



BRIEFING PAPER

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Housing First: tackling homelessness for those with complex needs

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1. Housing First: the homelessness context
2. The Housing First model explained
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Summary

Housing First (HF) is an alternative homelessness intervention strategy, aimed at people with complex needs, particularly rough sleepers. It is not seen as a replacement for all homelessness services and strategies.

Traditional homeless interventions for people with complex needs usually require them to complete a series of steps to make them 'housing ready' before moving into their own accommodation. Proponents of HF argue that there is a high drop-out rate from these schemes; users can struggle to meet their strict requirements and thus risk becoming chronically homeless.

Advocates of HF support the early provision of permanent housing which provides a stable home from which it is easier to deal with other underlying issues, such as substance abuse. Unlike most traditional approaches, HF commits to support individuals for as long as they require, even if a person leaves HF accommodation.

The principles of HF were first developed in the USA, particularly by the *Pathways to Housing* project established in New York City in 1992. Since then, HF has been used by organisations in Europe and adopted by several European Governments as part of their homelessness strategies. Studies have suggested that these projects result in better housing retention rates amongst users with complex needs.

The Scottish, Welsh, Northern Ireland and UK Governments have all committed to exploring the model. In England, what is now the Ministry of Housing, Communities and Local Government (MHCLG) funded a Housing First feasibility study in the Liverpool region, the results of which were published July 2017. The [Autumn Budget 2017](#) committed £28 million to support three Government-sponsored pilots in the West Midlands, Liverpool City Region and Greater Manchester. Funding allocations for the pilots were announced on 9 May 2018.

Increased interest in HF in England is taking place within the context of a growth in rough sleeping. Overall, the number of rough sleepers has increased by 169% from 1,768 in 2010 to 4,751 in 2017. The Government has a target of halving rough sleeping by 2022 and eliminating it by 2027; it is recognised that some innovative approaches to helping people with complex needs off the streets will need to be adopted.

The evidence base for the successes claimed by the HF approach has been subject to a certain amount of challenge. Questions have been asked about the quality of the evidence; there is also debate about several aspects of the HF model including:

- Unfair depictions of traditional approaches which use, especially in the UK, many of the ideas behind Housing First.
- Questions about the cost-effectiveness of a Housing First programme when compared to other models.
- Difficulties in providing open-ended funding, finding accommodation and employing sufficient support staff.
- Housing First's ability to improve other outcomes, such as health, offending rates, substance abuse and so forth.

This paper provides an overview of the HF model and discusses available evidence on the model's outcomes. Policy developments in England and the devolved administrations are also covered.

1. Housing First: the homelessness context

Across the UK, providing assistance to homeless people is a local authority responsibility, aside from in Northern Ireland where the Northern Ireland Housing Executive exercises this duty.

Broadly, local authorities have a statutory duty to secure accommodation for unintentionally homeless people assessed as in 'priority need', although Scotland abolished the 'priority need' requirement with effect from 31 December 2012.¹

There is no duty on local authorities to secure housing for all homeless people in England, Wales, Scotland and Northern Ireland. The abolition of the requirement to be in a priority need category in Scotland extended the reach of authorities' duties to more homeless people, but the requirement not to be intentionally homeless still applies before a full rehousing duty arises.

Wales and England have both introduced duties on local authorities regarding the prevention and relief of homelessness which apply to all applicants.² These duties stop short of placing a duty on authorities to provide housing for all homeless people.

The increased interest in Housing First is taking place in the context of a growth in the number of rough sleepers. The estimated number of rough sleepers in England has increased each year since 2010. Overall, the number has increased by 169% from 1,768 in 2010 to 4,751 in 2017. The estimate for 2017 is 15% higher than the estimate for the year before.³ While not all rough sleepers will fall into a priority need category, research has identified that a substantial number suffer from complex needs which can make it challenging for local authorities to offer appropriate assistance to end a cycle of rough sleeping. Particularly vulnerable individuals may not approach the local authority for assistance, and where they do, they may not be able to cope with the detailed assessment process.

The Combined Homelessness and Information Network (CHAIN) database contains information about rough sleepers in London who have been contacted by outreach teams or who have accessed accommodation for rough sleepers in the capital. CHAIN is maintained by St Mungo's. In 2017/18, 730 people seen rough sleeping for the first time ever in London were recorded as having approached their Local

The interest in Housing First is happening in the context of an increase in rough sleeping across England.

¹ For further information, see the Library papers on [Statutory homelessness in England](#) and [Comparison of homelessness duties in England, Wales, Scotland and Northern Ireland](#).

² In Wales with effect from 27 April 2015 and in England with effect from 3 April 2018.

³ MHCLG (2018). [Rough sleeping in England: autumn 2017](#)

Authority Housing Options service for help in the previous 12 months. This represents almost 16% of all new rough sleepers in the year.⁴

Of the rough sleepers seen over 2017/18 in London for whom a support needs assessment was completed,⁵ the following complex needs were recorded:

- 43% of people seen rough sleeping in 2017/18 were assessed as having an alcohol support need, which remains broadly consistent with 44% seen in 2016/17.
- The proportion of people seen rough sleeping with a drug support need was 40%, an increase from 35% in 2016/17 and 31% in 2015/16.
- Mental health was the most frequently identified support need amongst people seen rough sleeping in 2017/18 (50%), which is similar to 47% in 2016/17 and 46% in 2015/16.⁶

Around 16% of rough sleepers seen in 2017/18 in London had contacted a local authority for assistance **before sleeping rough.**

In a 2018 review of Housing First commissioned by St Mungo's, Nicholas Pleace highlights how difficult it is to estimate how many people with complex needs make up the homeless population in the UK, concluding only that there is strong evidence of a small group of "high need, high cost" homeless persons "whose needs are not being fully met by existing services."⁷

Comparing traditional rough sleeping interventions with HF

The traditional approach to transition from rough sleeping to independent living for those with complex needs sometimes follows what is referred to as a '**linear**', '**staircasing**' or '**continuum of care**' model involving three broad steps:

- 1 Initial contact with outreach workers or day centres resulting in an offer of emergency or temporary accommodation (often a hostel or night shelter).
- 2 An offer of, or encouragement to access, support to tackle any socio-economic or health concerns that may be acting as a barrier to accessing mainstream housing.
- 3 Progression to semi-independent or shared accommodation where the individual will need to demonstrate greater resilience (for example, remaining sober despite drug or alcohol addiction) before being declared 'housing ready' and able to take an independent tenancy, with or without floating support.⁸

⁴ Mayor of London (2018). [CHAIN Greater London full report, 2017-18](#)

⁵ 29% did not have a support needs assessment carried out.

⁶ Mayor of London (2018). [CHAIN Greater London full report, 2017-18](#)

⁷ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018

⁸ The linear/staircase model is further described in [Good practice briefing: Housing first](#), Shelter, December 2008 and [HOUSING FIRST: Housing-led solutions to rough sleeping and homelessness](#), Centre for Social Justice, March 2017

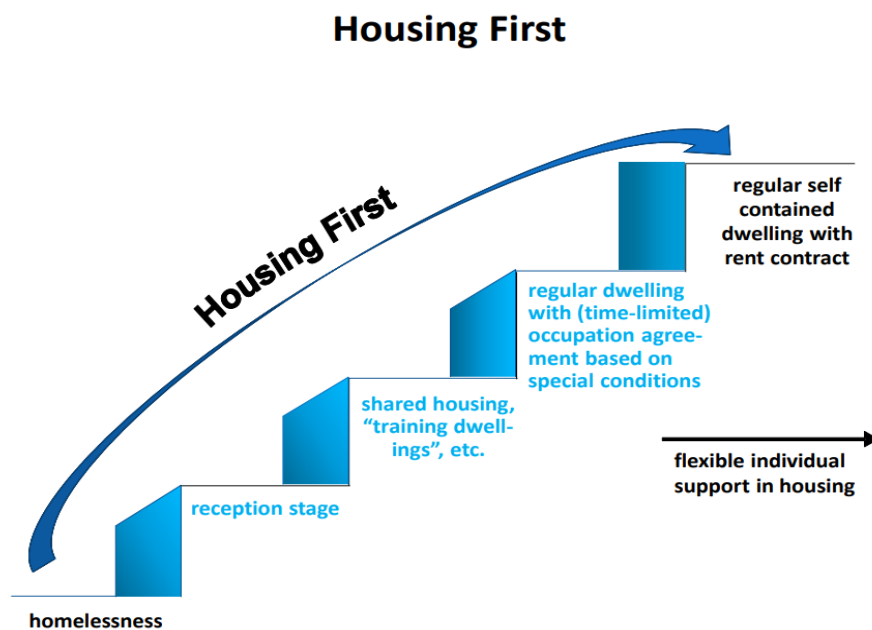
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The goal is to make an individual 'housing ready'. The need to demonstrate 'readiness' is one reason why commentators sometimes call this a 'treatment first' approach.⁹

In contrast, the Housing First approach does not require homeless people with complex needs to demonstrate 'housing readiness' before being offered permanent accommodation. Instead, homeless individuals are immediately rehoused in permanent accommodation and offered floating support services to tackle their other needs. The rationale behind Housing First is based on the idea that:

...once the chaos of homelessness is eliminated from a person's life, clinical and social stabilisation occur faster and are more enduring.¹⁰

The diagram reproduced below, taken from [Housing First Europe: Final Report](#), compares the traditional 'staircase' approach with that of Housing First:



Source: Volker Busch-Geertsema, [Housing First Europe: Final Report](#), Housing First Europe/European Commission, 2013, p17

⁹ Sarah Johnsen and Ligia Teixeira, [Staircases, Elevators and Cycles of Change: 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs](#), Crisis and the University of York, July 2010, p3

¹⁰ [Good practice briefing: Housing first](#), Shelter, December 2008

Box 1: Housing First compared to 'Housing-led' services

Although Housing First is often seen as the mirror-image of mainstream interventions, the picture can be more complicated. Not all rough sleeping interventions adopt a strict 'staircase' model and, as Pleace argues, many current services, often called 'tenancy sustainment services' in the UK, provide floating support to previously homeless individuals in a similar vein to Housing First programmes.¹¹ These are also known as 'housing-led' services, and like HF, also focus on putting homeless people in, or sustaining, accommodation as a priority.

