THE EFFICIENCY AND EFFECTIVENESS OF THE HOUSING FIRST SUPPORT SERVICE PILOTED BY DEPAUL IN BELFAST, FUNDED BY SUPPORTING PEOPLE: AN SROI EVALUATION

FINAL REPORT

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Literature review

'Housing First' is a tried and tested approach to providing permanent housing for homeless people who are dependent on alcohol and drugs or who have mental health issues, with the support, social care and health services they need provided to them in their own homes or locally in their community. The intention is that housing should be available even if a homeless person refuses treatment for their substance misuse or mental health issues. A 'harm reduction' approach is adopted rather than a requirement of abstinence as a condition of tenancy, which is common in many accommodation-based services for homeless people. This approach is seen as respecting the individual's right to a home of their own and to a personal and private life. It is the dominant homelessness policy in the USA at Federal, State and City levels; and it is also the preferred policy in a number of EU countries notably the France and the Republic of Ireland. It has also been adopted with variations in Canada, Australia, New Zealand and Japan.

Many of the Housing First projects referred to in the literature have been subjected to monitoring and research. The research shows that services had high levels of success and made positive gains for a majority of service users in terms of improved:

- health, mental and physical well-being;
- social and community participation,
- lower levels of crime and antisocial behaviour;
- reduced substance misuse; and
- high levels of tenancy sustainment (up to 88% of service users were still housed after 5 years in the original Pathways Housing First Project -New York[1]; and the rate at which service users retained their housing was more than 90% in Amsterdam and Copenhagen, and just below 80% in Lisbon[2]).

These results compared favourably with traditional approaches to providing temporary accommodation initially, then 'staircasing' homeless people in stages from temporary to permanent accommodation. Outcomes in short stay and medium-stay accommodation are frequently poor because the provision of accommodation is not linked to the provision of other services that vulnerable people need. Housing First specifically targets the prevention and ending of long term, repeat homelessness and rough sleeping for service users with high and complex needs, and is proven as a preventative service model rather than as a safety net.

[1] Padgett et al (2006), 'Housing First services for people who are homeless with co-occurring serious mental illness and substance abuse', *Research on Social Work Practice 16*, 1, pp 74 - 83

[2] V. Busch-Geertsema (2013), *Housing First Europe Final Report* page 87

The Belfast Housing First service

Operation of the service

From a standing start in April 2013, Depaul's Housing First service had received 108 referrals by the end of 2015, and accepted 78 people into the service. 24 people were accepted into the service in the 2014 calendar year, which is the time frame over which the SROI evaluation has been carried out. Of the 24 people who were found permanent accommodation in 2014: 19 (79%) maintained their tenancy for a significant period of time, developed reasonable or good self-care skills, and showed a positive increase in self confidence and their ability to budget and manage money. Other improvements noted were in physical health and improved social and family relationships.

In many cases, their acceptance into the Housing First service was the first time that service users had ever been given an opportunity to sustain a tenancy, or been able to sustain a tenancy for any length of time. In some cases their difficulties went back a number of decades. Service users said in their interviews with the research team that they had been told many times in the past that they would not be capable of obtaining or sustaining a tenancy. They pointed to their background as being an insurmountable hurdle in finding and sustaining accommodation.

The type and location of accommodation coupled with the support and brokerage of other services that service users received from the Housing First staff team were cited as the key to tenancy sustainment. Most service users noted that they wanted social housing, although the private rented sector was viewed as a useful alternative to social housing, particularly for those coming out of prison. However, the top-ups on the rent were felt to be too high and securing deposits was also an issue. In Belfast, people who were accommodated through the Housing First service did not lose their Common Waiting List points. However, Depaul managers said that the loss of waiting list points for applicants in Derry/Londonderry had discouraged people from joining the scheme. Therefore the ability to retain a place on the Common Waiting List was also an important incentive for those applying to the service.

Depaul's experience of running the Housing First service has demonstrated that, while a majority of people gain significant benefits from the service, it is not appropriate for everyone. A minority of service users said that they would prefer to live with other people, and loneliness was cited as a very significant factor here. Some people returned to hostel accommodation such as Stella Maris.

Outcomes

Significant progress against all the criteria was made by those service users for whom initial assessment and Outcomes Star data were provided. 'Managing the tenancy and accommodation' showed the most progress. This is significant if Housing First is to play a more prominent role in combating homelessness, particularly for vulnerable single people. Other criteria against which significant improvement was shown were 'use of time', 'motivation and taking responsibility' and 'improved social networks and family relationships'.

Challenges

Interviews with Depaul managers and staff, and with Housing Executive Supporting People (SP) managers, identified seven particular challenges in setting up and delivering the Housing First service in Belfast:

- Lack of available social housing and problems with sourcing private rental accommodation in the areas in which service users wanted to settle;
- Tenants' deposits having to be paid in advance;
- Housing Benefit not covering the full rent – hence the need for a top-up;
- Clients potentially losing their Common Waiting List points if they engage with Housing First service;
- Clients with no access to public funds;
- Accommodating changes in the staffing complement resulting initially from the rapid growth of the service and more recently from the fact that Depaul's rates of pay for caseworkers are below those paid by other providers, with the result that Depaul trains staff and then loses them when they leave for better pay.

Lessons from the Housing First pilot

Depaul and NIHE SP managers identified a number of important lessons that had been learned during the first eighteen months of the service, which would be important to take into account if the service is to be extended to other providers, other areas in Northern Ireland, and possibly to other client groups.

- A more strategic approach to commissioning and funding Housing First is required with recognition at Departmental level; and linked to this, development of a close relationship between Housing First services and the NIHE Housing Options service were both seen as critical.
- There is a need for a clear specification of what Housing First actually is and what it is not as a means of developing service specifications and commissioning plans, and in order to avoid the re-badging of existing legacy services many of which have not in the past achieved the same level of outcome as Housing First.
- There is also a need to overcome the barriers to accessing social housing from the point of view of the applicant's FDA status. As noted above, service users in Belfast do not lose FDA status in the first 12 months if they are accepted by Housing First; in Derry and other parts of NI they do. This has meant that potential service users do not want to take up the service in Derry.
- Depaul managers felt strongly that there is a need to allocate an agreed number of tenancies to Housing First services each year over the next five years based on projected need, together with the creation of secure tenancies that can be used for Housing First applicants.
- There is a need for mechanisms to combat the loneliness and isolation that is felt by some Housing First service users which is one of the main contributory reasons why tenancies fail. Two options were identified: an increase in the number of day centre places available to Housing First service users; and the potential for remodelling existing accommodation-based services to provide individual accommodation run on Housing First lines that incorporates the ability of service users to socialise with each other. This was the approach adopted by the *Name on the Door* programme in Finland and in some other projects, where existing accommodation has been remodelled as a basis for a shift in policy away from short stay accommodation to the provision of permanent housing.
- Finally, there is a need to formalise the structures, roles and responsibilities between Depaul or any other Housing First provider, and agencies providing social care, health care, addictions services and housing support. These issues need to be encapsulated within a standardised service level agreement between agencies (see below).

There were a number of other comments about ways in which the service could be improved. For example, it was noted that it would be helpful if NIHE could undertake registration, assessment and 'pointing' of people with complex needs in a community setting rather than requiring them to attend appointments and sit in public waiting areas.

There was also a suggestion that housing associations could assemble a pool of temporary, low cost accommodation which could house people in the early stages of the resettlement process as an alternative to the present situation in which applicants need to spend a period in a hostel waiting for a place in the Housing First service. This would have a dual purpose: the accommodation would not be in a hostel avoiding its negative influences; and it would provide an opportunity for the service user to learn living skills and be better prepared when a permanent tenancy becomes available. However, this would need to be carefully managed to ensure that it did not end up replicating the provision of short-stay accommodation prior to the allocation of a permanent tenancy – an approach to housing the homeless that Housing First is intended to move away from.

Finally, it was suggested that it would be helpful to have access to sources of cheap and second-hand furniture to help the service user to set up their own home.

Other issues

Under conventional SP funding arrangements floating support is provided on a short term basis for two years or less, but in the Housing First pilot support was to be provided for as long as the service user required it. The Housing First service therefore represents a contractual anomaly. A new funding category that is neither 'short term', nor 'long term' in the sense commonly used with reference to accommodation-based provision for people with life limiting conditions (learning disabled people, frail elderly etc) is therefore required if Housing First is to become a more common form of service provision for homeless and other people in the future.

In addition to the tasks normally associated with a floating support service funded by Supporting People, staff who engaged with service users in the Housing First service also played an important brokerage role in coordinating other services that service users needed. These included: personal care, mental health and addictions services, education, training and linking to employment opportunities. The guidance on eligible services issued by DSD therefore needs to be amended to incorporate the 'service brokerage' role played by Housing First staff.

There was no formal service specification or service level agreement between Depaul and other providers of support, social and health care to Housing First service users. Depaul managers recognise the need to develop a written service specification as a basis for clarifying Depaul's own role and that of its partner agencies. This would define the relationship between the service and the Housing Executive's homelessness service, and the evolving Housing Solutions service, and would form a basis for the contract with the Housing Executive's SP team. The Housing Executive as contracting body should oversee the development of an SLA, defining the scope and content of an agreement that would be applicable in SP-funded Housing First services that is recognised and reflected in the SP contracting process.

There was also an important issue raised by Depaul managers in respect of 'duty of care'. There is no clarity over the question of whether this is the responsibility of Depaul providing the brokerage service, or of individual third party service providers, or whether it is a duty where both parties are jointly and severally liable. This is a matter on which each of the parties would need to take their own legal advice.

The Housing Executive must ensure that a satisfactory agreement is reached between all the parties involved in commissioning, contracting and delivering services under this programme, and that this agreement is incorporated into the contractual and service level agreement documentation.

Service costs - Comparison with other floating support services for homeless people

In addition to the Housing First service, the Supporting People programme funds eight other floating support services for homeless people that incorporated 480 contracted units in 2014. SP Grant per contracted service user ranged from £30 to £103 per week in these services, with a mean level of grant per service user of £66.02 per unit per week. The mean level of grant per service user in the Housing First service was just over £80 per week once the service was fully operational. This suggests that the cost per service user in the Housing First service is relatively high, but within the range of other costs in floating support services.

Service costs - Comparison with accommodation-based services for homeless people

Supporting People funded 76 accommodation-based support services for single homeless people in 2014 containing 1,653 contracted units at an aggregate grant of £18,648,623. The mean level of SP Grant per contracted unit in these services was £217 per unit per week. This compares with £80 per week once the Housing First service became fully operational. Mean service take-up in the accommodation-based services was 88% compared with 119% in the Housing First service. Mean SP Grant per actual user based on occupancy data was £247 per user per week in the accommodation-based services compared with £89 per user per week in the Housing First service.

Service costs – conclusions

These findings suggest that the level of funding for the Housing First service was not disproportionate to the risks involved in piloting the service in comparison with grant levels in the other floating and accommodation-based support services. On the basis of these comparisons, we conclude that:

- The cost of the Housing First service per service user per week in 2014 (ongoing into 2015) was more expensive than some other floating support services intended for this client group but not of all of them;
- However, in comparison with the cost of accommodation-based services into which vulnerable homeless people would normally be allocated accommodation, and given the outcomes achieved by Housing First in comparison with most accommodation-based services, the Housing First service appears to represent good value for money.

The SROI evaluation

The financial input from the SP programme in 2014 was calculated to be £61,367. This value includes SP funding plus a small element of voluntary work.

The benefits of the service were identified as follows:

- Still in tenancy at end of 2014: 19 / 24 (79%);

- Of these, 3 died during 2014[3], 1 abandoned the tenancy, 1 returned to custody;
- Significant or moderate reduction in the use of alcohol and drugs achieved by 15 / 24 service users (63%);
- Improved self care and living skills = 19 / 24 (79%);
- Skills and knowledge in money management = 24 (100%)
- Improved physical health = 63% and stable physical health 21%;
- Improved self confidence and motivation = 79%
- Better use of time = 79%
- Improved family relationships = 67%; stable relationship with family 21%
- Reduced Use of A&E = 50%
- Improved mental health = 39%

The total SROI impact for the activities identified taken for all service users during the 2014 calendar year was valued at £317,315.78.

The total present value for the activities in this analysis is £923,926.17. The Net Present Value (NPV) is £862.559.

The social return ratio for this analysis is: £923,926 / £61,637 = 15.06: 1. This means that for every pound invested by NIHE and Depaul in the Housing First service in Belfast during 2014 there was a social value created of £15.06[4].

[3] Three of the 24 service users died during 2014. A further two service users died in 2015 after the year being evaluated.
[4] Note: this ratio could increase or decrease depending on variations in the assumptions that have been made.

INTRODUCTION

Background to the research

1. Since the late 1990s, conventional approaches to providing temporary hostel accommodation for homeless people with alcohol and substance abuse issues have been widely criticised (see Part 1). Some housing, health and social care agencies have seen homelessness among people with addictions as deviant behaviour which needed to be corrected through treatment and abstinence, with permanent housing being the reward for good and acceptable behaviour.

2. In contrast, the 'Housing First' model of housing provision offers permanent housing for homeless people from the outset that is entirely separated from any treatment that they might need. The intention is that housing should be available even if a homeless person refuses treatment for their substance misuse or mental health issues[5]. A 'harm reduction'[6] approach is adopted in Housing First, rather than a requirement of abstinence as a condition of tenancy, which is common in many homeless services. This approach is seen as respecting the individual's right to a home and to a personal and private life. The Housing First model of provision is designed as a way vulnerable people with substance dependency and mental health issues can gain access permanent housing with the support, social care and health services they need provided to them as a way of ending the so-called 'revolving door' of homelessness.

3. Homelessness is a significant problem in Northern Ireland ('NI'). Around 20,000 households present themselves as homeless to the Northern Ireland Housing Executive ('NIHE') each year. Around half of all applicants are accepted as Full Duty Applicants (i.e. they are treated as statutory homeless people for whom the NI government has responsibility to provide accommodation with advice and support). For many homeless people a hostel provided by a charity or temporary accommodation in the private rented sector are often the most readily available housing options. However, this approach is not appropriate for everyone. An increasing number of single homeless applicants have a combination of chronic addiction, mental health and other complex needs, displaying patterns of very chaotic behaviour.

4. Ellison, Pleace and Hanvey (2012a)[7] expressed concern about the use of the private rented sector to house chronically homeless people on five grounds:

    - the quality of the accommodation offered and of housing management standards;
    - affordability;
    - security of tenure; and
    - the suitability of this tenure for homeless people with high support needs.

[5] Bretherton, J and Pleace, N (2012), *What do we Mean by Housing First? Categorising and Critically Assessing the Housing First Movement from a European Perspective*, Centre for Housing Policy, University of York

[6] A 'harm reduction approach 'assumes that ending problematic drug and alcohol use can be a long and complex process, and the first priority is to try and minimise the damage to the individual': Bretherton, J and Pleace, N (2012), *op. cit.,* page 4

[7] Ellison A, Pleace N and Hanvey E (2012a) *Meeting the housing needs of vulnerable homeless people in the private rented sector in Northern Ireland,* Policis and the University of York

5. Their research recommended a move away from the use of temporary accommodation for vulnerable homeless people towards the use of 'Housing First' and 'Housing Led' models which put the housing solution first and then build multi-agency services and support around the individual's needs.

6. Depaul's Northern Ireland branch (referred to as 'Depaul' in this report) drew up a proposal to develop a new service for people with long term drug and alcohol dependency issues based on Housing First principles which was presented to NIHE's Supporting People team in 2013. The proposal was approved, with funding for an initial twelve month period being transferred from an existing allocation of funds to Depaul's Stella Maris hostel in Belfast. The contract for this service was subsequently renewed and enlarged in 2014/2015, with an extension to provide a similar service in Derry/Londonderry.

7. At Depaul's request the Housing Executive agreed to commission and fund an independent social return on investment (SROI) evaluation of the Housing First pilot. John Palmer and Salma Ahmed (North Harbour Consulting Limited), working with Fiona Boyle (Fiona Boyle Associates) who had previous experience of SROI projects, were commissioned to carry out the evaluation under the title: *'The efficiency and effectiveness of the Housing First support model delivered by Depaul, funded by the Supporting People programme'*. The research was commissioned by the Housing Executive's Research Unit. The client department is the Supporting People (SP) team.

8. The Belfast Housing First pilot was approved and funded with effect from January 2013. However, the terms of the original funding agreement were changed in November 2014 with retrospective effect to 1 September 2014 to increase the number of homeless people being support, to increase the number of staff employed, and to extend the service to Derry/Londonderry. However, additional staff were not recruited until early 2015. In discussion with the Housing Executive and Depaul Northern Ireland, it was agreed that the SROI evaluation would only consider the Belfast service as it operated from 1 January to 31 December 2014. This decision avoided the need to consider any difficulties that arose from the project start-up in 2013, or the complications arising from changes in the Belfast service staffing level and extension of the service to Derry. Taking 2014 as the relevant time period also conformed to Depaul's annual financial reporting which is based on calendar years. This report therefore describes the service as it operated in the 2014 calendar year, and gives the results of the SROI evaluation over that period.

Research Aims

9. The aims of the research were to:

- evaluate the efficiency and effectiveness of the Housing First model in helping to achieve the aims of the Housing Executive's *Housing Related Support Strategy 2012-2015* and *Homelessness Strategy 2012-2017*; and
- to provide policy makers, service commissioners, strategic and operational managers with an insight into the benefits to be gained by adopting Housing First approaches to homelessness more widely in Northern Ireland.

Research Tasks

10. The main research tasks to be carried out by the consultants in meeting these aims were:

- to ascertain the extent to which the Housing First model achieves the objective of developing service users' capacity to live independently in their own homes;
- to determine the quality of life and other associated benefits of Housing First services to service users and their families;
- to estimate the extent to which there are any directly quantifiable financial savings which accrue to public services from the delivery of the Housing First service;
- to determine the effectiveness of the Housing First model in Northern Ireland compared to similar services (including "housing-first") in other parts of the UK or the Republic of Ireland (RoI);
- to determine in which circumstances or contexts the Housing First service either adds or does not add value in comparison with conventional hostel or other homeless services;
- to identify any identifiable limitations in the use of the Housing First model, and to make recommendations, if appropriate, for the improvement of the current service.

Methodology

11. The research incorporated four main research methods. The first three methods have been both 'stand-alone' forming part of the reporting structure for the project, and have contributed to and been integrated with the overarching fourth approach, which uses the SROI evaluation methodology advocated by the Cabinet Office[8].

Desktop Review

12. This involved an online and library search of literature from the Republic of Ireland ('RoI'), Great Britain ('GB'), Europe, the USA and Canada on the experience of and current practice in developing Housing First and similar models of housing for the vulnerable homeless including 'Pathways Housing First', 'Communal Housing First' and 'Housing First Light'. In addition, the research team carried out a review of Northern Ireland research and policy documents, and information on the Belfast Housing First pilot provided by Depaul and the NIHE SP team. The literature review:

- analysed the history and development of Housing First concepts and models internationally, and its perceived strengths and weaknesses;
- referenced other established models of housing with support for vulnerable people ; and
- described the development of the Depaul approach to Housing First model in the Belfast service.

[8] Nichols J *et al*, (1999), *A Guide to Social Return on Investment*, Cabinet Office, London

Collation and analysis of Depaul and Supporting People data on Housing First service users

13. Information about the people who were using the Housing First service during the 2014 calendar year[9] was obtained from Depaul, checked for consistency, then used as a basis for profiling the service user population and selecting individuals for interview. The population profiling exercise analysed the age, gender, reason for homelessness, length and repeat incidence of homelessness, other support needs (e.g. mental health issues, addictions etc), and geographical area of residence of the 2014 service user cohort.

14. The analysis also included the collection and examination of financial and operational performance data relating to Depaul's Housing First service compared with De Paul's Stella Maris service (a high-support hostel for people with addictions and mental health issues) and other services for vulnerable homeless people in Northern Ireland. The cost and value information formed an input to the SROI evaluation.

Interviews with stakeholders and service users

15. Semi-structured interviews were carried out with service managers and front line staff, NIHE commissioning managers, other external partners and service users from the 2014 Housing First cohort:

- Key policy stakeholders: interviews were carried out with two managers working in the NIHE SP team who were involved in commissioning the Housing First service;
- Depaul managers and staff: Semi-structured interviews were carried out with three managers and six front-line staff involved in managing the Housing First service and in delivering services;
- Managers and staff employed on other health and social care agencies: semi-structured interviews were carried out with five managers and front-line staff involved in providing health and social care services to Depaul's service users;
- Current and ex-service users: semi-structured interviews were used to obtain information about the experiences of Housing First service users and their opinions about the extent to which they believed that their capacity to live independently in their own homes had been achieved by the service. There were 24 service users in 2014. Of them: five had died in the period 2014 – 2015; five were not contactable for the research, one had moved out of the catchment area, and two declined to be interviewed. Interviews were completed with eleven people. The semi-structured interview script was piloted in advance with three service users.

16. A list of the people interviewed, their organisations and status is attached in Appendix 2. The semi-structured interview scripts are attached at Appendix 3.

[9] The 2014 calendar year was selected for the purposes of this evaluation for two reasons: the project was initiated in the second half of 2013 and was fully established by the start of 2014; and operational data could be matched with Depaul's accounting information for the organisation's financial year commencing on 1 January 2014 and ending on 31 December 2014.

Social Return on Investment (SROI)

17. The main driver of the research was the requirement to calculate the Social Return on the investment from the Supporting People programme and from Depaul in the Housing First service, comparing this with costs in other accommodation-based and floating support services for homelessness people in Northern Ireland**.** Elements of the SROI evaluation were run alongside the analysis of Depaul and SP data, and the interview programme. This information was then assembled for the final SROI evaluation. A brief overview of SROI methodology is attached at Appendix 5. A glossary of terms is included at Appendix 6.

Key issues that required resolution as the research proceeded

Interviewing vulnerable service users

18. The research team recognised from the outset that people who have received housing and support services brokered by Depaul are likely to be vulnerable and may have a chaotic lifestyle or display chaotic behaviour. We adopted the Social and Economic Research Centre's *Research Ethics Framework*, the *Guidance and Code of Ethics and Conduct* published by the Ethics Committee of the British Psychological Society, and *Ethical Principles for Researching Vulnerable Groups*[10] in determining how interaction with vulnerable people should be conducted. No submissions to a research ethics committee were required for this project.

19. Initial contact was made with current or ex-service users identified as participants in the research through the Housing First team leader and key workers. Service users were asked if they wished to take part in the research, and if so whether they were happy to have an interview carried out in their own home or elsewhere. Depaul managers and front line staff involved in the research also received a full briefing on the research and on the interview process so that they were able to explain to service users why the research was being carried out and what they might be asked to do. Verbal consent was provided by individual service users to Depaul and this was checked at the outset of each interview by the research team. Interviewees were also informed about the provisions that ensured that confidentiality and anonymity would be observed and that they would be able to withdraw their consent to be interviewed at any time.

20. Sensitivity was needed during discussions of some issues, such as service users' previous experiences of homelessness, their addictions, social circumstances, benefit dependency and other life experiences. A system was agreed with Depaul to ensure that interviewees had access to support if particularly sensitive issues were raised.

Data quality and data handling

21. There was a need to safeguard data security, and ensure data quality and the compatibility of information from different sources. Issues that needed to be addressed included the following:

    - The availability, timeliness of production, accuracy, depth and nature of the SP and Depaul data were critical to the success of the research.

[10] Paul Connolly (2003), *Ethical Principles for Researching Vulnerable Groups*, University of Ulster

- All reasonable steps were taken to identify and review relevant secondary data, and to collect or estimate from primary data sources a value (number or £s) for all possible impacts of the service which then became inputs to the SROI evaluation process. This included information from NIHE's management systems, and Depaul's needs assessment, service user files, Outcomes Star monitoring system and exit questionnaires.
- All qualitative data from primary sources such as service user records or interviews were collected to recommended quality standards in terms of seeking participant's consent, ensuring confidentiality, ensuring that individuals were not identifiable and ensuring sensitivity to the needs of vulnerable participants in the research process.
- The semi-structured questionnaires on which the stakeholder and service user interviews were discussed and agreed with NIHE and Depaul to enable key points in the process to be agreed, including the questions to be asked, the nature/range of statistical data to be collected and options for ensuring quality and data security. Information from the interviews has been anonymised in this report.
- Data of all types, and in particular personal information, were stored securely in fire walled and malware-protected computer systems with off-site back-up to ensure no loss of data or breach of confidentiality.

Evaluating Social Return on Investment

22. The SROI evaluation process hinges on two things: the ability to obtain informed consent from and access to stakeholders and service users; and the availability of good quality and relevant data. Even where data are of good quality however, the SROI evaluation process potentially has a number of caveats and provisos. NIHE and Depaul were made aware of the potential limitations of the SROI evaluation process as well as of the methodology. The research team circulated a short briefing to inform NIHE and Depaul officers who may not be familiar with SROI evaluation about what it is and how it is carried out.

23. In practice, there were constraints on the level of detail that could be evaluated in the SROI output and its comparability with performance and cost information for other accommodation providers and services in Northern Ireland. The two were not directly comparable as the SROI evaluation did not extend to these other services and providers, and the data was obtained second-hand from NIHE SP administrative records. The SROI evaluation therefore focuses on Depaul's Housing First service rather than on other third party service inputs. Cost comparisons were made with other types of service where the data were available. The same *caveat* applies to the costs attributed to those public and charitable housing, health and social care services where the Housing First service could be claimed to lead to financial savings and other benefits. All these issues were fully discussed with NIHE and Depaul and are noted in the body of this report.

Acknowledgements

24. The research team would like to thank Depaul's managers and staff for their considerable assistance with this research. Special mention should be made of Pamela Clarke who provided copies of service user records for analysis and made arrangements, often with some difficulty, for interviews with service users. We are also grateful to the NIHE Research Unit, the Supporting People team and the Housing Solutions Manager for their advice and assistance with the research. We would like to thank Taina Hytönen, Project Co-ordinator, Networking for Development Project, Y-Foundation (Y-Säätiö), Finland for providing information about Finland's *Name on the Door* project. The information and advice that they contributed to the research was invaluable but the findings and conclusions drawn from the research are the responsibility of the research team.

PART 1: THE ORIGINS AND DEVELOPMENT OF THE 'HOUSING FIRST' MODEL AND ITS DERIVATIVES[11]

Origins and derivatives of the Housing First model

25. The Housing First concept was introduced in New York in 1992 by Sam Tsemberis PhD and his colleagues at the Pathways to Housing National Organisation. The *Pathways Housing First* model [12] was an innovative homelessness service targeted at the support and rehousing of former psychiatric patients with severe mental health problems who were street homeless, in homelessness shelters or at risk of rough sleeping. The service provided permanent housing for homeless people in privately rented apartments scattered within the wider community. No communal housing accommodation was used at all. Apartments were obtained from private landlords to whom Pathways offered a full housing management service. Pathways also held the tenancies directly, and sublet the properties to service users. This meant that service users did not have a full tenancy and that Pathways Housing First (PHF) could move service users without needing to evict them. Although there were no requirements to accept treatment or to abstain from drugs and alcohol use, service users were required to meet a support worker on a weekly basis. They were also required to pay 30% of their income towards their housing costs and to meet the conditions of their lease. A flexible support package covering mental health issues, substance misuse, employment and other issues was provided to service users in their new homes by multi-disciplinary Assertive Community Treatment and Intensive Case Management Teams.

26. The Pathways Housing First programme was based on the principles that housing is a basic human right; and that there should be respect, warmth and compassion for homeless people, using independent housing dispersed within the community rather than hostels and other forms of congregate living. Housing was provided separately from any care, support or treatment services that individual service users needed. The provision of housing was therefore not conditional on accepting treatment or on abstaining from drugs and alcohol. As a result service users were said to have 'consumer choice and self-determination'. The programme was 'recovery orientated' and a 'harm reduction' approach was adopted.

27. Research evaluations of the Pathways Housing First service showed that service users were far more able to sustain their housing compared with traditional approaches to homelessness provision[13]. For example, 88% of PHF service users were still housed after five years. This was nearly double the success rate for housing sustainment recorded in traditional US services that adopted a staged approach from hostel to intermediate housing and then to permanent housing if the individual maintained sobriety and a programme of treatment.

[11] This chapter of the report is based on a literature review covering resources from the USA, Canada, Europe, the Republic of Ireland and Great Britain.

[12] See: https://pathwaystohousing.org/housing-first-model

[13] See for example: Padgett et al (2006), 'Housing First services for people who are homeless with co-occurring serious mental illness and substance abuse', *Research on Social Work Practice 16*, 1, pp 74 - 83

28. Research evidence also showed that the PHF model was more cost effective than the staircase or continuum services:

- specialist accommodation was not required because ordinary private housing was used;
- PHF had lower operating costs than traditional approaches;
- there was a reduction in the use of emergency health services, homeless shelters and criminal justice services by the people rehoused and supported by PHF[14].

29. Housing First is now the predominant homelessness policy in the USA at Federal, State and city levels[15]. The US Interagency Council on Homelessness said:

"*Housing First is an approach that offers permanent housing as quickly as possible for people experiencing homelessness, especially people with long term histories of homelessness and co-occurring health challenges, while providing the supportive services people need to keep their housing and avoid returning to homelessness"*.[16]

30. In response to the increasingly diverse use of Housing First in the USA, the Pathways to Housing National Organisation developed a 'fidelity scale' to encourage consistency in the adoption of the Pathways Housing First model, and to provide tests to help avoid situations in which providers relabelled traditional approaches to housing the homeless as 'Housing First'.[17] We return to this issue in the final parts of the report.

