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Scotland's Housing First Pathfinder Evaluation

Final Report

EXECUTIVE SUMMARY

Sarah Johnsen, Janice Blenkinsopp
& Matthew Rayment



Background

This report summarises the key findings of an independent evaluation of Scotland's Housing First Pathfinder programme which set out to scale up Housing First delivery in five areas across Scotland, encompassing six local authorities: Aberdeen City and Aberdeenshire (henceforth referred to as Aberdeen/shire), Dundee, Edinburgh, Glasgow, and Stirling. The Pathfinder was catalysed and part-funded (until March 2021) by Social Bite following the publication of research identifying a need and appetite for the expansion of Housing First in Scotland¹², together with compelling international evidence regarding the effectiveness of Housing First in ending homelessness for people with co-occurring mental health and/or substance misuse issues³.

Social Bite catalysed the programme by securing pledges from housing providers (housing associations and local authorities) to make available up to 830 one-bedroom flats within Edinburgh, Glasgow, Aberdeen, Dundee and Stirling, specifically for people experiencing rough sleeping and complex support needs. Social Bite secured property pledges by committing to invest significant private funding (£2.16 million) to help fund dedicated support to accompany the tenancies and evaluation costs, through funds raised at mass public participation fundraising events and grants provided to Social Bite. Social Bite then appointed the Corra Foundation and Homeless Network Scotland to design and manage a collaborative commissioning structure for the support provision, where support providers were encouraged to apply for funding jointly. An advisory board was established to provide oversight for this process.

In order to fund the programme fully, Social Bite sought additional funding from Merchants House of Glasgow and the Scottish Government, the latter of whom ultimately became the main funder of the programme⁴. The Scottish Government lent support and funding given its clear connections with national policy objectives which included an ambition for Housing First to become the default response for homeless people with complex needs⁵⁶⁷. Overall, funding for the Pathfinder was provided by the Scottish Government (£5.8 million), Social Bite (£2.16 million), and Merchants House of Glasgow (£150,000). Corra Foundation and Homeless Network Scotland were appointed fund and project managers respectively. Turning Point Scotland was commissioned to provide training in Housing First principles and practice for Pathfinder providers and partners. Commitment to the seven key principles of Housing First⁸ was a pre-requisite and core criterion used in the assessment of bids for funding.

¹ Littlewood, M., Bramley, G., Fitzpatrick, S. and Wood, J. (2017) *Eradicating 'Core Homelessness' in Scotland's Four Largest Cities: providing an evidence base and guiding a funding framework*. Social Bite, Edinburgh.

² Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J. and Johnsen, S. (2019) *Hard Edges Scotland: new conversations about severe and multiple disadvantage*. Lankelly Chase and The Robertson Trust, London.

³ Mackie, P., Johnsen, S. and Wood, J. (2017) *Ending Rough Sleeping: What Works? An international evidence review*. Crisis, London.

⁴ Scottish Government funding covered Years 1-3; Social Bite and Merchants House of Glasgow funding Years 1-2.

⁵ Scottish Parliament (2018) *Local Government and Communities Committee Report on Homelessness*. Scottish Parliament, Edinburgh.

⁶ Homelessness and Rough Sleeping Action Group (2018) *Ending Homelessness: report on the final recommendations of the Homelessness and Rough Sleeping Action Group*. Scottish Government, Edinburgh.

⁷ Scottish Government (2021) *Housing to 2040*. Scottish Government, Edinburgh.

⁸ Homeless Link (2017) *Housing First in England: the principles*. Homeless Link, London; see also <https://homelessnetwork.scot/housing-first/know-how/principles/>.

The three-year Pathfinder programme ran formally from April 2019 until March 2022. In the final year Corra Foundation managed the distribution of transition funding on behalf of the Scottish Government which was designed to support up to half of the full cost of the Pathfinder programme as Housing First was mainstreamed in the Pathfinder areas. There were substantial changes to the composition of provider consortia and delivery arrangements in four of the five Pathfinders (all except Glasgow) by the end of September 2021 as a result. Distinctions are made between pre-transition and post-transition arrangements throughout this report given the significance of these changes to project operation. It must also be noted that the latter two years of the Pathfinder period fell during the global COVID-19 pandemic which had a profoundly negative effect on homelessness, health and social care services^{9,10}, as well as the mental health and wellbeing of society more generally¹¹. These impacts must be borne in mind when interpreting the evidence regarding Pathfinder effectiveness, especially as regards outcomes for service users.