Similarities might mean that adopting HF more widely may not represent a large shift in focus for some stakeholders, although Homeless Link argues that many current floating services in the UK still adopt a 'treatment first' approach.¹² Pleace suggests that the main distinguishing features of HF are **higher-intensity support**, targeted specifically at those with **complex needs**, for an **unlimited amount of time**: most UK 'housing-led' approaches tend to be time-limited.¹³

Issues with the traditional approach

Although successful for some, it is argued that the staircasing approach is not always appropriate for those with complex needs. Crisis has highlighted the following issues:

Whilst linear approaches can work well with people who are willing to engage with rehabilitation programmes and are able to cope with shared accommodation arrangements, the evidence base regarding the effectiveness of transitional supported housing for homeless people with complex support needs and other vulnerable groups is actually very weak.

The linear model has been criticised for its high attrition rate, i.e., loss of clients between stages. Many homeless people with complex support needs are unable to meet the demands of such programmes.

When applied rigidly, the model makes little allowance for the complex realities of many individuals' lives, especially as they negotiate the often 'haphazard' (non-linear) process of recovery from addiction or mental illness. Academics have also objected to the rhetoric of social improvement and emphasis on the deficiencies of homeless people underpinning linear approaches.¹⁴

Nicolas Pleace's 2018 review summarises the poor outcomes commonly attributed to the staircasing model:

- Abandonment of services by homeless people with complex needs.
- Eviction from services for non-compliance with rules.

¹¹ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, pp.31-8

¹² ['Housing First' or 'Housing Led'? The current picture of Housing First in England](#), Homeless Link, June 2015, pp.2-3

¹³ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018 and Emma Seria-Walker, [Evidence review: Adults with complex needs \(with a particular focus on street begging and street sleeping\)](#), Public Health England, January 2018, p.50

¹⁴ Crisis and the University of York, [Staircases, Elevators and Cycles of Change: 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs](#), July 2010, pp.3-4

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- People becoming 'stuck' in services because the requirements to be assessed as 'housing ready' cannot be attained within a reasonable timeframe.
- Low rates of exits from homelessness being achieved [...]
- Individuals moving between services repeatedly without their homelessness ever being resolved; caught in a revolving door of service use which, as well as representing a failure to resolve homelessness, can also be financially expensive.¹⁵

The 'treatment first' approach has also attracted criticism on the basis that:

- Support workers concentrate too much on long-term conditions and neglect the goal of avoiding rough sleeping.¹⁶
- People with complex needs find it difficult to navigate the various support agencies (the NHS, social services etc). These organisations are ill-equipped to help a person experiencing multiple problems and individuals face significant barriers in accessing services.¹⁷ The Centre for Social Justice (CSJ) argues that "funding and commissioning structures do not facilitate the provision of multi-agency coordinated care and support services."¹⁸
- Users with high needs have often had traumatic experiences which can lead to a distrust of conventional services.¹⁹
- Accommodation-based services (often referred to as hostels) will contain people with many different needs: conflict and behavioural difficulties can emerge in these environments.²⁰ These services can struggle to handle people with multiple needs: Homeless Link found in 2017 that in 42% of the cases where a homeless person was refused accommodation services, one reason cited was that their needs were too complex.²¹

It is claimed that Housing First is a better model to help those with severe and complex needs, but it is not seen as a replacement for all homelessness services and strategies. Its value is primarily as a supplement to existing strategies. Given the Government's target of halving rough sleeping by 2022 and eliminating it by 2027, it is recognised that some innovative approaches to helping people with complex needs off the streets will need to be adopted.

¹⁵ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, p.12

¹⁶ Benjamin F. Henwood, Victoria Stanhope and Deborah K. Padgett, [The Role of Housing: A Comparison of Front-Line Provider Views in Housing First and Traditional Programmes](#), *Adm Policy Ment Health*. 2011 Mar; 38(2): 77–85.

¹⁷ [Support for single homeless people in England Annual Review 2017](#), Homeless Link, March 2018, pp29-31

¹⁸ [HOUSING FIRST: Housing-led solutions to rough sleeping and homelessness](#), Centre for Social Justice, March 2017, p38

¹⁹ Sarah Johnsen, [Blog: Why does Housing First work?](#) Scottish Housing News, 21 March 2018

²⁰ [Good practice briefing: Housing first](#), Shelter, December 2008

²¹ [Support for single homeless people in England: Annual Review 2017](#), Homeless Link, March 2018, p.31

2. The Housing First model explained

A brief history of Housing First (HF)

The Housing First model is usually seen as North American in origin. Some authors highlight Toronto's *Houselink* programme, or the Los Angeles project *Beyond Shelter*, as the first examples. The latter is believed to have coined the phrase Housing First.²² The HF model as recognised today is usually traced back to the not-for-profit [Pathways Housing First](#) (PHF) organisation founded in New York in 1992 by Dr Sam Tsemberis.

Instead of requiring rough sleepers with complex needs to demonstrate 'housing readiness' before being recommended for individual independent accommodation, PHF immediately offered them permanent private sector housing. Tenants would either sign a contract with the landlord or sublet via PHF. There were no preconditions regarding abstinence from drugs or alcohol, although clients were expected to agree to weekly visits from PHF support teams and pay 30% of any income towards rent.²³

Intensive support was then offered via floating services:

- For individuals with severe mental health issues, PHF provided **Assertive Community Treatment (ACT)**. ACT provided direct personalised and holistic support from a team of professionals. This included a psychiatrist, a former client of PHF, a substance abuse worker and employment specialist.
- For individuals with significant issues but more capable of decision-making, PHF used **Intensive Case Management (ICM)**, where case managers would organise access and delivery of services to individuals.²⁴

There was no time-limit to this support and no one had to commit to treatment.²⁵

The philosophy behind PHF was that long-term issues such as drug-dependency or mental health problems would be easier to tackle once someone is in permanent, secure accommodation. By using scattered housing (i.e. not homeless hostels or shared accommodation blocks), clients would be distanced from destabilising influences and would be encouraged to integrate with wider society. Furthermore, this would be

Floating services refers to teams of professionals who provide **support for individuals in their own accommodation**. This contrasts to supported housing arrangements where a team is on-site.

²² For more details, see Jeannette Waegemakers Schiff and John Rook, [Housing First: Where is the evidence?](#) Faculty of Social Work, University of Calgary, 2012, p5

²³ Nicholas Pleace, [The Ambiguities, Limits and Risks of Housing First from a European Perspective](#), European Journal of Homelessness, Volume 5, No. 2, December 2011, p117

²⁴ Nicholas Pleace, [The Ambiguities, Limits and Risks of Housing First from a European Perspective](#), European Journal of Homelessness, Volume 5, No. 2, December 2011, p117

²⁵ Crisis and the University of York, [Staircases, Elevators and Cycles of Change: 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs](#), July 2010, p4

more cost-effective as it did not require the use of supported housing and would reduce interaction with other publicly-funded organisations such as the police and emergency health services.²⁶

Over two years, PHF achieved an accommodation retention rate of 80%.²⁷ This was cited as evidence of the efficacy of the project. Interest in the PHF programme has grown and similar Housing First models have been adopted across North America and in Europe, including the Finnish and Danish Governments.²⁸

Defining a Housing First project

It is argued that HF projects share a set of principles rather than a well-defined system.

FEANTSA (the European Federation of National Organisations working with the Homeless) has coordinated the creation of a [Housing First guide](#) which attempts to apply this American programme to a European context. The guide identifies 8 key principles, based on the Pathways New York project:

Housing First projects share a set of principles rather than a well-defined system.

1 Housing is a Human Right

A Housing First programme does not expect an individual to 'earn' the right to a home and all eligible homeless individuals are immediately offered accommodation.

2 Choice and Control for Service Users

Instead of offering a standardised service, a HF programme must listen to users and decision-making must be shared with a client.

3 Separation of Housing and Treatment

Retention of accommodation is not conditional on behavioural changes, although tenants are expected to respect the terms of their tenancy agreement and meet with HF support staff. If a tenant decides not to have treatment, or they no longer have a need for treatment, they still retain their home. Furthermore, if a person moves out of HF accommodation, the organisation will remain in touch with the client: HF projects commit to individuals.

4 Recovery Orientation

A HF approach "focuses on the overall well-being of an individual. This includes their physical and mental health, their level of social support (from a partner, family or friends) and their level of social integration."²⁹ The latter could be about many aspects of a client's life, including education or involvement in local groups and leisure activities.

²⁶ Nicholas Pleace, [The Ambiguities, Limits and Risks of Housing First from a European Perspective](#), European Journal of Homelessness, Volume 5, No. 2, December 2011, p.115

²⁷ Crisis and the University of York, [Staircases, Elevators and Cycles of Change: 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs](#), July 2010, p.4

²⁸ For more information on the international perspective see section

²⁹ FEANTSA, [Housing First Guide Europe: The Core Principles of Housing First](#), [accessed 4 April 2018]

5 Harm Reduction

Rather than requiring abstinence from drugs or alcohol, HF uses the 'harm reduction' approach: i.e. **persuading** people to reduce or manage their usage to achieve better outcomes, while also tackling the underlying causes of substance abuse.

6 Active Engagement without Coercion

A HF programme can be assertive and question behaviours which have negative impacts on their quality of life, but this must not be accompanied by any sanctions. No one must be forced to engage with treatment.

7 Person-Centred Planning

'Wrap-around support' is adapted to the user.

8 Flexible Support for as Long as is Required

Intensity of support can change over time, but support for individuals is always on offer.³⁰

HF is targeted at homeless individuals with **multiple complex and persistent needs**; it is not designed to replace all homelessness services but can supplement existing strategies.³¹

Complex needs cover a wide range of conditions/circumstances:

- Entrenched street homelessness, repeat service use or being otherwise vulnerably housed.
- Mental, psychological or emotional health needs.
- Drug and/or alcohol dependency.
- Contact with the criminal justice system.
- Physical health needs.
- Experience of domestic violence and abuse.³²

A HF approach, with its intensive, wrap-around support, will also likely require support workers to maintain a smaller caseload than usual: Homeless Link recommends 5-7 people as opposed to 20-40 people.³³

³⁰ Ibid.

³¹ Ibid.

