

# Local Evaluation of Golden Key Housing First pilot in Bristol

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Version 2, released October 2021

## Acknowledgements

We are grateful for the support and input of Golden Key's many stakeholders into this work. In particular we would like to thank those who spent time speaking with us during interviews and meetings to explain their perspectives and experiences of Housing First. We would like to acknowledge the contribution of colleagues at UWE, including Professor Richard Bolden, Dr Chris Pawson, Dr Anthony Plumridge, Dr Richard Kimberlee and Dr Roz Gasper. We are also grateful for the support of the Golden Key Programme Team, Partnership Board and Evaluation Advisory Group who have supported the evaluation.

We hope that you will find this report an accurate account of progress and learning so far, and a valuable opportunity for reflection to support tackling future homelessness in Bristol. Should you wish to discuss any the local evaluation and/or your experience of Golden Key, please contact [Richard.Bolden@uwe.ac.uk](mailto:Richard.Bolden@uwe.ac.uk) who leads the UWE local evaluation.

*Version 2 released 29.10.2021 following a retraction of costing model due to identifying data reliability issues*

## Glossary of terms and abbreviations

ASBO	Anti-Social Behavioural Order
<a href="#">CFE</a>	<a href="#">CFE Research, national evaluator for the Fulfilling Lives programme</a>
<a href="#">Fulfilling Lives</a>	<a href="#">The National Lottery Community Fund initiative that funds Golden Key</a>
<a href="#">GK</a>	<a href="#">Golden Key</a>
HF	<a href="#">Housing First</a>
<a href="#">Independent Futures</a>	Lived Experience forum (previously known as the 'IF Group')
<a href="#">MCN</a>	Multiple Complex Needs. Including: homelessness, mental health, substance use, criminal offending.
<a href="#">Partnership Board</a>	The GK board, with senior representatives from partner organisations
<a href="#">SCT</a>	<a href="#">Golden Key Service Coordinator Team</a>
<a href="#">UWE</a>	<a href="#">University of the West of England</a>

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# 1 Executive summary

## 1.1 Housing First and evaluation background

Housing First is an evidence-based approach which supports people with multiple complex needs and entrenched homelessness to live in their own homes. Funded by Bristol City Council in 2018, Golden Key initiated a Housing First pilot to establish the feasibility of delivering high fidelity Housing First in the local Bristol context of extreme affordable housing shortages. This has since expanded over three phases to house and support 28 people of the 40 recruited who have the highest and most entrenched multiple complex needs (all data contained in this report up to December 2020).

The Golden Key Local Evaluation Team at UWE developed an evaluation framework collaboratively with Golden Key and designed evaluation activity aligned with this framework. The evaluation research activity included two rounds of semi-structured stakeholder interviews, (May 2018 and Dec 2020-Jan 2021), quantitative analysis of clients' demographic, engagement, and outcome assessment data (taken at the end of 2020), and a client journey mapping exercise. The journey mapping was unfortunately limited due to the pandemic which has severely restricted the evaluation's ability to understand the client's experience.

## 1.2 Key findings

Overall, there is clear evidence of Housing First in Bristol having impact and establishing a good case that the approach is feasible in Bristol, though perhaps not with high fidelity to all Housing First principles. Once clients are housed by Housing First in Bristol they are highly likely to sustain tenancies, but challenges related to availability of suitable housing mean there is a long delay to house many clients.

**Housing outcomes:** Up to December 2020, Housing First has housed 28 clients and impressively, supported 92% (26) of those to sustain tenancies. Across all three phases, 65% (26) of all recruited clients were housed and remain housed. 16 clients have sustained a tenancy through Housing First for at least 12 months up to the end of 2020 and remain housed. However, of the 40 total recruited clients, five individuals remain engaged but not housed, while seven individuals (17.5% across all phases) have unfortunately not been housed and are disengaged from the service. One of the two clients whose tenancies ended client has remained supported by Housing First and one is not engaged.

**Eligibility and referral:** Housing First has developed good working relationships with the referral agencies who are highly supportive of the model. Eligibility criteria and processes have developed formally and informally during the three phases. Changes have included extending criteria from long term street homeless to people who were homeless stuck within temporary housing pathways accommodation and introducing a screening conversation with the referral agency. Lengthy pre-tenancy periods have been difficult to manage with fixed term funding and this has influenced eligibility decisions. There remains a minority who are declined for a range of reasons and remain without suitable housing options.

**Client profile:** Up to December 2020, 90% of all recruited Housing First clients had three or four needs across homelessness, offending, drug/alcohol misuse and mental health, though this was higher in phase 1B at 100%. The average age of Bristol's housing first clients was 45 and the majority (80%) of clients were white. Phase 1 clients were significantly older than the other two phases and recruited a higher proportion of clients with disabilities. At the tenancy start, phase 1 clients had lower scores on average than the other

phases in all of the three key housing related areas. Phase 1B and 2 clients were scored more negatively in: 'Drug and alcohol misuse', 'Social networks and relationships', and 'Offending'.

**Pre-tenancy support:** Pre-tenancy periods, before clients are housed are just over seven months on average up to December 2020,. The variability is high between clients, with the shortest time at 20 days and the longest at 16.5 months (both phase 2). The shortage of available and affordable one bedroom properties in Bristol presents a considerable challenge to finding suitable housing in reasonable timescales.

**Support during move and tenancy:** Though limited by the lack of client perspective, the evaluation gained positive feedback from housing providers on how clients were supported into and during their tenancies apart from one case. After some initial teething issues, the service has developed knowledge and experience around property suitability, arranging benefits and working with learning housing provider tenancy processes. Cuckooing<sup>1</sup> was raised as a major substantial issue by interviewees as a significant risk for clients and unfortunately occurring for multiple Housing First clients. On average, clients were supported for one year and seven months before they moved on to SCT support.

**Client engagement:** Up to December 2020, overall average support time is higher during the first 15 months at 25-29 hours per quarter (excludes first quarter data). Support hours then reduce during the second year to 20-21 hours per quarter and then after two years support is around half of the provision during the first year at 11-13 hours per quarter. Without the clients' input to the evaluation, it is unclear how this decrease is driven by client support needs and handover to the Service Coordinator team at 21-24 months.

**Housing providers' experience:** Housing providers are strongly committed to the Housing First model, which is important as Housing First tenants can often be more time consuming and costly. Enablers for this commitment include their own senior leadership commitment and staffs' confidence in the Housing First support provision. In turn, the Housing First support provision helps housing providers to offer clients more flexibility and take risks outside normal practices. Housing providers and referral agencies viewed the support provided to the majority of clients very positively overall, though feedback indicated that support provision during the pandemic has been negatively affected and there was one particular client case which causes concern. The interviews suggested that there are opportunities to refine processes and communications during tenancies and to support property matching pre-tenancy.

**Client outcomes:** The primary goal of Housing First is housing stability, but there is some evidence here that Housing First has supported improved outcomes in multiple other need areas over their first 12 months (data taken up to December 2020). For those clients who start a tenancy and sustain it for over 12 months, clients on average are showing reasonably consistent improvements over the first 12 months across all Outcome Star areas. Outcome Star improvements are small, with most between one to two point increases, but this represents important progress given the nature of the client group. Outcome Star Areas where change is particularly strong included: 'Offending', 'Drug and alcohol misuse', 'Self care and living skills', 'Meaningful use of time', 'Social networks and relationships', 'Physical health' and 'Managing tenancy and Accommodation'. NDT assessment scores also showed broadly positive change or stable scores. For both assessment tools, scores around 15-18 months mostly stabilize or show some negative changes which should be monitored closely. Speculatively, this may be due to different client profiles

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<sup>1</sup> Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation.

across phases, more skewed data for slightly smaller client numbers, changes in support provision, and/or the impact of the pandemic.

**Fidelity to Housing First Principles:** When considering the service's fidelity to the seven Housing First principles, four areas appear to be reasonably aligned but there are three areas of concern (though the evaluation's limitations understanding the client's experience restrict the assessment):

- (1) 'People have a right to a home' –eligibility criteria and referrals processes mean that some people are declined from housing first and remain without any feasible housing options.
- (2) 'Flexible support is provided for as long as it is needed' – the current service has been established with three phases of fixed short term funding and concerns were raised about the transitions to other support provision and the capacity of support during the pandemic.
- (6) 'An active engagement approach is used' – the service has set some limitations around the length of time spent engaging clients, mainly due to the fixed term funding restrictions.

### 1.3 Recommendations

1. A Bristol Housing First service should be funded long term at an appropriate level to meet the needs of people with multiple complex needs who experience entrenched homelessness and have no suitable options for housing.
2. Review processes and communications approaches with housing providers to ensure they are fit for purpose during tenancies and maximise suitable housing opportunities pre-tenancy.
3. Ensure funding and caseload planning take a realistic account of resources necessary for pre-tenancy engagement periods.
4. Ensure funding and caseload planning take a realistic account of resources necessary for flexible support during the tenancy for as long as the client needs.
5. Better understand those individuals who were declined and/or accepted but disengaged and develop proposals for future potential options to support these individuals.
6. Consider the client experience carefully for those clients who reach 15+ months after the tenancy start, to understand the causes of the stabilising and/or negative changes observed at this time.
7. Consolidate learning from the service around cuckooing and draw on best practice elsewhere to ensure the most effective precautionary and reactive approaches are taken to protect clients.
8. Establish the collaborative approaches to handling risk that have been developed by the service as consistent practice within Housing First and share learning in this area with others.

9. Consider how learning from the Creative Solutions Board<sup>2</sup> may be relevant to Housing First in finding solutions to house people who are declined by Housing First but have no other housing options.
10. Put structures in place to support Housing First staff to feed into and/or develop ideas for systems change and share their learning.
11. Consider discussions which can understand what stakeholder organisations in Bristol who are involved with other housing first projects nationally, have learnt from their own experience which can feed into the Bristol project.
12. Consider the learning gained across Housing First and the Service Coordinator Team in relation to the wider long term support picture for multiple complex needs to contribute to other strategic forums and further build the strategic vision of multiple complex needs support in Bristol.
13. Consider ways to include the client voice in a future Housing First service. Client experience areas should be a priority for future evaluation investigation. New service processes should be considered to monitor and evaluate client outcomes, incidents in-tenancy, and to gain feedback over time from clients.

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<sup>2</sup> The Creative Solutions Board (CSB) is a multi-agency professional forum established by Golden Key with members who have the authority to drive change in the services they represent. Members review client cases where existing progress has been unsuccessful, to improve outcomes for those clients presented and the wider Bristol complex needs community.

## 2 Background: Introduction to Housing First in Bristol

### 2.1 What is Housing First?

To introduce Housing First and the core principles, we refer to the following extract from a 2017 Homeless Link publication<sup>3</sup>:

Housing First is an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. It has been widely adopted across the US, is central to the national homelessness strategies in Canada, Denmark, Finland and France, and is growing in popularity in countries including Italy, Sweden, Spain and, increasingly, the UK. Successful Housing First pilots are operating in Newcastle, London, the Midlands, Greater Manchester, on the South Coast and in Wales and Scotland.

The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right by Housing First services. There are no conditions around 'housing readiness' before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed. Housing First is a different model because it provides housing 'first', as a matter of right, rather than 'last' or as a reward.

In England, the Housing First model has been used since 2010. It follows the Principles for England and is highly effective at supporting people with high and complex needs.

#### **Housing First 7 principles:**

1. People have a right to a home
2. Flexible support is provided for as long as it is needed
3. Housing and support are separated (*not conditional*)
4. Individuals have choice and control
5. The service is based on people's strengths, goals and aspirations
6. An active engagement approach is used
7. A harm reduction approach is used

Further, Homeless Link describe some 'non-negotiables' which must be core to Housing First delivery to be true to the model (*italics are summarised from Housing Link's additional detail*).

#### **Housing First non- negotiables<sup>4</sup>:**

- People experiencing multiple disadvantage (*other previous housing /support has been ineffective*)
- Permanent offer of support (*no limit on amount/duration of support, follows the person not the tenancy*)
- Non-conditional access to housing (*i.e. not required to be drug free or engage with services to be 'housing ready'*)
- Stability of tenure
- Small caseload size (*does not exceed 7, no expectation of turnover*)

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<sup>3</sup> Reference Housing England Homeless Link 7 principles:

<https://hfe.homeless.org.uk/sites/default/files/attachments/The%20Principles%20for%20Housing%20First.pdf>

<sup>4</sup> Reference Housing England Homeless Link non negotiables:

<https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20non-negotiables.pdf>

## 2.2 Housing First pilot aims

The Bristol Housing First project was established as feasibility pilot to learn whether and how the Housing First model could be delivered effectively in the local Bristol context. The project aimed to deliver an intervention with high fidelity to the Housing First model (i.e. true to established principles of Housing First) which has been well evidenced internationally and nationally.

## 2.3 The Golden Key Housing First pilot project in Bristol

Bristol is a growing city where high homelessness and a shortage of affordable housing have been high on the local political agenda for some time but remain significant challenges. The Bristol Golden Key programme is one of 12 Fulfilling Lives initiatives across the UK funded by the Big Lottery Fund to help improve services for people with multiple and complex needs, including: homelessness, criminal offending, long-term mental health problems and substance misuse.

Funded by Bristol City Council, Golden Key initiated a Housing First pilot in February 2018 (phase 1), working in partnership with Bristol City Council and LiveWest for housing provision. In phase 1 Bristol City Council provided funding to support Housing First for 10 clients. Two further phases have been funded by Bristol City Council (phase 1B and phase 2) as shown in Figure 1 below. The first client was housed in April 2018 and as of December 2020, 28 clients have been housed of the 40 recruited.

Figure 1: Housing First funded phases

Phase	Target to be housed	Dates
PHASE 1	10	Feb 2018 – Feb 2019 (13 months)
PHASE 1B	10	Sept 2018 –Nov 2019 (15 months)
PHASE 2	14	April 2019 - March 2021 (12 months)

Since initiation, additional housing providers have joined the Bristol Housing First partnership. Figure 2 shows when each housing provider joined the partnership and the numbers each have housed (this data includes some clients who have been housed more than once).

Figure 2: Housing provider details

Housing provider	Date joined Housing First	No. of clients housed (October 2020)
LiveWest	Jan-18	10
Bristol City Council	Jan-18	8
Curo	Sep-18	4
Sovereign	Sep-18	1
Solon	Sep-18	1
United Communities	Sep-18	1
Abri (formerly Radian)	Oct-20	2

## 3 Background: Evaluation objectives and approach

### 3.1 Evaluation objectives and framework

The evaluation framework was developed collaboratively with the Housing First Team as the project was initiated between November 2017 – February 2018 (see appendix - section 16). The framework captures the activities, intermediate and final outcomes the project hopes to deliver. An indicator bank was produced from the framework which was used to agree data that the Housing First team would collect to enable the evaluation.

In summary, the evaluation objectives are to understand:

- Clients’ housing outcomes - tenancy placements, tenancy support needs, sustained client tenancies
- Clients’ other outcomes - stable or improved client outcomes in other areas
- Housing providers’ experience of Housing First tenancy placement and management
- Referral agencies’ experience of Housing First
- Feasibility of a ‘pure’ (high fidelity) Housing First model running in Bristol
- Stakeholder perceptions of and commitment to Housing First
- Costs per client of delivering Housing First provision

### 3.2 Evaluation approach: Stakeholder interviews

Semi-structured interviews were conducted by the UWE local evaluation team in two rounds between May 2018 and January 2021 as shown in Figure 3. Interview frameworks were developed and tailored for both each round and for different stakeholders.

Figure 3: Stakeholder interview details

Timing	No. completed	Stakeholders included
May-June 2018	7	2 Housing First Staff, 2 Housing providers, 2 Senior strategic, 1 Referral agency
Dec 2020 – Jan 2021	8	2 Housing First Staff, 3 Housing providers, 1 Senior strategic, 2 Referral agencies

Sampling aimed to ensure perspectives were gained from stakeholders in different roles and levels of involvement. Some stakeholders did not respond to interview requests or follow-ups, but the evaluation team have no insight into the reason (potentially due to workload during the pandemic or engagement with Housing First). Interviews were completed through a combination of telephone and video meetings as convenient for the interviewee. Qualitative analysis was completed using detailed notes from the recordings in round one while transcriptions were completed for analysis in round two.

### 3.3 Evaluation approach: Inform quantitative data analysis

The Golden Key Housing First project has gathered data for a number of indicators on the Housing First clients. This report includes basic quantitative analysis of the demographics, housing outcomes and other outcomes data collected by Housing First and reported up until the quarter ending 31/12/2020. Evaluation analysis is limited by the small sample size, particularly when trying to understand differences between sub-groups and the phases of Housing First and on into clients who have been housed for longer periods. Where percentages are used, the low numbers and related issues with rounding should be noted.

### 3.4 Evaluation approach: Inform qualitative client case journey mapping

The evaluation had originally planned to complete a participative exercise using visual journey mapping tools with clients to understand the client's experience of Housing First through their journey. This was particularly important to understanding how the support was experienced, especially related to understanding the project's fidelity to three of the seven Housing First principles: (2) *Flexible support is provided for as long as it is needed*, (4) *how the service is based on people's strengths, goals and aspirations*, and (5) *whether individuals feel they have choice and control*.

**What are these green boxes in the report?** Throughout the report, we have drawn on a client journey map to draw out relevant extracts from one client's journey to provide some context integrated with the report findings. 'Katie' is a pseudonym used to protect client anonymity.

Unfortunately, this activity was not possible due to the pandemic. As an initial step towards integrating the client experience into this evaluation, the text notes within the 'Inform' database, (Housing First's client management system) were used to conduct qualitative journey mapping of one client's case. We do not consider this exercise as including the client's 'voice' in the evaluation as the inform notes are made by the Housing First staff and as such represent the staff's perspective. However, the notes do provide very detailed accounts of the time spent with clients and all support activity related to that client which are useful to provide some detailed context for the evaluation.

Inform notes were exported for one client and reviewed in full. Examples were drawn out from the notes to provide supporting context for the evaluation team in understanding and presenting findings. A summarised version of the notes was produced for the report. The summarised journey map can be found in Section 14 of this report.

Future evaluation phases can potentially build on this method to complete additional journey maps and develop the participative journey mapping exercise with clients as originally planned. In collaboration with clients, the evaluation could create more detailed maps of the client's journey, drawing out the client's experiences on key stages of their Housing First support. Working with visual maps would provide an accessible way of engaging clients and could easily be combined with creative data collection methods. Mapping out experiences can enable clients to use non-verbal methods, such as drawing or writing, to communicate on difficult experiences.

## 3.5 Evaluation approach: limitations

### 3.5.1 Limited client voice representation

The evaluation was restricted in including the client's voice in the evaluation due to the pandemic. It is recommended that the planned journey mapping exercise with clients, or similar, should be considered in future evaluation work as a priority.

### 3.5.2 Data collection limitations

Some areas of data collection were compromised as follows:

- Outcome Star and NDT client outcomes assessment data was requested and agreed as being recorded monthly at the outset. This was only available for most, but not all, quarters instead of monthly. This limits the evaluation's ability to be able to:
  - track the complete cohort over time
  - account for the high variation in these scores over time (due to chaotic lives)
  - account for the greater variation within the quarter time period of completed assessments between clients (i.e. maximum 3 months variation vs. 4 weeks with monthly assessments)
- 'Spot polling' data was requested to be collected periodically to understand clients' satisfaction with their tenancies but this was not possible.
- Data was requested and agreed at outset but not available for incidents (*damage to property, anti-social behaviour orders, neighbour complaints, rent arrears, void tenancy occurrences, housing crisis/ out of hours incidents*) which has limited the evaluation's ability to assess the nature of clients' needs, their support requirements and the burden for housing providers of dealing with tenancy incidents over time.

## 4 Golden Key Housing First client profile

To understand Housing First clients' profile, how they differ between phases and how they compare with other known profiles of groups with multiple complex needs, we explore:

- the nature of Housing First clients' demographic profile in terms of: age, gender, ethnicity and disability.
- the number (as an indicator of complexity) of needs in four key need areas: homelessness, mental health, substance/alcohol misuse and offending.

