Housing First's Effectiveness

Following from the large number of Housing First programmes conducted internationally, the evidence base for the effectiveness of the intervention is strong and well-summarised by [Mackie et al \(2017\)](#) and [Pleace and Bretherton \(2013\)](#). Despite variations between programmes, Housing First has "consistently proven to achieve high rates of housing retention", typically coalescing "around 80 per cent" ([Mackie et al 2017](#), p.35). This level of retention is particularly impressive given the target cohort, and is a "higher success rate than for most other homelessness services targeted at this group" in ending long-term experiences of homelessness ([Bretherton and Pleace 2015](#), p.13).

The evidence for non-housing outcomes with Housing First is less strong, but points towards some (albeit less uniform) improvements in areas including physical and mental health, substance misuse, engagement in criminal and anti-social behaviours, and quality of life and social integration ([Bretherton and Pleace 2015](#), p.14; [Homeless Link 2015](#), pp.8-9). One key argument in the existing literature is that fidelity to the core philosophy of Housing First, though not necessarily the specific principles, is important for producing positive outcomes ([Raitakari and Juhila 2015](#), p.174; [Mackie et al 2017](#)).

There is little evidence of any substantial difference in housing retention between congregate and scattered-site properties, but individuals on the programme typically prefer the latter. Congregate housing provision has also been argued to undermine fidelity to the choice principle, and involvement in substance misuse and criminal activity "tends to be higher in congregate HF" ([Mackie et al 2017](#), p.51).

It is important to note that given the intensive nature of support, Housing First programmes are not low-cost options, and are not cost effective as a wider intervention for everyone who is homeless or rough sleeping. Housing First is designed for the cohort of homeless individuals with the most complex needs, who require a significant level of support to maintain accommodation and to whom other pathways are closed or have been exhausted. Unlike other programmes, Housing First is not a 'quick fix' for homelessness or rough sleeping. The model recognises that the cohort will likely need ongoing support to address their housing and any other needs, and affords them the flexibility to do so at their own pace, with no expectation that their journey with the programme will be smooth nor linear.

Evaluation & Methodology

As outlined in the introduction, the aim of this evaluation is primarily to offer a timely and local reflection on the delivery and effectiveness of Greater Manchester Housing First, complementing the forthcoming national evaluation. It focuses on the delivery model of the programme in Greater Manchester and reflects on the programme in its specific local context.

The evaluation has been conducted to address four research questions:

- 1) What is the impact and benefit of implementing Housing First for individuals in Greater Manchester?
- 2) What is the impact of Housing First on reducing repeat and recurring instances of homelessness in Greater Manchester?
- 3) Is it effective to continue to invest in the Housing First model in Greater Manchester?
- 4) What benefits come from the regional partnership approach to delivery?

The evaluation adopts a mixed-methods approach to addressing these research questions. It seeks to measure the programme's impact and effectiveness whilst also improving understanding of the mechanisms underlying change and capturing learning from, and experiences of, staff and people on the programme. Given the time constraints under which the evaluation was conducted, a full process of data collection could not be completed. However, the research team were able to draw on a wide range of service monitoring and other data collected by the programme on an ongoing basis, with further access to the Central Team, delivery partners, frontline staff, and other stakeholders.

The Data

Service Data – The research team had access to monitoring data collated by the Central Team at Great Places, the lead delivery partner. This included information on referrals, engagement, housing outcomes and accommodation milestones, as well

as demographic information for people on the programme. The Central Team also provided access to anonymised case studies and achievements data, and to monitoring reports from Greater Manchester Mental Health.

Staff Focus Groups – The research team conducted seven focus groups with staff involved in the delivery of the pilot. This included: one session with the Central Team; two sessions with Zone and Team Leads from different zones, and four sessions with frontline workers. Each session lasted approximately 90 minutes.

Co-production – Because of the limited time available for the research and the significant practical and ethical barriers, the decision was made that the evaluation would not include interviews with people on the programme. The co-production panel (consisting of people with lived experience of homelessness) conducted ‘guided conversations’ with people on the programme to monitor delivery and how closely the principles have been adhered to from the perspective of those the programme is supporting. This evaluation makes use of 20 guided conversations, as well as from an hour-long discussion with a representative of the co-production panel. This is supplemented by ‘snapshot’ case studies produced by frontline staff, outlining the key achievements of the individual, what has worked well and not so well with Housing First, and the person’s goals for the future.

External Stakeholders – Conversations were carried out with stakeholders working in homelessness in six of the ten local authorities in Greater Manchester. Participants were asked how they had interacted with Housing First in their roles, how successfully the pilot had been delivered in their area and any challenges they faced, and whether the GM-wide approach had been an effective model for delivering Housing First. Individuals were contacted through existing GM-wide stakeholder meetings, and the conversations lasted between 30 minutes and one hour. The views of housing providers were also sought, with several short conversations and some further correspondence via email to understand the relationship of housing providers with GMHF and any successes and challenges in delivery.

The Greater Manchester Pilot

The Greater Manchester Model

Greater Manchester Housing First is one of three pilot schemes funded by MHCLG, alongside those of the Liverpool City Region Combined Authority and the West Midlands Combined Authority. Under a £28 million commitment in the Autumn 2017 Budget, GMCA received £8 million to deliver the pilot, which was originally scheduled to run between Autumn 2018 and Autumn 2021 ([MHCLG 2020](#), p.5).

The Greater Manchester Combined Authority consists of ten local authorities - Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, and Wigan – and has a population of roughly 2.8 million people. Using central government funding, delivery of the Greater Manchester Housing First pilot was commissioned by the GMCA, with the Great Places Housing Group acting as the Lead Partner in partnership with ten other organisations (including Greater Manchester Mental Health).

Greater Manchester was divided into four delivery zones, each with a different lead delivery partner. The delivery of the pilot is coordinated by a Central Team from Great Places, with oversight from the GMCA. The local authorities and delivery partners within each zone are listed below, with the lead partner in **bold**.

Zone A – Manchester – **Riverside**, Manchester Action on Street Health (MASH)

Zone B – Bolton, Bury, Rochdale – **Petrus**, The Bond Board, Early Break

Zone C – Oldham, Stockport, Tameside – **Jigsaw Support**, Stockport Homes, Community Led Initiatives (CLI)

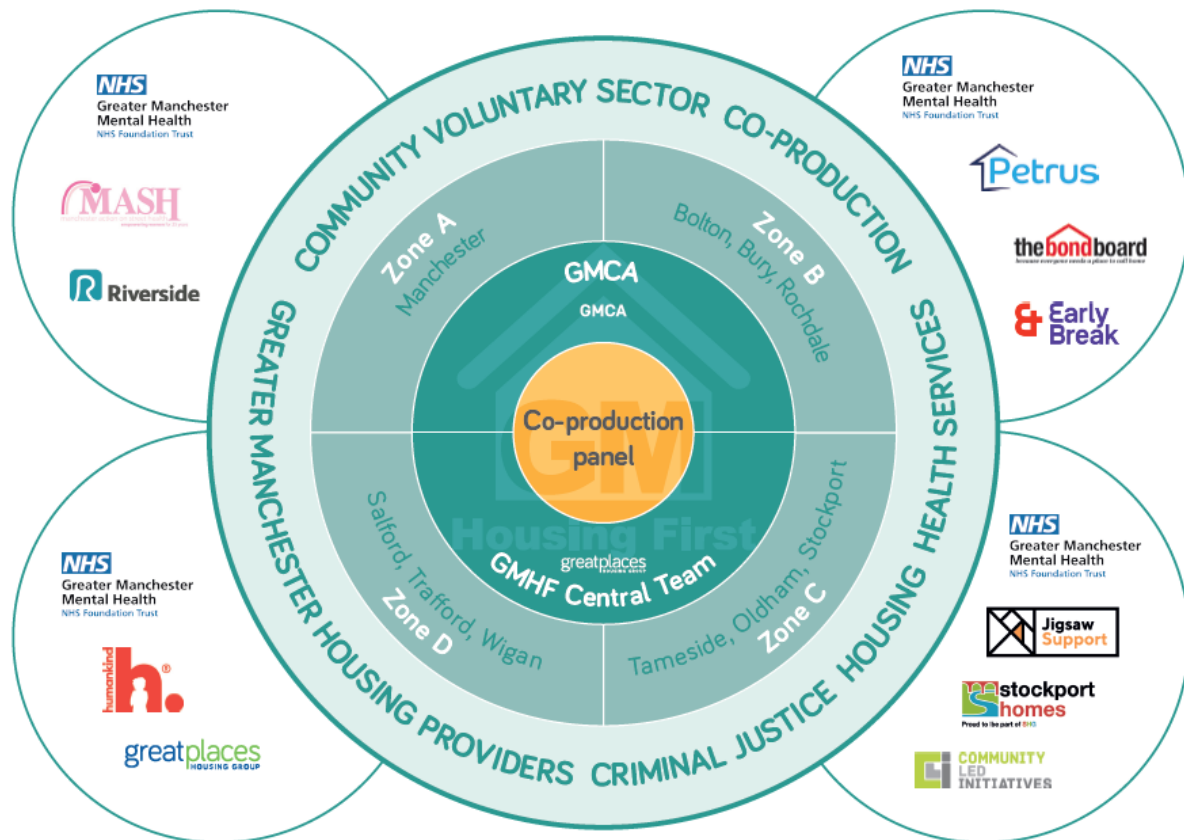
Zone D – Salford, Trafford, Wigan – **Great Places**, Humankind.



A map of Greater Manchester by Housing First delivery zone. Made with QGIS. Contains OS data © Crown copyright and database right (2021).

In each zone, a Zone Lead coordinates delivery from an operational perspective, with Team Leads directly supporting the frontline staff, who support people on the programme at a maximum ratio of 1:7.

Several of the delivery partners joined the partnership in Year 2 of the programme, bringing specialist knowledge and experience of supporting young people (Early Break), vulnerable women and women in sex work (MASH), people involved with the criminal justice system (CLI), and people with complex behavioural issues (Humankind). In addition, GMMH was also involved in the partnership from the outset, with a recognition that input from mental health services was essential for the GMHF cohort.



| Role | Number of Staff |
|-------------------|---|
| Central Team | 5 |
| Zone Leads | 4 part-time roles (1 FTE) |
| Team Leads | 8 |
| Frontline workers | 53 |
| Mental Health | 4 Dual Diagnosis Practitioners 1 part-time lead (.2 FTE) 1 part-time clinical psychologist (.1 FTE) 1 part-time consultant psychiatrist (.2 FTE) |

The Central Team

The Central Team of Greater Manchester Housing First consists of a Programme Lead, Project Manager, Quality and Assurance Manager, Project Administrator, and Data Coordinator. The role of the Central Team has been to co-ordinate the delivery

of the programme, ensure consistency between zones, local authorities and delivery partners, and to monitor the performance and fidelity of the programme.

Unlike the other pilots, the delivery model for GMHF involves multiple delivery partners providing support across local authorities, with the aim of creating a single service with a degree of consistency across the region. The Central Team described their initial work as “setting our stall out” and establishing GMHF across the region, encouraging a strong ethos for the partners and local authorities to work to. This included creating a singular branding, Greater Manchester Housing First, with an online presence in the form of a website and Twitter account. The pilot also held publicity events with the mayors of Greater Manchester and Salford, and Sam Tsemberis, the founder of the *Pathways* programme in the USA.

Having the backing of the mayors and support from key stakeholders in local services was seen as essential in encouraging buy-in to the programme, particularly from housing providers making accommodation offers, but also to promote the necessary systems change in external services to work better in supporting the GMHF cohort. Further steps to achieve consistency included having the oversight of the GMCA and monitoring from the Central Team, as well as through the approach to recruitment, the wider training offer, shared policies and procedures, and establishing forums to share best practice.

One of the main praises of the Central Team was the emphasis it placed on monitoring fidelity and ensuring the Housing First principles were upheld, with arrangements being guided by the co-production panel (see Chapter 5). This included self-assessment forms for Zone and Team Leads, and cross-zonal peer-to-peer reflections to share best practice and ensure oversight. A Quality Assurance Framework was developed and standards monitored through key performance indicators, with an associated RAG rating. The pilot’s monitoring of fidelity extended beyond the immediate delivery of support, with contract monitoring, process documentation and even case notes checked against the principles.