³² [Housing First in England: The principles](#), Homeless Link, 2016

³³ [Housing First in England: The principles](#), Homeless Link, 2016

3. Housing First in the UK

3.1 England

Several pressure groups, charities and commentators have endorsed the Housing First programme; for example, the charity [Homeless Link](#) and the [Centre for Social Justice](#) think tank.

Some organisations are already providing HF services but it is relatively small scale. Homeless Link, in its annual review of [Support for single homeless people in England \(2017\)](#), estimated that 19% of accommodation-based homeless services in England were using a Housing First model (based on 121 providers who responded to the survey). A further 26% were considering using HF.³⁴ In total, Homeless Link estimated in March 2018 that there were 32 known Housing First services in England.³⁵ St Mungo's believes that it is the largest provider, supporting 80 clients in 9 locations (Bournemouth, Brighton, Camden, Ealing, Essex, Haringey, Hammersmith and Fulham, Reading and Westminster).³⁶

Studies of specific Housing First projects in England include:

- Camden Housing First, London. Operated by [Fulfilling Lives Islington and Camden](#). This service began in 2012. Pleace and Bretherton published [a report on the outcomes of this initiative in 2013](#). Of 13 people referred, Camden Housing First found accommodation for 7: only one of the tenancies failed. Users had mixed feelings about other outcomes (health and well-being and boredom, isolation and social support).³⁷
- [Threshold Housing First](#) is based in Greater Manchester and comprises of three sites in Tameside, Stockport and Oldham. It is specifically targeted at homeless women with a history of offending. Pleace and Quilgars published a [report](#) looking at the outcomes from the programme between April 2015 and April 2017. The authors identified an 80% tenancy sustainment rate, a reported improvement in mental well-being and a reduced offending rate, although social integration improvements varied.³⁸
- [Inspiring Change Manchester](#), run by Shelter, began in April 2016. An [interim report](#) was published in October 2017, along with an [interim financial report](#).
- Basis Housing First, based in Leeds, began in November 2016: it is aimed at female sex workers. A [report](#) on the project was

³⁴ [Support for single homeless people in England: Annual Review 2017](#), Homeless Link, March 2018

³⁵ [The picture of Housing First in England](#), Homeless Link, March 2018

³⁶ [Latest innovations](#), St Mungo's website, accessed 25 May 2018

³⁷ Nicholas Pleace and Joanne Bretherton, [Camden Housing First A Housing First Experiment in London](#), Centre for Housing Policy, 2013

³⁸ Deborah Quilgars and Nicholas Pleace, [The Threshold Housing First Pilot for Women with an Offending History: The First Two Years](#), Centre for Housing Policy/University of York, 2017

published in March 2018 and which identified “positive outcomes across a range of key indicators.”³⁹

- Pleace and Bretherton also published [Housing First in England: An Evaluation of Nine Services](#) (February 2015) which looks at nine HF services in London, the North East, Midlands and South Coast.
- Shelter’s [Good practice briefing: Housing first](#) (2008), outlines a few projects in England.

Policy developments

Existing Housing First services have tended to be financed via public grants for which the homelessness sector, including HF providers, can apply.⁴⁰ Between 2011 and 2014, for instance, the Department for Communities and Local Government (now the Ministry of Housing, Communities and Local Government) provided £20 million to create the Homelessness Transition Fund. The main part of the fund was aimed at innovative approaches to ending rough sleeping; according to Homeless Link, who administered the fund, Housing First projects were successful in the bidding process.⁴¹

Interest in Housing First has grown. On 18 August 2016, the House of Commons Communities and Local Government Select Committee published its 2016-17 report into [Homelessness](#) which included a section on the Housing First model. While acknowledging its successes in Finland, the Committee concluded:

[...] we are cautious about investing further in Housing First in England because of the severity of England’s homelessness challenge and the scarcity of funding and of social housing. Many people have been on social housing registers for over ten years and are therefore likely to be concerned by what might be seen as a means of jumping the queue. We acknowledge and commend the work delivered through existing Housing First pilots but we believe that resources should be focussed on supporting more mainstream efforts to tackle homelessness and prevent instances of entrenched homelessness.⁴²

In July 2017, the All-Party Parliamentary Group for Ending Homelessness published a report into [Homelessness prevention for care leavers, prison leavers and survivors of domestic violence](#) which recommended that DCLG and the Home Office should jointly fund a Housing First model for survivors of domestic abuse.⁴³

In an interview in with the *Observer* in March 2017, the then Secretary of State for Communities and Local Government, Sajid Javid, said that

³⁹ Emma Bimpson, [An evaluation of Basis Yorkshire’s Housing First pilot](#), Leeds Social Sciences Institute, University of Leeds, March 2018

⁴⁰ Governments have clarified that these funds can be made available to HF projects. For instance, see the response from Lord Chadlington to a written question about Housing First on the 26 May 2016: [HL13](#)

⁴¹ [Three years of transition: The Homelessness Transition Fund 2011 to 2014 - Evaluation summary](#), Homeless Link, 2015, p.6

⁴² [Homelessness](#), House of Commons Communities and Local Government Committee, HC 40, 18 August 2016, p30

⁴³ [Homelessness prevention for care leavers, prison leavers and survivors of domestic violence](#), All-Party Parliamentary Group for Ending Homelessness, July 2017, p13

he would like to investigate the Housing First initiative.⁴⁴ DCLG part-funded a [feasibility study for the Liverpool City Region](#) the report of which was published in July 2017.

Both the Conservatives and the Liberal Democrats⁴⁵ promised to explore Housing First as an option in their 2017 Manifestos. The Conservative Manifesto contained a commitment to halve rough sleeping over the course of the Parliament and eliminate it by 2027.⁴⁶ This commitment was reaffirmed by Sajid Javid after the election.⁴⁷

The [Autumn Budget 2017](#) set out the Government's first steps towards achieving this commitment:

Rough sleeping – The Budget sets out the government's first steps towards its commitment to halve rough sleeping by 2022, and to eliminate it by 2027, including the launch of the Homelessness Reduction Taskforce, which will develop a cross-government strategy to work towards this commitment.

Housing First pilots – The government will invest £28 million in three Housing First pilots in Manchester, Liverpool and the West Midlands, to support rough sleepers with the most complex needs to turn their lives around.⁴⁸

On 9 May 2018, the Government announced funding allocations for the three pilots:

- Liverpool City Region (£7.7m)
- Greater Manchester (£8.0m)
- West Midlands (£9.6m)⁴⁹

A summary of Government-backed funds targeting rough sleeping is provided in a press release from March 2018: [New government initiative to reduce rough sleeping](#).

3.2 Wales

It was reported in February 2018 that the Welsh Government had been funding 10 HF projects.⁵⁰

On 6 February 2018, the Welsh Housing Minister, Rebecca Evans, announced a new [two-year action plan to tackle rough sleeping](#), as well as the intention to take "housing first forward across Wales."⁵¹ The Welsh Government published [Housing First \(HF\) – National Principles and Guidance for Wales](#) alongside the action plan. This document sets out the Welsh Government's interpretation of HF principles and states

⁴⁴ [Government considering plans to house addicts who sleep rough](#), *Observer*, 12 March 2017

⁴⁵ [Liberal Democrat Manifesto 2017](#), [accessed 6 July 2017]

⁴⁶ [Conservative Manifesto 2017](#), [accessed 6 July 2017]

⁴⁷ [HC Deb 22 June 2017](#) cc230-1

⁴⁸ [Autumn Budget 2017](#), November 2017, paras 5.33 and 5.34

⁴⁹ Press release: [Housing Secretary James Brokenshire awards funding to reduce rough sleeping](#), Ministry of Housing, Communities & Local Government, 9 May 2018

⁵⁰ [Welsh Government to roll out Housing First across Wales](#), *Inside Housing*, 6 February 2018

⁵¹ [Welsh Assembly Plenary, 6 February 2018](#), paras 234-241

that the Welsh Government “expects Housing First to play an increasing role in local approaches to tackling homelessness.” This expectation will be included in statutory guidance.⁵²

After the announcement, when asked about the scale of the HF projects envisaged, Rebecca Evans said:

We've approved funding for a number of projects and they are with local authorities. So, Bridgend, Blaenau Gwent, Merthyr Tydfil, Cardiff, Conwy and Swansea have already recruited staff teams and are already moving tenants into accommodation using that housing first model. But as a condition of that funding, local authorities do have to provide us with feedback on the development and the impact of each of those schemes, and we'll be using that information to update and take forward the principles as we seek to move things out further across Wales, because both of the documents launched today are very much living documents and they'll be changing and responding to the evidence that comes forward to us and to the things that we're hearing as the housing first principles are rolled out.⁵³

The Minister added,

The funding for housing first has come through a funding stream of £2.6 million, and that was essentially to provide, I suppose, the opportunity to kick-start some of this, but I want to see housing first as very much a part of the normal way in which we would be dealing with people who are experiencing rough-sleeping. So, it really is a move to see how we can make this part and parcel of the package that we offer to people who are rough-sleeping, rather than specific pilot projects. I think we're at the start of a journey, rather than at the end of a journey on this at the moment.⁵⁴

On 19 June 2018, First Minister Carwyn Jones, announced the creation of a task and finish group to be chaired by Rebecca Evans, which would lead on tackling youth homelessness in Wales and “advise on the implementation of the Housing First approach across Wales, including evaluation.”⁵⁵

3.3 Scotland

Scotland was the first part of the UK to experiment with Housing First. Turning Point Scotland ran a [Housing First pilot in Glasgow](#) between October 2010 and September 2013. The [final report](#) on the outcomes achieved was published in December 2013. Aimed at drug users, 18 out of 22 users were still in housing by the end of the project, although not all had been housed immediately. No users were evicted, although one was imprisoned and another requested to return to supported housing. Users reported an improvement in a variety of other needs.⁵⁶ The project has continued and consists of three sites.⁵⁷

⁵² [Housing First \(HF\) – National Principles and Guidance for Wales](#), Welsh Government February 2018

⁵³ [Welsh Assembly Plenary, 6 February 2018](#), para 249

⁵⁴ [Welsh Assembly Plenary, 6 February 2018](#), para 269

⁵⁵ [Welsh Government Press Release](#), 19 June 2018

⁵⁶ Sarah Johnsen, [Turning Point Scotland's Housing First Project Evaluation: Final Report](#), Turning Point Scotland and Heriott-Watt University, December 2013

⁵⁷ [Housing First: the story so far](#), *Inside Housing*, 1 June 2017

The concept has since received Government support. First Minister Nicola Sturgeon described Housing First as a priority in May 2017:

We know that providing a home is not the only support that people—particularly vulnerable people—need, and that is why our current priorities include strengthening the development of approaches such as housing first, which is currently being piloted in Glasgow. It provides permanent accommodation alongside intensive peer support to help individuals with complex needs to sustain their accommodation.⁵⁸

In February 2018, the Scottish Local Government and Communities Committee published its [Report on Homelessness](#), recommending that the Scottish Government implements a Housing First policy.⁵⁹

The following month, the Scottish Government's Homelessness and Rough Sleeping Action Group published its interim report on [Ending rough sleeping in Scotland](#). It made a series of recommendations, including using Housing First “where applicable.” The authors went on:

Housing led approaches should be the default with the primary objective to move someone rapidly into settled accommodation rather than a temporary solution, in line with a planned pathway that makes sense for the individual. Where the person has more complex needs this is Housing First, otherwise this is rapid re-housing into settled accommodation.