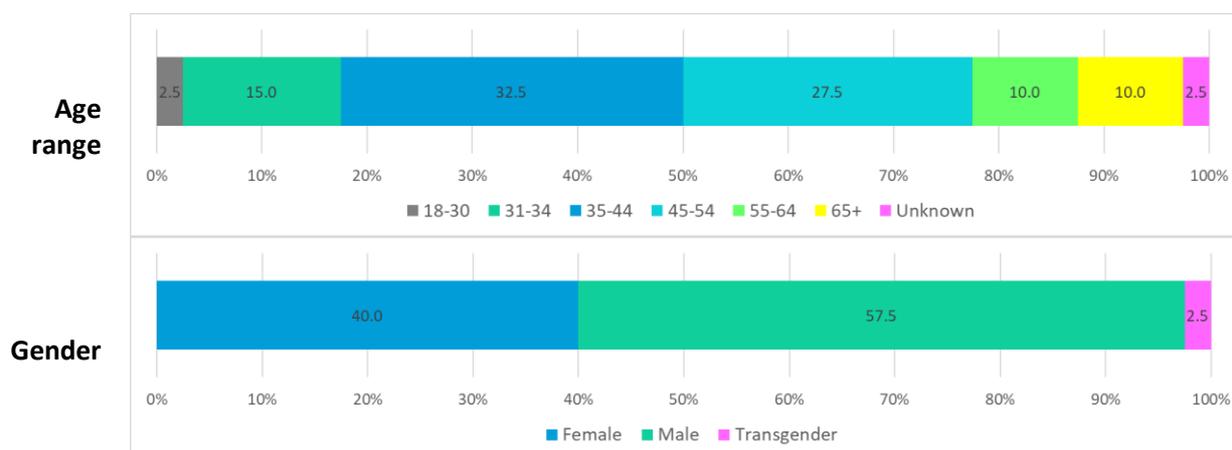
The following analysis is based on all 40 Housing First clients in total who have been recruited and engaged (including those who were not housed). Data on needs and demographic detail is recorded at the start of engagement. Comparisons are drawn from other sources where possible (e.g. the local evaluation analysis of the Golden Key cohort in 2017 and the CFE Research national evaluation).

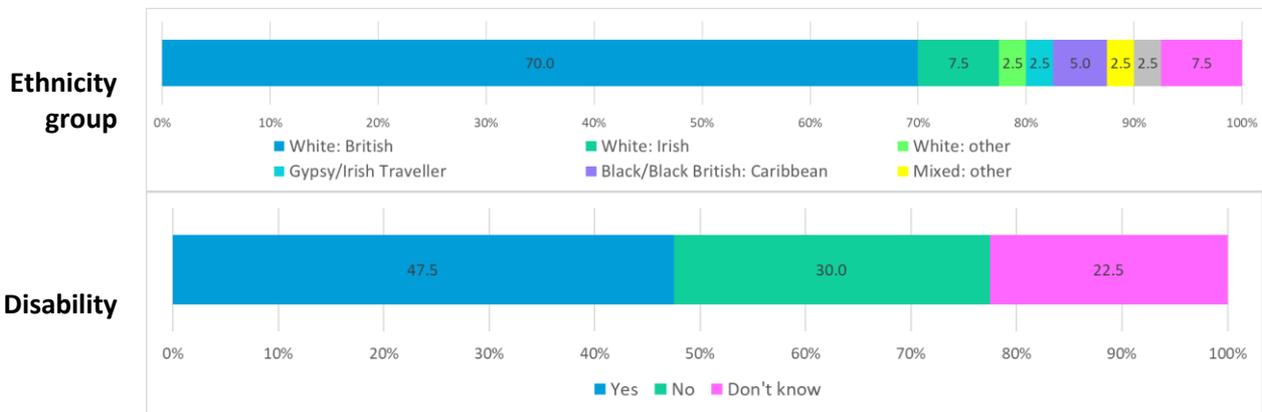
### 4.1 Engaged client demographic profile at start

Basic demographic information is summarised in Figure 4 to illustrate the age range, gender, ethnicity, and disability of clients recruited across all three phases. To summarise findings across the demographic areas:

- **Age:** The average age of clients was 45 and ranged from 30 at the youngest to 70 at the oldest. The majority were between the ages of 35-44 (n=13), followed by 45-54 (n=11). Only four were 65 or above. The average age of this Housing First cohort is seven years older than the average multiple complex needs client in the wider Fulfilling Lives programme<sup>1</sup> where most beneficiaries are aged between 30 and 50 years old and the average age is 38.
- **Gender:** 23 male clients were recruited across all phases, with female clients accounting for 40% (n=16). This broadly matches the gender proportion of the Golden Key cohort in 2017 (at 43%).
- **Ethnicity:** The majority of clients identified as White: British (28). Three clients identified as White: Irish, two identified as Black/Black British: Caribbean, and there was one client for each of the other ethnicities.
- **Disability:** Just under half (n=19) had a disability, 30% (n=12) had no disability, and the remaining nine were unknown.

Figure 4: Summary demographics for all engaged clients for all 3 phases (n=40)





## 4.2 Demographic differences between phases

The average age of clients recruited in phase 1 was between six and seven years higher than those in phase 1B and 2. The majority of clients recruited for each of the three phases were White British and 82.5% were white. The phase 1 intake was reported to have a higher proportion of clients with disabilities at 63% compared with between 30% and 47% in the other two phases. Full breakdowns of the demographic profile for each phase can be found in the appendices (section 16.2).

## 4.3 Engaged client needs profile at start

Figure 5 shows the number of identified needs at the start across all three phases for all recruited clients, compared with the Fulfilling Lives average data. The vast majority of Housing First clients would be considered having multiple complex needs with 85% having 3 or 4 needs. Phase 1B had clients with the highest number of needs, with 100% having 3 or 4 needs. When compared with Golden Key's multiple complex needs client base in 2017, broadly the two populations are similar with Housing First clients having higher needs.

Figure 5: Housing First clients: comparison of needs amount profile <sup>5</sup>

<sup>5</sup> Golden key comparative data taken from 'Building connections: Golden key local evaluation phase 2 report', 2017. Available from <https://uwe-repository.worktribe.com/output/888673> (accessed January 2021). Fulfilling lives comparative data taken from 'Understanding multiple needs - Briefing Two', CFE Research, 2019 referenced in footnote **Error! Bookmark not defined..**

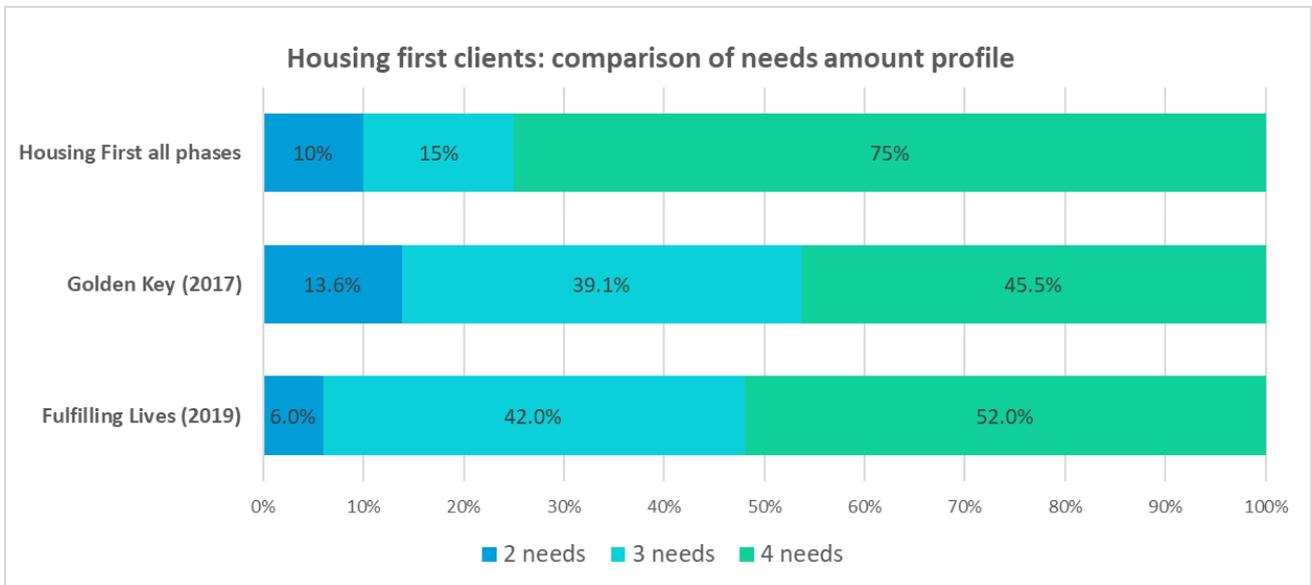
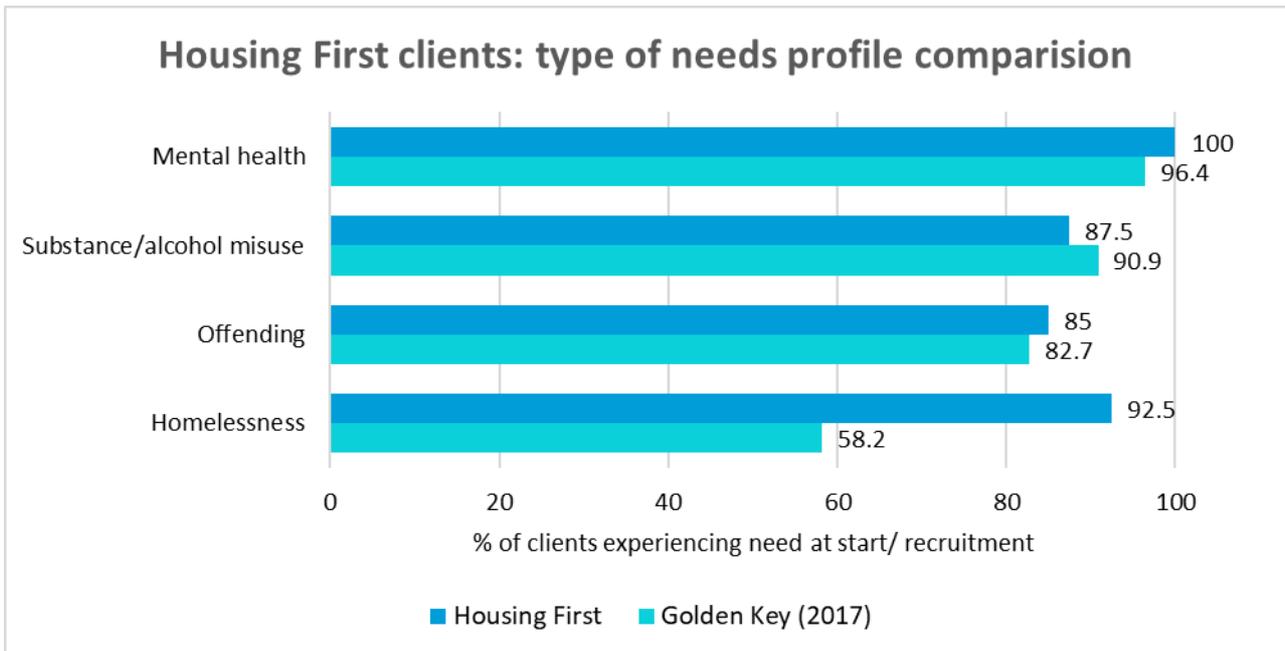


Figure 6 shows the proportion of Housing First clients who were reported to have each of the need areas (for all 3 phases), shown with Golden Key’s multiple complex needs client base in 2017 for comparison. Unsurprisingly the Housing First cohort nearly all experience homelessness, where 58% of Golden Key 2017 clients were recorded as homeless. The vast majority of Housing First clients in all phases had a history of offending and/or misusing substances and all were reported to have mental health needs.

Figure 6: Housing First clients: comparison of needs type profile



Full breakdowns of the demographic profile for each phase can be found in the appendices (section 16.2).

## 5 Findings: Housing outcomes

This section explores the client data on engagement with Housing First and housing related outcomes Golden Key have collected and reported. The data relates to only those clients who were engaged by Housing First and does not include any individuals who were referred but not accepted by Housing First. The data here **does** include clients who were accepted by the service but subsequently withdrawn, disengaged or cases closed without being housed.

### 5.1 Client recruitment

Clients were recruited for Housing First in 3 phases, corresponding with funding commitments and associated expectations as shown in Figure 7.

Figure 7: Target recruitment and housing outcomes for each phase (at 31/12/2020)

	Housing/client expectations	Recruited	Engaged Tenancy started	Disengaged No tenancy started	Engaged No tenancy started
<b>PHASE 1</b>	10	11	8 <i>(incl. one couple)</i>	2	1
<b>PHASE 1B</b>	10	10	8	1	1
<b>PHASE 2</b>	14	19 <i>(excl. 2 re-recruited from P1)</i>	12	4	3
<b>TOTAL</b>	<b>34</b>	<b>40</b>	<b>28</b>	<b>7</b>	<b>5</b>

### 5.2 Housing clients and sustaining tenancies

28 (70%) of the 40 accepted clients across all three phases have been housed. 26 (92%) of those clients housed, remain housed which is extremely positive given this is the primary objective for Housing First. It is worth highlighting here, the significant achievement in supporting these clients to sustain tenancies who are particularly complex and for whom previous interventions have failed. 17 clients have sustained a tenancy through Housing First for at least 12 months as at 31/12/2020 and 16 of these clients remain housed. Some clients have moved between tenancies whilst being supported by Housing First. Two individuals were housed together as a couple in phase 1.

Two clients of the 28 housed have ended their tenancy and are not housed by Housing First. One client in phase 1 was evicted after five months in a tenancy and has not been rehoused but is being supported by the Service Coordinator Team (SCT, who deliver Golden Key's client support to people with multiple complex needs). A second client in phase 1B requested and ended the tenancy after being housed for 12 months.

12 clients have not been housed, with seven disengaged from Housing First. Reasons for the seven disengaged and closed client cases included: prison, unwilling to engage, unsuitable due to high support/adult care needs, death, and a couple who separated. Of the five clients who remain engaged

with support but have not been housed: two are from phase 2 and supported by Housing First, three are being supported by SCT (one from each phase).

Figure 8 shows the proportion of clients who started tenancies for each phase (the two unhoused clients who ended their tenancies are included in the 'housed' group in phase 1 and 1B) and whether remaining clients are still engaged. The proportions are roughly similar, though numbers are small, the housing outcomes look slightly less positive for phase 2 clients (though this phase started most recently so some clients would still be awaiting suitable housing offers). This is likely to be due to the pandemic but the data should be monitored closely as the situation changes.

Figure 8: Tenancies started for all recruited clients by phase

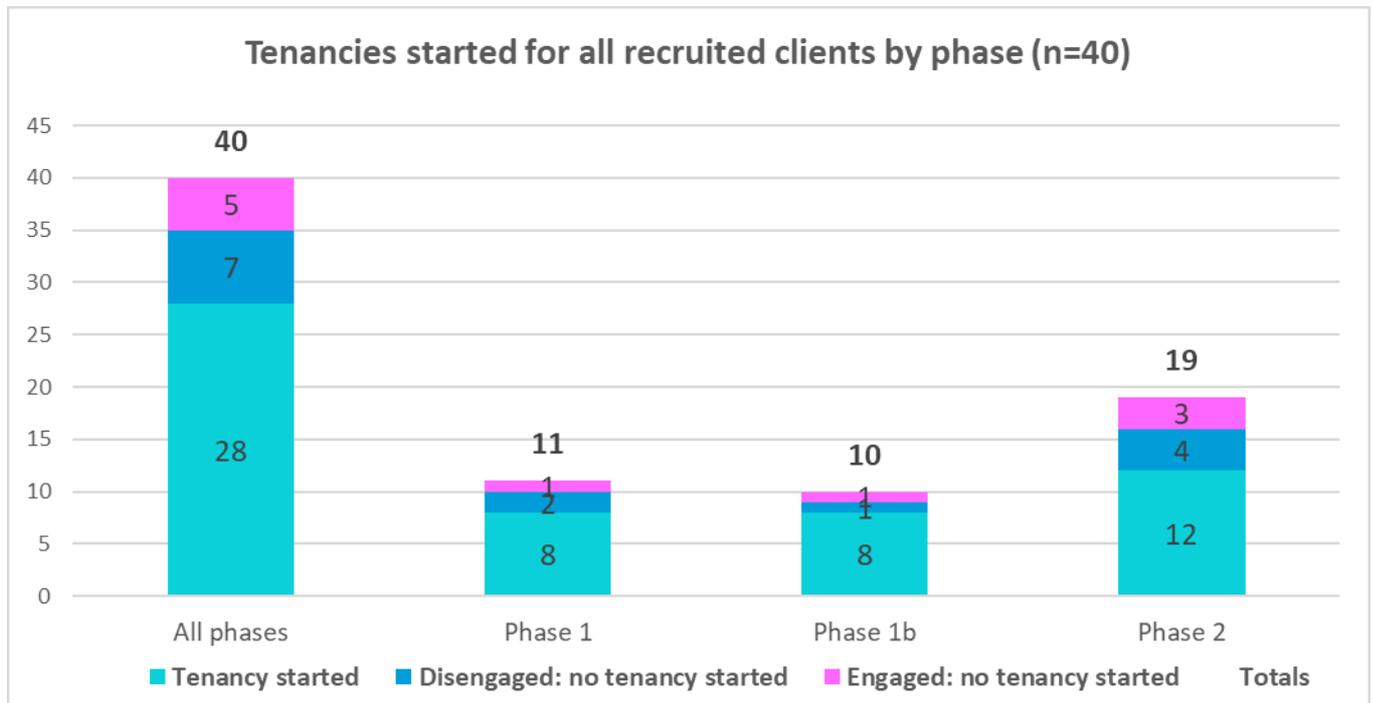
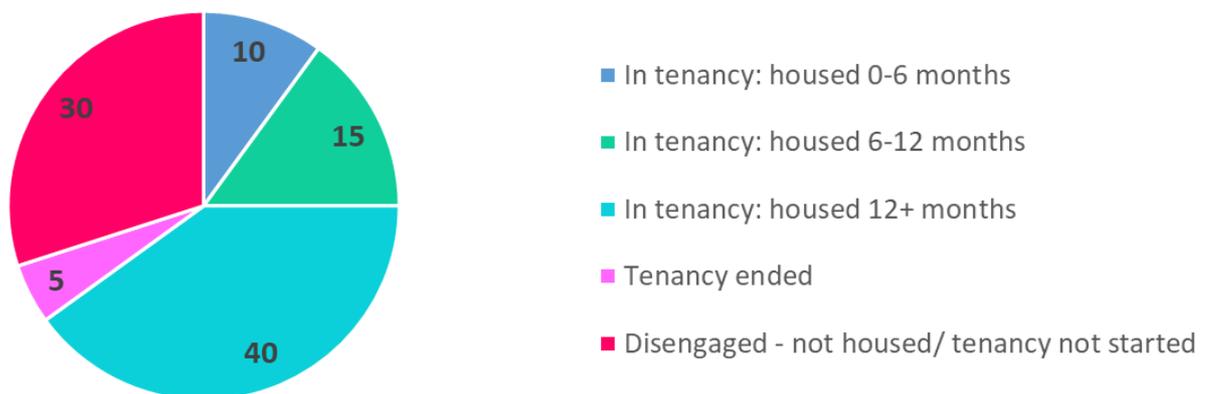


Figure 9 shows tenancy outcomes for all Housing First clients who were recruited. Across all three phases, 65% of all recruited clients were housed and remain housed.

