

September 2021

HOME FOR ALL

The case for scaling up
Housing First in England

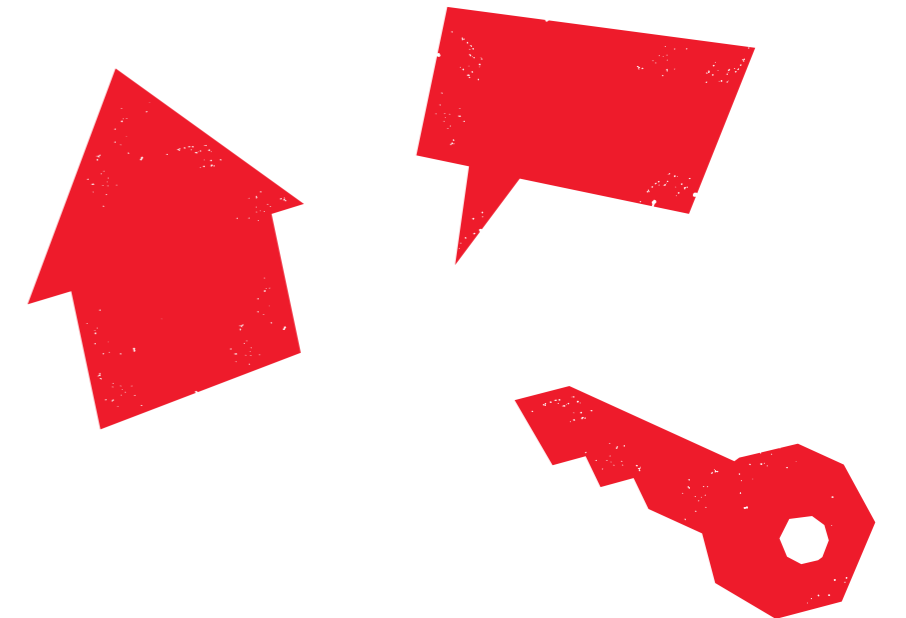
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Together
we will end
homelessness

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About Crisis

Crisis is the national charity for homeless people. We help people directly out of homelessness, and campaign for the social changes needed to solve it altogether. We know that together we can end homelessness.



About Home for All

The Home for All campaign is calling for a new approach to ending homelessness. That means a renewed strategy that prioritises housing and giving people the support they need to keep a home, starting with the rollout of Housing First.

Without this, we believe Government will not meet its manifesto commitment to end rough sleeping by 2024. Support for people born outside of the UK who are facing homelessness is also necessary and so we'll be launching a new report and campaign activity on that later this autumn. Long-term, our goal is to end all forms of homelessness and, where possible, prevent it from arising in the first place.



Foreword

Jon Sparkes, Crisis CEO

As we emerge from 18 months of untold ramifications on our country – politically, socially, and economically – of an all-consuming pandemic, we must remind ourselves that amidst such tragedy, we also saw an unexpected step change in government action that moved us closer to the possibility of ending homelessness in this country. With a deadly virus in circulation, minds were focused on the brutality of what happens to people's health if they do not have a safe home to sleep in night after night. Homelessness has always been a threat to life, but on this most unthinkable occasion it has become even clearer to our society that homelessness is a health emergency.

Strong leadership from national government and incredible effort from local government and other organisations meant that tens of thousands of people were moved into safe emergency accommodation, regardless of where they were from or if they were considered 'vulnerable' enough. This was a landmark moment and we cannot afford to lose momentum on this progress.

The pandemic demonstrated what's possible when political will drives better policy and practice backed up by sufficient funding, but the task to end people's homelessness for good remains unfinished. Though levels of homelessness have not yet returned

to the unprecedented highs we were experiencing pre-pandemic they are, once again, starting to increase. It is important to remember that the people who are most in need of our help – those with multiple and complex support needs who have often spent years on our streets, along with those turned away because of where they were born – are still not getting support as our current homelessness system fails them time and again.

We have seen extraordinary things during the pandemic, but now they need to become ordinary. We need a renewed Rough Sleeping Strategy from this Government that tackles both the long-term drivers of homelessness, such as the chronic shortage of genuinely affordable homes, and more immediately, the consequences of homelessness, including committing to the national rollout of Housing First so that everyone who needs it can access it across the country.

Government is facing a crossroads and the choice is simple. Do we continue to build on the progress of the last 18 months and achieve the commitment to end rough sleeping by providing a home for all, or do we let progress fall by the wayside and accept the all too familiar sight of thousands of people bedding down on our streets once again?

Andrew Hayward, Director UCL Institute of Epidemiology and Health Care, co-Director of UCL Collaborative Centre for Inclusion Health and member of the Government's New and Emerging Respiratory Virus Threats Advisory Group

The experience of homelessness has a profound effect on health, with death rates three to six-fold higher than the general population. People experiencing homelessness are two to three-fold more likely to suffer from chronic illnesses such as heart disease and respiratory disease and to develop these illnesses at an early age. It is tragic that for those dying whilst homeless in England and Wales, the average age of death is 46 years in men and 43 years in women.

Poor health is compounded by poor access to healthcare with around a fifth of people experiencing homelessness not registered with a GP and many of those who are registered, no longer living in the same part of the country. People experiencing homelessness who are discharged from hospital are two to three times more likely to be readmitted as an emergency than members of the general population.

For a brief period during the pandemic, through the Everyone in campaign, we saw an unprecedented housing and health response that recognised homelessness as a public health issue. We gave tens of thousands the security and dignity of their own room, outreached health and social care and worked to offer long term housing solutions. This response, combined with rigorous infection control in existing hostels prevented over a thousand hospital admissions and hundreds of deaths in the first wave of the pandemic alone. But the lives saved from COVID-19 are the tip of the iceberg of avoidable deaths that could be averted through a concerted national effort to end homelessness, which recognises that housing and health are inseparable.

The success of the Housing First pilots in cities across the country shows that

unconditional offers of housing with wrap-around support for tenancy sustainment can put an end to the vicious cycle of sofa surfing, hostel use, rough sleeping and imprisonment experienced by many. Far from being unaffordable, the approach saves public money as shown in this report from Crisis.

We need to recognise that simply providing a place to live is not enough to reverse the health damage caused by entrenched homelessness. To take full advantage of the opportunity of Housing First the response must be fully integrated with healthcare. Joint housing, health and social care commissioning of Housing First programmes should become the norm, and healthcare professionals should be an integral part of Housing First teams to reduce barriers to care. The recent development of Integrated Care Systems (ICS) provides greater flexibility to deliver joined-up care to those who rely on multiple services. ICS Health and Care Partnerships, charged with integration between the NHS, local government and wider partners, need to engage in joint commissioning of Housing First Models. They will also play a critical role in addressing recommendations in the National Institute for Health and Care Excellence Guidance – "Integrated health and social care for people experiencing homelessness" due to be published in spring 2022.

It should not take a pandemic for us to recognise that the epidemic of homelessness is a public health crisis that demands a joined-up response across housing, health, social care and the voluntary sector. The expansion of Housing First models integrated with healthcare is a critical part of this response.

Executive summary

The worst forms of homelessness have been rising year-on-year in England over the last decade, with rough sleeping rising significantly. But the onset of the pandemic saw an unexpected and considerable shift in the Government's approach to tackling homelessness and rough sleeping through the understanding that being without a safe and stable home is a public health issue.

Shortly before the first lockdown was announced, the Government prioritised the lives and health of people most exposed to the virus through the Everyone In initiative. This meant local authorities were instructed to help all people sleeping rough and staying in accommodation where they could not self-isolate, into emergency accommodation where they had their own room with washing facilities. This included supporting people sleeping on the sofas of friends and family, or living in hostels and communal shelters where they shared washing and sometimes sleeping spaces.

What followed as a result has altered the landscape of rough sleeping and homelessness as we know it. Through an unprecedented effort between local authorities and agencies, thousands of people were supported into safe emergency accommodation, and in many cases were given access to essential services like health and support to apply for benefits. As the pandemic advanced, this effort

continued throughout the course of the year and an astonishing 37,000 people were supported into Everyone In accommodation. Alongside this, the Government released funds to create programmes such as the Rough Sleeping Accommodation Programme to support people to 'move-on' from emergency accommodation and into longer-term accommodation such as private renting, social housing where available, and supported housing. Of the 37,000 people a reported 26,000 were supported in this way.

This change in approach happened, quite literally, overnight. Overwhelming evidence has shown it saved lives during the pandemic. Everyone In also gave thousands of people a pause from the trauma of homelessness, and the privacy, dignity and breathing space to get their health back on track and begin engaging with services to end their homelessness for good. As we emerge from the pandemic and normality fast approaches, the Government must take account of

the lessons learnt about ending rough sleeping in a sustainable way. We need to see a renewed Rough Sleeping Strategy from the Government to reflect the lessons learnt, and what more needs to be done, to meet the commitment to end rough sleeping by 2024.

A key part of a renewed strategy will be offering the right solution for people experiencing homelessness with multiple and serious needs, including mental ill-health, trauma, and drug and alcohol support needs. The action the Government took during the pandemic prevented thousands of families and individuals from being pushed to the brink of homelessness, and saw thousands of people supported off our streets and out of precarious living situations. But we know a significant factor in people returning to, or remaining on, the streets is that their needs are not being properly met.

For people with multiple and serious support needs, there is overwhelming evidence that traditional homelessness approaches, which require people to move through different homeless accommodation to prove they are 'tenancy-ready', fail them time and again often leaving them to return to the streets.¹ While the Government has invested substantial funding in the Rough Sleeping Initiative and the Rough Sleeping Accommodation Programme, the vast majority of the funding goes towards traditional homeless accommodation and support that fails to help this group.

It is clear we need a new housing and health approach to meet the needs of people with multiple and serious support requirements. There is a solution to this, and it is one that has already been recognised by the Westminster Government through a substantial three year pilot programme: Housing First.

Housing First provides people with rapid access to stable ordinary housing, from where their other support needs can be addressed through coordinated and intensive support for as long as needed. There is robust evidence, both internationally and in Great Britain, that Housing First works to end the homelessness of people with multiple and serious needs.² A series of evaluations of UK projects confirmed positive tenancy sustainment outcomes for the majority of participants, alongside a range of wider benefits such as improvements in health and well-being for many, and reduced demand on emergency health and criminal justice services.³

In 2018, the Government funded regional pilots in Greater Manchester, the West Midlands, and the Liverpool City Region. On average, the tenancy sustainment rates of the pilots is above 90% meaning Housing First has ended the homelessness of nearly everyone who has been part of the piloted programmes. It means there are fewer people sleeping rough and in homeless accommodation in the pilot areas thanks to Housing First.⁴ Further, tenants supported through the pilots report a range of positive

- 1 Centre for Social Justice (2021) *Close to Home: Delivering a national Housing First programme in England*. London: Centre for Social Justice; All-Party Parliamentary Group for Ending Homelessness (2021) *"It's like a dream come true": An inquiry into scaling up Housing First in England*. London: Crisis.
- 2 See for example Mackie, P et al (2017) *Ending rough sleeping: what works? An international evidence review*. London: Crisis.
- 3 Bretherton, J and Pleace, N. (2015) *Housing First in England An Evaluation of Nine Services*. York: University of York; Quilgars, D. and Pleace, N. (2017) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years Report of the University of York Evaluation*. York: University of York; Pleace, N & Quilgars, D. (2017) *The Inspiring Change Manchester Housing First Pilot: Interim Report*. York: University of York; Jones, K., Gibbons, A. and Brown, P (2019) *Assessing the impact of Housing First in Brighton and Westminster* University of Salford/St Mungo's.
- 4 MHCLG (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. London: MHCLG.

impacts on their health and wellbeing, including stabilising drug use through maintaining a methadone prescription; reduced levels of drinking; improved health and regular attendance at GP and other appointments.