[...]

The default for anyone at risk of homelessness has to be to rehouse them in secure and settled mainstream accommodation straight away, recognising that this will represent a significant shift from the current system. The overwhelming evidence is that for people with complex needs who are sleeping rough or at risk of sleeping rough the most effective solution is Housing First.

Emergency accommodation solutions need to become the exception, and where emergency solutions are needed, night stop and furnished flats are more effective than hostel solutions.⁶⁰

The group also recommended that the Scottish Government should provide “resource and oversight to ensure a successful transition to the rapid rehousing approach.” Local authorities should “develop and cost a 5-year ‘Rapid Rehousing Transition Plan’ by December 2018, within the framework consulted on and published by the Action Group in June 2018.”⁶¹

These measures have been “accepted in principle” by the Scottish Government.⁶²

⁵⁸ [Scottish Official Report, 18 May 2017, c23](#)

⁵⁹ [Report on Homelessness](#), Scottish Parliament Local Government and Communities Committee, February 2018, p62

⁶⁰ [Ending Rough Sleeping in Scotland: An interim report on the activity of the Homelessness and Rough Sleeping Action Group](#), Scottish Government, 7 March 2018, p5

⁶¹ [Ending Rough Sleeping in Scotland: An interim report on the activity of the Homelessness and Rough Sleeping Action Group](#), Scottish Government, 7 March 2018, p15

⁶² [Action to end rough sleeping](#), Scottish Government website, 7 March 2018

3.4 Northern Ireland

The [Homelessness Strategy for Northern Ireland 2012-2017](#) included consideration of 'housing led' services. In 2014, the strategy was 'reprioritised' by the Northern Ireland Executive: one of the new priorities was "the development of a Housing First service and a range of measures designed to support sustainable tenancies."⁶³ The strategy committed the Government to "examining" the housing led/housing first models.

A pilot of Housing First was carried out by Depaul in Belfast in 2014 using funds from the NI Executive's Supporting People programme.⁶⁴ In 2016, a report on [The Efficiency and Effectiveness of the Housing First Support Service Piloted by Depaul In Belfast](#) was published. It found 79% (19/24) of the new intake for that year were still in accommodation by the end of the year and general improvements to participants' well-being.⁶⁵ The project is ongoing and expanded in 2015 to Derry.⁶⁶ For more information see their summary of [Housing First](#).

Northern Ireland's 2017-22 Homelessness Strategy states that the Government wants to "develop" the HF approach further and "examine the potential for other types of housing led pathway models [...]"⁶⁷

⁶³ Fiona Boyle and Nicholas Pleace, [The Homelessness Strategy for Northern Ireland 2012-2017: An Evaluation](#), Northern Ireland Housing Executive/University of York, January 2017, p3

⁶⁴ [Housing First in the UK and Ireland](#), Chartered Institute of Housing, November 2017, pp9-10

⁶⁵ Fiona Boyle and John Palmer, with Salma Ahmed, [The Efficiency and Effectiveness of the Housing First Support Service Piloted by Depaul In Belfast](#), North Harbour Consulting, 2016

⁶⁶ [Housing First in the UK and Ireland](#), Chartered Institute of Housing, November 2017

⁶⁷ [Ending Homelessness Together: Homelessness Strategy for Northern Ireland 2017-22](#), Housing Executive, April 2017, p23

4. Housing First: the evidence

4.1 Housing retention rates

Most studies of Housing First projects tend to report much better housing retention rates amongst users with complex needs when compared to outcomes in more mainstream approaches. Pleace, in his 2018 literature review, writes:

The evidence that Housing First ends homelessness – among homeless people with high and complex needs – is strong. The evidence is also international, and this is an important point, because Housing First has worked in Copenhagen, Dublin, Glasgow, Helsinki, Lisbon, London, Manchester, Newcastle, Paris, Vienna, New York and Vancouver, to name a few cities, alongside the successful use in the Danish, Finnish, French and Canadian national homelessness strategies [...] and evidence of reductions of 'chronic' homelessness, particularly among veteran groups in the USA [...] The literature on Housing First – particularly on the Canadian At Home/Chez Soi programme [...] – is extensive.⁶⁸

Pleace argues that HF is effective with chronically homeless people and those with "severe mental illness, addiction, poor physical health, limiting illness and disability and repeated contact with criminal justice systems." Despite some extreme results (ranging from 70 to 90% success rate), on average Pleace calculates that around 8 in 10 people manage to stay in housing for a year following admittance to a HF project.⁶⁹ In comparison, mainstream homelessness services in international case studies do not perform as well, recording around 30 to 60% housing retention over similar periods.⁷⁰

It is worth noting that more mainstream services in the UK perform better when compared to the international sphere. Pleace finds success rates ranging between 55 and 80% with traditional UK accommodation-based services. This may be because the UK's homelessness services do not necessarily adopt a strict staircasing model.⁷¹ Pleace also makes the point that while there is evidence that accommodation and floating-support services in the UK have struggled to achieve long-term solutions for small group of individuals with high and complex needs:

...disentangling the extent to which this is a function of how accommodation-based services work, insufficient funding for services, inadequate supply of affordable housing, or a combination of factors, is difficult due to limitations in the current evidence base.⁷²

⁶⁸ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, p24

⁶⁹ Ibid., p25

⁷⁰ Nicholas Pleace and Deborah Quilgars, [Improving Health and Social Integration through Housing First | A Review](#), Centre for Housing Policy/University of York and European Observatory on Homelessness, 2013, p30

⁷¹ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, pp15-16

⁷² Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, p15

Other factors contribute to making a rigorous comparison of HF with other services difficult:

- The variety of practices used within a Housing First approach and the similarity to other floating-support services.
- Some UK HF projects have struggled for reasons of funding and housing availability to remain faithful to the underlying principles of HF and, in reality, resemble a 'housing-led' service. Also, some projects outside the UK may adopt the moniker of Housing First but have used the term more as a label to describe mainstream services that were already being delivered.⁷³ Indeed, there is much debate in the Housing First literature over 'fidelity' to the model or principles of HF.⁷⁴
- Much of the evidence base is international and should be considered in context: administrative and welfare environments vary greatly between countries.⁷⁵ There may be different barriers in countries like the UK, such as availability of housing and the legality of allowing the taking of illicit drugs.⁷⁶
- Writing in 2012, Jeannette Waegemakers Schiff and John Rook argued that the evidence base consisted primarily of both qualitative evidence and quantitative evidence that had not been produced in a randomised controlled study. Much of the quantitative evidence is reliant on the *Pathways New York* project.⁷⁷ It is worth highlighting that since 2012, there have been more randomised control trials in Canada and France which corroborate the more 'quasi-experimental' and 'observational' evidence already in existence.⁷⁸
- Raitakari and Juhila have pointed out that much of the HF literature "is linked to promoting the HF model as a practical and working solution to homelessness" and "primarily produces knowledge and arguments that are useful for political decision-making and for implementing local HF models." The authors also highlight that there is a "rather internal research field in the sense that the publications refer to each other a lot."⁷⁹ Indeed, certain names and organisations are referenced multiple times in this paper.

⁷³ Michele Lancione, Alice Stefanizzi & Marta Gaboardi, [Passive adaptation or active engagement? The challenges of Housing First internationally and in the Italian case](#), Housing Studies, 2017

⁷⁴ Dr Peter Mackie, Professor Sarah Johnsen and Dr Jenny Wood, [Ending rough sleeping: what works?](#) Crisis, December 2017, p.33

⁷⁵ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, p16

⁷⁶ Iain Atherton & Carol McNaughton Nicholls, ['Housing First' as a means of addressing multiple needs and homelessness](#), European Journal of Homelessness, Volume 2, December 2008, p300

⁷⁷ Jeannette Waegemakers Schiff and John Rook, [Housing First: Where is the evidence?](#) Faculty of Social Work, University of Calgary, 2012

⁷⁸ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, p6

⁷⁹ Suvi Raitakari and Kirsi Juhila, [Housing First Literature: Different Orientations and Political-Practical Arguments](#), European Journal of Homelessness, Volume 9, No. 1, June 2015

4.2 Does Housing First save money?

An argument often raised in favour of HF is that in the long-run it is more cost-effective for two reasons:

- By ending an individual's rough sleeping on a more permanent basis, HF reduces the number of interactions that a homeless person has with emergency public services such as A&E or the police. Having sustained accommodation helps people access cheaper mainstream services, such as primary health care.
- The use of floating support services combined with ordinary housing is cheaper than running dedicated supported housing.