Evaluation aim and methods

The evaluation was conducted by the Institute for Social Policy, Housing and Equalities Research (I-SPHERE) at Heriot-Watt University in collaboration with ICF. It was commissioned by Corra Foundation with funding from Social Bite. The evaluation aimed to assess the effectiveness of and draw together key lessons learned via the Housing First Pathfinder programme. It combined an *outcomes evaluation* assessing the outcomes individual service users experienced across a wide range of areas, a *process evaluation* assessing fidelity to the core principles of Housing First and investigating factors that facilitated or inhibited delivery, and a *cost analysis* calculating unit costs of delivery and assessing whether the programme delivered value for money.

A mixed methods approach was used and data drawn from five main sources, including:

1. *Interviews and focus groups* conducted over three time points with support provider leads and partners, frontline support workers, local stakeholders (e.g. housing associations, local authorities, health and social care providers), national stakeholders (e.g. policy makers, campaigning organisations), and service users (total n=200 participants);
2. *'Tracker' monitoring data* regarding the characteristics and tenancy sustainment of all people housed (n=579);
3. *New Directions Team (NDT) assessments* completed by staff (n=104);
4. *Questionnaires* completed by service users (total n=101); and
5. *Financial returns* recording project-level expenditure.

Pathfinder project characteristics

All five Pathfinders targeted the population traditionally supported by Housing First programmes, that being people experiencing homelessness and multiple disadvantage, many of whom have experienced long-term or repeat homelessness. The degree of focus on people who were sleeping rough at the point of referral varied depending on the prevalence of street homelessness within each context, with this being much more prominent in Edinburgh than in Stirling and

⁹ Boobis, S. and Albanese, S. (2020) *The Impact of COVID-19 on People Facing Homelessness and Service Provision Across Great Britain*. Crisis, London.

¹⁰ Fitzpatrick, S., Mackie, P., Pawson, H., Watts, B., and Wood, J. (2021) *The COVID-19 crisis response to homelessness in Great Britain: interim report*. CACHE, Glasgow.

¹¹ Xiong, J., Lipsitz, O., Nasri, F. et al. (2020) Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *J Affect Disord.* 1: 277:55-64.

Aberdeen/shire, for example. Two of the Pathfinders (Aberdeen/shire and Edinburgh) included an element of Housing First for Youth¹² (HF4Y) provision specifically targeting young people.

The size and structure of consortia varied substantially, especially as regards the number of partners and/or extent of involvement of statutory bodies, as noted in the overview table below. The contexts and systems within which the Pathfinders operated also differed markedly, albeit that almost all (98% of) service users were allocated a social housing tenancy. Almost all Pathfinder projects (Glasgow excepted) experienced substantial change during the transition year, with a subset of original consortia members or new partners being commissioned to deliver Housing First, and some programmes being taken ‘in-house’ by the local authority. Together, these variations afforded valuable opportunity to reflect on shared and locality-specific challenges and responses in the delivery of Housing First at scale.

Pathfinder project overview (pre-transition)

	<i>Aberdeen/shire</i>	<i>Dundee</i>	<i>Edinburgh</i>	<i>Glasgow</i>	<i>Stirling</i>
<i>Consortia composition</i>	Led by Aberdeen Cyrenians in partnership with Aberdeen Foyer, Turning Point Scotland, Aberdeen City Council, and Aberdeenshire Council	Led by Transform Community Development, in partnership with The Salvation Army, DSG (Dundee Survival Group), We Are With You (formerly Addaction)	Led by Cyrenians in partnership with Turning Point Scotland, Rock Trust, Streetwork, Bethany, Gowrie Care (now Hillcrest Futures), and Barony (now Wheatley Care)	Led by Turning Point Scotland in partnership with Simon Community Scotland, The Salvation Army, and Loretto Care (now Wheatley Care)	Partnership between Loretto Care and Barony (which subsequently merged into Wheatley Care)
<i>Target group/eligibility</i>	Initially people sleeping rough, then those in temporary accommodation who have experienced cyclical homelessness	Experience of multiple and complex needs, repeat homelessness, and willingness to engage with HF support	Experience of multiple and complex needs and been in homelessness system for many years	Experience of complex needs, over 18, and statutorily homeless	Experience of multiple and complex needs and repeat episodes of homelessness
<i>Referral</i>	Open, including self-referral. NDT used to assess eligibility and prioritise referrals	Open, including self-referral. Use of screening tool to assess eligibility	Mostly from council homelessness officers but other agencies do refer. NDT used to prioritise referrals	Open, referrals processed via consortium staff using HSCP processes, latterly taken over by HSCP	Referrer completes NDT. Case initially discussed with HF team, then assessed by referral panel
<i>Housing type</i>	Predominantly social (69% LA, 24% RSL) with 7% PRS. All scatter-site.	All social (78% LA, 22% RSL). All scatter-site	All social (24% LA, 76% RSL). All scatter-site	Almost all social (99% RSL) with 1% PRS. All scatter-site	All social (29% LA, 71% RSL). All scatter-site

