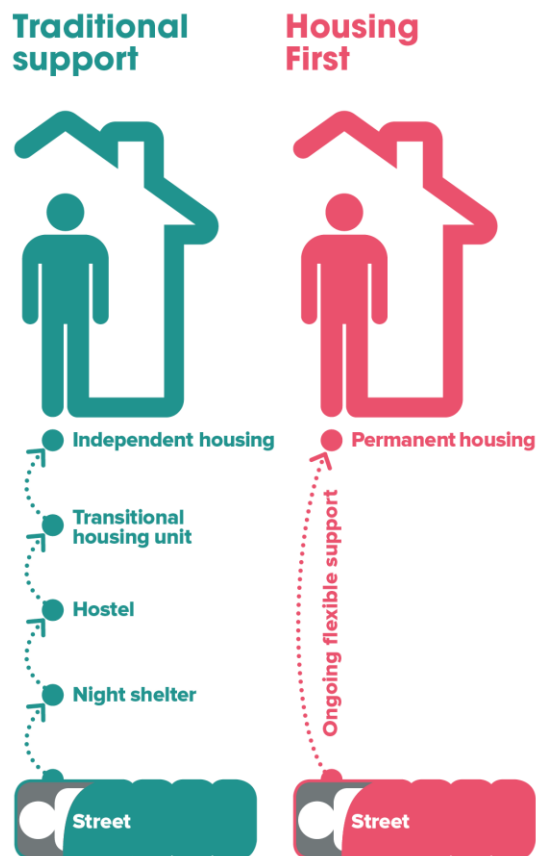


An introduction to Housing First and use in England

Jo Prestidge
Housing First England Project Manager
Homeless Link

What is Housing First?



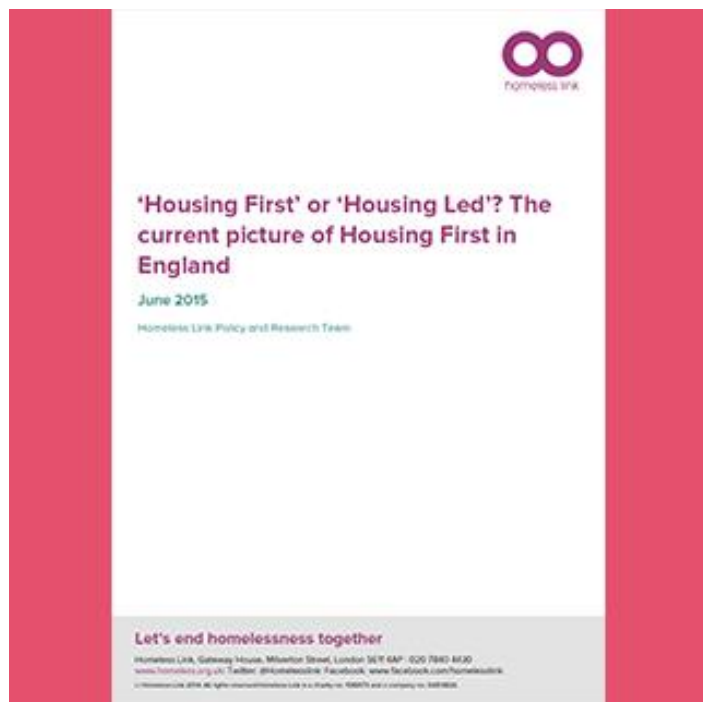
- Alternative to traditional staircase approach
- Complex needs
- Permanent offer of a home
- Flexible, intensive and person-centred support
- International evidence base

An international movement

- Widely adopted across the US
- Central to national homelessness strategies in some countries
- Growing in popularity across other European countries (European Hub)
- A number of services and pilots in England and devolved nations
- Growing use across the country – over 30 projects



Background in England



'Housing First or Housing Led' scoping report (2015) found:

- The fidelity to the core principles in practice was mixed
1. Some adopting core principles of Housing First
 2. Others drift – low intensity support or lower needs clients
 3. Others - just floating support

Why define it?



