Turning Point Scotland's Housing First Project Evaluation

Executive Summary

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Introduction to the Pilot

The Housing First pilot was developed by Turning Point Scotland (TPS) in response to high levels of repeat homelessness amongst people with active substance misuse problems in Glasgow. It has involved a three-year pilot running from October 2010 until September 2013, providing housing and support to 22 individuals who were homeless and actively involved in substance misuse (drugs, alcohol, or poly-substance misuse) at the point of recruitment. The pilot was funded by TPS, the Big Lottery Fund, and Greater Glasgow and Clyde Health Board.

The pilot was, as the name implies, modelled on the principles of the Housing First approach which was developed by Pathways to Housing in the United States. Housing First departs from orthodox 'linear' approaches to homelessness by placing homeless people with complex needs directly into independent tenancies without first insisting that they progress through transitional housing programmes and/or undergo treatment. Tenants are then provided with flexible, non-time-limited support in their homes and communities.

The TPS pilot in Glasgow was the first Housing First project to be developed in the UK, and one of the first internationally to explicitly target homeless people involved in active drug misuse. It accommodates service users in 'normal' independent self-contained housing association flats, on a scatter-site basis, with a rent contract and unlimited lease. The project is staffed by a team of six which includes three peer support workers who have histories of homelessness and substance misuse. Support plans are developed on a client-centred basis and assertive outreach and motivational techniques are employed. Staff members assist service users to access welfare entitlements and other support services, as appropriate to their support plan. The provision of support continues if service users disengage or spend extended periods in institutional care settings (e.g. prison or rehab).

Most of the pilot's service users are male, aged between 25 and 44, and all are White British. The adulthoods of almost all have typified the 'revolving door' of repeat homelessness and institutional care, that is, cycling in and out of prison, rehabilitation facilities, hospital, and/or psychiatric wards. Substance misuse problems date back to teenage years for most, and addictions were severe at the point of recruitment in a number of cases (particularly in the case of those addicted to illicit drugs, less so alcohol).

This executive summary documents the key findings from an independent evaluation of the pilot conducted by Dr Sarah Johnsen with Prof Suzanne Fitzpatrick from Heriot-Watt University. The evaluation ran for the full three-year duration of the pilot period and was funded by TPS. It employed a longitudinal methodology and involved repeat interviews with TPS staff and representatives of key stakeholder agencies (total *n=30*), repeat interviews with service users (total *n=43*), and analysis of service users' case files.

Project Outcomes

The project has been highly successful at retaining the involvement of service users, including several of those widely regarded as 'serial disengagers'. Its housing retention outcomes have also exceeded expectations. The vast majority of service users have retained their tenancies continuously since they were allocated their property; half of these individuals had in fact done so for more than two years by the end of the pilot period. No evictions were recorded, but one service user 'lost' their tenancy due to serving a long prison sentence (and thereby losing Housing Benefit

entitlement), and another 'gave up' theirs after being victimised by other members of the drug-using community.

The general direction of change in terms of health has been one of improvement, with a number experiencing vast improvements in physical health, which have generally been attributed to improvements in diet and reductions in drug or alcohol use. Some service users do however suffer from ongoing physical health issues and a number from periodic fluctuations in mental health. Deteriorations in mental health have often been reflected in increases in substance misuse or relapses of varying durations.

Outcomes as regards substance misuse have been mixed, but positive on balance. There has been an overall reduction in the severity of service users' dependence on illicit drugs, but little observable change as regards overall levels of alcohol dependency. Several service users have achieved abstinence from whatever their primary 'substance of choice' had been at the point they were recruited to the project. A minority (approximately one quarter) of service users still report high levels of drug dependence. Those who have 'slipped' on their journey toward recovery nevertheless report being closer to meeting their goals regarding substance misuse than they were before becoming involved with Housing First.

Involvement with the criminal justice system and levels of participation in street culture activities (e.g. begging or sex work) have declined overall in concert with reductions in levels of illicit drug use. Periods of incarceration – sometimes (but not always) for offences committed prior to being housed by the pilot – have been very disruptive to service delivery and led to the loss of one (of the total two) tenancies ended to date.