¹² Housing First Europe Hub (no date) *An Introduction to Housing First for Youth (HF4Y)*. Housing First Europe Hub, Brussels.

<i>Tenancy type</i>	SST in social housing; PRT in PRS	Mostly SST; SSSTs used with one HA	SST	SSTs in social housing; PRT in PRS	SST
<i>Intended staff:client ratio</i>	1:7	1:7	1:7	1:7	1:7
<i>Staff and out of hours coverage</i>	9-5 Monday to Friday (with some flexibility outside this); out of hours support throughout Pathfinder available from Aberdeen Cyrenians and Aberdeen Foyer	8:30am-5:30pm (with some flexibility evenings/weekends); helpline outside office hours	Office hours vary; all but one partner offers out of hours support	Staff shifts cover Monday to Saturday (9am-5pm and 11.30am-7.30pm), and 10-6 on Sundays; out of hours on call support provided	Staff work regular daytime shifts; out of hours support available from staff base of existing service
<i>Furnishing/personal budget</i>	Yes, c.£1,200.	Yes, £1,280	Yes, £1,500	Yes, £1,500	Initially a furniture package; thereafter £1,500 budget
<i>No. people housed at end Sept. 2021</i>	101	87	144	231*	15

* Glasgow figures include numbers relating to the Pathfinder consortium led by Turning Point Scotland and the commissioned Housing First service led by The Salvation Army

Fidelity to Housing First principles

In the first two years of the Pathfinder period almost all of the projects succeeded in operationalising the majority, if not all, of the seven principles of Housing First to either a high or high/medium degree. Some deviations were however evident. Where they occurred, departures from the principles resulted from either: a) deviations in programme design (e.g. conditional tenancies or engagement requirements), or b) the effects of (external or internal) factors which inhibited Pathfinders' ability to deliver the service as intended (e.g. staff shortages).

Changes to modes of delivery, variably articulated across Pathfinder areas during mainstreaming, compromised fidelity in a number of ways. Most prevalent amongst the 'red flags' highlighted by interviewees were increased staff caseloads (discussed in more detail below). Concerns were also raised within at least some areas in relation to escalation of expectations regarding service user engagement as an eligibility criterion, pressure to limit the duration of support, and/or potential compromises to the separation of housing and support. These changes are significant given their potential negative influence on: firstly, the likelihood of some members of the target population being accepted into Housing First programmes (i.e. potential 'creaming' of referrals); and secondly, the adequacy (particularly intensity, flexibility, and duration) of the support received if/once recruited.

Number and profile of people housed

The Pathfinder successfully scaled up Housing First provision such that 579 individuals had been allocated a tenancy by the end of September 2021. Of these, two thirds (68%) of the individuals housed were men, one third (32%) women, and less than 1% identified as transgender. In terms of age profile, 15% were aged 25 and under, 65% 26-49 years, 17% 50-64 years, and less than 4% 65 years or older. Almost all (99%) were White British and the vast majority (96%) identified as heterosexual.

Many of the people supported had been homeless for very long periods prior to recruitment, with a total of 44% of service user baseline survey respondents having been homeless for at least five years during their lifetime. Self-reported health status was generally poor, and this was especially true of mental health. Health problems associated with substance misuse (and drugs more so than alcohol) were particularly prevalent. New Directions Team assessments highlighted variability in needs but indicated that a substantial minority of service users presented with an exceptionally high level of vulnerability at the point of recruitment.

Housing and other outcomes

The Pathfinder was effective at supporting service users to sustain their tenancies, achieving an overall 12-month tenancy sustainment rate of 88% and 24-month sustainment rate of 80% in the period to end September 2021¹³. There was some degree of variation between Pathfinder projects, but these (the smallest, Stirling, excepted) and the overall Pathfinder figures were broadly commensurate with those documented elsewhere¹⁴¹⁵.