The Co-production Panel

The co-production panel consists of people with lived experience of homelessness and is facilitated by Creative Inclusion. The co-production panel has been involved in several aspects of the programme's delivery and monitoring, including:

- Co-designing the pilot's outcome measures and the appropriate tools to measure those outcomes
- Designing, delivering and selecting candidates during the first stage of recruitment (see Staff Recruitment)
- Delivering strength-based working training sessions to frontline staff, Team Leads and the Central Team
- Undertaking guided conversations with people on the programme in order to monitor fidelity to the core Housing First principles
- Engaging people on the programme in art, poetry and Legislative Theatre.

Scaling up the contribution of the co-production panel has been described as a key intention of the pilot by the Central Team, with peer support increasingly being introduced as part of the wider offer to individuals on the programme.

Zone and Team Leads and Frontline Staff

Within each zone, a staff member of the lead delivery partner acts as the Zone Lead, providing oversight of delivery within the zone, supervision for Team Leads, and taking on a strategic role in coordinating with the zone's local authorities. Within zones, Team Leads manage six to eight frontline support workers, each with a maximum caseload of seven to ensure that support could be delivered with the required intensity and flexibility demanded in a high-fidelity model.

As is common with other Housing First services in England, an Intensive Case Management approach was used to deliver support to people on the programme, meaning that support workers provide day-to-day support directly and refer into and coordinate with other specialist services to secure the support required for the people they work with. In this vein, Greater Manchester Mental Health was brought in as a partner in GMHF at the beginning of the pilot, in recognition of the importance

of mental health and substance misuse service involvement in supporting people on the programme with dual diagnoses. This includes input from GMMH to support frontline staff, conduct assessments and facilitate referral pathways to treatment services where necessary (see Chapter 4).

Staff Recruitment

As a central part of the partnership approach to delivery, standardised job descriptions and person specifications were used for all roles across zones and delivery partners, along with a 'Rate Card' to define the rate of pay for each role. This was intended to produce consistency in the quality of staff and delivery between zones, and prevent competition for staff between partners. There were some initial challenges with recruitment, including fewer than anticipated applications in some zones. A very small number of staff were also felt not to have the necessary values and attitude for the programme (and were subsequently replaced).

To address these issues, the co-production panel took an increasingly important role in the recruitment process, eventually designing and delivering the first stage of the recruitment process for all roles. This consists of a values-based assessment, which has acted as an effective veto for candidates considered to not have the correct values and principles for the programme.

“First of all, they were involved in interviews, and we learnt lessons from that, then secondly, we built from that lesson and realised that actually we could get them much more involved and give them control over recruitment, so we moved from a point of them just being on a panel who were interviewing people, to defining the values questions that were asked at those panels, to eventually actually running the whole first stage recruitment for all of the staff.”
(Central Team)

Candidates rejected by the panel typically had “outdated views” of delivering support, with an insufficient emphasis on choice and control and a strength-based approach to working with people.

The benefit of co-production was evident, with Zone and Team Leads universally praising the quality of their staff. Their adherence to the values of Housing First were also reflected in guided conversations with people on the programme.

“We’ve got a stable team, a fabulous team of frontline workers, and I think it’s working really well.” (Team Lead, after reflecting on recruitment challenges)

The focus on values has also been effective in recruiting sufficient staff for the pilot. Casting a wider net, focussing on values rather than experience in support roles, was essential given the ongoing recruitment challenges in the homelessness sector. This approach to recruitment has led to a number of staff being recruited to GMHF without a traditional (or indeed any) background in support services, but who “shone for their values and their commitment to people” (Central Team) when interviewed by the co-production panel. With this open-minded approach to recruitment, the Central Team were confident they could continue to recruit the required number of staff, of sufficient quality, to deliver the programme at scale. The sharing of best practice in advertising job opportunities has also been beneficial to this.

“What is very clear has come out of Housing First is you’re not looking for qualifications. You’re not looking for experience, as such... That’s not what is needed. What is needed is an attitude and values... and they trump experience and qualifications, so we realised we needed to cast the net much wider... You can train someone how to be a Housing First worker, yet you can’t train someone to have the ethics and values. That’s just not possible.” (Central Team)

Staff Training

As part of delivering a high-quality programme and ensuring consistency across the delivery partners and local authorities, a key part of the Central Team’s work has been to produce a comprehensive training offer for all frontline staff, which covers:

- an introduction to Housing First, the pilot, and ways of working
- the pilot’s policies and procedures
- using GMThink, the pilot’s case management system
- strengths-based ways of working (delivered by the co-production panel)

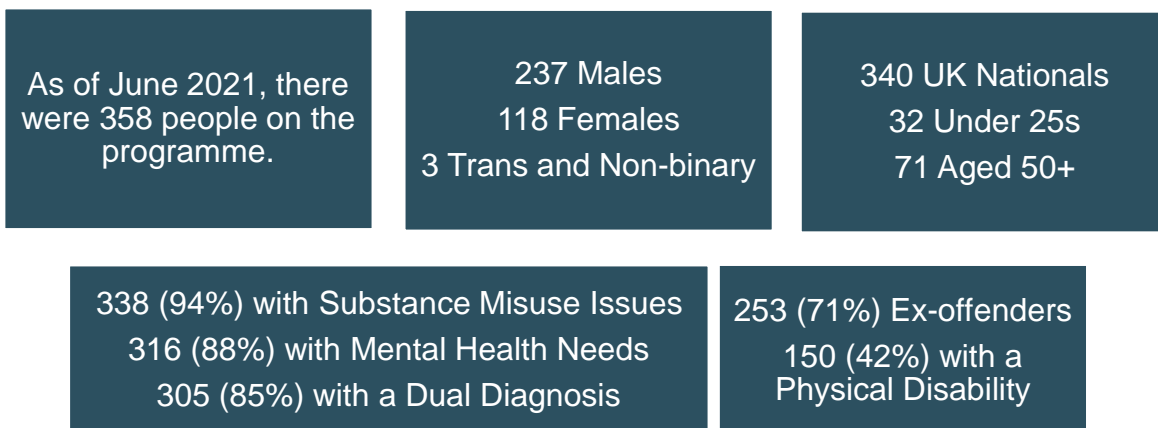
- the Housing First principles in practice (delivered by Homeless Link).

In addition to these core modules, the regional partnership approach to delivery in the pilot has allowed for training and the sharing of expertise by specialist delivery partners and external agencies across the programme. For example, training has already been delivered by GMMH (on trauma-informed care and harm reduction) and MASH (on gender-informed support). In Year 3, Early Break and CLI will also deliver specialist training on young people and addiction and supporting people with involvement with the criminal justice system. Humankind have also provided access to their e-learning platform. In addition, external training sessions have also been delivered, such as by the Department for Work and Pensions on benefits.

The training provided by the Central Team was generally well received by frontline workers, particularly on the principles of the programme, and was adapted to be delivered effectively online after the onset of the pandemic. This was less the case for the co-production panel's training on strength-based approaches to working, which was viewed as very useful in bringing people round from an "old-school" perspective of support, but wasn't as impactful when delivered virtually.

The Target Cohort and Referrals Process

The GMHF eligibility criteria determine the programme is open to people facing multiple need and exclusion who could not be accommodated through an existing traditional pathway. Individuals on the programme typically have experienced multiple rounds of homelessness but need not necessarily have been sleeping rough at the point of referral.



The overall capacity of the pilot is determined by the availability of frontline staff to maintain a case ratio limit of 1:7, and cases were prioritised accordingly. The allocation of referrals to each local authority was determined by multiple deprivation indices and rough sleeper counts to target the programme in areas with the most pressing need. The referral form was standardised across all 10 local authorities with referrals evaluated on 12 criteria, identifying levels of need and exclusion before being assessed at the local authority level by a panel. Thresholds were set to promote consistency, but these were indicative and other factors such as willingness to engage and perceived risk were also considered.

Referrals on to the programme were received from a wide range of agencies, representing strong engagement with and a place for the pilot within the wider homelessness space. This also presented a challenge in ensuring that referrals were made and processed consistently, and the programme properly understood by all partners. Overall, the pilot received 442 referrals.

| Referrer | Referrals |
|---------------------------------|------------|
| Local authority | 211 |
| VCFSE | 167 |
| Health | 21 |
| Probation | 13 |
| Others (inc. housing providers) | 30 |
| Total | 442 |

Challenges

The referrals process was almost universally identified as one of the main challenges for the pilot, and was an area of constant learning and iteration. Firstly, despite consent being required for a referral to be made, frontline workers highlighted several instances of people being unaware they had been referred or having no knowledge of what Housing First was.

“I had people who’ve said, “Who’s referred me to Housing First? What is Housing First? Why are you coming up to me when I’m asleep on the street and talking to me? Do one!”.” (Housing First Worker)

“A barrier I found with one of mine was meeting them and them not knowing what Housing First was at all, and expressing quite clearly that they did not want a tenancy of their own.” (Housing First Worker)

In part, challenges often related to referrers’ understanding of the programme and a perceived misalignment of their priorities with the principles of Housing First. Some referrals were considered to be a last resort, or local authorities were under pressure to move someone on from temporary accommodation.

“I think absolutely each local authority has their own challenges, and they’ve seen people in their area going round the system, repeatedly, for 10, 20 years. Housing First comes along, “Wow, why wouldn’t we pass this person on to this programme? Absolutely!”. But I think what’s lost there is, ‘Is the person suitable? Are they ready? Are they at the right place in their life at the moment to give this a go?’. And that’s what we always say, “The only thing you need to do is say that you’re willing to give it a go”. You don’t need to be ready.” (Team Lead)

A third concern raised by staff relates to incorrect or insufficient information being included in referrals, particularly around the risk factors associated with working with individuals. There was a perception that once a referral to GMHF had been accepted, other services (including the referrer) would step back, without a useful handover process and introduction to the individual. Several staff also commented on referrals being under or oversold in terms of the person’s support needs, and not having sufficient information about their offending history, triggers, or suitability for lone working. Staff were clear that complexity and risky behaviours were not a

barrier to working with someone, but an awareness of this was essential to allow effective safety plans and boundaries to be established.

Impact and Learning

Challenges in the referral process were problematic as they led to an inefficient use of the pilot's resources, with Housing First not always being the most suitable pathway for a person at the time of referral. Although Housing First models do not place barriers based on housing readiness, the ethos of the programme is clear that willingness to take on one's own tenancy is essential. This is necessary both for adherence to the principle that individuals have choice and control over the support that they receive, and to ensure that those referred to the programme are willing to engage with the support on offer as a minimum through the early stages.

“People don't need to be tenancy ready as such, but if you use 'ready, willing and able', willing is the key one that needs to be there.” (Co-production panel)

Although some challenges remain, the pilot has identified best practice, and where this had been effectively implemented there was evidence of the process working smoothly. Initially, this requires clear communication with referring agencies and external partners about Housing First, its ways of working and the core principles. This included the message that Housing First is not a standalone service, but an opportunity to work in partnership with dedicated support resources and a set of practice principles. This was an early lesson for the Central Team who repeatedly revised the referral documents and worked with local authorities, the referral panels and referring agencies to improve the understanding of Housing First.

Secondly, a strong relationship with the referrer is essential, as it allows the frontline worker to gather as much accurate information about the individual as possible to inform their working. In an ideal scenario, GMHF staff work with referrers to facilitate their initial introduction to the individual, making use of the existing relationship with the referrer to establish trust and support their early engagement efforts. Again, this required Housing First to be understood as a partnership approach.

“On a positive note, I would say that when I have managed to build a good relationship with the referrer, I've had some really positive outcomes. I think

it's just a matter of the referrers being fully aware of exactly what Housing First is and exactly what our intentions are.” (Housing First Worker)

Several Housing First staff described their relationships with the local authority homeless outreach and rough sleeper teams as “invaluable”, offering support with locating and engaging individuals and doing joint outreach work. There was a clear indication that the referral process was most effective when local authorities, referrers, other agencies and frontline staff can work together.

