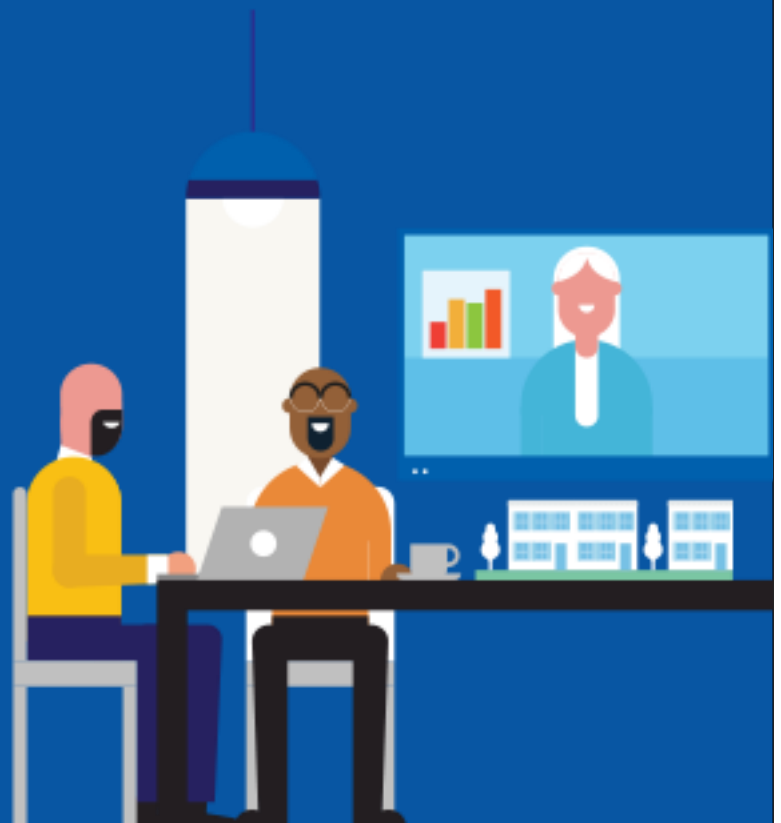


Executive summary

WMCA Housing First Pilot Research

September 2021



1. Introduction and key learning

- 1.1 The WMCA Housing First pilot is the largest Housing First (HF) service commissioned in the UK to date and has provided the opportunity for significant learning about delivering HF at scale.
- 1.2 The WMCA HF Pilot has some unique features. It consists of eight separately commissioned services, two operating in Birmingham and one in each of the remaining six authorities of Coventry, Dudley, Sandwell, Solihull, Walsall, Wolverhampton. The pilot has a target of housing and supporting 500 clients across the seven local authorities and a budget of £9.6m over five years (from 2018 to 2023). The pilot was commissioned on 3+1+1 years basis.
- 1.3 This is the only national pilot separately commissioned by each local authority, with services designed to address the local context. A further unique feature is the different delivery models utilised, involving services commissioned from the community and voluntary sector, councils and ALMOs.
- 1.4 All those involved in the WMCA HF pilot services are to be commended for housing and supporting 460 people into tenancies (to July 2021), with the remaining 40 people identified and on track to be housed over the next few months. This being achieved despite the Covid-19 pandemic and significant stresses in the housing, mental health, social care, substance misuse and criminal justice systems. Key innovations and learning points include:
 - 1) The WMCA pilot has demonstrated there are benefits to adopting a devolved approach to commissioning HF services, including greater potential to adapt to local circumstances and align with local systems and local population needs. The importance of a local connection and a sense of belonging to the local neighbourhoods and the assets within those are also key in sustaining a tenancy.
 - 2) The service has succeeded with individuals because of the low tenant to staff ratio that has allowed for a high intensity service, enabling staff to spend finding the right solutions for each person.
 - 3) HF, by providing a stable home with intense long term support is the first step to levelling up. It is enabling individuals to create a stable foundation from which their lives can progress. A long term and high fidelity national HF programme presents an opportunity to demonstrate levelling up in practice by ensuring no one (especially our most vulnerable citizens) is left behind.
 - 4) Significant behaviour change takes place very gradually with HF clients and is not a linear progression, with periods of stability interspersed with periods of disengagement and instability. This makes appropriate interventions and caseload management challenging and means that HF has to be seen as a long-term intervention with the need for intensive support and the funding to provide it.
 - 5) In addition to the intensity of support, the persistence of staff, the willingness to find alternative solutions when things don't work and to try and try again have been key. This has been underpinned by the Psychologically Informed Environment (PIE) support provided across the pilot area.