‘What appears to be a globally influential idea has been simplified, diluted and sometimes significantly changed’

Various researchers have detailed potential concerns with this:

1. Moving away from specific approach reduces effectiveness
2. Emerging variations which may fail may bring the model into question
3. Can't implement in policy/strategically if unclear what it is

Pleace and Bretherton (2012, 2015)

The principles

1. People have a right to a home
2. Flexible support is provided for as long as is needed
3. Housing and support are separated
4. Individuals have choice and control
5. An active engagement approach is used
6. The service is based on people's strengths, goals and aspirations
7. Harm reduction approach is used

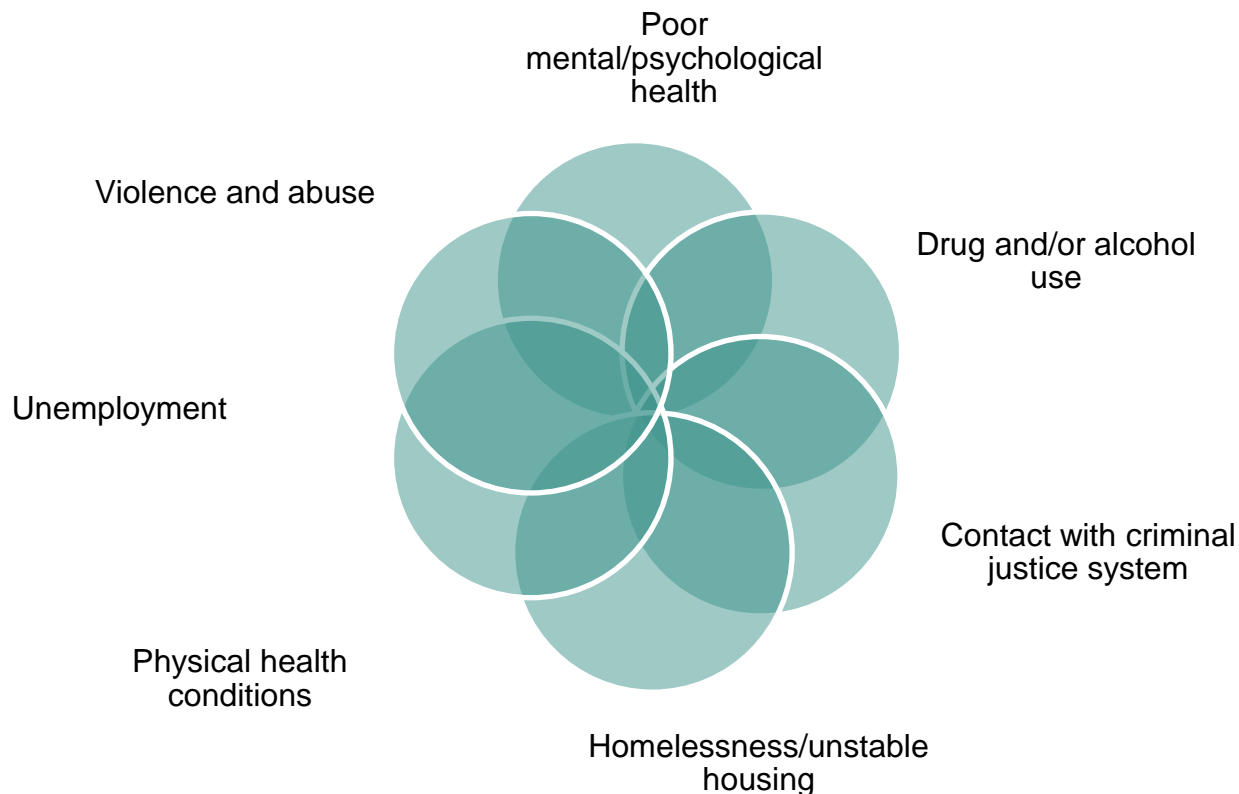




Project overview

- Since January 2016
- Making Housing First a viable housing option in England
- Mapping and supporting existing services
- Increasing areas offering Housing First
- Leadership – working strategically
- Practice – sharing good practice
- Research – building the evidence base

Who is Housing First for?



Why something different?