31. The Pathways Housing First model has been adopted with variations in the USA, Canada, Europe (mainly the UK, Republic of Ireland, Denmark, Finland and France), Australia, New Zealand and Japan. As the PHF model has spread it has been reinterpreted to suit local circumstances. As a consequence, Housing First has become a generic term describing housing led approaches to homelessness that draws upon the principles and ethos of the original PHF model. Three different models of Housing First have now been categorised including the original PHF model.

The Pathways Housing First (PHF) model

32. Services follow the original PHF model closely in that there is a separation between housing, and support or treatment services. Housing is not conditional on accepting treatment or abstinence from drugs and alcohol; service users have consumer choice and self-determination; the work is recovery orientated; and a harm reduction approach is used. As an example of this approach, the general policy preference in the Republic of Ireland is for geographically dispersed housing options with support for homeless people as this is seen as offering the best outcomes for both tackling and preventing homelessness.

[14] Research summarised in 'What do we mean by Housing First? Categorising and critically assessing the Housing First movement from a European perspective', ENHR Conference Lillehammer, June 2012

[15] Pleace, N and Bretherton, J (2013), *Housing First in London - The Camden Housing First Experiment*, Housing Research centre, University of York, PowerPoint presentation

[16] US Interagency Council on Homelessness (2013) cited in Pleace, N and Bretherton, J (2013)

[17] Tsemberis, S., Messeri, P., Drake, R. E., & Goering, P. (2013). *The Pathways Housing First Fidelity Scale for individuals with psychiatric disabilities. American Journal of Psychiatric Rehabilitation*, 16 (4), 240 - 261. A simplified version set out in a tabular format is available at: http://www.housingfirsttoolkit.ca/sites/default/files/Pathways_Housing_First_Fidelity_Scale_ACT_2013.pdf

33. In 2013, the Housing First demonstration project in the Dublin region provided rough sleepers with self-contained independent housing in the community. They were given the same rights as private tenants, with support provided in their own homes by the Housing First Team on an intensive case management basis. This project is showing positive results with 26 previously homeless people housed through the project. Depaul's Belfast service is also based on this model.

Communal Housing First (CHF)

34. This approach is based on shared communal or congregated housing with onsite staff support. Depaul's Sundial House project in Dublin is an example of this approach. This contrasts with the PHF model where the housing provided is dispersed within the local community and staff provide off-site mobile services. Similar to the PHF model, CHF services are only for chronically homeless people with the highest needs. Service users have individual self-contained flats in a purpose built or remodelled block. This is permanent housing that also provides high-level medical and housing support services. Service users do not have to have treatment or abstain from drugs and alcohol as a condition of their lease; housing is separated from treatment and a harm reduction approach is used. This is the dominant approach adopted in the USA, Canada and Europe. In particular, the CHF model forms a significant part of Finland's national Homelessness Strategy and is the basis for the 'Name on the Door Project'.

Housing First Light (HFL)

35. This approach adopts a number of the PHF principles. However, in contrast to the PHF model service users often have low support needs and are provided with less intensive support by mobile staff. They are rehoused in dispersed permanent housing that is separate from treatment and service users have the choice to refuse treatment or not abstain from drugs and alcohol. Again a harm reduction approach is used. The support work focuses on case management and service brokering (facilitating access to health, social, and other services). The key difference between the HFL model and the PHF model is that the HLF model provides low level support and relies heavily on individual case management. The provision of floating housing support and tenancy sustainment services for homeless people in Finland, the UK and Ireland reflect this model where harm reduction, recovery and client focussed approaches are used.

Housing First: a definable model or a diversity of approaches?

36. Pleace and Bretherton[18] argue that the core principles of PHF have been simplified, diluted and changed in different jurisdictions over time. As a result there is now ambiguity about the term 'Housing First'. They argue that it is important to clearly define and classify what Housing First is and is not, so that the gains in tackling and preventing homelessness through the PHF model continue and are not damaged by the following risks:

    - reputational 'damage by association' arising from failures by self-styled Housing First services that do not closely reflect the original PHF model and ethos;

[18] Pleace, N and Bretherton, J. (2012a), *op cit.* and Pleace, N and Bretherton, J. (July 2012b), *Will Paradigm Drift Stop Housing First from Ending Homelessness? Categorising and Critically Assessing the Housing First Movement from a Social Policy Perspective*. See: www.social-policy.org.uk/lincoln2012/Pleace%20P1.pdf

- damage through 'loss of key principles' arising from the possibility that PHF's capacity to end homelessness for the most chronically homeless people becomes lost within a mass of ill-defined Housing First services so that PHF becomes just another floating support service;
- danger that the debate about Housing First will focus on what it is or is not rather than exploring the variety of Housing First services that have developed giving rise to what might be termed 'definitional disputes'.

37. Pleace and Bretherton conclude that more precise definitions of the Housing First services are needed so that the successes and failures of PHF-based homeless services can be evaluated on a like for like basis and successful variants of Housing First can be replicated. The Fidelity Scale developed by the Pathways to Housing National Organisation appears to the research team to be a good place to start this process.

The European Policy Context and European Housing First Projects

38. 'Housing Led' approaches to tackling homelessness, of which Housing First models are seen as central, currently represent: *"... the most developed and best-understood social innovation in homelessness"*(FEANTSA 2011).[19] These approaches form a key element in the European Union's Platform against Poverty and Social Exclusion. FEANTSA[20] identifies homelessness as: *"... one of the most extreme forms of poverty and exclusion which has increased in recent years"*[21].

39. The European Consensus Conference on Homelessness[22] provided the framework for a more strategic approach to tackling homelessness. Its independent jury concluded that:

- there was considerable scope for social innovation in the homelessness area;
- housing led approaches to end homelessness should be explored and developed; and
- in particular, testing of the 'Housing First service model in European contexts' should be undertaken.

40. The 2011 FEANTSA report recommended the development, testing and scaling up of Housing First approaches to tackling and preventing homelessness across Europe. The European Union then funded a social experimentation project called the 'Housing First Europe' project under the PROGRESS programme from August 2011 to July 2013. The key aims of the project were to evaluate local Housing First projects in ten European cities; and to share best practice and mutual learning.

41. The evaluation was undertaken by the Centre for Housing Policy, University of York in 2013. It involved a review of five test sites where the Housing First approach had been adopted (Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon), and a further five peer sites (Dublin, Gent, Gothenburg, Helsinki and Vienna) where elements of Housing First were being used or planned.

[19] FEANTSA (2011), *Housing -led policy approaches: Social Innovation to end homelessness in Europe*, page 5.

[20] FEANTSA, the European Federation of National Organisations Working with the Homeless, is an umbrella of not-for-profit organisations which participate in or contribute to the fight against homelessness in Europe. www.feantsa.org

[21] FEANTSA (2011), *op. cit.,* page 5.

[22] http://feantsa.org/spip.php?article327&lang=en

42. The evaluation showed that the test projects all evidenced very high levels of success. All the projects had rehoused chronically homeless people into long-term, self-contained housing with intensive support. The rate at which service users retained their housing (the 'housing retention rate') and the reduction on chronic homelessness rate were over 90% in Amsterdam and Copenhagen, and just below 80% in Lisbon. The Housing First Europe evaluation report concluded that:

"The Housing First approach is to be recommended as a highly successful way of ending homelessness for homeless people with severe support needs and helping them to sustain a permanent tenancy. They show that the majority of the target group, including people with severe addiction problems, is capable of living in ordinary housing if adequate support is provided.[23]

"Promotion of the Housing First approach as an effective method to tackle homelessness is recommended at all levels, local, regional and national as well as at the European level. Mutual learning and transnational exchange should be continued on Housing First'[24]

"T*he Housing First approach is a perfect example for social investment ...The EU's structural funds in the period 2014-2020 should be used to support the development and scaling-up of Housing First to promote social inclusion and combat poverty, support the transition from institutional to community-based care and as a form of social innovation'*[25].

The role of Housing First and related services in combating homelessness in rural areas

43. Given the prevalence of homelessness in rural areas in Northern Ireland, and the problems of rehousing homeless households due to the concentration of social housing in urban areas, the authors have included a short review of the role of housing led services in combating rural homelessness. The review is based on a FEANTSA (2013) report[26] which highlights a number of examples from France and elsewhere that aim to overcome the challenge of rural homelessness. The report shows that there are growing numbers of people experiencing rural homelessness including women, migrant workers and young people.

44. Challenges to adopting housing-led approaches to tackling rural homelessness include:

- lack of local services particularly specialist homeless services in rural areas as these tend to be concentrated in the larger towns and cities where homelessness is more visible;
- the lack of or limited transport services prevent the delivery of homelessness solutions in rural areas and also access to these service for homeless service users;
- the lack of affordable housing and the quality of housing within rural areas means that it is difficult for homeless people to access suitable accommodation;

[23] V. Busch-Geertsema (2013), *Housing First Europe Final Report* page 87. The evaluation used existing and ongoing evaluations of local projects in the five test sites rather than developing a common evaluation methodology for all the test sites because of funding constraints. The researchers did not carry out randomized controlled trials or any other more robust research methodology because of logistical and funding constraints; none of the local evaluations included a control group; and local evaluations started and finished at different times.

[24] V. Busch-Geertsema (2013), *op cit.,* page 88

[25] V. Busch-Geertsema (2013) *op cit.,* 88

[26] FEANTSA (2013), *Housing-Led Solutions to Homelessness In Rural Areas*

- factors in the rural economy (such as high house prices, low rural wages and reduced job prospects) together with some rural community factors (including social isolation, and the stigma attached to homelessness and hidden homelessness) mean that it is difficult for homeless people to access suitable accommodation and for service providers to prevent and tackle homelessness.

45. In rural areas such as these, housing-led approaches to tackling rural homelessness are seen as a key policy initiative alongside other policies that focus on:

- targeted homelessness prevention work;
- providing access to permanent housing quickly for homeless people; and
- person-centred floating housing support services for homeless people.

Housing First case studies: Dublin, Glasgow and Helsinki

Dublin Housing First Demonstration Project

46. The Dublin Region Homeless Executive (DHRE) in partnership with statutory and voluntary sector partners sought creative and innovative ways to tackle homelessness in support of the Republic of Ireland's 'Pathway to Home'[27] initiative. Under Pathway to Home, homelessness prevention interventions were offered to individuals to divert them from becoming homeless. If people were homeless the model provided temporary emergency accommodation and moved service users through homelessness services into long term housing on the basis of 'sustainable tenancies'. When service users became tenants they are supported to live independently with either visiting (i.e. floating) housing support services or with on-site housing support.

47. Long-term monitoring data from this programme analysed by the DRHE found that there had been significant numbers of adults sleeping rough in Dublin or living in emergency accommodation prior to the introduction of the new policy. Within this population, there was also a small but significant number of individuals who were defined as exhibiting 'chronic rooflessness'. They were intensive users of homelessness services and had poor outcomes under the Pathway to Home approach. They were also hard to reach and resisted any engagement with existing emergency housing and outreach services. In response to these findings, DRHE adopted the New York Pathways to Housing First model as a basis for housing and supporting Dublin's chronically roofless people. Working with European network partners, DRHE submitted a bid to the European Commission for funding as part of the Housing First Europe evaluation and mutual exchange project. Dublin became one of the five 'peer' European cities to participate in this project.

[27] Homeless Agency Partnership (2008) *The Way Home 2008-2013;* (2009), *Pathway to Home - On implementing the National Homeless Strategy*, and (2010) *Realising the 2010 Vision of the Homeless Agency Partnership's action plan on homelessness in Dublin: A Key to the Door 2007-2010*

48. The Dublin Housing First Demonstration Project was set up in partnership with statutory and voluntary sector agencies to test how the New York Pathways to Housing First Model could be used to tackle rough sleeping and homelessness for adults with complex needs in the city. DRHE also set up a Dublin research, data and information strategy under its Homeless Action Plan (2011-13). This ensured that an evaluation programme would be carried out[28]. One of authors, Dr Ronni Greenwood, had been one of the researchers who evaluated the New York Pathways to Housing Project. The evaluation compared the impact of the Housing First intervention with 'the treatment as usual group'.

49. The Dublin Housing First Demonstration Project ran from April 2011 to September 2014. Initially the project accommodated 23 entrenched rough sleepers who were provided with independent dispersed housing and with housing support services. It was agreed at the onset that there would a high level of fidelity with the original New York model. The ultimate aim of the project was to support thirty adults with 'significant histories of rough sleeping' over a number of years. Staff volunteered from existing homelessness services run by local organisations to deliver the new project. Under phase 1 of the project the project team was made up of five staff members including two key workers, one specialist substance abuse specialist/psychiatric nurse, and one employment, education and training support worker. Additional support services were provided by a psychiatrist, a local GP and a nurse. The project assisted service users to access mainstream medical, mental health and care services. Although a team leader coordinated the project, members of staff were supervised and line managed by their own regular employers and not by the team leader.

50. An interim evaluation report published in 2012 led to the management and staff team being reconfigured for the second phase. Support services were provided by the Access to Mental Health team, the Homeless Persons Unit and Safetynet (a local network) and comprised doctors, nurses and primary care voluntary organisations. The project client group was expanded to include adults with a long history of homelessness with the priority being given to rough sleepers.

51. Overall, the findings of the Dublin Demonstration Housing First Project evaluation were positive. The report showed that, compared to the 'control group' (i.e. homeless people who did not take part in the project), the project's service users:

" ... were generally more successful in sustaining their tenancies and experienced a range of positive outcomes in relation to their physical and mental health and overall general wellbeing. In turn this has been a major contribution to their ongoing recovery from long-term and chronic medical conditions and mental ill-health associated with their previous experience as homeless adults who engaged in habitual rough sleeping'.[29]

52. After 12 months, Housing First service users: " ... *spent over 67% of their time in stable housing, compared to 5% for Comparison Group participants".* [30]

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[28] Greenwood R M & Bromfield S (2015), *Evaluation of the Dublin Housing First Demonstration Project: Summary of Findings*, University of Limerick for the Dublin Region Homeless Executive

[29] Cathal Morgan, Director of DRHE, in the *Foreword to Evaluation of Dublin Housing First Demonstration Project Summary of Findings*, University of Limerick, Dublin Region Homeless Executive publication (2015)

[30] Greenwood, R.M. (June 2015*) op. cit.,* page 11

53. At the end of the project DRHE commissioned a fully tendered Housing First service which was closely based on the original New York Pathways to Housing First model. The new service, contracted for the next three years, started in October 2014 and is being delivered by the Peter McVerry Trust and Focus Ireland. It aims to achieve a target of 100 successful social housing tenancies for homeless rough sleepers.

54. It is worth noting in addition that Ireland's national homelessness implementation plan aims to develop a national service model that will involve extending Housing First services to other regions where there rough sleeping is occurring.

"The Housing First approach works to end rough sleeping. We should all support it as a mainstream programme and work to roll it out to wherever it is needed. We can then look forward to helping this government's commitment to ending rough sleeping in 2016.'[31]

Turning Point Scotland's Housing First Pilot Project

55. Turning Point Scotland established a Housing First Pilot Project in Glasgow which ran from October 2010 to September 2013. It was set up to tackle high levels of repeat homelessness experienced by local substance misusers who had active addictions. The project was jointly funded by Turning Point Scotland (TPS), the Greater Glasgow and Clyde Health Board and the Big Lottery. It was based on the New York Model and placed homeless substance misusers directly into *"allocated independent scatter-site housing provided by housing associations".*[32] This claimed to be the first Housing First project of its kind in the UK. It also acted as the UK 'test site' for the European Commission's Housing First Europe social experiment project evaluation of Housing First approaches developed within ten EU countries.

56. The Glasgow project provided housing with support services to 22 homeless substance misusers, almost all of whom had experienced repeated homeless and institutional care. The majority of the service users were male, aged between 25 and 44 years old, and all were White British. In the beginning, Glasgow Housing Association and Queens Cross Housing Association provided accommodation. They were subsequently joined by other housing associations. All the housing was located within the Glasgow area and the properties are ordinary self-contained flats.

57. Service users were given similar choices of housing as other housing association tenants and were "*provided with a Scottish secure tenancy, a rent contract and unlimited lease*".[33] The core objectives and outcomes of this pilot project for service users included:
    - improved personal living circumstances away from street homelessness into sustained secure tenancies;
    - no increase and in many cases a reduction in substance misuse;
    - reduction or no deterioration in risky behaviours such as injecting drugs;
    - reduced involvement in criminal behaviour;
    - improved physical health, mental health and wellbeing;
    - improvements in the capacity to take part in and be a valued member of society.

[31] Cathal Morgan (2015) *op cit*., page 3

[32] Johnsen, S (2013), *Turning Point Scotland's Housing First Project Evaluation, Final Report*, Turning Point Scotland and Heriot Watt University, page 7

[33] Johnsen, S (December 2013), *op. cit.,* page 8

58. The pilot was based on the New York model's principles of service users being provided with dispersed housing within the community, in this case via standard housing association flats and tenancies. There was no requirement for service users to be made 'housing ready' (i.e. go through a staged resettlement and training programme) as secure housing was offered straightaway; and there were no admissions criteria which required service users to practice sobriety, be ready to tackle their addictions or already to have independent living skills. Furthermore a harm reduction approach was used and service users were given choice about how they used and engaged with support. Finally, no time limits were placed on the housing support or housing accommodation provided by the project.

59. However, there were two significant differences between the Scottish Housing First Project and the New York PHF model:

- Social housing was used rather than private rented housing; and
- the staff team signposted and provided support for service users to access existing services rather than providing specialist in-house care services and treatment[34].

60. Flexible housing support was provided to service users by a team of six full-time staff members, including three peer housing support workers who each had a history of homelessness and substance misuse[35]. Staff developed housing support plans with service users on a 'client-centred' basis; and proactive outreach and motivation work was undertaken. The team also had close links with an occupational therapist who was employed by the NHS Homelessness Service, who assisted the team with housing allocations and undertaking support needs assessments.

61. Staff were flexible on how, when and where they supported service users (e.g. in their home or in cafes, as well as the office). They held once- or twice-weekly support sessions with each service user depending on their needs. A staff member also provided an out-of-office-hours emergency on-call service. Service users were supported to access a wide range of services including welfare benefits, healthcare services (including drugs and alcohol treatment), tenancy management, education, training and employment opportunities.

62. Staff aimed to stay in contact with service users and did not sign them off the project even if they disengaged from the service - for example if they repeatedly failed to turn up for scheduled appointments and support sessions; or failed to remain in communication with staff; or they had been rehoused into institutional settings such as drug or alcohol rehabilitation, hospital or prison for extended periods.

63. An evaluation of the Turning Point Scotland pilot project carried out by Sarah Johnsen[36] found that the project has been: " ... *highly successful at retaining the involvement of service users, including several who were regarded as 'serial disengagers'. Its housing retention outcomes have also exceeded expectations"*.

[34] This aspect is similar to the Depaul Housing First Pilot in Belfast.

[35] Depaul's Belfast project also makes use of peer support workers.

[36] Johnsen, S (2013), *op. cit.*, page v

64. The evaluation showed that half of these individuals had retained their housing for more than two years by the end of the pilot; there had been no evictions; and a number of the service users experienced significant improvements in their physical health as a result of better diets and reduced alcohol and drugs use. There was also a decline in criminal activity, street activities such as begging and sex work, and the use of illicit drugs. In addition, the evaluation showed very high service user satisfaction levels with the project. The project was hailed as a success by its service users, staff and by local Glaswegian stakeholders: " ... *due to the very positive housing outcomes recorded",* and also because: "*the staff team has maintained positive relationships with and continued to support service users who were previously regarded as highly challenging serial disengagers".* [37]

65. The evaluation of the project therefore provides strong evidence that the Housing First model works for this hard to reach, active substance misusers who are homeless.

"The effectiveness of the Housing First approach lies as much (if not more) in the provision of high quality, flexible and non-time-limited support as it does the allocation of stable independent housing per se".[38]

The 'Name on the Door' Programme (Finland)

66. Housing First has been the guiding principle in Finland's national programmes on tackling homelessness since 2008. Housing First is seen as being for homeless people with complex needs within a broader housing-led approach to preventing and tackling homelessness. The funding provided by the Finnish government for the national programme was substantial. The first two programme periods focussed on long-term homeless people. The third period, currently being planned, will focus on preventing homelessness.

67. V. Busch-Geertsema (2010) stated: *"Finnish policies to address homelessness are amongst the most advanced in Europe. Finland is one of the few countries that has managed to consistently reduce the number of homeless people in the last two decades. It is also one of the few countries that retains its ambitious policy targets on homelessness in spite of the current economic crisis."*[39]

68. Most of the requirements set out in FEANTSA's homelessness toolkit were met by the Finnish homelessness strategy. Greater emphasis was placed on preventing and reducing homelessness in Finland rather than on developing support structures outside the regular housing market, such as shelters and temporary accommodation. Traditional shelters are reconverted into small apartments, which could be rented with normal tenancies for permanent accommodation'[40] with medical and housing support services provided.

69. The economic effects of Housing First projects reported by researchers evaluating the Tampere city project showed that: *"Intensified supported housing generates significant savings as the use of other costly services decreases"*.

[37] Johnsen, S (December 2013), *op. cit.,* page viii

[38] Johnsen, S (December 2013), *op. cit.,* page viii

[39] V. Busch-Geertsema (2010) *The Finnish National Programme to Reduce Long Term Homelessness,* Association for Innovative Social Research and Social Planning (GISS, Bremen, Germany), page 27,

[40] V. Busch-Geertsema (2010), *op cit.,* page 14,

70. For example:

"The uptake of social and health care services halved compared to use during homelessness. This was estimated to equate to 14,000 Euros of savings per resident. The total annual savings for 15 residents in the unit in question amounted to around £220,000"[41]. The Finnish government also reported positive effects such as increased wellbeing of service users and decreasing substance abuse.

Housing First Services In England

71. Nine Housing First projects located in England were evaluated by Pleace and Bretherton (2015). The key aim of this evaluation was to '*explore the effectiveness and possible future role of Housing First in England*'[42]. It also explored the comparative costs of Housing First against alternative approaches to tackling homelessness. The projects evaluated by the researchers were:

- Bench Outreach Housing (London Borough of Lewisham);
- Brighter Futures Housing First (Stoke-on-Trent City Council);
- CRI Housing First Brighton (Brighton and Hove City Council);
- Changing Lives (Newcastle upon Tyne City Council);
- SHP Housing First GLA (Greater London Authority);
- SHP Housing First Redbridge (London Borough of Redbridge);
- St Mungo's Broadway Housing First (Greater London Authority);
- Stonepillow Housing First (West Sussex);
- Thames Reach Housing First (Greater London Authority).

72. In total, these services worked with 143 previously homeless people at the beginning of November 2014. The Changing Lives project had the most service users (34). The SHP Housing First Redbridge and the CRI Housing First Brighton had the least number of service users (8). Just over a quarter of the service users were women (27%). All nine Housing First services were targeted at individuals with long term and recurring homelessness with high level complex support needs including severe mental illness, substance misuse, physical disabilities and poor physical health, high levels of contact with the criminal justice system, challenging behaviour and long term unemployment. A number of these services were commissioned to meet the needs of long term rough sleepers. All the services conducted assessments to ensure that service users were from the targeted clients groups, and to ensure that they would realistically be able to live independently with support and not be a risk to staff and other people.

73. A wide range of housing tenancies were offered by the nine services. These included housing association tenancies, local authority secure tenancies, private sector assured shorthold tenancies, and temporary accommodation. There were differing arrangements for accessing this housing. The three Greater London projects used the London Clearing House system for

[41] V. Busch-Geertsema (2010), *op cit.,* pages 29 & 30,

[42] Pleace, N and Bretherton, J (2015), *Housing First in England, An Evaluation of Nine Services*, Centre for Housing Policy, University of York, page 7

sustained and recurrent rough sleepers. Others had their own arrangements for rehousing including access to local council housing and private rented housing.

The Stonepillow service in West Sussex operated as a social landlord where it offered temporary accommodation and housing support in a shared house. Service users had some degree of choice about where they were rehoused in eight of the services. In a number of cases service users were able to refuse offers of housing without being penalised and were able to inspect the properties before making a decision to accept the housing offer.

74. The information, advice and support provided by the nine services included:

- individual case management;
- emotional wellbeing;
- community participation;
- practical help to develop independent living skills such as tenancy sustainment and budgeting; and
- support in accessing education, training, employment and volunteering opportunities.

75. Using an individual case management approach, a wide range of external agencies worked in close partnership with the nine Housing First projects. External agencies provided the following services:

- healthcare (including community mental health services and psychiatric services);
- drug and alcohol services;
- personal care;
- education, training, employment and volunteering services; and
- services tackling domestic violence and gender-based violence.

76. Eight of the nine services said that there were no pre-conditions or requirements for service users to accept treatment for their mental health or substance misuse issues. All eight services adopted a harm reduction approach to substance misuse. There were also no sobriety requirements for service users to access the housing and support services provided. The ninth service, Stonepillow, operated its services in a similar way to the others in relation to the use of alcohol and drugs on its premises. However, service users with mental health problems were required to accept treatment as one of the conditions for accessing housing and support services. This is a significant variation from the key Housing First principle of treatment and access to housing being separated and that treatment is not conditional to accessing the Housing First accommodation and support services.

77. Unlike the original US Housing First projects which were both large scale and relatively expensive as they included full assertive treatment teams within their services, the nine English services were *'relatively small and low cost. Using case management based approaches and for the most part ordinary rented housing kept their resource needs comparably low'*.[43]

[43] Pleace, N and Bretherton, J (2015) *op. cit.*, page 27

Outcomes of the nine English Housing First Services

78. Like Housing First services in America and Europe, the nine English housing first services provided safe, secure housing with support services to long term homeless people who had high support needs. Most service users within the nine services had to wait before they were rehoused, ranging from 6 to 24 weeks. This resulted from a shortage of affordable housing for single people. The problem was particularly acute in London. Nevertheless the English services successfully ended *'the most complex and potentially damaging forms of homelessness'*[44]. For example, 78% of the 143 service users were rehoused by the nine services. This rate would have been even higher at 83% if the Stonepillow service had been excluded from the data as this service had not rehoused anyone at the point of data collection.

79. The researchers also noted that although some of the nine services had not been operational for a full year, there was strong evidence of housing sustainment. The housing sustainment rate for five of the services was 74% where service users had been housed for a year or more.

80. Overall, rehoused service users reported relatively high levels of satisfaction with their housing. 88% said they were either very satisfied or fairly satisfied with the service. The evaluation also found that there were positive gains in service users' physical and mental health, their wellbeing and that there were also positive changes in substance misuse addictions, criminal and anti-social behaviour. 63% of 60 service users[45] reported better general health compared to one year before working with the Housing First services; and 66% of the 60 service users reported better mental health since working with these services compared to one year before using the services. There were also reductions in the use of alcohol and drugs, but not as much as the outcome gains for physical and mental health. Finally, there was a significant increase (from 38% to 64%) in service users reporting that they felt a strong or fairly strong sense of belonging to their local neighbourhood and community compared to one year before working with Housing First.

Cost Effectiveness of the nine English Housing First services

81. The Pleace and Bretherton evaluation examined ways in which cost effectiveness could be measured and then reviewed the costs of the nine English Housing First services compared to the conventional 'treatment as usual' approaches. The cost of a Housing First service is sometimes compared with the costs of providing hospital or residential care (e.g. where a day of housing first support is much cheaper than someone staying on a psychiatric hospital ward). The authors argued that this cost comparison is problematic as it does not take into account the full cost of providing service users with good support packages through case management whereby service users are reconnected to their local communities; and in which they are given a wide range of information, advice and support. Pleace and Bretherton found that, whilst the cost of the Housing First service is lower than residential or hospital care, once the costs of providing the other support services involved are added, the overall cost of the Housing First service is considerably higher.

[44] Pleace, N and Bretherton, J (2015) *op cit.,* page 50

[45] There health outcomes data were only available for sixty service users out of a total of 143 service users of the nine services - Pleace, N and Bretherton, J (2015) *op cit.,* page 50

82. A further difficulty is that Housing First is a long term model compared to psychiatric patients staying on hospital wards for shorter periods as a result of the current policy emphasis on treatment and care within the community. This means that whilst a Housing First service may be cheaper on a day to day basis, it is used for a much longer period by service users than psychiatric hospitals.

83. It is sometimes argued that Housing First can create cost offsets. For example, a long term homeless person repeatedly using an Accident and Emergency (A&E) department rather than being in settled accommodation with good support to access a local GP and other healthcare services will present a significant financial cost to local NHS services. In addition to the positive gains of having their own home, their use of A&E services will stop or be reduced and Housing First service will help to reduce A&E costs. Similarly the costs to the criminal justice system are high if a long term homeless person is repeatedly arrested and imprisoned whereas Housing First services help to reduce or stop anti-social behaviour and crime committed by long term homeless people. It therefore tends to reduce the costs of repeat offending by homeless people to the criminal justice system.

84. Here the authors argue that although financial savings do occur as a result of cost offsets resulting from the Housing First model, those savings are not realisable (i.e. they cannot actually be made). The reason for is that: '*Collectively, long-term and repeatedly homeless people represent a fraction of total activity for large-scale public services'*[46]. Even though this client group makes a disproportionate demand on A&E services they represent less than 1% of total activity which means that stopping demand from this group would not lead to staff cuts or staff having more time to do other things.