Figure 9: Housing outcomes: current tenancy status for all recruited clients

**Housing outcomes: current tenancy status for all recruited clients (n=40)**



## 6 Findings: Eligibility and referral

### 6.1 Understanding development and application of eligibility criteria

Eligibility is an important element of Housing First, especially where there are more potential referrals than the service can deal with, as certain eligibility criteria can lead to “*cherry picking those with lower needs and excluding those for whom Housing First is designed*”<sup>6</sup>. The full latest eligibility criteria are included in the appendices, section 16.3. Assessment tools such as NDT are not used in the referral process.

The eligibility criteria for the service have developed formally and informally during the three phases. Formally, as agreed with the commissioners, the criteria were extended in phase 1B onwards from long term street homeless to accept people who were stuck in certain homelessness housing pathways without alternative options (as shown in Figure 10).

Figure 10: Eligibility and referrals information by phase

PHASE	ELIGIBILITY CRITERIA	REFERRING AGENCIES
PHASE 1	<p><b>All of the following:</b></p> <p><b>Homeless:</b> Long term street homeless</p> <p><b>Stuck:</b> Barriers to engaging with services, long term history of cycles of ‘revolving door’ past engagement without positive change. No feasible alternative housing options.</p> <p><b>Multiple complex needs:</b> significant/extreme needs in at least 3 areas of: substance misuse, homelessness (recognising different gendered experiences), mental health and offending.</p> <p><b>Safe in housing:</b> Able to be physically and emotionally safe(r) to look after themselves in independent housing</p> <p><b>Safe for GK lone working</b></p> <p><b>Over 18 with recourse to public funds</b></p> <p><b>Willingness to engage:</b> agree to regular contact with Housing First Support Worker</p>	<ul style="list-style-type: none"> <li>✓ One25</li> <li>✓ St Mungo’s Outreach</li> <li>✓ Golden Key SCT</li> </ul>
PHASE 1B	As phase 1, plus extended to people who are homeless in level 1 supported accommodation within the homeless housing pathway.	<ul style="list-style-type: none"> <li>✓ One25</li> <li>✓ St Mungo’s Outreach</li> <li>✓ Mixed Homeless Pathway</li> <li>✓ Golden Key SCT</li> </ul>
PHASE 2		<ul style="list-style-type: none"> <li>✓ One25</li> <li>✓ St Mungo’s Outreach</li> <li>✓ Male &amp; Female Homeless Pathways</li> <li>✓ Street Impact Bristol</li> <li>✓ Golden Key SCT</li> </ul>

<sup>6</sup> Reference to Housing Link briefing

[https://hfe.homeless.org.uk/sites/default/files/attachments/Eligibility%20and%20referrals%20briefing\\_2.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Eligibility%20and%20referrals%20briefing_2.pdf)

Informally, processes have developed over time which affects how the criteria are applied in practice. In phase 1 for example, two Golden Key clients were recruited who were not long term street homeless but met the remaining criteria (as the criteria was extended to other agencies in phase 1B and 2). The referral process now always includes a screening conversation with the referring agency to discuss the clients. The Housing First team have found these conversations are useful to qualify the individual meets the criteria and is 'ready' to engage with Housing First.

The evaluation has not established whether anyone has been declined as they could not be lone worked but to remove potential barriers, this could be reviewed. Potentially the requirement for staff to be able to lone work the individual may be reviewed in time when resources allow.

## 6.2 Eligibility and pre-tenancy engagement

Not all Housing First projects support a pre-tenancy engagement period. Some include 'willingness to engage [with Housing First]' and/or 'willingness to be housed' as eligibility criteria. Whilst the Homeless Link guidance is clear that clients must not be required to engage with any other services, and the ongoing tenancy should not be dependent on the Housing First support. However, willingness to engage at referral/acceptance does seem somewhat of a grey area.

In phase 1, the service accepted some clients who staff felt took a long time and substantial resources to engage. Staff are conscious they need to ensure that when clients are accepted, there must be sufficient funded support time to engage, house and support the client into their tenancy. As they gained experience of the longer timescales to engage some clients added to the time taken to find suitable housing, some referrals were declined where the client was unwilling to engage, or it was expected engagement would take a long time.

Interviewees referred to specific examples where Housing First declined the referral, some of these contributed to further developing the criteria. Referring agencies we spoke to indicated they did not disagree with the decision after the discussion. Specific case examples interviewees provided where people were not accepted to Housing First (described as 'not housing ready') included:

- Had health conditions which meant they would be more at risk in a private unmonitored environment off the street (this person is now being supported by adult social care)
- Had a history of violence and would not be safe for lone working
- At the time of referral, did not want/was unable to have conversations about moving from the hostel where they were housed

The eligibility criteria Homeless Link recommends that *"Those developing and delivering services should recognise the importance of a 'pre-tenancy' period – the time between the point of referral and securing appropriate housing – and should build this into mobilisation planning to manage stakeholder expectations"*<sup>6</sup>. Homeless Link also suggest that if projects are supporting a pre-tenancy period, then success measures should include the number engaged rather than only the number housed.

### 6.3 Homeless Link eligibility guidance

Homeless Link have produced a briefing with some guidance for eligibility and referrals. Key relevant extracts from the Homeless Link briefing<sup>7</sup> in ‘identifying the cohort’ include:

- “...people who have experienced repeat housing instability”
- “...typically be described as individuals experiencing multiple disadvantage”
- “...people who have been street homeless for sustained periods or those who have had repeated ineffective accommodation stays resulting in intermittent periods of rough sleeping”
- “Ultimately, Housing First provides open-ended intensive support and is therefore most cost-effective when offered to those experiencing multiple disadvantage and experiencing, or at risk of, repeat homelessness.”

The GK Housing First service eligibility criteria for referrals is broadly aligned with the Homeless Link guidance on identifying referrals. Homeless Link suggests many Housing First services take the approach GK has developed where decisions reached through a combination of assessment information and discussions with the referring agency.

The briefing also describes (without a prescription to others) that many Housing First services use a multi-agency group decision making approach and extend referrals to a wider range of additional services<sup>8</sup>. This option is worth considering in future to support multi-agency working, a whole system approach, and reaching those people in Bristol for whom Housing First is most suitable. If a multi-agency review panel is considered at any point, there may be some relevant learning from the Creative Solutions Board.

### 6.4 Referral agencies’ experience of Housing First

The two referral services who spoke with the evaluation (with 7 referred clients combined at October 2020) were highly supportive of the Housing First model, particularly the long term support provision. Both interviewees felt they had an open, honest and positive relationship with the Housing First staff which supported the referral process. As an example of how they saw the model working successfully, one interviewee talked about a client they had referred who had been street homeless for 10 years and is now in stable housing with benefits and engaging with other support services.

Both the referring services and GK staff we spoke to felt that Housing First was the right approach and the project was working with the right people. Both referring services felt Housing First should be continued and one thought it should be expanded to support more street homeless people. One referral agency expressed concern about withdrawing support for clients if the funding was not continued, particularly those who were not engaged with any other support services. There was concern that a gap remained where some people who might take a long time to engage or were declined for other reasons could still be stuck, with no suitable options for housing.

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<sup>7</sup> REFERENCE TO [https://hfe.homeless.org.uk/sites/default/files/attachments/Eligibility%20and%20referrals%20briefing\\_2.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Eligibility%20and%20referrals%20briefing_2.pdf)  
<sup>8</sup> Briefing (p3) “Agencies involved include but are not limited to: Police and probation (both Community Rehabilitation Companies and National Probation Service), Local authority housing and homelessness teams, Community Mental Health (CMHT) and other specialist psychology and psychiatry services, Adult Social Care, Drug and Alcohol services, Teams working with frequent A&E users, Outreach teams, Other Third Sector organisations.”

## 7 Findings: Client support

The evaluation is limited in the extent to which the client engagement, relationship and support can be understood due to the evaluation team's restricted access to face to face client work during the pandemic. The nature and approach to client support was explored with all interviewees and we also draw on an analysis of one client case through the journey mapping. Further work directly engaging clients is recommended as a priority for future evaluation focus, to understand the client experience. Monthly data for engagement hours would produce more accurate estimates for planning if this is available in future.

### 7.1 The Support Worker role

A core part of the Housing First model is that support "provides intensive, person-centred, holistic support that is open-ended"<sup>9</sup>. The Support Worker role is the main point of client contact with Housing First and it is the Support Worker who is responsible for developing the relationship with the client, through which they provide ongoing support. The Support Worker's priority is to support the client to sustain the tenancy, the client is not required to engage with any other services. The Support Worker can be the only person or service working with the client though other services may also be providing support.

### 7.2 Pattern of support needs over time

To understand the pattern of support needs of Housing First clients we have analysed the recorded time staff spend supporting clients. The service tracks time spent directly (i.e. face to face) with clients and in other indirect support activities, for both Housing First staff and Service Coordinator staff. Indirect support covers all time spent on activities relating to each client's support when the client is not present. This data is drawn from the 16 clients who are engaged with the service and have sustained tenancies for over 12 months. It may be valuable to analyse data from other client groups in future (e.g. those clients who have not been housed).

Figure 11 shows how much average total time was spent supporting each client at each quarter and how this was divided between direct and indirect time. The first quarter support time is notably low when the client first joined Housing First which is likely to indicate that many client's data does not cover support for a full quarter.

Overall average support time per client is higher during the first 3-15 months at between 25-29 hours per quarter. Support hours then reduce in the subsequent nine months to between 20-21 hours per quarter. When clients have been with Housing First for around two years, support hours then drop to around half of the provision during the first year. Without the clients' input to the evaluation, it is unclear whether this decrease is driven by client support needs or handover to the Service Coordinator team.

*Figure 11: Average direct and indirect support hours per client per quarter (includes Housing First/SCT time for engaged clients housed for 12+ months)*

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<sup>9</sup> REFERENCE <https://hfe.homeless.org.uk/about-housing-first>

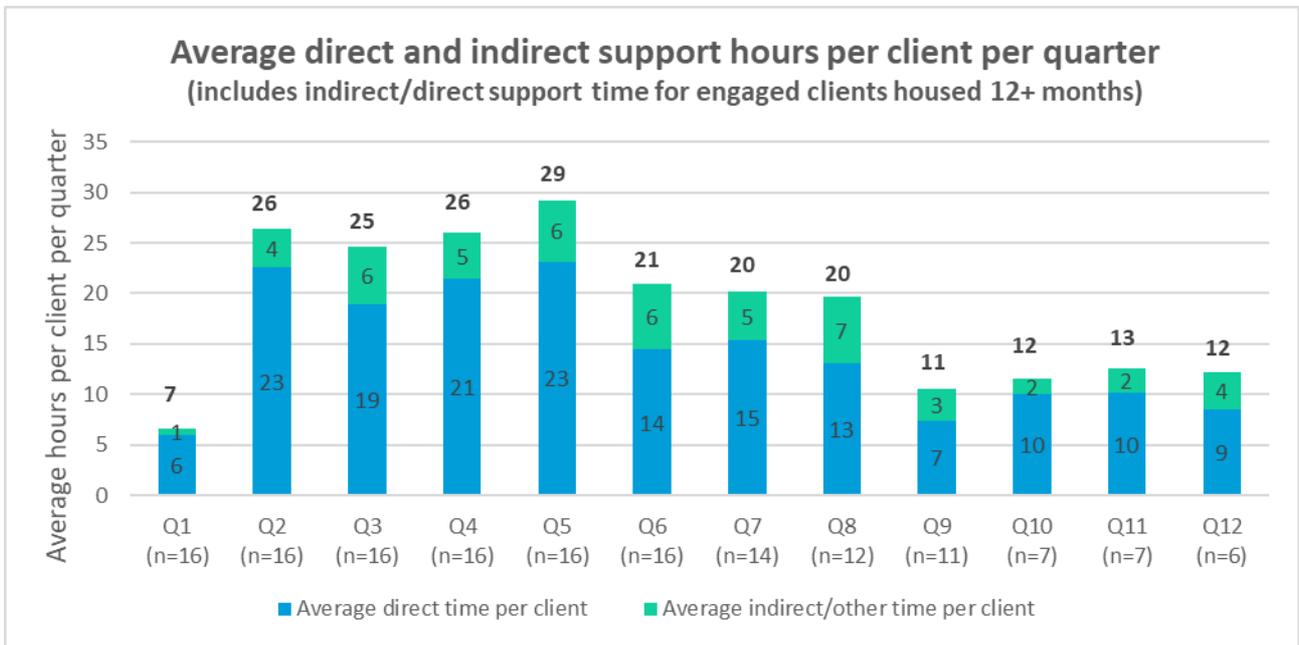


Figure 12 compares how average support times are shared between SCT and Housing First support provision. This shows how total SCT support increases over time as clients are handed over for support from the Housing First Support Worker.

Figure 12: Average Housing First and Service Coordinator Team time spent per client per quarter.

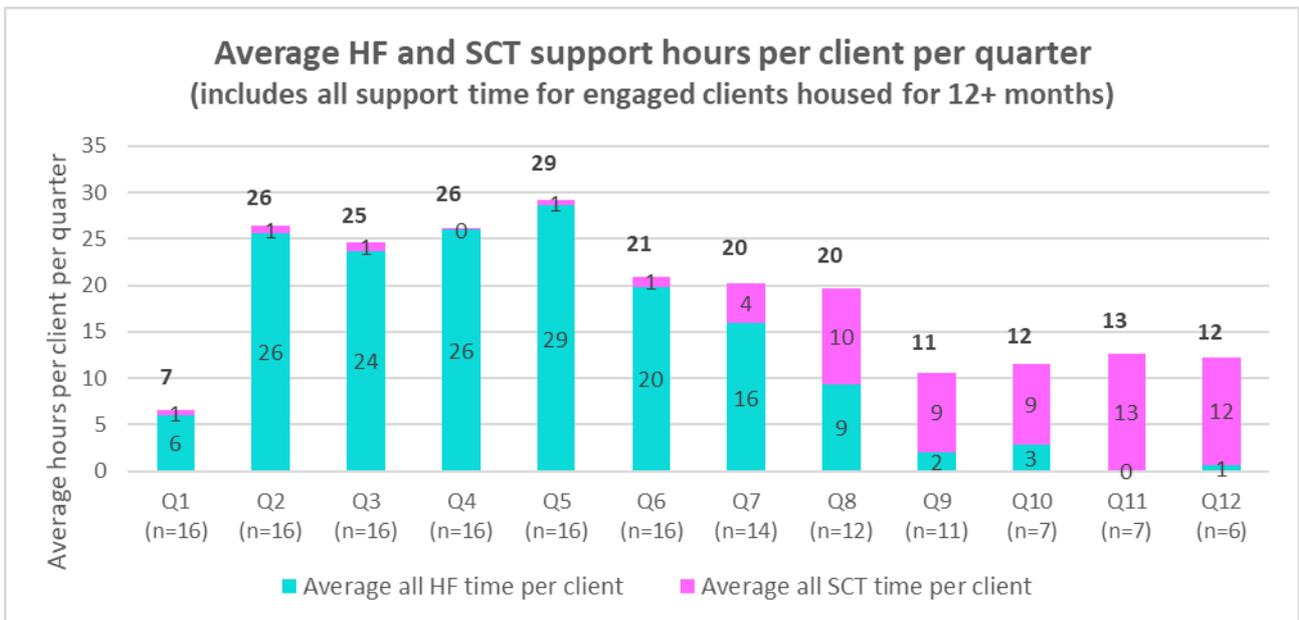
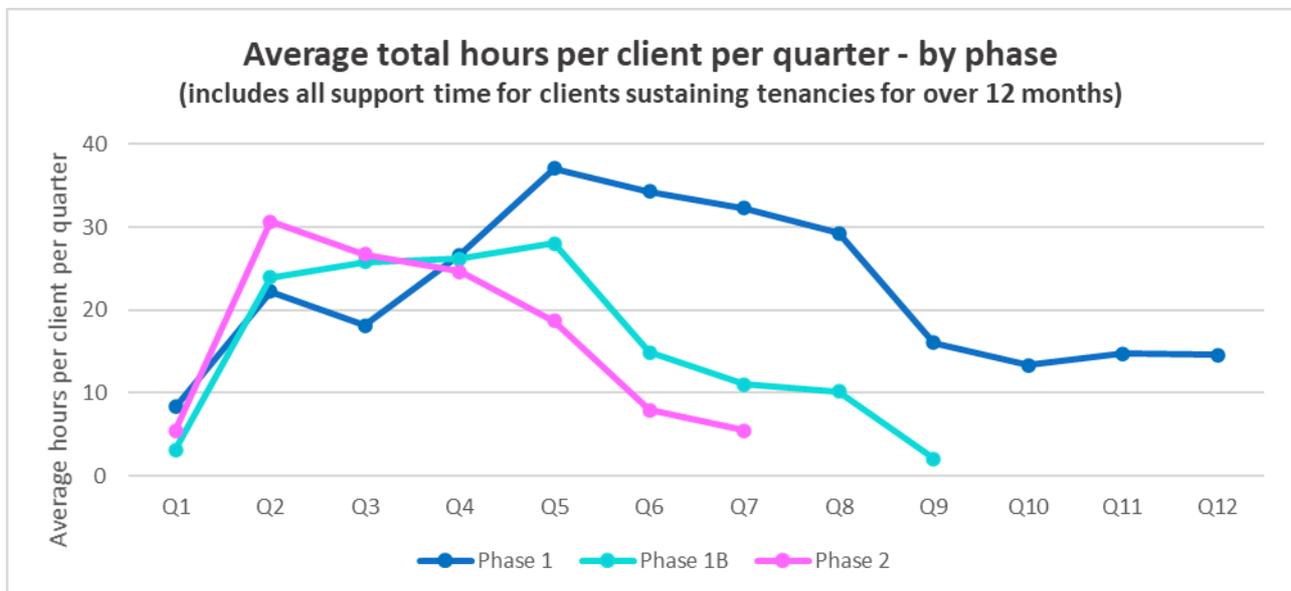


Figure 13 compares the total average support hours per client per quarter across the three phases. This suggests that phase 1 clients had a higher amount of support time than subsequent phase during months 12-24 of a client’s Housing First journeys.

Figure 13: Average total hours per client per quarter - by phase



### 7.3 Stakeholders' view of support provision

Evaluation interviews highlighted that the client support was both intended and perceived by the majority of interviewees to be focused on developing a trusting relationship with clients and taking a client centred approach. Two housing providers, with a combined 14 clients housed viewed the quality of Housing First support provision very positively, and this was also the view of the two referring agencies we spoke with. The examples shared by most interviewees during the interview demonstrated the great care taken to ensure that clients were empowered to make key decisions in finding and sustaining the tenancy whilst managing risks adequately. One Housing Provider however, said they felt a client they had housed had not had their voice heard and thought there had been disjointed communication between that client and Housing First.

Two of the housing providers we spoke to felt the Housing First Support provision was a critical element which enabled their involvement. One said they were more likely to house clients who they would normally not accept due to their confidence in the support provision. Housing providers expressed considerable concern for the short term funding approach and would like to see longer term contracts established. There was particular concern about whether Housing First clients would be able to maintain their tenancies without ongoing support.

The majority of interviewees felt that the Housing First support provision had been negatively affected by the pandemic. Housing providers expressed concern about their confidence that clients were having the same level of regular contact with the Support Workers as before the pandemic. The Support Worker we spoke to felt that the pandemic brought extra challenges to the support work and keeping everyone safe. For example, it was less easy to drop in on clients, additional time taken explaining and reminding of the current pandemic restrictions, masks and physical restrictions hamper relationships and face to face work.

### 7.4 Support Worker role staff support

The staff support structures put in place are similar to the Service Coordinator arrangements, with regular peer supervision and reflective practice sessions. Support Workers also have regular clinical supervision with a trained psychologist who brings over 6 years' experience supporting Service Coordinators with multiple complex needs clients. The Housing First staff we spoke to were strong advocates for the

importance of the clinical supervision to adequately support the Support Workers whose roles working with clients can be intensely emotionally demanding. Both Housing First staff interviewees also felt that sessions with the Clinical Psychologist had led to many significant breakthroughs in the client support work.