- 6) Practical interventions have also been key, providing mobile phones and credit so that contact can be maintained, assistance with purchasing furniture and other equipment needed to settle into a tenancy, use of personal budgets and access to small sums of money that can unlock someone's engagement with a service or solve their immediate problems.
- 7) A best practice model for local authority allocation of HF units and a best practice approach to working with registered providers to increase housing access have been developed through the pilot and these could be adapted and adopted by others.
- 8) That waiting times for housing has both a positive and negative impact, the waiting period can lead to people disengaging or withdrawing from the service. It also however allows Navigators to build trust with individuals and for individuals to come to terms with what taking on a tenancy requires and should be seen as a valuable part of the service.
- 9) Our research found that the quicker people are housed the less staff time is required to support individuals, going from an initial ratio of 1:6 to 1:7 or 1:8 in latter years.
- 10) The pilot has enabled us to develop a model for testing out the assumptions made in the original 2017 Liverpool City Region research on HF¹. With our modelling broadly confirming the rates for graduation at 17.5% over a five year programme and continued need for HF support for 77.5% of people, beyond five years. HF therefore must be seen as a long-term intervention which for every £1 invested could generate £1.56 in savings². Our modelling also demonstrates that a sustained long term HF programme could reduce the flows into HF services and caseload over five years by 9%.
- 11) Other factors that have contributed to the success of the pilot has been the commitment to multi-agency working, despite the very real challenges faced by workers in accessing some services such as mental health or social care. While the pilot has created the impetus for circumventing some of the system challenges and developed good examples of multi-agency work, it has not to date necessarily created systems change itself for the longer term. HF cannot just be seen as a housing solution to homelessness but has to be commissioned as a multi-disciplinary approach that stems across Public Health, NHS/Integrated Care Systems (ICS's), Social Care, Police and Crime Commissioners and others.

2. Housing access and housing supply - findings from the research

- 2.1 The ability to exercise choice about housing location etc. (albeit within the scope of what is realistically available) remains central to the success of HF, even if this creates extended lead-in periods to securing the right tenancy, it ensures tenancies can be sustained. Delays in tenancy offers makes it more likely people will exit the service. Whilst there are risks to clients disengaging, this period provides time to come to terms with taking on tenancy responsibilities and enables Navigators to build trust with individuals.

¹ HF Feasibility Study for Liverpool City Region (2017)

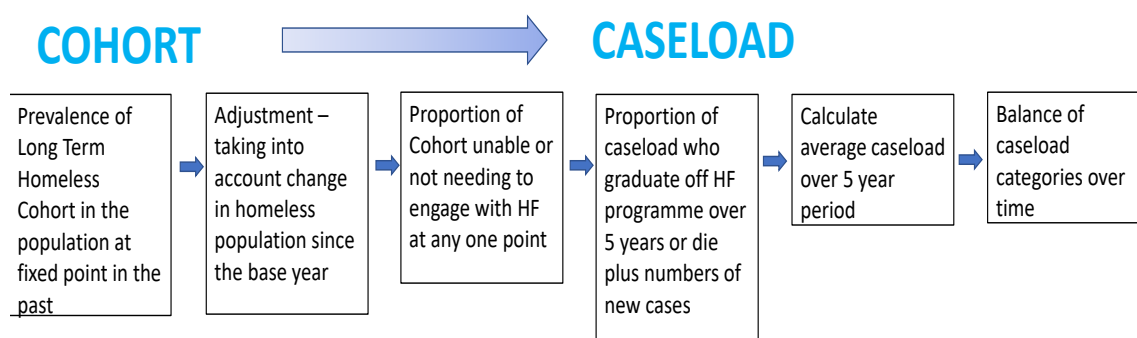
² <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/02/CSJ-Close-to-Home-2021.pdf>