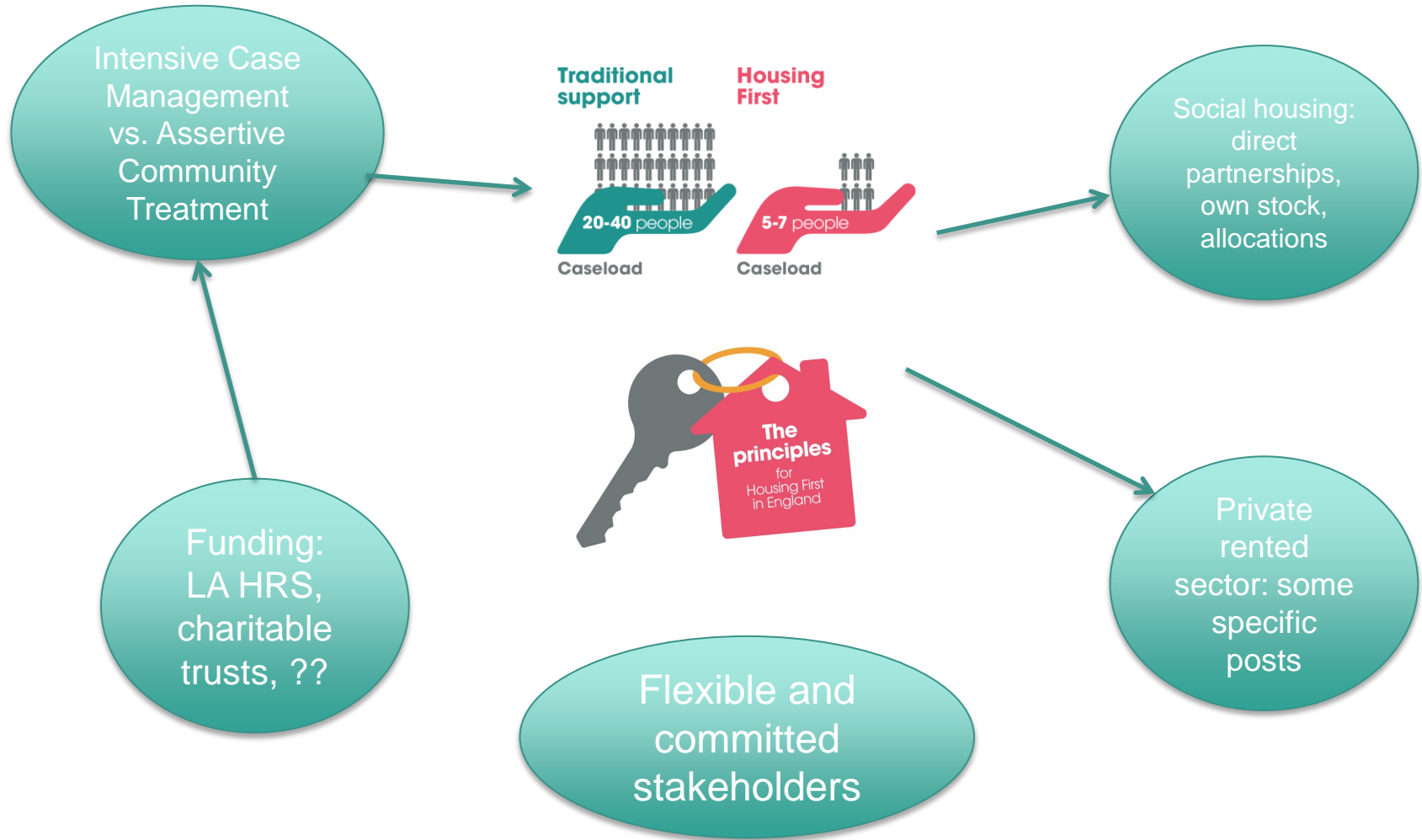


Factors associated with early and repeat trauma (complex trauma):

- Sense of feeling out of control and unsafe (physically and emotionally)
- Difficulties trusting others (especially where power imbalance) and social isolation
- Difficulties controlling emotion (especially fear – hypersensitive fight/flight response)
- Destructive/risk taking behaviours
- Low self esteem, confidence and 'learned helplessness'

All of this can make it incredibly difficult to engage with systems, services & helpers

Ingredients of Housing First



Findings from England



Evaluation: 1 – FLIC

- Using approach since 2014, 10 clients housed (worked with approx 9 months before housed)
- All have sustained tenancy
- All sig. improvements in MH and PH (only one hospital admission)
- All report reductions in drug/alcohol use, two have become abstinent

‘Those that want to live independently, those that actually want to rather than those forced into, don’t respond. If client says they want their own place Housing First will work for them because the client makes it work for them.’ – Support worker

Interim eval: 2 – Threshold

- Using approach since 2014, for up to 12 women with MCN / PPO
- 12 have remained engaged but gender-specific response re’ housing has been necessary

‘Women who have had multiple, hugely traumatic experiences over sustained periods of time, who have run into difficulties with and been let down by mainstream services, whose lives seem to have been characterised by both violence and an instability that for some must have felt like chaos, have been successfully supported. There is evidence here of strengthening self-esteem, improvements in health and well-being and growing ambition, moving way beyond the goals of older and more orthodox homelessness services that ultimately sought little more than promoting housing stability’.
(Interim evaluation)

Context in England



Projects in
over 30 areas

Models,
funding and
impact
research

Individual
service
evaluations

Conservative
manifesto

CSJ and
Crisis
studies

Caseload
sizes and
cohorts

Any questions?



More information:

Jo Prestidge

joanne.prestidge@homelesslink.org.uk

020 7840 4420

@hf_england

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