The benefits of Housing First are clear, and not only socially but economically too. Crisis analysis shows that for every £1 invested in Housing First, £1.24 of savings are made due to reductions in the use of other homeless and related services, including health and criminal justice. Yet despite the overwhelming evidence, there are just 2,000 Housing First places currently available in England, the majority of which are provided by the current pilots. Research commissioned by Crisis and Homeless Link shows at least 16,450 Housing First places are needed nationally.

In addition, Crisis analysis shows that a significant number of people needing Housing First nationally have been supported during the Everyone In scheme, and would need an offer of the programme to end their homelessness. By analysing data from several sources (see Appendix 3), Crisis estimates that 9,400 people who have been supported in the last 18 months need a Housing First offer. Without sufficient availability of Housing First places across the country, we risk 9,400 people returning to rough sleeping or remaining in temporary accommodation and cycling in and out of rough sleeping and homelessness in the aftermath of the pandemic because their housing and support needs are not being met.

To build on the progress in the last 18 months, Crisis is calling on Government to commit to a rollout of Housing First across England so that it is the default offer for people experiencing homelessness who have multiple and serious needs. The commitment would need to:

- Make the successful Housing First pilots permanent services in those regions, including by urgently addressing the need for funding to continue the services from 2022;
- Set out a clear delivery plan that would achieve national rollout of Housing First by 2024, to help meet the Government's commitment to end rough sleeping;
- Ensure the Ministry of Housing, Communities and Local Government is delivering national services in collaboration with the Department of Health and Social Care; the Department of Work and Pensions, and the Ministry of Justice.

Making Housing First the default offer for people experiencing homelessness, and who have multiple and serious needs, is a sure-fire way for Government to tackle one of the most complex social problems facing society today. Providing Housing First provision across all areas in England where it is needed would be the logical next step from Government to build on the progress of the measures taken to support people sleeping rough during the pandemic. But it would also be a transformative measure that would make achieving the Government's 2024 manifesto commitment to end rough sleeping much more of a reality.



Introduction



This report is the first in a series that will set out the policy and practice changes needed to end homelessness in England for good by providing a *Home for All*. Crisis has previously set out in comprehensive detail the full range of policies needed to end homelessness,⁵ and these still stand, but this series of reports will tackle some of the immediate dilemmas facing Government and in the run up to the next general election.

In England in the decade prior to 2020 the worst forms of homelessness have been rising year-on-year, with rough sleeping rising significantly. Whilst the last 12 months has seen a slight shift in this trend, the impact of Covid-19, increasing levels of destitution, and the economic context means that homelessness is predicted to go up over the next five years. A study by Heriot-Watt University for Crisis suggests that on any given night in 2020, 202,300 families and individuals experienced rough sleeping, sofa surfing, living in hostels, B&Bs and other nightly paid accommodation, and living in non-residential buildings including squatting.⁶ Statutory data

also shows a 91% increase in people living in temporary accommodation since 2011, and B&B use has tripled since 2010. From 2010 to 2018, the official rough sleeping counts and estimates show the numbers of people sleeping rough rose by 169% before falling slightly in 2019.⁷

Homelessness is a social and political phenomenon, and it can be ended with the right policy and practice, backed by sufficient funding.⁸ Ending homelessness by providing a home for all means that anyone who is sleeping on our streets, in cars, tents and public transport; or staying on the sofas of friends and family and sometimes

5 Downie, M., Gousy, H., Basran, J., Jacob, R., Rowe, S., Hancock, C., Albanese, F., Pritchard, R., Nightingale, K. and Davies, T. (2018) *Everybody In: How to end homelessness in Great Britain*. London: Crisis.

6 Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2021) *The Homelessness Monitor: England 2021*. London: Crisis.

7 Crisis analysis of MHCLG statistics <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

8 Downie, M., Gousy, H., Basran, J., Jacob, R., Rowe, S., Hancock, C., Albanese, F., Pritchard, R., Nightingale, K. and Davies, T. (2018) *Everybody In: How to end homelessness in Great Britain*. London: Crisis.

strangers; or living in overcrowded, cramped or communal spaces with no privacy and space of their own, has a permanent, stable home with access to the right support services when and where they need it.

Over the last 18 months, through the Westminster Government's response to the Covid-19 pandemic, we have seen policy and practice change, backed by sufficient funding, that has brought us closer to the reality of ending rough sleeping, and tackling wider homelessness in England. This included measures to prevent people from being evicted from their homes; immediately increasing the supply of genuinely affordable housing by investing in Local Housing Allowance rates, also known as Housing Benefit, so that they covered the cheapest third of local private rents; and an uplift in the Universal Credit standard allowance of £20 per week to help cover the cost of living as the economic impact of the pandemic hit home. It also included the unprecedented measures to support all people sleeping rough or in precarious living situations, like sofa surfing, into emergency accommodation comprising of a single room with washing facilities, so they could self-isolate and be protected from the virus.⁹

These measures were bold, effective, and life-saving.¹⁰ They were a lifeline for families and individuals so they could keep their homes, and it meant people sleeping rough and experiencing homelessness could access support regardless of where they were born, where they were staying, and without having to prove

they were 'vulnerable' enough to be helped, as the homelessness system usually requires.¹¹ However, despite this transformative impact, these measures were put in place by the Government as short-term solutions. The additional financial support given to thousands of people through Universal Credit and Local Housing Allowance rates will no longer continue; in April, Local Housing Allowance rates were frozen and the uplift to Universal Credit is set to go later this year. Evictions are no longer being prevented by policy, and while thousands of people are now staying in a safe place, some with access to support services, they remain homeless in hotel rooms, B&Bs or in forms of supported accommodation such as hostels.

What people need is a stable home of their own if they are to move away from homelessness for good. For some people, this will also require access to support services to help them on their journey. To achieve this sustainably and for the long-term, we ultimately must address the causes of, and barriers to ending, homelessness and rough sleeping. In 2018, Crisis published *Everybody In: How to end homelessness in Great Britain*. It set out a plan to end homelessness in England, Scotland, and Wales, by putting forward evidence-based solutions built on the principle that everyone should have – and is ready for – a safe, stable place to live.¹² From this wealth of evidence it was clear that to end homelessness, policy, programmes, and funding should be targeted in three areas:

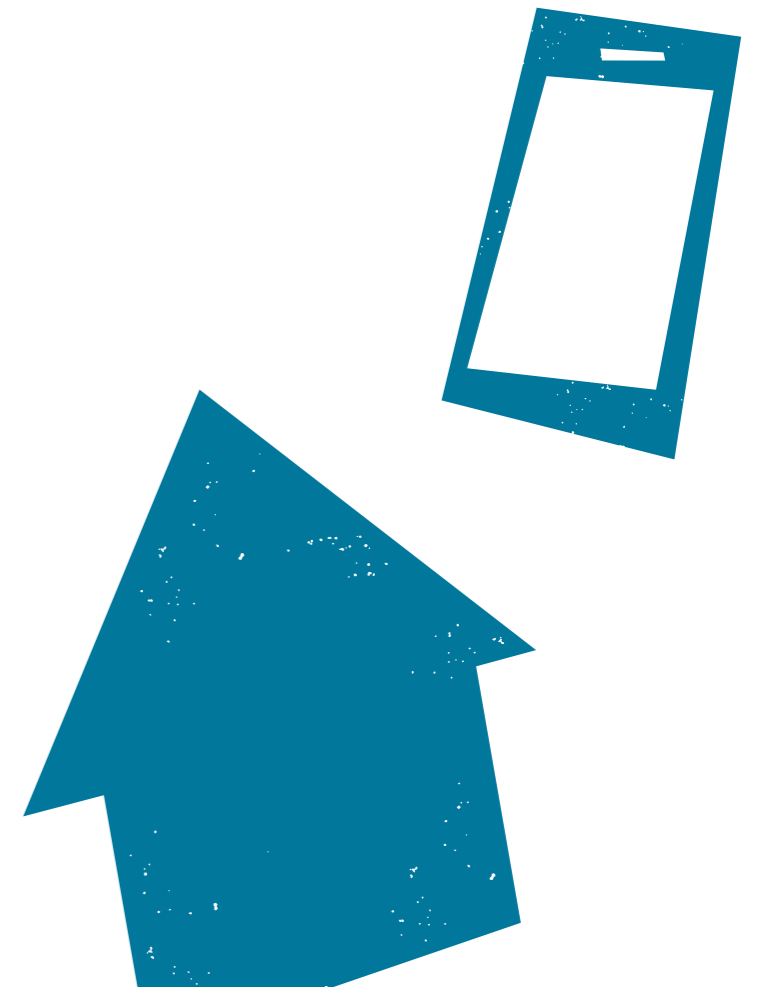
- **Preventing homelessness:** where we can predict homelessness we can prevent it so that no-one leaves a home or is forced to leave their state institution like prison or care, including NHS care, with nowhere to go. This will also include ensuring policies and practices do not unintentionally drive homelessness; such as addressing housing and welfare policies so that families and individuals can access genuinely affordable housing and support to cover the cost of their rents, and reviewing immigration policies that create barriers to housing and employment;
- **Rapidly rehousing people:** so that everyone sleeping rough or at imminent risk has a safe stable place to stay where they can access the support needed to end their homelessness. It will also mean ensuring nobody is in emergency accommodation without a plan to quickly move into long-term, permanent housing; and
- **Sustaining an end to homelessness:** ensuring the right support and programmes are in place so that no one returns to rough sleeping or homelessness. This includes targeted interventions to break the cycle of homelessness

and rough sleeping for people with multiple and the most serious support needs.

As we emerge from the pandemic and take the first steps towards a return to normality, Government must seize this opportunity to set out the right policy and practice changes that will end homelessness and rough sleeping for good in England. Subsequent Home for All reports will set out in detail how the Government can achieve these goals in policy and practice.

In this report, we address the more urgent issue of the Government needing to roll out Housing First so that people with multiple and serious needs, including mental-ill health, trauma, and drug and alcohol dependency, who have been helped throughout the pandemic, do not return to rough sleeping. Without a change in direction on Housing First delivery, this will remain one of this Government's greatest obstacles to successfully delivering the manifesto commitment to end rough sleeping by 2024.

9 See Appendix 1 for a full summary of the key measures to prevent and respond to homelessness and rough sleeping put in place by the Government during the pandemic.
 10 See Lewer, D. et al (2020) 'COVID-19 among people experiencing homelessness in England: a modelling study'. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30396-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext)
 11 Shelter (2021) Who qualifies for housing: https://england.shelter.org.uk/housing_advice/homelessness/get_help_from_the_council/who_qualifies_for_housing
 12 Downie, M., Gousy, H., Basran, J., Jacob, R., Rowe, S., Hancock, C., Albanese, F., Pritchard, R., Nightingale, K. and Davies, T. (2018) *Everybody In: How to end homelessness in Great Britain*. London: Crisis.



Policy Context:

The Westminster Government's response to homelessness and rough sleeping in the pandemic

One of the most impactful changes by the Westminster Government in response to the pandemic was the introduction of the extraordinary Everyone In initiative, spearheaded by Dame Louise Casey and backed by £3.2 million of government funding. At the onset of the first lockdown in March 2020, Dame Louise led the bold and life-saving decision to unequivocally instruct local authorities to accommodate all people sleeping rough or living in accommodation where they couldn't self-isolate, into emergency accommodation where they would have their own room with washing facilities.

This instruction recognised that people facing homelessness are extremely vulnerable to severe health outcomes and mortality from Covid-19; and particularly so for people facing the worst forms of homelessness. For instance, there is a much greater prevalence of lung and heart disease among people who are homeless, both disease categories that significantly increase the risk from Covid-19.¹³

The weekend following the Everyone In instruction issued by the Westminster Government saw the remarkable feat of thousands of people supported into available accommodation, including hotel rooms and student accommodation. This required a significant effort from local authorities, and in many cases an unprecedented level of multi-agency working with partners including health services, criminal justice, the voluntary and charitable sector, and housing associations.¹⁴ In just three months 14,600 people were safely accommodated through this effort from local authorities.