No evictions were recorded in the period to end September 2021, but a total of 8% of all Pathfinder tenancies were not maintained for other reasons, including planned moves to temporary homeless accommodation (experienced by 4% of all tenants), planned moves to supported accommodation (e.g. sheltered housing) (2%), and abandonment (2%). Additional reasons for tenancies ending included a long-term prison sentence (affecting 2% of all tenants), or the death of the tenant (6% of all tenants). The proportion of tenants who sadly passed away is consistent with figures recorded by Housing First programmes elsewhere within and beyond the UK¹⁶¹⁷.

Other outcomes, regarding health and substance misuse for example, were reported by interviewees to be mixed but positive on balance overall, thereby also aligned with existing

¹³ Individuals who had passed away were excluded from this analysis. If the Scottish Housing Regulator approach to calculating tenancy sustainment was employed, wherein tenants who have died are included in the denominator, the overall 12-month sustainment figure would be 82%.

¹⁴ Mackie, P., Johnsen S. and Wood, J. (2017) *Ending Rough Sleeping: What works? An international evidence review*. Crisis, London.

¹⁵ Aubry, T., Roebuck, M., Loubiere, S., Tinland, A., Nelson, G., and Latimer, E. (2021) A tale of two countries: a comparison of multi-site randomised controlled trials of Pathways Housing First conducted in Canada and France. *European Journal of Homelessness*, 15(3): 25-44.

¹⁶ Blood, I., Birchard, A. and Pleace, N. (2021) *Reducing, Changing or Ending Housing First Support*. Homeless Link, London.

¹⁷ Tinland, A., Loubiere, S., Cantiello, M., Boucekine, M., Girard, V., Taylor, O. and Auquier, P. (2021) Mortality in homeless people enrolled in the French housing first randomized controlled trial: a secondary outcome analysis of predictors and causes of death. *BMC Public Health*, 21(1294): 1-12.

evidence^{18,19,20}. Specifically, there were many accounts of improvements in Housing First tenants' health, reduction or stabilisation of substance misuse, and increased engagement with healthcare services, but it was noted that some remained in poor (physical and/or mental) health. Interviewees reported a perceived overall downward trend in Housing First users' involvement in criminal activity but also that engagement with the criminal justice system remained a feature of some service users' lives, typically (but not always) because of legal proceedings and/or sentences relating to offences committed before engaging with Housing First.

Evidence of effects on social support networks, community integration, and meaningful activity was limited, with this being attributed at least in part by interviewees to the impact of the pandemic. Social distancing measures and the prolonged closure of community facilities severely limited opportunities for supporting service users in these outcome areas. The pandemic and associated restrictions affected Pathfinder delivery in a number of other significant ways, most notably necessitating remote contact with service users for a long period if/where face-to-face engagement was not deemed absolutely essential. It also compounded tenants' experiences of social isolation, contributed to riskier patterns in substance misuse, caused lengthy hiatuses in referrals and property allocations, delayed access to furnishings, lengthened waits for some forms of healthcare, and heightened staff absence due to COVID-19 infection, shielding, and/or self-isolation requirements.

The outcomes achieved by the Pathfinders nevertheless catalysed a growing consensus amongst stakeholders, including housing providers, that Housing First is effective in preventing repeat homelessness amongst people with experience of multiple disadvantage in the Scottish context. Many reported that it had surpassed their expectations, in large part because of its success in providing a solution for individuals who had been poorly served by mainstream services and previously cycled in and out of homelessness and institutional care settings for prolonged periods of time. The distance travelled on individuals' recovery journeys and outcomes achieved (as regards health, substance misuse etc.) were highly variable, but the impacts observed had prompted a number of housing and support providers to adopt more trauma-informed ways of working with the target population and/or people experiencing homelessness more generally.

Service user experiences and perceptions

Service user interviewees' experiences of the Pathfinders were very positive overall, albeit that uncertainty regarding and/or disruption to support arrangements during the transition year had been difficult for a small minority. Attention was drawn to five key features of support which were reported to set Housing First apart from other services and contribute to its effectiveness. These included its: relationality (i.e. more 'equal' relationships with staff given the choice and control provided), stickability (continuation of support after periods of disengagement), flexibility (of type, intensity, and location of support delivery), longevity (i.e. non-time-limitedness of support and tenancy security), and normality (of housing and support delivery settings).