One of the Housing First Support Workers shared how working with the Clinical Psychologist to develop previous experience with established approaches to working with people who are on the autistic spectrum. This was found to be extremely helpful to build relationships and provide support with some Housing First clients, though none had a formal diagnosis. The relationship between autism and homelessness is a potential area for learning across services who work with multiple complex needs.

Housing First staff we interviewed felt the mix of skills and experience in the team was especially helpful to support workers, particularly where they are brought together in the weekly planning meetings.

## **7.5 Developing collaborative approaches to handling risk and challenging situations**

As the project has developed, a consensus is emerging for Housing First and housing providers of the ideal approach to handling risk effectively and collaboratively to best support clients in Bristol. While not yet established as consistent practice, the approach has been developed through their experience across the phases and involves:

- Bringing key stakeholders together formally to discuss the client needs and risks together before agreeing the tenancy to pre-emptively discuss the risks and how they could be managed. The Housing First team bring their knowledge of the client and multiple complex needs experience, whilst the housing provider brings their knowledge of the property and tenancy management experience.
- Everyone being open and transparent about the risks and bringing their expertise to understand the possibility and nature of issues/ incidents.
- Regular, open and consistent communication between Housing First staff and the housing provider throughout the tenancy (including when there are no specific issues or incidents)
- When incidents/issues are identified, the housing provider is advised promptly and depending on the situation are discussed to agree a plan of action together
- Regular meetings for all Housing First provider partners and Housing First staff to keep partners engaged, discuss client cases and share learning.

## 8 Findings: Pre-tenancy and finding a suitable home

An important area for the client support work has been to help the client to express their housing needs and handle related decisions. The Support Worker helps the client to understand the relative importance of their choices and what compromises would be acceptable balancing the clients' priorities against property availability. This also helps the Support Worker understand where risks are associated with particular needs and choices.

### 8.1 Understanding housing needs

After engagement, the Support Worker's pre-tenancy typical support activities include:

- Understanding client's housing needs, risks, and potential compromise areas
- Being point of contact between housing provider and client
- Supporting client's expectations and understanding of the process
- Completing a form to capture what the client wants
- Discussing any concerns or risks with the housing provider
- Talking through property offers with the client to understand if they are suitable
- Arranging and attending viewing(s)
- Support with practical preparatory tasks (e.g. Opening a bank account)

The process of finding suitable properties involves collaborative decision-making in complex challenging circumstances. The team must balance:

- Being client centred - empowering client's choice
- Accounting for the long term tenancy sustainability and the housing provider's responsibility
- The (often considerable) risks of clients remaining in their current housing situation
- The risks of moving a client into a property which is not fully suitable

Several interviewees from referral services and housing provider were impressed by the consideration and planning that was involved in understanding housing needs, property suitability and approach to managing risks. This area is one which would benefit from particular consideration from the evaluation in future stages as housing suitability is so important to underpin sustainable tenancies. This requires exploration with clients to understand whether and how their needs are being understood and strengths based support is provided.

#### ***Meeting the client for the first time...***

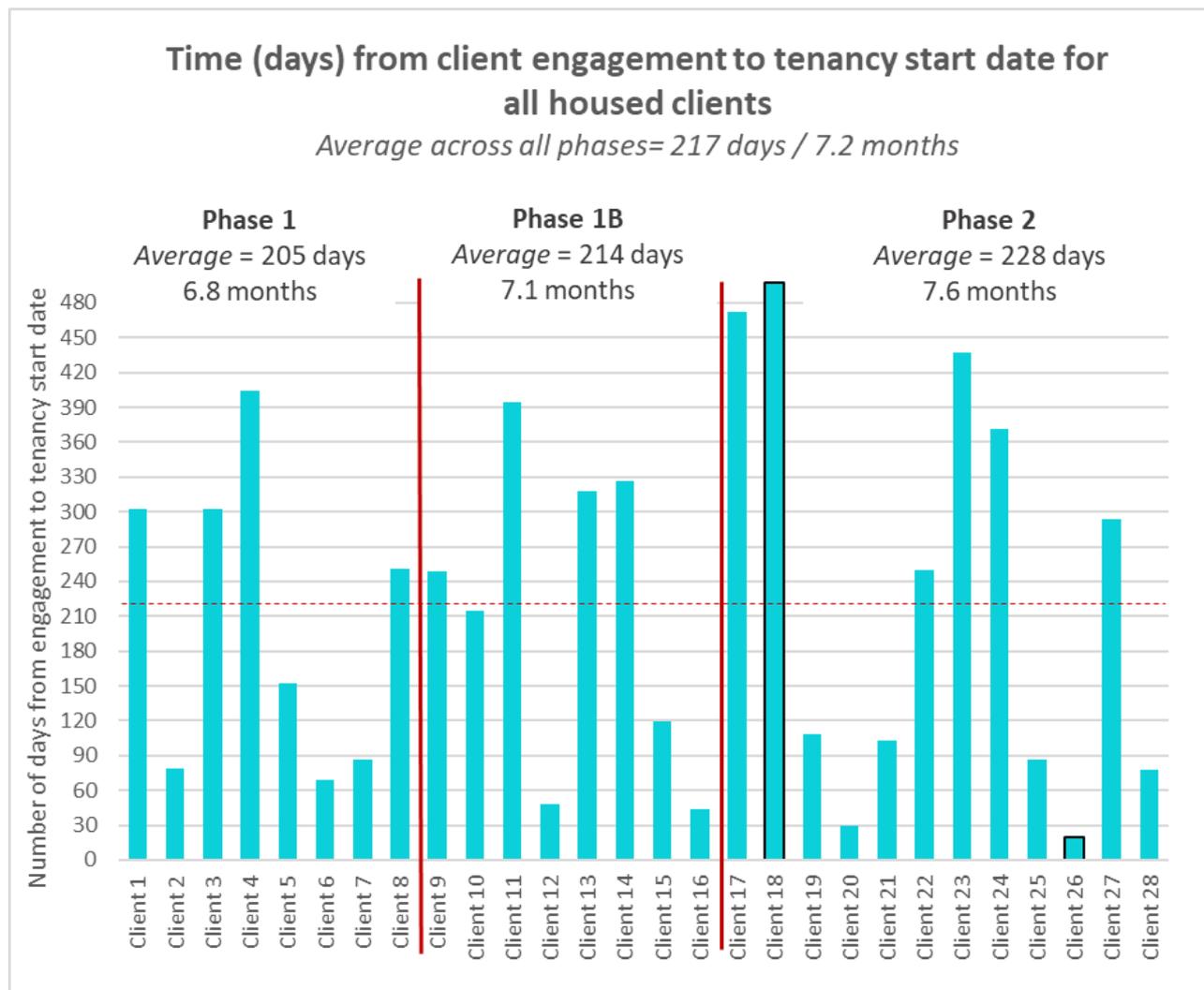
*The Support Worker arranged the first meeting with Katie [pseudonym] at the referral agency site, a familiar space where Katie regularly engaged with services. This was consciously considered so that Katie could have initial conversations about her housing needs in a space where she felt safe and*

### 8.2 Time from engagement to being housed

Client engagement has been more time consuming than staff anticipated. The Housing First staff thought that some clients, particularly in phase 1, took a significant amount of time to engage and build relationships to the point where housing needs (preferences and risks) could be understood.

The engagement data shows that the average time from engagement to being housed has increased slightly but not significantly. The variation between the time from engagement to tenancy start date is high between clients, with the shortest time taken at 20 days and the longest at 497 days, 16.5 months (both in phase 2 – indicated in the chart outlined in black). On average, the ‘pre-tenancy’ period across all phases took just over 7 months from the engagement start date (illustrated by the red dotted line in Figure 14) until the client was housed.

Figure 14: Time from client engagement to tenancy start date (for all clients housed)



The shortage of available and affordable one bedroom properties in Bristol was reported by all interviewees as presenting a considerable challenge to this Housing First pilot. The interviewees in referral services were particularly concerned about the impact this has on clients who can find managing longer term expectations difficult. An interviewee from a referral agency reported some clients have been frustrated with the wait and two people referred had been sent to prison during this time.

Direct comparisons are of limited value given the different contexts. A review of 9 Housing First services in England<sup>10</sup> found that five reported a **maximum** time of 24 weeks (just under 6 months), one at 25 weeks

<sup>10</sup> Reference as before: Housing First in England, An Evaluation of Nine Services, Joanne Bretherton and Nicholas Pleace, February 2015

and four reported between 6-12 weeks. These numbers relate to the maximum time not the average, which suggest that it is taking longer to house people in Bristol than Housing First services elsewhere.

The support provision during long pre-tenancy engagement periods may share similarities with the Service Coordinator Team support so it would be beneficial to think about this strategically in relation to the wider long term support picture for multiple complex needs in Bristol.

### 8.3 Working with housing providers to find suitable properties

Housing First has developed different processes with each housing provider to finding and matching properties. This has developed to maximise the likelihood of housing clients in suitable properties where each housing provider has different internal processes. The processes include different combinations of proactive and reactive communication, with both formal (e.g. weekly email update of client property search info) and informal (calls from Housing First) information sharing. This has become increasingly complicated for the Housing First team as more housing providers (who vary widely in size and organisational structure) have joined.

The three housing providers we interviewed were all committed to the importance of finding the right property for clients to support a long term tenancy. Several described their internal processes which involved a considerable amount of time and care to review available properties in relation to the client needs. One housing provider was keen to contribute their experience of Housing First outside Bristol to develop the approach. One interviewee reflected their view that the relationships with Housing First staff and two way communication were the foundation for finding a good property match and well-supported tenancies.

***Finding suitable homes that match client's needs...*** Within the first three months of Katie's tenancy, the housing provider received complaints from neighbours. The situation escalated rapidly. Katie moved with Housing First into alternative housing that was thought to be more suitable. Katie appeared to be much more stable living in her new home.

The interviews suggest that more can be done to optimise property matching and availability through improving processes and two way communication in this area. During the pandemic, housing providers we spoke to had found both the formal and informal information sharing had been less consistent. One housing provider felt this meant that Housing First clients' requirements were not always as well prioritised or understood. While two providers were happy overall with the level of disclosure and transparency, one said they would like more information to help them match properties to clients. One housing provider said they would like faster responses to communications concerning available properties and it was not always clear which Housing First staff were available on which days.

## 9 Findings: Moving and maintaining tenancy

Without speaking to clients, the evaluation is not able to fully establish how clients felt their needs were supported during preparation and move into their new home. It is also not possible to understand whether and how support was person centred or strengths based during the tenancy. This is recommended as a priority for future client experience evaluation focus.

Through the stakeholder interviews and client journey mapping, the evaluation was able to gain some understanding of stakeholder experiences during moving and on into sustaining the tenancy.

### 9.1 Preparation and moving

After a suitable property has been identified, the Support Worker's typical preparatory support activities include:

- Facilitating the client signing the housing agreement – including identifying their support needs
- Obtaining charity funding and financial assistance then sourcing household goods as necessary with the client
- Supporting benefits applications and any other necessary ID/ paperwork
- Supporting utilities set-up and council tax paperwork
- GP sign-up
- Emotional support throughout with regular phone/in-person 'check-ins' after move-in
- More practical support around the move and settling in period (e.g. familiarising with appliances)

**Supporting clients to prepare and move...** *The Support Worker helped Katie with a range of tasks such as applying for Employment and Support Allowance and contacting the housing provider when her boiler stopped working. Golden Key also arranged financial support to cover the costs of furnishing Katie's new home. The Support Worker completes some tasks on Katie's behalf.*

One housing provider and one referral service had positive feedback on how they felt the client had been supported through the move and preparation. There has been some learning from early issues with arranging benefit payments direct to the housing provider and also understanding each housing provider's processes and timing (e.g. legal document requirements).

### 9.2 Maintaining the tenancy

During the tenancy, Housing First staff described the Support Worker's support activities as varying depending on the client. This may include supporting the client in tenancy related admin (e.g. speaking to housing providers, paying bills, dealing with utilities, etc), but also extended to supporting other areas of clients' lives. Support has been provided for several clients to move between Housing First tenancies into more suitable housing.

The evaluation requested data was collected on incidents during tenancies (e.g. property damage, anti-social behaviour order, neighbour complaints, rent arrears, void tenancies, other crisis/out of hours incidents) but this was not yet available. The Housing First staff thought it was likely that their clients took more resources from housing provider staff in dealing with incidents than their other tenancies. The provider receives no additional funding or compensation for this resource so their commitment to the purpose and principles of Housing First is important to underpin the long term sustainability.

***Supporting clients to maintain stable housing during the tenancy...*** Following neighbour complaints, Katie was threatened with eviction. The Support Worker acted quickly to contact the housing provider and attempt to delay or defer the eviction process. The Support Worker advocated for Katie and highlighted the importance of maintaining consistency in Katie's housing to avoid temporary homelessness between tenancies. Katie was evicted but the housing provider pre-emptively offered her a more suitable home and there was no break in secure housing.

Cuckooing<sup>11</sup> was raised as a major substantial issue by interviewees as a significant risk for clients and unfortunately occurring for multiple Housing First clients. This is clearly a challenging area which could benefit from a focus to consolidate learning to ensure best practice precautionary or reactive actions are taken effectively and consistently.

Two interviewees felt there was an opportunity to better understand how Housing First can respond to the different needs of women and the role safe secure housing has in improving their outcomes.

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<sup>11</sup> Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation.

## 10 Findings: Becoming independent

The evaluation is limited in the extent to which it can assess how clients are moving towards becoming independent due to the evaluation team's restricted access to face to face client work during the pandemic. Further work directly engaging clients is recommended as a priority for future evaluation focus, to understand the client experience.

### 10.1 Long term tenancy suitability

Some examples were shared that suggests the team have learnt more about property suitability over time, including several cases where compromises were made which may have contributed to the tenancy not being sustainable. The evaluation is very mindful here that it is impossible to compare these outcomes with what would have happened had the client remained on the streets.

Examples were given that suggest the limited supply of suitable properties has influenced both clients' decisions in how they will compromise on their housing needs and how the Housing First team have approached the property search with providers.

#### ***Client choice and long term tenancy suitability...***

*Katie was initially concerned about the housing offer as she felt the familiar area/people might make it harder to change her behaviour. The neighbours at the property with families who complained were concerned about frequent male visitors and suspected substance use at the property which was very visible as they shared a building entrance.*

*Once Katie was moved to a second Housing First home with a private entrance, these behaviours still continued but no longer concerned neighbours or presented a threat to her tenancy.*

### 10.2 Long term support and building clients' independence

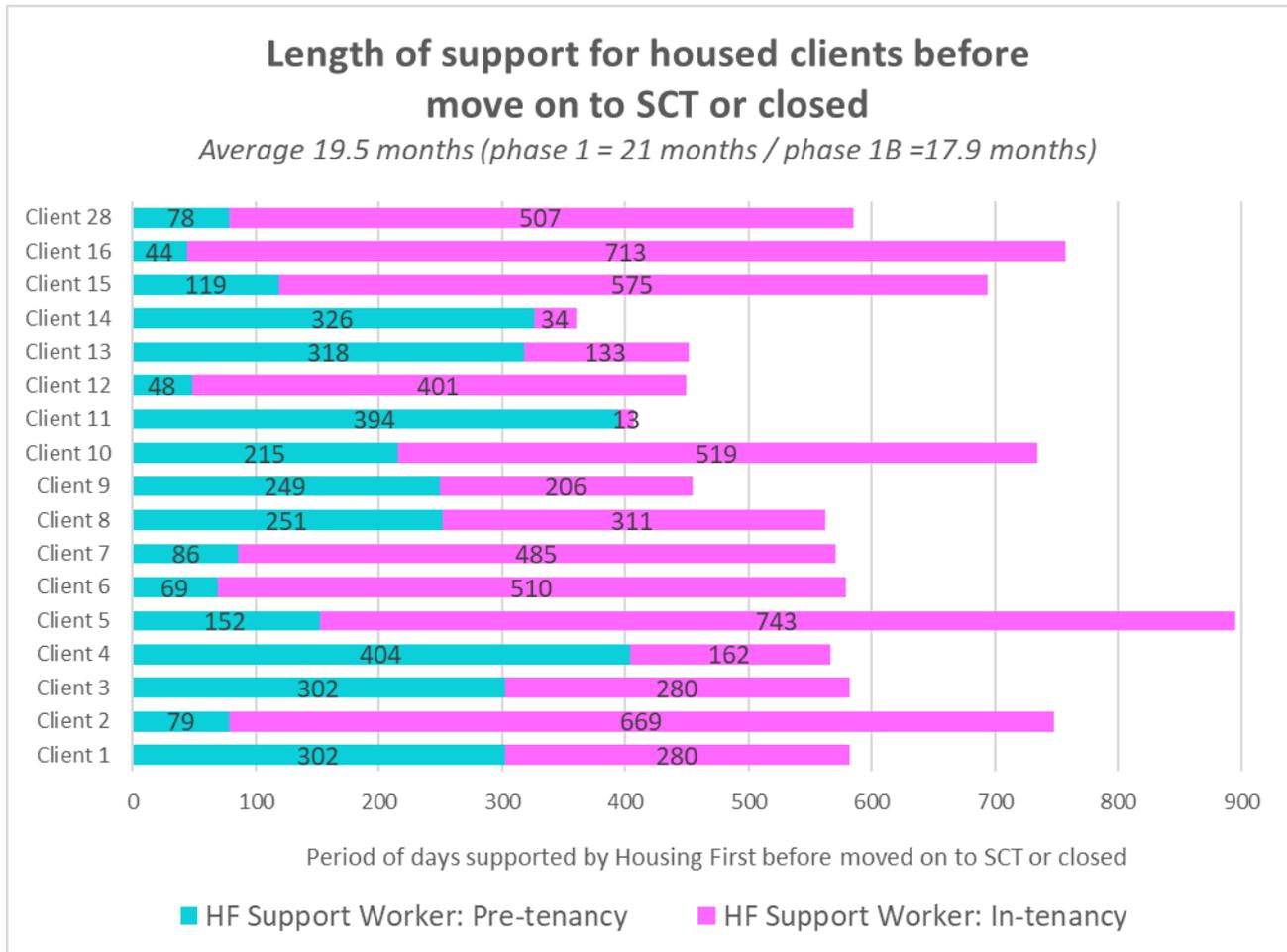
*After some time supported by the Housing First service directly, housed clients are moved on to support provision by the Golden Key Service Coordinator Team (SCT).*

Figure 15 shows how long housed clients were supported for by the Housing First Support Worker before they were moved on to SCT support or one client was 'closed' (with no active support) on the client management system. On average, clients were supported for 19.5 months (1 year, 7 months) before moved on to SCT support. Phase 1B clients were supported for an average of three months less than phase 1 clients. Only one phase 2 client has been moved on to SCT support.

#### ***Meeting clients' support needs over time...***

*After around 18 months, Katie was transferred back to Golden Key's Service Co-ordinator Team for support after only a limited settled period. The Support Worker carefully considered how to introduce the Service Coordinator and managing Katie's expectations to reduce the disruption she experienced. However, Katie did seem to find the transfer distressing, which came shortly after she reported struggling with her mental health and being threatened by Bristol City Council with debt collectors.*

Figure 15: Length of client support for housed clients before move on to SCT or closed



There were concerns expressed by round two interviewees about how the transition to SCT support is being handled and whether this aligns with the Housing First principles of flexible support for as long as the client needs. There are also obvious sustainability concerns around long term support provided by the Service Coordinator Team given Golden Key also has fixed term funding. A recommended area for future evaluation research to explore is the client experience during this transition.