85. Similarly, given the overall number of people in the criminal justice system *'reducing contact with long-term homeless people does not free up time in a way that is realisable*'. In fact, the authors argue that Housing First might lead to costs rising as long term homeless people obtain access to a wide range of services including health, welfare, leisure and social services that they have not used before, rather than under-using these services due to poor access and lack of support.

86. The Pleace and Bretherton go on to argue that there is an alternative approach to measuring cost effectiveness and that is to measure lifetime costs. This approach examines the total financial costs of a long term homeless person to society during their lifetime. Taking this approach, the authors suggest that the potential savings that Housing First might make are clearer and show a cost benefit for ending long term homelessness. They argue further that a long term homeless person can cost more to society than another person because of their long periods of unemployment, their reliance on welfare benefits, the fact that they pay little or no tax, their poorer poor health which means greater use and cost of social services, health and medical services, and that they are more likely to undertake criminal and antisocial behaviour therefore giving rise to higher criminal justice costs and the high cost of repeatedly using 'treatment as usual' homelessness services. The authors argue that these costs can go on for years and even decades if homelessness is not tackled.

[46] Pleace, N and Bretherton, J (2015), Housing First in England, An Evaluation of Nine Services, Centre for Housing Policy, University of York, page 52

87. They conclude that, individually and collectively, long term homeless people will cost a lot more over their lifetimes compared to other citizens.

88. As an illustration of this argument, Pleace and Bretherton reported that the New Policy Institute and the New Economics Foundation estimated in 2003 and 2008 respectively that each single homeless person annually costs society between £24,500 and £26,000 more than ordinary citizens. They also said that the total costs of long term homeless and rough sleeping may be higher.

89. As an alternative, the authors suggest that another useful way of measuring cost effectiveness is to compare Housing First with the 'treatment as usual' service pattern. The authors found that for the nine Housing First services the Housing First model is not always cheaper than treatment as usual low or medium supported housing services. However, as Housing First is intended for high needs service user groups, low and medium level supported housing would not be appropriate as it will not meet the needs of service users with very high and complex needs.

Strengths, limitations and weaknesses of Housing First

Strengths

90. The evaluation of nine English Housing First services showed that both individually and collectively these services had high levels of success and made positive gains for service users in terms of:

- health, mental and physical wellbeing;
- social and community participation,
- reducing crime and antisocial behaviour;
- reducing substance misuse;
- high levels of tenancy sustainment.

91. The clear recommendation of the Pleace and Bretherton study is that Housing First should be extended across the UK, and the approaches used by these Housing First services should be used as a basis for developing larger scale Housing First services.

Limitations

92. Housing First works very well for the majority of service users, but it will not necessarily work for all its intended service users. Organisations need to be clear what their aims are and what can be achieved realistically for long term homeless people with high and complex needs. Housing First cannot deliver all the housing and support services and access to mainstream services for its service users by itself. It relies heavily on close links and strong partnership working with a wide range of housing association, local authority, NHS, voluntary and private sector agencies to enable service users to access treatment and the other services they need. Its outcomes rely heavily on a wide range of services, with Housing First playing a key role in case management, developing good support packages for its service users and signposting to other services.

Weaknesses

93. The main barrier to Housing First in the UK has been the lack of affordable social and private rented housing for long term homeless people and rough sleepers. The current cuts in homelessness services budgets and commissioning practices mean that there are real issues over the length of and funding levels for service contracts that commissioners agree with service providers. Commissioners face many challenges in guaranteeing funding for sustained periods. Housing First requires sustainable and guaranteed funding because it is long term housing and support model and not a short term model.

Housing led approaches to tackling homelessness in Northern Ireland

94. Housing Rights (Northern Ireland) commissioned research from Policis and the University of York in 2011 as part of the *Bridging the Gap* project. The research aimed to identify the barriers which frustrate the use of the private rented sector as a suitable and sustainable housing option for vulnerable people. The research report (Ellison et al 2012)[47] noted that use of the private rented sector to house chronically homeless people with high support needs was controversial, not least because there were concerns about factors such as housing management standards, affordability, security of tenure, and the suitability of this tenure for homeless people with high support needs.

95. The research found that[48] there are significant difficulties in providing lasting housing solutions for chronically homeless people. In particular, is unlikely that the social housing sector will ever be in a position to meet future housing need in Northern Ireland because demand greatly outstrips supply.

- The major barrier to use of the private rented sector (PRS) to house those on welfare benefits, who have little chance of being housed within the social housing sector, largely singles and non-family households, is affordability. Rents are significantly more expensive than the social sector while the requirement for a deposit and rent in advance poses an insuperable barrier for many homeless people.
- For the serially homeless and those at greatest risk of homelessness, such as those leaving care or ex-offenders, these affordability barriers are compounded by issues around mental health, drug and alcohol addiction, financial and social exclusion and a lack of life-skills.
- Caps on benefit entitlement, and the reduction in funding for self-contained accommodation for the under 35s, will be major barriers to accessing and sustaining housing for those at greatest risk of homelessness in Northern Ireland[49].
- Against a background of buoyant rental demand, PRS landlords have little appetite for housing vulnerable or high risk tenants.
- Most vulnerable, serial and chronic homeless people come from a background of instability on many levels - many experience mental health issues, with depression, self-harm and suicidal tendencies common-place.

[47] Ellison A, Pleace N and Hanvey E (2012), *Meeting the housing needs of vulnerable homeless people in the private rented sector in Northern Ireland*

[48] Ellison A, Pleace N and Hanvey E (2012), op. cit., pages 9 - 10

[49] The amount of housing benefit paid to single people aged under 35 is restricted. The majority of people who fall into this category will only receive the shared accommodation rate.

- Older homeless people, for whom hostel living represented familiarity, safety and support, and which included some of the most high-risk and vulnerable individuals, were highly resistant to the idea of living in other than a hostel environment and reluctant to move away from familiar staff and support on whom they were often highly dependent.
- Housing experience has been a revolving door of temporary placements and serial housing failure, in both social housing and the PRS. It is clear that a significant degree of support is required if the vulnerable homeless are to sustain tenancies.
- However, policy approaches based on a reaction to crisis and serial placement in temporary hostel accommodation have not served the homeless well. Housing solutions without an appropriate degree and mix of support have set individuals up to fail.

96. The research concluded that there was unequivocal evidence from elsewhere in Europe and the US suggesting that the private rented sector can be used effectively to meet the needs of even the most vulnerable homeless, and create sustainable, long term tenancies. However, this requires a radically different approach which puts the housing solution first with tailored support then based on core principles which are people-centred and needs led.

"These solutions, known as the 'Housing First' model take housing as a basic human right and provide a permanent housing solution as a first step in addressing chronic homelessness, with housing entitlement separate from service development and delivery." [50]

97. Ellison *et al* recommended that:

- there should be a move away from use of temporary accommodation and towards the use of 'Housing First' and 'Housing Led' models which place the housing solution first and then build each individual's multi-agency services and support around it;
- the 'Housing First' model would need to be deployed in combination with some form of Social Lettings Agency (similar to the service provided by Smart Move) to address the barriers that prevent vulnerable individuals entering the private rented sector, to overcome landlord resistance to housing vulnerable tenants, and to build the life skills which will make tenancies sustainable;
- recognising that, as a stand-alone service, the Social Lettings Agency model is only appropriate for those with low support needs, a more intensive multi-agency support service needs to be developed within a 'Housing First' framework for those with more complex needs, and recovering from chronic and serial homelessness;
- This would offer
    - intensive wrap-around 24/ 7 support on a permanent basis for the high risk individuals who need this approach;
    - less intensive, potentially time limited, support for those with less complex problems who may need extensive support in the transition period but may be able to live independently with less support on an on-going basis.

[50] Ellison A, Pleace N and Hanvey E (2012), op. cit.

Overall conclusions from the literature review

98. Evidence from the literature reviewed in this chapter shows clearly that Housing First can, and possibly should be used as the main driver for housing led approaches to tackling homelessness. Housing First specifically targets the prevention and ending of long term, repeat homelessness and rough sleeping for service users with high and complex needs, and is proven as a preventative service model not as a safety net. Other types of homelessness (for example, homelessness experienced by families, women escaping domestic violence and homelessness experienced by vulnerable young people and older vulnerable adults) could also benefit from housing led approaches.

99. The outcomes from the various projects evaluated in the literature are in almost every case good, or excellent, compared with traditional approaches based on 'staircasing' homeless people from temporary to permanent solutions in ways that breach their human rights and demand obedience to rules governing abstinence and commitment to treatment. The evidence from Pleace and Bretherton's work and from the European studies is that housing led solutions are cost effective compared with traditional services and, depending on the measures used, may actually result in significant long term financial savings in addition to all the benefits accruing to service users. Even where financial savings cannot be demonstrated, as Pleace and Bretherton note in their evaluation of nine English Housing First services:

"Some American research has argued that while housing-led approaches to reducing homelessness like Housing First may not in overall terms save very much (or any) money, their greater effectiveness in ending homelessness means that there is a powerful case for using them. Homelessness is a situation of unique distress and if it is prolonged or repeated that potential for damage that it can cause an individual is very great." [51]

[51] Pleace, N and Bretherton, J (2015), op. cit., page 61

PART 2: DEVELOPMENT AND OPERATION OF THE BELFAST HOUSING FIRST SERVICE[52]

Origins

Sundial House, Dublin

100. As part of its response to homelessness in Dublin, and following the development of the Republic of Ireland's National Homelessness Plan, the Dublin Homeless Agency commissioned Sundial House in Dublin In 2004. Helm Housing Association was appointed as the housing developer with Depaul as the provider of support and care. Depaul's delivery of these services started in September 2008.

101. The remit for Sundial House was to provide long term supported housing to thirty individuals who had experienced extended periods of street homelessness and had entrenched alcohol misuse. The service offered a long term sustainable housing solution for individuals with multiple and complex needs as a result of their long term homelessness. It was based on a low threshold[53] housing-led[54] approach that adopted harm reduction principles[55]. The service had the following objectives:

- to provide a supportive and healthy shared living environment;
- to provide emotional and motivational support to take a holistic, harm reduction approach to health and addiction needs;
- to meet the medical/health needs of people in their own accommodation;
- to work in conjunction with statutory services (primary health) to ensure all social and complex health needs, both mental and physical, are addressed;
- to promote positive relationships and provide an accepting environment for these to develop or rebuild;
- to ensure service users have a stake in their place of accommodation;
- to promote meaningful engagement and motivation to improve quality of life; and
- maximise the potential of the individuals accommodated.

102. By 2010[56], Sundial House had successfully provided accommodation over two years for people who had histories of entrenched street drinking, with up to 15 years of interaction with homeless services, and who had been repeatedly excluded from temporary accommodation. The service gave them access to services that enabled them to manage and stabilise their drinking, improve their health and establish relationships within a long term supported community based project.

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[52] This chapter of the report is based on data and documents provided by Depaul and the NIHE Supporting People team, augmented by interviews with managers, front line staff and other stakeholders.

[53] 'Low-threshold' services make minimal demands on the service user, offering services without attempting to control their intake of alcohol or drugs, and providing counselling only if requested.

[54] A 'housing led' approach enables all homeless people to gain access to good quality housing of the kind they need in the community of their choice. Housing support and any other social care and community healthcare needs that they have are then delivered to them in their own home. The aim is to eliminate the use of temporary accommodation for homeless people in hostels and short stay supported housing.

[55] The term 'harm reduction' refers to policies, programmes and practices that aim to reduce the harm associated with the prolonged use of alcohol and psychoactive drugs in people unable or unwilling to stop. The defining features are a focus on the prevention of harm, rather than on the prevention of alcohol or drug use, and a focus on the wellbeing of alcohol and drug misusers.

[56] Depaul (2010), *18 Month Review of Sundial House, Dublin*

The Stella Maris Hostel

103. The Stella Maris hostel is located in Belfast and is operated by Depaul. It provides accommodation for long term street drinkers who have failed or do not wish to stop drinking. It accepts both men and women over the age of 18 (the average age of residents is mid-40s); it provides 24 hour support; and it works within the principles of harm reduction and low threshold access[57]. It also aims to address the physical and mental health needs of residents through consultation and links with health and social services. All Stella Maris service users agree resettlement plans that enable them to move on from Stella Maris into the Housing First pilot or into alternative accommodation if it is more suitable.

104. Stella Maris is funded under the NIHE Supporting People (SP) programme for the provision of a short-term accommodation-based support service lasting no longer than two years. However, many of the people in this service have longer term needs, and a minority of service users have lived in Stella Maris for more than two years. The Housing First approach is therefore said to provide a solution to the needs of those with longer term needs, who are thought by Depaul to represent approximately 2% - 3% of the general homeless population in Northern Ireland. The high levels of resources and time required to provide short term 'crisis' services for this group are disproportionate to the success rate judged in terms of long term housing sustainability[58].

Development of the Belfast Housing First Pilot

The Housing First pilot

105. Using the experience gained by Depaul at Sundial House and Stella Maris, and following publication of the Housing Rights-sponsored study *Meeting the housing needs of vulnerable homeless people in the private rented sector in Northern Ireland*[59], Depaul proposed three new initiatives to the Housing Executive aimed at resolving issues connected with long term homelessness for people with histories of street drinking and rough sleeping. Discussion on the development of one of these initiatives was fruitful.

106. The Housing First service was originally conceived in 2013 as a pilot project whose overarching aim was to:

[57] 'Low threshold services' offer easy access to services for long term homeless people who have complex needs. Depaul applies low threshold principles in order to minimise exclusions, striving to avoid issuing warnings to service users, adopting alternative means of addressing behavioural issues in order that a placement or tenancy is not endangered or lost and to help limit repeat homelessness.

[58] In the context of this research the term 'housing sustainability' means the ability of people with complex needs to obtain housing that is appropriate to their needs and wishes, and then retain that housing over the longer term.

[59] Ellison A, Pleace N and Hanvey E (2012), *op cit.*

"... identify, assess, place and support individuals into permanent housing from a range of temporary accommodation sources and coordinate support and care packages to individuals….The service is operated through a case management system, coordinating the interactions of partner agencies, with harm reduction principles and promoting independence to the most marginalised individuals." [60]

107. In making the original proposal to the Housing Executive, Depaul were careful not to make unrealistic claims for what the service could achieve. The proposal document noted that Sam Tsemberis, the original proponent of 'Housing First' in New York, warned that whilst housing-led models may end homelessness, they do not provide medical cures nor do they stop addiction or alleviate poverty. Depaul also noted that such programs need to be developed in a way that works across agencies to ensure that they do not fall into the trap of *" ... helping individuals graduate from the trauma of homelessness into the normal everyday misery of extreme poverty, stigma and unemployment".*

108. The Depaul proposal specified that service users were to live in their own accommodation with a permanent tenancy, either in the private rented sector or in social housing. Housing support, community health and care services would then be delivered in their homes or in local centres with Depaul acting as a 'service broker', adopting a case management approach to coordinate the services that each tenant needed from external agencies.

109. The primary group of intended service users were to be single people with alcohol problems, aged 18 to 64 years old, some of whom might also have mental health issues and challenging behaviours. A possible secondary group of service users included single people with complex needs including mental health issues and complex needs. Referrals into the service would come from a number of agencies including NIHE, housing associations, Health & Social Care Trusts, community drug and alcohol services the NI Probation Board and non-statutory agencies[61]. Service users could also self-refer. The only types of service user that would be excluded were those aged under 18, and people convicted of sex offences and arson. However this latter group would be assessed on a case by case basis.[62]

The Supporting People contract[63]

110. The initial Supporting People funding agreement for the Housing First pilot was dated March 2013 and ran from 7 January 2013 until 23 March 2014. The funding agreement was renewed with effect from January 2014 and lasted until November 2014, when the Belfast contract was revised, with the revision backdated to 1 September 2014. This revision extended the contract from 10 to 62 service users, funded an enlarged staff team, and extended the service to include Derry / Londonderry. The number of Belfast service users was increased from 10 to around 40 (no exact number was specified). Although the contract extension was effective from 1st September 2014 it was not approved until the end of November 2014. From an operational

[60] Source: *Supporting People Strategic Review – Provider Questionnaire*.

[61] The main external referral agencies are the Welcome Centre, Centenary Crash (Salvation Army), Drug Outreach Team, HMP Maghaberry and the Homeless Support team. In addition, referrals are taken from Depaul's Stella Maris hostel (Source: *Supporting People Strategic Review – Provider Questionnaire*)

[62] There are some exclusions. The service does not accept those under 18 years of age, and those convicted of arson or Schedule 1 offences.

[63] The following summary of the Housing First Service Contract agreed with NIHE's Supporting People (SP) team has been taken from a number of documents including the project proposal, the Supporting People Funding Agreement and the provider questionnaire for the Supporting People strategic service review.

point of view, therefore, Depaul did not have the new staff in post until early 2015. The previous service capacity and staffing levels were therefore still applicable for the final quarter of 2014 despite the fact that the contract had changed retrospectively. The research and SROI evaluation reported here is therefore based on the assumption that the April 2014 contract operated *de facto* until 31 December 2014.

111. The 2014 contract terms incorporated a number of service requirements that were set out in a *Supporting People Funding Agreement for Short Term Services*. The service was and remains non-accommodation based and was to be available across all tenure types. In common with other floating support services, housing-related support was provided to service users in their own homes. The contract stipulated a wide range of 'eligible' support tasks which were derived from those listed in the Northern Ireland *Supporting People Guidance* (2012)[64]. These included help in setting up and maintaining a home or tenancy, peer support and befriending, supervision and monitoring of health and wellbeing and help in managing finances and benefit claims.

112. However, there were two significant differences in this contract compared with contracts for other floating support services.

- Under conventional SP funding arrangements floating support is provided on a short term basis (i.e. for two years or less) but in the Housing First pilot support was to be provided on a long-term basis for as long as the service user required it.
- In addition to the tasks normally associated with a floating support service funded by Supporting People, staff who engaged with service users in the Housing First service also played an important brokerage role in coordinating the other services that service users needed including personal care, mental health and addictions services, education, training and linking to employment opportunities.

Operation of the Housing First pilot (2013) and service (2014/2015)

Governance and management oversight

113. The Housing First service had two oversight bodies. A Strategic Planning and Review Group met quarterly and was comprised of managers from strategic bodies and other partners whose role was to oversee the development and delivery of the programme, and to identify learning and recommend changes to the pilot. The group's terms of reference were (and remain) as follows.

"The role of the group is to ensure the continued alignment of the Housing First service with the Housing Executive's Homelessness Strategy."

114. Management of the Housing First service was overseen by an Operational Delivery Group that met monthly and whose membership included project partners and agencies working with each client within the case management framework. The terms of reference for this group were as follows:

"The purpose of the operational group is to work in partnership with relevant agencies to find pathways into appropriate services for the service users of the Housing First project, with particular attention to: housing options; rent deposits/guarantees; mental health' addictions;

[64] Department for Social Development (2012), *Northern Ireland Supporting People Guidance*, page 6, para 3.3

personal care; physical health; and social inclusion. This list is not exhaustive and will expand as circumstances and needs of service users present."

Staffing the service

115. The pilot phase of the service from March 2013 was staffed by one full-time Housing First Coordinator/Practitioner and one part-time Housing First Community Support Worker. This staffing model was adjusted from September 2014 with one part-time manager (20% or one day per week), one full-time deputy manager with overarching responsibility for case coordination and complex cases as well as networking and maintaining engagement with external agencies; and three Housing First community support workers. The intention was that each community support worker would hold a maximum of 8 – 10 cases at any one time, with a total of 27 cases overall. Whilst there had been volunteer input to the Stella Maris service, there were no volunteers involved in the Housing First pilot in 2013 or 2014. During 2014/2015, however, there was some volunteer input in terms of pastoral care provided to the service by a member of the Depaul Management Committee who was a professional counsellor working within a religious order[65].

Operation of the service

116. From the outset (2013 until 2016) the service has operated through a case managed approach, where appropriate services are coordinated, based on the assessed needs of the individual and for their benefit, thus helping to promote their independence. Joint agency working is intended to ensure that there is a holistic approach to service provision and that the right type of support is available at the right time. All agencies involved in delivering the service are also involved in the joint development of targeted support plans for individual service users, supporting them to develop goals to meet their needs and achieve the specified outcomes to ensure independent living.

117. The Housing First service also benefits from Depaul's organisation-wide policies and systems relating to:

- Staff training – ensuring the highest standard of support services to the service user, achieve the best outcomes for the services and to develop staff potential;
- Risk assessment – identifying and managing risk through risk management protocols;
- Impact measurement – supporting the service user in identifying support needs, and monitoring individual progress through regular reviews.

118. Depaul interviewees commented on the commissioning process and the development of the service. There was recognition that when the service started it had no independent office space, no equipment and there was a need to develop contacts with a range of accommodation providers and support agencies as well as developing referral, record keeping and filing systems, needs and risk assessments.

"Setting up files, localised procedures – it was so brand new – out in the community – before we had just been in Stella Maris. This was a totally different client base, the risks were very different – there was a lot of brainstorming at the start."

[65] This input has been costed as part of the SROI EVALUATION exercise outlined in Chapter 6.

119. There was also recognition that there was no formalised service specification or service level agreement with the various providers of support.

"It's not written down … it's very difficult to put something in writing with the type of client group we have – it's about the external agency getting to know their needs…it's difficult to put into firm words…unpredictable and complex nature. It's built on trust – in terms of crisis management and crisis intervention – we are there, and external agencies know there is back-up – with double visits. But we work together. Building up trust and reputation – agencies take it on trust. It's about the whole wrap-around service – of all working together."

120. Furthermore it was suggested by front line staff that making the service arrangements too formal would be restrictive and detrimental.

"It would restrict what we are already doing – it would restrict and dilute – you have to be able to respond to a crisis when it happen – prioritising.

121. However, Depaul managers recognise the need to develop a written service specification as a basis for clarifying is own role and that of its partner agencies[66], defining the relationship between the service and the Housing Executive's homelessness service and the evolving Housing Solutions service, and as a basis for the contract with the Housing Executive's SP team.

Eligible support and service brokerage services

122. The SP Service Delivery Plans (2014 and 2015) outlined the housing services which the Housing First service was intended to deliver, and which were approved under the terms of the SP contract. These are summarised in Table 1 below.

Table 1: Housing First – Summary of service elements

Service Element	Detail
Accommodation	Liaising with housing providers – supporting service users in finding appropriate accommodation.
Support	Liaising with other support services and charitable agencies – supporting service user in gaining access to floating support, drug and alcohol addiction support services, personal care, physical and mental health and social services.
Alcohol management	Low threshold and harm reduction – working within these principles to ensure tenancy sustainment.
Crisis intervention and crisis management	Element of floating support – to respond and support the service user when in crisis, using crisis intervention techniques. Providing support to service users outside of normal working hours, 365 days per year.
Service User self-assessment	Supporting the service user in identifying and prioritising their support needs.
Service User consultation	Ensuring a service user led approach – by completing questionnaires and surveys and having a continuous review of the service.

[66] Interviews with senior managers in March 2016

Sources of referral

123. The service received a total of 108 referrals between April 2013 and December 2015. Referrals were made by a number of statutory and voluntary sector agencies (Table 2). There was a gradual extension of the number and diversity of referral organisations over time. 42% of referrals in 2014 came from the Stella Maris Hostel (44 referrals); in the first six months of the pilot project this was the only referral source. One in six of referrals (18%) were made while the individual was in prison awaiting discharge.

Table 2: Referral agencies, with date referrals started and number of referrals, April 2013 to June 2015

Referral Agency	Date referrals commenced	Number of referrals for total period[67]	Percentage of referrals
Depaul – Stella Maris	April – June 2013	44	42%
Housing Rights Prisons Service[68]	October – December 2013	19	18%
Drug Outreach Team	October – December 2014	14	13%
Homeless Support Team	January – March 2015	3	3%
Centenary Crash, Salvation Army	April – June 2015	6	6%
Welcome Centre	April – June 2015	19	18%
Total referrals		**105**	**100%**

Note: There have been 108 referrals in total. However, in 3 cases there is no information on the source of the referral hence the base for this table is 105 referrals.

Source: Depaul service quarterly monitoring data, 2013 - 2015

Assessment of Needs

124. During the pilot phase, service user's needs were assessed by Depaul using the following indicators based on the Outcomes Star monitoring system:

- Drug and alcohol misuse;
- Emotional and mental health;
- Managing money;
- Managing tenancy and accommodation;
- Use of time;
- Motivation and taking responsibility;
- Offending;
- Physical health;
- Self-care and living skills;
- Social networks and relationships.

125. Service users have also been categorised depending on the level and complexity of their need. The classification system that is used[69] is as follows (Table 3).

[67] This table covers the full period of operation, including the pilot project - April 2013 to December 2015.

[68] Referrals from Housing Rights is from their prison based Housing Advice team, which is part of the Offender Management Unit in HMP Maghaberry. The Offender Management Unit comprises HR Housing Advice team, Probation Board NI, NI Prison estate, NI Prison Healthcare and Sentence Officers.

[69] Housing First proposal – Pilot programme – April 2013 to December 2014.

Table 3: Basis for classifying level of need in relation to level of service

Level of Need	Level of Service
High Level	5 plus hours per week of Housing First staff engagement: In the initial 4 – 6 weeks all cases are categorised as high. In these early weeks needs and risk assessment are conducted and the support plan is agreed and implemented. The requirements of external agency involvement are assessed and the engagement process commences. Highly complex cases and where service users enter a period of crises are also categorised as high level.
Medium Level	3 hours but less than 5 hours per week of Housing First staff engagement: This may in some cases begin from Week 5 onwards and may also be a time of crises where stabilisation is resumed quickly.
Low Level	1 but less than 3 hours per week of Housing First staff engagement: This would be when service users have reached a stage of prolonged stability and where necessary are engaging with other support services. The service user may be ready to exit the Housing First service or may only require periodical link in with the Housing First support worker.
In addition, service users are categorised into three tiers, as follows:	
Short term	1 year
Medium term	2 – 4 years
Long term	4 years plus [70]

Access to accommodation

126. The Housing First service operated on the basis that if an individual was helped to settle in accommodation of their own, services could be delivered in their home (termed 'wrap around services') to enable them to settle into and then maintain their tenancy. In a discussion paper prepared as a basis for expanding the service Depaul noted:

"In order to achieve the fullest benefits of the model we need to ensure that we secure housing as a first priority and not secondary to treatment. It is imperative that we have a bank of suitable and sustainable accommodation across a wider [geographic] *area which has been pre-agreed with housing associations, or pre-leased* [by Depaul] *from private landlords with agreement to sub-let."* [71]

127. The service user would gain access to social rented accommodation through the Housing Executive's Common Selection Scheme[72], in the same way as all other applicants for social housing. Additional points would be available in relation to their needs (e.g. alcohol dependency) and their current accommodation (e.g. street homeless, no accommodation on release from prison, hostel points etc).

[70] Depaul (2014) *Proposal to expand the Housing First service*. Depaul noted in this proposal that: " ... up *to 10% of the individuals within temporary accommodation would require long term supported permanent housing."*

[71] Depaul (2014), *op cit.*

[72] See: http://www.nihe.gov.uk/index/advice/apply_for_a_home/housing_selection_scheme.htm

128. In terms of access to the private rented sector, Depaul established links with a number of private landlords in Belfast (and now Derry) and with the Landlord Association NI, thus further identifying a range of landlords interested in providing suitable accommodation for the client group. A Depaul staff member noted that:

"There is not a bank of tenancies available from landlords at any one time. We have however developed links with landlords over the period that the project has been operating, and often we will use the same landlord for several service users depending on (their) *area of choice and the availability of properties. Once we have received a referral and completed a Needs Assessment and a Safety and Wellbeing Assessment, we contact landlords who we know have properties in an area which has been identified as an area of choice, to check availability. If there are no properties available in the service user's area of choice, we will discuss with them alternatives where there may be properties available that they would be happy with. We then start contacting landlords in that area. We need to take into consideration religious affiliation to ensure that the service user will feel safe. We also need to consider the type of supports required by the service user and the proximity to services in the area which will be providing* [him or her with] *support."*

Other services additional to housing and housing support

129. Access to additional services such as addiction services, mental health services and social care is separated in the Housing First model from access to housing. Based on Depaul's assessment of needs a range of support packages are negotiated for individual service users. This is not based on formal contracts or Service Level Agreements (SLAs) between Depaul and third party provider agencies[73]; specific arrangements are made for individual service users. In the early stages of the pilot, Depaul found that basing third party service inputs on an SLA was not the best approach, particularly since some service users had been excluded from services previously because of their addiction, past behaviour or for other reasons.

130. In addition, Depaul was aware that some partner agencies were nervous about being tied into a SLA with a relatively untested service model. As a result, the negotiation of additional services and support has developed during the pilot phase and first full year of delivery through informal arrangements and engagement with partners, based on individual service users' needs[74]. Much of this has been based on Depaul's pre-existing links with agencies such as the Police Service NI, Probation Board NI, social services, addictions services, health services, care agencies, and other voluntary organisations. The pilot project extension paper referred to earlier suggests that partners provide up to 50% of all service input. Table 4 lists the agencies that have provided services.

[73] This is a variation from the proposal outlining the pilot service which noted the following: *In order for the model to work most efficiently the responsibilities and partnership commitments of each agency must be clearly outlined and agreed to in a SLA with each partner. SLA's would be reviewed and managed accordingly with quarterly steering meetings incorporating representatives of each agency.*

[74] Depaul's intention to move towards more formalised agreements with partner agencies is explored in Chapter 4 of this report, recognising that this needs to be done at a strategic rather than an operational level.