By January 2021 a reported 37,000 people had been supported out of rough sleeping and other precarious living situations into safe emergency accommodation. In many areas this saw a significant drop in numbers of people sleeping rough, including in Birmingham, where 17 people were seen sleeping rough in the 2020 rough sleeping count, a 67% reduction compared to in 2019, and London

Boroughs like Hillingdon where 11 people were seen sleeping rough, a 90% reduction from 2019.¹⁵

In this time many shelter providers had transformed their provision, moving from offering camp beds in church halls to take on hotels, shared houses, disused care homes and other forms of accommodation.¹⁶ Ultimately, this provision of emergency accommodation saved lives. A study published by the Lancet showed that because of this response over the initial months of the pandemic, 266 deaths were avoided among people who were homeless, as well as 21,092 infections, 1,164 hospital admissions and 338 admissions to Intensive Care Units,¹⁷ relieving pressure on the NHS at a critical time. As of June 2020, ONS data showed there were 16 deaths of people experiencing homelessness linked to Covid-19.¹⁸

The shift to offering self-contained accommodation for people sleeping rough and at risk through Everyone In was absolutely critical due to the high mortality risk that Covid-19 posed to people experiencing homelessness. However, it also meant that thousands of people were able to engage with vital services and began to get their health back on track. This open offer of accommodation and support for all who needed it – without having to go through the usual complexities of the homelessness system or being given the usual offer of a night shelter or a hostel – meant that people who were known to homelessness services,

13 Raphael Rogans-Watson et al. *Premature frailty, geriatric conditions and multimorbidity among people experiencing homelessness: a cross-sectional observational study in a London hostel*. July 2020.

14 Local Government Association (2020) Lessons learnt from council's response to rough sleeping during the Covid-19 pandemic. <https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-covid-19-pandemic>

15 MHCLG (2020) Rough Sleeping snapshot in England: autumn 2020 <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020>

16 Hough, J. and Rice, B. (2021) *A New Season for Night Shelters*. London: Housing Justice.

17 Lewer, D. et al (2020) 'COVID-19 among people experiencing homelessness in England: a modelling study'. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30396-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext)

18 National Audit Office (2021) Investigation into the housing of rough sleepers during the COVID-19 pandemic. <https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf>

and had sometimes been seen sleeping rough for many years and had struggled to engage in the system, were brought inside and given a safe place to stay, or were at least made an offer to do so. For some people, this was the first time they had been in contact with homelessness services for any length of time.

Since the start of the Everyone In initiative, we've seen countless examples of how offering people their own room with the support services they may need has afforded them the breathing space, privacy and dignity to begin taking steps out of homelessness for good. It meant that people were able to access support to apply for Universal Credit and health services to address both emergency health needs, and also preventative work by providing screening and testing in advance and on site, helping people with appointments and prescriptions.

Data from St Mungo's outreach teams on clients' use of health services shows the engagement rate with drug and alcohol services increased substantially during the Everyone In initiative, and there is evidence that points towards a decrease in both drug use, arguably as a result of the increase in engagement with drug and alcohol services, and the increase in the number of people scripted on Opioid Substitution

Therapy.¹⁹ Too often, it is impossible to reach this place physically and mentally when sleeping rough or in communal accommodation.

Alongside Everyone In, policy changes and programmes such as the Rough Sleeping Accommodation Programme²⁰ have also helped support people into longer-term accommodation where possible to begin their journey out of homelessness for good. Investment in Local Housing Allowance rates and other early measures, such as government guidance enabling flexibility in the way social housing was allocated so that local authorities could prioritise nominations for people experiencing homelessness, and improved access to both private and social rent tenancies. As of January 2021, of the 37,000 people supported through Everyone In a reported 26,000 people²¹ had been moved on into settled accommodation in the private or social rented sector, or have been supported in a "rough sleeping pathway" including by staying in hostels and other forms of supported accommodation.²²



19 St. Mungo's (2021) *Housing and Health: Working together to respond to rough sleeping during Covid-19*. London: St. Mungo's.

20 The Rough Sleeping Accommodation Programme intends to move 6,000 people sleeping rough into move-on accommodation over two years. The programme brings together longer-term revenue funding for support with capital funding for additional housing, the homes provided offer only short-term housing for the people moving into them.

21 MHCLG (2021) Coronavirus (COVID-19) emergency accommodation survey data: January 2021 <https://www.gov.uk/government/publications/coronavirus-covid-19-emergency-accommodation-survey-data-january-2021>

22 Ministry of Housing, Communities and Local Government press release – 25 February 2021 <https://www.gov.uk/government/news/huge-progress-made-as-rough-sleeping-figures-at-6-year-low>



Why we need the national rollout of Housing First to end rough sleeping

While much progress has been made in the past 18 months, the task remains far from finished. The challenge facing Government now is to make sure this success story of the pandemic is not lost by ensuring that rough sleeping, the most devastating form of homelessness, does not return to the levels we saw pre-pandemic. If Government is to meet its commitment to end rough sleeping it must complete the task and focus efforts on providing people with a home to call their own and the support they might need in order to keep it.

Despite the incredible efforts throughout the pandemic, we are increasingly seeing local authorities unable to continue with the spirit of Everyone In. One reason behind this is confusion over the need for this approach as lockdown and other Covid-19 measures have eased at different times in the course of the last year, alongside reminders from

Government that while Everyone In was an offer to all who needed it, restrictions still legally remain which mean some people are unable to access homelessness assistance for example due to their immigration status.²³ Another reason has been a shift in the funding allocated for local authorities to support people sleeping rough and experiencing homelessness.

23 Letter from Luke Hall MP, Minister for Rough Sleeping and Housing, to all local authority chief executives in England, 28 May 2020: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928977/Letter_from_Luke_Hall_MP_Minister_for_Rough_Sleeping_and_Housing_to_LA_Chief_Execs.pdf

The initial Everyone In instruction was backed by £3.2 million, but subsequent funding awarded by the Government to continue accommodating people sleeping rough was largely in reaction to specific priorities, with conditions attached.²⁴ The lack of clarity around Everyone In and the shift in funding are together resulting in a return to gate-keeping practices from some local authorities, meaning people are being turned away from homelessness assistance because they are not deemed 'vulnerable' enough to be helped (i.e. not in priority need).

Why scale up Housing First now?

There are currently thousands of people who remain in Everyone In and other forms of emergency accommodation, and increasing numbers of people who are being turned away from help and left to sleep rough. This increases the likelihood of people developing multiple and serious support needs. Prior to Everyone In, there was little support available for many individuals who were homeless because they were not deemed to be in priority need or eligible for homelessness assistance in other ways, for example due to immigration status. This meant they could not access the help needed to prevent their housing and support needs from escalating. Research commissioned by Crisis has found that the longer people experience homelessness, the more likely they are to develop additional support needs, including mental and physical health needs.²⁵

24 This was evident going into winter last year, with the launch of the Protect Programme to provide £15 million to local authorities with high numbers of people sleeping rough. While welcome and very much needed, the programme was targeted at 10 local authority areas and was designed to prioritise people deemed to be clinically vulnerable. However, barriers to accessing healthcare mean that people experiencing homelessness may not be recorded as being clinically vulnerable, even though they would meet this definition if they were diagnosed, resulting in some people falling through the gaps.

25 Mackie, P. and Thomas, I. (2014) *Nations Apart? Experiences of single homeless people across Great Britain*. London: Crisis.

26 Greater London Authority (2021) Rough Sleeping in London (CHAIN reports): <https://data.london.gov.uk/dataset/chain-reports>

This means that people with multiple and serious support needs are a group that are likely to remain rough sleeping or be at risk. Analysis of data on rough sleeping indicates this is already a growing problem. The Combined Homelessness and Information Network (CHAIN), the most robust available data on rough sleeping, highlights that between April and June 2021 the number of people deemed living on the streets in London because they have been seen sleeping rough for multiple years, has increased by 25% and represents one in seven people.²⁶ These are levels which we saw pre-pandemic.

Statutory data cross England also shows that just under half (49%) of people sleeping rough in the last year reported mental health needs, and over a third (35%) of people reported having more than one support need, including with mental ill-health, alcohol and drug dependency. This will remain one of this Government's greatest obstacles to delivering a successful manifesto outcome in 2024, unless an alternative strategy is deployed.

People with multiple and serious support needs are often failed by traditional homelessness support where they are required to move through different steps of accommodation, including hostels and other forms of temporary and supported accommodation, to be able to demonstrate 'tenancy readiness' before being able to access mainstream housing. Both international and national evidence shows that the most effective solution

to this is to ensure people experiencing homelessness with these multiple needs, can access Housing First. Housing First is targeted at people who are most likely to return to rough sleeping or remain in emergency or temporary accommodation because of the multiple challenges they face. The programme provides people with rapid access to stable ordinary housing, from where other support needs they have can be addressed through coordinated and intensive support for as long as needed.

In 2018, Government recognised the integral role of Housing First in ending rough sleeping by providing £28 million in funding for three city region pilots in Greater Manchester, the West Midlands and the Liverpool City Region in the Rough Sleeping Strategy.²⁷

This was in response to the growing body of evidence both internationally and in Great Britain that Housing First works to end the homelessness of people with multiple and serious needs.²⁸ A series of evaluations of UK pilots, predating the pilots announced by the Government at this time, confirmed positive tenancy sustainment outcomes for the majority of participants, alongside a range of wider benefits such as improvements in health and well-being for many, and reduced demand on homelessness, emergency health and criminal justice services.²⁹

Over the course of three years, and as clearly evidenced by the All-Party Parliamentary Group (APPG) for Ending Homelessness' recent inquiry into scaling up Housing First, the pilots have been by all accounts a success

story. They have supported over 1,000 people with multiple and serious needs and have supported a very high tenancy sustainment rate. The West Midlands pilot recorded a sustainment rate of 93% in May 2021, and the Liverpool City Region pilot recorded a 90.4% sustainment in the quarter up to April 2021.³⁰

Each of the mayors in the pilot areas has unequivocally committed to the Housing First pilots in their areas. Yet despite clear political commitment to Housing First at a regional level, the future of the pilots is very much unclear. The current funding invested in the 2017 Autumn Budget is due to end from 2022 onwards. To date there is no clarity about how the 1,100 Housing First places across these pilots will be financed past this point.

There urgently needs to be a change in direction if we are to end rough sleeping in this country. The evidence from research, learnings from pilots, international success stories, and testimonies from people with direct experience, all point to Housing First being the long-term solution for this group. It also shows it is the solution for people at high risk of rough sleeping or repeat experiences of homelessness with multiple and serious support needs, including people who are sofa-surfing, in hostels, and living in other dangerous forms of shelter such as in tents and cars.

Research by Housing First England in 2020 suggested that Housing First services across England had the capacity to support 2,000 individuals

27 Conservative and Unionist Party Manifesto 2017: <http://ucrel.lancs.ac.uk/wmatrix/ukmanifestos2017/localpdf/Conservatives.pdf>

28 Mackie, P et al (2017) *Ending rough sleeping: what works? An international evidence review*. London: Crisis; Bretherton, York: University of York; Quilgars, D. and Pleace, N. (2017) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years Report of the University of York Evaluation*. York: University of York; Pleace, N & Quilgars, D. (2017) *The Inspiring Change Manchester Housing First Pilot: Interim Report*. York: University of York.

29 J and Pleace, N. (2015) *Housing First in England An Evaluation of Nine Services*.

30 Parliamentary Group for Ending Homelessness (2021) *"It's like a dream come true" The APPG for Ending Homelessness' inquiry into scaling up Housing First in England*. London: Crisis.

at any one time.³¹ This is a six-fold increase since the previous survey in 2017, and welcome progress in extending the reach of Housing First.³² It is likely that the scale of provision will have increased since, boosted by government investment in the city region pilots and Housing First schemes delivered through the Rough Sleeping Initiative. The same study found 105 active services across the country now compared with just 32 in 2017. Services vary in size from one place to 250 places, but most services are relatively small, supporting between six and 20 people.