Service users' financial wellbeing has improved overall, largely due to reductions in the amount of income spent on illicit drugs, but most continue to struggle to cope financially on low incomes. Outcomes as regards participation in 'formal' meaningful activities have exceeded expectations, with several service users now involved in either education, training or voluntary work. Participation in paid work nevertheless remains a long-term goal for most.

A number of service users have benefited from family support, but feelings of social isolation have been a common experience for others, especially those who have deliberately cut ties with former drug- or alcohol-related peer networks. Involvement with meaningful activities in the community has gone some way to mitigating the loneliness experienced by a few service users, but Housing First staff continue to play a critical role as sources of social and emotional support for many.

Instances of neighbourhood disturbance, where service users have been either the perpetrators or victims of anti-social behaviour, have been relatively rare, and certainly far less prevalent or severe than had been anticipated by most stakeholders. The extent to which service users have interacted with other people or activities in their local community has varied, in part reflecting their differing levels of confidence and social skills.

Levels of service user satisfaction with the project have been very high. Key contributors to these high satisfaction levels have included: the positive relationships developed between staff and service users, the flexibility and 'stickability' of support, and the project's 'realistic' approach to substance misuse which encourages service users to be honest about where they are on their journey toward recovery.

The inclusion of peer support workers in the staff team has been universally welcomed by service users. Their shared histories break down perceived barriers about the risk of being judged and enhance service users' faith in their own ability to recover from addiction.

Any dissatisfaction expressed by service users has related predominantly to substantial delays in the allocation of flats, reflective of current high demand for housing association tenancies in Glasgow. These delays have been a source of great frustration for all those involved in service delivery and have had a detrimental impact on the motivation of a number of service users.

Trajectories of Experience

The pilot's service users have tended to follow one of three general trajectories with regard to the overall direction and/or extent of behaviour change; so too 'distance travelled' on their journey toward recovery from substance misuse. These may be described as follows:

1. *'Sustained positive change'*. For half of all service users *(n=11),* outcomes have been largely or uniformly positive overall and have, on the whole, been sustained to date. Generally speaking, their substance misuse has stabilised or reduced (and in some cases ceased), their physical and mental health has improved, and any prior involvement in criminal or street-culture activity has terminated. In most instances their social support networks have strengthened, and they have become increasingly involved with meaningful activities within their community. Some of these individuals report having experienced 'difficult' periods – experiencing a 'dip in mood' for example – but the general trajectory of their experience has been one of positive lifestyle change and enhanced wellbeing.

2. *'Fluctuating experiences'*. For a further quarter of service users *(n=6),* the overall pattern of experiences could be described as 'up and down', in that periods of relative stability or improvement have been punctuated by slips on their journey toward recovery. Symptomatic of such 'blips' have been increased levels of substance misuse (usually temporary) and/or deteriorations in mental health. These experiences have often had a knock-on effect on service users' ability to manage their home, particularly (dis)inclination to budget and/or 'manage the door'. It is sometimes also reflected in re-engagement with street culture activities and intermittent periods of disengagement with support. Staff have often increased the intensity of support provided at such times to help service users 'get back on track'.

3. *'Little observable change'.* For the remaining quarter of service users *(n=5),* there has (as yet) been little evidence of change with regard to most of the outcomes measured[1]. These cases are generally still misusing substances at or near to the same level they were before being recruited to the project and/or continue to be actively involved in street-culture activities (e.g. begging) or low-level criminality (e.g. shoplifting). Managing their home (e.g. budgeting, cleaning) continues to present an ongoing challenge. Engagement is often intermittent, but staff report that the security provided by the project means that these individuals are now more receptive to supportive interventions (e.g. health care).

[1] It should be noted that two of these individuals had not been housed by the end of the pilot period, as a result of repeat periods spent in institutional care settings (i.e. prison or psychiatric wards) and/or because they kept changing their mind about which area they wanted to live in.