Satisfaction with the housing provided was generally high. Where this was not the case, service user interviewees' dissatisfaction tended to relate to concerns about the neighbourhood in which their

¹⁸ Aubry, T., Roebuck, M., Loubiere, S., Tinland, A., Nelson, G., and Latimer, E. (2021) A tale of two countries: a comparison of multi-site randomised controlled trials of Pathways Housing First conducted in Canada and France. *European Journal of Homelessness*, 15(3): 25-44.

¹⁹ Baxter, A., Tweed, E., Katikireddi, S., and Thomson, H. (2019) Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *J Epidemiol Community Health*, 73(5): 379-387.

²⁰ Mackie, P., Johnsen S. and Wood, J. (2017) *Ending Rough Sleeping: What works? An international evidence review*. Crisis, London.

housing was located, condition of the property, and/or length of time before allocation. Waits tended to be longest when service user interviewees had prioritised property location or type over speed of access when exercising housing choice. Some expected and indeed were resigned to a potentially long wait given an appreciation of the limited availability of housing; others reported finding the length of wait demoralising or demotivating.

Experiences of community integration were mixed. Some service user interviewees had developed positive (and in a few cases mutually supportive) relationships with neighbours and/or were actively involved in and enjoyed community activities (after pandemic restrictions lifted). In contrast, others deliberately sought solitude and/or were reticent to engage with activities in the community given anxieties about mixing with other people and in particular former associates who they feared might jeopardise their recovery from substance misuse and/or ill health. 'Managing the door' had been a challenge for some, with resolution of a few incidents having required intervention from Housing First support workers and/or the police.

Service user interviewees all reported that the Pathfinder had made a very positive difference to their lives, with some going as far as to suggest that its effects had been transformational. The value of Housing First in enabling a sustained escape from harms associated with rough sleeping and homeless hostels was emphasised, as were the opportunities afforded by having a stable home to do 'normal' things which restore dignity and foster recovery. The instrumental and emotional support provided by Housing First workers as service users set up their homes and negotiated systems associated with welfare benefit and healthcare access were especially appreciated. Virtually all emphasised the extremely positive effect that Housing First had had on their quality of life overall and that they would recommend it.

Operational challenges and lessons learned

Project design, mobilisation, and joint working

A number of key lessons were learned as regards the design and mobilisation of Housing First. Key amongst these was that the amount of time required to develop partnerships with key stakeholders across all relevant sectors (most notably housing providers, but also those in health and social care, and criminal justice) should not be underestimated. Moreover, attempts to foster buy-in from stakeholders in other sectors should target individuals in frontline roles (e.g. housing officers) as well as those operating at a strategic level. A further key point of learning in the early stages of delivery was that the nature and location of implementational 'sticking points' tend to shift over time.

The Pathfinder programme was widely acknowledged to have acted as a sector 'disruptor' which had raised the priority accorded to Housing First in policy debate and catalysed action in terms of its wider adoption. The Scottish Government's public endorsement of Housing First as an approach was identified as a key enabler in its development, mobilisation and mainstreaming, albeit that the nature of the Pathfinder's origins (and lack of local authority involvement in its inception in particular) had contributed to variable levels of local authority investment in the subsequent mainstreaming process. There was a strong call for cross-sectoral input from health and social care and criminal justice sectors in the funding of Housing First going forward so that responsibility for its ongoing delivery does not fall solely to the housing/homelessness sector.

Staff recruitment, support, and caseloads

Recruitment of frontline staff had been difficult in some Pathfinder areas. This issue was compounded by differences in the salary and conditions between consortia providers and raised broader questions regarding the adequacy of pay for Housing First support workers given the skills required and demands associated with their role. The provision of adequate levels of supervisory support and opportunities for reflective practice for frontline staff were widely identified as being of critical importance. Provision for access to clinical supervision, which was only provided in some areas, was regarded as good practice. The training provided by the Housing First Academy Training Hub had contributed to an upskilling of the workforce equipped to support the target population as well as an increase in awareness of what Housing First is (and is not) across the homelessness sector more generally.

The importance of preserving small caseloads has been a key finding given the detrimental impact that unintentionally exceeding the intended (1:7) staff:client ratio at times had on staff members' ability to deliver the flexibility and intensity of support required. Where staff supported more people than was manageable, support delivery tended to focus on crisis resolution, and on tenancy sustainment specifically, at the expense of other (non-housing) aspects of service users' lives. Excessively high caseloads also compromised staff wellbeing.