“I think one of the really important things is the relationship network you can build around the person, and a lot of that information is contained in the initial referral. So for example, I've met people and been introduced to them on their probation appointment because they will definitely attend the probation appointment, or I've met people at the drug service or I've outreached with the Rough Sleepers Initiative, so that I can get a call if they've been spotted, or one of the colleagues from another service will say to them, “There's a woman trying to get hold of you”.” (Housing First Worker)

Whilst it was not the initial intention of the pilot, some pre-referral work was being done by GMHF staff to address some of the issues with the referral process. People were engaged before they were referred to the local authority's panel, had Housing First explained to them and a discussion on whether Housing First was the best pathway for them at that time. This raises the possibility of GMHF becoming more closely integrated with the existing local authority outreach teams in order to ensure a smooth transition into GMHF for people identified as being suitable for the pilot (see Chapter 5 – GMHF in Context).

Other Successes

Despite the challenges, it was widely recognised that positive outcomes were often achieved for individuals who were not wholly suitable for the programme. Although being supported in their own tenancy was not a suitable option for some, the intensive support offered by the Housing First model allowed staff to build a relationship and engage with the person, understand their needs, and take the time to advocate for them to move to a suitable pathway. This may have been a residential care setting, a rehabilitation programme, or a reconnection with family.

These individuals had previously fallen through the gaps in other provision, and without Housing First's intervention would have likely struggled to achieve the positive outcomes they were supported to.

“Even though he’s now been closed off the programme, it’s through the intervention of Housing First, especially the Dual Diagnosis worker and the support workers, that he’s been able to get accommodation that’s suitable for his needs.” (Local authority stakeholder)

The Story of Phil*

When Phil was referred to Greater Manchester Housing First in 2019, very little was known about his life. He was long-term homeless, with substance misuse and untreated mental health issues. He had extensive experience of the criminal justice system and was seen as a risk because of his perceived aggression.

Phil was initially supported into his own tenancy, but this quickly went wrong. Phil caused damage to his property and was again sent to prison. On release he went missing and the local authority's outreach team went out to look for him. When he was found he met his new Housing First worker, Erin*. This was a crucial moment in Phil's story.

With Erin, Phil decided to give up his tenancy and move into 'A Bed Every Night' accommodation. She visited him every day for several weeks to assess his needs, and helped him to see a GP and get medication for his mental health. Phil suffered with poor memory, and when Erin asked the GP about this, Phil's history came to light. He had been diagnosed with memory issues as a child and attended a special school. He had been in care for some of his childhood and should have been picked up by Adult Social Services at 18, but slipped through the gaps.

Without this knowledge, no one had been able to properly understand Phil or his needs, making any support ineffective. With a better understanding of his needs, which related mainly to his learning disability rather than his mental health, Erin was finally able to begin to offer him the right support and advocate for a more suitable pathway for him. She worked with the GP to get him the right medication and, supported by an “excellent” Achieve worker, helped Phil to stop misusing substances.

Aware of his learning difficulties, Erin did a lot of visual work with Phil, using pictures to help him learn a morning routine and take his medication. Erin also engaged with social services, explaining his needs and that managing his own tenancy was not a suitable option. The social worker met with Phil multiple times to perform assessments, as he would quickly become overwhelmed. Over time, he opened up about his adverse experiences in childhood. It was agreed that residential care was the only suitable option for Phil and, being his main diagnosis, the Learning Disability Team took on his care.

Because of his mental health issues, learning disability and previous substance misuse issues (though he was no longer using), Phil was initially refused from many residential homes before finally being accepted. Phil finally has access to the support he needs, and this will be available to him for life.

Housing First was crucial for Phil – without having the time to work with him, Phil’s complex needs, perceived aggression and offending would have continued to be attributed to his mental health and substance misuse, and not properly addressed. Further, without the intensive support and advocacy of his Housing First worker, Phil could not have engaged effectively with services to get the support he needed.

Programme Outcomes

Engagement

The pilot received its first referrals in March 2019 and received 442 referrals in total. 358 people (81%) were being supported at the end of June 2021. Given the target cohort of GMHF typically have poor engagement with services and have previously exhausted alternatives, maintaining engagement over several years is a substantial achievement for the programme and the people on it. Two people had also successfully graduated and were living independently, without support from GMHF.

| | |
|-----------------------------------|------------|
| People on Programme (Ever) | 442 |
| People on Programme (Current) | 358 (81%) |
| People Exited | 84 (19%) |
| Withdrew consent | 16 |
| Deceased | 14 |
| Lost contact | 11 |
| Non-engagement | 10 |
| In-patient stay | 9 |
| Left to alternative | 8 |
| Imprisoned | 7 |
| Left the area | 7 |
| Graduated | 2 |

Up to the end of June 2021, 84 people (19%) had exited the programme. As already highlighted, the number of people exiting the programme may in some instances have come as a result of the person being inappropriately referred, though this does not necessarily indicate a negative outcome for the person. For example, eight of those leaving the programme exited into an alternative pathway such as residential care, which better met their needs. Some individuals moved too far away from Greater Manchester to be supported (seven), and a further 16 withdrew their consent to be on the programme. This may relate to initial issues with the programme not being properly explained to them and consent not being sought prior to the referral

being made. 11 people left the programme because contact with them was lost, and a further 10 did not engage.

16 people exited the programme because they were in a hospital/mental health unit (nine) or imprisoned (seven) for longer than the scheduled duration of the pilot, and therefore could not be supported.³ Sadly, 14 people passed away during the programme, reflecting the cohort's severe health needs and the impact of homelessness and rough sleeping.

How was success achieved?

In conversations with staff, it was apparent that the core principles of Housing First were crucial to success in engaging with the GMHF cohort. For many staff, the opportunity to work in a more flexible yet intensive way, with a small caseload and a person-centred approach, was one of the key attractions of working on the pilot. Staff valued being afforded the time and freedom to work with individuals holistically, which was not the case with other services.

The most important factor for success was the building of a trusting relationship with the person. For some, this process could be quite quick and as simple as having a chat over a meal deal or a cup of coffee. In other cases, building a relationship took considerably longer, with frontline workers frequently being required to earn the trust of the people on their caseloads, many of whom had negative experiences with and a mistrust of other services, and a history of trauma in past relationships.

“We’ve got examples haven’t we of that taking months to just have those conversations, to sit with someone at their normal beg area, for example, and have a cup of coffee with them, once a week for two months, you know, before they are ready to actually properly engage with us... and two months is not an unusual timeline for that part of the process.” (Central Team)

“Relationships. People who are sustaining tenancies and moving forward in their life have all expressed how important that relationship is... You can

³ Typically, periods of non-engagement or shorter stays in hospital or prison do not result in people having to exit the programme. At the time of the evaluation, 18 people on the programme were ‘dormant’, receiving less intensive support but able to re-engage at any time.

afford to build that relationship on Housing First because the caseload isn't massive. It's intense so, you know, you're always working with them".

(Housing First Worker)

As part of this process, frontline workers would explain the Housing First programme and its principles to the people they were supporting, highlighting how this differed from previous support they may have been offered. Support being person-centred and under the individual's control was viewed as essential. This was sometimes a unique experience for people who had been used to being directed or supported to pre-defined and formalised outcomes. It was broadly accepted that this approach was ineffective for those leading chaotic lives, with a strength of the Housing First approach being that there is flexibility to provide support based on 'where someone is at that day'.

Where people were more difficult to engage, staff highlighted the need for tenacity and creativity. This approach was enabled by low caseloads and the flexibility afforded by the decision not to use a formalised outcomes framework to measure success⁴, which meant frontline staff could work intensively with people in a way that best suited them. Crucially, 'intensive' support does not always necessarily mean a high number of contact hours, but rather the same person being there consistently for support, delivering on promises, engaging in meaningful conversations, and taking a "genuine" interest in the person as an individual. This approach has proven successful in building a trusting relationship with the support worker, such that more time-intensive support can be offered and taken up when it is needed. The approach of Housing First was seen as a key difference to other services, which often expect people with complex and chaotic lives to engage with a service in a formalised and transactional manner, where support is dependent on completing set tasks or doing something in return.

"As workers we've been given the license to be flexible in terms of, "Right, you keep trying with this person". It's not about, "Oh we didn't get that instant outcome". That doesn't matter, it's "Alright, we'll try again tomorrow", and eventually that day does come and things open up... We don't go in thinking,

⁴ This decision was influenced by the co-production panel.

“Ooh God this is going to be awful, how are we ever going to achieve anything?”. It’s completely the opposite. It’s “We will achieve something, we’re going to achieve a lot, but it will be when it happens, it will be within the time... your time as the person we’re supporting”, and it’s centred around that individual person.” (Team Lead)

The difference in the way GMHF worked with people was repeatedly mentioned by staff, with the emphasis being on the ‘stickiness’ of support and frontline workers actively trying to engage people on the programme, being unperturbed by a lack of progress or anti-social behaviour, whereas other services would likely have withdrawn support or refused to work with someone deemed too complex. In contrast, GMHF staff were creative, flexible and patient, looking for ways to engage with people that suited them. To locate one individual, a Housing First worker recalled working out which pharmacy they collected their script from and asked the pharmacist to write her mobile number on the bag and let them know they were trying to get in touch. In some cases, frontline workers looked to move away from formalised interactions and engaged with people whilst they were occupied with other activities like gaming, cycling or playing the guitar (which do not require eye contact with the support worker).

“If you miss a couple appointments, “So what? We’ll pick up where we left off”, and you know, that flexibility is another thing that’s been a winner, for me and my style anyway.” (Housing First Worker)

Regardless of how long the process took, forging a meaningful relationship was critical for success later, whether this be in sustaining a tenancy or accessing other support. Despite pressures to accommodate people quickly, the Central Team were adamant from early learning that the process cannot be rushed. Several focus group participants went as far as to suggest that ‘Housing First’ was the wrong name for the programme, and it should instead be called ‘Relationship First’.

“We’ve seen, to our own cost, that we’ve allowed ourselves to be rushed due to political pressures to rehouse someone, to get them off the street... and almost invariably, not invariably, but almost invariably, those have not ended well. Without the trust of the individual, it’s setting it up to fail.” (Central Team)

“Some of my clients I've had on my books 18 months, two years, and they've only just been put into properties, and I'm getting grief, “Oh we need to do it”, but some of these people, you need to understand, it's not about just rushing them and putting them in a house. I stand by what I know, and the three clients that have now been in there are all doing well.” (Housing First Worker)

The approach taken by Housing First to engage individuals has proven highly effective, though the inability of other services to work with GMHF on a similar basis was raised as an ongoing challenge. For future services targeted at people with the most complex needs, intensity and flexibility is essential. This requires shifting focus away from formalised outcome frameworks and maintaining low caseloads, and the resourcing of such services ought to reflect this.