Table 4: Partner agencies providing support to Housing First service users

Organisation	Type of support[75]
Homecare Floating Support Service	Range of support including managing tenancy and accommodation, managing money, motivation and taking responsibility, self-care and living skills.
Triangle Floating Support	
YMCA Floating Support	
East Belfast Mission – Floating Support	
Threshold Floating Support	
NIACRO Floating Support	
Community Addictions Team	Range of support including drug and alcohol misuse and motivation and taking responsibility.
Drug Outreach Team	
Substitute Prescribing Team	
Men's Shed	Range of support including use of time, motivation and taking responsibility, social networks and relationships and emotional and mental health.
Volunteer Now	
Social Services – Adult Safeguarding Team	Range of support including physical health and self-care and living skills.
Social Services – Adult and Physical Disability Team	
NI Prison Service Community Support	Range of support including managing tenancy and accommodation, offending, use of time and motivation and taking responsibility.
Housing Rights Prisons Project	
Start 360 ADEPT project	
Probation Service NI	
Private landlords	Range of support including managing tenancy and accommodation.

Monitoring and evaluation

131. The project has been monitored internally by Depaul using the eCASS client database management system (OTIS). This enables staff to record assessed risk, needs and management plans, support plans, outcome measures and impact for individual service users and for the service as a whole. In addition, Depaul updates the NIHE SPOCCnet management information system directly with information about each service user. The Outcomes Star system for monitoring service user progress and outcomes has been developed by Depaul since the Housing First service was piloted but limited information is currently available.

Profile of service users 2013 to 2015[76]

132. There were 108 referrals to the Housing First service, and 78 service users accepted into the service between April 2013 and June 2015. The SROI evaluation (Part 4) focuses on the 24 service users who were accepted by the service during 2014. Table 5 gives a breakdown of the number of referrals, number of accepted service users and the number of declined cases on a quarterly basis since the start of the Housing First pilot in April 2013.

[75] These have been defined in terms of the ten service types that Depaul categorises as 'additional support'.

[76] This section is based on quarterly evaluation reports provided by Depaul

Table 5: Housing First Service – Number of referrals numbers accepted and numbers declined, on a quarterly basis

Period	Number of Referrals	Number of accepted cases	Number of declined cases
April – June 2013	15	11	0
July – Sept 2013	5	5	0
Oct – Dec 2013	5	4	0
Totals for pilot phase	*25*	*20*	*0*
Jan – March 2014	6	5	1
April – June 2014	3	2	1
July – Sept 2014	4	3	0
Oct – Dec 2014	6	5	1
Totals for 2014	*19*	*15*	*3*
Jan – March 2015	14	12	2
April – June 2015	22	15	2
July – Sept 2015	14	9	1
Oct – Dec 2015	14	7	0
Totals for 2015	*64*	*43*	*5*
Totals for service to end of 2015	**108**	**78**	**8**

Source: Depaul service quarterly monitoring data, 2013 - 2015

133. Some referrals were declined by the Housing First service or did not meet the service criteria for a number of reasons. In total eight cases were declined over the period 2013 – 2015 (see Table 6). This represented 7% of all referrals.

Table 6: Housing First Service – Reason for referrals being declined 2013 - 2015

Reason for referral being declined	Number of referrals
Outside or moved outside the catchment area	3
Not made via referral system[77]	3
Sentenced	1
Withdrawn	1
Total	**8**

Source: Depaul service quarterly monitoring data, 2013 - 2015

[77] The referral system developed over time and in the early days a small number of people were admitted to the service from elsewhere.

Age and Gender of Referrals

134. There was insufficient information available as a basis for constructing an age profile of referrals. 87% of those referred to the service were male (Table 7).

Table 7: Gender of referrals

Gender	Number of referrals	Percentage of referrals
Male	94	87%
Female	14	13%
Total	**108**	**100%**

Source: Depaul service quarterly monitoring data, 2013 - 2015

Reasons for 'Case Closure'

135. 49 cases were closed in the period April 2013 to December 2015. The reasons for case closure are outlined in Table 8 below.

Table 8: Reason for case closure

Reason case closed	Number of cases in total period[78]	Percentage of cases
Stable – not needing service	16	33%
Non-engagement	9	18%
Deceased	7	14%
Relocated to more suitable accommodation	6	12%
Returned to prison	6	12%
No access to public funds	2	4%
Moved out of accommodation	1	2%
Offer withdrawn – safety fears	1	2%
Abandoned tenancy	1	2%
Anti-social behaviour	0	0%
Non-payment of rent	0	0%
Evicted from tenancy	0	0%
Moved in with family and friends	0	0%
Total cases closed	**49**	**99%**[79]

Source: Depaul service quarterly monitoring data, 2013 - 2015

Location, type of tenancy and type of accommodation

136. Table 9 below shows the location of Housing First service users' tenancies within Belfast. The majority of tenancies (70%) were established in North Belfast. This reflects the larger number of private rented sector tenancies and the lower rents in that area.

[78] This table covers the full period of operation, including the pilot project: April 2013 – December 2015.

[79] Due to rounding percentages do not all tally to 100%.

Table 9: New tenancies by location in Belfast

Location	Number of tenancies established	Percentage of tenancies established
North Belfast	104	70.27%
South Belfast	12	8.11%
East Belfast	17	11.49%
West Belfast	1	0.68%
Other	14	9.46%
Total	**148**	**100.00%**
Note: There is a discrepancy in the Depaul records between the number of referrals (108) and the number of tenancies established (148). The authors believe that the difference reflects the number of service user moves from a first tenancy to a subsequent tenancy.		

Source: Depaul service quarterly monitoring data, 2013 - 2015

137. Table 10 below shows the type of tenancy and type of accommodation for new tenancies obtained through Housing First.

Table 10: Tenure and type of landlord

Location	Number of cases	Percentage of cases
Private rented sector	37	26%
NI Housing Executive	49	34%
Housing Association	58	40%
Total	**144**	**100%**
Note: Once again there is a small discrepancy in the Depaul records between number of new tenancies and the number by type of landlord		

Source: Depaul service quarterly monitoring data, 2013 - 2015

Summary of monitoring information - 2014 service user cohort

138. Depaul had not adopted the Outcomes Star service user monitoring system at the start of the 2014 calendar year, but had done so for most service users by the end of that year. This created a difficulty for the research team in that there were Outcomes Star data for most service users by 2014/2015, but no initial information that could be used as a benchmark to assess what the situation was for individual services users when their needs were first assessed by the Housing First service. The research team constructed a table showing the most recent score for each service user against the ten Outcomes Star criteria (see paragraph 125). Depaul was then asked to make an assessment of the starting point for each service user based on information about the individual that was obtained as part of the initial assessment when they applied for the Housing First service.

Table 11: Progress against Outcomes Star monitoring criteria – 2014 Service user cohort

Outcomes Star criterion	**Mean score for all service users** ('n' = 22)	
	Before	**After**
Drugs and alcohol misuse	3.8	7.7
Emotional and mental health	3.6	7.7
Managing money	3.5	7.8
Managing tenancy and accommodation	**3.0**	**8.4**
Use of time	3.2	7.7
Motivation and taking responsibility	3.2	7.6
Offending	6.2	9.0
Physical health	4.1	7.5
Self care and living skills	3.8	7.8
Social networks and relationships	3.8	8.1
MEAN FOR ALL CRITERIA	**3.8**	**7.9**

Source: Initial assessment and Outcomes Star data provided by Depaul

139. Table 11 shows significant progress was made by the 22 service users who engaged with the service and for whom data were provided. 'Managing the tenancy and accommodation' showed the most progress. This is significant if Housing First is to play a more prominent role in combating homelessness, particularly for vulnerable single people. Other criteria against which significant improvement was shown were 'social networks and relationships', and 'offending'.

Challenges faced by the Housing First service

140. This section of the report lists the 'challenges' to the Housing First service recorded in Depaul's quarterly evaluation reports between April 2013 and December 2015. The analysis indicates how frequently particular challenges are noted, and shows whether there has been progress in the way Depaul has responded to them. The section then goes on to summarise other practical difficulties that have been faced by managers and operational staff.

Challenges identified in quarterly evaluation reports

141. Challenge 1: Sourcing private rental accommodation: This was noted as a challenge in six of the eleven quarters. Sourcing private rental accommodation has been an issue throughout the project after the first two quarters of the pilot period when the service was being established. The key challenges have been finding landlords who are willing to work with the project and the service user, the interconnection between the need for private rented accommodation and service users coming from a prison setting, and the lack of availability of private rented sector accommodation in West Belfast.

142. Challenge 2: Lack of social housing accommodation: This was noted as a challenge in seven of the eleven quarters. Geographical area of choice appears to have been the biggest challenge in terms of accessing social housing, particularly in West Belfast. The relationships that have been developed with Helm Housing and the Choice Based Lettings Scheme were significant in helping to overcome this challenge.

143. Challenge 3: Tenants' deposits having to be paid in advance: This was noted as a challenge in nine of the 11 quarters. The need to pay a rent deposit before taking up a tenancy was jointly the most frequently mentioned of all the recorded challenges. Analysis of the different quarterly reports indicated that there is evidence of progression in finding solutions during the delivery of the project, at least in Belfast.

144. Challenge 4: Housing Benefit not covering the full rent: This was also noted as a challenge in nine of the 11 quarters. Depaul is now using discretionary payments in Belfast to cover any shortfalls in rent. This approach may not be sustainable in the longer term, especially if Welfare Reform introduces policy changes.

145. Challenge 5: Clients with no access to public funds: This was noted as a challenge in three of the 11 quarters. This was not a challenge in the pilot phase of the project but has emerged in 2015. Depaul has not yet resolved this issue, having to withdraw services and close cases because of lack of access to public funds. There is probably no solution, although Depaul remains concerned about the levels of need being exhibited by a small number of vulnerable people who do not have access to public funds.

146. Challenge 6: Accommodating changes in the staffing complement: It has become clear that the Housing First service is critically dependent on the service having a full staff complement. In Quarter 3 (July - September 2015), three members of staff resigned. This posed a challenge in covering the staff rota and in maintaining the service's capacity. In Quarter 4 (October – December 2015) Depaul recruited two new members of staff. The number of service users was reduced during this period to allow for the recruitment and induction of new staff. A significant factor in determining recruitment and retention is the level of salaries paid to Housing First key workers which are on the same scale as housing support workers elsewhere in the organisation. Key worker salaries in other organisations are higher. Depaul finds that it is recruiting and training staff, and then losing them to other organisations where they are paid more. The issue of key worker salaries is under review.

147. Challenge 7: Clients potentially losing their Common Waiting List points if they engage with Housing First service: The potential for clients to lose their housing points if they engage with the Housing First service has not emerged as an issue in the Belfast area because Depaul has been able to work with NIHE's Housing Solutions team to ensure this did not become an issue. However, it is emerging as an issue in the Derry Housing First service where the NIHE Housing Options service is not yet in operation. In Derry, people who have expressed an interest in being accepted into the Housing First services have withdrawn once they understand that they will lose Common Waiting List points. It has also been a disincentive for private landlords to become involved in the scheme because they feel it does not have the Housing Executive's full backing. In response to this finding, the Housing Executive pointed out that differences of approach in different areas leads to inequality.

Operational difficulties identified by managers and staff

148. Frontline Housing First staff indicated that there had been a number of practical difficulties in delivering the service. The main difficulties are listed below with one or more comments firstly from Depaul's managers, then from members of the front line staff team.

Table 12: Operational difficulties identified by Depaul managers and staff

Managers	
Access to suitable housing	***"There needs to be a strategic approach to how housing is going to be allocated to this group because the service cannot just rely on private landlords. Statutory housing is needed and maybe some clustered accommodation.* (The NIHE) *Housing Options* (service) *is key."***
Staff recruitment, pay, conditions and training	***"Currently, staff recruitment is one of the biggest challenges for HF. Depaul uses the standard project worker scale to pay HF key workers. However, floating support staff employed by other providers in our sector tend to be paid more. So it is becoming harder to recruit suitable staff. Depaul is recruiting people and providing comprehensive and robust training then, as a result of salary differentials, some of them leave to take up better paid employment."*** ***"Training for staff and cost given the staffing model."*** ***"Members of staff go over and above what was required in the early days and continue to do so. However, there is evidence that staff might close down cases too early because they are motivated by the need to allow others into the service. This is something that we have to guard against."***
Provision of housing support in the first three to four weeks	*"Support does not come into place quickly enough. We need to formalise agreement on how the HF model should be staffed to deal with the need for initial support. We need to examine this further. Should Depaul/HF have its own floating support staff to cover the short term? But there is something missing in the early stages."*
Providing a service for people who have complex needs	***"Complexity of needs gives rise to an issue of duty of care and where that lies. There has to be accountability around this. The brokerage role is key to ensuring safe and appropriate services being provided for the individual, but who has the duty of care? Is it the broker or the service provider? Or is it both? This links back to the issue of formalising agreements – who does what and who is accountable for what?"*** (Authors' emphasis)
How does Housing First fit into the wider picture of housing provision?	*"The project had to be and still has to be strategically driven within the overall picture of housing provision. How does it fit into the wider picture of housing provision? Depaul has proved it can be done but further development of the service now needs to be handed over to strategic leadership by NIHE and others."*
How can Housing First services be extended beyond one service and one provider?	***"How is it going to move from being a small project in a part of Belfast to a main plank in the NI housing programme? What are the mechanisms for rolling it out more generally? The SP framework and funding rules need to be amended to accommodate Housing First as a medium to long term service for people with acute needs. Also agreement is needed with other agencies on whether and how to roll it out."*** (Authors' emphasis)
Continued ...	

Operational staff	
Workload, the nature of the work and connection to pay scales and staff retention	***"The case load is large. I have 12 at the moment and it's supposed to be 14 or 15. This feels like it's a lot. At the start with a service user it's very intensive – but once they get the support it is more about monitoring their support."*** ***"Caseload is a big issue…I was just one person but there were multiple appointments for a number of people because of their complex needs. We were so overwhelmed by crises."*** ***"The complexity of needs puts a lot of pressure on the team – for example, we've had three people out of prison within the last three weeks – all complex needs and all needing immediate support."*** ***"Low pay scales and pay levels, and very high workloads – leads to poor job retention which is why there has been such a high turnover of staff."*** ***"Staff retention – this has been difficult because of the type and nature of the work – if staff are not retained this is not the best for the service users."***
Paperwork and the recording system	*"The amount of recording takes away from the amount of contact."* *"There is a lot of paperwork; every phone call has to be recorded and documented. I understand the reason for this – but it holds you back doing work with the service user."* *"Do they want statistics or do they want the service?"* *"The OTIS* (recording) *system is not fit for purpose – the reports don't match what we do. The service users hate the paperwork – it's taken over rather than being an aid."*

Comparative performance 2014 – Housing First versus other SP-funded services[80]

149. Table 13 shows the level of service take-up in 2014 based on the original contract specification for the first three quarters and for Q4 when there was an increase from 10 units to 40 units as a result of the revised contract. Since the revised contract was not implemented until well into 2015, the authors have adjusted the figures to reflect the original level of contracted units. Service take-up in column 3 averages 100% over the year, meaning that the contract requirements were satisfied. When the adjustments were made, column 5 shows that the contract was exceeded by 19%.

Table 13: Service take-up for four quarters, 2014 calendar year

Quarter	**NIHE SP Team Data**		**Recalculated data**	
	Contracted Service Units	**Service take-up**	**Recalculated service units**	**Recalculated service take-up**
Q1, 2014	10	131.65%	10	131.65%
Q2, 2014	10	123.41%	10	123.41%
Q3, 2014	10	124.07%	10	124.07%
Q4, 2014	40	24.07%	10	96.28%[1]
2014 Mean		**100.10%**		**118.85**

[1] The calculation is as follows: 40 x 24.07% = 9.628 x 10 = 96.28%

[80] This section of the report has been edited to remove confidential information

150. Table 14 shows out-turn costs indexed on a per unit/service user basis.

Table 14: Expenditure indexed per unit/service user - January to December 2014 – Belfast Housing First pilot

	Out-turn 2014	Contracted number of service units 2014[1]	£ per week per contracted service unit	Actual service take-up 2014[2]	£ per week per actual service user
Total Expenditure	**£55,203**	**10**	**£106.16**	**11.9**	**£89.21**

Notes: [1] The contract specifies 10 service units; [2] Depaul reported actual average service take-up to NIHE in 2014 as 10.6. This has been recalculated as 11.9 to allow for the change in contract terms.

151. A number of issues should be noted about the level of funding awarded to the Depaul Housing First service:

- the intended client group provides many challenges for a service provider, indeed most providers will not provide a service to people who are still using alcohol to some degree and who will not accept treatment;
- this was a pilot to test the viability of a housing-led approach to service provision in Northern Ireland and the outcome was uncertain;
- the funding accommodated start-up costs;
- once the service became established in 2014, Depaul achieved a level of service take-up that was well over that required in the funding agreement, and has continued to do so throughout 2014 and 2015, and into 2016.

Cost comparison: Housing First versus other floating support services for homeless people

152. As part of the research SP Grant income per contracted service unit per week and per actual service user per week for the Housing First pilot in comparison with the cost per unit and per user in other SP-funded floating support services were analysed.

153. In addition to the Housing First service, the Supporting People programme funded 8 floating support services for homeless people that incorporated 480 contracted units.

- The mean level of SPG per contracted unit was £66.02 per unit per week;
- This compared with £128.23 per unit per week during the start up phase of the Housing First services, but this reduced to £79.70 per unit per week following the revised contract dated September 2014 which took effect in 2015;
- Five out of eight floating support services (omitting Housing First) had service take-up levels well in excess of 100%, with a mean of 125%;
- The Housing First pilot compares well with other services with a service take-up of 119%;
- The mean SPG per actual service user in 2014 for the other 8 services was £53 per week;
- The Housing First figure of around £80 per service user per week is comparable with results in some of the other services.

Cost comparison: Housing First versus SP-funded accommodation-based services for homeless people

154. The research also compared levels of SP Grant per contracted service unit per week and per actual service user per week for the Housing First pilot in comparison with the cost per unit and per user in SP-funded accommodation-based support services.

155 Supporting People funded 76 accommodation-based support services for single homeless people in 2014 containing 1,653 contracted units at an aggregate grant of £18,648,623.

- The mean level of SPG per contracted unit in accommodation-based services (excluding Housing First) was £217 per unit per week;
- Mean service take-up in the accommodation-based services was 88% compared with 119% in the Housing First service;
- Mean SPG per actual user based on occupancy data was £247 per user per week in the accommodation-based services compared with £80 per user per week in the Housing First service once it was fully operational.

Cost comparison: Conclusions

156. On the basis of these comparisons, we conclude that:

- **The cost of the Housing First service per service user per week in 2014 (ongoing into 2015) was more expensive than some other floating support services intended for this client group.** However, the level of funding was not disproportionate to the risks involved in piloting the service in comparison with grant levels in the other floating support services. Expansion of the Belfast service on the basis set out in the September 2014 funding agreement incorporated a level of funding for the service that was more in line with some other floating support services working with single people.
- **In comparison with the cost of accommodation-based services in which vulnerable homeless people would normally be allocated accommodation, and given the outcomes achieved by Housing First in comparison with most accommodation-based services, the Housing First service appears to represent very good value for money.**

PART 3: CONSULTATION WITH STAKEHOLDERS

Consultation with Depaul managers and front line staff

157. As part of the research semi-structured interviews were undertaken with three members of the Depaul senior management team and all frontline operational and delivery staff associated with the Housing First service. The same questions were addressed to all interviewees. The names of those interviewed are contained in Appendix 2.

Drivers for the development of the Housing First pilot

158. Table 18 indicates the main factors which Depaul managers and Housing First staff identified as being the key drivers for the development of the Housing First pilot. Selected quotes from the interviews are in italics.

Table 15: Main drivers for the development of the Housing First pilot

Main driver	Quotes from interviews
The identified needs of the homeless population in general - ending the revolving door.	*"Identification of the needs of people with complex needs; adopted the pathways approach, part of which is the requirement for a long term support solution for people with addiction and the need for them to be housed permanently."* *"People moving on from a hostel – very quick breakdown and then back into the hostel system."*
The particular needs of Stella Maris service users; need for support in the community; sustaining tenancies	*"Experience from Stella Maris, and the absence of long term support for people with chronic addictions. Housing First was seen as a partial answer to their needs."* *"People from Stella Maris were moving out, were being offered tenancies but the support wasn't there. We would try to support them from Stella Maris. On average they would last about three weeks. So we identified a need for putting support in place for people with complex needs."* *"There was a need to free up hostel space at Stella Maris in order to cope with demand."*
Depaul's housing led approach to provision	*"We were attracted to the work of HF internationally as a concept."* *"The principles of Housing First meet Depaul's organisational strategic aims and objectives."*
The current approach to floating support was limited	*"The floating support that was originally out there was very limited. If people wouldn't engage with it or if they didn't get enough support there was a very rapid breakdown."* *"Other organisations provide similar services but not as intensively, maybe just one hour per week. Whereas we would be providing 20 visits per week at the outset."*
Need for a different housing support model	*"There was a need for a different model – not waiting for the person to be housing ready first but wrapping the services around them. The main driver was a desire to sustain tenancies."* *"Better outcomes, so that they can be part of a community and put down roots somewhere. You want to make sure they are in an area they feel comfortable with, that all the supports are there, that they like the accommodation and that they buy into it."*
Making best use of funding	*"The proposal arose partly from a value for money study across all Depaul services. There was an under spend at Stella Maris and another service that could be used to fund the pilot."*

Main aims of the Housing First service

159. Depaul managers and Housing First staff made the following statements about what they perceived to be the main aims of the Housing First service.

Aims of the Housing First service

160. Senior managers tended to emphasise policy-related issues.

> *"To identify suitable long term housing for a particular cohort of people with complex needs in a community setting with a package of support and other service."*
>
> *"VFM is hugely important – Housing First has been incredibly successful from a financial perspective. Depaul has a strong Belfast base and a good staff complement. Compared with what it costs to provide an accommodation-based service for someone in Stella Maris it provides very good VFM. It is expensive to put people into a hostel and that is not always the most appropriate solution for them."*

161. Operational staff were service-user focussed in their responses.

> *"To work with homeless people with high and complex needs in order to find appropriate accommodation and help sustain them in their accommodation. To get appropriate support to sustain them – provide wraparound support. We want them to live independently, check that all is working, and then to back out."*
>
> *"To work with people where they are now – not to look to the past and not to be judgemental. To help them source accommodation – and when they are in that accommodation to sustain their tenancy."*
>
> *"To source accommodation for the individual to be able to maintain the tenancy – with all the support and life skills they need...to keep them out of prison."*
> *The main aim is for the service user to be able to live in their own tenancy – with supports in place and support to sustain that tenancy long-term."*

162. Operational staff also highlighted the complex and multiple needs of service users, reflecting on their primary reason for referral to the service, and also noting the additional and often previously uncovered or un-assessed needs in the person's history and background.

> *"They have often experienced a trauma or traumatic event – this has been the trigger for their reason to start drinking – we use our skills and knowledge to work with the person – set up different agencies to help them."*
>
> *"He has been in 20 different care homes since he came out of Muckamore Hospital* (a learning disabled homeless person). *He didn't even know how to wash his clothes or take personal care. We're trying to teach basic skills and life skills – making sure he takes medication, making sure there is food in the cupboards…"*

163. Interviewees were asked how the Housing First service achieves these aims. They suggested that the aims were being met in a number of different ways. These are summarised in Table 16 below. In particular, the need to build up trust was well evidenced. It was noted that it may take three to four initial visits with the individual in order to establish their needs and build a basic level of rapport, and then to wrap services around these needs.

Table 16: Achieving the Housing First aims – mechanisms and ways of working

Mechanism/way of working	Comments and quotes from interviews
Low threshold ethos and type of model	*"By ensuring that the service works on a low threshold basis; that individuals are able to access the service when they need it; by ensuring that the referral pathways are clear; by ensuring that appropriate referrals are coming into the service. The service is restricted to the cohort of long term homeless with complex needs. Referrals should be managed in a way that ensures that it is this specific cohort of people, not a generic service for everyone. And it is for those who need a longer term engagement with Housing First. There need to be agreed pathways with partners to provide agreed support and care packages."* *"We have a low threshold ethos. Some organisations wouldn't work with them – withdrawing services because they are not engaging. Perseverance is the key – we will continue the relationship whatever happens. Case conference and reviews keep the engagement going."*
Establishment of trust	*"Spending time with the service user and getting to know them."*
Assessment of needs	*"Establishing the areas of need for support and establishing any risk areas."*

Main strengths of the Housing First service

164. Interviewees said that the Housing First service did have significant strengths in comparison to other housing and/or support services that service users had experienced, and which they had encountered professionally. Table 17 reviews what managers and staff thought were the key strengths.

Table 17a: Main strengths of the Housing First service – Senior Managers' perspective

Strength	Quote from interviews
Senior Managers	
Low threshold service	*"The low threshold nature of the service means that people have a right to a proper home and can get one – working from our value base of promoting peoples' rights and responsibilities. "* *"From an ethical and values perspective, the model proves that people who have been written off can in fact survive in the community rather than being moved into institutions."*
Part of a service continuum	*"The service meets the requirements of the Homeless Strategy and is part of a continuum of services for people with complex needs."* *"It fits internationally and nationally the broad philosophical and strategic housing led approach to relieving homelessness."*
Adaptability	"*Housing First is a model that can be adapted. You could have various different models of HF depending on the nature of the client group"*
Cost effective	*"Housing First is a cost effective way to provide support to this group because the costs of accommodation-based support are spread across other services in this model. It is not staffed 24/7. We don't have the same overhead costs as traditional accommodation-based services. Housing Benefit is not part of the DP cost."*
Based on a collaborative approach between agencies	*"Collaboration of both statutory and voluntary agencies in a structured manner to deliver services based on need."* "*As an organisation we always try to work collaboratively with others and this structure allows us to do that."*

Table 17b: Main strengths of the Housing First service – Operational staff perspective

Strength	Quote from interviews
Type of service - holistic and flexible	*"The fact that one agency can work and oversee services for the individual and bring in other agencies. It's looking at it as a whole."* *"It's a one-stop shop dealing with all of their problems. We are able to link in with other agencies."*
Relationship with range of support agencies and private landlords	*"We have a really good relationship with* (private landlord). *As a landlord he understands our daily struggle; he has knowledge of our client's needs; he knows their everyday lives and the struggles for them."* *"The way you work together trust is built – both in terms of what you do and in doing what you say you will do."*
Advocacy	*"Every day, speaking up on their behalf to other agencies; they know that for the first time ever, someone is working for them."*
Low threshold services	*"Perseverance – because these are people with complex needs."* *"We're different from everyone else – this is a different type of service."*
Continued ...	

Person-centred	*"The service responds to the person ... it's a wraparound service that responds to their needs."* *"Concentrating on their individual needs – it is person centred – not just going through form filling."*
Harm Reduction	*"It's a harm reduction model. This is the best reality for many people – having 8 beers rather than vodka, taking an hour off drinking from time to time."*
Ethos	*"Compassion – the ethos of the project – we are non-judgmental."*
Calibre and skills of staff	*"Staff have a passion to do this – they know the complexity and what people have gone through."* *" The staff team – compassion and passion for what they are doing, their understanding of the service users, their energy and constantly keeping going. Work very well together – they seem to have gelled and give support to each other."*

Main weaknesses of the Housing First service

165. Both senior managers and staff said that that both the Depaul service and the Housing First model on which the service is based had inherent weaknesses. In some respects these were seen as detrimental to how the service has operated. Ultimately these drawbacks had a negative impact on the service received by service users. Table 18 once again gives managerial and staff perceptions of the key weaknesses.