Further reflection on this issue is needed with a view to developing more sophisticated means of managing caseloads, especially as Housing First projects mature. Inspiration might potentially be taken from the caseload weighting approach employed by some community mental health and other social care teams within and beyond the UK^{21,22}. This recognises and attempts to take account of the fact that some clients absorb more staff time than others at any one point in time. Flexible weighting scales might take account of a range of relevant factors when assessing Housing First project capacity and allocating service users to workers. These might include, but by no means be limited to: staff experience and other responsibilities (e.g. supervision), geographic distribution of cases and caseload maturity, service user needs, receptivity to support, independent living skills, risks to self and others, and so on²³.

Eligibility and referral

Key lessons regarding referral processes included the importance of ensuring that eligibility criteria are clear and communicated effectively to referral agents, that potential clients should be informed of and consent to their referral to Housing First, and that a tool such as the New Directions Team assessment, whilst imperfect, is helpful in prioritising referrals. Further to this, there is clear value in having multi-agency input into referral assessments. Support providers should ideally be involved in decisions regarding whether Housing First might be suitable for any individual referred.

On a related note, the experiences of the Pathfinders indicate that even if an individual meets the eligibility criteria, they should never be 'pushed' to accept an offer of Housing First if they do not want it. Furthermore, Housing First is not suitable for individuals who lack capacity to comprehend a standard tenancy agreement and/or the consequences of failing to adhere to its conditions (if for

²¹ Baillon, S., Simpson, R., Poole, N., College, R., Taub, N. and Prettyman, R. (2009) The development of a scale to aid caseload weighting in a community mental health team for older people. *Journal of Mental Health*, 18(3): 253-261.

²² McGuinness, M., Leiba, T. and Mathiason, C. (2007) Workload weighting in community mental health teams. *Nursing Times*, 103(16): 32-33.

²³ King, R., Meadows, G. and Le Bas, J. (2004) Compiling a caseload index for mental health case management. *Australian and New Zealand Journal of Psychiatry*, 38: 455-462.

example they have severe learning difficulties or alcohol related brain damage). Housing First should also not be deemed suitable for an individual whose healthcare needs exceed the level that the intervention can realistically provide.

Sourcing and furnishing properties

A key challenge across all Pathfinder areas was sourcing suitable properties in areas that the people being supported wanted to live. This contributed to long delays in allocating homes to some people, with this issue being especially acute in the highest-pressure housing markets, most notably Edinburgh.

The experiences of the Pathfinders indicate that Housing First providers face a particular challenge in balancing: a) maximisation of user choice with regard to housing location/type, with b) minimisation of risk of harm (to both service users and their neighbours), and c) time taken to source housing. A key task for frontline workers had been supporting service users to make informed choices regarding housing, such that they were aware of the full range of options available to them and supported to assess the potential benefits, limitations, and risks associated with each.

Levels of Registered Social landlord (RSL) understanding of and buy-in to Housing First were widely variable. The Pathfinders had benefited from very strong support from a number, and levels of interest and commitment amongst others increased as the effectiveness of the approach with individuals previously deemed 'unhousable' became increasingly evident.

Disappointingly, having a Housing First 'label' meant that service users were sometimes bypassed in mainstream allocations systems given housing officers' concerns about risk – most commonly fears that giving Pathfinder clients an independent tenancy may 'set them up to fail' and/or generate neighbourhood disturbance. Given the tendency for Housing First users to be disadvantaged in this way, the overall balance of opinion amongst provider and other stakeholder interviewees was strongly in favour of allocating Housing First properties outwith common housing register choice-based lettings systems going forward.

Delays accessing furniture resulting from issues associated with Scottish Welfare Fund administration had been a significant problem in some areas. On this issue, there was a strong call for greater alignment of welfare benefit and homelessness policies, particularly for consideration regarding the introduction of a grace period enabling Housing First properties to be furnished adequately before tenants move in. Personalised budgets were deemed effective in maximising user choice as regards furnishing.

Patterns of support and access to other services

Whilst individual service users' needs were highly variable it was possible to discern three broad phases in the type and/or intensity of support required. The first is a relationship-building phase during which tests of service 'stickiness' are common. The second, a moving and settling in phase (which sometimes overlaps with the first), typically involves the provision of intensive practical and often also emotional support. During the third phase the nature and intensity of support required is strongly dependent on an individual's specific goals and needs (be they substance misuse, relationship, or employability focused for example) which are likely to evolve over time.