# 11 Findings: Housing providers' perceptions and experience

## 11.1 Housing provider commitment to Housing First

The interviewees from three housing providers all expressed strong individual and organisational commitment to the Housing First model. All interviewees referred to the importance of their leadership teams' commitment. This strategic level commitment and the support provided by Housing First enabled housing provider staff to take risks, make exceptions and be more flexible with Housing First clients. This meant that providers could respond more creatively and collaboratively to incidents during the tenancy where they would normally have only limited options for action such as warnings, ASBOs, charges, eviction. Interviewees provided examples of where a housing provider had made exceptions to their rules for Housing First clients, for example: *holding a property longer for a client to give more decision-making time though this meant void targets were not met, rent team flexibility, installing key boxes.*

Housing providers are balancing their individual and organisational commitment to support Housing First with:

- Their priority to avoid 'void lets' (empty properties with no rental income) and associated costs which they must cover
- Other commitments to their own tenants who need re-housing
- Timing and volume of lettings offered to Bristol City Council HomeChoice (weekly Tuesday deadline)

There is some concern from Housing First staff that whilst they want to maximise the chances of findings suitable tenancies, some smaller providers may find it more difficult to absorb the additional costs and resources to manage Housing First tenancies over time.

## 11.2 Housing providers' experience

Two of the three housing providers (with 15 clients housed) we spoke with felt they had open positive relationships with the Housing First staff and valued the open and proactive communication approach when issues become known and as they are resolved. These two providers were broadly positive about their overall engagement with Housing First, the quality of support and approach to joint working, though they had some suggestions for improvement. Feedback from two housing providers indicated that they highly valued the additional support for tenants, particularly Housing First's flexible and adaptive responses. Both referenced the strong relationship they had developed with the Housing First Manager in phase 1 and 1B. The other housing provider however, had an experience with a client's tenancy where they felt communication and engagement was initially positive, but had become fragmented after a client's tenancy began and the provider was now unclear what support was being provided to the client and who was providing it.

Some specific examples were shared by all three housing providers which suggests there is room to further develop and coordinate the approach to working with housing providers to manage risks and incidents during tenancies:

- Housing provider processes meant they were unable to act quickly to manage risks adequately and avoid escalation
- Staff in a larger housing provider are not always clear on Housing First Support Worker's roles, when and who they can contact within Housing First for their tenants when problems arise.
- A housing provider felt a change in Support Worker staff left a new tenant with less holistic support
- Two housing providers felt some clients have had less regular engagement during the pandemic which meant that issues may have not been proactively spotted
- A housing provider no longer receives a traffic lighted status update for all their Housing First tenants which they had found useful to keep updated of any concerns and provide reassurance about how the tenancy is going.
- A housing provider was not made aware of changes where support provision moved to another service for their tenant.

Housing First hold quarterly meetings with their housing provider partners to discuss issues with staff in other housing providers and share learning. These multi-agency spaces were highlighted by two interviewees in housing providers as being very useful.

## 12 Findings: Outcome Star and NDT assessments

Previous research findings across the domains of mental health, substance misuse and offending, highlight the considerable time and effort required for people with multiple complex needs to build sustainable fulfilling lives. Furthermore, in addition to long timescales for change, we should expect that: *"the process involves setbacks, lapses, and trying again"*<sup>12</sup>.

The primary goal of Housing First is housing stability, i.e. that people are able to sustain suitable housing. There is some evidence that Housing First does lead to improved outcomes in multiple other need areas over the longer term. However, whilst increasing stability is possible at the 12 month point, substantial improvements in areas outside housing are not likely to be consistent or predictable<sup>13</sup>.

This section explores changes in the Homelessness Outcome Star and New Directions Team (NDT) assessments for all 16 clients who had been housed for at least 12 months at 31/12/2020 and remain housed. This is based on reported quarterly data collected by the Housing First service between April 2018 - December 2020 (Golden Key Fulfilling Lives reporting periods 14-25). Data tables are included in appendix section 16.4.

### How to interpret the Outcome Star and NDT charts in this section at a glance?

Positive progress is found where the darker green lines are move further outwards on the chart.

### 12.1 Homelessness Outcome Star - client outcomes assessment

**The Homelessness Outcome Star** is a tool for supporting and measuring change when working with people who are homeless.

Clients are assessed by their Support Worker quarterly on a scale of 1 - 10 across ten different life areas. Scores across areas are generally not aggregated to reach a total score.

**An increase scores indicates progress towards self-reliance, so high scores are positive.**

For more information see [www.outcomesstar.org.uk/homelessness/](http://www.outcomesstar.org.uk/homelessness/)

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<sup>12</sup> Lucy Terry & Vicki Cardwell for Lankelly Chase (2015). *Understanding the whole person: Part one of a series of literature reviews on severe and multiple disadvantage*. Available online at: <http://lankellychase.org.uk/wpcontent/uploads/2015/12/Understanding-the-whole-person-Part-One.pdf> (accessed January 2021).

<sup>13</sup> Reference Housing First in England An Evaluation of Nine Services Joanne Bretherton and Nicholas Pleace, 2015. <https://hfe.homeless.org.uk/sites/default/files/attachments/Evaluation%20of%20nine%20services%20in%20England.pdf> and (taken from cost effectiveness report: Quilgars, D. and Pleace, N. (2016) Housing First and Social Integration: A Realistic Aim? Social Inclusion 4.4, DOI: 10.17645/si.v4i4.672; N. and Quilgars, D. (2013) Improving Health and Social Integration through Housing First: A Review DIHAL; Johnson, G.; Parkinson, S. and Parsell, C. (2012) Policy shift or program drift? Implementing Housing First in Australia, AHURI.

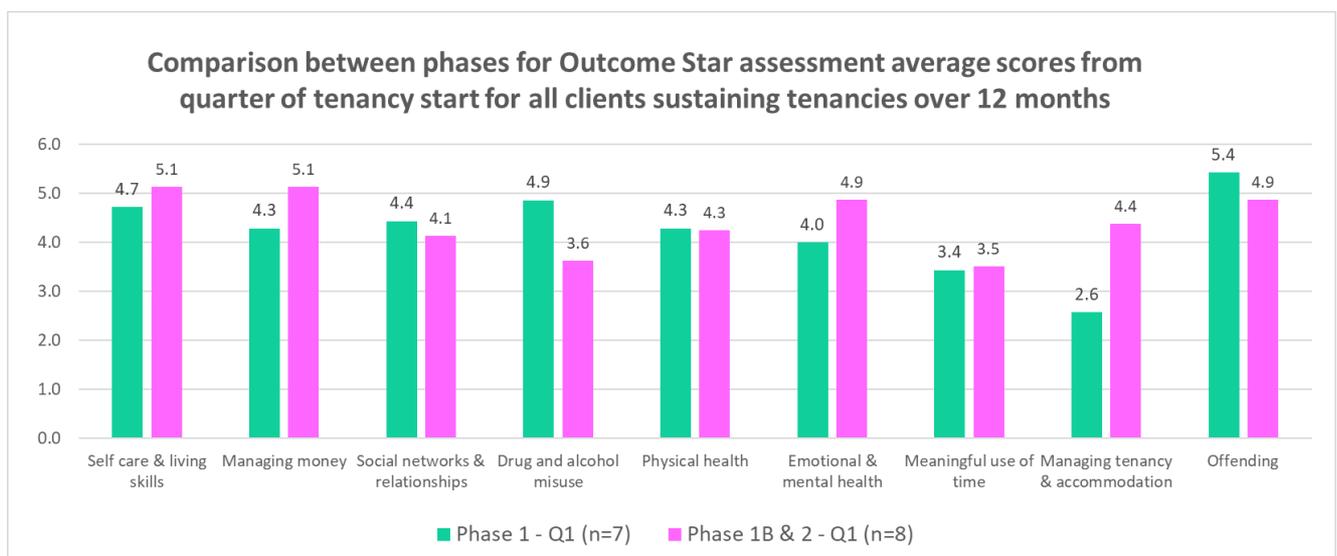
## 12.2 Comparison of Outcome Star assessments at tenancy start between phases

The Outcome Star average assessment scores in Figure 16 show differences between phases in the cohorts who have been housed for over 12 months from Phase 1 and Phase 1B / 2 in the quarter the tenancy started. Some points of different it is worth noting:

- Phase 1 clients had lower scores on average than the other phases in all of the three key housing related areas: 'Self care and living skills', 'Managing money', 'Managing tenancy and accommodation' and also 'Emotional and mental health'.
- Phase 1B / 2 clients had lower scores on average than phase 1 clients in: 'Drug and alcohol misuse', 'Social networks and relationships', and 'Offending'.

Differences may reflect a slightly different profile of clients coming through the different referral routes over the different phases.

Figure 16: Comparison of Outcome Star assessments at tenancy start between phases



## 12.3 Outcome Star changes - housing related assessment areas

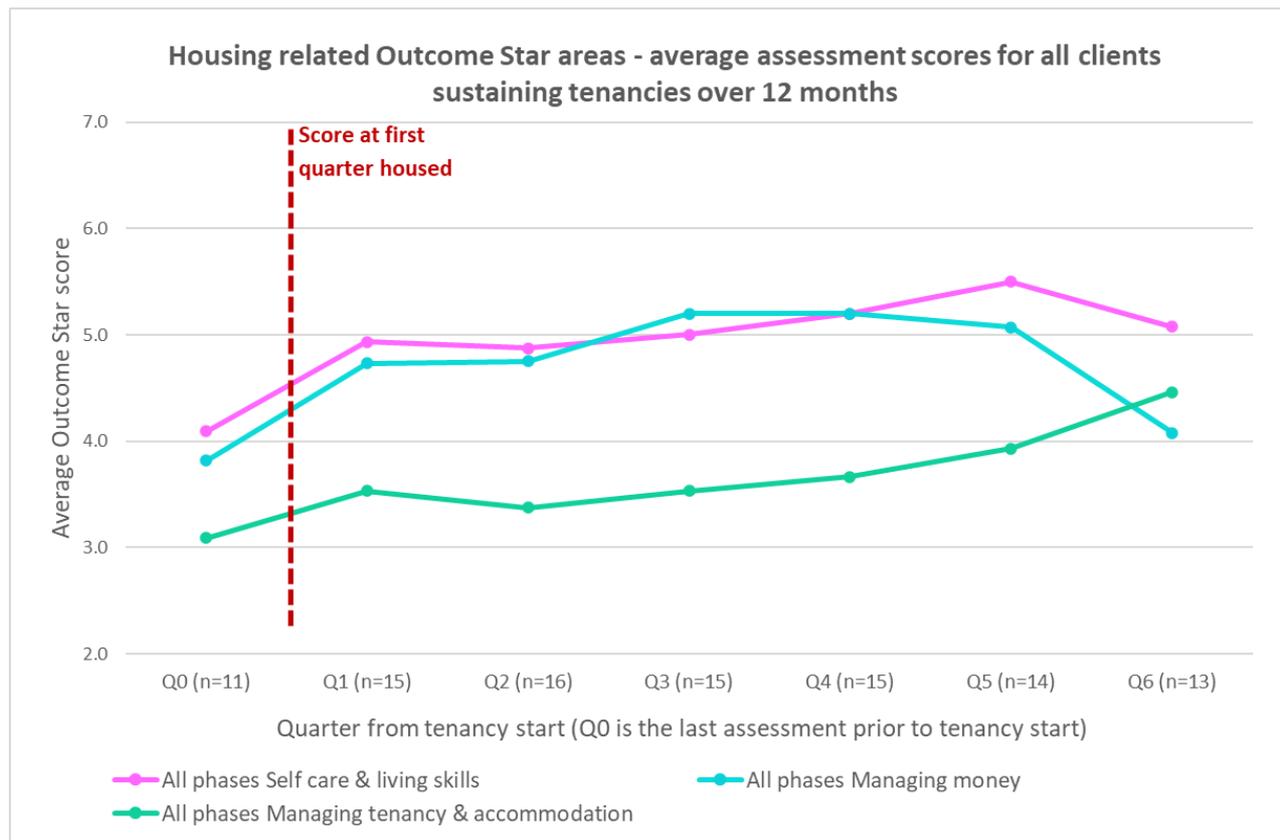
Three areas in the Outcome Star are most relevant to housing: (i) 'Managing tenancy and accommodation', (ii) 'Self-care and living skills', and (iii) 'Managing money'. Figure 17 shows how the housing related areas Outcomes Star scores have changed during the first 12 months for housed clients across all phases. Scores are seen to jump up at the first quarter housed but stabilise or see a very small dip in the second quarter (3-6 months after being housed). Average scores then continue to increase up to the 12-15 months point. Scores in the last quarter, between 15-18 months after being housed then continue to increase for 'Managing tenancy and accommodation' but see a slight decrease for 'Managing money' and 'Self care and living skills'. Speculatively, there are several possible explanations for this decrease which is also seen in some other Outcome Star areas:

- Phase 1 clients were more complex with higher needs at the start (as shown in Figure 16) and it is these clients who remain in the group in later quarters. This is only somewhat validated by comparing the differences between clients scores from different phases in the later quarters (in appendix 16.4).
- Smaller numbers are more easily skewed by chaotic client scores (e.g. several clients' relapse)

- Some clients have been handed over to the GK Service Coordinator Team around this time which changes the support provision and/or changes the worker who completes the assessment
- Clients with longer tenancies have been affected by the pandemic

This requires further exploration through monitoring and evaluation as more client data is available.

Figure 17: Outcome Star changes for housing related areas



## 12.4 Outcome Star changes - all areas

Figure 18 shows how outcomes star scores for all areas have changed during the first 12 months for housed clients across all phases (an alternative table of average score numbers is included in appendix 16.4.1).

Overall, clients are showing improvements of varying degrees across all Outcome Star areas since the tenancy start. Several areas ('Managing money', 'Self care & living skills', and 'Social networks and relationships') show a small slip backwards in the last 15-18 months, most noticeably 'Managing money'. It would be useful for the Housing First team to consider what further support or different approaches might be helpful to support clients to improve managing their money.

Areas which saw an immediate **strong positive change as the tenancy started** included:

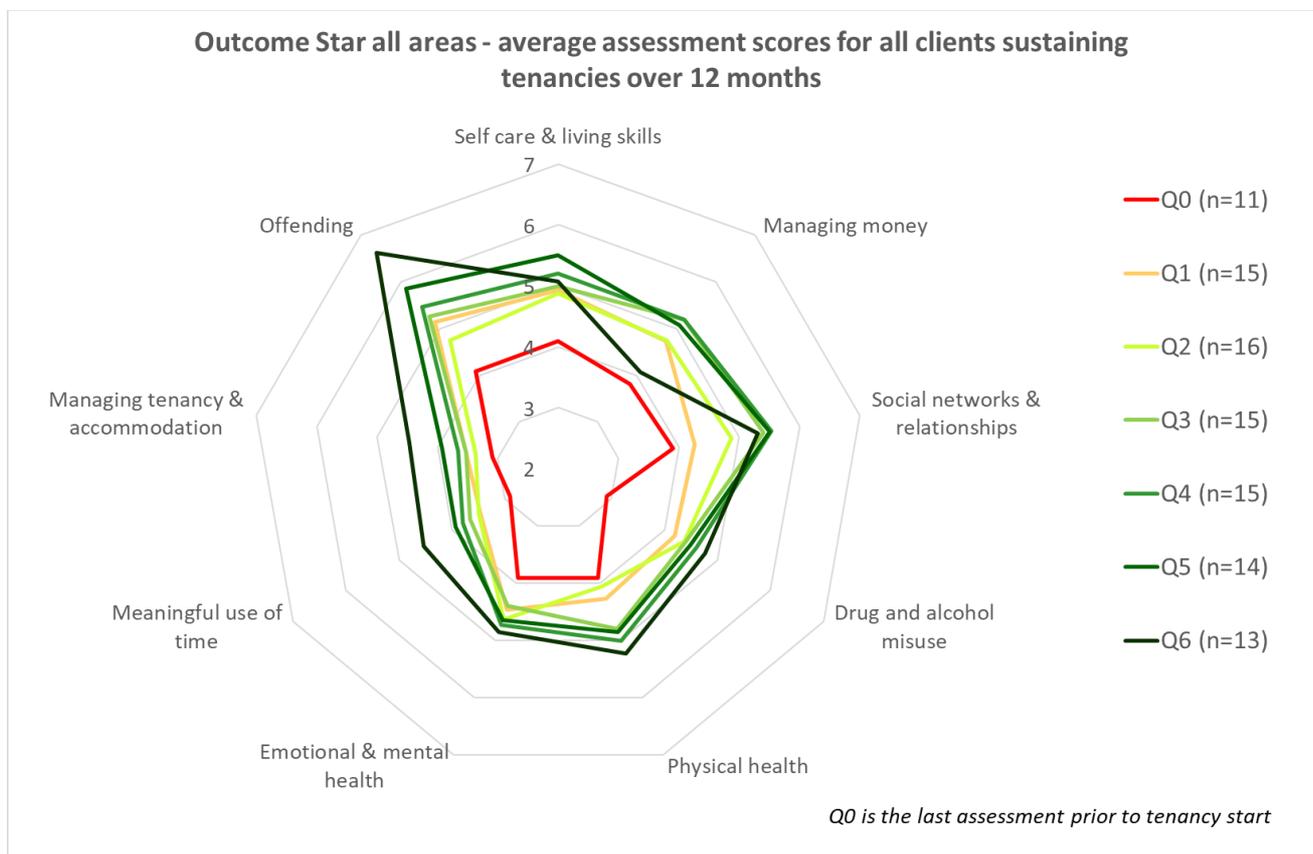
- Drug and alcohol misuse (+1.3)
- Offending (+1.0)
- Self care and living skills (+0.9).

Areas which have sustained particularly **strong progress during the tenancy** included:

- Offending (+1.5)
- Meaningful use of time (+1.1)
- Social networks and relationships (+1.0)
- Physical health (+1.0)
- Managing tenancy and Accommodation (+0.9).

For further comparison, support from GK’s Service Coordinator Team analysed in the 2017 local evaluation, also found that clients made stronger progress after 18 months in Offending and Drug and Alcohol misuse. However, somewhat different findings emerged from the CFE Fulfilling Lives national evaluation where after 12 months, beneficiaries had made most progress with emotional and mental health, managing accommodation and building relationships.

Figure 18: Outcome Star changes for areas



	Self care & living skills	Managing money	Social networks & relationships	Drug & alcohol misuse	Physical health	Emotional & mental health	Meaningful use of time	Managing tenancy & accomm.	Offending
<b>Change between Q0 - Q6 averages</b>	1.0	0.3	1.4	1.9	1.3	0.9	1.6	1.4	2.5
<b>Change between Q1 - Q6 averages</b>	0.1	-0.7	1.0	0.6	1.0	0.4	1.1	0.9	1.5

## 12.5 NDT - client outcomes assessment

This section explores changes in NDT assessment scores for clients who have been housed for at least 12 months. This is based on reported quarterly data collected between April 2018-December 2020 (reporting periods 14-24). Data tables are included in appendix section 16.4.

**NDT assessment (formerly 'Chaos Index')** is an assessment tool focusing on behaviour across ten areas to assess need holistically and include an assessment of engagement with other services.

Each area of the assessment is rated on a 5-point scale and these convert into scores between 0 – 4. Two areas (risk to others, risk from others) are weighted through being scored 0 – 8\*. If using for an assessment process, scores for all areas are added together to reach a final assessment number which can be used to determine eligibility.

**Low scores denote lower needs, so low scores are positive.**

For more information see: <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>

*\* For comparability, 8 scale risk scores were converted to a 4 scale, as total assessment scores are not used.*

## 12.6 NDT assessment changes

Figure 19 shows how NDT assessment scores for all areas have changed during the first 12 months for housed clients across all phases. Overall, clients are showing improvements of varying degrees in six out of ten NDT assessment areas from the quarter prior to starting a tenancy. Positively, nearly all scores dropped substantially as the tenancy started and most continued to decrease or remained stable over the first 15 months of the tenancy reaching the positive lowest point in the 5<sup>th</sup> quarter.