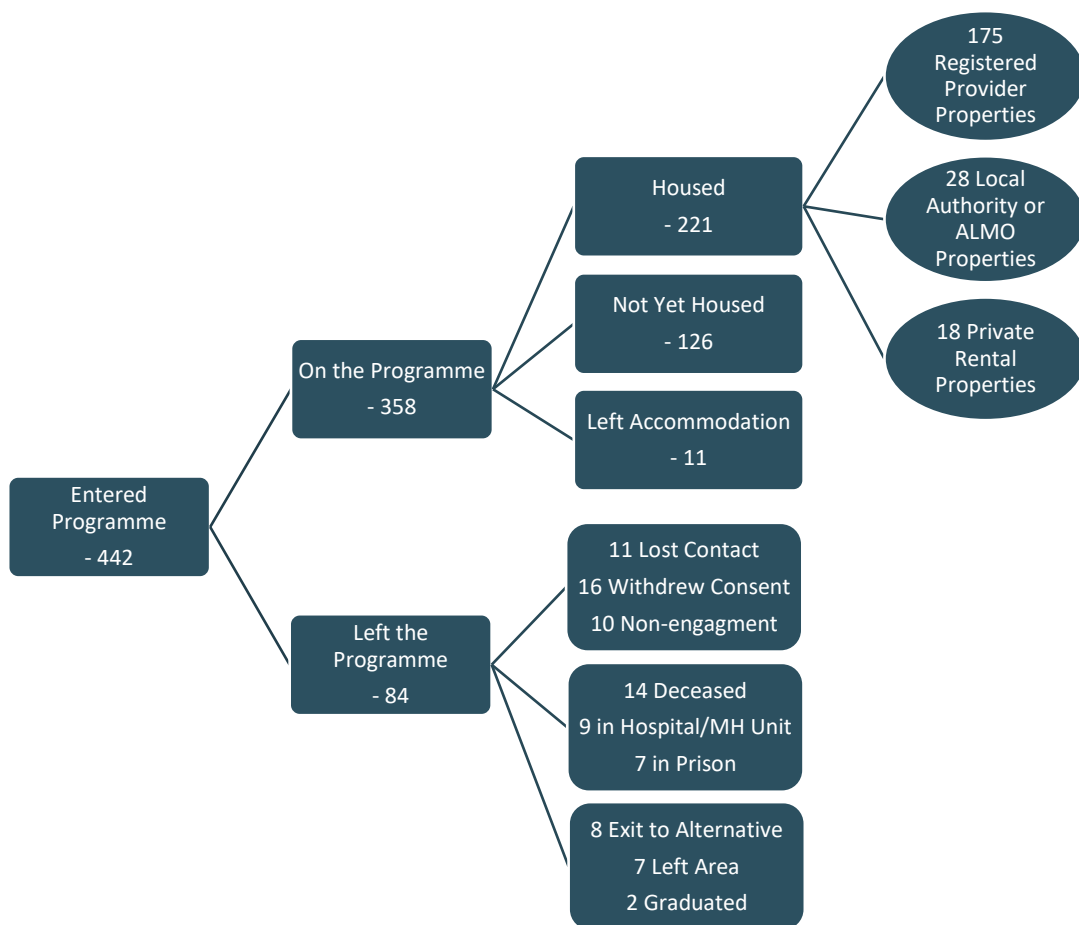
“The low case numbers definitely work and that definitely should carry on. It's very positive that you can work with someone that intensely, and we'd love to be able to do that ourselves.” (Local authority stakeholder)

Challenges

Whilst a great deal of success has been achieved, the complex needs of the cohort and their often chaotic lives can still make engagement with the programme a significant challenge. 37 people had left the programme because contact with them was lost, they did not engage, or they withdrew their consent. Of these, 20 never engaged with the programme, indicative of the challenges with the referral process and the person's informed consent to be referred not being obtained.

Given that an intensive approach to support has been an integral part of the pilot's success, it is crucial that the low caseloads of Housing First workers are maintained to allow for this. Notably, the demand for support placed on Housing First workers is not uniform, with people needing more contact time for practical and emotional support when moving and settling into a new tenancy, or at points of crisis which are not uncommon for this cohort. The intensive support offered during these periods would not be possible if caseloads were to rise. On some occasions, as frontline staff have left the pilot, this can temporarily occur; this is likely to be a more substantial concern as the pilot period draws to an end (see Chapter 6 – Sustainability).

A further concern with the ability of Housing First to effectively engage people on the programme relates to the extent to which the teams are embedded within each local authority. Although the GM approach to delivering Housing First has several benefits, local authority stakeholders highlighted the importance of delivery teams being based in the local area and embedded in the local authority's homelessness teams in order to deliver on the flexibility and intensity necessary for success. This is discussed in more detail in Chapter 5 – GMHF in Context.



Housing

Since April 2019, a total of 257 people on the pilot had been housed. Of these, 221 (86%) were accommodated on the programme in June 2021. The vast majority (175, or 79%) of the properties used on the pilot had been supplied by Registered Providers (RPs). A further 28 people were housed in local authority (LA) properties, whilst 18 were in the private rented sector (PRS).

| | |
|-------------------------------|------------|
| People Housed in Pilot | 257 |
| People Currently Housed | 221 |
| In RP Property | 175 |
| In LA Property (ALMO) | 28 |
| In PRS | 18 |

The overall tenancy sustainment rate for the pilot was 89%⁵, as of June 2021, with a large number of people already having achieved longer-term outcomes. Of the 221 people in their own tenancy in June 2021, 85 (38%) had been stably housed between one and two years, and a further 56 (25%) for longer than six months. 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 (74%) had been stably housed throughout this time, whilst six had been re-housed (5%).

In July 2021, the first person on the programme had successfully sustained their tenancy for over two years, and it is likely more people will reach this milestone during Year 3. Two people have so far graduated from the programme, no longer requiring the support of GMHF to sustain their tenancy. Whilst this may not be expected of many people on the programme, particularly in the short-term, this is a fantastic achievement. To understand the longer-term impact of Housing First programmes on tenancy sustainment will require continued funding of the pilot and time to allow individuals to meet these milestones.

⁵ $\frac{\text{Number Currently Housed}}{\text{Number Currently and Formerly Housed} - \text{Deceased and Graduated}}$

| Accommodation Milestone | Number of People |
|---|-------------------------|
| Housed (Total) | 257 |
| Housed (Current) | 221 |
| Housed up to 1 month | 11 (5%) |
| Housed 1 – 6 months | 69 (31%) |
| Housed 6 months – 1 year | 56 (25%) |
| Housed 1 – 2 years | 85 (38%) |
| Graduated | 2 |
| Overall Tenancy Sustainment Rate | 89% |

As well as being an important outcome in itself, securing and sustaining a tenancy was seen as providing a foundation upon which further progress could be made. In snapshot case studies, people described the stability and safety having their own property provided, marking a fresh start and a point at which they could ‘sort their life out’, away from previous insecure or negative settings. Reflecting on their goals for the future, having a stable home of their own was particularly important to host family and to be able to reconnect with their children.

“It’s astounding really the work that you can do, but it is down to caseload and intensive support... and obviously the house first. You’ve got to have that stability before you can manage all the other issues that come with a complex person that has been entrenched homeless.” (Housing First Worker)

“Everything [name] has accessed in terms of support have been down to him and what he wants and needs. Has found it easier to access the services he wants to since having a stable place to live.” (Guided conversation with co-production panel)

For other people, sustaining a tenancy was their main and only concern in the short term, and they were very grateful to have a place of safety and an end to their homelessness. In a few cases, people who were housed under the programme were not always staying in their properties. For people with extensive experience of homelessness, adjusting to a new way of living and separation from acquaintances can be very challenging. This highlights the need for support on Housing First to be

ongoing to support people in their tenancies, especially as it will likely take some time before people are ready to begin to address their wider support needs.

“To try to keep my flat and stay out of trouble. That for me is enough right now.” (Person on the programme on their goals for the future)

How was success achieved?

Securing Accommodation

Securing the required number of properties was one of the key challenges of the pilot. In Greater Manchester, the supply of affordable housing to low income and welfare dependent households, particularly one-bedroom properties, is a constant challenge. The people on Housing First typically face additional barriers such as their receipt of benefits, accumulated arrears, and exclusion/eviction from previous accommodation.

GMHF staff described the partnership with the Greater Manchester Housing Providers (GMHP) as essential in securing the necessary accommodation for the programme, with social housing accounting for more than 90% of the properties used in the pilot. The Central Team worked extensively with the GMHP and other housing providers to secure properties, engaging with around 30 different housing providers to build relationships and establish trust in the service. This work revolved around explaining the principles of Housing First and providing reassurance about the support the programme would offer tenants. As a result, housing providers were willing to offer properties directly to the pilot, recognising its broader value.

“Without GMHP I think we would have struggled even more, and I don’t think we would have been talking about 240+ rehousings at this precise moment... if it hadn’t committed before we even got started to offer properties outside of the normal letting process to us, so direct lets basically. That commitment has made a huge difference...” (Central Team)

The GMHF partnership also included a number of housing providers and each was contractually obliged to supply properties to the pilot. In addition, the GM-wide approach to Housing First brought with it the support of the mayors of Greater

Manchester and Salford, recognised as an important asset in securing early pledges from housing providers.

Tenancy Sustainment

As well as securing properties, the pilot has also seen success through a high overall tenancy sustainment rate (89%), with 64% of those currently housed having sustained their own tenancy for longer than 6 months. The most intense periods of support surrounded the time an individual was due to move into a property, with key work being done to support people both emotionally and practically to establish their home, set up utilities, and begin to make the property their own. This intensity was possible with Housing First because of the low caseloads, whilst access to local authority support packages and strong relationships with partners in the VCFSE sector were essential for a smooth move-in and to make sure that people quickly had a property they wanted to stay in.

“The moving in process is really quite simple because you know what services are available, what grants are available, and literally within a matter of days you can make it home. You literally can make it a home. It's that fast...

There's organisations in place that we've sort of formed relationships with... that offers support to the homeless at a reasonable cost or no cost at all, and that makes the process quite easy.” (Housing First Worker)

In many instances this was intensively supported by the Housing First worker, whilst in others this was a key point for building and demonstrating independence and resilience, developing important life skills in managing the tenancy.

I said, “OK, so we've got such and such an appointment on Monday. I'll come round”, and he went “Oh yeah, that's when the broadband's getting fitted” and I went “What?!” ... “Yeah, I rang up, I'm getting some broadband fitted”, and I thought “That's incredible!”. I just couldn't believe it!” (Housing First Worker)

The low caseloads meant that staff could provide effective support to individuals during times of crisis or when they were at particular risk of losing their tenancies. In guided conversations with the co-production panel, people on the programme almost universally agreed that their support worker would step up support if they were at risk of being evicted or abandoning their tenancy. It was evident that people placed a

great deal of trust in their support workers, again highlighting the importance of relationship building in the pre-accommodation stages. Further, many commented on being reassured in the knowledge that the failure of their tenancy would not lead to losing the programme's support.

"[Name] has had extra support from Housing First where he has had difficulties with his landlord. He wouldn't say he's been at real risk of eviction but he has really appreciated the extra help because he often overthinks things." (Guided conversation with co-production panel)

"Confident he will get the support he needs if things get more difficult. Is basing this on [worker's] personality and the help he got during those early 'bumps in the road'." (Guided conversation with co-production panel)

Whilst not all tenancies on the programme have run smoothly, the principles of flexible support and its separation from housing have meant that people have continued to be supported into new properties, either through managed moves or re-housings. Given people's complex needs and histories of homelessness, it is unsurprising that in some instances a tenancy does not stick at the first attempt. GMHF had conducted 28 managed moves and 10 re-housings where this has been the case; this is a very different model from other services, where support is tied to the property rather than the individual, and thus tenancy failures do not necessarily mean the programme is no longer viable for the person.

Working with Housing Providers

The strong housing outcomes achieved by the pilot required considerable co-operation and support from housing providers letting properties to GMHF tenants. Advocating with landlords and housing officers was identified as an important role of GMHF, from frontline staff to the Central Team. This has included outreach events, workshops and training with housing officers, frontline GMHF staff and members of the co-production panel. In these sessions, the needs of the GMHF cohort were discussed, issues with tenants worked through, and ways of working agreed, clarifying the roles and responsibilities of both GMHF and the housing providers.

Through these workshops, a good practice charter was produced, with commitments to implement from both parties clearly outlined, as well as accommodation packs for

housing officers outlining what could be expected from GMHF and what they could do to best support the pilot's objectives. Through feedback from housing providers, it was evident that they placed a great deal of importance on regular communication with GMHF staff about tenants in order to be able to accommodate them, as without GMHF input they would not be able to support them sufficiently.

Where relationships with housing providers were strong some degree of system change was possible, with housing providers displaying a greater degree of flexibility and understanding. This included allowing more time for people to view properties and sign up so that they could properly consider whether the property was right for them, and even allowing sign-ups from prison. In some cases, landlords would also take into consideration the needs of people on the programme when offering properties in certain areas.