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- 2.2 Moving away from street activity may require clients to give up their existing social networks and this can be problematic where clients do not see the possibility of replacing these relationships with more positive, non-street-based ones. Support to develop networks away from the street and connecting to local community resources is critical.
- 2.3 A common facet of a number of HF tenancies was the need for “managed moves” i.e. transfers. Where vulnerability to exploitation is identified, it requires rapid action and a multi-agency response to resolve. There is also a need for agreed protocols with landlords for rapid transfer where required.
- 2.4 The majority of those allocated tenancies have moved into the social housing sector, with only nine tenancies established in the private rented sector (PRS). Where the client’s choice can most easily be met through PRS, this should be pursued. This will however require additional resource and will need to be based on the context of the PRS market and availability, as well as affordability in each local authority.
- 2.5 In terms of allocating HF tenancies, we believe the approach taken by Birmingham City Council (BCC) is exemplary. BCC’s approach requires that all properties becoming available for letting are reviewed to see if they are suitable for any HF applicants, before being advertised via Choice Based Lettings. Offers to HF clients are made on a direct matching basis. Particular attention is paid to the client’s expressed preferences, and BCC tries to make use of “low-rise” flats. There is no formal limit on the number of offers made and properties are only offered when they are ready for occupation - to reduce waiting time between offer and move-in. Offers remain open for 7 days. The lettings process has been simplified and some necessary paperwork is deferred until after the client has settled in. All new HF tenants are offered a 12-week support package to ease their transition to the new tenancy in addition to HF support.
- 2.6 The partnership approach taken by Citizen (a registered provider) is also exemplary. The organisation has worked in partnership with the WMCA HF Pilot to establish effective protocols and joint working arrangements including: promoting HF and the Navigator model with Citizen’s Housing Officers, maintenance contractor, and other staff; discussing potential changes needed to Nominations and Allocations policies; arranging reciprocal induction meetings for new Navigator and Housing Officer staff and on-going meetings.
- 2.7 The use of personal budgets and support with choosing furniture, white goods etc, and turning a tenancy into a home is very important to future tenancy sustainment.

3. **Caseloads and future need for HF services – findings from the research**

- 3.1 In seeking to model the size of future HF caseloads we adapted a methodology summarised in the diagram below.
- 3.2 The modelling aims to estimate the size of the HF programme required in the seven WMCA Authorities for the next 5 years. It then aims to translate this into the level of front-line staff resources required. It does this by trying to answer the following four questions:

- What is the size of the population cohort that meets the criteria for a HF intervention in the WMCA pilot area? We refer to this as the Long Term Homeless Cohort.
- What is the proportion of that cohort that might be able and willing to engage with a HF service? We refer to this as the HF caseload
- How much is the long-term homeless cohort size likely to change over the 5 years and what impact will this have on the HF caseload?
- What is the average staff to service user ratio needed by HF clients and how does this translate into staffing levels required in the WMCA?



3.3 In answering these four questions, we do make use of data drawn from the WMCA pilot, but we do not base the answers on the needs of current users of the HF service but on the initial population profiling. The end result is a projected caseload size. The cohort includes people currently within the HF programme, and in reality therefore the projected caseload will to a large extent consist of actual people already receiving the service, but the number specified has **NOT** been worked out on the basis of what will happen to the actual current clients.

3.4 The summary of the results (at the level of WMCA pilot area) are as follows:

- We estimate the long-term homeless caseload size to be within the range of 463 to 1,542 as of now, with a mid-point of 1,003.
- Based on the mid-point cohort size and an estimate that only 60% of the cohort will engage with the HF programme, we estimate the initial caseload size to be required to be 602.
- Based on a calculation that the cohort and the caseload could reduce by 9% over the 5 years (taking into account people moving off the programme successfully, people on the programme dying, and new cases due to people falling into long-term homelessness) we estimate that the caseload could go down to 548 by the end of the period. The average size over the 5 years would therefore be 578.³
- The staff to service user ratio should be 1.6 to 1.8. On average for a mature HF programme as in the WMCA pilot area this is more likely to be 1 to 7 and therefore the staff required by that caseload size would be 83 FTE.