Areas which saw an immediate **strong positive change as the tenancy started** included:

- Housing (-1.1)
- Intentional self harm (-0.6)
- Alcohol / drug abuse (-0.5 – though sees similar increases and decreases during the tenancy)

Areas which have sustained strong **progress during the tenancy** included:

- Housing (-0.5)
- Risk to others (-0.4)

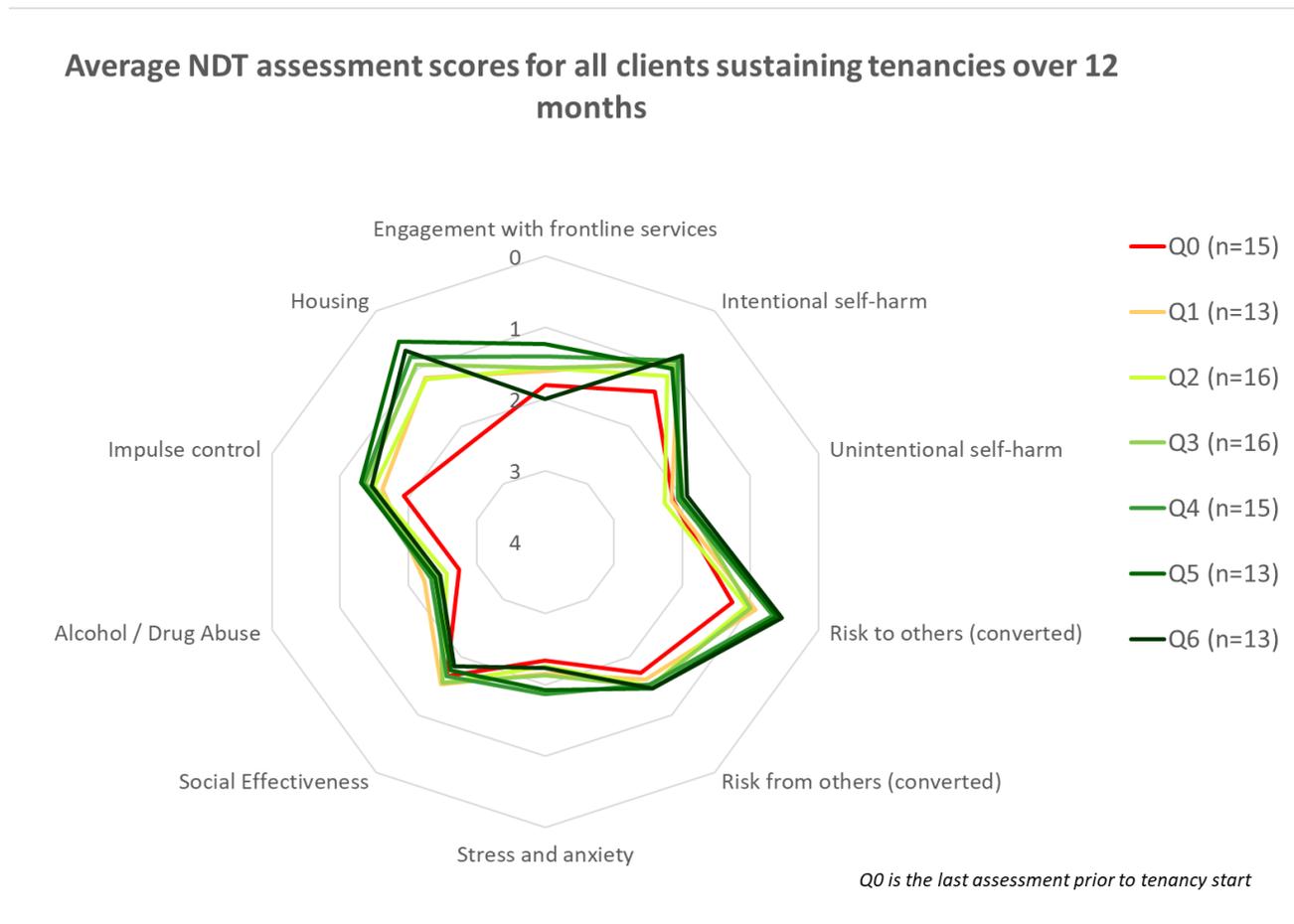
Some areas stayed **broadly similar** during the tenancy:

- Intentional self harm
- Unintentional self harm
- Risk from others
- Social effectiveness
- Impulse control

Two areas saw negative score increases in the 6<sup>th</sup> quarter 15-18 months after the tenancy started, likely to be due to the pandemic:

- ‘Engagement with frontline services’ (+0.8)
- ‘Stress and anxiety’ (+0.3).

Figure 19: Average NDT assessment score changes for all clients sustaining tenancies over 12 months



	Engagem't with frontline services	Intentional self-harm	Un-intentional self-harm	Risk to others (converted)	Risk from others (converted)	Stress and anxiety	Social Effectiveness	Alcohol / Drug Abuse	Impulse control	Housing
Change between Q0 -Q6 averages	0.2	-0.6	-0.2	-0.7	-0.3	-0.1	0.2	-0.3	-0.5	-1.6
Change between Q1 - Q6 averages	0.4	-0.1	-0.2	-0.4	-0.2	0.1	0.3	0.2	-0.2	-0.5

# 13 Findings: Fidelity to Housing First model

## 13.1 Fidelity to Homeless Link 7 principles

The 2017 Homeless Link publication referenced in the background section (2.1) provides 7 Housing First which, with additional guidance<sup>14</sup> we use to assess the fidelity of the Bristol Housing First service.

Homeless Link Housing First principles <sup>3</sup>	Bristol Housing First service fidelity
<p><b>1. People have a right to a home</b></p>	<p>All stakeholders agreed with this principle, clients were supported in their housing choices and to make the house a home. However, there were some conditions on being accepted, including:</p> <ul style="list-style-type: none"> <li>• where longer 6+ months expected engagement times were likely to exceed funded time for support</li> <li>• avoiding situations where private housing would increase health/safety risks to the client or worker</li> <li>• risks to workers’ safety when lone working</li> </ul>
<p><b>2. Flexible support is provided for as long as it is needed</b></p>	<p>Whilst the Bristol Housing First service has been set-up for longer term support, all support provision currently has fixed term funding. The model involves initial support by the Support Worker and then transition to Service Coordinator Team support.</p> <p>Initial Support Worker roles have been designed with low caseloads (max 7 as per the principles) to support flexibility, though staffing issues during the pandemic have understandably challenged high intensity and consistent support provision. Some concerns were raised about whether the Service Coordinator team has the capacity to take clients who still require high intensity support.</p>
<p><b>3. Housing and support are separated</b></p>	<p>The main support provision from the service has been well separated from the housing provision. Support ‘follows the client’ and stakeholders gave examples of cases where clients were supported to move from an unsuitable home into a new tenancy.</p>
<p><b>4. Individuals have choice and control</b></p>	<p>Unable to assess fully without client voice. Stakeholders provided examples of where careful consideration was taken to empower clients in their housing choices. The shortage of suitable housing has meant</p>

<sup>14</sup> REFERENCE ‘Delivering high fidelity Housing First, Guidance for services’  
[https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20fidelity%20guidance\\_0.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20fidelity%20guidance_0.pdf)

	that there have been challenges in optimising housing choices and clients have had to make some difficult compromises.
<b>5. The service is based on people's strengths, goals and aspirations</b>	Unable to assess fully without client voice. Staff were committed to this underpinning philosophy.
<b>6. An active engagement approach is used</b>	<p>The fixed term funded phases and the longer periods taken to find suitable housing have informed the length of time the service considers they can spend engaging clients. In practice this has meant that the team has not accepted clients who require long term active engagement or closed some cases where clients are not expected engage in the short term.</p> <p>Homeless Link categorise low fidelity provision in this area where <i>"Individuals are reprimanded for non-engagement with support; including being removed from the caseload or permanently excluded from the service"</i> which does apply here to some extent.</p>
<b>7. A harm reduction approach is used</b>	Unable to assess fully without client voice. NDT assessment shows reductions across four key harm and risk areas for those housed over 12 months, from the tenancy start up to 18 months in tenancy (see appendix 16.4). Staff were committed to this underpinning philosophy and examples from referral agencies, staff and housing providers indicated that the service took a proactive approach and managing risks was a carefully considered area.

## 14 Findings: Client journey mapping

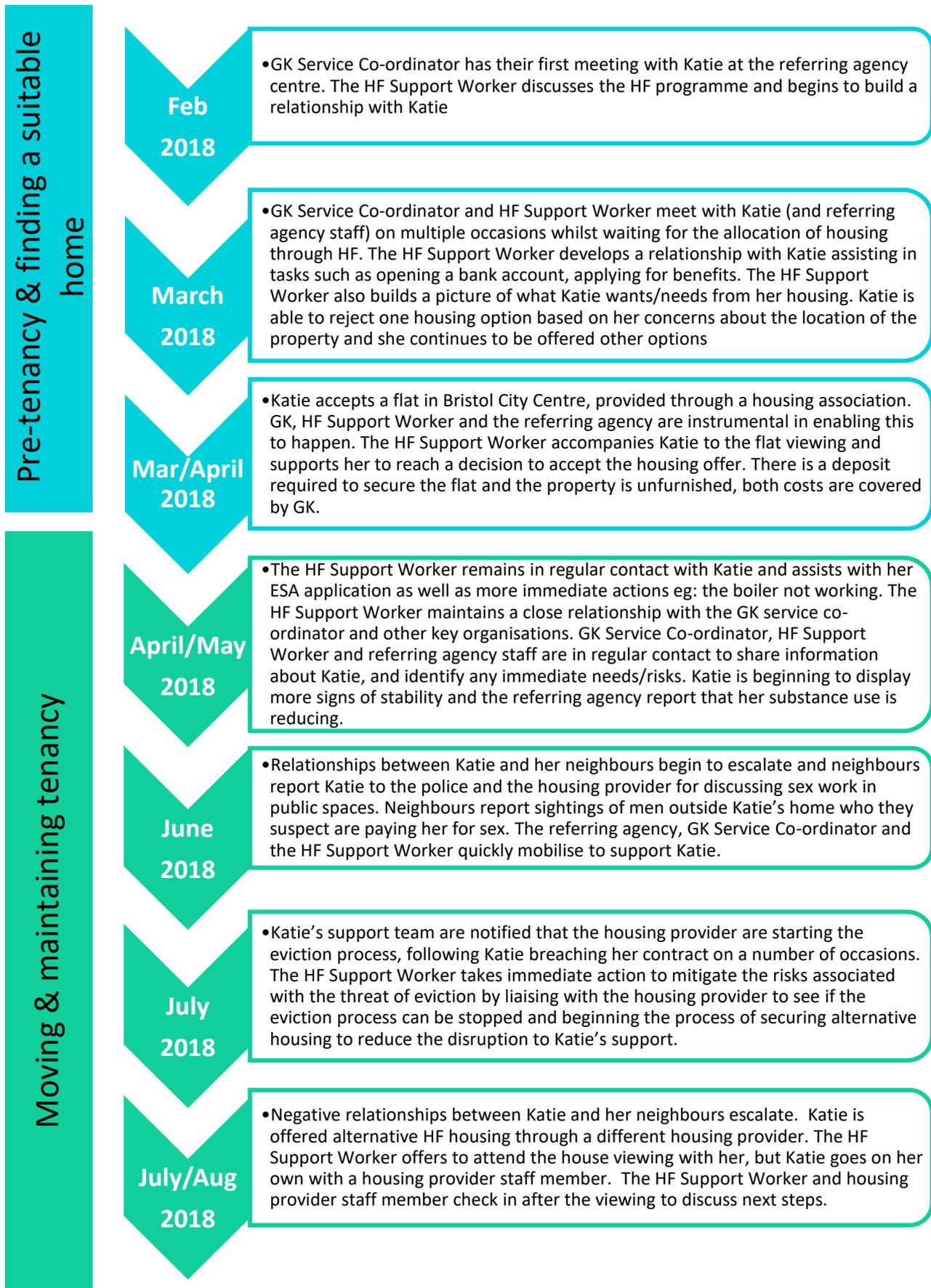
All Housing First clients have unique journeys with complex lives and any attempt to explore this without the client's voice is necessarily of very limited value. This element of the client journey mapping exercise we present here was originally planned to be the first data collection step in a participative process of understanding the client's journey from their perspective. Unfortunately, due to the pandemic we have not been able to complete the most important participative element of this exercise with multiple clients. However, understanding a client's journey in terms of the individual and the interactions they have with the Housing First team still provides a useful contextual perspective to support the evaluation.

### 14.1 Client overview

Katie was recruited in phase 1 and supported by Housing First for 1 year, 8 months before being handed over to the Golden Key Service Coordinator Team for ongoing support. The client's name has been changed to Katie to preserve anonymity.

Katie was homeless for two years before being recruited on to the Housing First programme. She had experienced different forms of homelessness including street homelessness, living in a caravan, and living with her 'sugar daddy'. Katie has substance dependencies (heroin, crack and alcohol) and engages in street sex work. She also has a history of suicide attempts. Katie was being supported by the referring agency before being accepted by Housing First.

## 14.2 Client detailed journey map



## Moving & maintaining tenancy

Sept  
2018

- The housing provider supports Katie with most practicalities of the move eg: helping her pack, arranging a delivery van. The HF Support Worker makes contact with Katie once she has moved in and supports her to complete practical tasks such as changing her address for her benefits payments, helping get a copy of her tenancy document.

Feb  
2019

- Katie has maintained a level of stability since moving into her new home. She has fairly frequent interaction with her HF Support Worker who supports her with a range of tasks such as maintaining her property and contacting medical services. After a period of not being scripted, in February 2019 Katie is supported by the HF Support Worker to re-engage with the GP from the referring agency to collect a new script.

April  
2019

- Katie discloses to the HF Support Worker that she is struggling with her mental health and they talk through support options. They agree to start by contacting the GP at the referring agency.

June  
2019

- Katie has been receiving letters from the local council and associated debt collectors, saying that she has council tax arrears. The HF Support Worker supports Katie to appeal this decision (writing letters for Katie). The HF Support Worker also contacts the council independently to ask that they desist sending letters and involving bailiffs until a decision is reached as these things are causing Katie significant distress. The HF Support Worker also applies for council tax relief on Katie's behalf.

Aug  
2019

- Katie's PIP assessment requires an assessor to visit her home for a face to face meeting. Despite the HF Support Worker and the referring agency's doctor making a case that this would cause undue stress for Katie, it is confirmed that the assessment will proceed face to face. The HF Support Worker supports Katie to get through this assessment and to enable her to keep her anxiety at a level which enables her to complete the assessment.

Sept  
2019

- Katie's support is in the process of transferring from HF back to a GK Service Co-ordinator. Both the HF Support Worker and GK Service Co-ordinator are aware of the need to handle the transition carefully. The HF Support Worker draws on her existing understanding of Katie's past to identify aspects of the transition which might trigger feelings of abandonment or mistrust. Both staff members meet with Katie together on a number of occasions in the run up to the transition. Much focus is put on ensuring the positive end to the relationship between Katie the HF Support Worker, including a celebratory visit to a city farm. The HF Support Worker hands over some information for the GK Service Co-ordinator (beyond the regular inform records) including that Katie was struggling to get her PIP payments and she may need support Katie to make a complaint about this.

## Move to SCT support

## 15 Conclusions and recommendations

### 15.1 Conclusions

Overall, there is clear evidence of Housing First in Bristol having impact and establishing a good case that the model is feasible in Bristol. During the past three years, Bristol's Housing First project has established the service, expanding in three phases to support 28 individuals into housing and a further five people supported but not yet housed. The Bristol Housing First pilot has engaged clients whose profile indicates that alongside long term homelessness, they experience some of the highest and most entrenched multiple complex needs of any individuals in Bristol. Given this profile, it is very impressive that 92%, 26 of those 28 housed have sustained housing with the service's support. It is encouraging to observe that clients are making some small but significant progress across many life areas, particularly in the first 12 months of their tenancies. As more clients sustain their tenancies, it will be important to ensure that the support provision changes appropriately to support the journey to self-sufficiency and ensure these improvements are maintained over time.

However, there remains a group of 7 individuals (17.5% across all phases) who have unfortunately not been housed and are disengaged from the service. This challenges some beliefs about Housing First being service that supports **everyone's** right to have a home as some people remain without any feasible housing options. Without direct evidence of client experience, the evaluation has been limited in the degree to which it can assess fidelity to Housing First principles, although there are questions around three in particular: 'People have a right to a home', 'Flexible support is provided for as long as it is needed' and 'An active engagement approach is used'.

Operationally, the service has been challenged by long 'pre-tenancy' periods to find suitable tenancies and also in delivering consistent long term flexible support. The shortage of suitable housing is a considerable barrier to reducing pre-tenancy times, though work developing more consistent processes with housing providers may help. The challenges around housing availability and providing long term flexible support has influenced how eligibility and property suitability have been handled. Long term flexible support provision challenges have been further exacerbated by fixed term funding and the pandemic. There are further concerns that long term support is provided by the Service Coordinator Team where Golden Key also has fixed term funding.

Overall, key stakeholders are committed to Housing First and positive about their experience, which is important as Housing First tenants can be more time consuming and costly than others. Enablers for this commitment for housing providers include their senior leadership commitment and their confidence in the Housing First support provision.

Strategically, there is a question of where Housing First fits within the entire pathway of support services for individuals with multiple complex needs over the long term and who it is suitable for. Consideration needs to take account of the wider landscape of support services, the reality of suitable housing availability, individual's needs, along with the potential long timescales that may be required to engage, build relationships to then provide and/or coordinate longer term support.

## 15.2 Housing First service recommendations

1. A Bristol Housing First service should be funded long term at an appropriate level to meet the needs of people with multiple complex needs who experience entrenched homelessness and have no suitable options for housing.
2. Review processes and communications approaches with housing providers to ensure they are fit for purpose during tenancies and maximise suitable housing opportunities pre-tenancy. Consider formalising agreements with housing providers around support provision as this area is a key dependency for housing providers' commitment and risk to their future engagement.
3. Ensure funding and caseload planning take account of realistic pre-tenancy engagement periods which are likely to be long due to shortages of suitable housing and the nature of engaging people with multiple complex needs. Long term support and engagement needs should also be accounted for to provide flexible support for as long as the client needs aligned with Housing First principles.
4. Review the approach to the long term funded support provision, drawing on the services experience of support requirements to plan for realistic expectations to ensure this is flexible, aligned with Housing First principles and adequately funded. Golden Key's wider experience on the role of trusting relationships in multiple complex needs support provision may also be useful to inform the approach.
5. Explore the characteristics and experiences of those individuals who were declined and/or accepted but disengaged to understand reasons why they were not housed and what potential changes might enable Housing First or others to support them into suitable, stable housing. Develop proposals based on the service's learning for potential options to support these individuals so that everyone in Bristol does have a right to a home in practice, not only in principle.
6. Consider the client experience carefully for those clients who are reaching 15+ months after the tenancy started, to understand the causes of the stabilising and/or negative changes that have been observed in the outcome assessment data at this stage for many clients (strongest negative change around 'Managing money').
7. Consolidate learning from the service around cuckooing and draw on learning nationally and internationally from other services to ensure that the approach taken delivers the most effective precautionary and reactive action to consistently protect clients.
8. Establish the collaborative approaches to handling risk that have been developed by the service as consistent practice within Housing First. Share learning with others via the Golden Key partnership and other networks.
9. Consider how learning from the Creative Solutions Board may be relevant to Housing First. Particularly related to introducing a multi-agency referrals/screening panel and developing ways to find solutions to house people who are declined by Housing First but have no other housing options.
10. Consider discussions which can understand what stakeholder organisations in Bristol who are involved with other housing first projects nationally, have learnt from their own experience which can feed into the Bristol project.