"I have experienced the landlord actually weighing up the safety and security for a young female and then saying, you know, "We've got this property on this estate or in this building, but it's next door but one to someone who we're pretty sure is drug dealing, and she's trying to recover, and it's maybe not the best situation to pop her into", and then very quickly found an alternative for our clients. I think when landlords understand a bit better about the needs of our clients that it can work well and we can work well with the landlords."
(Housing First Worker)

Housing providers also showed some willingness to be more flexible when issues arose, with one provider discussing how their housing officers conducted searches of stairwells in the area to locate a tenant. If this person was not on GMHF, the provider would have followed its abandonment procedure.

Challenges

Accessing Accommodation

Despite its relative success, accessing accommodation has been a continuous challenge for the pilot, though this was largely recognised as a wider structural issue within Greater Manchester. The availability of one-bedroom properties is very limited, as is access to adapted properties, a particular concern given that 42% of people on the programme reported having a physical disability.

Access to the private rented sector (PRS) has been a particular challenge. Despite an initially envisaged 60:40 split between social housing and the PRS, just 18 people (8%) were housed in PRS properties at the time of the evaluation. The main barriers were the relatively high rent costs in the sector, with the low local housing allowance rate meaning that, even when PRS properties were offered, people could not be accommodated without risking their financial stability long-term.

The Housing First cohort in particular face barriers to renting in the private sector, which is typically restrictive of those paying rents from Universal Credit or housing benefit, those with a history of rental arrears, and individuals who have had long periods of homelessness or anti-social behaviour in previous tenancies. The Central Team had tried several initiatives to free up the private rented sector for individuals on the programme and secure more accommodation offers. This included employing a full-time member of staff to liaise with private landlords, and a mayor-led event early in the pilot with private landlords; neither of these translated into the expected number of property offers.

A number of local authority stakeholders, as well as Housing First staff, expressed their frustration at the number of offers received and the length of time taken to accommodate individuals in the pilot, though this experience was unevenly felt across the local authorities. In several cases, accommodating someone took less than a week from the time they first engaged with the programme, whilst in others this was more than a year.

Delays in finding accommodation were a key frustration due to the potential damage this could do to the person's relationship with GMHF and the trust they placed in the programme. A stakeholder in one local authority commented that they "lost a lot of trust" in failing to deliver on the promise of accommodation in a timely manner. The limited availability of properties also limited the choice available to individuals on the programme, and some stakeholders highlighted instances where people had reluctantly accepted a property offer because it was evident that further offers may be limited. The Quality and Assurance Manager identified the impact of housing supply on choice as one of the main areas of concern with regards the pilot's fidelity.

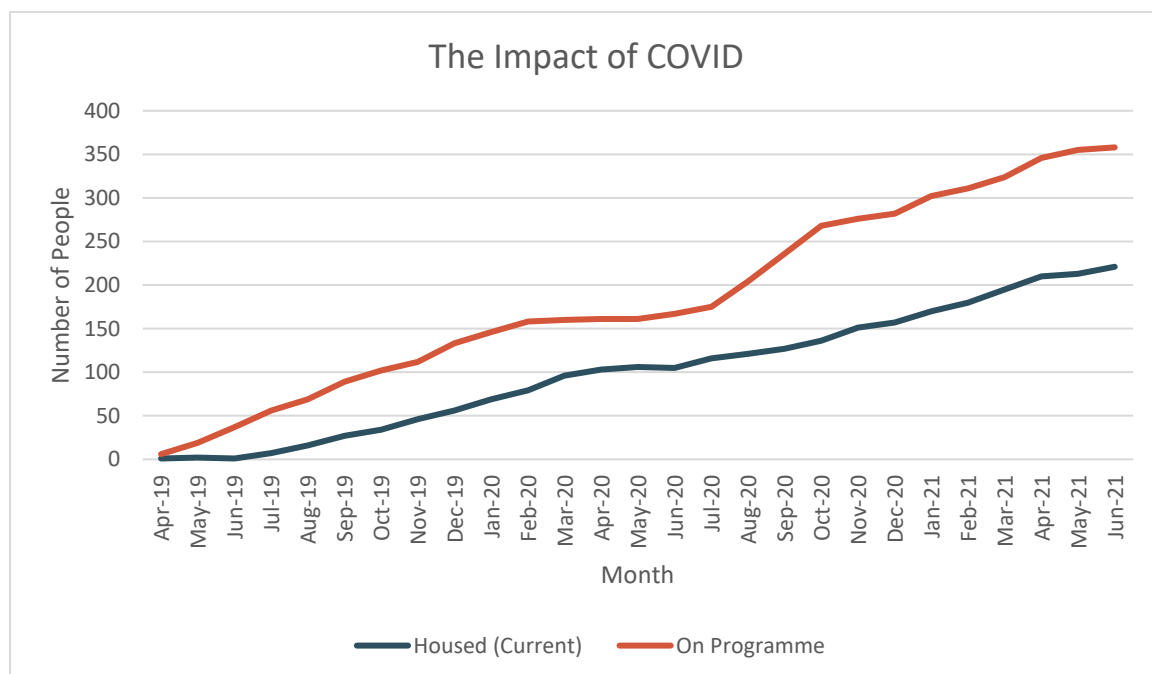
Delays in sourcing accommodation posed an additional challenge for the local authorities, who were themselves under pressure to ensure individuals were off the

streets and who continued to provide temporary accommodation whilst properties were found. This is discussed further in Chapter 5 – GMHF in Context.

COVID-19

The COVID-19 pandemic also had a severe impact on the number of properties offered to the people on the pilot. In response to the pandemic, the target number of people the pilot was expected to re-house was revised down to 330 by the end of Year 3.⁶ In spite of this, the continued impact of COVID-19 on the local housing market has meant that sourcing sufficient accommodation has nevertheless remained a challenge, with a lack of turnover in properties exacerbating the wider pressures on demand for housing.

“When we went into the first lockdown, everything stopped. Accommodation offers stopped coming in, people stopped moving into properties, and it took us a long time to recover. We were probably early Autumn before we recovered to the levels we were running at before the first lockdown.” (Central Team)



⁶ The initial target for the pilot was to house 420 people over three years. The pilots' targets were set with limited knowledge of what was achievable.

As well as making it difficult to accommodate individuals, there was some evidence that the COVID-19 restrictions made it harder to support individuals to maintain their tenancies, with less face-to-face interaction and fewer opportunities to link individuals into their communities and other activities during periods of lockdown. Whilst GMHF continued to offer as much support as possible at a distance and worked quickly to implement risk assessments to resume face-to-face support, the impact of a national and then several local lockdowns has nevertheless been significant, with a wider impact on how services are able to support people on the programme added to the already detrimental impact of the pandemic on wellbeing.

The Quality of Properties

The quality of properties as they are let was raised as a concern, with a substantial variation between different housing providers and local authorities. Typically, the properties offered were bare of floor coverings and furnishings, which made settling in a new tenant and making the property a home much more difficult. As was highlighted previously, in some areas the local authority would provide accommodation packs to new tenants on the programme and strong relationships were in place with other organisations who would offer furnishings for free or at a reduced rate. However, this was not a consistent experience across the local authorities, with some areas taking much longer, in some cases weeks, for accommodation packs to be delivered. There was an expectation that £250 of the personalisation budget would be used for furnishing the person's property, but making this stretch when properties often needed carpets as well as furniture and appliances was a frustration for frontline staff in some areas, regardless of their resourcefulness.

"I know a lot of the colleagues in other zones are struggling, but I've also got a good link with a particular supplier who will, on the same day, get me a bed, a wardrobe, washer, cooker, whatever... And it's because I've built links over two and a half years that I've been able to do that, but it's not across the board..." (Housing First Worker)

To help with the move-in process, the Central Team funded some basic welcome packs “to make it feel a little bit more like somewhere that they want to stay for those first days” (Central Team), containing items like a chair, kettle, microwave, dining set, radio, and camp bed. However, further consideration of how properties can be more quickly equipped would be beneficial in helping people to settle into their properties.

Mental Health

Given the complexities of the typical Housing First cohort, access to and engagement with mental health and substance misuse services is essential in meeting the support needs and wider ambitions of individuals on the programme.⁷ However, the wider delivery structures of mental health services are frequently inaccessible for individuals with the most complex needs, who can fall in the gaps between services where they have dual needs or find it difficult to build trust with new people and consistently engage with formalised appointments.

Greater Manchester Mental Health (GMMH) has been involved in the pilot as a partner organisation from the outset to facilitate better access to wider mental health and substance misuse services, signalling its intent to ensure services work as effectively as possible for the GMHF cohort.

“That’s why we’ve had to bring them [GMMH] in, because of the barriers that I’ve talked about. The appointments, the lack of flexibility, the having to attend so many assessments and tell your story so many times. It makes those services inaccessible... so a lot of what we’ve done as an organisation has been building the relationships to open up, and helping evidencing and being open and outward facing, to try and engender system change.” (Central Team)

“Having a mental health involvement and input with this cohort is really critical.” (Local authority stakeholder)

There was initial uncertainty about how this relationship could be most effective, with both the Central Team and GMMH recognising the ongoing learning process. Both organisations were confident at the beginning of Year 3 that the input of GMMH was working well and represented a replicable model for mental health service input into Housing First programmes at scale. This included the provision of four full-time Dual Diagnosis Practitioners (DDPs), and part-time lead, clinical psychologist, and consultant psychiatrist roles. The part-time lead within GMMH was recruited to

⁷ 94% had substance misuse issues/alcohol dependency, 88% had mental health needs, and 85% reported having co-occurring needs.

integrate the involvement of the GMHF clinical model with the wider service provision of GMMH. They helped to promote flexibility and an individualised approach where individuals could not easily fit into existing services and promoted wider service changes where necessary.

“It’s very much the partnership that makes this as effective as it is. We’re part of it, so it’s part of us.” (GMMH staff member)

Outcomes

In Year 2 of the pilot (April 2020 to March 2021), 123 referrals were made to the Dual Diagnosis service. The service demonstrated a quick response to referrals, with contact being made within two working days in 91% of cases.⁸ There majority of referrals were for ‘Pathway 1’, with advice and support provided without the individual formally being accepted onto the DDPs caseloads. ‘Pathway 2’ referrals were made for people requiring treatment, who were accepted onto the DDPs caseload.

As evidenced by the predominance of Pathway 1 referrals, the mental health model for GMHF was not intended to be a treatment model, and the support DDPs provided to staff in managing their caseloads was seen to be the main value alongside assisting access to services. The key performance indicators used to monitor the input and performance of the GMMH service were amended for Year 3 to reflect this.

The four DDPs were employed to work alongside the Housing First workers and support people on the programme into the most suitable pathways for their needs, helping to navigate “the really complex myriad of services and systems that make up the drug and alcohol support and the mental health support across Greater Manchester” (Central Team). Their contribution was highly regarded by all focus

⁸ With the exception of Q3, the timely response rate was 100% in all other months. The reduction in this quarter was thought to be as a result of contact with the referring professional (rather than the individual) not being counted.

Staffing issues in Year 2 made providing assessments within the five-day timescale more difficult, with only one DDP being in place due to delays in recruitment, in part due to lockdown.

group participants and described as “invaluable” for both the frontline staff and the people on the programme.

The DDPs were able to advise staff on the management of their cases, building their knowledge and capacity to understand and manage the mental health and substance misuse needs of the people they supported, as well as improving their engagement with treatment services when they were ready. They brought a strong knowledge of different service pathways to share with frontline staff, and could conduct assessments and make onward referrals to the most appropriate services where necessary. Though the Housing First workers advocated for their people as far as possible, it was felt that having a representative within GMMH to advocate was much more effective than Housing First workers trying to access the system from the outside. In addition, the DDPs were an internal representation of Housing First within GMMH, trying to embed the principles of Housing First and the way to work with its people within wider mental health and substance misuse services.

“You mentioned the Dual Diagnosis Practitioner, and priceless I think, you know, because they've got access to that system I don't know where I'd be without the Dual Diagnosis Practitioner trying to support people that I work with, so having them on board is fantastic.” (Housing First Worker)

“The Dual Diagnosis Practitioners did help me with liaising, say when someone's gone into detox and rehab, to understand the complexities of our people and they're able to speak to them. They're just more likely to listen to the Dual Diagnosis Practitioner than they are me.” (Housing First Worker)

As part of their advocacy role, the DDPs were also praised for their facilitation of multi-agency working and encouraging flexibility with mental health and substance misuse services to address the dual needs of people on the programme. The service monitoring data evidences engagement work with the police, probation and courts, as well as with health and social services.