Despite this encouraging increase in provision of Housing First places in England, there remains a significant shortfall in the scale of provision in comparison to levels of need. Analysis by Crisis and Homeless Link conducted in 2018 projected that at least 16,450 Housing First places are currently needed in England.³³ Given overall trends in rising levels of homelessness since 2018, it is possible that this figure is higher now. Figure 1 shows the shortfall in provision for Housing First around the country.

This figure of the national need for Housing First is based on the number of people experiencing the worst forms of homelessness³⁴ across England, who have multiple and serious support needs. We know that many thousands of people around the country are currently trapped in a cycle of homelessness, where the emergency help available to them is failing to support them, including people who have been supported through the Everyone In initiative. While there is no data on the support

needs of people helped during the pandemic, Crisis analysis of a number of detailed data sources suggests that of the 37,000 people who have been supported through Everyone In, at least 9,400³⁵ people would need a Housing First offer to end their homelessness.

This is a significant proportion of the number of people nationally who would benefit from Housing First, given the Everyone In initiative helped people sleeping rough, at risk of rough sleeping and in communal accommodation. However, there still remain people who were homeless during the pandemic who have multiple and serious support needs who were not supported through Everyone In, including people in self-contained hostels and supported accommodation, people sofa surfing and living in unconventional accommodation who may not have come forward for help during the pandemic.

The Government now has an opportunity to continue the progress made to support people sleeping rough and at risk during the pandemic and expand Housing First so that it becomes the standard offer for everyone who would benefit from it. As well as transforming lives, this would make a significant contribution to the Government's efforts to end rough sleeping. It would prevent levels of rough sleeping from increasing in the immediate term by ensuring that people who have come off the streets in recent months, and people who remain at risk of the cycle of rough sleeping, are sustainably and permanently housed.

31 Homeless Link (2020) *The picture of Housing First in England*. London: Homeless Link.

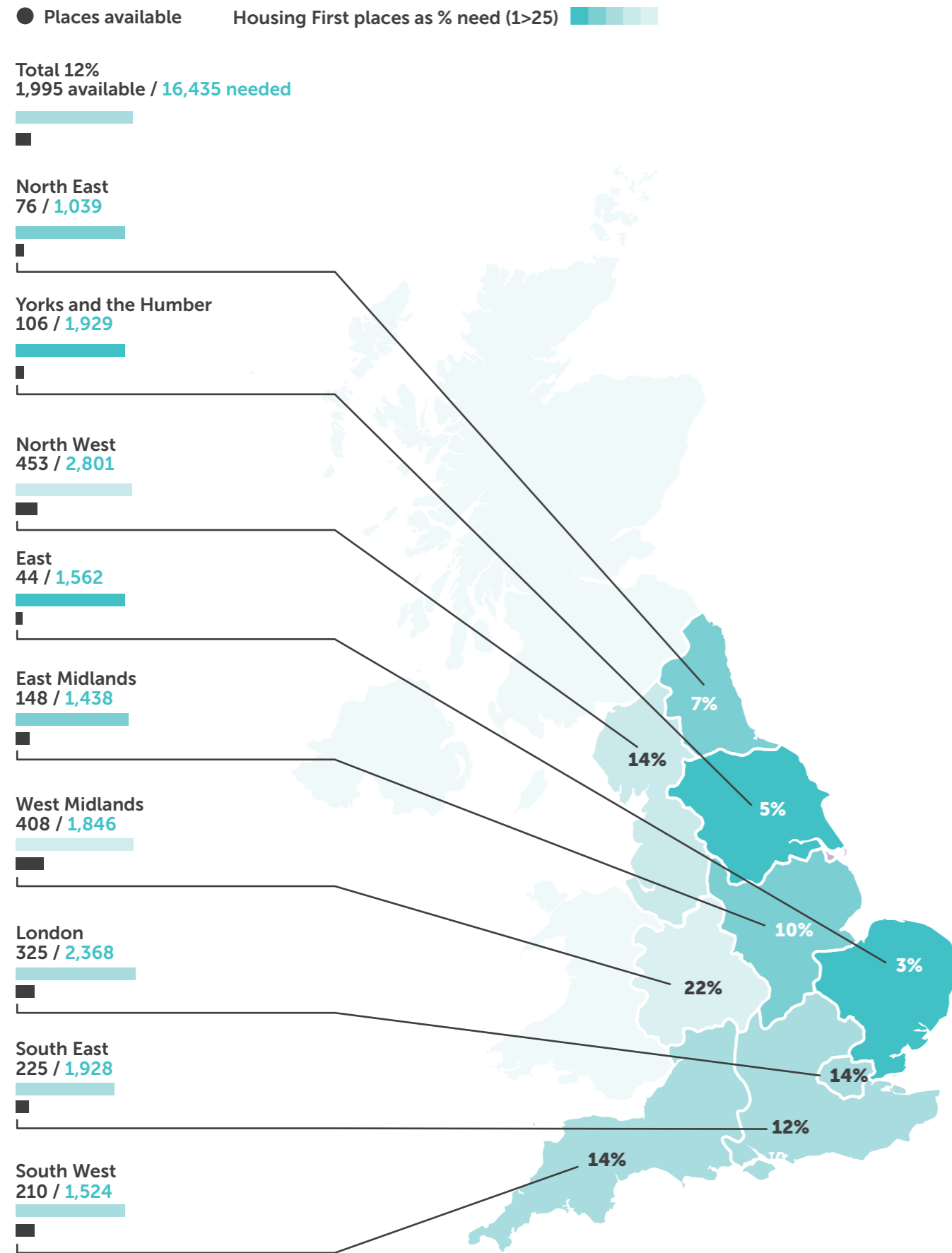
32 Ibid.

33 Blood, I. et al. (2018) *Implementing Housing First across England, Scotland, and Wales*. London: Crisis.

34 This refers to 'core homelessness' which was developed by Heriot-Watt University with Crisis and includes rough sleeping, unconventional accommodation (e.g. garages, industrial properties and cars), night shelters and refuges, unsuitable temporary accommodation including B&Bs and sofa surfing).

35 Full calculations in Appendix 3.

Figure 1 – Map of current Housing First provision in contrast to national need, by region



Source: Centre for Social Justice (2021) *Close to Home – The case for rolling out Housing First in England*. London: Centre for Social Justice.

Who is Housing First for?

Housing First is often targeted at people who have histories of entrenched or repeat rough sleeping. This can include people living in hostels who have been unable to progress through the traditional hostel ‘pathway’ and those who cycle between sofa surfing, hostels and sleeping on the streets. But it can also be used preventatively for those who are particularly at risk of homelessness and rough sleeping because of the multiple challenges they face.

Typically Housing First clients have a range of physical and mental health support needs, and these may be rooted in past trauma or abuse, in adverse childhood experiences or in experiences such as time living on the streets, in local authority care or in prison. Recent evidence from the three city region Housing First pilots illustrates the extent of the challenges faced by people whose homelessness has been ended through the programme.³⁶

Histories of repeat and entrenched homelessness

Homelessness had been a feature of life for many years for the majority of the people being supported by the three government Housing First pilots. A third (33%) had not had a settled home for more than 10 years, while nearly half (49%) had experienced homelessness for between three and nine years. Just 17% had experienced homelessness for fewer than three years.

In addition, nearly everyone (96%) had also had experience of rough sleeping at some point in their lives, with 36% saying that their main accommodation in the month before joining the programme was sleeping on the streets, on public transport, in tents or in a car. The majority had also last had a settled home between two and five (29%) or more than five (44%) years ago.

Table 1 – Housing First pilot clients’ main accommodation in previous month

Type of accommodation	Proportion of people in pilots for whom this had been their main accommodation before Housing First
Rough sleeping, transport, tent or car	36%
Temporary accommodation arranged by council	12%
Hostel	11%
Temporary/emergency accommodation	7%
Prison	7%
Emergency accommodation	7%
Supported housing	3%
Hospital	3%
Social/private rent	3%
Other	4%

Source: MHCLG (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. Base: Housing First clients (199)

³⁶ MHCLG (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. London: MHCLG.

Mental and physical health issues

The majority of people in the pilots reported having mental health needs, with only 18% reporting none. Three in five participants (60%) have a long-standing disability or illness. Four in five participants had been the victims of crime. Three quarters (76%) report using drugs in the past three months, while 37% reported being dependent on drugs at the time of the research.

Offending behaviour

Over three quarters of people in the Housing First pilots (77%) report having spent time in prison at some point in their lives, while 18% had done so in the last year.

Experiences of trauma and adverse events in childhood and early adulthood

For many people in the Housing First pilots, their support needs as adults can be traced back to challenges faced in childhood. Almost a third (30%) had spent time in care. A quarter had slept rough before the age of 16, and another 26% had slept rough as young adults (aged 18-25). The vast majority (87%) of people had left school by the age of 16, and 37% had no educational qualifications. More than two fifths (45%) said they had mental health needs by the time they were 16, with a further third (33%) developing mental health needs between the ages of 16 and 25 years. The second process evaluation of the pilots did not directly ask about adverse childhood experiences, but during 29 qualitative interviews, interviewees are reported to have spoken frequently about childhood and early adulthoods that included a range of damaging experiences. This included abuse, neglect, abandonment, the death of parents or close family members, negative experiences of care,

involvement in gangs, prolonged domestic violence and experience of street sex work.

Housing First has been designed to work for people facing these wide-ranging challenges. The principles behind Housing First (see Appendix 2) are grounded in evidence of what works, with the approach shaped to meet the needs of people who have often been failed by services in the past. Housing First recognises that if hurdles are put in their way, people with a history of trauma and those who have multiple and serious support needs are likely to return to or remain on the streets. Housing First removes the hurdles. It asks people what they need and works with them to shape a way forward.

What's more, there is overwhelming evidence that Housing First works for the people it is targeted at. In the APPG for Ending Homelessness' inquiry into scaling-up Housing First, 65 individuals with experience of homelessness, and the majority of them with experience of Housing First, made clear why it works to end homelessness where other types of homelessness service have not. In the APPG's report published in September 2021, *Voices of Housing First*, the success of Housing First services is clear, and mirrors testimonies from Housing First clients in the England regional pilots:

"I had been through such a long ordeal trying to get the help I needed. Other services kept telling me I didn't meet their criteria, it was such a relief to get on Housing First. I'd spent years in a lot of very unsafe places: rough sleeping, night shelters and sofa surfing."³⁷

"I am treated as an individual. I know most of the Housing First users from living on the streets, and you know what, some of them are impossible, but Housing First just keeps being there."³⁸

"It seems every other charity I've been to there's rules and regulations. If you don't jump through hoops the help stops. There are no hoops [with Housing First]. They understand that every client that comes through the door is totally different. Different needs, different problems. And you do it in your time, at your pace... It's the only thing that would ever have worked for me."³⁹

Housing First also delivers high level of tenancy sustainment, which are typically around 80% based on international and UK evidence,⁴⁰ although the current Government pilots are recording tenancy sustainment rates of above 90%. Further, there is robust evidence that the programme has a positive impact of criminal justice outcomes. An evaluation of the Threshold Housing First project set up in 2015 to work with women with a history of offending and homelessness found 'clear reductions in offending behaviour, particularly among women who had been rehoused.'⁴¹

Housing First can also have positive impacts for the health and wellbeing of tenants, with successive studies showing that many people experience tangible improvements to their quality of life. Tenants of the city region pilots similarly reported a range of positive outcomes including stabilising drug use through maintaining a methadone prescription; reduced levels of drinking; improved health and regular attendance at GP and other appointments – with one interviewee providing an example of regaining his mobility since receiving treatment on his leg; other examples included

stopping street sex work; and re-establishing relationships with friends and family, including with children who had been estranged or in care.