11. Put structures in place to support Housing First staff to feed into and/or develop ideas for systems change and share their learning around supporting people with multiple complex needs.
12. Consider the learning gained across Housing First and the Service Coordinator Team in relation to the wider long term support picture for multiple complex needs to contribute to other strategic forums (e.g. Golden Key Partnership Board, Bristol City Council) and further build the strategic vision of multiple complex needs support in Bristol across all areas of need and pathways.
13. Consider ways to include the client voice and lived experience in a future Housing First service and evaluation. Client experience areas should be a priority for future evaluation investigation (particularly: understanding clients' housing needs, flexible and strengths based support provision, tenancy management skills and building independence, transition of support to the Service Coordinator Team). New processes should be considered to monitor and evaluate client outcomes, incidents in-tenancy, and gain feedback over time from clients, in particular:
  - a. Continue to assess client outcomes (ideally monthly for the first two years). This will support the service to understand and demonstrate longer term changes in other life areas. Put processes in place to ensure assessment score consistency between workers, especially where clients being handed over between support workers.
  - b. Processes (with housing providers) to track/monitor incidents in-tenancy. This data can provide a useful indication of a client's ability to manage their tenancy effectively and also help understand the challenges for housing providers. Alongside support hours, this can potentially also be used to inform caseload management and decisions about support provision.
  - c. Processes to gain feedback over time about how clients feel about their homes, loneliness, and satisfaction with the support they receive. One existing tool which may be useful is a validated Housing First Guide Europe survey to understand clients' feelings about their homes<sup>15</sup>, or these areas could be used by someone other than the Support Worker to frame a conversation.

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<sup>15</sup> [Housing First Guide Europe](#) collects views from Housing First clients on: Whether someone feels physically safe in their home; Whether their home is affordable; Whether their home has all the facilities they need; Whether their home is of an adequate standard (damp, poor repair or poor space standards); Views on the neighbourhood where their home is located; How happy a Housing First client is with their home.

# 16 Appendices

## 16.1 Appendix: Golden Key Housing First evaluation framework

### Golden Key Housing First 'feasibility' pilot – evaluation framework

#### HF Activities

<p><b>Support worker with caseload of 5-7 clients provides client centred support</b></p> <ul style="list-style-type: none"> <li>• Support worker engages clients &amp; develops good support relationship</li> <li>• Support worker understands client's housing &amp; support needs</li> <li>• Other services are coordinated to meet client's needs</li> <li>• Client is adequately supported into and throughout tenancy</li> </ul>	<p><b>Operational processes established to launch and operate HF</b></p> <ul style="list-style-type: none"> <li>• Selection processes</li> <li>• Clients accepted on HF</li> <li>• Client data sharing consent</li> <li>• Proposal submitted for housing</li> <li>• Appropriate housing offered promptly &amp; acceptable to client</li> <li>• Housing is adequately prepared for client</li> <li>• Client starts tenancy</li> </ul>	<p><b>Housing provider tenancy provision</b></p> <ul style="list-style-type: none"> <li>• Provide appropriately matched housing to meet client's needs</li> <li>• Housing providers work collaboratively with support worker to sustain tenancies</li> </ul>
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#### Intermediate 'on the way' outcomes

<p><b>Learning about what works in establishing operational processes &amp; ways of working</b></p> <ul style="list-style-type: none"> <li>• Understanding how to handle challenging situations</li> <li>• Developing collaborative approaches to dealing with risk</li> <li>• Establishing responsibilities for different stakeholders (e.g. client, support worker, housing provider, other services)</li> <li>• Understanding the roles and resources of different services in supporting the sustained tenancy</li> </ul>	<p><b>Service providers experience well managed and well supported clients in their tenancies</b></p> <ul style="list-style-type: none"> <li>• Minimal cases of anti-social behaviour reported</li> <li>• Minimal cases of rent arrears</li> <li>• Minimum amount of void tenancies in housing provider HF properties</li> <li>• Minimal cases of neighbour complaints</li> <li>• Good relationships developed between support worker &amp; housing providers</li> <li>• Understanding of required time/resources by different agents</li> </ul>	<p><b>Clients placed in tenancies &amp; improving tenancy management</b></p> <ul style="list-style-type: none"> <li>• Client placed in a sustainable home within reasonable time</li> <li>• Home meets client's needs</li> <li>• Client receiving ongoing support from HF worker</li> <li>• Client developing tenancy management skills</li> </ul>
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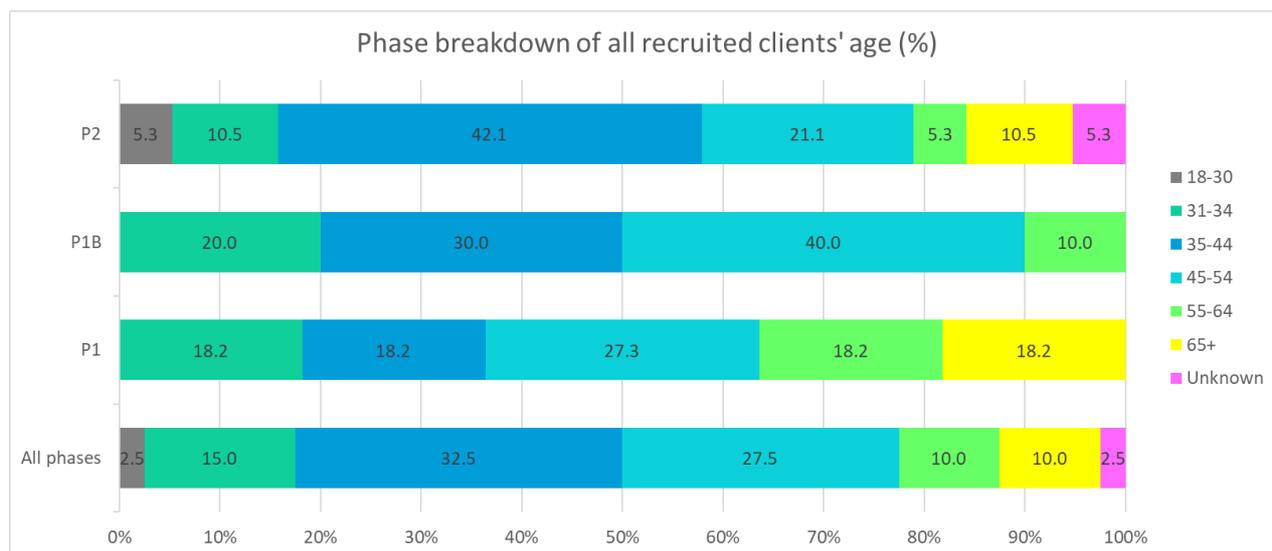
#### Programme 'final outcomes' impact (at 6 months)

<p><b>Viability of a 'pure' (UK housing link) housing first model running in Bristol is ascertained</b></p> <ul style="list-style-type: none"> <li>• Understanding nature of HF model delivered in practice in Bristol</li> <li>• Understanding of how the system flexes to inform systems change activity</li> <li>• Indication of total costs per client that can inform future funding decisions</li> <li>• Understanding of operational processes and overcoming challenges in set-up</li> <li>• Understanding of local/contextual strengths and challenges</li> </ul>	<p><b>Funders &amp; housing providers believe in Housing first principles &amp; evidence generated</b></p> <ul style="list-style-type: none"> <li>• Commitment to principles of housing first (i.e. challenging conditional 'housing readiness' approaches).</li> <li>• Funders willing to commit investment in further development of housing first in Bristol (expansion or re-design)</li> <li>• Existing HF housing providers willing to continue and expand engagement and act as advocates for HF tenancies</li> <li>• New housing providers willing to engage (e.g. housing associations)</li> </ul>	<p><b>Sustained client tenancies – housing retention</b></p> <ul style="list-style-type: none"> <li>• Client sustains tenancy with minimal support</li> <li>• Client satisfied with housing that meets their needs</li> <li>• Improved tenancy management             <ul style="list-style-type: none"> <li>- Less evictions</li> <li>- Less rent arrears</li> <li>- Less housing crises incidents</li> </ul> </li> </ul>
<p><b>Stable or improved client outcomes</b></p> <ul style="list-style-type: none"> <li>• Stable or improved outcomes across outcomes star &amp; NDT measures</li> <li>• Understanding the role of housing first in any changed outcomes</li> <li>• Understanding any changes in client's pattern of service use</li> </ul>		

## 16.2 Appendix: Demographic and needs breakdowns across 3 phases for engaged clients

The detailed demographics (age range, gender, ethnicity, and disability) for each of the three Housing First recruitment phases are summarised in Figures 3-6 below. As the numbers are so low, in some cases these are presented as counts, rather than percentages.

### 16.2.1 Age range for all 40 recruited clients across all 3 phases

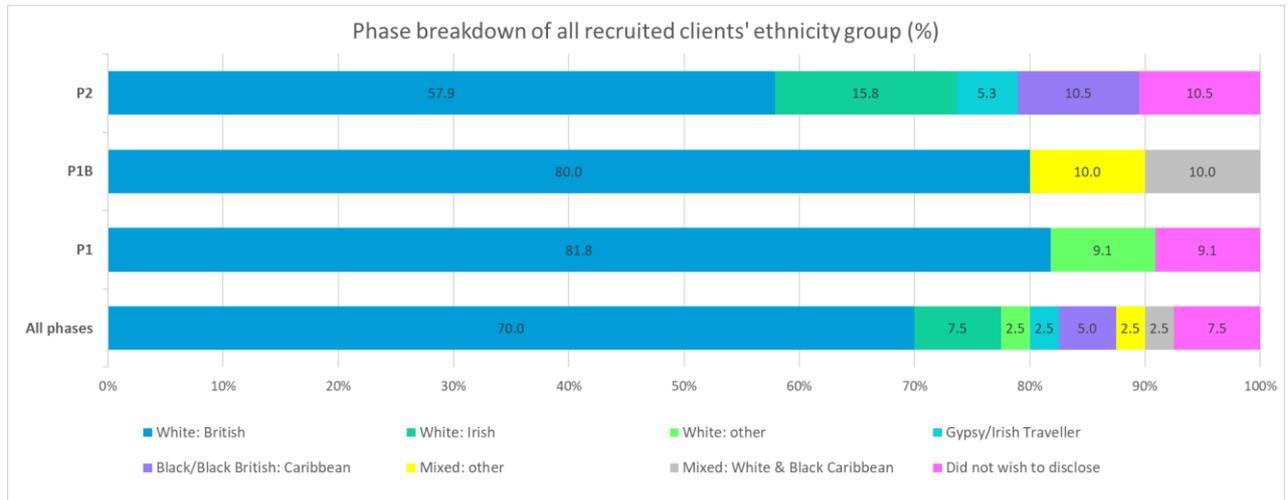


	All phases	P1	P1B	P2
<b>Mean average age:</b>	45.3	50.2	42.9	43.7
<b>Youngest:</b>	30	34	32	30
<b>Oldest:</b>	70	67	59	70

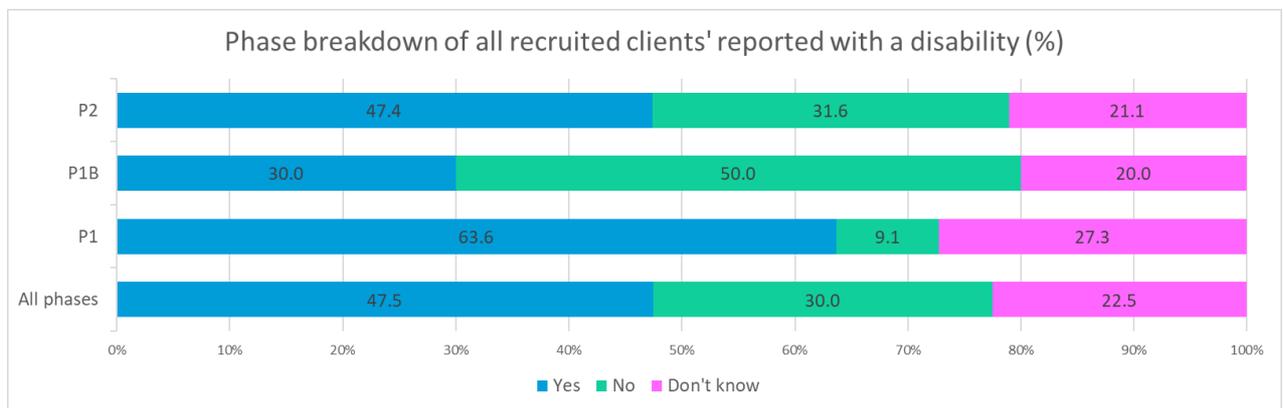
### 16.2.2 Gender profile for all 40 recruited clients across all 3 phases



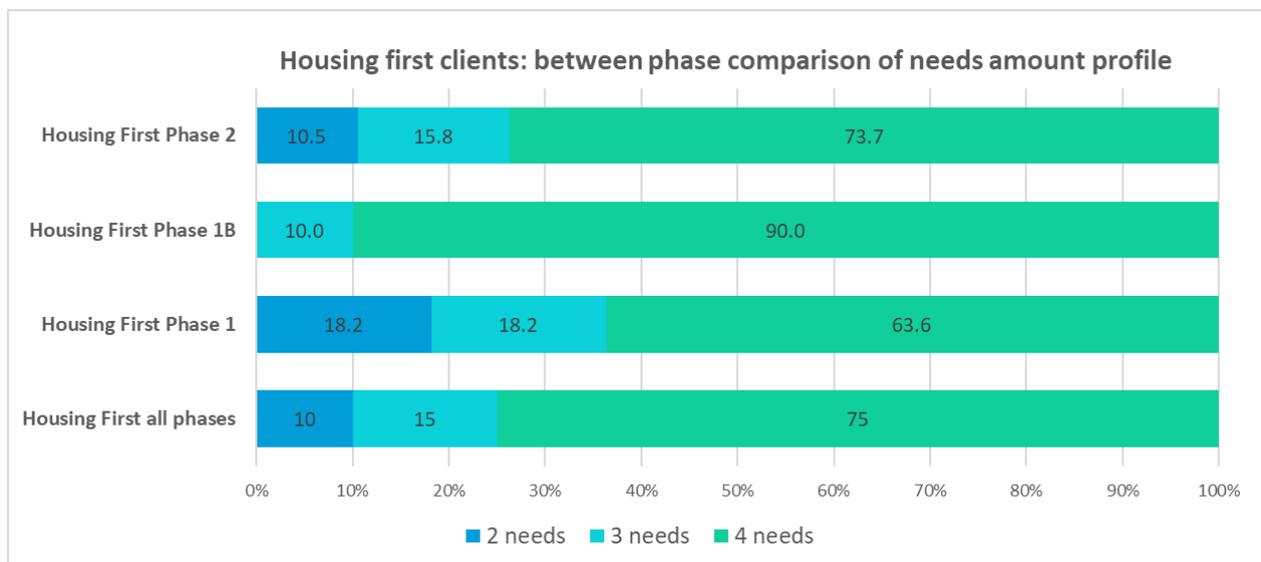
### 16.2.3 Ethnicity for all 40 recruited clients across all 3 phases



### 16.2.4 Disability for all 40 recruited clients across all 3 phases



### 16.2.5 Amount of client needs by Housing First Phase



## 16.3 Appendix: Housing First full client eligibility criteria (phase 2)

### Core criteria

#### All:

- Aged over 18.
- Must have recourse to public funds and be eligible to access social housing in Bristol. Must have a willingness to sustain a tenancy.
- Be able to demonstrate that there are no currently obtainable routes out of their present situation to sustainable and appropriate housing.

**Males:** Evidence of long term and/or repeat street homeless (eg currently rough sleeping for a significant period; 3 or more past periods of rough sleeping and currently in L1 accommodation) **AND** evidence of multiple and complex needs.

**Females:** Evidence of long term and/or repeat homelessness (eg currently rough sleeping; currently homeless for a significant period or with at least one other episode of past rough sleeping, hostel dwelling, 'sofa surfing' or temporary accommodation) **AND** evidence of multiple and complex needs.

#### Additional Criteria Notes:

- Clients do not have to agree to engage with substance misuse/mental health/other services prior to being offered housing but must agree to maintaining regular contact with Housing First workers.
- We will consider all current/historical risk and offending histories on a case by case basis.
- We will consider both couples and friends who wish to be housed together.
- Past housing related debt is not a bar to accessing the Pilot.
- However the pilot may not house individuals where it is assessed that they present too much of a risk to staff others, or that they are too mentally or physically ill to reasonably be expected to look after themselves.

### Golden Key Programme Eligibility Criteria

All clients must fit Golden Key eligibility criteria:

#### 1. Entrenched and/or cyclical experiences

People who may have had contact with a variety of support services over a number of years but their issues remain problematic. People who experience repeated patterns of accessing different services but who never manage to sustain positive change – this is sometimes described as 'revolving doors'.

Examples of the above that have been accepted so far include:

- *Multiple unsuccessful in-patient detoxifications from opiates, alcohol or benzodiazepines.*
- *20 year pattern of short stays in prison for acquisitive crime, evictions and exclusions from Level 1 accommodation and street homelessness.*
- *Regular interventions from Mental Health Crisis Team, multiple Sections under the Mental Health Act*

#### 2. Barriers to engaging with services

People who face significant blocks and barriers to accessing effective support and/or who are unable to engage effectively with the services that are currently available to them.

Some of the blocks and barriers that have been identified for our clients so far include:

- *Demographic profile*
- *Geographical location*
- *Risk management issues*
- *Lack of appropriate housing*
- *Disability*
- *Historic abuse*

### **3. Multiple Complex Needs**

People must also have significant or extreme needs in at least 3 of the following areas:

- **Substance Misuse:** Ongoing or significant historic problematic use of either legal or illegal substances. *Examples include individual who have been dependent on multiple substances over a number of years, have experienced many unsuccessful attempts at detoxification and who are experiencing significant physical health issues as a consequence of their substance misuse.*
- **Homelessness:** Currently homeless, living in temporary accommodation, vulnerably housed or at significant risk of becoming homeless. *Examples include individuals that have experienced patterns of repeated homelessness over a number of years or who have had several failed attempts at different types of housing solution.*
- **Mental Health:** Affected by significant mental health issues, no formal diagnosis is required. *Examples include people that are experiencing significant long term mental health issues and/or who have had repeated detentions under the Mental Health Act.*
- **Offending:** Includes current behaviour, significant historic behaviour and /or risk of reoffending. *Examples include individuals that have involvement from long term offender management services (MAPPA, IRIS and IMPACT) and repeat prison stays.*

## 16.4 Appendix: Outcome Star and NDT assessment score data tables

### 16.4.1 Average OS score for 16 clients across all 3 phases sustaining tenancies for over 12 months - comparing from quarter prior to and from tenancy start (higher score represents more positive outcomes)

Quarter from tenancy start date	All phases Self care & living skills	All phases Managing money	All phases Social networks & relationships	All phases Drug and alcohol misuse	All phases Physical health	All phases Emotional & mental health	All phases Meaningful use of time	All phases Managing tenancy & accommodation	Offending
Q0 (n=11)	4.1	3.8	3.9	2.9	3.9	3.9	2.9	3.1	4.1
Q1 (n=15)	4.9	4.7	4.3	4.2	4.3	4.5	3.5	3.5	5.1
Q2 (n=16)	4.9	4.8	4.9	4.4	4.1	4.6	3.5	3.4	4.8
Q3 (n=15)	5.0	5.2	5.4	4.4	4.8	4.4	3.7	3.5	5.3
Q4 (n=15)	5.2	5.2	5.5	4.6	5.0	4.7	3.8	3.7	5.5
Q5 (n=14)	5.5	5.1	5.5	4.5	4.9	4.6	3.9	3.9	5.9
Q6 (n=13)	5.1	4.1	5.3	4.8	5.2	4.8	4.5	4.5	6.6
Q7 (n=5)	4.8	3.0	5.2	4.4	4.8	2.8	4.2	3.8	6.4
Q8 (n=7)	4.4	3.6	4.6	5.0	4.4	3.7	4.0	3.7	5.7
Q9 (n=5)	4.2	3.0	5.2	4.0	6.0	3.8	4.8	2.6	6.0
<b>Change between Q0 and Q6 averages</b>	<b>1.0</b>	<b>0.3</b>	<b>1.4</b>	<b>1.9</b>	<b>1.3</b>	<b>0.9</b>	<b>1.6</b>	<b>1.4</b>	<b>2.5</b>