“Our Dual Diagnosis Practitioner has kind of met with people and then she said, “You know what, should we have regular multi-agency meetings about this person and we'll get their alcohol worker involved, we'll get the mental health services involved, and we'll meet up every month?”. Having those meetings has been really good because it means that other services become

much more accountable. Those multi-agency meetings have been brilliant, really good, and it has been [DDP] who has pushed for those.” (Housing First Worker)

In their review of the Dual Diagnosis service, GMMH acknowledged that the ability to conduct multi-agency work and engage with partners had been improved by the flexibility of working online in response to the COVID-19 pandemic. The service has been able to be more responsive to user’s needs, and involve more partners in supporting the person.

Finally, the DDPs were able to provide training (on harm reduction and trauma-informed care) and support to the frontline GMHF staff, leading on group reflective practice sessions and coordinating the sharing of best practice in handling certain issues. With access to people’s case notes, the DDPs also played an important role in helping GMHF staff understand the level of risk associated with working with an individual and to put appropriate plans in place. The range of work conducted by the DDPs is demonstrated in the case of Joe*.

Joe* and his Experience with Mental Health and Substance Misuse Services

Joe is a middle-aged man with a longstanding history of alcohol dependency and contact with mental health and emergency services for crisis support. When under the influence, Joe has difficulty regulating his emotions and is an increased risk to himself and others. His anti-social behaviour (ASB) was a risk to his tenancy, exacerbated by physical and financial abuse by some of his associates. Joe was already open to substance misuse services, but his engagement was poor and he was at risk of being discharged. Following a period of homelessness, Joe joined GMHF, moved into his own tenancy, and his support worker made a referral to the DDP for support in managing his case.

The Work of the Dual Diagnosis Practitioner

The DDP was able to screen and share Joe's risk history and develop a management plan to work with Joe. They provided support directly to the Housing First worker to increase their knowledge of dual diagnoses and reduce the risk of burnout, supporting them to put boundaries in place which successfully addressed the inappropriate messages they received from Joe when he was intoxicated.

The DDP worked with Joe and his Housing First worker to establish a rapport and assess his dual diagnosis needs, as well as recognising his strengths and goals. They provided harm reduction information and advice to both Joe and his Housing First worker around alcohol consumption, as well as doing motivational work to support his engagement with services and providing support around crisis and contingency planning. The advice around harm reduction and support to reduce alcohol consumption has had a positive impact on Joe's mental health and wellbeing, and he now has reduced contact with emergency services.

The harm reduction approach has helped Joe to reduce his alcohol consumption, and subsequently the number of ASB incidents he has been involved in. Through multi-agency working, barriers to engagement were identified and services were able to work more flexibly to accommodate, including offering appointments earlier in the day when Joe was less likely to be under the influence. Joe remains engaged in substance misuse services and is attending all one-to-one appointments. He is currently on track for accessing an in-patient detox, followed by a period of rehabilitation to reduce the risk of relapse (as has happened several times previously).

The Housing First programme was also essential in enabling positive mental health and substance use outcomes for Joe. Joe expressed concerns about the location of his original property, and he was supported with a move to an area of his choice, and is currently settled in his new tenancy where he now feels safe.

Ongoing Challenges and Learning

Despite the input of the DDPs, access to mental health and substance misuse services was still identified as a major challenge and an area of frustration for frontline staff. Mainstream mental health and substance misuse services were seen to be under-resourced and overwhelmed by demand in Greater Manchester, making it even more difficult to work with a cohort of people with more complex, specialist needs. Whilst some degree of service change had been achieved where strong relationships had been built, the ethos of Housing First and how people on the programme should be best supported was clearly not fully embedded in mental health and substance misuse services, perhaps limited by the capacity of the services to work in this way.

“Whilst it’s brilliant what we’ve got, the dual diagnosis workers, because they badger people and feed things in, you’re still relying on your standard sort of services.” (Team Lead)

“Yeah, I think they [DDPs] have been useful but obviously there's only so much they can do because the mental health services are so stretched, they haven't got the capacity”. (Housing First Worker)

Other barriers included the continued siloed working of substance misuse and mental health services, which was described as a gap in support, particularly as these services continue to be funded separately. As the pilot progressed, some barriers to referring into services were also recognised, and in Year 3 a consultant psychiatrist was added to the service to conduct diagnostic assessments to open up access to services.

In some areas there were also more technical issues with the embedding of the mental health input into GMHF, as mental health and substance misuse services in several local authorities are not delivered by GMMH. This made it difficult for DDPs employed by the GMMH to access the case notes for the people being supported in these areas, and whilst this is an issue the GMMH have worked to resolve it remains a barrier to delivering the best support in some areas.

Other Outcomes

Although housing outcomes are often the focus of Housing First programmes, the intensive and holistic support extends far more widely. Frontline staff frequently described their role as a “Jack of all trades”, working across a range of issues to either support their people directly, or to liaise and enable engagement with other services. This included setting up utilities, help with budgeting and finances, dealing with benefits issues, attending appointments and collecting prescriptions, helping with shopping, and encouraging engagement with probation and social services.

“We support people with practical things and accessing the various forms of support that you need to be a professional really, and have these resources at your fingertips to be able to support people with. I don't think anybody who's not got a badge and a position would be able to do that on their own anyway, so being able to be there and advocate for our people in that way is fantastic.”
(Housing First Worker)

“There's usually one person there to do a certain aspect and another for another, whereas we're doing it all, or linking people into those services if we can.” (Housing First Worker)

It was common for GMHF staff to take on a lead professional role in co-ordinating multi-agency working, as they often had the strongest relationships with the person and the time (due to their lower caseloads) to work more intensively than other services. This approach was seen to be less overwhelming for the person being supported, but was also sometimes frustrating for support workers, who felt as though statutory services would step back when they knew GMHF were involved, despite the need for services to come together.

Health

Offering support with physical health needs was a frequently mentioned role for frontline staff. Many of the people on the programme had poor engagement with health services and were unable to pre-emptively manage their health conditions. Frontline staff often helped people to register with a GP and attended appointments with them, as well as helping to manage medication and to collect prescriptions.

During the pandemic, support workers also encouraged the uptake of vaccinations against the coronavirus.

In several instances, frontline staff discussed working closely to support people who were at high risk of self-discharging to continue to engage with treatment. One worker had sat for nine hours in the hospital awaiting tests to provide reassurance and make their person more comfortable.

“Just being able to get them a pair of slippers with the personalisation or the TV, a bit of entertainment for them, and then breaking all records in the hospital stay duration, things like that that Housing First made possible. That’s never happened before in their life.” (Housing First Worker)

A small number of people on the programme had been accommodated straight from hospital upon discharge, with further possibilities for Housing First to become more integrated with hospital discharge processes and enable early intervention for the individual, and to prevent delayed transfers of care. Some strong partnerships between health and housing were already highlighted, with Urban Village - a medical practice offering a one-stop shop approach to healthcare for homeless people - being particularly highly praised. The practice has much experience working with homeless people and has adopted a flexible approach to meet the needs of the cohort, which would be beneficial if replicated across the health system.

Criminal Justice

Supporting reductions in offending and anti-social behaviour (ASB) and engagement with probation services has been an important role of GMHF. 71% of the people on the programme in June 2021 had a history of offending, and some also have been involved in anti-social behaviour and evicted from previous tenancies and temporary accommodation. Eight people were in custody when they were referred, with some people being supported to sign up for tenancies from prison.

Whilst criminal justice outcomes were not formally measured, there was some qualitative evidence of reductions in offending and anti-social behaviour, and improved engagement with probation services. The intensive support, the stability of a tenancy and in some cases separation from old lifestyles are potential reasons for these improvements.

The influence of GMHF extended across the criminal justice system, with support staff advocating for their people in court. In one instance, an individual charged with assault was told they would have received a sentence if it wasn't for the fact that their Housing First support worker had attended court with them, highlighting that the value of intensive support for people on probation is well recognised as reducing the risk of offending.

Frontline staff reported strong relationships with probation services, as they were often able to improve the level of engagement and share an understanding of the individual and their circumstances, reducing the complexity of interactions for the probation service. In addition, knowing that the person had intensive support from a Housing First worker allowed probation services to manage their cases with greater flexibility and a better understanding of their behaviour and issues with engagement.

“Probation have been alright with Housing First. I think they actually welcome us on. They help us. We help them doing their side of the work as well. Win-win.” (Housing First Worker)

Outside of the criminal justice system, some tenants had seen a reduction in the number of complaints of ASB against them, or had engaged more effectively with ASB officers where previously situations may have escalated and resulted in eviction. Nevertheless, ASB continued to pose a challenge with some tenants, and landlords expressed the ongoing need to balance their commitment to Housing First with the needs of other residents. It was clear that intensive support from GMHF staff and strong engagement with the landlords was necessary for positive outcomes.

Life Skills and Employment

Housing First workers have supported people to open their own bank accounts and to manage their utilities, bills and benefits. There are several examples recorded of people budgeting, saving money, or paying off outstanding bills and rental arrears. Frontline workers reflected on the stress and anxiety that people often associated with these tasks, and the scale of the achievement of addressing them where previously they may have allowed debts to accrue. One frontline worker had a 'letter-opening day', where he would offer emotional and practical support as the person went through their post.

Whilst frontline staff frequently supported and advocated for their people with their financial management and budgeting, these actions also represented an excellent opportunity for building confidence and encouraging independence. The development of life skills and confidence is essential for personal growth, particularly for those who may be living independently for the first time. Staff were keen to highlight how they balanced the need to provide support with not fostering dependence. They would endeavour to encourage people to perform tasks for themselves where possible, or initially perform the task for the person, then with them, and finally encourage them to do it independently. One frontline worker highlighted the success she had with someone. Having initially done his shopping for him when he was discharged from hospital, they began to shop together, and over time he built the confidence to shop alone while she shopped for herself.

A number of people had also begun volunteering with local charities or were undertaking training courses, providing an opportunity to give something back and acting as a building block towards employment. One individual began volunteering regularly for a homelessness charity in 2020 and went on to secure paid part-time employment in early 2021. The opportunity to engage with the co-production panel has also been beneficial, offering a less daunting step towards employment, supported by people with lived experience of homelessness.

Given the complex needs and entrenched experiences of homelessness of the GMHF cohort, volunteering and employment are unlikely to be attainable in the short-term, requiring first a level of stability. However, volunteering and an eventual transition into employment was widely mentioned in the 'goals for the future' of people on the programme, captured through snapshot case studies. Despite some success in this area, the COVID-19 pandemic has severely limited opportunities for education, volunteering and employment as other organisations and services have been closed or running at a reduced capacity due to government restrictions.

Whilst strong relationships with other services and building an understanding of Housing First has been essential for the programme, several frontline staff expressed an ongoing frustration with the Department of Work and Pensions over the management of benefits payments. Because of the difficulties some people have had in paying their rent or with substance misuse, it is not uncommon for requests to be made for rent to be paid directly to the landlord, or for large backpayments not to

be paid as a single lump sum. However, in several instances money had mistakenly been paid directly to the individual, in some cases leading to arrears and jeopardising the pilot's harm-reduction approach.

"I've just had a guy that had that happen, who had moved in, was a prolific drug user, obviously sees this money come into the account and it was like, boom, that's spent, and it's took him up until four weeks ago with direct debit to pay off them arrears from that very first month, and he's been in property, what, 14 months?" (Housing First Worker)

Personal

A key principle of Housing First is that support is person-centred, based on the choice and under the control of the person being supported. Further, the approach to support is strength-based, focused on a person's individual goals and aspirations. In the first instance, this is reflected in the pilot's commitment to building genuine and trusted relationships and rejecting a formalised outcomes framework to monitor success. Frontline staff were clear that the support they provided varied widely depending first on what was needed to build a relationship, and secondly on the person's needs and desires, and on daily changes in their mood and circumstances.