Table 18a: Main weaknesses of the Housing First service – Senior managers

Weakness	**Quote from interviews**
Not a solution for all homeless people	*"Not everybody can be accommodated in a Housing First setting. Some people do not need intensive support services; others do. But apart from Housing First, if you do need an intensive support service for the rest of your life there is not a 24 hour service available for you."*
Level of need in relation to resources	*"The overall level of need in NI is greater than Depaul is able to deliver."* *"Depaul has closed down some cases too early in order to meet the demand from new applicants. The service needs properly planned resources."* *"All the partner services are working 9-5. Depaul's staffing levels do not allow people to be on call when other support services are not working. Yet case coordinators are responding to service user needs out of hours and Depaul is not resourced to do that. We need a back-up on-call team."*
Requires reliable collaboration	*"Requires a real sign-in from statutory agencies, but Depaul has not yet obtained a formal signing up of statutory agencies to the Housing First model. In particular health services have a key role in the delivery model."* *"All of the issues revolve around the speed with which other agencies can get involved in relation to the demand."*
Links with NIHE Housing Solutions	*"We have yet to agree a formal interaction with the housing options model re referral criteria and categorisation of who the service works for in terms of longer term housing provision."*
Duty of care	*"Duty of care – whose is it? This has to be resolved before the service could be extended."*

Table 18b: Main weaknesses of the Housing First service – Operational staff

Weakness	Quote from interviews
Not a service for everyone	*"He is a typical service user from Stella Maris – they are too entrenched – 30 years on the streets, they have no family structure – you can't expect in two years of Floating Support that this will change."* *"The problem in the past is that this client group shouldn't have been in a hostel – they have complex needs and are going to be vulnerable – you're putting them in with people that will make their issues worse…You're setting them up to fail because of the unsuitability of hostel accommodation."*
Access to accommodation	*"We have a good number of landlords now and we're building relationships."* *"You need to source the right accommodation – just not taking hard to let places – the right accommodation for the service user, you need to get that right – that's the basics, the right start for them. Not putting people into areas where they are likely to fail."* *"With the complexity of their needs, either the housing is not in appropriate areas for them or they have been intimidated out of areas – it's difficult finding the right areas."* *"It's the people who are on really low points – 100 points – they're really desperate – take void properties or choice lettings – these are not always the best start for them."*
Most appropriate accommodation	*"The private rented sector – it's a stop gap option – all of the successful tenancies have been in social housing or Housing Association tenancies – Housing Benefit covers the rent and there's no shortfall, there's housing officers calling – it's a more holistic option."*
Accommodation not suitable for their needs	*"The property was not suitable for the individual who had mobility issues and physical needs – but he was put into a terraced house with stairs. They make decisions about housing because they're so anxious, so desperate – that they make decisions which aren't always the best decisions."*
Finance	*"Deposit – there have been issues with this; but we have got round it – paying off the deposit at £20 per month."* *"They don't have the money, they've been living on the streets and they've maxed out on their crisis loan."* *"The service user had taken a private rented tenancy – couldn't make the shortfall and got into arrears – and then lost their tenancy."*
Loneliness	*"This is the biggest problem. Away from the hostel they have more time on their own, and what fills this loneliness? People just need something to do."* *"Loneliness – this is linked to confidence – there is so much you can't address. I tried the Men's Shed with them – but then they just wouldn't go on their own – and they wouldn't do group work. They are accompanied on the initial visit – but then they won't go back."*
Sustainability	*"Without Housing First support, service users would be unable to sustain their tenancy – we are learning from this and on one occasion it was a learning curve – from this we learnt that the service user would be more suited to supported accommodation due to his complex needs."*
Dependency	*"In Stella they feel accepted; it's a feel good factor."*
Interaction with other agencies and advocating on behalf of service users	*"Maintaining the support until the external agencies come on board is a difficulty."* *"Interacting on behalf of a service user – for example phoning the Housing Executive about ESA payments – it can be very difficult to access information about or on behalf of the service user."* *"Some of the policies and procedures – for example, to change an area of choice with the Housing Executive – are very complicated and time intensive – these should be simple."*

166. Taking these responses overall, operational staff suggested that the most appropriate housing choices had been in the social housing sector, and that the private rented sector had seen the highest level of tenancy breakdown. However, there was some recognition that this mainly related to service users with an offending background; re-offending may have been the key reason for breakdown. There were a number of other issues that were seen as significant:

- The issue of Housing Benefit levels for under 35s was noted as a problem;
- Service users often find it difficult leaving the security of Stella Maris;
- The length of time from referral for support services being in place was often very lengthy, and there were difficulties arranging mental health services. This impacted on the level of support needed from Housing First staff for the first 6 – 8 weeks, and the potential for breakdown within that time period. In addition, the amount of support offered in the early days was often viewed by interviewees as inadequate.
- Limits on referral criteria mean that some people are not eligible for the service.

Potential service improvements for the Housing First service

167. Interviewees made a number of suggestions about ways in which the current Housing First service could be improved. These are outlined in Table 19.

Table 19: Service improvements for the Housing First service

Suggested improvement	Quote from interviews
Senior managers	
Strategically, we need:	• *"a focussed plan for building a link to housing options;* • *"a good specification of what Housing First actually is and what it is not;* • *"to overcome the barriers to accessing social housing from the point of view of FDA status – in Belfast service users do not lose FDA status in first 12 months; in Derry they do. That means that potential service users do not want to take up the service in Derry;;* • *"a strategic structured approach that is recognised at Departmental level;* • *"a gateway into housing options;* • *"an agreed number of tenancies per annum over the next five years based on projected need;* • *"to formalise the structures and pathways between Depaul and other agencies."*
Operational staff	
More staff and new ways of working	*"Pressure on staff; it is busy – we need more staff".*
Stream-lined paperwork	*The paperwork needs to be tweaked or streamlined.*
Tenancy preparation	*"Having time to show the service user how to cook and how to look after themselves."* *"A stepping stone between Stella Maris and Housing First for those who are just not ready, where service users could become tenancy ready – learn about money management – do the basics – teaching them how to read their meters."*
Mechanisms to counteract loneliness	*"A befriending service with volunteers – staff don't have the time for this, but if you had volunteers who could provide friendship and support. Who could perhaps meet people at a coffee shop – not just at their house or the office – this would give us options."* *"Isolation is the big issue for service users. When they first get their tenancy they are excited and can't wait – then they feel so low. Nothing can prepare them for this."* *"It's difficult for service users who are still drinking to go to Day Centres – if there was somewhere they could go – facilities which were open to people with issues and where they are able to take a drink."*
Relationships/ contacts with external agencies	*"We need a lead contact in the Housing Executive – we can talk to Housing Solutions – but if there was someone who could pop in 1 or 2 times per month. It would be good to have a named person."*

168. There were a number of other comments about ways in which the service could be improved.

- It was noted that it would be helpful if NIHE could undertake registration, assessment and 'pointing' of people with complex needs in the community, rather than requiring them to attend appointments and sit in waiting areas.
- There was a suggestion that housing associations could assemble a pool of temporary and low cost accommodation which could provide accommodation in the early stages of the resettlement process as an alternative to the present situation in which applicants need to spend a period in a hostel waiting for a place in the Housing First service. This would have a dual purpose: the accommodation would not be in a hostel avoiding its

negative influences; and it would provide an opportunity for the service user to learn living skills and be better prepared when a permanent tenancy becomes available.

- It would be helpful to have access to sources of affordable second-hand furniture[81] to help the service user to set up their own home.

169. There was a difference of opinion among front line staff about the need to ensure that a person was ready to take up a tenancy. Interviewees noted the number of occasions where the person was unable to do even basic tasks such as signing for electricity, paying for electricity and gas, or buying and preparing food. In contrast, there was also a school of thought that the previous systems and approaches had generally focussed on tenancy preparation, and these had largely failed[82].

> *"In reality this did not work with these service users. The focus of Housing First is to get their housing in place first ... and provide wraparound support to help them maintain their tenancy and live independently."*

Meeting Housing First service principles

170. Housing First managers and staff broadly agreed that the five key principles of Housing First[83] which were outlined as part of the interview were generally met by the Depaul service in Belfast.

Table 20: Depaul Housing First service, Belfast – Meeting the key service principles

Service principle	Met/Not met?	Quotes from interviews
Housing choice and structure	✓	*"Yes – to the best of our ability and to the best of what's out there – we won't cut corners – we will keep going until we get the right place."* *"Yes, it does that – we investigate every avenue available, give them options, go with what they want – it's about them."* *"Housing choice in the Housing First service has been opportunistic up to now, often via hard to let accommodation. But we have been relatively lucky to get the housing we have."*
Separation of housing and services	✓	*"The fact that the service has gone into the community and has managed to house people with complex needs means that we have got away from the need to combine housing and services."* *"Housing First meets the principle because it is based on a robust analysis of an individual's support needs."*
Continued		

[81] Some articles of second hand furniture must comply with stringent safety standards. For example, used upholstered furniture is subject to regulations covering the flammability of the upholstery. It is the landlord's responsibility as a supplier or agent of let accommodation to ensure that all upholstered furniture complies with the Furniture & Furnishings (Fire) (Safety) Regulations 1988.

[82] The evidence from the literature review suggests that most Housing First services in the UK, Europe and the USA do not require a period of 'training' to make service users 'tenancy-ready', and indeed this is seen as contradicting the fundamental principle of housing-led approaches to housing homeless people that barriers to access should be eliminated.

[83] Tsemberis & Stefancic (2012), *Pathways Housing First Fidelity Scale.*

Service philosophy	✓	*"The philosophy of Housing First is that it believes people can live independently."* *"We have achieved the principle that everyone has a right to a home. Housing First is pioneering this in Northern Ireland. We have shown in a cost effective manner that the approach can meet international standards in relation to the original model."*
Service Array	✓	*"We have not got an insight at the moment on a quantifiable contribution from each service. It is hard to say we have this correct. But the partners around the table we are happiest with are the services that deal with physical disability and community policing."* *"Yes, we meet the individual where they are now, and help them to think about where they want to go – and what's needed to sustain this."*
Programme structure	✓	*"Housing First is more flexible than other services – there are increases or decreases in service depending on the service user at that time."*

Achieving the Housing First objectives

171. Interviewees were clear that the Housing First service had met its operational objectives in relation to service users' capacity to live independently. It represented an improvement in the quality of life for service users, with all staff indicating this in relation to the objectives listed in Table 21 below.

Table 21: Achieving the Housing First objectives

Housing First objectives[84]	**Comments and quotes from interviews**
Developing service users' capacity to live independently in their own homes	*"Without any doubt. The evidence is: the number of service users that have sustained their tenancy; reduction in criminality; engagement with services – addictions, disability, Mental Health issues etc."* *"Numerous examples of length of time in tenancy and tenancy sustainment for people who have been in Stella Maris and haven't previously sustained a tenancy. We didn't think they would – knowing about them and their previous problems. But they seem to be able to develop skills if they get the support from Housing First and other agencies…they develop skills to live independently and if they build up their confidence as well."* *"Yes, service users are able to sustain their tenancies. The evidence – there are service users who have lived on their own now for 2 and 3 years – people told me they would never live on their own."*
Improving the quality of life and demonstrating other benefits for service users	*"When service users are respected, their confidence grows, their sense of purpose improves. "* *"Yes, in the majority of cases. It has improved their physical and mental health. It has improved relationships because they are nearer their family and friends; there are more interactions and they get enjoyment out of that."* *"They have a door they can shut – it's their own – that contributes to positive mental health. It improves their quality of life."*

[84] This links clearly to the aims for this evaluation; that is to ascertain the extent to which the Housing First model achieves the objective of developing service users' capacity to live independently in their own homes and secondly, to determine the quality of life and other associated benefits of Housing First services to service users and their families.

172. Whilst Housing First staff largely thought the service objectives of independent living and improved quality of life and other benefits had been met, they also recognised that for some service users their movement towards these ideals was an 'ongoing journey'. They highlighted the difficulties experienced and the many occasions where there had been progress followed by relapse. These difficulties were summarised by one staff member in the following way:

> *"It's very difficult for them to be on their own, very difficult to move from having three meals a day and their medications provided – somewhere where there's a routine…they have all the support and then suddenly none…some of them need sheltered accommodation where there's company and it's more sociable. They are so vulnerable financially and drinking wise."*

173. There was also recognition that where loneliness and isolation persist, the move towards attaining and sustaining independence and an improved quality of life was more difficult. This issue was raised as a potential weakness of the Housing First model. However, interviewees also noted that issues relating to isolation could be overcome. The value of the service user involvement group was also noted.

Impact of the Housing First pilot

174. Housing First managers and staff were clear that the Housing First service had met its objectives, with all staff indicating this in relation to the impact areas listed in Table 22.

Table 22: Impact of the Housing First pilot

Impact on…	Comments and quotes from interviews
Service users' independence	*"It has given them hope and pride. People felt that Stella Maris would be where they would die, but Housing First has given them hope and empowered them to see and achieve other possibilities."* *"One of the key things is that it has promoted their independence - being able to rebuild family relationship; building up trust again – I've seen such an improvement in some people's lives."*
Service users as a group	*"People with addictions that we have primarily worked with are a community in themselves and when they see others able to achieve independence it gives them hope that they can do that as well. It is inspirational."* *"They don't see themselves as a group…obviously some know each other because of their lifestyle…but they are not going through their journey as a group.*
The wider community	*"Politically there has been an impact in that there is a wider political awareness of this group and recognition that these people should be included rather than expelled from the community."* *"It has given people an opportunity to perform their civic duty in supporting people who are less fortunate than themselves –e.g. private landlords who may not have worked with people who have complex needs before."* *"It has been educational. It has increased the options for commissioners – supported living is now not the only option available. "* *"It has educated and made politicians and policy makers more aware of these issues; and has enabled people to go out into the community rather than being driven into supported accommodation where they are forgotten by policymakers and the wider community."*

Wider impact of the Housing First service

175. Housing First interviewees also recognised the wider impact of the service in terms of financial savings and other benefits. These wider impacts are summarised below. In addition, all Depaul operational staff were of the opinion that the model would be generally applicable for a wider area of Northern Ireland (in other words outside of Belfast and Derry) and also for additional needs or referral groups e.g. care leavers, other homeless people.

176. Examples of possible financial savings were:

- Decrease in number of ambulance call-outs;
- Reduction in A&E attendances and hospital admissions;
- Reduction in self-harm incidents and suicide attempts;
- Increase in GP attendance and regular medication;
- Improvement in mental and physical health (health savings as a result);
- Decrease in number of police call-outs/police time;
- Reduction in offending behaviour and anti-social behaviour;
- Reduction in Probation Board NI involvement;
- Reduction in return to custody – prison cost.

177. Senior managers noted two contradictory outcomes:

> *"Yes* (there are savings) *in terms of: the difference between the cost of a SP tenancy and living independently in the community; Policing – PSNI and community safety and response to crisis issues; Savings to A&E where primary health interventions are reduced and other secondary and tertiary service. But these need to be quantified."*
> *"The impact of people attending appointments that they might not have attended previously* (may increase costs) *. So while there may be an increase in engagement with health providers that is a good thing because it helps to find treatments before they get critical."*

178. In terms of other benefits to public policy on homelessness, interviewees suggested that:

- There would be benefits from a reduction in repeat homelessness;
- reduction in usage of homeless hostels freeing up bed spaces for other service users for whom short-term temporary accommodation was appropriate.

179. All those interviewed were enthusiastic about the possibility of extending Housing First across Northern Ireland, and expanding it for other types of service user.

Table 23: Potential to expand the Housing First service

Impact on…	Comments and quotes from interviews
Wider applicability in Northern Ireland	*"It can be rolled out geographically, especially in rural settings. It can be looked at as a blue print for other client groups - e.g. Young people (linked to Night Stop by Depaul), and foreign nationals in NI – reflecting their culture and needs.* *"A lot of people travel to Belfast because there are no services in their area. It would be beneficial to have a wider geographic spread …also would be useful for care leavers and people coming out of Muckamore with learning difficulties."* *"It would be a good model for other homeless people – not just those with complex needs."* *"A lot of other people and groups of people need support – for example – care leavers aged 16 to 21."*

Consultation with NIHE managers and external stakeholders

180. Interviews were carried out with managers in the NI Housing Executive and with a number of external stakeholders involved in the delivery of the Housing First service or in making referrals to the service. A list of interviewees is contained in Appendix 2.

NI Housing Executive

181. Two NIHE SP managers who were involved in commissioning the Housing First service were interviewed. They described the way the service was commissioned as follows. The process started as a series of conversations with voluntary organisations providing homelessness and addictions services about how to reconfigure and make more relevant existing services for people with complex needs; and the need to develop services to support the Derry rough sleepers continuum. Quite separately, there was a discussion with Depaul about move on from Stella Maris, where 'bed blocking' was occurring due to a lack of move-on accommodation. Depaul had an under-spend on their Stella Maris budget. They put forward proposals for innovative services to support the discussions on services for people with complex needs, including a proposal for a Housing First pilot project that would absorb the underspend. Both the SP team and DP wanted to develop a housing led service for people with complex needs that would put them into ordinary housing with wrap around support.

182. The main drivers for the development of the service from the Housing Executive's standpoint were:

- The strategic context – the homelessness Strategy, the SP strategy and the Derry rough sleepers' strategy;
- Gaps in provision - move-on arrangements from hostels, length of stay in short stay services, an issue because although agency KPIs were within the SP requirements, the overall data for a year reporting on the 'churn' in short stay occupants hid a small number of residents who were occupying a bed for between 2 to 5 years in some cases;
- The relationship with DSD: Following the DSD SP review, NIHE was asked to divide the programme into 3 'spheres of influence' – older people, social inclusion, MH & LD - and to rethink the way homelessness fitted into this new classification.
- New models of service provision: The need to resolve a number of strategic and operational issues between SP, homelessness unit and landlord service which delivers the homeless service;
- The revolving door: NIHE's experience of people who had been able to be rehoused who came back into the homeless net because of the lack of support and a wrap around service when they move into their home.

183. The interviewees said that there is no formal service specification because the pilot was seen as experimental. As a result the contract documents do not have a focus on what the success criteria are, except that Depaul's internal documentation does have very clear aims and objectives, or how SP would measure success. The SROI evaluation is therefore dependent on Depaul's exit interviews and Outcome Star monitoring. There is a gap in the contractual requirements here for this type of service.

184. They offered a preliminary view, subject to the current research findings, on the extent to which the Housing First service has met the service principles established by previous services in the USA and Europe.

- Housing choice: The interviewees said that there may be an issue about whether service users really have a genuine housing choice because of the relatively small number of flats that are available, but SP is probably not close enough to know. Some new pathways into housing have opened up as a result of the Housing First service.
- Separation of housing and other services: Initially Depaul was able to draw down services from third parties, but as they tried to formalise the arrangements there have been difficulties. But SP has had no local (i.e. Belfast) office engagement with the service so are not close enough to see what is happening here.
- Service philosophy: The interviewees said that SP and Depaul have delivered on that, but there is a question about whether SP pushed DP too hard initially and whether as a result Depaul tried to take on too much too quickly. The first three months after the contract was signed was a start-up phase, and when the contract was extended in 3rd quarter 2014 it took time for funding to come through, for staff to be recruited by the service and therefore for additional service users to be identified. These things take time and that was possibly not allowed for in the way the contract was negotiated. There were issues of capacity, capability and competence that had to be taken into account if the service were to be expanded or extended to other providers. This is a lesson for both NIHE and Depaul.
- A further lessons is that some issues should perhaps have been dealt with before the service was extended. For example, the Derry expansion has not been so successful as the Belfast service because the conditions there are different.
- The way service combine together: The problem is that different agencies are doing different things. The combinations were quite good at the start, once external agencies understood the value of the model. However, when they actually have to work in a different way from their norm, problems have arisen. Most services (e.g. H&SC and organisations providing floating support) will make an exception for one or two clients but as numbers increase so does the resistance of agencies because they have to 'institutionalise' a new way of working. This is a particular issue for the H&SC sector.
- Programme structure: Operationally there have been issues about how separate the Housing First service is from Stella Maris. This is partly due to the way the contracts have been set up with Housing First sharing a contract and a budget with Stella Maris. From an SP perspective, the line of sight into Housing First is sometimes difficult – some of the Housing First data is combined with Stella Maris data for example. There are also issues from an SP perspective about the continuity of the staff teams.

185. As with other interviews discussion then turned to the question of whether the Housing First service had met the objectives set out for it when it was commissioned. The NIHE interviewees offered the following judgements on the service.

- Independence: Depaul is reporting success for some service users in developing their capacity to live independently, but not for all. It has become clear that the service is not appropriate for everybody. There is an issue of loneliness and the need for

companionship for some service users, for example. The availability of a drop in centre would help with this, but some service users would also prefer low support congregate living as an alternative to having their own home in the community.

- Improved quality of life: On the basis of information provided by Depaul there is evidence of service users having a better quality of life. The SP team has been given examples of cases where service users have clearly benefitted as a result of joining the service. However, NIHE needs that kind of information about all the service users on a regular and up to date basis.
- It was noted that there may be an issue about the length of time between a service user moving into their home and the provision of a support service by one of the third party agencies. In that period, Depaul has had to fill in the gap. But this is not their 'brokerage' role, and it is not ideal for service users to have a succession of support workers. Some resettlements seem to have broken down in this initial four to five week period.
- Impact on individual service users: The evidence from particular cases is positive, but SP does not have information on all service users. On the face of it, the service is a success.
- Impact on service users as a group: Other than for those moving on from Stella Maris, the interviewees said that they did not know what the impact on service users as a group had been. The scale of the Depaul Housing First service is too small to have a significant impact on homeless people as a whole across Belfast, or more widely in NI.
- Impact on the wider community: In the past NOHE has had problems allocating housing to homeless people in some geographical areas because of the previous behaviour of some individuals. The Housing First team did a lot of work with families and that has helped to open up new opportunities for service users.

186. Interviewees were asked whether they thought there were likely to be any financial savings arising from the Housing First service. They responded as follows:

> *"We don't know. The expectation was that there would be some financial savings. If Housing First prevents crises, then it cuts costs somewhere – A&E, community policing etc. But this is hard to quantify. When we looked at the addictions service in Derry we asked the Trust to cost e.g. bed blocking in residential services. This does suggest that a successful Housing First service would unlock some financial savings."*

187. Interviewees were then asked whether they thought that the Housing First service was likely to deliver other efficiencies or benefits for delivering public policy on homelessness.

> *"Yes, from a housing perspective. This is not just a homelessness issue. If we can move people with chronic additions and other difficulties into permanent housing, and if they are able to sustain it, that will avoid tenancy changes and emergency housing solutions down the line."*

188. They were also asked whether they thought that the Housing First service model might have wider applicability across Northern Ireland for homeless people and possibly for other client groups. Both interviewees said that this model of provision would have wider applicability.

> *"In principle, the Housing First model does have wider applicability. However, it is operationally difficult to sustain the service on a broader front for the population of people with complex needs. If all the agencies involved are clear about who the target population is and what their needs are, then this will help avoid duplication of effort."*

189. For other client groups:

> *"Older people want to stay in their own home for as long as they can. The demand for residential care is reducing. The evidence is that people are living in their own homes for much longer, and are only moving into nursing care as they approach the end of life. So a variant of Housing First providing wrap around services for older people in their own homes would be of interest.*
>
> *"The primary issue for vulnerable young people is the provision of housing plus a package of wrap around services. This means that a case management approach has to become routine across the social housing sector including the housing solutions service, and in collaboration between housing and partner agencies."*

190. Finally, interviewees were asked whether there were any other issues that would need to be resolved to make this possible. They identified six issues:

- The availability of appropriate accommodation giving a choice of areas in which to live;
- The capability, competence and capacity of organisations providing the case work and brokerage service;
- The responsiveness of third party support service providers to new ways of working, including the short term provision of support services and the statutory health and care services;
- The need for changes to the rent guarantee scheme;
- The overarching issue of affordability; and
- Approaches to commissioning need to adapt.

External stakeholders

191. A number of external stakeholders were consulted for their views on the Housing First service. A list of those interviewed is contained in Appendix 2. Interviewees were asked the same questions as Depaul managers and staff and NIHE managers. Their comments are reported below.

<u>Main drivers for the development of Housing First in Belfast</u>

192. Interviewees identified two main reasons for developing the service: The need to meet the complex needs of some long term homeless people; and to provide support for this group in a sustainable way.

"Existing homelessness services do not work for this client group – they are detrimental to the very people they are there to accommodate."

"A key driver has been the experience of people with complex needs who in the past have been set up to fail."

"The service provides a head start for someone leaving prison.

"If it was based on purely financial considerations we wouldn't touch them (potential tenants) *with a barge pole – but we see it as giving people a chance.*

"From a casework perspective, there is no doubt that it is a challenge but it's necessary to go in this direction."

193. There was an understanding that the development of the Housing First service provided an opportunity for people moving on from Stella Maris who previously would not have been able to sustain a tenancy. The opportunity to do things differently and to do things better was highlighted by one external stakeholder. They said that one agency working on their own could not manage it with this category of service user, highlighting the point that previous input by individual agencies had not worked, but that this model means that the tenancy and the individual can be protected. In the past, because of adult safe guarding issues, the tenancy would have been lost. The type of safeguarding issues relevant to many service users were explored with this stakeholder. They noted that when they are drinking they are financially vulnerable and there had been allegations of sexual abuse.

194. From a private landlord's perspective there was recognition that people with complex needs find living in the community difficult and that this is often linked with alcohol and drug dependency. There was also recognition that external support can make a massive difference to people's ability to live independently.

Commissioning and Service Level Agreements

195. Only one of the referral agencies had been involved in the project from the commissioning stage. They indicated that this was because they were also working with one of the client groups – prisoners with complex needs – which the Housing First project was targeting. Like Depaul they had an interest in finding accommodation which was likely to be appropriate for the needs of their client group.

Main strengths of the Housing First service

196. Interviewees were asked to say what they thought the strengths of the Housing First service were. It was noted that the Housing First service has high tolerance levels for service users behaviours compared with other services in the community which bar particular service users. Housing First works with some clients who are well known to service providers. It was also noted that changes within the allocation of homeless services meant that a significant number of those with addictions and complex needs do not meet the allocation criteria for some leading providers.

197. A second perceived strength was the fact that the service is person-centred, flexible and based on harm reduction principles. Depaul's relationship with a range of other support agencies is also seen as important. Private landlords noted their involvement with the project as a strength.

> *"The fact they have someone there as a support worker and that these people are not left on their own* (is important)*. They have a number they can call and someone can help them. It avoids small issues – such as not being able to work their meter – turning into something major. Housing First are very supportive and help to get things sorted out with the tenant."*
>
> *"What I do is I work with them...pay the deposit off bit by bit. A month's rent is a substantial amount for them to find – but some private landlords would just say 'no' to this. I'm willing to take the risk – yes, there may sometimes be a loss of a couple of hundred quid."*
>
> *"They are more likely to engage, to work hard, to have a goal in mind…you need this to last three months in order to build up a trusting relationship and to get a good idea of what the client needs and wants."*
>
> *"The Housing First service normalises people – cooking and cleaning for themselves – lot of people have been in the care system or in hostels and haven't previously built up these skills."*

Main weaknesses of the Housing First service

198. Three issues were raised as weaknesses of the service:

- Issues associated with the allocation and retention of accommodation;
- Limits on Depaul's capacity to deal with the demand for the service;
- The level of dependency exhibited by some service users and their lack of ability to manage their home and themselves.

199. In relation to accommodation, the lack of availability of housing was noted as was the cost of the deposit and rent in the private rented sector. From a private landlord perspective the requirement to find a deposit in advance was noted as an issue. In addition, the speed of access to housing was highlighted and the fact that hostel provision is needed in the interim period which is seen as "*a high risk time – sets him up to fail to put him in a hostel."* A further factor noted was the appropriateness of housing that was available.

200. On the question of capacity, one interviewee said:

> *"There is no shortage of people with complex needs who have housing needs – but sometimes we have to stop the referrals – there are too many given* (our) *capacity. The biggest barrier is capacity – this isn't necessarily the staff resource within Depaul – it's because of the intensity and level of the service required from other providers."*

201. A number of referral and external agencies noted that obtaining appropriate support for a client can be difficult because other agencies deem the level of risk with the individual as being too high or their issues too complex.

Possible service improvements

202. External stakeholders made a number of suggestions about how and in what way the current Housing First service could be improved or developed. Firstly, it was noted that it would be useful if Depaul had access to funding for deposits. One stakeholder suggested that it would be more cost effective to enable service users to access the private rented sector without a deposit, rather than keeping them longer in a hostel. The issue of deposits was also noted by the two private landlords, and the need to encourage more private landlords to consider becoming involved with Housing First. The need for an appropriate and financially viable pool of housing was also noted, especially for people coming out of prison and those leaving prison with an electronic tag.

203. Other suggestions included:

- Developing a separate floating support service within Depaul to supplement the services available from other providers, particularly in the first few weeks after the service user moved into their own home;
- Mechanisms to counteract loneliness and isolation when homeless people first move into their home.
- Greater emphasis on life skills such as cooking and cleaning, budgeting and debt management prior to moving into a tenancy. It was noted, however, that this was a role played by accommodation-based and floating support services elsewhere and the lack of skill shown by people coming into the Housing First service suggested either that these services had failed in this role, or that the chaotic life styles of long term homeless people meant that the process of learning must be constantly renewed.

204. Whilst a range of improvements were noted one of the private landlords suggested that there was nothing more that Housing First could do to improve the service. He said that in the cases which had not worked out for his tenants: *" ... there wasn't anything else Housing First could have done…the guy slipped back into drugs and then disappeared."*

Are Housing First objectives being achieved?

205. External stakeholders were clear that the Housing First service had met its operational objectives in relation to service users' capacity to live independently and had led to an improvement in the quality of life for service users.

> *"Bearing in mind the complexity of these people's needs, against all expectations they have managed in the community."*
> *"Even for those who have come back* (to prison) *the biggest thing is the knowledge that they can manage to stay in their own place even for only three months. This is so valuable – with that experience you can have a conversation about what can be done the next time."*
> *"Yes, quality of life has improved – the fact that they have stability and a roof over their head. One guy who moved in three weeks ago – I don't know what it was like for him before – but he has a brand new flat, clean and painted, new bedding – he was visibly delighted."*

206. One external stakeholder talked about the project being a learning experience for many ex-offenders. They talked about situations which appeared on face value to be negative and failures but where the client had since learned from it and in a sense that individuals need to have a number of failures, but each time their period of living independently extends and gets longer.

Impact of the Housing First pilot

207. External stakeholders said that the Housing First service had met its objectives. A private landlord noted that the service has enabled service users to obtain accommodation that without Housing First's intervention would not have been available. This landlord talked about a number of individuals for whom he had provided a tenancy, whose lives have been changed. In one case he said: *"He was a heroin addict but is not using now…I keep an eye on them".* In terms of another tenant he noted that he has changed completely. A further tenant was mentioned as a very vulnerable service user: *"He would be on the streets and he would be dead…he wouldn't last, he's extremely vulnerable."*

208. It was said that service users as a group generally do not believe that they can either obtain or sustain a tenancy, mainly because of the number of past failures. Interviewees said that there is now a recognition within the group (e.g. Stella Maris service users) that a tenancy in the community is possible.