Cost and savings to the Government

As well as having a hugely beneficial impact on individual lives, ending homelessness at rates far higher than any other known intervention, Housing First delivers wider benefits for society. Reductions in offending behaviour and reduced impacts on emergency health and homelessness services have the potential to generate savings in spending on these areas.

It is unavoidable that a national rollout of Housing First will generate a number of costs for Government. These include the costs of providing support services to clients in Housing First and the cost of support with housing costs through Housing Benefit. In this section, we provide details of the scale of these costs and how they compare to existing costs that would be avoided as a result of national provision of Housing First. This comparison is important as many of the people whose homelessness would be ended with Housing First are currently already receiving some support which generates 'its own costs, which would end when they move to Housing First provision.

On this basis we show that not only is Housing First the best way to support people who are homeless and have multiple and serious needs, but it is also a cost-effective way of providing that support. Our analysis suggests

37 Parliamentary Group for Ending Homelessness (2021) *"It's like a dream come true" The APPG for Ending Homelessness' inquiry into scaling up Housing First in England*. London: Crisis.

38 MHCLG (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. London: MHCLG.

39 Centre for Social Justice (2021) *Close to Home. Delivering a national Housing First programme in England*. London: Centre for Social Justice.

40 Mackie, P et al (2017) *Ending rough sleeping: what works? An international evidence review*. London: Crisis.

41 Quilgars, D. and Pleace, N. (2017) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years Report of the University of York Evaluation*. York: University of York.

that a national rollout of Housing First providing 16,450 places, would cost £226 million per year but that these costs would be more than offset by the £280 million savings per year delivered through reduced use of other services. This means for every £1 invested in Housing First, there are savings of £1.24.

The cost of Housing First support services and support with rent

Research carried out by Crisis and the Centre for Social Justice, and informed by conversations with the existing regional pilots, found that the average cost of providing support services to a person in Housing First for one year is £9,683.⁴² This includes the salary costs of support workers, the provision of health services and an allowance for personal costs.

In addition to these support costs, individuals in Housing First will

typically require support with their housing costs in the form of housing benefit. Given unmet need for Housing First currently varies by region, we estimate that this would incur an additional weekly cost of £78.31⁴³ per person supported through Housing First (£4,072 per year) if social rents are charged, taking the total ongoing costs associated with providing Housing First to one client for one year to £13,755. Table 1 provides a breakdown of each of the components of these costs.

In order to assess what impact this will have on government expenditure we also need to account for any reduction in service usage as a result of people moving into Housing First. This is because many people who need Housing First are already receiving support of some kind, and therefore should be netted off against these costs.

For example, some people, for whom Housing First is more appropriate, will

Table 1 – Yearly savings per person due to provision of Housing First

Support Services ⁴⁴	£8,583
Health Services ⁴⁵	£600
Personal costs (e.g. move in costs) ⁴⁶	£500
Support with rent	£4,072
Total	£13,755

42 These costings are based on modelling carried out for the Centre for Social Justice's "Close to Home: Delivering a national Housing First programme in England" report. Estimates of current costs provided by Greater Manchester Housing First Pilot to inform this work are slightly lower than this but broadly consistent.

43 This is based on modelling carried out by Savills and is based on the assumption that all Housing First places will be offered at social rent. Note that, if affordable rents are charged instead the same modelling exercise estimates that weekly rent would be £93.29 (£4,851.19 per year) – this does not substantively change the findings offered in this report.

44 These costings are based on research carried out by Crisis for the Liverpool Feasibility Study for Housing First, with a slightly modified caseload. The underlying assumptions are that a support worker receives a salary of £33,600 and has a caseload of 1:6, in addition to one team leader per 24 clients with salary at £44,730 and organisational overheads at 15 per cent.

45 Some existing services, including the three pilots, also employ health professionals as part of their Housing First provision, typically for mental health support. As outlined in the following section of the report, these healthcare professionals are often invaluable in supporting clients and overcoming barriers to mainstream healthcare services. This estimate is based on conversations with existing services.

46 Clients also typically require support with personal costs which most often take the form of move in costs. Conversations with existing services put these costs in the region of £1,500 as a one off cost. In our calculations we have spread these over three years but, in so far as clients are in Housing First for longer than a three-year time period, this represents an upper bound as the yearly equivalent would be lower than this.

already be receiving Housing Benefit to cover the cost of temporary or emergency accommodation such as B&Bs, which would then be offset. The MHCLG's recently published process evaluation report of the Housing First pilots shows that, prior to moving into Housing First, 29% of people now in the Housing First pilots were living in temporary or emergency accommodation and a further three per cent were in social or private rented accommodation.⁴⁷ When taking the costs associated with these into account, we estimate that 49%⁴⁸ of the costs of supporting people to cover their Housing First rent would be offset by savings from reduced use of costly temporary and emergency accommodation and existing housing benefit costs.

Research has additionally found

that people who are homeless are likely to use many services more intensively compared to people who are not homeless, meaning that when someone is supported to move out of homelessness savings are also delivered to public services.⁴⁹ Analysis carried out by PwC based on these research findings estimate Housing First specific savings,⁵⁰ as reported in Table 2, alongside the average savings due to the costs of supporting individuals with rent payments being offset.

Taken together, these findings show the average yearly savings to the Treasury delivered through providing Housing First outweigh the average cost, with a saving of £3,313 per person per year. If Housing First were rolled out nationally and offered to all the 16,450 individuals identified

Table 2 – Yearly savings per person due to provision of Housing First

Homelessness Services ⁵¹	£8,650
Drug and Alcohol Services	£250
Mental Health Services	£165
NHS	£4,350
Criminal Justice System	£1,658
Support with rent ⁵²	£1,995
Total	£17,068

47 The remaining individuals were typically either not receiving support with housing costs (e.g. rough sleeping or sofa surfing) or were living in hostels, prison or hospital, the savings from which we capture in Table 2.

48 Crisis analysis based on a unit cost estimate of emergency and temporary accommodation from New Economy (2019) unit cost database of £125 per week and the assumption that all those living in social or privately rented accommodation are receiving housing benefits to cover the average social rent (£78.31 per week) – this provides a conservative estimate of these savings.

49 Preece, Nicholas and Culhane, Dennis (2016), "Better than Cure?: Testing the case for Enhancing Prevention of Single Homelessness in England". Research Report. Crisis, London.

50 PwC (2018), *Assessing the costs and benefits of Crisis' plan to end homelessness*, Crisis, London.

51 This is the estimated average saving from someone moving out of rough sleeping. For individuals who were previously not rough sleeping, the average saving would be higher (£15,063), given they use homelessness services more intensively. These estimated savings should therefore be interpreted as a lower bound.

52 This figure represents the average cost of current government support with housing costs across all individuals with a need for Housing First which is not captured in the existing averted savings. These are calculated on the basis that 29% of individuals with a need for Housing First are currently in temporary or emergency accommodation (£125 a week) and 3% are in renting in the social or private sector (£78.31 a week). The remaining 68% of individuals are assumed to be rough sleeping, sofa surfing, or in accommodation already covered in another one of the averted cost categories listed in Table 2 (e.g. hostels, prisons or hospital). The proportion of the cohort in each housing situation is based on MHCLG's recently published process evaluation report.

as needing the service to end their homelessness, this implies an annual saving of £54,449,115 for each year individuals are supported where they would have otherwise been homeless.

In assessing the cost-effectiveness of Housing First it is also important to take into account the duration of support required compared to the length of time that individuals would have been homeless had Housing First not been provided. Recent evidence from the three city region Housing First pilots shows that people with a Housing First need have typically been homeless for a long time, with a third (33%) having not had a settled home for more than ten years, nearly half (49%) having experienced homelessness for between three and nine years, and just 17% fewer than three years.⁵³

This implies that, even if support is provided through Housing First in the longer term, savings will be delivered. However, the existing regional pilots in England have not been provided with long term funding, creating high levels of uncertainty for those supported by the services and making it near impossible for them to plan ahead, as well as challenging to accrue savings. These findings offer a strong rationale for longer term commissioning and funding.

Table 3

	West Midlands	Liverpool	Greater Manchester
Existing places	460	140	310
Yearly costs	£6,327,300	£1,925,700	£4,264,050
Yearly savings	£7,851,280	£2,389,520	£5,291,080
Net yearly savings	£1,523,980	£463,820	£1,027,030

⁵³ MHCLG (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. London: MHCLG.

Costs of phasing the national rollout of Housing First

The national rollout of Housing First is needed to meet the levels of need across the country. However, to reach full rollout using a responsible approach that ensures the programme is set up properly where it is needed, including by acquiring suitable properties and the right wrap-around support services, will take time. It is therefore worth understanding where a phased rollout of Housing First would be most effective. To do so, we need to consider which areas would benefit from expansion of the programme first, to have the most significant impact on levels of rough sleeping. One obvious area would be for the continuation of funding for the existing Housing First pilots, which are currently supporting more than 1,000 people through their services but face a funding cliff edge from 2022 onwards.

Below we have set out the areas that would be most effective to a phased rollout of Housing First, and we have illustrating the costs and benefits. Our starting point is the continuation of funding for each of the pilots and the expansion of Housing First in areas that have been identified as having high levels of people that would need Housing First to end their homelessness.

Continuation funding for existing pilots

In Table 3 we provide estimates of the yearly costs and savings associated with continuing to provide Housing First at the same scale in each of the pilot areas.

Further cases studies of expanding Housing First in areas with high levels of need

Additionally, to give a sense of the costs of expanded Housing First services, we have modelled the costs and savings of delivering further Housing First provision in regions which could be considered as having a strong case for there being unmet need for Housing First, namely London, the South East and Yorkshire and the Humber. These areas have been identified on the basis of being regions where some areas have high unmet need for Housing First and being areas with high levels of rough sleeping and existing Rough Sleeping Initiative funding. The findings are summarised in Table 4. The assumed caseloads are a rounded average of the existing size of the pilots, so that we based our assumptions on existing size that we know has worked elsewhere. These figures would change if reflective of actual unmet need in the regions, and all findings scale up linearly.

Table 4

	London	South East	Yorkshire & the Humber
Number of places	300	300	300
Yearly costs	£4,126,500	£4,126,500	£4,126,500
Yearly savings	£5,120,400	£5,120,400	£5,120,400
Net yearly savings	£993,900	£993,900	£993,900

⁵⁴ Centre for Social Justice (2021) *Close to Home. Delivering a national Housing First programme in England*. London: Centre for Social Justice; Parliamentary Group for Ending Homelessness (2021) *'It's like a dream come true' The APPG for Ending Homelessness' inquiry into scaling up Housing First in England*. London: Crisis.

⁵⁵ Homeless Link (2020) *The picture of Housing First in England*. London: Homeless Link.

⁵⁶ MHCLG (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. London: MHCLG.

The policy changes needed to deliver the national rollout of Housing First

There is growing consensus on the policy changes needed to support the rollout of Housing First. Recent reports by the APPG for Ending Homelessness and the Centre for Social Justice have mapped out what needs to happen to deliver a national Housing First programme, ensuring that Housing First can be made available to everyone who would benefit from it.⁵⁴ These include:

Addressing the supply of genuinely affordable one-bedroom homes

The chronic shortage of genuinely affordable one-bedroom homes was highlighted as one of two key constraints on growth in a 2020 survey of current services by Housing First England,⁵⁵ and has been identified as the main challenge facing the city region pilots.⁵⁶ The time that it can take to obtain settled housing for Housing First participants can sometimes jeopardise their continued engagement. This means that, to scale up the programme at speed, new supply of properties may also be needed.