The small size of the pilot dictates that the relative proportions of service users following each of the trajectories identified above should be regarded as indicative rather than definitive; that is, it should not be assumed that these would necessarily be replicated in other Housing First projects. The small number of service users also means that it has not been possible to identify any demographic characteristics that might influence the likelihood of individuals being classified in each group. Staff do however note that the existence of family support (and particularly the prospect of (re)establishing contact with children) acts as a motivating factor for positive behaviour change, as does service users' active involvement in meaningful activities within the community.

Conclusions and Recommendations

The project is widely heralded as a 'success' by the service users, staff, and stakeholders in Glasgow – in large part because of the very positive housing outcomes recorded, but also because the staff team has successfully maintained positive relationships with and continued to support service users who were previously regarded as highly challenging 'serial disengagers'. It is of course impossible to predict at this stage whether or not service users will retain their housing in the long-term, but the evidence collated to date looks very promising.

The evaluation contributes to a bourgeoning evidence base that the Housing First approach is effective when implemented outside its 'home' country of the United States. It also goes some way to redressing the gap in evidence regarding the model's effectiveness with homeless people with active substance misuse problems, by providing compelling evidence that it can and does 'work' for this ostensibly 'hard to reach' client group.

Difficulties accessing housing, which lie outwith the control of the Housing First project, have been a source of great frustration for service users and staff alike. These do, however, serve to indicate that the effectiveness of the Housing First approach lies as much (if not more) in the provision of high quality, flexible and non-time-limited support as it does the allocation of stable independent housing *per se*.

Recommendations deriving from the lessons learned during pilot implementation, which should be borne in mind if/as the Housing First project is expanded or replicated, are as follows:

- It is worth investing significant time engaging stakeholders at *all* levels of seniority before and during project set-up, as it cannot be assumed that the support of senior managers will automatically 'trickle down' to frontline practitioners. Engaging frontline staff at an early stage will alleviate their anxieties about making referrals and improve communication between stakeholders involved in the delivery of support.

- Effective interagency working is critical to successful project operation. Liaison with the police is invaluable for the development of drug-use policies which alleviate housing providers' concerns about the legalities of housing active drug users. Moreover, open communication with housing officers enables Housing First staff to respond to any problems quickly and constructively, particularly in situations involving neighbour disturbance.

- The recruitment of high quality staff is a critical factor influencing the experiences of and outcomes for service users. It is imperative that all members of the staff team fully understand and support the principles of Housing First, particularly its expectations as regards service user engagement. They must be respectful, compassionate, non-judgemental, and have the ability to 'not take it personally' if a service user disengages.

- Peer support workers should be included in staff teams wherever possible, given the significant added value they bring. Ongoing training and support must be offered, tailored to the needs of the individual worker. Consideration should be given to potential ways of reducing the current high levels of sickness absence amongst peer support staff; so too the time that those without driving licences spend travelling to and from appointments with service users.

- Housing First providers should expect that some service users may potentially experience a 'dip in mood' and associated relapse or increase in substance misuse after being housed independently and be prepared to respond as appropriate. Strategies for expediting the acquisition of furniture and furnishings should be prioritised given the role that 'making a house a home' appears to play in mitigating dips in mood.

- There remains a need to develop innovative ways to combat social isolation, especially where service users' family support networks are weak and/or they have cut ties with former peer networks. On a related note, Housing First providers might valuably consider whether and if so how to respond to changes in service users' relationship status by supporting partners whilst continuing to safeguard the health and safety of staff and service users.

- Expectations regarding participation in formal/structured meaningful activity and employment should be ambitious, yet remain realistic. The value of supporting service users to engage in 'normal' recreational activities (e.g. going to the gym or cinema) should be recognised going forward. These not only act as useful 'diversions' from the cultures and practices associated with substance misuse, but also act as 'small steps' increasing service users' confidence in utilising mainstream facilities within their local community.

- Finally, this and future Housing First projects should work toward devising ways to improve outcomes for the minority of service users following the third trajectory of experience described above, that is, those for whom there has to date been little observable change as regards health, levels and patterns of substance misuse, and involvement in street culture.

For more information

The full evaluation report, *Turning Point Scotland's Housing First Evaluation: Final Report* by Sarah Johnsen, is available as a free download from www.turningpointscotland.com.

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