209. A number of external stakeholders noted the impact the Housing First service had had on the wider community in terms of the person not being back in prison or not re-offending and harming others. The service also has positive effects on service users' families..

The wider impact of the Housing First service

210. External stakeholders commented on the wider impact of the service in terms of financial savings, impact on public policy and wider applicability in Northern Ireland. Most of these comments were similar to those of Depaul managers and staff, and Housing Executive managers. It was noted that:

- There are financial savings to the public purse arising from service users being housed in ordinary tenancies in the community rather than in high-intensity hostels;
- The fact that Housing First enables people to keep a roof over their head leads to savings in homelessness and emergency accommodation services;
- Savings to health and social service in out-of-hours cover that is being provided (outside the SP contract it should be noted) by Depaul case workers;
- It also help to reduce nuisance in public places and in residential neighbourhoods

211. There was a clear consensus that a Housing First service should be extended across Northern Ireland. The option of Housing First being used as a preventative measure, to prevent tenancy breakdown and ultimately homelessness, was also noted.

"The underlying process and principles should be applied to all those currently living in a hostel and those at risk of becoming homeless".

"The Housing First model has much wider applicability for many people living in hostels ... The question for many is: where do you move to after a hostel? Housing First could be the solution."

"Yes, it could be expanded if there was more funding. This would help attract more private landlords who would say it's too volatile, or who want the deposit up front."

There is a need to extend the scheme to other people with alcohol issues. Alcohol dependency is a huge issue amongst people living in the community."

Consultation with Housing First service users (2014 cohort)

Background

212. A key focus of this research was to establish the views and experiences of individuals using the Housing First Service during the period January to December 2014. In total 24 individuals used the service during this year. Of these:

- Five service users from 2014 have died;
- In eight cases, the service user was either no longer contactable by Depaul (mobile phone number unobtainable), they had moved out of the Belfast catchment area or they declined to be interviewed;
- In this latter group all reasonable attempts were made to make contact with the service user through friends and family members, where Depaul had the details;
- A total of 11 interviews were achieved.

213. The majority of interviews took place in the service users' own home or if they had returned to a hostel setting (for example, Stella Maris) in the hostel. In two instances the service user had returned to HMP Maghaberry and interviews were carried out there with the permission of the prison authorities.

Profile of 2014 service users

214. During 2014 there were 24 service users, who were accepted into the Housing First service. Twenty of these were men and four were women. All of the deceased were males. Table 24 below provides a breakdown of age (at start of 2014).

Table 24: Age of service users (2014 cohort)

Age	Number of service users	Percentage of service users
20 – 29	4	17%
30 – 39	3	13%
40 – 49	8	33%
50 – 59	7	29%
60 plus	1	4%
Not known	**1**	**4%**
Total	**24**	**100%**

Source: Interviewee profile data provided by Depaul

215. The majority of service users were aged 40 plus (16 individuals – 66%).

Table 25: Referral route and agency[85]

Referral Agency	Number of service users	Percentage of service users
Depaul – Stella Maris Hostel	18[86]	75%
Housing Rights – Prisons Service	6	25%
Total	**24**	**100%**

Source: Interviewee profile data provided by Depaul

216. The majority of service users (75%) were referred to the Housing First service from the Depaul Stella Maris hostel. This reflects the early development of the project and relates to referral sources prior to the extension of the referral routes and agencies from 2015 onwards.

Table 26: Length of service user interaction with the Housing First service during 2014

Length of interaction	Number of service users	Percentage of service users
0 – 3 months	9	38%
4 – 6 months	7	29%
7 – 9 months	2	8%
10 – 12 months	6	25%
Total	**24**	**100%**

Source: Interviewee profile data provided by Depaul

217. The length of input and interaction from the Housing First service varied between service users. It should be noted however that in some cases the length of interaction in 2014 varied because of either the death of the service user or the timing of the referral into the service (i.e. in the latter part of the year.)

Table 27: Type of tenancy

Type of tenancy	Number of service users	Percentage of service users
Social housing – NIHE or Housing Association[87]	18	75%
Private rented tenancy	5	21%
Not known – moved outside the service catchment area	1	4%
Total	**24**	**100%**

Source: Interviewee profile data provided by Depaul

[85] Referral agencies in 2014 are as listed – further referral agencies came on board in 2015 – Homeless Support Team (Q1 2015), Centenary Crash, Salvation Army and the Welcome Centre (Q2 2015).
[86] For one of these referrals – not directly from Stella Maris – their original referral into Housing First had been from Stella Maris; this had broken down and this was a re-referral.
[87] Including sheltered accommodation.

218. The majority of service users in 2014 (75%) obtained a tenancy in social housing. In three cases the records indicated the name of a housing association and in a further two cases it was clear that the service user had moved into sheltered housing[88]. Four of the five service users who obtained a tenancy in the private rented sector had been referred from prison[89].

219. The reason for referral to the Housing First service, together with the individual's background and history, were reviewed as part of the SROI evaluation process where this information was recorded and available. This is summarised in Table 28 (below). In the majority of cases there were multiple reasons why the individual had been referred to the Housing First service in terms of their background and history. The table records the number of service users and the reasons for their referral to the service.

Table 28: Background and history – reason for referral of service users in 2014[90]

Reason for referral - History and background	Number of service users	Percentage of service users
Alcohol dependency	22	92%
Poor physical health	18	75%
Poor mental health	18	75%
Estrangement/separation from and limited contact with family	18	75%
History of homelessness and hostel accommodation	16	67%
Offending behaviour and/or prison stays	13	54%
Drug dependency	9	38%
Aggressive or violent behaviour	9	38%
Rough sleeping	8	33%
Previous evictions	3	13%
Self-harming and/or suicide attempts	3	13%
Learning difficulty or particular vulnerability	3	13%
Other	3	13%

Source: Interviewee profile data provided by Depaul

220. Not surprisingly, given that the main referral agency for Housing First in 2013/2014 was the Stella Maris hostel, the table shows that the most frequent reason for referral related to the person's alcohol dependency. In only two cases was this factor not present in their history or background. A further three issues were present in the majority of individual's case history, although may not have been the prime reason for their referral. These applied to three quarters of all service users during 2014 and included poor physical health, poor mental health and limited or no contact with their family.

[88] Although it was developed as a housing solution for older people who needed low intensity support from a warden, sheltered housing is allocated through NIHE's housing allocation system to a variety of vulnerable people including some homeless people with complex needs.

[89] This reliance on the private rented sector for those leaving prison relates to the fact that many people being released from prison are not awarded Full Duty Applicant status; the private rented sector is often their only accommodation choice.

[90] Homeless people were sometimes referred on the basis of more than one factor and the numbers do not therefore add to 24.

221. Another significant factor in two thirds (67%) of cases was a history of homelessness and hostel accommodation; again this is not surprising given the main referral agency was Stella Maris and the subsidiary referral agencies are linked to homeless provision. Overall the picture was one of multiple reasons for referral. In most cases a service user had five or more presenting factors, giving a picture of complexity and interconnection between the factors. For example, poor mental health led to estrangement from family which interconnected with rough sleeping and a history of homelessness. Table 29 outlines the range and nature of issues or factors as recorded on referral forms under each of these headings/reasons for referral. Notes in italics are taken directly from Depaul records.

Table 29: Background and history – examples derived from interviews and Housing First records

History and background	Examples
Alcohol dependency	*Alcohol consumption and addiction out of control.* *Alcohol issues – difficult to gauge when she started drinking. Drinks alcohol every day – 2 bottles of wine or cider – this was the initial assessment but probably 1 litre of vodka as well.* *Difficult background and difficult to engage with – started drinking again – vodka and periods of rough sleeping even though had his own tenancy. Alcohol dependent.* *She had always been a drinker but her alcohol intake increased dramatically.*
Poor physical health	*Poor physical health – psoriasis and alcohol seizures.* *He would suffer from seizures, especially when tapering off his alcohol use after bingeing heavily.* *Mobility issues, liver damage, high blood pressure.*
Poor mental health	*Depression and anxiety – level of problems were never resolved in the past.* *Mental health extremely poor – schizophrenic.* *Mental health issues – personality disorder, depression, anxiety, self-harm.*
Estrangement/separation from and limited contact with family	*Poor relationship with son.* *Child who lives in Scotland in kinship foster care.* *She has two children, a daughter who is 20 and is the foster carer for her son – he's a looked after child.* *No contact with his family – parents were dead but no contact with his sister.* *Financial abuse from her son.* *Still has contact with his biological mother but relationship is not always good. He has two children – estranged from them – he would like to be in contact with them and is working towards this via a solicitor.*
History of homelessness and hostel accommodation	*Difficult to engage with – previous homelessness and with the Simon Community. Rough sleeping and short term homeless accommodation. Private rental flat – lost that due to alcohol dependency.* *He has a history of homelessness, staying in different hostels in Belfast, most recent being Stella Maris.*
Offending behaviour and/or prison stays	*Charges being pressed against her – assault, threat to kill.* *Long history of offending behaviour – revolving door in Maghaberry.* *He had been in Hydebank for a serious assault whilst he was under the influence of alcohol and drugs.* *He was a repeat offender and had spent much of his adult life in prison.*
Continued ...	

Drug dependency	*Drug and alcohol – alcohol was primary and drugs were secondary (cannabis).* *Alcohol dependency and drug misuse – long history of heroin but clean for 6 years. On and off alcohol over time – hepatitis C.* *Addiction background mainly alcohol but occasional use of cannabis.* *Drug and alcohol misuse – has taken most drugs available and then mixed with alcohol.* *He had a long history of drug misuse…he had injected heroin for 15+ years….he was on a substitute prescription in Maghaberry.*
Aggressive or violent behaviour	*Exceptionally aggressive – when physical health deteriorated and had to have colostomy bag fitted. Only at this point – decided to come off alcohol.* *He can be very aggressive whilst under the influence.*
Rough sleeping	*History of homelessness – rough sleeping and Morning Star.*
Previous evictions	*Stayed in several hostels, periods of rough sleeping, evicted from private rented sector – long history of homelessness. Two stays in Stella Maris.*
Self-harming and/or suicide	*Poor mental health – several suicide attempts in the past.*
Learning difficulty or particular vulnerability	*Very vulnerable – very seriously sexually assaulted.* *Cerebral palsy – special boots and rolator.*
Other	*He has been through the care system in Northern Ireland.* *He had a tenancy and was intimidated out – he was awarded intimidation points.*

222. Tables 30 and 31 below provide an analysis of the level of support, in terms of input from Housing First staff for the 24 service users during 2014. As noted above, because of lack of engagement by the service user, death of service user and in cases where the referral was made in the last quarter of 2014, the level of support and the duration of engagement was minimal in some cases.

Table 30: Level of support – number of hours in 2014

Level of support – number of hours in 2014	Number of service users	Percentage of service users
Zero support	3	12.50%
1 – 50 hours	5	20.83%
51 – 100 hours	5	20.83%
101 – 200 hours	3	12.50%
201 – 300 hours	1	4.17%
300 plus hours	4	16.67%
Total	**24**	**100%**

Source: Interviewee profile data provided by Depaul

Table 31: Level of support – length of time in 2014

Level of support – length of time (months)	Number of service users	Percentage of service users
0 – 1 month	4	16.67%
2 – 3 months	4	16.67%
4 – 5 months	6	25.00%
6 – 9 months	2	8.33%
10 – 12 months	5	20.83%
Total	**24**	**100%**

Source: Interviewee profile data provided by Depaul

223. Table 32 below provides an overview of the type and range of additional support from external agencies put in place for Housing First service users during 2014 to enable them to maintain their tenancy and develop their independence.

Table 32: Type and range of additional support from external agencies by number of service users

Needs – Additional support identified	External Agency	Number of service users
Floating support and tenancy sustainment	Home Care Floating Support Service	12
	Triangle Floating Support Service	3
	Threshold Floating Support Service	1
	Belfast Central Mission – Floating Support Service	1
	East Belfast Mission – Floating Support Service	1
	YMCA Floating Support Service	1
	NIACRO Floating Support Service	2
	Health & Social Services – Care package	1
	Welcome organisation and Outreach team	2
	Private landlord	5
Support in accommodation	Sheltered housing – Scheme Coordinator	3
	Occupational therapist	5
	Housing Officer – NIHE or HA	7
	Storehouse	1
Mental health and emotional issues	Primary Mental Health team/services	3
	CPN/Psychiatrist	1
	Nexus	1
Physical health issues	GP	8
	Hospital Department/other health professional	2

Continued ...

Alcohol Harm reduction and alcohol management	Addictions NI	1
	Community Addiction team	5
	FASA	1
	Way2Go Harm Reduction Service	1
	ADEPT 360	1
	Substitute prescribing team	1
	Drug Outreach team	2
Vulnerability	Adult & Physical Disability Social Work team	11
	CRUSE	1
Financial vulnerability	Adult Safeguard team	2
	Public Protection Unit	1
Social isolation	Depaul Service User Involvement Group	6
	Volunteer Now	1
	Men's Shed	1
	Adult Day Centre	1
	Cedar Foundation	1
Contact with family	Looked After Children Social Work team	1
	Guardian Ad Litem	1
Food and nutrition	Foodbank	4
	Social Services – chilled meals	3
Offending	Probation Board NI	4
	Housing Rights Service	5
Benefits	Benefits Agency	9

Service users' experience: In their own words

Background

224. Of the 11 service users, two had returned to prison (HMP Maghaberry) and their tenancy had been dissolved, one had returned to the Stella Maris hostel, one was in a nursing home (and did not wish to return to his tenancy), one had just been released from prison and was living with his sister (his previous tenancy having been dissolved). The other six were living in their tenancy in the community. Three of the 11 service users had an offending background whilst for the other eight the primary reason for referral to Housing First was their alcohol or alcohol/drugs background.

A first successful tenancy

225. In many cases their acceptance into the Housing First service was the first time they had ever been able to sustain a tenancy, or been able to sustain a tenancy for any length of time.

> *"... it's much better – I've started to get a bit of independence."*
>
> *"... this is much better because Stella* (Stella Maris hostel) *always threw you out."*
>
> *"I did get moved one other time – but I only lasted two weeks"* - this service user has now maintained a tenancy for three years.

226. For some individuals however, the move into their own tenancy did not work out for them. For example, one female, who had a significant alcohol problem, said:

> *"I only lasted 10 days – I had it lovely but I wasn't ready to move back out…I couldn't cope. In the end I walked out and gave my keys back…it was nothing to do with the staff. I'm just not happy or able when I'm in my own place…it's taken the stress off me being back in here* (Stella Maris). *The medication is here – in the flat you have to go to the GP and get a prescription – here it's all brought to you."*

227. In two cases the individual was back in custody. In one of these cases the individual had maintained a tenancy for about a year and was doing well, but offending behaviour led to him being arrested and placed in custody and then later charged. For this individual the sense of loss and disappointment was clear, and he was very determined that on release he would be getting his own tenancy again and making a go of it. For the other individual who was in prison things were more complicated. His history indicated three recent attempts at tenancy sustainment. Each time he had been assisted by the Housing First service. For this individual there were complex and interlinked alcohol, drug, mental health and offending behaviours.

228. However, despite the setbacks Housing First staff noted that in this case the individual had extended their length of time in a tenancy each time, from a matter of days to a three-month period, and they had learned from past failures and difficulties.

229. A further male service user had just been released from prison. He had previously maintained a private rented tenancy with support from Housing First for one year but had found the top-up payments too high. At this point, with support from Housing First, he moved into a sheltered scheme in another part of Belfast but had then offended. In part this may have been due to him feeling less settled. On reflection he now thought he should have stayed in the private rented tenancy where he was settled. *"I would have stayed there. I was out of trouble for nearly a year. It costs less for the government, for my family and for me as well – the strain of it all."*

<u>Past Failures and difficulties</u>

230. Service users were asked to think about their past and describe the difficulties they had previously had in obtaining and keeping accommodation. The factors holding people back in the past were multiple and complex, including addictions, offending patterns, and abuse. In many cases their difficulties went back a number of decades. One service user (in his late 40s) had been on the streets for most of his adult life and in Stella Maris for seven years. Housing First provided him with his first tenancy.

231. Offending history, drug addiction, links to homelessness and other factors were noted as past difficulties.

"I've been in and out of hostels – that's been 10 years – and every single time I've ended up back in custody."
"I couldn't sustain the places because of the herbal and the drugs."
"It was a difficult neighbour…they were very noisy."
"People taking my food and money – there were 'unwelcome' visitors to my last place."
"... there were rent arrears on the previous tenancy";
" ... they all said I couldn't do it, and now look at me. You see everything in this flat – do you know who paid for it? I did. When I was in Stella I had nothing."

Reasons for tenancy sustainment

232. A number of reasons were cited as being central to the theme of tenancy sustainment. These were:
- Importance of the type of accommodation;
- Support to obtain a tenancy;
- Support to maintain a tenancy.

233. The type and location of accommodation secured through the Housing First service was viewed as being the key to tenancy sustainment. Most service users noted that they wanted social housing, although the private rented sector was viewed as a useful alternative to social housing, particularly for those coming out of prison, but the top-ups on the rent were felt to be too high and securing deposits was also an issue.

234. In three cases the individual had moved with the help of Housing First from their first tenancy into another area or into another type of accommodation, sometimes into more supported or sheltered accommodation.

235. One male service user indicated a range of vulnerabilities in relation to when he was in the previous flat, including people coming into the flat. Because of where this was located a drug dealer had been visiting and supplying him. The situation had become difficult with the individual being beaten up and the dealer demanding money from him on several occasions. The service user had refused to make a statement to the police because he was worried about further intimidation. Housing First had then worked with him to obtain a transfer to a sheltered housing scheme.

236. A female service user had moved from a large flat, which she found difficult to get around because of its size and found it was too big for her to clean and keep tidy. She moved to a smaller flat in a sheltered housing scheme, with the support of a Scheme Coordinator. She said: *" ... it's a better layout and I feel more confident here. The bathroom is all on the level."*

237. Support in obtaining a tenancy was also a significant factor. Service users pointed to their background as being a hurdle in this regard. Those with an offending background indicated that their criminal record had been a factor in the past in their failure to obtain a tenancy. Those with addictions noted that landlords had not previously been willing to take them. In addition, many service users noted that they did not understand either the process or the system of applying for social housing and they had needed support from Housing First for this.

238. One service user who was referred from prison emphasised that on previous occasions when he had been released finding accommodation was a major hurdle. In relation to support from Housing First he said: *"I walked straight into a tenancy. It was set up with Housing First. The landlord came out and met me."*

239. Service users also highlighted the support from Housing First staff in helping them obtain furniture, kitchen equipment and a TV.

> *"Depaul did everything for me – looking to get me furniture, getting grants, getting the garden done by the Council, food from the Foodbank, sorting out my meds and the doctors - taking me to the doctor and other appointments, getting me registered with a dentist – 120 things."*

240. It was clear from the interviews that initial and ongoing support to maintain their tenancy was viewed as critical by service users. It was also clear during the interviews that service users viewed the Housing First staff as being central or pivotal to the support. Very few independently mentioned the other support agencies that were involved in their wider support. On probing, they did indicate a range of other support such as the floating support they received or food from food banks.

> *"If I phoned them up – they would come up to see me."*
> *"They took me out – to the doctors, shopping and got my medication."*
> *"They seen how I was and brought food parcels."*
> *"They would have sat with me – made sure I got what I needed – made sure I made the appointments."*
> *"I just needed to phone and they would be there."*

241. In this part of the consultation process it was very clear that it was Housing First staff team who had made most of the difference for residents. All the interviewees praised them, and appeared to have a good relationship with them. Reference was made to the staff approach, their ethos and their caring ethos.

> *"I can't do things on my own; I need someone to give me a hand."*
> *"They are there if you need them."*
> *"They were a friendly face – I made a connection with them."*
> *"The type of people they are…they care about the people…I'm used to being treated like a number – they treated me like a human being."*

242. In addition, a number of service users pointed to the fact that harm reduction methods have enabled them to reduce and control their drinking. In their opinion this is helping them to maintain and retain their tenancy.

243. In at least two cases, arrangements are in place with the Adult Safeguarding team to protect the individual's money. One service user said that the Floating Support provider helps with money management. In another case, the service user's son had been taking her money and arrangements were now in place to protect her.

244. The option of spending some respite time at Stella Maris was mentioned by one service user. He said this had helped him and ultimately had ensured that his tenancy did not break down.

Service users' feedback on the benefits of independent living

245. Service users were asked about what had changed for the better in their lives as a result of being part of the Housing First service, and how they felt about their current situation and their future. It was clear from the interviews that for those individuals who had been able to maintain their tenancy the benefits were enormous. These included an increase in their confidence and self-esteem, improvements in their mental and physical health, improvements in their outlook on life and the restoration of family relationships. One service user said that he had not seen his doctor in the past year because his health has improved so much. Two service users said that they now felt safe or safer. A number suggested that their drinking levels had reduced or been maintained at a lower level.

246. Many service users were very proud of their accommodation and keen to show it to the interviewer. A number of service users referred to the fact that they were in a better frame of mind or their mental health had improved.

> *"I'm getting my independence better…I'm more positive and in a better frame of mind."*
>
> *"I feel far happier here…I would be happy to stay here in the longer term."*
>
> *"It's made a big difference. Stella Maris was a stepping stone. I was the victim of domestic violence for 10 years and I had a very bad drink problem…but now I've got my independence back."*

247. In four cases it was clear that there had been restoration or improvements in family relationships. One service user indicated that his younger brother visits him every Saturday and helps him. This service user also now regularly sees his parents, going to them for Sunday lunch. In another case the service user complemented the support Housing First staff had given to his mother. In some cases the individual had been able to develop social networks and friendships: *"Since I've moved out of Stella, I've met more friends. And it's helped me to keep away from bad people."*

248. In some cases there had been significant changes in people's life circumstances. A number of interviewees had in the past been in critical condition in hospital. One individual had been on a life-support machine. These individuals were now living independently, with support. One individual summed up the difference by saying: *"... it's keeping me off the streets."* Another service user summarised the difference for him as: *"I feel better now, less noise and being thrown out all of the time. I've got my own key – you go as you please…life has changed for the better."*

249. There were, however, some other views on their perceived quality of life. Isolation and loneliness were the biggest issues for service users living independently. Two service users said that they would prefer to be back in Stella Maris and that this was mainly from the viewpoint of having company and feeling part of a community. In one of these cases the individual had moved from his initial tenancy to a sheltered housing scheme, but said that he found this too quiet. For one service user the loneliness (amongst other factors) had led to tenancy breakdown and she was back in Stella Maris. Another service user, who had returned to prison, cited loneliness and isolation as a significant cause of his tenancy breakdown.

Suggested improvements and development of the service

250. Service users were asked if they thought more people would benefit if the Housing First service was available to more people across Northern Ireland. All the service users who were interviewed agreed that this was a good idea.

> *"... it should be available to others. It costs less in the long-run…it's people's lives."*
>
> *"This service should be much more widely available to anyone who ends up in a homeless hostel. This would be more beneficial for me. Hostels aren't going to work for me – crime happens in the* (named day centre) *so you're not getting a good start if you go back out and in there – everyone's drinking, everyone's taking drugs – there's pressure on you and it just doesn't work."*

251. Service users were also asked to suggest any improvements to the service. One female service user, who has now maintained her tenancy for three years, said that she would like to see the Housing First staff again and be part of the service user group. Having been signed off from the service, she said that she misses the contact and support she received from them. The others could not suggest any improvements.

PART 4: SOCIAL RETURN ON INVESTMENT (SROI) EVALUATION OF THE HOUSING FIRST SERVICE

Introduction

252. This section of the report provides an overview of the SROI evaluation process and calculation of the benefits of the Housing First service for the Calendar year 2014. A brief overview of the SROI evaluation methodology is attached at Appendix 5.

Stage 1: Boundaries

253. The boundaries set for this SROI evaluation were that it would cover the financial year 2014[91]. This incorporated the delivery of the Housing First service in Belfast to 24 service users during the year. The definition of the service, for SROI evaluation purposes, was outlined at Part 2. The funding inputs to the service for this year were agreed in Stage 1 and were also outlined in Part 2, Table 13.

254. For the purposes of the SROI evaluation the total financial input was taken to be £61,367[92] as calculated in Table 33 below. This includes an estimate of time attributed to voluntary pastoral care[93], which has been estimated as three hours per service user (total of 72 hours in year) on the basis of figures provided by Depaul.[94]

Table 33: Housing First – Financial inputs – 2014 service user cohort

Financial inputs	Amount (All figures rounded to nearest £)
Expenditure – total cost expended on staff costs, direct project costs, administration overheads and regional overhead allocation	£55,203
Allocation for start-up costs – including fundraising, promotions, communications and IT and telephone set up	£5,069
Volunteer input – pastoral care to the service from member of Depaul Management Committee – 72 hours @ £15.21 per hour	£1,095
Total	**£61,367**

[91] For Depaul Ireland the financial year is also the calendar year, so the agreed period for the SROI EVALUATION was 1st January 2014 – 31st December 2014.

[92] This figure covers expenditure in year on staff and other project costs, an allocation of start-up costs and the value of volunteer input. The financial inputs do not include the cost of Housing Benefit or support services (including Floating Support) as it was agreed that these would have been in place irrespective of the Housing First service. Only Housing First costs have been included.

[93] Pastoral care is defined as spiritual and non-spiritual counselling from delivered by a member of Management Committee who is also a member of a religious community.

[94] Depaul suggested two alternative hourly costings for pastoral care; firstly an average counselling cost of £35 - £40 per hour and secondly, using the Deputy Manager hourly rate, inclusive of NIC for 2014 – the first point of this scale is £15.21.

Stage 2: Stakeholders

255. Internal and external stakeholders[95] for the SROI evaluation were identified in the course of early discussions with Depaul senior managers and NIHE SP managers. External stakeholders cover the range of organisations and professionals the Housing First service interacts with, whilst internal stakeholders are the service users, and to a lesser extent their families and the wider community.

External stakeholders

256. The Housing First service has connections with a variety of external stakeholders including referrals agencies, partners who work with Housing First to deliver the service, and other organisations that provide support to service users. The key external stakeholders identified for the review were as follows:

- NI Housing Executive managers from the Supporting People team and Housing Solutions team, acting in the organisation's capacity as commissioning body and funder;
- Depaul managers and project delivery staff;
- Referral agencies including Housing Rights, the Welcome Centre, Drug Outreach teams, Centenary Crash (Salvation Army), and the Homeless Support team (Belfast);
- Partner agencies including Homecare Floating Support, Triangle Floating Support, YMCA Floating Support, Community Addiction team, Men's Shed, Volunteer Now;
- Wider support agencies including the Adult and Physical Disability Social Work teams, Drug and Alcohol teams, Adult Safeguarding teams, GPs, Food banks, and housing associations.

Internal stakeholders

257. The following internal stakeholders were identified:

- Current and ex-service users;
- Family members of service users;
- Friends of service users;
- The wider community.

258. It should be noted that this SROI evaluation and the accompanying Impact Map have focussed solely on the measurement of impact and the social value created by SP funding for the 24 service users. The evaluation did not examine social value created for other external and internal stakeholders. Within the time frame and budget available, the evaluation has provided an indication of the social value created for the key stakeholder group – service users – but may not illustrate the full value generated by the Housing First project for other stakeholders.

[95] Stakeholders are defined in an SROI evaluation terms as people or organisations that effect or are affected by the activity being analysed.

Stage 3: Outcome measures and impacts

259. The initial stages of the evaluation described how the Housing First service operates. This was documented in Part 2 of this report. In particular, we were interested to establish how the service affects service users and how this linked to the service aims and objectives. Stage 3 of the SROI evaluation identifies the range of identifiable and material impacts that arise as a result of the funding and delivery of this project. It draws on the findings outlined in sections 4 - 6 of the report (consultation with Depaul Managers and front-line staff, NIHE Managers and external stakeholders, and Housing First service users). A number of factors were disregarded for the purpose of the evaluation[96]; only material impacts were taken into account. The Materiality Test that has been adopted for this study is described in Appendix 5.

260. In essence the SROI evaluation process looked at what changed for the service user as a result of their involvement with the Housing First service. These are termed 'outcomes'[97]. Inputs have been outlined in Stage 1 above (Boundaries) and inputs, outputs, outcomes and impacts are all outlined in the Impact Map attached to this report (Appendix 7).

261. An initial exercise was undertaken with Depaul's Housing First management and operational staff team to examine the various types of need exhibited by each of the service users who became involved in the Housing First service in 2014. These needs were matched against the activities involved in procuring housing and support services for them, and against the agreed service level and personal support plan outcomes. Outcomes were identified by Depaul staff using an analysis of the outputs and outcomes for service users from the Housing First service during 2014, based on Outcomes Star analysis[98] together with information from service user files and staff knowledge. In addition, exit interviews completed by service users were analysed. This process was carried out for each of the main Outcomes Star topic areas. The outcomes that were identified were then tested with service users, through the service user consultation, to establish their validity and the overall frequency of occurrence. Feedback from service users was included in Part 3 of the report.

[96] A number of changes have been disregarded – either because they did not affect the wider community or were not viewed as being substantive or directly linked to the Housing First project funding.

[97] An outcome is defined in SROI evaluation terms as what changes as a result of the activity.