In response to this challenge, Crisis has commissioned some modelling from Savills to look at the cost of boosting the supply of such properties to meet all unmet need for Housing First, the modelling of which will be shared in a subsequent briefing. From the initial outputs of this work, Crisis believes that to acquire the supply of genuinely affordable one-bed properties to successfully rollout Housing First, it will be necessary to set up a bespoke housing vehicle for this purpose. As we look further into the feasibility of such a housing vehicle, we look forward to sharing our analysis with Government and strongly recommend the establishment of an appropriate new housing delivery mechanism for Housing First tenants across England. In the immediate term, Crisis, alongside the APPG for Ending Homelessness, calls for Government to bring forward its £12 billion Affordable Homes Programme, providing an increased focus on social rent housing.

There have also been challenges securing access to and sustaining tenancies in social rented housing in some areas because of the allocations and housing management policies and practices of some social landlords (including registered providers, council housing departments and arms-length management organisations). Recent learning from the city region pilots emphasises the importance of ensuring that access to social housing is addressed at the outset of programme planning, ideally with housing providers engaged as partners in Housing First delivery.⁵⁷ Engagement should encompass effective communication and training strategies to ensure all partners understand what Housing First is and how it works, to identify and tackle allocations barriers and to establish processes for addressing housing management risks.

Further, while the majority of current Housing First provision in England is in the social rented sector, access to private tenancies can play a useful role in supplementing the homes on offer in the social sector, and providing choice where none of the social rented options are suitable for a given client. However, many service providers have identified significant challenges in accessing privately rented homes for Housing First clients. These challenges include finding properties at rents within Local Housing Allowance limits, landlord preference for schemes offering 'exempt' rents or for working with other client groups, and the negative impact of assured shorthold tenancies on Housing First tenants.

Private renting has played a very limited role in providing homes for participants in the city region pilots (at just 4%). Relatively low use of private renting reflects a general view amongst services that social housing provides a more stable and affordable option for Housing First clients. Some of the barriers to accessing private renting could be tackled by measures to encourage an expanded role for social lettings agencies and private rented access schemes in Housing First delivery and by continuing to invest in Local Housing Allowance rates so that they cover the cost of local rents up to the 30th percentile.

Securing sustainable, long-term funding for support services

Housing First services provide each individual client with a dedicated support worker (sometimes called a navigator) who works with the client to earn their trust and explain how Housing First works. Once someone joins the Housing First programme they have access to intensive, continuous support, and with the help of their case worker, they can begin to

57 Ibid.

plan their next steps at their own pace and in a way that fits with their own preferences. This is made possible by having low client to support worker ratios, typically in the range of one worker to five to seven clients. The support is open-ended and works to the client's needs.

The open-ended support commitment provided by Housing First is out of step with the short-term commissioning cycles and funding programmes that have typically been used to fund Housing First in England. With the introduction of a longer-term commitment to fund support as part of Rough Sleeping Accommodation Programme, the Government demonstrated its awareness of the importance of stable funding to underpin the response to rough sleeping.

But while the Rough Sleeping Accommodation Programme brings together longer-term revenue funding for support with capital funding for additional housing, the accommodation provided offers only short-term tenancies. Although the programme aims to create a 'permanent' supply of move-on accommodation, the people moving into properties secured under the programme will normally be expected to find alternative homes within two years. Despite offering some flexibilities for Housing First provision, the programme is not adequate to deliver Housing First that reflects the principles underpinning its design.

The city region Housing First pilots were funded for the three-year term of their programmes: until March 2022 in Greater Manchester, August 2022 in the Liverpool City Region and March 2023 in the West Midlands. There is currently no clarity about how the 1,000 places supported through the programme will be financed in the longer term. This represents a major

long-term funding obligation, with unanswered questions about how it will be met after the end of the programme period.

Housing First programmes funded through the Rough Sleeping Initiative face even greater challenges, albeit on a smaller scale. Rough Sleeping Initiative schemes have only one-year funding commitments, making it exceptionally challenging to commission and plan services and recruit staff. One agency submitting evidence to the APPG for Ending Homelessness' Housing First Inquiry commented:

“The Government's Rough Sleeping Initiative has enabled immediate positive change. However, its impact is reduced by the current restriction to one-year funding which denies any opportunity for longer-term planning of services and support.”

The limits on longevity and extent of government funding for Housing First are exacerbated by wider reductions in spending on housing related support, addiction services, mental health services, adult social care budgets and youth services. For example analysis by the Centre for Social Justice found that reductions in funding for addiction services across England were typically in the region of 30 per cent, with some authorities cutting by as much as 50 per cent.⁵⁸

These wider pressures on funding contribute to an environment in which it is exceptionally challenging to commission Housing First services. They also create pressure on commissioners to dilute the principles of Housing First in order to stretch limited resources further, for example by expecting a throughput of clients within a specified timeframe or higher staff to client ratios than the recommended 1:5 to 1:7. If the commitment to open-ended intensive

58 Centre for Social Justice (2021) *Close to Home: Delivering a national Housing First Programme in England*. London: CSJ.

support is diluted, participants are left without the intensity or longevity of support they need to end the cycle of homelessness. Without long-term investment in open-ended support, we risk of undermining the role of Housing First in preventing people cycling in and out of homelessness, unable to access the full range of services and support they need to sustain a home.

These pressures of short-term funding and wider constraints on public spending could be addressed by establishing a national Housing First funding stream, supported by a cross party commitment to long-term funding, the costs of which have been set out earlier in this report.

Crisis is aligned with the Centre for Social Justice and the APPG for Ending Homelessness in calling for the funding to be delivered as part of a cross departmental funding stream, involving the Ministry of Housing, Communities, and Local Government, Home Office, Department of Health and Social Care, Ministry of Justice and the Department for Work and Pensions, backed by an outcomes monitoring framework that reflects the objectives of all contributing departments.

Access to health services for Housing First

In addition to a commitment for open-ended support services, Crisis has also further explored the topic of access to health services for Housing First clients. Research demonstrates how Housing First can significantly reduce the use of the healthcare system⁵⁹ and has shown to have positive changes

across physical health, mental health, and substance misuse.⁶⁰ However, to realise these positive health outcomes in Housing First programmes we are reliant upon the accessibility of the NHS and social care. It is clear from the Housing First pilot evaluations that access to certain elements of healthcare, mental health especially, has been one of the most significant challenges.⁶¹

To form a more detailed picture of the role of the Department of Health and Social Care in Housing First, Crisis conducted a number of conversations with key stakeholders and services delivering Housing First, including the city region pilots. These discussions revealed that the health and social care systems present many barriers for Housing First clients. Below, we detail the approaches that may help overcome some of these barriers.

The role of the Department of Health and Social Care and multi-agency commissioning

Housing First is primarily owned by housing/homelessness authorities at both national and local level in England and there are only a few examples of Housing First programmes currently commissioned by health (either alone or in collaboration with other statutory agencies).

In some ways, this differs to examples internationally. Housing First started as a health intervention, specifically a mental health intervention, by psychiatrists in the USA. Similarly, in Finland clear responsibilities have been defined at central government level – involving the Ministry of the Environment, responsible for housing

59 Baxter et al (2019). Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials: <https://pubmed.ncbi.nlm.nih.gov/30777888/>

60 Pleace, N. and Bretheton J. (2015) *Housing First in England: An Evaluation of Nine Services*. York: Centre for Housing Policy.

61 MHCLG (2021). *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. London: MHCLG.

policies and lead coordinator of the programme, the Ministry of Health and Social Services, and the Ministry of Justice.

In our discussions with stakeholders, it was clear that the Department of Health and Social Care can and should play a significant role in funding a national Housing First programme and encourage multi-agency commissioning at a local level. This is not simply about resourcing Housing First locally, but also about expertise needed nationally and locally to ensure Housing First is effective. The involvement of health commissioners would bring greater knowledge of the systems that underpin the effectiveness of Housing First.

Commissioners can work collaboratively with their providers to ensure provision of joined-up, integrated services for Housing First clients, with the power to commission differently when needed. This could include developing fully resourced specific mental health pathways for Housing First where needed, as recommended in the most recent pilot evaluation report. This multi-agency involvement at national and local level could help in taking advantage of the wider cost-benefits of the intervention and ensure the sustainability of Housing First.

The Department of Health and Social Care also has a significant role to play in monitoring outcomes from Housing First provision, which would be just one of many significant benefits of a national Housing First programme. The evidence on health outcomes from Housing First is not as conclusive as the evidence is for tenancy sustainment. The reasons for this are likely to be multi-faceted. Without the involvement of the Department of Health and Social Care and consistent

monitoring and evaluation of Housing First programmes, it will be difficult to make an assessment on this and to learn from different approaches.

Joint commissioning, however, is not a panacea in and of itself. It should be coupled with commissioning standards or an outcomes framework, so that commissioners and providers across the country have a shared understanding of what Housing First programmes are attempting to achieve. This shared understanding and commitment would help focus hearts and minds. Work to develop the health-related aspects of any standards or framework should be led by Department of Health and Social Care to highlight its commitment to the model.

Health provision in Housing First teams

Two main models are used with regard to organising the provision of healthcare as part of Housing First. The first is Assertive Community Treatment (ACT) and the second is Intensive Case Management (ICM). ACT uses large, multidisciplinary staffed teams with shared caseloads to provide a full range of direct services to Housing First clients (i.e., healthcare professionals sit directly on Housing First teams). ICM involves the assessment of people's needs, and negotiation and coordination of people's care, to ensure people have access to mainstream healthcare services.

Thus far, Housing First programmes across the UK have predominantly used ICM⁶² or less intensive and simpler case-management models, primarily because we have a free-at-point-of-contact healthcare system that should be accessible to all.⁶³

62 Centre for Social Justice (2021). *Close to Home: Delivering a national Housing First programme in England*. London: Centre for Social Justice.

63 Ibid.

What has become clear is that high thresholds and long waiting lists mean that Housing First workers can find it difficult to support clients when trying to access the NHS and social care. What we are beginning to see in Housing First programmes, and highlighted by the three Housing First pilots, is the necessity for healthcare professionals to sit directly on Housing First teams and act as a conduit into the healthcare system. Greater Manchester, for example, currently uses Dual Diagnosis workers and Liverpool uses psychologists.⁶⁴

Where healthcare professionals have been integrated into Housing First teams, they have had invaluable success in overcoming some system barriers. Housing First programmes have reported to us that healthcare professionals understand their local health systems and are either embedded within or have close relationships with elements of the health system, which gives them a better position from which to negotiate access. Healthcare professionals can also provide clients with some direct health support while those clients wait for access to mainstream services. This approach more closely resembles the intensive nature of ICM, or even the direct provision as seen in ACT.

All Housing First programmes should have access to the funding that ensures they can use healthcare professionals on Housing First teams. In its report on scaling up Housing First, the Centre for Social Justice calls for the inclusion of specialist mental health posts within Housing First teams, drawing on the Housing First feasibility study conducted for the Liverpool City Region, and reflecting stakeholder concerns that gaps in the provision of mainstream mental health services have the potential

to undermine the sustainability of Housing First.⁶⁵

These concerns, given the barriers detailed in the Evaluation Report, appear to still be justified. We are, however, aware of examples from other Housing First programmes, where other types of healthcare professionals are used. For example, Camden's Housing First programme has hired an Occupational Therapist. To reflect this flexibility, we have in our Housing First costings section rephrased these costs so as not to restrict a healthcare post to mental health support. What is clear is that where Housing First programmes hire healthcare professionals, they become integral parts of Housing First teams. Further to this, there is still need to further evidence what models of healthcare work best in an English Housing First context, which healthcare professionals are more appropriate in what contexts, and whether ACT could be beneficial in some areas. Without involvement from the Department of Health and Social Care, some of these questions will remain unanswered and a vital opportunity to improve health outcomes for people experiencing complex needs might be missed.