Lessons had also been learned regarding the support of specific groups, most notably women and young people. Key amongst these was the need for Housing First providers to be gender- and age-aware, that, is cognisant of the particular issues affecting these groups (e.g. susceptibility of women

to gender-based exploitation and likelihood of young people to want to move and/or 'graduate' from Housing First). Further to this, Housing First projects should be mindful of the differential validity of screening and other assessment tools (e.g. New Directions Team assessment) for these groups given their life experiences; so too the value of recruiting staff with specialist training and/or professional expertise in relation to these groups.

Pathfinder projects' success in brokering access to other services was variable and often limited due, in part, to dissonance between the flexible approach to support delivery endorsed by Housing First and the comparatively inflexible statutory systems it works in conjunction with. Facilitating access to mental health support was reported to be especially challenging given limited availability and exclusionary eligibility criteria. There was a strong call for cross-sector systems change which should lead to the reduction of what is currently an undesirable level of reliance on personal relationships and goodwill in the resolution of problems. The removal of some barriers during the pandemic gives at least some grounds for optimism regarding the opportunities for positive change in this area.

Social isolation, community integration, and antisocial behaviour

Combating social isolation, fostering community integration, and promoting meaningful activity had all been aims of the Pathfinder, but efforts in these areas were thwarted severely by the pandemic due to social distancing measures and the closure of many community facilities. Helpful lessons had been learned regarding the value of broaching the subject of social support early in support planning, means of exploiting opportunities offered by digital technology, and potential utility of personalised budgets for promoting social inclusion and/or the pursuit of other goals, for example. There was nevertheless widespread consensus that this general area represents the 'nut that has not yet been cracked', and that further thought is required regarding how best to support Housing First tenants to (re)build positive social support networks and feel part of their local community.

Incidents of antisocial behaviour wherein service users had been either a victim or perpetrator (and in some cases both) had occurred in all Pathfinder areas but had been much less prevalent than anticipated by many stakeholders. Some instances of Housing First tenants being a victim of 'cuckooing' were reported, wherein tenants were exploited and their homes appropriated by other people. A minority of these instances were associated with 'county line' drug markets which involve exploitation of vulnerable people by organised criminal groups distributing and supplying illegal drugs in the UK's satellite urban centres and rural areas²⁴.

Two key factors were deemed effective in preventing and mitigating antisocial behaviour: first, rapid response to early signs of an issue developing (this being especially critical in cases of cuckooing); and second, effective communication between Housing First support providers, housing officers and other relevant stakeholders. Planned moves to another Housing First tenancy or alternative accommodation were necessary in some cases; these usually (but not always) resolved the problem.

²⁴ The term 'county line' refers to organised criminal networks involved in moving illegal drugs around the UK using dedicated mobile phone lines or other form of 'deal line'. They tend to exploit children and vulnerable adults and have a reputation for using coercion, intimidation, violence (including sexual violence), and weapons. See: <https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>.

Ending Housing First support

Pathfinders' experience of 'standing down' (ending) Housing First support, or what some stakeholders referred to as 'graduation', was limited. There was a strong call for the development of guidance and operational procedures regarding the discontinuation of Housing First support which takes due account of growing evidence that most service users will require support for a long time²⁵, the unpredictability of support needs, and limitations (especially engagement requirements) of mainstream services available to former clients. Pathfinder experiences during the transition year highlighted an imperative to maximise the length of Housing First contracts and avoid changing providers insofar as possible given the centrality of relationships to the approach (see above).

All the Pathfinder projects had experienced the sad passing of one or more tenants. Most of these deaths were substance misuse related and had occurred in the context of an acknowledged 'drug deaths crisis' in Scotland²⁶. Some interviewees suspected that risks may have been exacerbated by the pandemic given its impact on drugs markets and catalytic effect on increased and riskier patterns of substance misuse recorded internationally²⁷. The number of deaths did attenuate to a degree when restrictions on social contact reduced, but even so it is apparent that Housing First provision does not vitiate entirely the target population's pre-existing disproportionate risk of premature death^{28,29}.