[98] The Outcome Star system is used by Depaul to monitor service user progress and outcomes against 10 key areas – drug and alcohol misuse, emotional and mental health, managing money, managing tenancy and accommodation, use of time, motivation and taking responsibility, offending, physical health, self-care and living skills and social networks and relationships. It should be noted that during 2014 the Outcome Star monitoring system was not fully operational and there were some gaps in information.

Outcome 1 – Drug and alcohol misuse

Table 34: Housing First – Impact on drug and alcohol misuse – 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Drug and alcohol misuse	Work with Housing First – harm reduction plan and move to different type of alcohol or drugs – use of substitutes, reduction in volume and frequency Engagement with Community Addiction and Drug Outreach teams and also voluntary/ community based services	↑ Better physical and mental health ↑ Better family relationships and social networks ↑ Better personal care and hygiene ↑ Better environment – cleaner and tidier ↑ Better diet and nutrition ↓ Reduction in alcohol and drug misuse ↓ Reduction in anger and aggression/negative behaviour	↑ Increase in use of community based services ↓ Reduction in use of emergency services and PSNI

262. Feedback via the interviews with service users and with Depaul managers and staff provided clear evidence of the positive impact of the Housing First service on the 24 individuals who became involved with it during 2014. Information on each service user – both from their files and individual staff member's knowledge together with Outcomes Star information – was assessed by Depaul staff and discussed with the research team. Table 35 below outlines the findings from this assessment.

Table 35: Housing First – Analysis of drug and alcohol misuse following Housing First intervention - 2014 service user cohort

Change/variation in drug and alcohol misuse	Number of service users
Significant reduction in level and frequency of alcohol usage – essentially sober 80% of time – maintenance of this	7
Some reduction	4
Continuation of drinking at high levels and frequency	1
Significant reduction in drug use and dependency and maintenance of this	4
No misuse of alcohol but misuse of drugs	3
Died[99] as result of alcohol dependency and related issues	4
Died as result of drug dependency and related issues	1
Note: The total does not add to 24 because there is some overlap in the circumstances of individuals.	

Source: Interviewee profile data provided by Depaul

[99] Three service users died in year (2014) with a further two in 2015. They are recorded here in terms of death both in year and after 2014.

263. Table 39 shows a significant reduction in alcohol usage for seven service users (29% of the 2014 service user cohort) and a more moderate reduction for a further 8 service users (33%). In addition, four service users (17%) indicated a significant reduction in drug use and dependency in the year and were able to maintain this. The data therefore show demonstrable reductions in alcohol and drug use for around three quarters of the 2014 service user cohort.

264. In addition, assessments were made of the impact of change in drinking and drug usage on the individual's propensity to use, and frequency of use of, A&E services as an alternative to organised and routine attendance at a GP surgery or Health Centre. Depaul noted that there was a significant reduction in the number of times individuals attended A&E once they were in their own tenancy with support, in comparison to their previous accommodation in Stella Maris or on the streets. It was estimated by Depaul that 12 of the 24 service users (50%) had reduced their use of A&E services, replacing this practice with attendance at their GP. This change was deemed to be directly related to a reduction in alcohol and drug misuse.

Table 36: Housing First – Change in use of A&E for drug and alcohol misuse - following Housing First intervention - 2014 service user cohort

Change/variation in drug and alcohol misuse	Number of service users
Significant reduction in level and frequency of A&E attendances following episodes of drinking and drug use. Reduction from 12 times per year to zero times per year.	7
Some reduction in level and frequency of A&E attendances following episodes of drinking and drug use. Reduction from 4 times per year to zero times per year.	4
Small reduction in level and frequency of A&E attendances following episodes of drinking and drug use. Reduction from 1 – 2 times per year to zero times per year.	1
Total	**12**

Source: Interviewee profile data provided by Depaul

265. Depaul staff said that receiving support and frequent visits from other services were key drivers in pushing down the level and frequency of A&E attendance. More stable approaches to managing drinking and harm reduction resulted in significantly fewer episodes where the individual either presented themselves at A&E or were taken there by friends or the emergency services. In addition, regular health appointments resulted in early identification of health issues. This helped to avoid health-related problems escalating, or their health deteriorating to the extent that they needed emergency treatment. Better mental health also contributed to service users thinking about what they were doing before they picked up a phone and dialled '999'.

266. Depaul managers and staff working with the 2014 service user cohort said that a reduction in the level and frequency of alcohol and drug use also meant that service users were less likely to call out other emergency services including the Police Service NI (PSNI), the ambulance service and the Fire Brigade. Analysis of the 24 service users' data showed a marked reduction in emergency calls by 6 service users all of whom had been in the Stella Maris hostel. Five of these previously made regular calls (every 3 – 4 weeks; total of 12 or more times per year) to the emergency services. The impact of the Housing First intervention was that once they had moved to their tenancy, were settled and living independently with support, emergency calls reduced to zero.

267. Some level of call-out of the PSNI had continued initially in their new tenancy. This was during the adjustment period. A number of service users noted at interview that they had a level of paranoia, were not used to living on their own and had been scared when they first moved into their tenancy. Overall this type of call out reduced once other support was in place.

268. There was a continuing police involvement for six service users for a variety of reasons including the fact that the person was vulnerable, with both public protection and adult safeguarding teams being involved; or the person had been un-contactable and there were concerns for their welfare; or the person had been assaulted or there was a threat against them, and there was involvement of domestic violence related to alcohol/drugs.

Outcome 2 – Emotional and mental health

Table 37: Housing First – Impact on emotional and mental health - 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Emotional and mental health	Work with Housing First – recognition by service user of their emotional and mental health – and interconnection to alcohol and drug use Engagement with GP and community based mental health services and CPNs.	↑ Better emotional and mental health ↑ Better self-confidence and self-esteem ↓ Reduction in alcohol usage ↓ Reduction in self-harm and suicidal tendencies	↑ Increase in use of community based services ↓ Reduction in use of emergency services and PSNI ↓ Reduction in use of A&E and hospital admissions

269. Feedback from Depaul staff and analysis of service user information indicated that individuals' mental health improved in at least nine cases (38% of the 2014 service user cohort). In each of these cases the service users' mental health had been considerably worse in the period before they joined the Housing First service. The nine service users included individuals who had done significant self-harm, had suicidal tendencies, or had made suicide attempts involving hospital admission and the input of mental health teams and psychiatrists. Although this was not a medical based assessment, Depaul staff indicated that these nine service users' mental health had improved considerably.

270. However, another service users' mental health deteriorated significantly after they joined the service. After a brief spell in a tenancy they returned to the Stella Maris hostel.

Outcome 3 – Managing money

Table 38: Housing First – Impact on managing money - 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Managing money	Work with Housing First – better understanding of benefits, budgeting and how to manage money including setting up a bank account Engagement with Floating support providers and social workers on financial management.	↑ Able to afford food – positive impact on diet and physical health ↑ Able to pay for heat and electric and other bills – positive impact on physical health ↑ Able to purchase other household items and treat themselves – increase in confidence and self-esteem ↓ Reduction in money related worries and anxiety ↓ Reduction in offending relating to money	↓ Reduction in input from relevant Safeguarding teams

271. Information provided by Depaul staff, analysis of service user files and Outcomes Star data showed that all 24 service users had gained skills and knowledge that helped them to manage their money over the course of their involvement with Housing First. Staff described the types of support they provided on money and budgets, which included working with service users to develop a budgeting plan covering their benefits, income and outgoings; development of budgeting skills; helping service users to set up bank accounts; and attend appointments in relation to benefits. It was noted that this was an ongoing process which started before the service user received their tenancy, and included applying for a community care grant and ensuring that relevant Housing Benefit applications were made. Support on money management also comprised going food shopping with service users to help them calculate what was affordable and how they can manage their budget. This role was delivered initially by Depaul (in the first 4 – 6 weeks) and then over time by the floating support provider where a service user had this in place.

272. Depaul staff also helped the service user think about the furniture and equipment they needed and provided assistance to obtain this including second-hand sources. Another aspect was helping the service user to register with electricity and gas utilities, and helping those with poor literacy skills to complete forms and change their address.

Outcome 4 – Managing tenancy and accommodation

Table 39: Housing First – Impact on managing tenancy and accommodation - 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Managing tenancy and accommodation	Work with Housing First, Floating Support and other services – to enable the service user to remain in their tenancy and to be independent	↑ Better self-respect and established in the community ↑ Better mental health and wellbeing ↑ Having a place to call home ↓ Reduction in breakdown and failure of tenancies	↓ Reduction in tenancy breakdown and abandonment of tenancies (social housing and private rented sector) ↓ Reduction in repeat homelessness and impact on hostel bed spaces

273. The analysis indicated a very high level of success in improving service users' ability to manage their tenancies (see Table 40 below). 19 of the 24 service users (79%) maintained their tenancy to the end of 2014.[100] Importantly, a significant number of these have continued to maintain their tenancy (or have moved to a second different tenancy) well into 2015 and 2016. Feedback from Depaul staff indicated that of these 19 service users, at least 10 would have remained in the Stella Maris hostel, the destination for a further four was likely to have been prison and for the remainder the destination would probably have been on the streets.

Table 40: Housing First – Analysis of ability to manage tenancy and accommodation – accommodation situation at end of 2014 following Housing First intervention – 2014 service user cohort

Accommodation situation at end of 2014	Number of service users
Still in tenancy and maintaining this situation	19
Died during 2014	3
Tenancy abandoned during 2014 – return to Stella Maris	1
Return to custody during 2014 – HMP Maghaberry	1
Total	**24**

[100] It should be noted that in some cases the tenancy only commenced late in 2014 – this is therefore not a full 12 months for all 19 service users.

Outcome 5 – Use of time

Table 41: Housing First – Use of time - 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Use of time	Work with Housing First, Floating Support services and other agencies – to think about and understand how to use their time positively e.g. to avoid 'drinking' triggers, having a routine. Engagement with Day Centres, training courses, activity places e.g. Men's Shed	↑ Increase in social networks ↑ Increase in positive mental health and wellbeing – positive outlook ↑ Increase in wellbeing as result of having an outcome – e.g. attending appointments	↓ Increase in social isolation – impact on health services

274. Analysis of service user data and feedback from Depaul managers and staff indicated that some progress was made by most service users in improving time management. Depaul estimates suggest that the 19 service users who maintained their tenancy made progress on this. However, despite the best efforts by Depaul and other service providers, some service users found it difficult to make better use of their time. This may have resulted from their chaotic lifestyles, or their history of alcohol and drug use. But part of this was also due to a lack of appropriate places where service users could go where they felt comfortable (e.g. appropriate Day Centres). In a number of cases staff noted that they had accompanied service users to external activities on an initial occasion (e.g. the Men's Shed) but there was a noticeable reduction in their involvement when they were not accompanied.

Outcome 6 – Motivation and taking responsibility

Table 42: Housing First – Motivation and taking responsibility - 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Motivation and taking responsibility	Work with Housing First, Floating Support services and other agencies – to think about and take responsibility for reduction and management of use of alcohol and drugs Engagement with range of services to ensure support from others and mechanisms to deal with difficulties	↑ Increase in self-confidence and self-worth – linked to better mental health ↑ Increase in pride in home and in self	↑ Increase in use of community based services ↓ Reduction in use of emergency services and PSNI ↓ Reduction in use of A&E and hospital admissions ↓ Reduction in tenancy breakdown and abandonment

275. Service user information and feedback from Depaul management and staff suggested that 19 of the 24 service users in 2014 (79%) experienced a positive increase in their self-confidence and as a result took more responsibility for their day-to-day lives and decision-making. Much of this was linked to a reduction in their use of alcohol, and also their positive attitude towards sustaining their tenancy. Other indicators of this were the fact they were engaging with other agencies and attending appointments.

276. In five cases, however, (21%) service users showed limited motivation and no noticeably positive change in their motivation. One service user, who had subsequently died, had resumed drinking, lost his tenancy and as a result ended back on the street. It was also acknowledged that the service is not appropriate for all service users who are referred to it. Some prefer to remain in Stella Maris where they feel comfortable and less isolated. In many cases this is because of their poor mental health.

Outcome 7 – Offending

Table 43: Housing First – Offending - 2014

Area of Need and improvement	Activity	Individual outcomes	Impact on services
Offending	Work with Housing First, and other agencies in terms of minimising repeat offending and positive engagement in other activities – with a view to no return to prison	↑ Reduction in interaction with the criminal justice system or time in custody ↑ Reduction in intervention from PSNI with individual – less call-outs, arrests, police time etc.	↑ Increase in use of community based services ↓ Reduction in return to criminal justice system and return to custody, use of Probation Services

277. Of the four service users (17%) who had previous custodial sentences, two returned to prison (one in 2014 and one at a later stage having maintained a tenancy for nearly a year); one died and another successfully remained in their tenancy.

Outcome 8 – Physical health

Table 44: Housing First – Physical Health - 2014

Area of need and improvement	Activity	Individual outcomes	Impact on services
Physical Health	Work with Housing First, Floating Support providers and other agencies in terms of service users' physical health. This includes work on ensuring a better diet (help to go shopping, think about meals, and provide chilled meals), better self-care, help to manage reduction in alcohol or drug use or switching to less impactful alcohol or drugs.	Variation in attendance at GP and other medical appointments and use of medication – in some cases this will positively increase and in other cases it will positively reduce. ↑ Better physical health – and associated better diet, better mobility and better mental health ↑ Reduction in use of ambulances and A&E visits	↑ Increase in use of GP and health services ↓ Reduction in use of GP and health services ↓ Reduction in use of A&E and hospital admissions

278. There was a considerable improvement in service users' physical health after they joined the Housing First service. The records show that there were improvements in skin, hair, body weight, mobility, general wellbeing and appearance. Much of this was deemed to be directly related to a reduction in alcohol intake and improved diet, which in turn was related to the support they received leading to better motivation, budgeting and money management. Table 45 below shows that the physical health of 15 out of the 24 service users (63%) improved significantly during the year as a result of the Housing First intervention, whilst for a further five (21%) their health remained relatively stable and did not deteriorate further. In total, the data show improvements in the physical health of 84% of the 2014 service user cohort.

Table 45: Housing First – Analysis of physical health following Housing First intervention - 2014 service user cohort

Physical Health	Number of service users
Physical health has significantly improved[101]	15
Physical health maintained/stable – did not deteriorate further	5
Physical health has deteriorated	4
Total	**24**

Source: Interviewee profile data provided by Depaul

Outcome 9 – Self-care and living skills

Table 46: Housing First – Self-care and living skills - 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Self-care and living skills	Work with Housing First, Floating Support providers and other agencies in terms of service users' self-care and living skills. This includes producing better and more regular food/meals, household skills such as cooking, cleaning and laundry and also personal hygiene	↑ Better environment – cleaner and tidier ↑ Better diet linked to better physical and mental health ↑ Better personal care and hygiene ↓ Reduction in physical and mental health problems e.g. sores, impact on liver and wider health	↓ Reduction in use of some health services

279. The 19 service users who had maintained a tenancy through 2014 and beyond had developed good or at least reasonable self-care and living skills, albeit with support from other agencies. Reference was made to development of skills in terms of cooking, cleaning, washing clothes and bed-linen, making a bed and tidying the home, ability to speak on the phone and make appointments.

[101] This assessment related to overall physical health during the year and took into account periods when the service user was drinking and health fluctuated. Good physical health was deemed to be 80% of the time.

Outcome 10 – Social networks and relationships

Table 47: Housing First – Social Networks and relationships - 2014 service user cohort

Area of need and improvement	Activity	Individual outcomes	Impact on services
Self-care and living skills	Work with Housing First, Floating Support providers and other agencies in terms of service users understanding the need for and developing the skills to develop new – or re-connect with former social and family networks	↑ Increase in positive family relationships and friendships ↑ Increase in social activities ↑ Involvement in the Depaul Service User group – with outcome of positive impact on mental health and self-confidence	↓ Reduction over time in the level of support from external agencies

280. The analysis showed that family relationships had improved or were restored for 16 of the 24 service users (67%) (Table 48). In a further four cases (17%) family relationships had been maintained and were deemed to be adequate. In only four cases (17%) family relationships were still estranged. The data show that, in total, 84% of the 2014 service user cohort had improved or at least maintained their social networks and relationships.

Table 48: Housing First – Analysis of social networks and relationships following Housing First intervention - 2014

Social networks and relationships	Number of service users
Family relationships were improved and restored – good family relationships	16
Family relationships were maintained – adequate family relationships	4
Family relationships were not restored – still estranged	4
Total	**24**

Source: Interviewee profile data provided by Depaul

Stage 4: Indicators

281. Stage 3 of the SROI evaluation has provided an overview of the material outcomes in terms of the Outcomes Star measures as experienced by service users from the 2014 cohort. This section provides a summary of the outcomes, suggests indicators for these outcomes and provides monetary values[102] relating to the indicators.

282. Table 49 estimates the number of service users impacted by each outcome area. The data contained in the Table are derived from Stage 3, and are intended to provide a basis for developing an Impact Map. It should be noted that these numbers are conservative, are based only on the internal stakeholder group of service users, and as such the full reach and impact of the Housing First service during 2014 is likely to be much wider.

[102] In some cases proxies are used to place value.

Table 49: Number of Service Users where change occurred by outcome area - Housing First Belfast - 2014 service user cohort

Outcome area	Outcome	Number of service users
Drug and alcohol misuse	Significant reduction in level and frequency of alcohol usage	7
	Some reduction in level and frequency of alcohol usage	8
	Significant reduction in drug use and dependency	4
	Reduction in level and frequency of A&E attendances	12
	Reduction in use of emergency services including PSNI, Ambulance service etc.	6
Emotional and mental health	Mental health improved and self-harm/suicidal tendencies decreased	9
Managing money	Gained skills/developed knowledge in money management	24
Managing tenancy and accommodation	Retained and maintained their tenancy	19
Use of time	Some progress in use of time	19
Motivation and taking responsibility	Positive increase in self-confidence and increased responsibility in day-to-day lives and decision making	19
Offending	Service users remained out of prison (of 4 who previously had custodial sentences)	2
Physical health	Significant improvement in physical health	15
	Physical health remained stable and did not deteriorate	5
Self-care and living skills	Developed reasonable/good self-care and living skills	19
Social networks and relationships	Improved and restored family relationships	16
	Family relationships maintained	4

Source: Interviewee profile data provided by Depaul, aggregated by the research team

283. Table 50 outlines the indicators that were selected for use each outcome area. Once data was collected on change and outcomes these were then screened for numbers (including estimates), evidence and materiality – whether the change is material, relevant and significant – and whether the outcome was a direct (or partly a) result of interventions from the Housing First service.

Table 50: Outcomes and indicators - Housing First – Belfast 2014

Outcome area	Indicators[103]
Drug and alcohol misuse	• Cost of hospital detoxification and rehabilitation for drug/alcohol addiction • Cost of drug misuse • Cost of A&E attendance in different Belfast hospitals • Cost of call-out of PSNI and emergency services
Emotional and mental health	• Cost of counselling
Managing money	• Cost of budgeting course
Managing tenancy and accommodation	• Cost of support for homeless people sleeping rough • Cost of support for Housing First service users
Use of time	• Cost of range of social activities
Motivation and taking responsibility	• Value of increase in confidence in homeless people
Offending	• Cost of court time • Cost of prisoner place per year
Physical health	• No indicators
Self-care and living skills	• No indicators
Social networks and relationships	• Value of ability to rely on family

Stage 5: Data collection

284. This stage of the SROI evaluation involved placing indicators against outcomes (as demonstrated in Table 50 above), calculating the duration of the change and establishing how those changes could be valued using financial costs, proxies and values[104]. These indicators and costs are outlined in the tables below for each outcome area, and on an Impact Map that is published separately.

285. In essence indicators provide substance to the assertion that an outcome has been achieved – in other words, as well as obtaining feedback from a stakeholder or range of stakeholders that an outcome has been achieved, an indicator provides the evidence that the change has actually taken place. As with many SROI evaluations (and depending on the type of change occurring) some outcomes are hard to measure, or can be subjective. In this current SROI evaluation, whilst outcomes have been indicated, in some cases it was unclear whether the outcome occurred as a direct and measured result of the provision of the Housing First service and the input from other services, or whether it occurred entirely or partly for other reasons. Significant adjustments have therefore been made in this stage of the SROI evaluation process – for example, in terms of attribution and deadweight[105].

[103] Actual costs, comparable costs and values or proxies where no actual or direct cost is available.

[104] Indicators should directly relate to the outcome and be as practicable and proportionate as possible.

[105] These terms are defined in the Glossary, Appendix 6

286. Where possible, financial values or proxy values have been attached to indicators in order to monetise the impact of change. In some cases these are actual values whilst in other cases a value has been attributed. Furthermore in some cases it is value created to show a cost or saving to public expenditure. In cases where there is no Northern Ireland information, we have used comparable information from elsewhere in UK.

287. The tables below show the indicators of value that have been drawn out of the impact mapping exercise. These were the impacts that were thought to demonstrate value at this stage of the SROI evaluation process.

Table 51: Drug and Alcohol misuse – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Drug and alcohol misuse**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of hospital detox / rehabilitation for alcohol addiction	See note 1 below – source is National Schedule of Reference Costs of the NHS trusts and foundation trust – 2011/12	15 individuals would potentially have required this in 2014 (based on 15 whose alcohol reduction significantly or moderately reduced). Cost is £276 per day – calculated as 5 days per person (£1,380) **Total cost = £20,700**
Cost of drug misuse – cost of drug detox	See note 1 below – source is National Schedule of Reference Costs of the NHS trusts and foundation trust – 2011/12	4 individuals would potentially have required this in year (based on numbers whose drug misuse reduced) Cost is £276 per day – calculated as 5 days per person (£1,380) **Total cost = £5,520**
Cost of A&E attendance in different Belfast hospitals	See note 2 below – source is Annual Trust Financial Returns, DHSSPS NI (2013/14)	Total individuals where A&E usage reduced was 12 (for 7 this went from 12 times per year to zero, for 4 it went from 4 times per year to zero and for one it went from twice per year to zero) – total A&E attendances – 102 instances at average cost of £130. **Total cost = £13,056**
Cost of call-out of PSNI and emergency services	See note 3 – source Economic Impact of Safe from Harm project (Depaul Ireland) See note 4 – source Scottish Health Service Costs Book	Total individuals who reduced usage of PSNI and emergency services were 6 (for 5 this sent from 12 times per year to zero and for one individual from twice to zero) – total call-outs 62 instances. Taken as 62 hours of police time (£13.70 per hour) and 30 ambulance journeys (£232.29) **Total cost = £7,818**

Continued ...

Notes	
1.	**Cost of hospital rehabilitation for drug/alcohol addiction (cost to NHS/CCG)** This valuation is the cost to the NHS and CCGs of hospital rehabilitation for drug or alcohol addiction and was sourced from a National Schedule of Reference Costs of the NHS trusts and foundation trusts from 2011-12. This is the average cost per hospital admission for rehabilitation services related to drug and alcohol addiction. It represents an average of costs for the following types of rehabilitation: 'complex specialised' rehabilitation services (CSRS) (Level 1); 'specialised' rehabilitation services (SRS) (Level 2); and 'non-specialist' rehabilitation services (NSRS). **The average cost is £276 per day.** This valuation was included in the Unit Cost database which was funded by the Department for Communities and Local Government's (DCLG) Troubled Families Unit, and adopted by Greater Manchester Council and Birmingham City Council.
2	**Cost of attendance at A & E** The average cost of A&E attendance in Belfast is **£130**– source *Annual Trust Financial Returns*, DHSSPS NI (2013/14). The cost of A&E attendance taken for Belfast City hospital was £128, the Mater hospital £111 and Royal Victoria £151. There are no specific costs of A&E attendance based on specific conditions or diagnoses (e.g. no further breakdown for individual with drug habit). However, research indicates high levels of A&E attendance related to alcohol misuse[106].
3	**Cost of police time** The cost of police time per hour was calculated as **£13.70 per hour** (Economic Impact of Safe from Harm project)
4	**Cost of ambulance journeys** No Northern Ireland specific figure was available. Cost of £232.29 per journey (Scottish Health Service Costs Book).

Table 52: Emotional and mental health – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Emotional and mental health**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of counselling	See note 1 below – cost of counselling cost – Off Centre SROI evaluation, University of Bristol, 2011	Total individuals where emotional and mental health improved was nine. Cost of counselling course £225. **Total cost = £2,025**
Cost of reduction in usage of anti-depressants	See note 2 below – National Schedule of Reference Costs 2011-12 for NHS trusts and NHS foundation trusts	Four individuals where reduction in usage of anti-depressants at £146 per patient. **Total cost = £584**

Continued ...

[106] The Scottish Emergency Department Alcohol Audit (SEDAA) reported that alcohol was a contributory factor in 11% of A&E attendances over ten days in Scotland in 2005 (Quality Improvement Scotland, 2006). This is at the lower end of the range of values suggested by a UK review in this area (Charalambous, 2002). This review estimates that between 2% and 40% of all A&E attendances are due to alcohol-related problems. A more recent estimate of the percentage of A&E attendances in the UK attributable to alcohol was reported as 2.9% (Durnford *et al.*, 2008), and this also falls at the low end of the estimated range. Previous national COI studies have used higher figures than the SEDAA and Durnford *et al.* estimates (35% in England (Department of Health, 2008)) and 25% in Scotland (Scottish Government, 2008a).

Notes	
1.	**Cost of counselling** Improvements in mental health for at least nine of the 24 service users. This would have resulted in a reduction in the need for mental health support and interventions. This could be equated to the cost of counselling for a period of treatment, as estimated in the *Off Centre SROI evaluation*, University of Bristol (2011) – **£225**. This is a conservative estimate for this exercise. A further similar estimate is **£200** – cost of one hour of counselling five times per year – source *www.nhs.uk*.
2.	**Reduction in usage of anti-depressants** The cost of anti-depressants across the UK is **£146** per patient, per annum (source: New Economy Unit Cost Database; original source – *National Schedule of Reference Costs 2011-12 for NHS Trusts and NHS Foundation Trust).* This may not have occurred for all nine service users – conservative estimate taken of four service users.

Table 53: Managing money – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Managing money**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of budgeting course	See note 1 below – change in budgeting skills – matrec.org.uk	Total individuals where improvement in money management = 24. Cost per course = £59. **Total cost = £1,416**
Cost of additional spend on food	See note 2 below – Family Spending Survey 2011	Conservative estimate that one individual out of 24 improves their long-term health through additional spend on food, by one year. **Total cost = £2,941**

Notes	
1.	**Change in budgeting skills** Source: www.matrec.org.uk – cost of personal budgeting course **£59** (2013 figure)
2.	**Additional amount spent on food and long-term health implications of better diet** This valuation details the additional amount spent on food, which provides long-term health implications due to a better diet. Variable depending on stakeholder group; Better diet can lead to longer lives, in general the life expectancy gap between those on low and high incomes varies from between five and 7.5 years (ONS, Social Inequalities, 1997-1999). Average weekly spend on food: £53.20 Additional year: £2,941. Source – Family Spending Survey 2011 – prevention programmes and cost effectiveness review of Diet and healthier eating.

Table 54: Managing tenancy and accommodation – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Managing tenancy and accommodation**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of support for homeless people	See note 1 below – cost provided by NI Housing Executive	19 of the 24 service users retained and maintained their tenancy – without this they would have required ongoing support elsewhere – cost of accommodation for 10 individuals returning to a hostel (taken for period of six months) at £436.91 per week/11,359.66 for 6 months **Total cost = £113,596.60**
Cost of not sleeping rough	See note 2 below – Evidence Review of the Costs of Homelessness, DCLG (2012)	Cost of potentially 5 of 19 returning to streets (if had not retained tenancy) – cost per person estimated at £8,391. **Total cost = £41,955**
Cost of repeat homelessness	See note 3 below – Shelter UK study (2012) – Immediate costs to government of loss of home	Cost of 19 service users becoming homeless and requiring Homeless advice and assistance – cost of £375 per person. **Total cost = £7,125**
Cost of returning to prison	This cost has been included under offending	

Notes	
1.	**Cost of accommodation and support for homeless people** The cost of temporary accommodation (cost provided by NI Housing Executive) relates to a 6-month placement in Queen's Quarter hostel, which is accommodation in a shared unit with staff input from the Homeless Support Team. The weekly breakdown of costs (2015 figures) were as follows: Housing Benefit £88.20 Top-up £155.51 Supporting People funding £193.20 **Total: £436.91** **6-month placement:** £436.91 x 26 weeks = **£11,359.66** A service charge of **£17.50** is payable by the service user.
2.	**Cost of not sleeping rough** The cost of transient homelessness and rough sleeping has been taken from *Evidence Review of the Costs of Homelessness,* DCLG (2012). The annual cost estimate for 2012 was **£8,391.**
3.	**Cost of repeat homelessness** Repeat homelessness has a cost in terms of homeless applications and assessment and the cost of advice and assistance. NIHE was unable to provide a separate and specific cost for the functions of the provision of homelessness advice and assistance or information and the cost of receiving and processing a homelessness application and assessment. To extract these costs would have taken a disproportionate amount of time and resources. For the purposes of this exercise a valuation has been taken from the Shelter UK study, *Immediate costs to government of loss of home* (January 2012). This cost is **£375** and includes the cost of advice and assistance as well as the cost of making a decision under homelessness duties, and relates to the function in local authorities in England and Wales. It is acknowledged that this may not be directly comparable to Northern Ireland.