In snapshot case studies, one of the most common goals of people on the programme was to reconnect with family, particularly their children. The support and stability offered through GMHF had made this possible for a number of people, with the changes people had made in their lives a clear source of pride and the knowledge they were being supported a source of comfort for their families. Some people on the programme have been able to have contact with their children, spend Christmas with their families for the first time in years, reconnect with estranged family members, and engage with their grandchildren.

As part of the programme, individuals each had access to a personalisation budget of up to £1000. Part of this funding could be used for their immediate needs (emergency food, utility bills, mobile phones), but it was primarily for the promotion of their wellbeing and long-term personal development. The use of the personalisation budget was broad, including funding gym memberships, arts and crafts supplies and

fishing equipment, as well as haircuts and clothes which were invaluable in promoting wellbeing, self-esteem and self-care.

“She’s now making cards and she’s drawing pictures, and we got some art things for her so she’s found other ways to occupy her time, and she hasn’t done any drugs for quite some weeks now”. (Housing First Worker)

“You can easily find yourself with a big void after getting off the drugs like he has done. WORKER helped him remember past interests and they used personal budget to get him a guitar... PERSON was very pleasantly surprised with the ability to purchase a guitar, not used to services listening to what is important to him and responding in this way.” (Guided conversation with co-production panel)

However, balancing the principle of harm-reduction with choice and control was identified as a challenge by staff, particularly around the personalisation budget, with instances raised of items being exchanged or sold for drugs. Guidance for the use of the personalisation budget was co-produced by the Central Team, co-production panel, Team Leads and frontline staff, but the sometimes conflicting nature of the principles highlights the need for discussion and sharing between support staff, and of ongoing support and supervision to allow them to carry out their roles.

GMHF in Context

The three regional Housing First pilots were funded by the Ministry of Housing, Communities and Local Government as part of the government's broader commitment to reduce rough sleeping, and aimed to capture learning about how Housing First could be effectively delivered at scale. The three pilots had the unique challenge of establishing a delivery infrastructure to support the large programmes, whilst also being expected to quickly begin delivering towards ambitious re-housing targets. As described in Chapter 3, this approach saw Greater Manchester divided into four 'zones', with the programme being delivered by a variety of partners and some degree of consistency being sought at a Greater Manchester level.

The Impact of GMHF on Homelessness

In Greater Manchester, as with the rest of England, levels of homelessness and rough sleeping rose considerably from 2010 to 2017. In 2010, the annual count identified 41 people sleeping rough on the streets of Greater Manchester on a single night. By 2017, this had increased more than five-fold, to 268 ([MHCLG 2021](#)). Notably, this snapshot measure is considered to underestimate the true extent of rough sleeping.

GMHF was introduced into a policy context where a great deal of work was already being done to reverse this trend in rough sleeping, both at a local level and under nationally-funded initiatives. In Greater Manchester, the 'A Bed Every Night' scheme provides emergency accommodation for people who are rough sleeping, whilst the Rough Sleepers Initiative has also funded outreach workers, navigators and accommodation across the region. The Social Impact Bond also ran in Greater Manchester from December 2017 to December 2020, with the intention of providing support into permanent accommodation for the most entrenched rough sleepers in the region.

With its emphasis on the seven principles and its willingness to work with people with the most complex needs and experiences of entrenched and repeat homelessness, GMHF has been viewed as an important part of the wider response to

homelessness, with the intensity of support and low caseload being vital for effectively working with the target cohort.

“In terms of tackling and preventing homelessness, it’s a key part of the puzzle.” (Local Authority stakeholder)

“I’ve had these names spinning round my head for the last 10 years, and it’s just been amazing. It’s taken a long time for those ones that have been in and out of services, and I think this is finally a service that works for those people.” (Zone Lead)

“I’ve just got a lady accommodated and there’s absolutely no way on this earth... if she wasn’t on Housing First, she would still be homeless... She’s barred from everywhere, basically, so nobody will have her, but ‘cause she’s on Housing First she’s been able to sign for a tenancy.” (Housing First worker)

Whilst existing programmes have been successful in bringing people in off the streets and supporting them into temporary accommodation, these interventions have typically been ineffective, or only partially effective, for those with the most complex needs. In specifically targeting this group and providing a blueprint for a different way of working, GMHF has been able to create the conditions for success for individuals with repeat and entrenched experiences of homelessness. In several instances, staff had joined the pilot from other services, with specific people in mind who might benefit from the programme and where existing interventions to date had been ineffective.

Several of the local authorities highlighted the pilot’s positive impact on re-housing individuals who had been sleeping rough or in temporary accommodation long-term. Of the 221 people still housed on the pilot at the end of June 2021, 120 were in bridging accommodation at the point they were referred to the programme, and 62 were rough sleeping. 62 people being rehoused from the streets is a remarkable achievement in Greater Manchester, representing a considerable proportion (23%) of the 268 people identified as sleeping rough in the 2018 Autumn count.

The programme has also demonstrated value to the criminal justice and health systems, providing support to a cohort in which a significant number of people are ex-offenders and have suffered poor physical health. Eight people have been accommodated who were in prison and clinical settings at the point of referral. In

establishing the programme as an option for people being discharged from these services, Housing First can serve a more preventative function, reaching people sooner as their needs are identified in institutional settings.

| Accommodation Status at Referral | Number of People Currently Housed |
|----------------------------------|-----------------------------------|
| Bridging Accommodation | 120 |
| Rough Sleeping | 62 |
| Own Tenancy | 20 |
| Sofa Surfing | 11 |
| Prison | 5 |
| Hospital/Mental Health Unit | 3 |
| Total | 221 |

In total, 120 people referred to the programme were rough sleeping at the point of referral. In June 2021, more than half (62) had been supported into their own tenancy, whilst 11 had moved into bridging accommodation, and were therefore no longer (or at least less frequently) sleeping rough. This in itself is an important achievement for the programme, as many of those sleeping rough face many barriers to even temporary accommodation. At the time of the evaluation, 27 people on the programme were still sleeping rough, whilst 25 people sleeping rough at the point they were referred to the programme had since left it.

As well as the impact the pilot has had on re-housing people with repeat and entrenched experiences of homelessness, Greater Manchester Housing First has also proven beneficial to other services. As mentioned previously, the intensive support and advocacy provided by frontline staff allowed other services to engage more effectively with people on the programme, with frontline staff highlighting the coordinating role they played in developing a multi-agency response to working with people and advocating for them with various agencies. Having developed trusting relationships, GMHF has been able to improve engagement and reduce the complexity in which people present to services, and with which services interact with the people they are supporting. The ambition that the principle of choice and control be adopted as universal policy in responses to reduce the risk of homelessness is presented in the Greater Manchester Homelessness Prevention Strategy ([GMCA 2021](#), p.32).

The Benefits of the GM Approach

Having a Greater Manchester-wide approach to the pilot was felt to have had a number of benefits for the programme, and for learning about how to deliver Housing First at scale. In Greater Manchester, strong relationships already exist between the 10 local authorities and cooperation is common across a range of policy areas. This extends to homelessness, which has been a regional priority for a number of years, with networks already in place to coordinate strategy and delivery across the 10 districts.

“We had a very strong feeling that Greater Manchester had the kind of structures in place that would enable us to deliver it in a more consistent way across the 10 authorities...” (Local authority stakeholder)

“Having the political clout of the mayors and the GMCA behind us has definitely been useful.” (Central Team)

There was a wide recognition that working with statutory services and encouraging system change was a necessity for the pilot to be successful, and the higher profile of a Greater Manchester-wide programme was beneficial for promoting buy-in to the pilot from partners (such as housing providers) and encouraging flexibility to meet the needs of the cohort. This benefit was demonstrated in the involvement of the GMMH as a key partner, closely integrating mental health service provision with homelessness services. However, challenges with this remained, especially relating to the fact that mental health services in GM are provided by two separate trusts.

Having a central team to co-ordinate the delivery of the pilot was viewed as one of the main benefits of the regional approach to delivery, ensuring a strong emphasis on monitoring both the delivery of the programme and the fidelity of its delivery to the core principles of Housing First.

“It’s a tough job coordinating that. It’s hard enough in our zones, let’s be honest. To do that for four zones and get some consistency and discipline into that in terms of what’s being asked of that group I think gives us the platform to have the principles met in the way you’ve described [name]. The integrity. If there was that looseness in terms of data and approach I doubt we’d be at this stage.” (Zone Lead)

“I think this is one of the services that I’ve noticed is most closely monitored out of all of the services that I’m a part of, and I think that means we’re always really focused on the approach, on the performance...” (Zone Lead)

Without the centralised team to coordinate the delivery of the programme, it was thought to be unlikely that the highest levels of fidelity would be maintained, and that the outcomes of the programme would suffer as a result. Many GMHF staff, and the local authority stakeholders themselves, acknowledged that local authorities in some instances face pressures which do not allow for perfect alignment with the principles. The Central Team were able to provide challenge and scrutiny to affect changes in practice and identify blockers in the system that needed addressing. In several cases, local authority stakeholders expressed frustration with some of the principles of the programme where these were perceived as barriers to quickly re-housing individuals (for example, where the person’s choice over where to live placed further demands on housing stock and temporary accommodation, or requiring consent meant that someone could not be worked with).

“I think it’s been better with an outside body that’s been highly motivated to actually uphold standards... uphold the principles and fidelity of the model. I think that’s really worked well... I think in the initial conversations with local authorities at the first meeting, there were some authorities who weren’t up to speed with what Housing First was, and I thought perhaps weren’t really understanding of the core concept of it really... if it went 10 different ways it would have been diluted I think.” (Local authority stakeholder)

“They [local authorities] will be addressing their own homeless need... The main strength [of the GM Model] is the fact that local authorities have their own remit, their own concerns, and they will find a way to make Housing First delivery fit that... Again, in terms of priorities with rough sleeping, you might end up with referrals whereby it’s a very big priority for the town or for the council, but actually, is it an appropriate Housing First referral? And in the local authorities’ eyes the two things are the same, and that’s not necessarily the case in the eyes of, you know, a high-fidelity Housing First model, I don’t think.” (Team Lead)

Facing other pressures, it was felt to be likely that a local authority-delivered programme would see a dilution of the principles and a lack of singular focus on its delivery would lead to the programme becoming 'lost' amid others. Housing First staff highlighted the importance of all of the principles being in place together to enable success, with a concern that local authorities would prioritise the most attractive principles for their needs whilst neglecting others.

"If the councils take it over in their own way, I think it has to incorporate all the principles. You can't pick and choose principles. I think it's all or nothing for it to be successful." (Housing First Worker)

As well as being coordinated by a central team, the fact that the pilot has been delivered by housing providers and other specialist delivery partners has also brought some value to the model. In each case, the delivery partner brought knowledge and experience of providing housing support, whilst the more recently involved partners have also been able to contribute specialised experience working with certain groups of people and share this expertise across the partnership. In addition, the delivery partners as housing providers were each contractually obliged to provide properties for the pilot, a key input given the pressures on accommodation.

A further benefit of the partnership approach to delivering Housing First was that it allowed the sharing of learning and good practice between teams, delivery partners and local authority areas. Given GM Housing First has been a pilot, the sharing and implementation of learning has been invaluable as areas face similar challenges.

"I think by having regular meetings, both internally and across Greater Manchester, we've been able to have really healthy debate, bringing a lot of experience and knowledge around the table. We've learnt a lot as well along the way. I don't think we were ever coming into this expecting it to be perfect from the get-go." (Team Lead)

Challenges for GMHF

Although the Greater Manchester Housing First pilot has achieved a great deal of success in re-housing some of the people with the most complex needs and entrenched experiences of rough sleeping in the region, it has faced several ongoing challenges in doing so, and its success must be understood more fully in this context.

Service and Systems Change

Although a number of service changes have been achieved, establishing the programme and generating an understanding of its principles to encourage changes in practice takes time. Impacting wider commissioning and strategic decision making takes even longer.