The need for Inclusion Health services to support the rollout of Housing First

Inclusion Health refers to the populations that experience the most extreme of health inequalities, such as people who are homeless; sex workers; Gypsy, Roma and Travellers communities; and people with substance misuse issues. Research in 2017 showed relative risks of morbidity and mortality were 10 times higher among homeless or multiply excluded populations.⁶⁶

64 Crisis (2017). *Housing First Feasibility Study for the Liverpool City Region*. London: Crisis.

65 MHCLG (2020). *Evaluation of the Housing First Pilots: Interim Process Evaluation Report*. London: MHCLG.

66 See Aldridge et al. (2018): [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31869-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext)

Despite the links between disadvantage and poor health, Inclusion Health populations face significant barriers to accessing healthcare, including stigma, lack of a fixed address or photo ID, fragmented services, a lack of continuity of care because of unstable accommodation, and a lack of awareness by healthcare professionals of people's multiple needs. Inclusion Health services overcome these barriers by delivering a multi-disciplinary model with a wide range of healthcare professionals such as GPs, nurses, and mental health practitioners, and are community-facing, often an extension of primary care or hospital services.

They are an effective way of ensuring access for people who face multiple barriers to vital health services. For example, Pathway (an Inclusion Health charity) has helped 11 hospitals in the UK create teams of doctors, nurses, social care professionals and peer supporters. These teams support over 4,000 homeless patients every year. An audit of the UCLH Pathway team published in 2017 showed a 37.6% reduction in A&E attendances, a 66% reduction in hospital admissions, and an 11% reduction in bed days.⁶⁷

We know through engagement with Housing First programmes in England that Inclusion Health services could significantly benefit Housing First clients. By supporting clients with their specialist understanding of how to navigate the health system and provide care to people experiencing multiple disadvantage, they can ensure that people are able to access the services required to meet their needs. Where Inclusion Health services have existed in areas with Housing First programmes, invaluable relationships

have formed. For example, the Liverpool pilot has built a close and significant working relationship with Brownlow, a specialist homeless GP service.

Further embedding Inclusion Health approaches across the healthcare system would be hugely beneficial in improving homeless health, and it is vital that Government ensures this becomes a reality. This could be achieved through more widely commissioning Inclusion Health services and ensuring Inclusion Health forms part of the Health and Care Bill, which is designed to improve the accessibility of the healthcare system to meet patients' needs and reduce health inequalities. The Department of Health and Social Care should work to embed Inclusion Health policy and Inclusion Health services more widely across the NHS in England.

Implementing strategic oversight of a national Housing First programme

In our 2018 report, *Everybody In: How to end homelessness in Great Britain*, we noted the importance of strategic leadership from national governments elsewhere in North America and Europe to the successful expansion of Housing First.⁶⁸ Effective stewardship will be critical to underpin a national programme and to help overcome some of the barriers to delivery outlined above. This should be grounded in collaboration with local delivery partnerships, a genuinely cross departmental approach at national level, multi-agency working at local level and a commitment to co-production with people with lived experience.

67 Pathway (GP-led in-hospital management of homeless patients): <https://www.england.nhs.uk/tpthimenu/improving-access/pathway-gp-led-in-hospital-management-of-homeless-patients/>

68 Downie, M., Gousy, H., Basran, J., Jacob, R., Rowe, S., Hancock, C., Albanese, F., Pritchard, R., Nightingale, K. and Davies, T. (2018) *Everybody In: How to end homelessness in Great Britain*. London: Crisis.

A commitment to delivering services that meet the principles of Housing First is also essential to ensure a national funding programme delivers the best outcomes for tenants in terms of permanently ending their homelessness. To help achieve this, Government should work with national and local stakeholders, including people with lived experience, to develop a quality assurance framework that supports local delivery partnerships to deliver a robust Housing First approach and achieve the best outcomes for each individual client. A common framework for monitoring outcomes will be important to underpin a national funding programme, but as well as providing top line indicators that can be aggregated at national level, it is equally important that outcomes monitoring is flexible enough to capture the distance travelled by individuals, as well as incorporating measures that reflect local service priorities.

To help deliver this, Crisis recommends the appointment of a national director to co-ordinate the efforts of all relevant government departments and map out a programme for scaling up.

This programme would need to include:

- Identification of linked national and local targets for delivery of Housing First, informed by bottom up (local) and top down (national) analysis of need. Local needs assessments and targets should be set in accordance with a standard methodology;
- An assessment of housing supply requirements in each locality and

how these will be met, linked to the identification of local targets. Early engagement of funding bodies (Homes England, the Greater London Authority) and housing providers to plan for the expansion of supply will be critical to underpin scaling up;

- Plans for phasing the rollout of Housing First. The early phases of the programme might be focussed on areas with the highest rough sleeping levels and greatest Housing First need as outlined in the costing section of this report, whilst consolidating and securing the future of existing Housing First programmes (including the city region pilots and schemes funded by the Rough Sleeping Initiative);
- Identification of workforce development needs. Evaluation of the city region pilots identified that recruitment of staff with the right skills, experience, attitudes and values was an ongoing challenge, which had impacted on the pace of delivery and fidelity of service in some areas.⁶⁹ Advance planning will be important to address which areas are likely to experience recruitment challenges, and also to invest in opportunities for workforce development amongst people who have experienced homelessness and substance dependence.



69 MHCLG (2021) *Evaluation of the Housing First Pilots: Second Process Evaluation Report*. London: MHCLG.

Conclusion

The pandemic made clear something that has long been known but little recognised: homelessness is a public health issue. When this fact became apparent at the onset of the pandemic, Government's bold response demonstrated what is possible when political will drives better policy and practice backed up by sufficient funding.

Everyone In altered the landscape of homelessness and rough sleeping in this country as we know it. Through a monumental effort from local authorities and agencies working jointly, an unprecedented number of people who were sleeping rough or at risk were supported into safe, emergency accommodation comprising of a single room with washing facilities. This gave people the breathing space, privacy and dignity they needed to begin to recover from the trauma of homelessness, and start engaging with essential services so they could leave homelessness behind for good.

While this landmark initiative has been transformative for so many people, and has laid the groundwork for local authorities and organisations across the country to work together to tackle homelessness and rough sleeping, we are already in danger of this progress waning. The numbers of people sleeping rough have not yet returned

to the shocking levels we saw prior to the pandemic, but they are beginning to rise. For people who are considered to be living on the streets, because they are seen sleeping rough for multiple years, the levels are already at pre-pandemic levels in London.

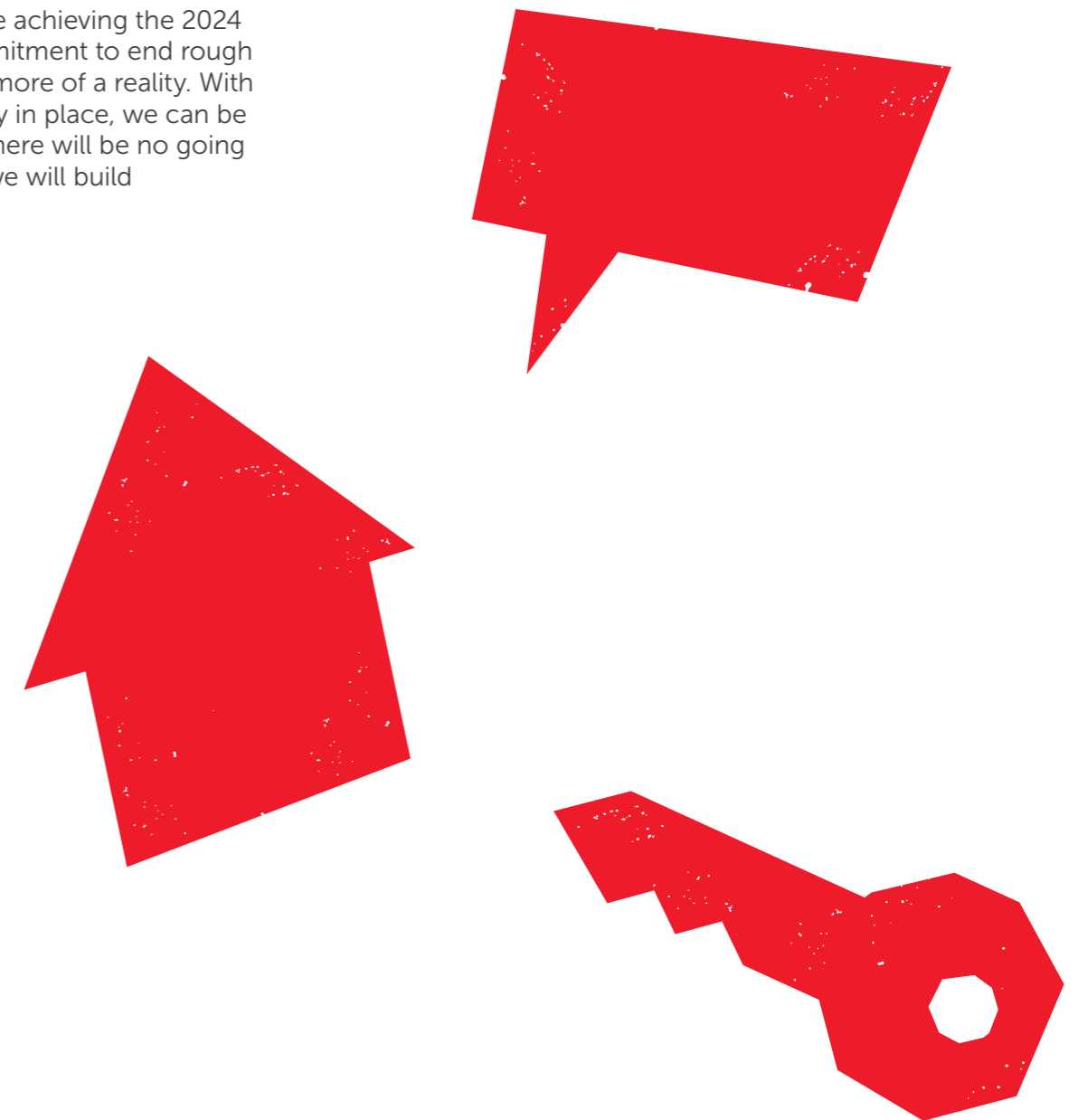
We cannot lose sight of the lessons learnt from the pandemic. It is time for this Government to adopt the learning from the past 18 months and embed a new housing led approach into our homelessness system. This should start with the national rollout of the successfully piloted Housing First programme.

Crisis is calling on Government to commit to a rollout of Housing First across England so that it is the default offer for people experiencing homelessness who have multiple and serious needs. The commitment would need to:

- Make the successful Housing First pilots permanent services in those regions, including by urgently addressing the need for funding to continue the services from 2022;
- Set out a clear delivery plan that would achieve national rollout of Housing First by 2024, to meet the Government's commitment to end rough sleeping;

- Ensure the Ministry of Housing, Communities and Local Government are delivering national services in collaboration with the Department of Health and Social Care; the Department for Work and Pensions, and the Ministry of Justice.

Making Housing First the default offer for people experiencing homelessness, and who have multiple and serious needs, is a sure-fire way for Government to tackle one of the most complex social problems facing society today. Providing Housing First provision across all areas in England where it is needed would be a bold move by this government. But it would also be a transformative measure that would make achieving the 2024 manifesto commitment to end rough sleeping much more of a reality. With this new strategy in place, we can be confident that there will be no going back; and that we will build back better.