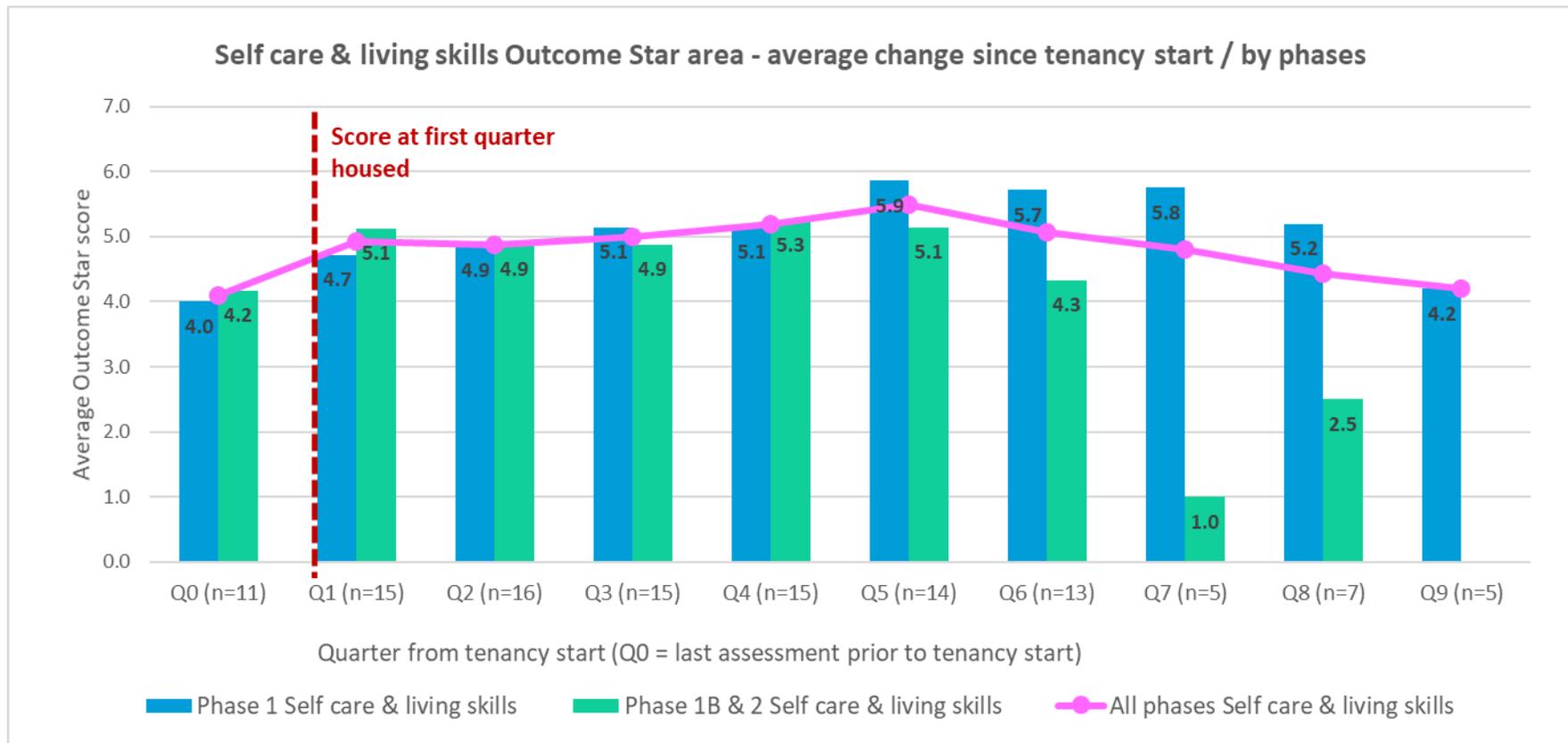
#### 16.4.2 Average OS score for phase 1 clients sustaining tenancies for over 12 months - comparing from quarter prior to and from tenancy start

Qu from tenancy start date	Phase 1 Self care & living skills	Phase 1 Managing money	Phase 1 Social networks & relationships	Phase 1 Drug and alcohol misuse	Phase 1 Physical health	Phase 1 Emotional & mental health	Phase 1 Meaningful use of time	Phase 1 Managing tenancy & accommodation	Phase 1 Offending
Q0 (n=5)	4.0	4.0	4.4	4.0	3.2	4.0	3.4	2.6	4.2
Q1 (n=7)	4.7	4.3	4.4	4.9	4.3	4.0	3.4	2.6	5.4
Q2 (n=7)	4.9	4.1	4.6	4.9	4.3	3.7	3.4	2.7	5.0
Q3 (n=7)	5.1	4.9	5.6	5.0	5.1	4.0	3.7	2.9	5.7
Q4 (n=7)	5.1	4.7	5.9	5.0	5.1	4.1	3.6	3.0	5.4
Q5 (n=7)	5.9	4.7	5.7	5.0	4.9	4.3	3.9	3.6	6.3
Q6 (n=7)	5.7	3.7	6.0	5.1	4.7	4.3	4.9	4.0	7.7
Q7 (n=4)	5.8	3.3	6.3	5.3	5.5	3.3	4.8	4.5	7.8
Q8 (n=5)	5.2	4.2	5.6	5.2	4.6	3.2	4.4	3.4	6.6
Q9 (n=5)	4.2	3.0	5.2	4.0	6.0	3.8	4.8	2.6	6.0

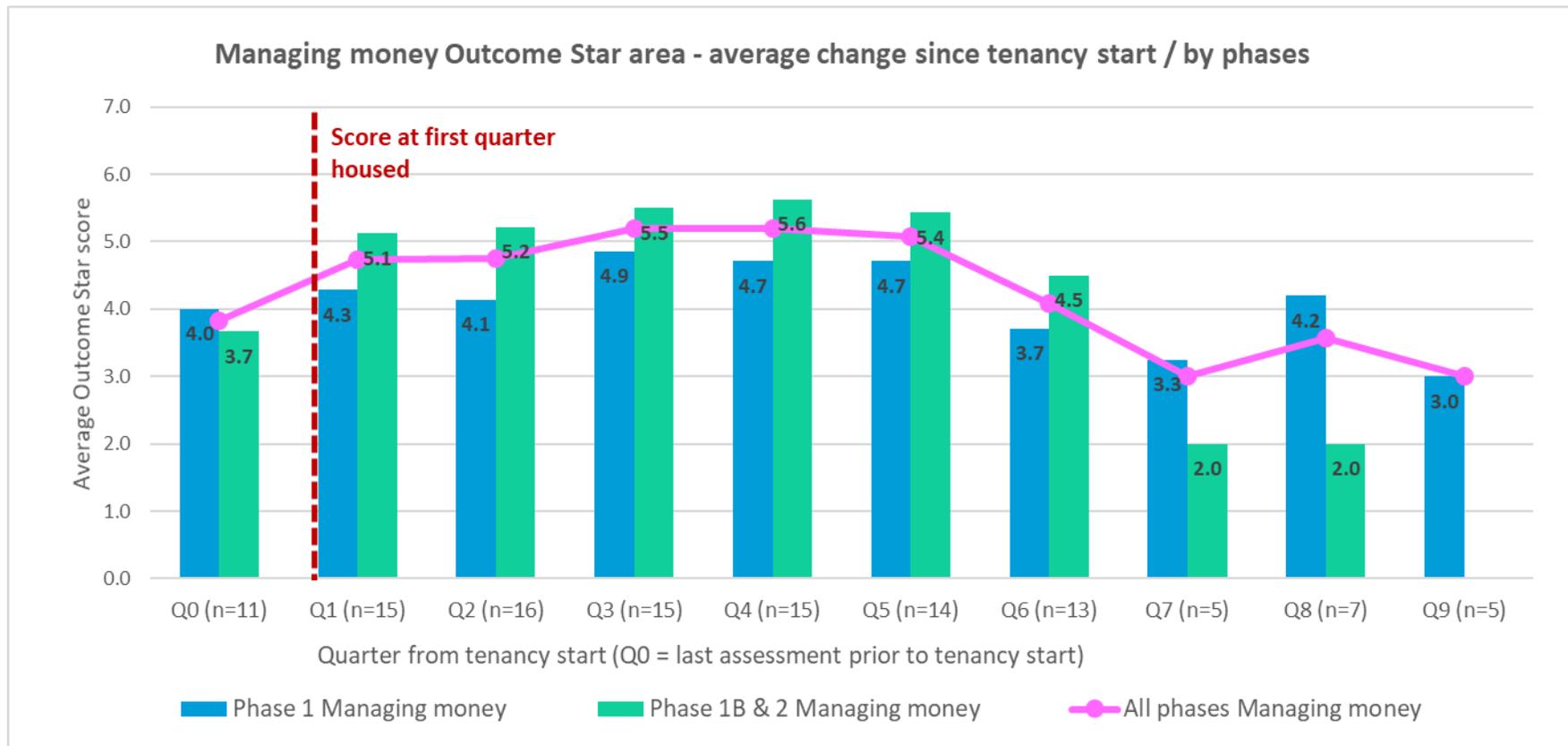
#### 16.4.3 Average OS score for phase 1B&2 clients sustaining tenancies for over 12 months - comparing from quarter prior to and from tenancy start

Qu from tenancy start date	Phase 1B & 2 Self care & living skills	Phase 1B & 2 Managing money	Phase 1B & 2 Social networks & relationships	Phase 1B & 2 Drug and alcohol misuse	Phase 1B & 2 Physical health	Phase 1B & 2 Emotional & mental health	Phase 1B & 2 Meaningful use of time	Phase 1B & 2 Managing tenancy & accommodation	Phase 1B & 2 Offending
Q0 (n=6)	4.2	3.7	3.5	2.0	4.5	3.8	2.5	3.5	4.0
Q1 (n=8)	5.1	5.1	4.1	3.6	4.3	4.9	3.5	4.4	4.9
Q2 (n=9)	4.9	5.2	5.1	4.0	3.9	5.3	3.6	3.9	4.6
Q3 (n=8)	4.9	5.5	5.3	3.9	4.5	4.8	3.6	4.1	4.9
Q4 (n=8)	5.3	5.6	5.3	4.3	4.9	5.3	4.0	4.3	5.5
Q5 (n=7)	5.1	5.4	5.3	4.0	4.9	5.0	4.0	4.3	5.4
Q6 (n=6)	4.3	4.5	4.5	4.3	5.8	5.5	4.2	5.0	5.3
Q7 (n=1)	1.0	2.0	1.0	1.0	2.0	1.0	2.0	1.0	1.0
Q8 (n=2)	2.5	2.0	2.0	4.5	4.0	5.0	3.0	4.5	3.5

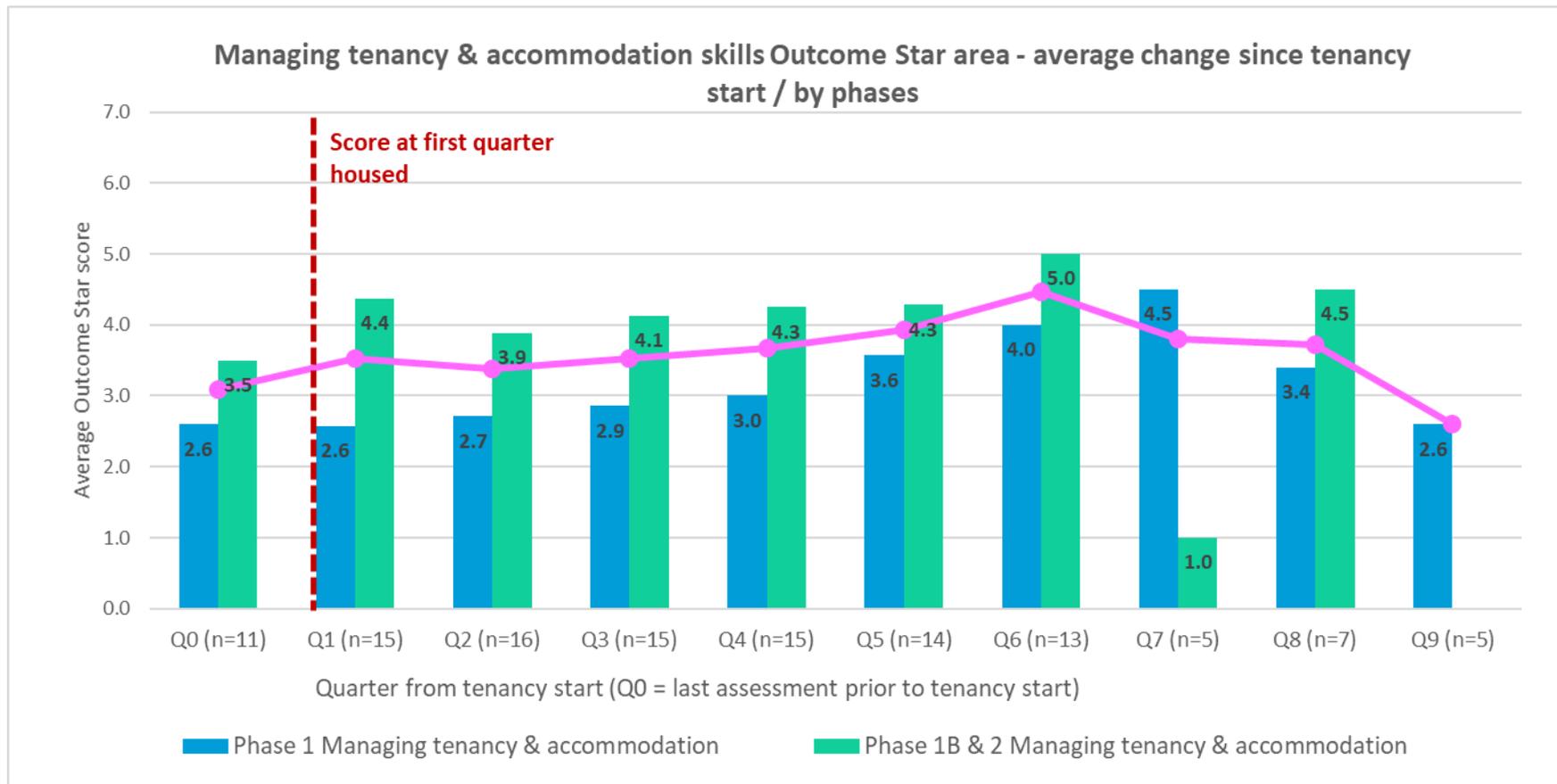
16.4.4 'Self care & living skills' Outcome Star area - average change since tenancy start, comparing phase 1 with phase 1B & 2



16.4.5 'Managing money' Outcome Star area - average change since tenancy start, comparing phase 1 with phase 1B & 2



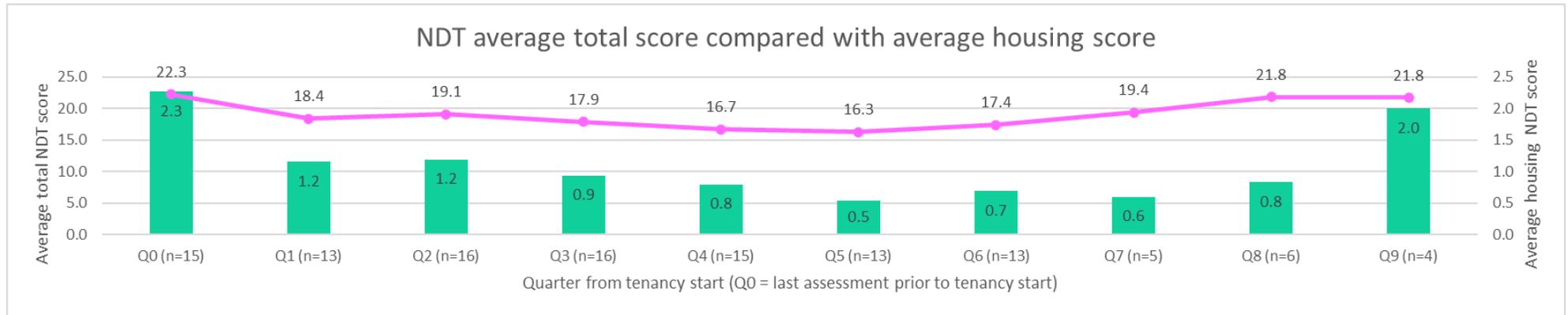
16.4.6 'Managing money' Outcome Star area - average change since tenancy start, comparing phase 1 with phase 1B & 2



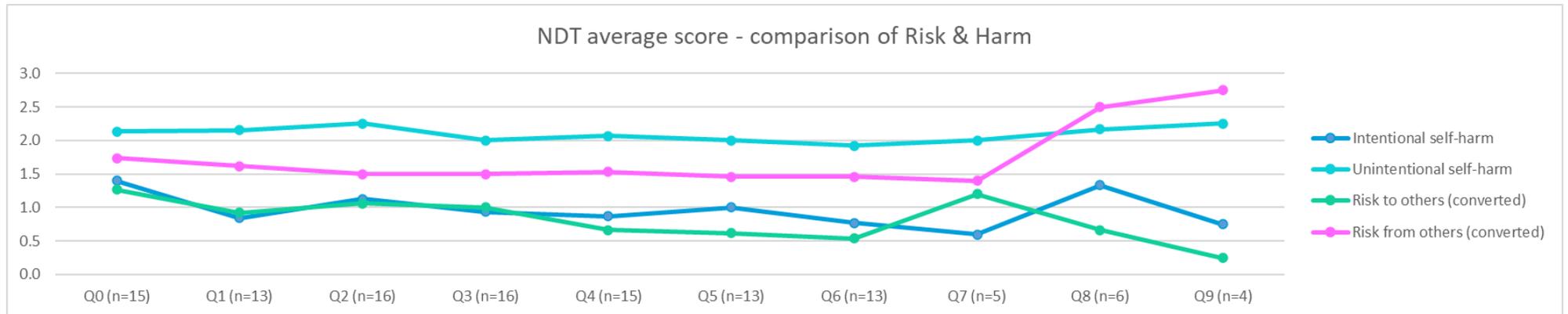
**16.4.7 Average NDT score for 16 clients across all 3 phases sustaining tenancies for over 12 months - comparing from quarter prior to and from tenancy start (lower score represents more positive outcomes)**

Quarter from tenancy start date	Engagement with frontline services	Intentional self-harm	Unintentional self-harm	Risk to others (converted)	Risk from others (converted)	Stress and anxiety	Social Effectiveness	Alcohol / Drug Abuse	Impulse control	Housing	Total score
Q0 (n=15)	1.8	1.4	2.1	1.3	1.7	2.3	1.7	2.7	1.9	2.3	22.3
Q1 (n=13)	1.6	0.8	2.2	0.9	1.6	2.2	1.5	2.2	1.6	1.2	18.4
Q2 (n=16)	1.6	1.1	2.3	1.1	1.5	2.3	1.6	2.6	1.5	1.2	19.1
Q3 (n=16)	1.6	0.9	2.0	1.0	1.5	2.1	1.6	2.4	1.4	0.9	17.9
Q4 (n=15)	1.4	0.9	2.1	0.7	1.5	1.9	1.7	2.3	1.3	0.8	16.7
Q5 (n=13)	1.2	1.0	2.0	0.6	1.5	1.9	1.8	2.4	1.3	0.5	16.3
Q6 (n=13)	2.0	0.8	1.9	0.5	1.5	2.2	1.8	2.5	1.5	0.7	17.4
Q7 (n=5)	2.2	0.6	2.0	1.2	1.4	2.2	2.2	2.6	1.8	0.6	19.4
Q8 (n=6)	1.7	1.3	2.2	0.7	2.5	2.8	2.0	2.7	2.0	0.8	21.8
Q9 (n=4)	1.5	0.8	2.3	0.3	2.8	3.0	1.8	2.5	2.0	2.0	21.8

### 16.4.8 Comparing average total NDT score and average housing score for 16 clients across all 3 phases sustaining tenancies for over 12 months



### 16.4.9 Comparing average risk and harm NDT scores for 16 clients across all 3 phases sustaining tenancies for over 12 months



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