International studies have attempted to analyse costs associated with Housing First programmes.⁸⁰ Volker Busch-Geertsema (2013), looked at several projects in Europe and found some evidence that HF was cheaper than traditional services, but said: "none of the projects has produced more robust data on previous service use (and a – probable – higher use of cost intensive institutions like hospitals and prison) and on the duration of support needed by the Housing First project."⁸¹

Pleace and Quilgars, also in 2013, wrote:

Evidence [...] suggests Housing First saves public money by being cheaper than some existing service models, by reducing use of expensive emergency medical services and by reducing contact between chronically homeless people and criminal justice services. Early results from the large-scale Canadian evaluation of Housing First services have for example suggested equivalent savings - per 1,000 chronically homeless people using Housing First services - of \$2.9 million CAD (€1.61 million) just from the reductions in emergency accommodation and further, though smaller, savings from reduced visits to hospital emergency visits (\$245,000, €180,460) [...].⁸²

International data is difficult to apply to the UK as housing and support services differ. UK studies have attempted to analyse the costs of HF programmes:

- Looking at the 2014 calendar year, the Depaul HF project in Northern Ireland found that HF tended to be more expensive than other mainstream floating support/'housing-led' services; however, HF was cheaper than accommodation-based services.⁸³
- In the Camden Housing First programme, Pleace and Bretherton's analysis (between 2012-13) suggested that HF services were cheaper on a weekly basis when compared to a hostel. Although the study did not compare HF with alternatives to hostels (such as other 'Housing-led' or floating services), the authors argue that

⁸⁰ Examples can be found in the bibliography

⁸¹ Volker Busch-Geertsema, [Housing First Europe: Final Report, Housing First Europe/European Commission](#), 2013, p74

⁸² Nicholas Pleace and Deborah Quilgars, [Improving Health and Social Integration through Housing First | A Review](#), Centre for Housing Policy/University of York and European Observatory on Homelessness, 2013

⁸³ Fiona Boyle and John Palmer, with Salma Ahmed, [The Efficiency and Effectiveness of the Housing First Support Service Piloted by Depaul in Belfast, funded By Supporting People: An Sroi Evaluation](#), 2016

“based on the use that [...] service users had hitherto made of hostels, there are reasonable grounds to assume that most would have remained in hostels if [Housing First] had not been available.”⁸⁴ The authors concluded that savings were not dramatic and that the project’s greater effectiveness at reducing homelessness should also be considered.⁸⁵

- Analysis of the Inspiring Change Housing First programme in Manchester found some savings to the public purse over the course of a year in some areas. This was due to users spending less time in prisons and hospitals and with Community Mental Health Teams. A more stable home meant that the local authority spent considerably less on temporary accommodation, street homeless services and carrying out evictions. However, HF led to a dramatic increase in costs in other areas, such as mental health inpatient services and police custody.⁸⁶ The authors found:

... an overall fiscal benefit of the outcomes of the HF project when offset against the costs associated with the project and wider societal costs. Should the longer term data continue along the same trajectory, it can be anticipated that there will be a 2.65:1 return on investment⁸⁷

Several studies have attempted to model the costs of implementing HF in the UK more widely:

- The Joseph Rowntree Foundation asked Heriot-Watt to calculate potential savings from making Housing First the default UK service for homeless adults with complex needs. The researchers assessed that it could save £200 million per year after two years, although details of the modelling are not provided.⁸⁸
- Mandy Littlewood et al., in [Eradicating 'Core Homelessness' in Scotland's Four Largest Cities](#), argue that scaling up Housing First in Scotland would not be cheap, but would be cost-effective. They estimated the net cost (following savings to other public institutions) would be £1 million in year one. Year two would have a net cost of £1.96 million. They predict overall net savings to Government spending in future years but do not include one-off administrative costs or ongoing costs due to the inflow of new cases.⁸⁹
- DCLG and Housing First Hub Europe funded a feasibility study, commissioned by Crisis, into developing HF in the Liverpool City Region in 2017. The authors calculate the costs for two models of homelessness services in the region, both including a combination

⁸⁴ Nicholas Pleace and Joanne Bretherton, [Camden Housing First: A Housing First Experiment in London](#), 2013, pp55-8

⁸⁵ Nicholas Pleace and Joanne Bretherton, [Camden Housing First: A Housing First Experiment in London](#), 2013, p58

⁸⁶ Sarah Barnes and Stephen Bray, [Inspiring Change Manchester: Housing First](#), October 2017, chapter 3

⁸⁷ Sarah Barnes and Stephen Bray, [Inspiring Change Manchester: Housing First](#), October 2017, p10

⁸⁸ [UK Poverty: Causes, Costs and Solutions](#), Joseph Rowntree Foundation, September 2016, p238

⁸⁹ Mandy Littlewood, Glen Bramley, Suzanne Fitzpatrick, Jenny Wood, [Eradicating 'Core Homelessness' in Scotland's Four Largest Cities: Providing an Evidence Base and Guiding a Funding Framework](#), I-Sphere/Heriott Watt University, October 2017

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of HF, emergency supported housing and ‘housing-led’ services. Both models anticipate annual savings.⁹⁰

Pleace and Bretherton also attempted to calculate costs based in part on their study of nine HF projects in England. The authors first estimated the annual cost that a single homeless person may incur to the state. Using several sources, they calculated an annual cost upwards of £24,000 as explained in the table below:

Table 5.1: Illustrative One-Year Financial Costs of Long-Term and Repeat Homelessness

Seen by ambulance crew and taken to hospital (twice) ¹	£466
Non-elective long stay ¹	£2,716
Outpatient appointments (missed) ¹	£436
Arrested and prosecuted for shoplifting twice ²	£7,000
Imprisoned for two months ²	£5,460
Stays in low intensity supported housing for three months (support costs) ³	£1,274
Stays in high intensity supported housing for five months (support costs) ³	£7,260
Total	£24,612

1. Curtis, L. (2014) *Unit Costs of Health & Social Care PSSRU* 2. DCLG (2010) *Evidence Review on the Costs of Homelessness* London: DCLG 3. Based on commissioning support costs given by local authorities in response to requests from the research team for this report (see tables 5.2 and 5.3) approximate figures of £98 per day in support costs for low intensity supported housing and £330 per day for high intensity supported housing.

Source: Joanne Bretherton and Nicholas Pleace, [Housing First in England, An Evaluation of Nine Services](#), University of York, February 2015

The authors concluded that HF may mitigate many of the costs set out above and could create savings. Three hours per week of the most expensive HF service was estimated to generate a saving of £17,702 annually per person.⁹¹ The estimate was based on the use of Intensive Case Management (ICM) which is likely to be cheaper than Assertive Community Treatment (ACT). The authors also used an average benchmark of 3 hours of support but this could vary considerably according to the individual.⁹²

⁹⁰ [Housing First Feasibility Study for the Liverpool City Region](#), Crisis, 2017, chapter 5

⁹¹ Joanne Bretherton and Nicholas Pleace, [Housing First in England, An Evaluation of Nine Services](#), University of York, February 2015, p59

⁹² Joanne Bretherton and Nicholas Pleace, [Housing First in England, An Evaluation of Nine Services](#), University of York, February 2015, pp60-1

Based on reported figures from local authorities and Housing First service providers, the authors also compared the costs of mainstream ('treatment as usual') services with HF costs over a period of 12 months. The first table looks at support costs (i.e. not including the costs of accommodation):

Table 5.2: Illustrative Comparison of Support Costs Housing First and Treatment as Usual

Treatment as usual		
Contact with outreach team (three contacts)		
£240*		
Stay in supported housing for six months (support costs)		
Low Intensity ¹	Medium Intensity ²	High Intensity ³
£2,548	£4,680	£8,580
Resettlement into rented housing by floating support service (support costs) @ one hour of contact every two weeks for three months		
£468*		
Total costs of treatment as usual (support costs)		
Low Intensity	Medium Intensity	High Intensity
£3,256	£5,388	£9,288
Costs of one year of support from Housing First @ three hours of contact per week		
Lowest cost Housing First ⁴		
£4,056	£4,056	£4,056
<i>Differences in cost of using Housing First compared to treatment as usual</i>		
+£1,238	-£894	-£4,794
Mid-range cost Housing First ⁵		
£5,304	£5,304	£5,304
<i>Differences in cost of using Housing First compared to treatment as usual</i>		
+£2,486	-£354	-£3,546
Highest cost Housing First ⁶		
£6,240	£6,240	£6,240
<i>Differences in cost of using Housing First compared to treatment as usual</i>		
+£3,422	+£852	-£3,048

Based on actual cost data on support costs only, approximate amounts are shown, as information was commercially sensitive. *Approximately £30 per hour. 1. £98 per week 2. £180 a week 3. £330 a week 4. £26 an hour 5. £34 an hour 6. £40 an hour. Based on scattered site Housing First services only.

Source: Joanne Bretherton and Nicholas Pleave, [Housing First in England. An Evaluation of Nine Services](#), University of York, February 2015

Their analysis suggested that, depending on the level of support provided, HF could be both cheaper or more expensive. The authors found that HF was particularly cost-effective at higher levels of intensive support. Again, this was based on the use of less intensive ICM support rather than ACT.

The authors also compared accommodation costs of supported housing and HF over 18 months and found:

It is when the use of supported housing becomes more sustained, at 18 months and beyond, that the potential for Housing First as an alternative approach that can have lower financial costs becomes apparent. Based on this research, longer term use of Housing First is likely to be financially cheaper than sustained and

repeated stays in medium and high intensity supported housing in England.⁹³

Issues with the evidence

Pleace's 2018 report for St Mungo's suggests that several assumptions underlie arguments that Housing First projects are cheaper than existing interventions, including:

- assumptions about the amount of time accommodation-based services take to rehabilitate users;
- assumptions that HF "must have a lower cost per hour of support, less frequent contact or lower logistical costs and must not sustain intensive contact for very long periods" – there is evidence to suggest this is true but it is not certain;
- assumptions that the cost of the accommodation itself is lower – but using private sector housing on scattered sites may actually prove more expensive than purpose-built housing. Furthermore, off-the-market accommodation may not be available so investment in housing stock may escalate HF costs; and
- assumptions that all homeless people with complex needs will use emergency services to a greater degree when rough sleeping, whereas this may only apply for a smaller subgroup.⁹⁴

A factor often not considered is that even if emergency services are used less, HF programmes deliver or facilitate access to other services.