³ The consequence of cumulative roundings means this is not an exact mid point of the other quoted numbers

- 3.5 The pilot programme has been very successful. However, our cohort estimates would suggest that it has not yet met the full need in the community for people who could benefit from HF. This would suggest a need to increase the caseload slightly. HF is a long-term service commitment, but overall it is possible (based on what has happened in Finland) that over time the size of the programme could slowly reduce over the years.

4. Multi-agency working – findings from the research

- 4.1 Facilitating multi-agency working is central to the effective delivery of the HF Model. There are numerous examples of multi-agency working that we have come across in the WMCA pilot, including:
- Multi-agency referral and assessment panels
 - Regular multi-agency case reviews
 - Shared visits
 - Named link people in external agencies
 - Effective co-ordination of multi-agency responses to critical support and care needs of HF service users.
- 4.2 The research confirms that robust and comprehensive multi-agency working plays a key role in sustaining HF tenancies. The WMCA pilot has demonstrated the value of a number of successful arrangements, including: multi-agency case review, co-located services and also pooled funding, to enable specialist support and/or cross-authority working.
- 4.3 The research illustrates the benefits of specialist mental health and substance misuse posts, especially when commissioned at scale, as this enables some systematic barriers to multi-agency working to be circumvented. However, the research also evidences that HF is not able to address all of these and some structural barriers remain, particularly for clients with mental health and substance misuse issues (dual diagnosis).
- 4.4 The WMCA example demonstrates there are benefits to adopting a devolved approach to commissioning HF services, including greater potential to adapt to local circumstances and changing capacity needs. This research points towards a mixed approach to commissioning, utilising pooled funding in some areas, such as mental health and PIE and a mix of local providers.
- 4.5 This research indicates a clear need to view HF as an intervention which is broader than homelessness. Adopting multi-agency commissioning arrangements is potentially beneficial, as this has a proven track record of working well with other complex client groups. There are a number of potentially relevant joint commissioning models, including the new approach to place and neighbourhood based provision being developed by ICSs. In addition, increasing use of personal budgets will enable HF services to provide flexible bespoke services to HF clients.
- 4.6 Finally, the research suggests the value of developing additional KPIs to further demonstrate the benefits of HF support. These include: measuring long-term tenancy sustainment; clients' progress and well-being; and developing indicators to measure HF clients' levels of community engagement.

Recommendations

4.7 Below we summarise the main recommendations arising from the findings:

- 1) The waiting time between being accepted on to the HF programme and actually being housed into a HF tenancy is an important part of the service and should be invested in rather than seen as a waiting period before the service begins. In addition to the practical support provided it should be treated as a part of someone's transition from living on the street to taking on the requirements of a tenancy.
- 2) Rapid access to temporary accommodation could be a useful addition to the pre-tenancy phase, as long as it is the individual's choice and it does not recreate a pathway model.
- 3) Early engagement with landlords at managerial and housing management staff level is important and time should be invested in developing protocols for joint working that include areas such as rapid access to transfers, reciprocal referral protocols, regular meetings and joint inductions of new staff and underwriting of some core risks.
- 4) Work should be carried out to increase access to the private rented sector (PRS), this could potentially increase the choice of housing available to HF tenants. It will however require investment of time and money (for landlord incentives, rent in advance, risk underwriting) and will need to be based on the local PRS context for each council.
- 5) Personal budgets and assistance with turning a tenancy into a home, including support with choosing and purchasing furniture, white good etc is very important for tenancy sustainment.
- 6) Clear guidelines for case closure policies should be adopted, these should include regular check ins with people to ensure that they are aware that the HF services is there to assist when they are ready.
- 7) The proposed case load categorisation set out in this report should be adopted and further tested in practice as a way of managing caseload pressures.
- 8) Future HF services should be commissioned as long-term high fidelity models with a 1:6 ratio in early years, but they can move to a 1:7 or even 1:8 ratio in later years once individuals are housed.
- 9) Areas of performance monitoring around tenancy sustainment, wellbeing, engagement with the local community as well as system level indicators (such as the quality of multi-agency work) that should be adopted.
- 10) Devolved commissioning at a local area/council level works and should continue. Commissioning of future HF services should however be at a system-wide level involving social care, health/ Integrated Care Systems (ICS's), Public Health, Police and Crime Commissioners, and others.

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