Appendix 1

Key measures to prevent and respond to homelessness and rough sleeping in the pandemic

2020

March

- ‘Everyone In’ – the Government instructs all local authorities to accommodate people sleeping rough or in accommodation where they cannot self-isolate into self-contained accommodation
- £3.2 million emergency investment for local authorities to prevent people sleeping rough
- Ban on evictions for 90 days comes into force
- 12 month investment in Local Housing Allowance rates and uplift to Universal Credit standard allowance introduced
- Furlough scheme introduced

May

- Announcement that survivors of domestic abuse will get automatic priority need through the Domestic Abuse Act

- Commitment to creating 6,000 new supported homes for people sleeping rough over the next two years with £161 million funding attached over two years (known as the Next Steps Accommodation Programme, now the Rough Sleeping Accommodation Programme)

June

- Two-month extension suspending eviction
- A further £103 million for the Rough Sleeping Accommodation Programme to provide emergency accommodation
- Expansion of a scheme to support EEA nationals who are ready to work into accommodation for three months while they look for work

August

- Additional one-month extension to evictions ban, and notice periods extended to 6 months in most cases until March 2021

November

- The Protect Programme is announced alongside £15 million funding for local authorities with high numbers of people sleeping rough and deemed clinically vulnerable

December

- £10 million Cold Weather Fund
- £23 million for local authorities to support people sleeping rough with drug and alcohol dependency with a further £52 million for 2021/2022
- £310 million Homelessness Prevention Grant for 2021/22 to support local authorities to carry out duties under the Homelessness Reduction Act

2021

January

- Local authorities are instructed to ‘redouble efforts’ to accommodate all people sleeping rough into safe accommodation

March

- Furlough scheme and Universal Credit uplift extended until September 2021

April

- £3 million Winter Transformation Fund for community and faith-groups to provide self-contained accommodation over winter for people sleeping rough

May

- £203 million for the fourth year of the Rough Sleeping Initiative to support projects such as shelters, specialist addiction or mental health services and outreach



Appendix 2

The principles of Housing First in England

- **People have a right to a home**
 - Access to permanent housing is provided as quickly as possible.
 - Eligibility for housing is not contingent on any conditions other than willingness to maintain a tenancy
 - The individual will have a tenancy agreement, and will not lose their home if they disengage or no longer need support
- **Flexible support is provided for as long as it is needed**
 - The offer of support is open ended
 - The service is designed for flexibility in intensity of support, and provision for formant cases
 - The individual can be supported to transition away from Housing First if that is a positive choice for them
- **Housing and support are separated**
 - Support is available to help people maintain a tenancy and address any other needs they identify
 - Housing is not conditional on engaging with support
 - The offer of support stays with the individual – if the tenancy fails, the individual is supported to access and maintain a new home.
- **Individuals have choice and control**
 - There is choice about the type and location of housing, within reason as defined by the context
 - There is choice about whether or not to engage with other services, and about where, when and how support is provided by the Housing First team

- Support is person-centred and individuals are given the lead to shape the support they receive
- **An active engagement approach is used**
 - Staff are responsible for proactively engaging their clients
 - Caseloads are small, allowing staff to be persistent and proactive, doing whatever it takes, and not giving up when engagement is low
- **The service is based on people's strengths, goals and aspirations**
 - Services are underpinned by philosophy that there is always a possibility of positive change, with improved health, wellbeing, relationships and community or economic integration
 - Individuals are supported to identify their strengths and goals, and to develop the skills they need to achieve these
 - Individuals are supported to develop increased self-esteem and confidence, and to integrate into their local community
- **A harm reduction approach is used**
 - Staff support individuals who use substances to reduce immediate and ongoing harm to their health
 - Staff aim to support individuals who self-harm to minimise risk of greater harm
 - Staff aim to promote recovery in other areas of physical and mental health and wellbeing



Appendix 3

Support needs of people supported through Everyone In – how many people helped through Everyone In would be best supported by Housing First?

Everyone In supported people in four broad situations:⁷⁰

1. People rough sleeping including new rough sleepers (approx. half)
2. People who were unsuitably housed in hostels, night shelters and other temporary accommodation who could not self-isolate (approx. 10%)
3. People in forms of homelessness where it was no longer tenable for them to remain where they were including sofa surfing and people living in cars, tents and public transport (approx. a third)
4. People leaving institutions with nowhere to go (approx. 10%)

By the end of April 2020, 5,400 people had been accommodated under the scheme, and The Ministry of Housing, Communities and Local Government

(MHCLG) stated that that included around 90% of those sleeping rough⁷¹. By May 2020, 14,500 people had been supported and MHCLG released figures that showed 30% of people helped were in London and the remaining 70% were in the rest of England. Around 16% of the total were not eligible for statutory assistance but are assisted through other powers available to the local authority.

By November 2020 figures published showed that around 33,000 people were still in emergency accommodation or had been moved on to secure accommodation – more than six times the original number. The latest figures are even higher – over 37,000 by January 2021. More detailed analysis at the local authority level shows the proportions of people helped by January 2021 by region (Table A1).

Table A1 – Total number of people supported by Everyone In by region

Region	Emergency accommodation		Move-on accommodation		Total supported through Everyone In	
	January 2021	Proportion	January 2021	Proportion		Proportion
England	11,263	100%	26,167	100%	37,430	100%
East Midlands	508	5%	1,792	7%	2,300	6%
East of England	888	8%	2,713	10%	3,601	10%
London	3,509	31%	4,185	16%	7,694	21%
North East	385	3%	2,085	8%	2,470	7%
North West	1,418	13%	4,402	17%	5,820	16%
South East	1,976	18%	3,844	15%	5,820	16%
South West	1,461	13%	3,201	12%	4,662	12%
West Midlands	530	5%	2,060	8%	2,590	7%
Yorkshire & Humber	588	5%	1,885	7%	2,473	7%

Source: MHCLG Coronavirus (COVID-19) emergency accommodation survey data: January 2021

⁷⁰ Based on MHCLG data – Table 1: Total number of people sleeping rough or at risk of sleeping rough who have been provided emergency accommodation in response to Covid-19 pandemic – <https://www.gov.uk/government/publications/coronavirus-covid-19-rough-sleeper-accommodation-survey-data-may-2020>

⁷¹ Ibid

London overall has the largest numbers of people supported overall but also proportionally has more people in emergency accommodation than move-on. In the other English regions there are noticeably much larger proportions of people who

have been moved on from emergency accommodation.

Analysis by LSE⁷² makes the point that it is difficult to know an exact figure on the number of people helped through Everyone In. Some people were

Table A2 – Support needs data and sources

Source	Support need data
CHAIN 2020/21 annual report (London)	30% of people recorded during 2020/21 had more than one support need of alcohol, drugs and mental health compared to 40% in 2019/20. This is likely to be due to the different profile of people rough sleeping during the pandemic including people experiencing homelessness for the first time.
MHCLG's rough sleeping questionnaire ⁷³ (83 LAs in the 2018/19 Rough Sleeping Initiative funding)	Based on responses with 563 people it shows that a large proportion of people have overlapping support needs. 45% of people had both a mental health vulnerability and a drug need, 21% had an alcohol and mental health need and 76% of people had both a mental and physical health needs. Quite high (37%) of people had five or more of the following needs: drug, alcohol, physical health, mental health, offending history, a victim of crime, victim of domestic abuse.
Lankelly Chase – Hard Edges ⁷⁴ (England)	31% of people experiencing homelessness also had substance misuse support needs and an offending background. When mental health issues were added this equated to about 13% of people. The profile of people is predominantly white men aged 25-44.
Crisis's enforcement research ⁷⁵ (14 locations in England and Wales)	37% of respondents had 3 or more of the following support needs: drug, alcohol, mental health, offending history and been in the care system. 10% of people had drug, alcohol and mental health support needs.
Multiple exclusion homelessness ⁷⁶ (7 locations in the UK)	25% of people in the study used hard drugs and had complex needs including street drinking, self-harm and attempted suicide.
Crisis's sofa surfing research ⁷⁷ (GB)	17% of people had two or more of the following support needs – alcohol, drugs, mental health.

72 Whitehead, C. and Rotolo, M. (2021) Everyone In: the numbers, <https://blogs.lse.ac.uk/lse/london/everyone-in-the-numbers/>

73 MHCLG (2020) Understanding the Multiple Vulnerabilities, Support Needs and Experiences of People who Sleep Rough in England: Initial findings from the Rough Sleeping Questionnaire https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

74 Bramley, G., Fitzpatrick, S. with Edwards, J., Ford, D., Johnsen, S., Sosenko, F. & Watkins, D. (2015) *Hard Edges Mapping severe and multiple disadvantage*. England

75 Sanders, B. & Albanese, F. (2017) *An examination of the scale and impact of enforcement interventions on street homeless people in England and Wales*. London: Crisis

76 Fitzpatrick, S., Bramley, G & Johnsen, S (2013) Pathways into multiple exclusion homelessness in seven UK cities, *Urban Studies*, vol. 50, no. 1, pp. 148-168

77 Sanders, B., Boobis, S., and Albanese, F. (2019) *'It was like a nightmare' The reality of sofa surfing in Britain today*. London: Crisis

housed multiple times throughout the period and others found their own move-on solutions out of emergency accommodation. Both these factors roughly cancel each other out so we can assume the total of emergency and move-on accommodations is an estimate of the total number of people who were helped.

As the pandemic continued and more people were pushed into homelessness we began to see more people approaching services who were homeless for the first time often due to recent unemployment.⁷⁸ The annual CHAIN⁷⁹ report also showed that 68% of people recorded during 2020/21 were new rough sleepers. Whilst a comparable proportion to the year before the last settled address it shows that much higher proportions of people (76%) in 2020/21 came from settled accommodation such as social housing, the private rented sector and living with family compared to 52%⁸⁰ the previous year.

There is no data on the support needs of people helped during the pandemic through Everyone In. However, we do have access to the following data sources which can be used to estimate the support needs of people rough sleeping, in communal accommodation and at risk of rough sleeping (including sofa surfing) over the pandemic. These are detailed in Table A2.

The data sources suggest that people sleeping rough are more likely to have higher/complex support needs compared to other forms of homelessness. Therefore, more people experiencing rough sleeping have support needs that are best supported by a Housing First approach. The analysis in Table A2 shows there are still significant multiple support needs amongst people experiencing sofa surfing and people living in hostels and supported accommodation. Whilst people experiencing homelessness for the first time are less likely to have complex support needs, recent research on Housing First in England shows that 20% of people supported through Housing First currently had only been homeless for 11 months or less.⁸¹ Based on existing data, estimates for the number of people helped through Everyone In needing a Housing First solution are set out in Table A3 on page 48.



78 See Boobis, S. and Albanese, F. (2020) *The impact of COVID-19 on people facing homelessness and service provision across Great Britain*. London: Crisis and Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2021) *The Homelessness Monitor: England 2021*. London: Crisis.

79 GLA, CHAIN ANNUAL REPORT GREATER LONDON APRIL 2020 – MARCH 2021

80 GLA, CHAIN ANNUAL REPORT GREATER LONDON APRIL 2019 – MARCH 2020

81 Homeless Link (2020) *Picture of Housing First 2020*

Table A3 – Estimation of people helped through Everyone In who would be best supported through Housing First

Number of people supported overall by Everyone In	37,430
Number of people helped through Everyone In who were rough sleeping and eligible for HF (50%)	18,715
Number of people helped through Everyone In in other forms of homelessness and eligible for HF (50%)	18,715
Using existing data on support needs we can assume that people experiencing rough sleeping and have needs that meet HF criteria range between:	Rounded to the nearest hundred
– Low (based on having 3 or more combined needs = 15%)	Low = 2,800
– Mid (based on 2020/21 CHAIN and 2 or more needs in Crisis research) = 30%	Mid = 5,600
– High (based on MHCLG survey and have needs that overlap= 45%)	High = 8,400
Using existing data support needs we can assume that people experiencing other forms of homelessness and have needs that meet HF criteria range between:	Rounded to the nearest hundred
– Low (based on having 3 or more combined needs) = 10%	Low = 1,900
– Mid (based Crisis survey data of support need) = 15%	Mid = 3,800
– High (based on overlapping needs hard edges and MEH= 30%)	High = 5,600
Taking the mid-point estimate for both categories we can assume 9,400 people helped through Everyone In would be best supported through Housing First	



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