Pleace and Bretherton explain:

...there is the possibility that Housing First might cause costs to rise. For many long-term and recurrently homeless people, the issue is not over-use of services; it is poor access to services, particularly medical services [...]. A Housing First service, should, when someone wishes it, connect them to the health and personal care services they need, but have not been using. The financial costs of that person to society may spiral upwards, as they begin to receive all the health and other services that they require, particularly, if someone has severe physical or mental health problems for which they were receiving no treatment.⁹⁵

Pleace and Bretherton also explain that a lot of the assumed savings to high-cost public services are not actually realisable as homeless persons with complex needs account for a small fraction of costs to the state. For example, less than 1% of A&E costs in the UK are attributable to rough sleepers. Removing these interactions will not mean that staffing can be reduced in hospitals or police departments.⁹⁶

⁹³ Joanne Bretherton and Nicholas Pleace, [Housing First in England. An Evaluation of Nine Services](#), University of York, February 2015, p58

⁹⁴ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, pp.32-34. See also Nicholas Pleace and Deborah Quilgars, [Improving Health and Social Integration through Housing First | A Review](#), Centre for Housing Policy/University of York and European Observatory on Homelessness, 2013, p54

⁹⁵ Joanne Bretherton and Nicholas Pleace, [Housing First in England. An Evaluation of Nine Services](#), University of York, February 2015, p52

⁹⁶ Joanne Bretherton and Nicholas Pleace, [Housing First in England. An Evaluation of Nine Services](#), University of York, February 2015, p52

There are also some limits to the UK-based analyses summarised above. A number of UK homeless interventions use floating services, or a 'housing-led' approach, rather than supported housing. These services are similar to Housing First and may have comparable day-to-day operational costs.⁹⁷

It is also worth noting that the scope of studies is often limited to a short time period, reflecting the way in which homeless interventions are often commissioned. HF could amount to a commitment of support throughout an individual's lifetime, which could escalate costs as the number of participants in a programme grows.⁹⁸

Pleace and Quilgars (2013), acknowledging the difficulties of modelling costs and potential problems with the evidence, argued that the cost-effectiveness of HF should be seen through the lens of its results:

Debates about the extent to which Housing First is financially beneficial will continue. What is clear, from the current evidence base, is that Housing First represents a more *efficient* use of public money than alternative services because Housing First ends chronic homelessness at a higher rate than has been achieved by other service models. Alongside this consideration, it has also been argued, from within the USA, that assessing Housing First and other homelessness services simply in financial terms is not productive. While costs must ultimately be considered, the point of services such as Housing First is primarily to end the unique distress of chronic homelessness and not to save money.⁹⁹

4.3 Does Housing First improve other outcomes?

As well as addressing homelessness itself, the Housing First model targets the complex needs that users face. It is thought that this can be achieved by providing a stable environment, providing intensive support and taking a holistic approach to life improvement.

Evidence of the model's efficacy in this respect is mixed. Homeless Link's 2015 literature review found, on the whole, that participants in HF projects experienced an improvement, or at least stabilisation, in terms of substance misuse, health, and social inclusion, although the evidence base was not strong.¹⁰⁰ Pleace and Bretherton's 2015 study of 9 HF services in England found some improvements in health, addiction, and community participation, and no cases of worse outcomes, although

⁹⁷ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, p22

⁹⁸ Nicholas Pleace and Deborah Quilgars, [Improving Health and Social Integration through Housing First | A Review](#), Centre for Housing Policy/University of York and European Observatory on Homelessness, 2013 and Mandy Littlewood, Glen Bramley, Suzanne Fitzpatrick, Jenny Wood, [Eradicating 'Core Homelessness' in Scotland's Four Largest Cities: Providing an Evidence Base and Guiding a Funding Framework](#), I-Sphere/Heriott Watt University, October 2017

⁹⁹ Nicholas Pleace and Deborah Quilgars, [Improving Health and Social Integration through Housing First | A Review](#), Centre for Housing Policy/University of York and European Observatory on Homelessness, 2013, p11

¹⁰⁰ ['Housing First' or 'Housing Led'? The current picture of Housing First in England](#), Homeless Link, June 2015, pp8-9.

significant barriers to employment remained.¹⁰¹ Pleace and Quilgars, looking at the international evidence base, concluded that despite some cases of improvements: “the most consistent evidence points to the stabilisation of both mental health and drug and alcohol issues” in HF programmes which are “at least as good as Treatment First approaches”.¹⁰² Indeed, although Busch-Geertsema’s 2013 review of projects in Europe and the UK found mixed results across a number of outcomes, the author concluded:

...there is very little evidence that staircase or continuum of care services produce any more promising results for homeless people with complex support needs in overcoming social isolation, long-term unemployment, and poverty. Given these complex needs of most of the users of Housing First services, it might be unrealistic to expect any quick and widespread progress in respect of further social inclusion.¹⁰³

Busch-Geertsema highlighted that the studies conducted may be too short in scope to observe changes in the quality of life.¹⁰⁴

It has been occasionally argued that HF can have a negative impact on other outcomes:

- Rent has been identified as a potential problem. Some HF programmes¹⁰⁵ have used a mandatory automatic deduction of rent from users’ incomes, which has been criticised as paternalistic, and not in keeping with Housing First’s emphasis on choice.¹⁰⁶ There is also evidence to suggest that high rents can lead to restricted incomes, and consequently difficulties in sustaining a varied diet or integrating with the local community.¹⁰⁷
- Busch-Geertsema highlighted that using scattered-site accommodation could lead to greater social isolation, not less.¹⁰⁸

It is possible, given that participants in a HF project are under no obligation to quit or reduce their use of illegal drugs, that substance misuse can continue for the foreseeable future, or get worse.¹⁰⁹ This has potential legal ramifications for providers of housing,¹¹⁰ and potential consequences for drug users who may be arrested, or face serious medical consequences. Some commentators have therefore suggested

¹⁰¹ Joanne Bretherton and Nicholas Pleace, [Housing First in England: An Evaluation of Nine Services](#), Centre for Housing Policy, February 2015, pp35-40

¹⁰² Nicholas Pleace and Deborah Quilgars D, [Improving Health and Social Integration through Housing First: A Review](#), York: Centre for Housing Policy, 2013

¹⁰³ Volker Busch-Geertsema, [Housing First Europe Final Report](#), GISS, 2013, chapter 3.6

¹⁰⁴ Volker Busch-Geertsema, [Housing First Europe Final Report](#), GISS, 2013, chapter 3.6

¹⁰⁵ This includes the Pathway Housing First project in New York

¹⁰⁶ Guy Johnson, Sharon Parkinson and Cameron Parsell, [Policy shift or programme drift? Implementing Housing First in Australia](#), Australian Housing and Urban Research Institute, March 2012

¹⁰⁷ Joanne Bretherton and Nicholas Pleace, [Housing First in England: An Evaluation of Nine Services](#), Centre for Housing Policy, February 2015, p36

¹⁰⁸ Volker Busch-Geertsema, [Housing First Europe Final Report](#), GISS, 2013, p69

¹⁰⁹ There is some evidence to suggest that this can happen, although this tends to be a minority of participants. See for example, Volker Busch-Geertsema, [Housing First Europe Final Report](#), GISS, 2013, p69

¹¹⁰ Iain Atherton & Carol McNaughton Nicholls, [‘Housing First’ as a means of addressing multiple needs and homelessness](#), European Journal of Homelessness, Volume 2, December 2008, p298

that there should still be accommodation-based services that require abstinence for the well-being of their clients.¹¹¹

4.4 Gaps in support for single homeless people

Housing First is targeted at individuals with complex needs. However not all single homeless people have complex needs; structural or economic factors can also be at play.

Crisis estimates that a third of single homeless people in the UK have low or no support needs and that the cause of their situation is a shortage of affordable housing and reduced availability of Housing Benefit.¹¹² For Crisis, the long-term solution for these individuals is improved access to private and social housing. Other organisations such as the CSJ make a similar point, as well as highlighting that a greater focus should be placed on prevention of homelessness.¹¹³

Centrepoin, a charity for homeless youths, has expressed fears that the attention given to Housing First may mean that other services aimed at specific groups, such as young adults, may no longer be commissioned. Its concerns followed a decision by a local council to stop using Centrepoin's services and limit their services to Housing First.¹¹⁴

Advocates of HF in general do not see the model as a panacea for homelessness, as Pleace highlights:

Housing First is highly effective in ending homelessness among people with high and complex needs, but it does not constitute a solution to single homelessness, or rough sleeping, in itself. The international evidence shows that Housing First services need to be a part of an integrated homelessness strategy to be truly effective. An integrated homelessness strategy, characterised by extensive interagency working, uses preventative services and a range of homelessness services (of which Housing First services are one group) to effectively meet the diverse needs of single homeless people. Integrated strategies, incorporating Housing First within a mix of service types, have reduced homelessness to very low levels in Denmark, Finland and Norway.¹¹⁵

4.5 Challenges in delivering Housing First

HF relies on providing permanent access to accommodation and support. This requires long-term funding and, potentially, a steady availability of appropriate housing.

¹¹¹ Nicholas Pleace, [The Ambiguities, Limits and Risks of Housing First from a European Perspective](#), European Journal of Homelessness, Volume 5, No. 2, December 2011, p.119

¹¹² [Moving on: Improving access to housing for single homeless people in England](#), Crisis, 2017, p10

¹¹³ [HOUSING FIRST: Housing-led solutions to rough sleeping and homelessness](#), Centre for Social Justice, March 2017

¹¹⁴ ['Housing first' could entrench youth homelessness. Let's apply it with caution](#), *Guardian*, 19 July 2017

¹¹⁵ Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018, p.iii

International projects have experienced problems in delivering these elements; some of these issues may be particularly acute in the UK.

Long-term funding

Homeless Link, in 2015, carried out a survey amongst Housing First providers in England. 59 respondents confirmed the following funding arrangements:

- 27% said that they funded their HF project via local authority grants;
- 31% used 'housing related support' (formerly Supporting People);
- 4% used social services funding;
- 15% using fundraising and charitable sources;
- 2% used criminal justice funding,
- 2% used substance misuse funding; and
- 20% used 'other' sources.¹¹⁶

In a further survey carried out in 2017, it was found that 68% of the 32 known HF projects in England were funded by a local authority, whereas 11% received funding from multiple sources.¹¹⁷

The results suggest that HF providers are largely reliant on public grants which can be time-limited and/or dependent on outcomes. Homeless Link (2015) found:

Most projects had funding for between two and three years (29%), and just over a quarter (27%) of projects that were funded for 12 months or less in the form of pilots. Only 9% were funded for more than five years.¹¹⁸

Homeless Link's 2017 survey found that only 8% of HF providers were funded for 4 years or more.¹¹⁹ It has been reported that initial HF programmes in England have collapsed as this funding has run out.¹²⁰

According to the 2015 survey, nearly half of the respondents indicated that a core principle of HF (the separation of support and housing) was not followed, due to a reliance on public grants:

Only 47% of respondents said that there was a separation of housing and support services. The follow up interviews indicated that whilst in theory projects would like to adopt this approach, the nature of how the service was commissioned and the expectation by the local authority and the housing provider for clients to receive support meant in practice this would be difficult to adopt. In most cases clients wanted to engage with support so this had not been an issue.¹²¹

¹¹⁶ ['Housing First' or 'Housing Led'? The current picture of Housing First in England.](#) Homeless Link, June 2015, p14

¹¹⁷ [The picture of Housing First in England](#), Homeless Link, 2018

¹¹⁸ ['Housing First' or 'Housing Led'? The current picture of Housing First in England.](#) Homeless Link, June 2015, p15

¹¹⁹ [The picture of Housing First in England](#), Homeless Link, 2018

¹²⁰ [Housing First alone can't solve the UK's homelessness crisis](#), *Guardian*, 14 March 2018

¹²¹ ['Housing First' or 'Housing Led'? The current picture of Housing First in England.](#) Homeless Link, June 2015, p16

Furthermore, only one of the providers provided indefinite support for clients, with many local authorities still keen to 'graduate' people out of a HF programme.¹²² Such breaks with HF principles could categorise many of these programmes as 'housing-led' services rather than Housing First.