Table 55: Use of time – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Use of time**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of range of social activities	See note 1 below – cost of going to café once per week. Cost calculated on basis that 19 of the 24 service users would seek alternatives to support received from Floating Support and other providers – minimal cost of £5 per person per week	19 service users were settled and supported in their tenancy. Cost per individual over 52 weeks (£260) **Total cost = £4,940**
Cost of drop-in centre and advice from Welfare worker	See note 2 below – cost taken from Crisis 2003 publication	19 service users were settled and supported in their tenancy – did not require cost of drop-in Centre or input from Welfare worker. Cost of £45 per individual **Total cost = £855**

Notes

1.	**Value of social interaction** The cost of alleviation or easement of loneliness was taken into consideration, although it was acknowledged that in some cases the service users indicated that they felt more isolated in their own tenancy than they had been in the Stella Maris hostel. Cost taken as £5 per week for social outing to local café.
2.	**Cost of drop-in centre and advice from Welfare worker** The actual cost for a drop-in Centre and Welfare worker was requested in Belfast but was not available. This cost - **£45 per client** - is taken from *How many, how much? Single homelessness and the question of numbers and cost,* Crisis/New Policy Institute (2003). This valuation is the average cost of providing a homelessness outreach worker specialising in multiple needs per client, per week.

Table 56: Motivation and taking responsibility – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Motivation and taking responsibility**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Value of increase in confidence in homeless people	See note 1 below	19 individuals indicated better motivation, increased taking responsibility and an increase in confidence – cost of £1,195 per individual. **Total cost = 22,705**

Notes

1.	**Increase in confidence – in homeless people** Value of **£1,195** taken from SROI evaluation carried out for Coventry's Local Enterprise and Growth Initiative in 2008 (costs updated to 2013 prices). The valuation is the cost of confidence training for this client group.

Table 57: Offending – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Offending**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of court time	See note 1 below – Department of Justice and NI Court Service costs	Two individuals returned to prison from the 2014 cohort – based on 2 court appearances per person (£350) – cost based on possibility of further individuals returning to court/prison. Estimated that without intervention more would have offended and returned to court (4 individuals) **Total cost = £700**
Cost of prisoner place per year	See note 2 below – NI Prison Service – cost per prisoner place 2013/14	Estimates that 4 service users could have returned to prison. Estimate made for 6 months of prisoner year (£31,449). **Total cost = £125,796**

Notes

1.	**Court costs – estimate of court appearances** This cost is an estimate provided by the Department of Justice, in conjunction with NI Court Service. This is based on a reckoner on facilities (building, heat, light etc.) and the salaries of the judge and court staff. It does not include legal aid or salaries for PSNI, PPS etc. This is then tallied for a quarter of a day as the lowest unit. On the basis of this scenario, where there are two appearances in the magistrates' court, it would be likely that this would not exceed a quarter of a day court time in total. On this basis, the best court cost reckoner (for total across the two appearances) is **£350**.
2.	**Time in prison** The annual cost per prisoner place (CPPP) for 2013/14 was **£62,898**. Source: Resettlement Branch Northern Ireland Prison Service. The cost of furniture storage has not been included in this calculation.

Table 58: Physical Health – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Physical health**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of A&E attendance in different Belfast hospitals[107]	The cost relating to this was included in alcohol and drug misuse	
Cost of GP attendance	The majority of service users increased their attendance at GPs and health services - 20 service users experienced better physical health – 15 significant improvement and 5 remained same/stable. Assume no cost saving.	

[107] No duplication of cost attributed under outcome 1 – drug and alcohol misuse.

Table 59: Self-care and living skills – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Self-care and living skills**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Cost of self-care and living skills	19 service users developed reasonable or good self-care and living skills. The majority of service users had input from Floating Support services to enable this. No cost saving.	

Notes	
1.	In both these areas (Tables 58 and 59) whilst there were considerable improvements in the physical health and self-care/living skills of service users – it was deemed that there was no further value added to the individuals through the input of the Housing First service, and that in effect considerable additional benefits were inputted to these two areas by other providers.

Table 60: Social networks and relationships – Impacts and Financial Indicators – Measures and values

Outcome Area:	**Social networks and relationships**	
Outcome Indicator	**Data source or financial proxy used?**	**Actual value**
Value of ability to rely on family	See note 1 below – HACT *Measuring Social Impact Community Investment Guide*. Value of being able to rely on family.	16 individuals experienced improved family relationships. Value of £6,784 per person per year. **Total cost = £108,544**

Notes	
1.	**Ability to rely on family (value to individual aged 25-49 and of unknown geographical location in the UK)** This valuation is the value to an individual of being able to rely on their family if they have a serious problem. This is an average value where the individual is 25 - 49 years old and the geographical location in the UK is unknown. The valuation was created to help social housing providers in the UK place a value on the social outcomes of their community investment work. The data were obtained from statistical analysis of four large national UK datasets (British Household Panel Survey (BHPS), Understanding Society, The Crime Survey for England and Wales, The Taking Part survey). The actual value per person per year is **£6,784**. Source – HACT *Measuring Social Impact Community Investment Guide.* Another option for a cost in this area is a valuation of the average willingness to pay for a course which gives improved confidence in regards to family and others - **£690** per course per participant. Source - BIS Research Paper, November 2012, Paul Dolan and Daniel Fujiwara. Source: Department for Business Innovation and Skills, Valuing Adult Learning: Comparing Wellbeing Valuation to Contingent Valuation Report Source.

Stage 6: Modelling and calculation

288. This section of the report outlines some of the other factors or assumptions that have been taken into account in calculating the SROI scores. These include those accounting for 'deadweight', 'attribution', 'displacement' and 'drop off' (see Glossary, Appendix 6). The factors vary for every SROI evaluation and the thinking and assumptions for this specific analysis are outlined below.

289. All percentages for deadweight, attribution, displacement and drop off are detailed in an Impact Map published separately and should be clear from the following paragraphs. The rationale for this process is to make adjustments for the 'base case' so that there is clarity that all impacts are attributable to the Housing First service (and SP funding). Therefore deadweight and attribution adjustments are made for things that would have happened anyway without the activities of the Housing First service or the SP funding.

Deadweight

290. Decisions were needed on the percentage to assume for deadweight. 0% or zero would assume that none of the outcomes would have been achieved without the input of funding and the activities of the Housing First service. A number of external stakeholders said in their interviews that some limited activities and related outcomes would have occurred without the input of the Housing First service. In order to calculate how much would have happened anyway, each change or outcome was looked at in turn and, based on feedback from Depaul staff and external stakeholders, an estimation of the percentage of deadweight was made. This varied from 10% to 20% depending on the outcome – that is, there was some chance that outcomes would have been achieved without input from the Housing First project. Deadweight was deemed to be relatively low for this project. Based on evidence from more conventional services for vulnerable homeless people with alcohol or mental health issues, it was felt that significant changes would not have occurred in the service users lives without the input of the Housing First service.

Attribution

291. Attribution refers to the calculation of the percentage input from other agencies/stakeholders – that is, the amount of impact value that should be taken away to account for the value that other individuals and organisations may have contributed to the outcome. Through the process of interviews with Depaul staff and feedback from external stakeholders questions were asked about how much of the change is attributable to the Housing First service and what level could be attributed to another organisation. The level of attribution was deemed to range from 20% to 40% depending on the activity and the outcome/impact. There was recognition that other services had made significant contributions but, as with deadweight, without the input of the Housing First service the changes would probably not have happened.

Drop off

292. Drop off is the deterioration of an outcome over time – in other words where a value is not sustained over the longer term. An assumption was made that the duration is in-year and for one to three years following delivery of the Housing First service for all outcomes. It was considered to be over-claiming that the duration of outcomes would be 4 – 5 years for these types of activities/programmes.

Displacement

293. There was no tangible displacement of activities as a result of the outcomes outlined in the Impact Map.

SROI evaluation result

294. In order to measure, value and the calculate the change in peoples' lives that has arisen as a result of the Housing First service and its SP funding – that is, social return – an Impact Map was created, and sections of it have been included throughout this report as appropriate.

Calculation of impact

295. The social return value or impact is not an exact science and has been calculated as follows:

The financial proxy (the approximate value attributed to each of the impacts where it is not possible to obtain an exact measurement)

X

the quantity (the number of people showing a positive improvement, or the number of impacts or instances of something happening)

=

total value, less any percentages for deadweight, displacement and attribution.

296. This process is repeated for each outcome to give an impact for each. The total impact for the Housing First service is calculated by adding up the impacts for all outcomes.

297. **The total impact for the activities identified in this analysis taken for all service users during the 2014 calendar year was valued at £317,315.78**.

Social Return on Investment calculation

298. The following calculations have been used to arrive at the social return of the investment arising from SP funding and Housing First activities. The method of calculation has been taken from the *Guide to SROI Evaluation*, sponsored by the UK Cabinet Office. Some of the changes that have been identified last beyond a year, so the value of the change in future years has also been calculated and totalled to produce a value over all the projected years.[108] In all of the outcomes it was estimated that the value of the outcome lasted beyond two years but not more than three years.

299. **The total present value for the activities in this analysis is £923,926.17**.

300. **The Net Present Value (NPV) is £862**.559. [109]

301. The social return is calculated as the ratio of present value divided by the value of inputs. For this analysis the social return ratio is:

£923,926 / £61,637 = 15.06 : 1

[108] Where changes occur in the future, the process of discounting recognises that the future value is less than the present value. As recommended in HM Treasury's Green Book the discount rate for the public sector is 3.5%.

[109] Net present value is the total present value minus the original investment.

302. **This means that for every pound invested by NIHE and Depaul in the Belfast Housing First service during 2014, there was a social value created of £15.06.**

Sensitivity analysis

303. This section assesses the extent to which the SROI evaluation result shown above would change if any of the underlying assumptions were changed. Clearly given the breadth of the activities undertaken as a result of investment in the Housing First service, there are multiple scenarios that could be applied. The variations between these scenarios would alter the SROI evaluation ratio outlined above. Different assumptions could either reduce it or increase it. A number of adjustments have been suggested in scenarios below which test the sensitivity of the result. These have focussed in particular on some of the higher values produced.

Scenario 1: This looks at the outcome relating to managing and retaining a tenancy, where an assumption was made that potentially 10 service users could have returned to hostel(s) for a period of six months in the year. **If this was reduced to five service users the ratio would change to 13.75:1. If this was increased to 15 service users, the ratio would change to 16.37:1**

Scenario 2: Looking at the outcome for offending and making the assumption that no service users would have returned to prison in the absence of the Housing First service, **the ratio would change to 10.74:1**. However, if six service users had returned to prison (rather than 4 as stated), **the ratio would change to 17.21:1**.

Scenario 3: If we look at the outcome of better family relationships and assume that this was improved for all 24 service users (not 16 as stated) **the ratio would change to 17.15:1**. However, if family relationships had improved in only 10 cases, **the ratio would change to 13.48:1**.

Stage 7: Consider and present

304. This SROI evaluation is indicative of a positive social value created from the funding invested in Housing First activities. However, the analysis may not illustrate the full value generated by the project for a number of reasons.

- it examined the ten outcomes evidenced through the Outcomes Star monitoring system but there were other outcomes that have not been examined;
- it concentrated only on the outcomes for service users during 2014 and did not include outcomes for wider stakeholders e.g. family and friends, or the wider community.

305. **On the basis of the measures that were adopted for this evaluation, for every pound invested in the Housing First service in Belfast during 2014 there was a social value created of £15.06.** The analysis suggests that this ratio could increase or decrease depending on variations in the assumptions that have been made.

306. **Taking into account variations that could have occurred in scenarios 1 to 3 above. The social value could have been as low as £10.71 for every £1 invested (in itself a worthwhile investment); or as high as £17.21.**

APPENDIX 1: SELECT BIBLIOGRAPHY

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APPENDIX 2: LIST OF STAKEHOLDERS WHO PROVIDED INFORMATION OR WERE INTERVIEWED

Depaul Ireland

David Carroll	Director of Services
Aoife Watters	Director of Finance
Deirdre Canavan	Senior Service Manager NI
Debbie Worthington	Project Group Manager NI
Pamela Clark	Deputy Manager, Housing First, Belfast
Toni Houghton	Case Worker, Housing First, Belfast
Dave Harfitt	Case Worker, Housing First, Belfast
Grainne Griffith	Case Worker, Housing First, Belfast
Two locum staff	Housing First, Belfast

Northern Ireland Housing Executive

Louise Clarke	Supporting People Manager
Brian O'Kane	Housing Solutions Manager
Katrina Killen	Assistant Principal Officer, Supporting People

Partner Agencies

Brenda Parker	Housing Rights
Mary Donan	Probation Board NI
Siobhan McCorry	Belfast HSC Trust (Health & Physical Disability Team)
Joanne Murray	Home Care Independent Living (Support Services)
David Addley	Private Landlord
Ronan Heenan	Private Landlord

Service users

11 service users from the Housing First 2014 cohort

APPENDIX 3: SEMI-STRUCTURED INTERVIEW SCHEDULES

DEPAUL HOUSING FIRST PILOT: SROI EVALUATION – Depaul, NIHE, Partner Agencies

SEMI-STRUCTURED INTERVIEW SCRIPT

Name of Interviewee		**Position**	
Organisation Name			
Nature of interest in Housing First			
Location of interview			
Date of Interview		**Time of Interview**	

The aims of this research are to:

- evaluate the efficiency and effectiveness of the Housing First model in helping to develop service users' capacity to live independently in their own homes, improve their quality of life, and their ability to sustain a home;
- estimate the extent to which there are any directly quantifiable financial savings to public services from the delivery of the Housing First service; and
- to provide policy makers, service commissioners and strategic / operational managers with an insight into the benefits to be gained by adopting Housing First approaches more widely in Northern Ireland.
- As part of the research we are carrying out a small number of consultative interviews with people who have been involved in the planning, commissioning, and delivery of the service to establish their views.

1. Were you involved at any stage in developing the Housing First model?

Yes: **No:**

Briefly describe involvement:

2. Were you (or your Department/Section) involved in any of the following roles:

	Yes	No		Yes	No
Policymaker?			**Housing Provider/Landlord?**		
Planner?			**Health & Social Care?**		
Commissioner?			**A combination of these?**		
Funder?			**Other? (please specify)**		

3. Specifically, what responsibilities have you/your Department had for the development of the Housing First service?

4. Please tell me what were the five main strategic drivers for the development of the Housing First model?

5. Please outline your understanding of the way the Housing First service was commissioned

5.1 Who was it commissioned by?

5.2 What was the commissioning process

5.3 How were you / your Department involved in commissioning the service?

5.4 If you were not involved in commissioning the service, how did you / your Department become involved?

6. Please describe your / your Department's current role

7. What do you think the main strengths of the Housing First services are in terms of its ability to resolve entrenched homelessness? (list up to 5)

8.	**Are there any weaknesses in the Housing First approach to resolving entrenched homelessness? If so, what are they? (**list up to 5)
I would now like to ask some questions about how effective you think the Housing First services is in achieving its aims and objectives.	
9.	**Has the Housing First pilot model achieved the objective of developing service users' capacity to live independently in their own homes? What evidence do you have for your view?**
Yes:	**No:**
Briefly comment:	
10.	**Has Housing First improved the quality of life and demonstrated other related other associated benefits for service users? What evidence do you have for your view?**
Yes:	**No:**
Briefly comment:	
11.	**Are there likely to be any quantifiable financial savings which accrue to public services from the delivery of the Housing First service? What evidence do you have for your view?**
Yes:	**No:**
Briefly comment:	
12.	**Is the Housing First service likely to deliver other efficiencies or benefits? What evidence do you have for your view?**
Yes:	**No:**
Briefly comment:	
13.	**Do you believe that the Housing First model has a wider applicability in Northern Ireland?**
Yes:	**No:**
Briefly comment:	
14.	**Do you have any additional comments?**
Yes:	**No:**
Briefly comment:	

John Palmer / North Harbour Consulting / vs 1.1 / 11 January 2016

DEPAUL HOUSING FIRST PILOT: SROI EVALUATION

SEMI-STRUCTURED INTERVIEW SCRIPT: HOUSING FIRST SERVICE USERS (2014 cohort)

Name of Interviewee			
Location of interview			
Date of Interview		**Time of Interview**	

We are trying to find out more about how your housing and support services work and in what ways these have been helpful to you. We would like to ask you a few questions about this. Anything you say to me will be treated in the strictest confidence. If you decide at any point in this interview that you feel uncomfortable about what we are discussing, please tell me. If you want to end the interview at any time, you are perfectly free to do so.

3. When did you first hear about the Housing First service?

4. Who did you hear about it from?

5. When were you referred to the service?

6. Who were you referred by?

5. Where are you currently living? (Probe type of accommodation, location and who living with?)

6. How long have you lived there?

7. Who is your landlord?

8. How does where you live now compare with where you were living before?

9. Thinking about the past, what difficulties did you have in obtaining and keeping your accommodation?

Obtaining your home:

Keeping your home:

10. **What were the things that held you back**? (Probe dependency on alcohol and drugs, probe interconnection to offending and other behaviours, probe issues around physical and mental health)?

11. Since being part of the Housing First service, what sorts of thing have been put in place to help you live independently?

12. What types of support do you receive? (Probe the following in terms of outputs/activities/things that they receive as a service/support. Probe for specific examples):

Type of service	Who provides it	Examples
Managing tenancy and accommodation		
Managing money		
Self-care and living skills		
Use of time		
Social networks and relationships		
Motivation and taking responsibility		
Drug and alcohol misuse		
Emotional and mental health		
Physical health		
Offending		

Other		

13. Overall, what has changed for the better in your life as a result of being part of the Housing First service? (If we go back over the list of services you told me that you receive, can you say how each service has helped you. Can you give examples)

Type of service	How have you been helped?	Examples
Managing tenancy and accommodation		
Managing money		
Self-care and living skills		
Use of time		
Social networks and relationships		
Motivation and taking responsibility		
Drug and alcohol misuse		
Emotional and mental health		
Physical health		
Offending		
Other		

14. What has been different this time? What are the most important things that have helped you retain your tenancy and live independently?

15. How do you feel now? How do you feel about the future?

Feel now:

The future:

16. Do you think that more people like you would benefit if the Housing First service was available across Northern Ireland?

YES		NO	

Briefly comment:

17. If so, are there any improvement that would need to be made in the service, or in the relationship between Depaul, landlords and other service providers?

18. Do you have any other comments?

Thank you very much for taking part in this interview. What you have told me will be very helpful. But remember, everything you have told me will be treated as confidential and you will not be identified in our report.

John Palmer / North Harbour Consulting / vs 1.2 / 26 January 2016

APPENDIX 4: INITIAL ASSESSMENT ON JOINING HOUSING FIRST COMPARED WITH OUTCOMES STAR MONITORING INFORMATION– 2014 SERVICE USER COHORT

Outcomes Star is *" ... a unique suite of tools for supporting and measuring change when working with people. There are over 20 versions of the Outcomes Star ... adapted for different client groups and services ... It is well researched, widely used and endorsed ... collaborators include the Department of Health, Big Lottery Fund, Camden Council, NESTA and NHS Trusts."* (http://www.outcomesstar.org.uk/)

It *" ... measures and supports progress for service users towards self-reliance or other goals. The Stars are designed to be completed collaboratively as an integral part of keyworking. They are sector wide tools - different versions of the Star include homelessness, mental health and young people. All versions consists of a number of scales based on an explicit model of change which creates coherence across the whole tool and a Star Chart ... onto which the service user and worker plot where the service user is on their journey. The attitudes and behaviour expected at each of the points on each scale are clearly defined, usually in detailed scale descriptions, summary ladders or a quiz format. "* (http://www.outcomesstar.org.uk/about-the-outcomes-star/)

Depaul is introducing Outcomes Star as the basis for monitoring the progress that service users make in their services. However, although Outcomes Star had not been introduced at the time the Housing First pilot was under way, service user progress is now being monitored in this way. As a result, a profile of the progress made by the 2014 service user cohort at the end of the year was available to the research team but there was no information about each services user's starting point when they joined the service. To overcome this difficulty, we asked Depaul whether it would be possible for them to make an estimate of the likely Outcome Star score for each service user in the 2014 cohort at the time they entered the service based on personal records. The results of this analysis are shown in the table on the following page. Service user names have been omitted to preserve confidentiality. A summary of this information is contained in Table 11, page 50.

Service User	Outcome areas																			
	Drugs and alcohol misuse		Emotional and mental health		Managing Money		Managing tenancy and accommodation		Use of time		Motivation and taking responsibility		Offending		Physical health		Self-care and living skills		Social networks and relationships	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
1	4	9	4	8	3	8	2	9	2	8	3	8	8	10	4	9	5	9	4	8
2	4	8	3	9	2	9	2	9	2	10	3	9	8	10	4	8	3	8	3	9
3	3	8	3	8	3	10	2	9	2	8	2	8	7	10	4	9	3	9	3	9
4	3	7	4	7	4	8	3	8	2	9	2	6	7	10	3	9	3	9	4	10
5	2	7	4	7	4	8	3	9	4	8	4	8	8	9	5	8	4	8	4	9
6	3	7	3	8	5	8	3	8	3	8	4	7	7	8	3	8	6	9	3	8
7	No scores – there was limited engagement																			
8	4	7	4	7	4	8	3	8	8	6	2	7	9	10	3	8	3	7	3	8
9	No scores – there was limited engagement																			
10	8	8	8	8	8	8	5	8	6	8	5	6	10	10	3	6	4	6	7	9
11	5	8	5	8	5	8	6	8	5	8	4	7	6	8	4	7	7	8	6	8
12	3	6	4	5	4	4	3	7	2	5	4	4	5	6	5	2	5	6	4	5
13	3	8	4	8	3	9	3	10	3	8	3	9	8	10	4	9	2	8	3	10
14	4	8	3	9	2	9	3	9	3	9	3	9	9	10	3	8	2	8	3	8
15	3	8	3	8	3	8	2	8	3	8	3	9	7	10	3	8	2	8	3	9
16	4	8	3	8	2	8	2	8	3	8	3	8	8	10	3	8	2	8	2	8
17	5	8	3	8	2	7	2	8	2	7	2	8	2	8	5	8	3	8	2	8
18	4	8	4	8	5	10	4	10	4	8	4	8	8	10	5	8	4	8	5	9
19	4	9	5	9	4	8	4	8	4	9	4	9	10	10	6	9	5	9	5	9
20	3	8	2	8	2	8	2	9	2	8	2	8	2	7	5	8	2	8	3	8
21	4	9	3	8	4	8	4	9	3	8	3	8	2	10	5	6	5	7	2	6
22	4	10	4	9	3	9	4	10	4	10	5	10	2	10	7	10	7	10	10	10
23	2	5	2	6	2	3	2	4	2	2	2	5	2	4	3	5	3	5	2	5
24	4	6	2	6	3	5	2	8	2	7	3	6	2	7	3	5	3	5	2	5
MEAN	**3.77**	**7.73**	**3.64**	**7.73**	**3.50**	**7.77**	**3.00**	**8.36**	**3.23**	**7.73**	**3.18**	**7.59**	**6.23**	**8.95**	**4.09**	**7.55**	**3.77**	**7.77**	**3.77**	**8.09**

APPENDIX 5: SOCIAL RETURN ON INVESTMENT - OUTLINE OF THE METHODOLOGY

Housing First Project SROI Evaluation

This Appendix provides background information on the methodology of Social Return on Investment (SROI evaluation). In addition, it contains information on how SROI evaluation has been approached as part of the evaluation of the Housing First service delivered by Depaul.

Principles of the SROI evaluation and process[110]

SROI evaluation is a methodology for understanding, measuring and reporting on a set of activities or a service. It is a framework that accounts for value. SROI evaluation is based on a set of principles that are applied within a framework.

Activities are normally delivered by organisations. SROI evaluation does not analyse the value of the organisations, but the *activities*. The impact of these activities is the change that results from them in the world around us and in the worlds of those that are involved in the activities. The value of this impact is an assessment of how important the changes are to those who experience them. SROI evaluation does not leave the value judgement of how important a change should be to whoever is doing the analysis or to the audience. Rather, SROI evaluation assesses how important each change is to whoever experiences them, and locks this value judgement into the analysis. The total of the value of the impacts is then the overall value of the activity.

In this SROI evaluation we initially established who the key stakeholders were – this was likely to be the provider organisation, other providers in the fields of homelessness, housing and social care and the service users. The SROI evaluation process involved establishing with these various stakeholders what the impact of the activities in the Housing First service has been for them.

Stages of SROI evaluation[111]

Stage 1: Boundaries

Define the organisation or programme, areas covered, and a time period that will be the focus of the study. Consider financial information. Establish how to split and clearly determine the specific investment in the activity under study.

In this SROI evaluation we defined the timescale we were looking at (this is an evaluative rather than a forecast SROI evaluation) – and we determined the financial input to the service from Depaul and the NIHE SP programme.

Stage 2: Stakeholders

Identify stakeholders, their overarching goals and their specific objectives for the programme. Prioritise key stakeholders and objectives. Identify common or overriding objectives.

[110] Taken from www.globalvalueexchange.org – previously www.wikivois.org

[111] Adapted from European SROI evaluation Network Framework Document 2005

In this SROI evaluation we undertook interviews with the key stakeholders – these included those funding and delivering the service and those receiving the service. This stage focussed on what the outcomes and impacts have been for them – these included for example outcomes such as a more settled life, fewer GP visits, better mental health, reduction in drinking or self-harm, positive re-engagement with family.

Stage 3: Impacts

Identify how the programme works and how the programme affects key stakeholders (linking this to stakeholders' objectives). This is done through engaging with a small number of residents. Capture this through an analysis of inputs, outputs, outcomes and impacts – mapped onto an Impact Map

Stage 4: Indicators

Identify appropriate indicators for capturing Inputs, Outputs, Outcomes, and Impacts. Identify monetised equivalent values for the indicators, using data available, data produced as part of the study or external data from similar conditions elsewhere. In some cases proxies may be used to place value. Use deadweight to take account of the extent to which outcomes would have happened without the intervention.

Stage 5: Data collection

Collect data relating to indicators – to show where outcomes occurred and valuing them accordingly;

Stages 4 and 5 involved identifying and agreeing indicators – and then placing monetised values against them. For example, the actual cost per individual GP visit or the estimated value of better family relationships. Where possible NI monetary data will be sourced – and a wide range of other resources were used including The Global Value Exchange – www.globalvalueexchange.org Adjustments were made for base case.

Stage 6: Model and calculate

Calculate the net present value of benefits and investment, total value added, SROI evaluation and payback period in the individual SPOD area. Use sensitivity analysis to identify the relative significance of data.

Stage 7: Consider and present

Consider and present results in a way that places the SROI evaluation numerical result in the context of the activity. Ensure clarification of any assumptions made and include guidance to future information needed that could allow adjustment of the SROI evaluation result.

Materiality

The recognised SROI evaluation methodology describes the **Materiality Test** as follows:

"Materiality is a process that links judgements about the importance of outcomes to a set of defined criteria or common tests:

- *Those that provide clear returns appropriate to the project*
- *Those that are close to the policy of the organisation*
- *Outcomes that would be deemed material by peers and similar providers*
- *Outcomes that would impact on stakeholders decisions about future work*
- *Outcome values shared by society or community."*

Other information and useful websites/references

For more information on the SROI evaluation process and methodology Social Value UK is a good starting point (they used to be the SROI evaluation Network – and I have done some of their training). Their website is www.socialvalueuk.org. This has a really useful short video which explains the process (it's under the heading of *what is social value?* and then under *how to SROI evaluation analysis*). It also gives a link to the 2012 edition of *A Guide to Social Return on Investment*.

APPENDIX 6: SROI - GLOSSARY OF TERMS

Attribution	An assessment of how much of the outcome was caused by the contribution of organisations or people other than Depaul / Housing First.
Cost allocation	The allocation of costs or expenditure to activities related to a given programme, area or activity.
Deadweight	A measure of the amount of outcome or value that would have accrued even if the activity/programme had not taken place.
Discounting	The process by which future financial costs and benefits are recalculated to present day values.
Displacement	An assessment of how much of the outcome has displaced other outcomes (positively or negatively).
Drop off	The deterioration of an outcome over time.
Duration	The length of time (usually in years) an outcome lasts after the intervention (activity or programme) – such as the length of time a participant remains in a new tenancy.
Impact	Impact means the combined outcomes of activities after taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.
Impact Map	A table or diagram that captures how an activity makes a difference – that is, how an organisation uses its resources to provide activities that then lead to particular outcomes for different stakeholders.
Inputs	The contributions made by each stakeholder that are necessary for the activity to take place.
Materiality	Information is material if its omission has the potential to affect the readers' or stakeholders' decision.
Monetise	To assign a financial value to something in relation to a financial proxy.
Net present value	The value in today's money that is expected in the future minus the investment required to generate the activity.
Net social return ratio	Net present value of the impact divided by total investment.
Outcome	The changes resulting from an activity – these may include unintended/unexpected and intended/expected, positive and negative changes.
Outcome Indicator	Well-defined measure of an outcome (which is held in other research etc.)

Outputs	A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.
Payback period	Time in months or years for the value of the impact to exceed the investment.
Proxy value	An approximation of value where an exact measure is impossible to obtain (mainly using financial proxies).
Scope	The activities, timescale, boundaries and type of SROI analysis.
Sensitivity analysis	Process by which the sensitivity of an SROI model to changes in different variables is assessed.
Social return of an activity	Social return on an activity is used as a term rather than the overall social return of an organisation.
Social return ratio	Total present value of the impact divided by total investment.
Social Value	Social value is taken to cover social, economic and environmental value.
Stakeholders	People, organisations or entities that experience change, whether positive or negative, as a result of the activity that is being analysed.