With regards to service change, housing providers and statutory services have already demonstrated some willingness to be flexible in order to accommodate the needs of the GMHF cohort. With time and continued engagement to improve understanding of Housing First programmes, wider changes in other services can be achieved. One ongoing concern for those on the pilot was that there were several examples of other services stepping back from supporting roles when a person was on GMHF, assuming that no other input was needed. This is at odds with the Intensive Case Management approach of the programme, which relies on other services to offer wraparound support. This demonstrates the need for continued efforts to embed the Housing First principles and ways of working with other services, both informally and through service-level agreements with key agencies.

“Housing First is part of the toolkit, it’s not a solution in itself. It doesn’t stand alone. It’s a really valuable tool, but unless it uses other services aimed at helping people in this particular cohort, it will fail by itself. It cannot be all things. We cannot bring all services internally like we did with the mental health trust.” (Central Team)

The GMHF pilot has faced barriers - exacerbated by the pandemic - in achieving systems change across Greater Manchester. These include the existing pressures statutory services face (exacerbated by the response to the pandemic), as well as

the often disjointed and short-term funding of housing, physical health, mental health and substance misuse services. These systemic issues require greater influence at the strategic and commissioning level to resolve, and should be core considerations in the scaling of Housing First in England.

Locality-based Working

Despite the multiple benefits generated from a GM-wide approach to delivery, this also presented several challenges. In the first instance, the wide geographical areas support workers covered within their zone was raised as an area of concern. Given the transient lifestyles of the Housing First cohort, effective engagement requires a great deal of responsiveness so that people can be contacted during the short windows in which they can be located and are willing to engage. Local authority stakeholders highlighted instances where their own outreach teams were able to locate individuals, but GMHF workers were not in the area at that time to engage with them. Smaller geographic focuses, minimising travel time and matching local authority areas could provide benefit to this. However, that same transience requires workers to be flexible enough to travel and respond beyond borough boundaries.

The Central Team acknowledged feedback from Year 1 about the importance of locality-based working, and had redistributed cases as the pilot scaled so that support workers' primary cases were spread across fewer local authority areas.

“Any service going forwards, the worker has to be embedded in the local outreach team, and they have to work in the local area... I think where it fell down was when Housing First weren't as connected as they should have been.” (Local authority stakeholder)

“If they were here all the time, they'd have been more flexible and able to react.” (Local authority stakeholder)

There was a desire from local authorities for GMHF to work more closely with their existing outreach and rough sleeping teams, maximising their local knowledge and existing relationships with the people being supported. This was described as “natural added value”, as local authorities typically have extensive experience supporting the individuals referred to Housing First and links to local services and organisations in the VCFSE sector. The value of existing relationships and local

knowledge was already widely recognised as best practice by GMHF workers in offering support, and essential for a smooth referral process.

Although a degree of separation from local authorities and other services was viewed as being beneficial for ensuring the programme's fidelity, it is also essential that Housing First forms part of the wider framework of homelessness response, rather than sitting separately from it. The Central Team had hoped to co-locate delivery teams within local authorities, which was happening in some areas before the pandemic and its associated restrictions, which hampered possibilities for greater integration.

A closer association between Housing First and local authorities could help streamline the to-date problematic referrals process, which, from the perspective of the person being supported, should not represent a handover to a new service but a continuation of support along the most suitable pathway. There is clearly a strong case for local authority teams to continue to be involved in support, regardless of whether the Housing First service is delivered within their own teams or by external providers.

COVID-19

The COVID-19 pandemic has had a severe impact on the ability of the pilot to deliver against its rehousing objectives, and has also limited the extent to which the pilot could properly engage other services and embed itself in the local environment. The number of property offers slowed down significantly in the early months of the pandemic as property turnover ground to a halt, and planned move-ins could not take place under the national lockdown.

More broadly, the pandemic naturally limited the extent to which GMHF and other services could provide support, particularly face-to-face. Whilst in many cases those interviewed reported that frontline Housing First staff were quickly able to continue to work with people on the programme, this was often not the case for other services, or where the person being supported was required to shield. Fidelity reports by Homeless Link found some tenants became more isolated and found it harder to engage and disclose issues over the phone. For people with long histories of homelessness and rough sleeping, social isolation is often highlighted as a concern

for those who leave this community to move into their own tenancy. These feelings are likely to have been exacerbated by the isolation of long lockdown periods, particularly as opportunities for socialisation, community engagement and employment have been severely limited.

“We’ve just been absolutely hamstrung, a lot of our guys, and I think unfortunately a lot of people take a step back through no fault of their own, but because all of the external support, other than maybe a phone call from Housing First, that was taken away from them.” (Team Lead)

“When Covid happened, things stood still, and I wasn’t able to get things done that I would have liked.” (Snapshot with person on the programme)

Given that the aim of the three pilot programmes was to understand more about the effectiveness of Housing First when delivered at scale, it is important to highlight the limitations the pandemic has had on GMHF and other services, with a view to continuing to monitor its effectiveness in more ‘normal’ circumstances.

Sustainability

The Greater Manchester Housing First pilot received funding for three years, meaning the pilot is due to end in March 2022, challenging the core principle that support is provided for as long as it is needed. In preparation for this, the programme accepted its final referrals in May 2021, and intends to stop re-housing individuals at the end of September 2021. The uncertainty over the programme's future was one of the main concerns across the focus groups with staff and stakeholders, even with nine months remaining.

One of the most immediate concerns regarding sustainability was around staff retention and the impact this might have on delivering the pilot in Year 3. Two frontline workers had already left the pilot for other opportunities in the homelessness sector, and the pressure on staff to prioritise their employment is likely to increase as the end of their contracts approaches. The Central Team and Zone and Team Leads spoke very highly of the quality of the frontline staff, highlighting their values, training, and experience.

"I think more and more people are going to be at least looking elsewhere, and given the level of training and the level of hard work and the great reputation they've got with other services, they're not going to have a problem being recruited by other people... which is great for them, but not so great for us".
(Team Lead)

As well as the immediate loss of the investment to date in frontline workers, it was widely recognised that this will have a knock-on effect on caseloads, a major risk to the fidelity of the programme in relation to the intensity of support which can be provided. Frontline staff were clear that caseloads increasing beyond the 1:7 ratio would be unsustainable.

"Sooner or later that's going to have a big impact on the remaining members of staff and fidelity, because you're going to go from having a caseload of seven to 10 or 12, and there's no way that you can maintain the fidelity to principles in that situation." (Housing First Worker)

The uncertainty about the continuation of the programme also constitutes a major risk to fidelity to the Housing First principles, particularly that 'flexible support is

provided for as long as it is needed'. The promise of ongoing support and the relationships staff have established have been critical to the programme's success. The damage to established trust is likely to be substantial - and potentially irreparable - for a cohort that often have few remaining options outside of Housing First. Concerns were raised by people on the programme through a co-production-led Legislative Theatre event, a working group was established, and a 'No Surprises' policy is being designed to clearly outline what people on the programme can expect when there is a transition between services or changes to support.

"It absolutely impacts on the people that we're supporting in that wider way. It's just another scheme, another bunch of workers turning up..."

"Yeah that trust. "Leaving me again... you said you'd never go", you know, "You told me it was long term, never-ending support"." (Team Leads)

"I think she would feel totally deserted. She's been deserted all her life by services and let down, and this would just reinforce this. Yeah, it's just too early in her journey, whatever you want to call it, just to leave her now."
(Housing First Worker discussing one of her cases)

For many people on the programme, the length of time they have been supported has not been sufficient to build independence and address the issues they will likely face in attempting to sustain their tenancies without the pilot's support. Whilst significant progress has been made, it is important to recognise that Housing First is intended for people with entrenched or recurring experiences of homelessness and complex support needs, for whom any meaningful pathway out of homelessness is unlikely to be short-term. Many of the focus group participants highlighted previous experiences with the Social Impact Bond (SIB), noting that at the end of the programme some people could no longer sustain their tenancies without the support provided through the programme. Notably, the Housing First pilot has received 35 referrals to support people previously referred to the SIB.

"Looking at people who are currently housed, we know that quite a lot of them still require a very significant level of support, and there are no, or practically no other services that they could be referred to that would provide them with the level of support to maintain the tenancies that they are currently getting."

Without that level of support, a number will fail, and those people will go back into, possibly, the homeless cycle.” (Central Team)

The ongoing support needs of the people on the programme is a particular concern for those referred and re-housed more recently, who will have significantly less longevity of support than those on the programme since the beginning. Whilst the pilot has been pragmatic in limiting referrals in Year 3 and intending to house individuals before the final six months, it is clear this is still a far from ideal timeframe in which to support individuals into their own tenancy. It is likely a number of people currently on the programme will not be housed before the end of the pilot period.

“I’ve just started a new case, what, four weeks ago? That person isn’t gonna get the longevity of the program and the time in if there isn’t an extension... It’s not a long time to work with somebody very chaotic and moving into a property for the first time.” (Housing First Worker)

In preparation for the potential end of the funded period, the partnership have done a great deal of work to ‘RAG rate’ people on the programme and identify the level of support individuals will need should the pilot not continue. In addition, frontline staff have emphasised the increased importance they have placed on fostering independence with those they currently support and trying to anchor strong networks around the person to ensure that is maintained were the programme to end. However, as with encouraging multi-agency intervention under normal circumstances, substantial barriers exist when putting in place wraparound support arrangements, particularly given the high caseloads of other services and their inability to work holistically with someone in the way that Housing First does.

“No matter what you do, there just aren’t services available that will work in the same way as Housing First... what we’ve had to do is say “Well look, there are people here with statutory responsibilities for this person. We’re not here. They’re not going to engage with any other support services, so therefore the [multi-agency] meeting is set up”. I know it sounds awful, but you know it probably won’t work because with the best will in the world, CPNs [Community Practice Nurses] and social workers have got massive caseloads. They’ve got a responsibility, but they don’t work in the same way.” (Zone Lead)

“We’ve got ‘til the end of next March to start looking at other organisations that can basically fill that gap that we’re going to leave, and I think we’ll find that extremely difficult. Extremely difficult.” (Housing First Worker)

The final area of reflection on the impact of the discontinuation of the pilot primarily focused on the relationships that had been established with other partners and agencies, and the system change that the pilot had achieved to-date. Building understanding of Housing First and establishing strong relationships with partners has been crucial to the pilot’s success. Many organisations have adopted changes in their practices to better accommodate this cohort. This has been particularly the case in improving the referrals process, generating property offers and supporting people in their tenancies, and in access to wider services, including adult social care, mental health and substance misuse. The uncertainty over the pilot’s future has been viewed as a potential threat to this change in practice, both in the final year of the project and moving forward.

“If you close this programme down and you take the infrastructure apart, the learning gets lost. All of that work that we’ve just talked about and probably forgotten half of what we’ve done frankly over the last two years... all of that effort, all of that money, all of that system change will bleed away and you will lose a lot of that learning, and without the pressure, I suspect some of the system change will even drift back to the way it was.” (Central Team)

“I think as well, importantly, other services! We’ve built up trust with them. Spent a lot of time doing the networking and trying to get them to understand and this is all falling into place now, so to finish now when the services are coming together and working well together? It would just be such a shame.” (Housing First Worker)

In terms of the final year of the pilot, the uncertainty was seen as being the biggest potential issue for housing providers who have provided properties for the programme, with a concern that the lack of ongoing support to tenants after the pilot would lead to a reluctance to pledge properties in the final year and a move away from flexible allocations. Through correspondence with housing providers and frontline GMHF staff, it was clear that intensive support is required for individuals to

maintain their tenancies and many housing providers did not have the resources to provide this support without GMHF.

“We are concerned about providing the current level of support that the HF customers are receiving if the project comes to an end and some still need high levels of support. Our team have a much bigger caseload and would not be able to maintain support at the same level.” (Housing Provider)

Short-term commissioning of services was identified as a problem endemic to current public service funding and one which prevents people with multiple and complex needs from being able to get the integrated and sustained support they need. This challenge exists within and beyond homelessness funding. All areas of public service, each providing part of the help that people need, are too often funded separately and in short-term cycles, preventing integrated commissioning and long-term commitment to people.

“I think it would just go from strength to strength, year on year. It would continue to mature into a model that is a solution for those people for who other services just won't work.” (Team Lead)

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.

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