Funding solutions

The CSJ proposes some solutions for finding long-term funding. As well as emphasising that the rental element of HF can be at least in part paid by the benefits system, the CSJ suggests that the Government could provide open-ended funding, either through taking the estimated savings from Government Departments, or encouraging the use of Social Impact Bonds (SIBs).¹²³

Crisis also recommends funding HF via Housing Benefit:

Housing Benefit could be paid at standard rates to cover rental costs. National governments would need to provide additional funding to local authorities to commission services to procure Housing First stock and provide the support package for tenants. The benefit of this approach is that it reinforces the concept that getting a tenancy is not dependent on working with support services. The support could remain in place even if the person was no longer in that tenancy if, for example, they went to prison. Furthermore, separating the two funding streams would make it easier for one agency to provide housing and for a more specialist agency to provide the support package.¹²⁴

The authors of the Liverpool feasibility study point out that organisations such as Combined Authorities and Clinical Commissioning Groups, both of which have relevant responsibilities, can pool their resources to better fund and organise a Housing First approach.¹²⁵

Sourcing suitable housing

In the US, several HF providers had access to their own housing stock. In the UK providers have generally used either private or social rented housing.

According to Homeless Link, the mix of housing used by HF providers in England in 2017 was as follows:

- 61% used social housing;
- 57% used private rented housing;
- 7% used supported housing;
- 11% were registered providers of social housing and used their own stock;

An SIB is where a private investor, contracted by a commissioner (for instance central/local government) provides the initial capital to instigate a HF project. As part of a contract, the commissioner agrees to give variable payments to the investor, according to performance.

¹²² ['Housing First' or 'Housing Led'? The current picture of Housing First in England](#), Homeless Link, June 2015, p20

¹²³ [HOUSING FIRST Housing-led solutions to rough sleeping and homelessness](#), Centre for Social Justice, March 2017, pp49-50

¹²⁴ [Everybody In: How to end homelessness in Great Britain](#), Crisis, 2018, p.222

¹²⁵ [Housing First Feasibility Study for the Liverpool City Region](#), Crisis, 2017, chapter 6

- 11% were support providers and also had access to their own housing stock.¹²⁶

39% used more than one source of accommodation.¹²⁷

It is well established that affordable private and social housing in the UK is currently in short supply, which may present challenges for the delivery of Housing First in the UK. Homeless Link (2015) found:

By far the biggest barrier to setting up a Housing First project was reported as access to suitable and affordable accommodation in both the social and private rented sectors. This included securing social housing either through the local authority or registered social providers and persuading them to be flexible with their allocations policy. In the PRS [private rented sector], landlords were reluctant to let to people on housing benefit. Providers also struggled to raise money for a deposit and find properties within their Local Housing Allowance rate.¹²⁸

Homeless Link found that because many HF participants had previously abandoned social properties, had rent arrears or were banned from social housing due to anti-social behaviour, social landlords were hesitant to provide housing. Homeless Link fears that this may make HF projects in England over-reliant on the PRS, which may be unsustainable due to the terms of assured shorthold tenancy agreements and rising rental costs.¹²⁹

Solutions to housing availability

The CSJ believes that HF providers could negotiate with social landlords to ensure priority access for HF participants and to discount an individual's past behaviours when arranging a tenancy.¹³⁰

HF providers have also been able to either act as a housing management service or take a tenancy in their own name and sub-let to HF users. It is suggested that this could overcome social landlords' concerns about releasing stock for HF projects.¹³¹

Crisis points out that HF services do not always need to source new accommodation; support could be given in existing tenancies where the tenants is at risk of eviction. This strategy could be a good fit with the new preventative measures that local authorities must take under the *Homelessness Reduction Act 2017*.¹³²

¹²⁶ [The picture of Housing First in England](#), Homeless Link, 2018

¹²⁷ [The picture of Housing First in England](#), Homeless Link, 2018

¹²⁸ ['Housing First' or 'Housing Led'? The current picture of Housing First in England](#), Homeless Link, June 2015, pp3-4

¹²⁹ ['Housing First' or 'Housing Led'? The current picture of Housing First in England](#), Homeless Link, June 2015, p16

¹³⁰ [HOUSING FIRST Housing-led solutions to rough sleeping and homelessness](#), Centre for Social Justice, p46

¹³¹ Iain Atherton and Carol McNaughton Nicholls, [Housing First as a means of addressing multiple needs and homelessness](#), European Journal of Homelessness, Volume 2, December 2008, p.298 and Joanne Bretherton and Nicholas Pleace, [Housing First in England: An Evaluation of Nine Services](#), Centre for Housing Policy, February 2015, p71

¹³² [Housing First Feasibility Study for the Liverpool City Region](#), Crisis, 2017, p92

Delivering support services

In the US, from where much of the HF evidence comes, floating services were provided by integrated teams, able to deliver a range of specialist services to tenants in a HF programme. As Atherton and Nicholls explain, although there have been attempts to better integrate such services in the UK, it is still generally the case that support is provided by several agencies. This can make intensive, wrap-around support difficult to organise.¹³³

Homeless Link's 2015 survey of HF providers in England identified several issues when delivering support to users, including:

- Too big a caseload per support worker, making intensive support difficult.
- Difficulties recruiting staff with the skills and flexibility to rota 24-hour services.¹³⁴

¹³³ Iain Atherton and Carol McNaughton Nicholls, [Housing First as a means of addressing multiple needs and homelessness](#), *European Journal of Homelessness*, Volume 2, December 2008, p297

¹³⁴ ['Housing First' or 'Housing Led'? The current picture of Housing First in England](#), *Homeless Link*, June 2015, pp.19-20

5. Bibliography and case studies

Bibliographies of several major literature reviews can be helpful for finding further reading, such as:

- Nicholas Pleace, [Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence](#), University of York, 2018
- Suvi Raitakari and Kirsi Juhila, [Housing First Literature: Different Orientations and Political-Practical Arguments](#), European Journal of Homelessness, Volume 9, No. 1, June 2015
- Nicholas Pleace and Deborah Quilgars, [Improving Health and Social Integration through Housing First | A Review](#), Centre for Housing Policy/University of York and European Observatory on Homelessness, 2013
- Jeannette Waegemakers Schiff and John Rook, [Housing First: Where is the evidence?](#) Faculty of Social Work, University of Calgary, 2012

The [Housing First Europe Hub](#) has a wide variety of guides and research.

Some UK homeless charities have written on the subject of HF. See:

- [Housing First England](#), Homeless Link (a variety of papers)
- [Everybody In: How to end homelessness in Great Britain](#), Crisis 2018 (see chapter 9: The role of Housing First in ending homelessness). Crisis made several recommendations for the Governments of England, Scotland, Wales and Northern Ireland, including:
 - Create a national director for Housing First.
 - Create national and local targets for the delivery of Housing First projects.
 - Take measures to improve housing supply for HF projects, in both the social and private sector.
 - “Collect and publish data on the fidelity and outcomes of Housing First projects”
 - Introduce better statutory support for all those who experience or have experience homelessness and abolish the ‘priority need’ category to make more people eligible for accommodation support from local authorities.
 - Reconsidering local authorities’ power to exclude certain categories of people from accommodation support.
 - Publish guidance on affordability tests for social housing.
 - Reform the rules surrounding benefits payments: for instance, exempting under-35s from the shared accommodation rate for their Housing benefits if participating in a HF programme.
- Dr Peter Mackie, Professor Sarah Johnsen and Dr Jenny Wood, [Ending rough sleeping: what works?](#) Crisis, December 2017 (see chapter 4)

The House of Commons Library has also published several briefing papers providing more background:

- [Tackling the under-supply of housing in England](#) (CBP-7671)
- [Statutory Homelessness in England](#) (SN01164)
- [Comparison of homelessness duties in England, Wales, Scotland and Northern Ireland](#) (CBP-7201)
- [Rough sleepers: access to services and support \(England\)](#) (CBP-7698)
- [Rough sleeping \(England\)](#) (SN02007)

5.1 European studies

Volker Busch-Geertsema, [Housing First Europe: Final Report](#), Housing First Europe, 2013

- This study looks at projects in Glasgow, Budapest, Copenhagen, Lisbon and Amsterdam.

France - Un Chez-Soi d'abord

- According to [Housing First Europe](#), this French project is one of the largest in Europe, and aims to provide more 'robust experimental' data on Housing First through randomised control trials.¹³⁵ It started initially in Paris, Lille, Marseille and Toulouse although it is being expanded to 16 other sites. Initial reports in April 2017 showed that 85% of the 353 participants were still housed after two years and that many reported improvements in their well-being.¹³⁶

The history of the Housing First movement in France and subsequent HF projects can be found in [Le logement d'abord, et après](#), Agence nouvelle des solidarités actives, March 2017 [in French].

Finland's Homelessness Strategy (Paavo)

In 2008, the Finnish Government took the decision to incorporate Housing First principles into its national strategy. It also played a large part in organising and subsidising the housing converted and built for this purpose. Finance was provided by local authorities and the Finland Slot Machine Association.¹³⁷

According to its programme leader, Finland's new homelessness strategy (known as Paavo) received international attention because it adopted the Housing First principle at a 'programme level' and

¹³⁵ [Country fact sheet: France](#), Housing First Europe, 2016

¹³⁶ [85 percent of homeless persons in France keep their home after two years](#), HOME_EU, April 2017. This was discussed at a conference hosted by the French government: you can listen (in French) on the website of [the Délégation Interministérielle à L'hébergement et à l'Accès au Logement](#). The French Government also published a brief synopsis, [Un Chez-Soi d'abord: Retour sur 6 années d'expérimentation](#) (2017).

¹³⁷ For details, see Juha Kaakinen, [The programme to reduce long-term homelessness 2008 – 2011, Finland Environmental Administration](#), 2012 [unauthorised translation from the [Housing First Europe Hub](#)] and Nicholas Pleace, Dennis Culhane, Riitta Granfelt and Marcus Knutagård, [The Finnish Homelessness Strategy: An International Review](#), Ministry of the Environment, 2015

connected different versions of Housing First projects. This included models like the *Pathways* New York organisation, as well as communal housing units, and scattered site Housing First models with lighter support packages.¹³⁸ By 2011, the first stage of the strategy had reduced long-term homelessness by 28%, and numbers continue to fall. Rough sleeping is reportedly almost non-existent, although there are still homeless people staying with families and friends (often termed the 'hidden homeless').¹³⁹

The second stage of Paavo will focus on the use of scattered site housing, more efficient use of social housing and homelessness prevention.¹⁴⁰

For further information see the [Housing First Europe Hub page on Finland](#) or:

- Juha Kaakinen, [The programme to reduce long-term homelessness 2008 – 2011, Finland Environmental Administration](#), 2012 [unauthorised translation from the [Housing First Europe Hub](#)]
- Nicholas Pleace, Dennis Culhane, Riitta Granfelt and Marcus Knutagård, [The Finnish Homelessness Strategy: An International Review](#), Ministry of the Environment, 2015
- Nicholas Pleace, [The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness?](#) European Journal of Homelessness, Volume 11, No. 2, September 2017

Denmark

Denmark adopted a new homelessness strategy in 2008 using Housing First as a guiding principle. Like Finland, it used a variety of public, private, scattered-site and communal housing, and delivered support via ACT, ICM and CTI (Critical Time Intervention), where a "a case manager [...] offers support for a period of nine months in the critical transition period from shelter to own housing."¹⁴¹

The report on the strategy, published in December 2013, found:

- Between 74 and 95% of users (depending on the support given) maintained their accommodation.¹⁴²

¹³⁸ Juha Kaakinen, [The programme to reduce long-term homelessness 2008 – 2011, Finland Environmental Administration](#), 2012 [unauthorised translation from the [Housing First Europe Hub](#)]

¹³⁹ Nicholas Pleace, Dennis Culhane, Riitta Granfelt and Marcus Knutagård, [The Finnish Homelessness Strategy: An International Review](#), Ministry of the Environment, 2015

¹⁴⁰ Nicholas Pleace, [The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness?](#) European Journal of Homelessness, Volume 11, No. 2, September 2017

¹⁴¹ Lars Benjaminsen, [Policy Review Up-date: Results from the Housing First based Danish Homelessness Strategy](#), European Journal of Homelessness, Volume 7, No. 2, December 2013, p.118

¹⁴² Lars Benjaminsen, [Policy Review Up-date: Results from the Housing First based Danish Homelessness Strategy](#), European Journal of Homelessness, Volume 7, No. 2, December 2013, p.121

- On a range of other outcomes, most users reported no changes and equal proportions of tenants reported either an improvement or worsening of their other needs.¹⁴³

The Danish Government is continuing its efforts to expand the programme.¹⁴⁴

More details can be found in: [Policy Review Up-date: Results from the Housing First based Danish Homelessness Strategy](#) (2013).

Spain – the Habitat programme

Roberto Bernad and Rebeca Yuncal, [Introducing the Housing First Model in Spain: First Results of the Habitat Programme](#), European Journal of Homelessness, Volume 10, No. 1, June 2016.

- The Habitat Programme was the first example of HF in Spain. It began in 2014 and targeted chronically homeless people with a mental health problem, substance abuse problem and/or a disability. It used ICM floating services.
- This report, looking at the first 6 months of the programme, found a 100% housing retention rate and improvements in several other areas of the clientele's lives when compared to a control group, including leisure, family relations, economic situation, and security (although not health or social relations).

5.2 North America

Angela Ly and Eric Latimer, [Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature](#), Canadian Journal of Psychiatry, Vol 60, No 11, November 2015.

- Angela Ly and Eric Latimer, looking chiefly at North American examples, attempted to carry out a literature review on the net costs or savings generated by HF programmes. They concluded that "Shelter and emergency department costs decreased with HF, while impacts on hospitalisation and justice costs are more ambiguous." They said that it is not certain that a Housing First programme will "pay for itself" but there is likely to be significant offsets to the cost of administering the programme.¹⁴⁵

Canada

[National Final Report: Cross-Site At Home/Chez Soi Project](#), Mental Health Commission of Canada, 2014.

- According to the authors, the Chez Soi project was "the world's largest trial of Housing First" taking place in five cities.
- This was a Government-backed 5-year project, beginning in 2008. It used a "randomized controlled trial" design in which 1,158 users were placed into Housing First services, and another 990

¹⁴³ Lars Benjaminsen, [Policy Review Up-date: Results from the Housing First based Danish Homelessness Strategy](#), European Journal of Homelessness, Volume 7, No. 2, December 2013, p.122

¹⁴⁴ [HOUSING FIRST Housing-led solutions to rough sleeping and homelessness](#), Centre for Social Justice, March 2017, p.40-1

¹⁴⁵ Angela Ly and Eric Latimer, [Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature](#), Canadian Journal of Psychiatry, Vol 60, No 11, November 2015

received 'treatment as usual'. It found that HF is "unequivocally" better at keeping people in housing and found well-being improvements in many areas.

Stephen Gaetz, Fiona Scott and Tanya Gulliver, [Housing First in Canada](#), Toronto: Canadian Homelessness Research Network Press, 2013.

- As well as arguing the case for Housing First, this includes case studies from other sites in the country.

Nick Kerman et al., [The effects of housing stability on service use among homeless adults with mental illness in a randomized controlled trial of housing first](#), BMC Health Services Research (2018).

Tim Aubry et al., [One-Year Outcomes of a Randomized Controlled Trial of Housing First With ACT in Five Canadian Cities](#), Psychiatric Services, Volume 66, Issue 5, May 01, 2015, pp 463-469.

Julian M. Somers et al., [Housing First Reduces Re-offending among Formerly Homeless Adults with Mental Disorders: Results of a Randomized Controlled Trial](#), Plos One, Volume 8, Issue 9, September 2013.

United States

There are many studies from the US. A few examples are listed below:

Sam Tsemberis, Leyla Gulcur and Maria Nakae, [Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis](#), American Journal for Public Health, April 2004.

- Looks at homeless people with mental health issues, using evidence from the Pathways New York project.

Deborah K. Padgett, Leyla Gulcur and Sam Tsemberis, [Housing First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse](#), Research on Social Work Practice, Vol. 16 No. 1, January 2006 pp74-83.

- Uses evidence from the Pathways New York project.

Leyla Gulcur, Ana Stefancic, Marybeth Shinn, Sam Tsemberis and Sean N. Fischer, [Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes](#), Journal of Community & Applied Social Psychology, 13: 171–186 (2003).

- Uses evidence from the Pathways New York project.

Deborah K. Padgett, Victoria Stanhope, Ben F. Henwood and Ana Stefancic, [Substance Use Outcomes Among Homeless Clients with Serious Mental Illness: Comparing Housing First with Treatment First Programmes](#), Community Mental Health Journal 2011 Apr; 47(2): 227–232.

Stefan G Kertesz, Kimberly Crouch, Jesse B Milby, Robert E Cusimano, and Joseph E Schumacher, [Housing First for Homeless Persons with Active Addiction: Are We Overreaching?](#) Milbank Q. 2009 Jun; 87(2): 495–534.

Susan E. Collins et al. [Project-Based Housing First for Chronically Homeless Individuals With Alcohol Problems: Within-Subjects Analyses of 2-Year Alcohol Trajectories](#), *American Journal for Public Health*, 2012 March; 102(3): 511–519.

Jack Tsai, Alvin S. Mares, and Robert A. Rosenheck, [A multi-site comparison of supported housing for chronically homeless adults: “Housing first” versus “residential treatment first”](#), *Psychological Services*. 2010; 7(4): 219–232.

Susan E. Collins et al., [Where harm reduction meets housing first: Exploring alcohol's role in a project-based housing first setting](#), *International Journal of Drug Policy*, Volume 23, Issue 2, March 2012, Pages 111-119.

Susan E. Collins, Daniel K. Malone and Seema L. Clifasefi, [Housing Retention in Single-Site Housing First for Chronically Homeless Individuals With Severe Alcohol Problems](#), *American Journal of Public Health*. 2013 December; 103(Suppl 2): S269–S274.

Debra Srebnik, [A Pilot Study of the Impact of Housing First–Supported Housing for Intensive Users of Medical Hospitalization and Sobering Services](#), *American Journal of Public Health*, February 2013, Vol 103, No. 2.

- Debra Srebnik compares a small HF programme in the US to a control group. The HF project:
...showed significantly greater reductions in use of high-cost emergency medical, sobering center, and medical respite services relative to the comparison group. Jail days increased for the comparison group and remained largely steady for participants, a difference between groups at a trend level. The difference between groups in estimated cost reductions associated with reductions in acute care use was far greater than programme costs.¹⁴⁶

Mary E. Larimer et al., [Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems](#), *JAMA*, April 1, 2009, Vol 301, No. 13.

- Mary E. Larimer et al., looking at chronically homeless people with alcohol abuse problems in the US, found that over 6 months, a HF service was cheaper when compared to a non-randomly assigned control group.¹⁴⁷

¹⁴⁶ Debra Srebnik, [A Pilot Study of the Impact of Housing First–Supported Housing for Intensive Users of Medical Hospitalization and Sobering Services](#), *American Journal of Public Health*, February 2013, Vol 103, No. 2

¹⁴⁷ Mary E. Larimer et al., [Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems](#), *JAMA*, April 1, 2009—Vol 301, No. 13

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