Value for money

When costs incurred by Pathfinder consortia (only) are considered, the average *cumulative* cost per person housed at end September 2021 was £11,645. Average *annual* costs per person housed fell dramatically over the course of the three-year Pathfinder to reach an annualised cost of £5,058 during the final year (2021/2022)³⁰. If the costs of delivery partners (fund manager, project manager, and training provider) are included, the average *cumulative* cost per person housed was £13,349 and average *annualised* cost per person housed during 2021/22 was £5,632. Though available comparative data are patchy, the cost of delivery toward the end of the Pathfinder period was broadly comparable to the ranges reported in other studies within the UK^{31,32}.

A full cost benefit analysis was not possible but three broad conclusions may be drawn from the analysis of available data. First, the high levels of public service use by Pathfinder clients immediately prior to receiving support from Housing First indicate that there is significant potential for cost savings through delivery of positive outcomes for homelessness, police and criminal justice

²⁵ Blood, I., Birchard, A. and Pleace, N. (2021) *Reducing, Changing or Ending Housing First Support*. Homeless Link, London.

²⁶ National Records of Scotland (2021) *Drug-related Deaths in Scotland in 2020*. NRS, Edinburgh.

²⁷ Roe, L., Proudfoot, J., Tay Wee Teck, J., Irvine, R., Frankland, S. and Baldacchino, A. (2021) Isolation, solitude and social distancing for people who use drugs: an ethnographic perspective. *Front. Psychiatry* 11(623032): 1-7.

²⁸ Morrison, D. (2009) Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *Int J Epidemiol*, 38(3): 877-83.

²⁹ Tinland A, Loubière S, Cantiello M, et al. (2021) Mortality in homeless people enrolled in the French housing first randomized controlled trial: a secondary outcome analysis of predictors and causes of death. *BMC Public Health*. 21: 1294.

³⁰ The average annual figures provided for the third and final year of the Pathfinder are based on annualised costs for the six months April-September 2021 (see Chapter 9 of the full report).

³¹ Centre for Social Justice (2021) *Close to Home: Delivering a national Housing First programme in England*. CSJ, London.

³² Crisis (2021) *Home for All. The Case for Scaling up Housing First in England*. Crisis, London.

services, and health services. The combined annual cost of these services was estimated to average at least £23,000 per client at baseline, indicating a large potential for cost-offsetting compared to Pathfinder unit costs.

Second, whilst estimates of actual changes in the costs of public service use could only be generated for a very small sample clients, these are indicative of reductions in health service utilisation and a shift in balance away from the use of emergency health services (e.g. A&E and ambulance) toward treatment-based services (e.g. GP visits and hospital appointments). The limited available data indicated an increase in police and criminal justice service use costs, although it must be noted that these were distorted by the experience of one individual (a result of the small sample) and depart from interviewee accounts regarding overall trends in service user contact with the criminal justice system (see above).

Third, generation of individual costed case studies highlighted the potential for public cost savings and wellbeing improvements for individual service users, but also the complexity of the challenges they face, with attainment of sustainable positive outcomes likely to take some years yet for many.

Overall, therefore, it is not possible to make a conclusive assessment of whether the Pathfinders delivered value for money. There were nevertheless some positive trends among the small sample for which quantitative data were available and, taking the evaluation's qualitative findings into account also, indication that there is strong potential for the benefits to exceed costs over time.

Conclusion

Scotland's Housing First Pathfinder programme served as a key litmus test regarding the opportunities and challenges involved in scaling up Housing First as it moves toward becoming the default response for people experiencing homelessness and multiple disadvantage across Scotland. It provided independent tenancies and support for 579 individuals prior to the major transition point at end September 2021 and attained tenancy sustainment rates commensurate with those recorded elsewhere internationally (12+ months 88%, 24+ months 80%), despite having operated in the context of a global pandemic for the latter two of its three-year duration. Qualitative data suggest that other individual-level outcomes were mixed but positive on balance, which also aligns with existing international evidence. Service user interviewees' experiences varied but were very positive overall, with some describing the effects of Housing First as transformational. Whilst a full cost-benefit analysis was not possible, evaluation findings were suggestive of significant potential public cost savings.

Scotland's Pathfinder has shown that Housing First can be successfully scaled up, and relatively quickly so, even in areas where housing supply is constrained and/or other circumstances are far from ideal. The process has been more difficult in contexts with large and/or complex systems involving many different stakeholders (as in Glasgow for example); and comparatively easier in smaller centres where fewer relationships need to be developed and/or organisational procedures adapted or integrated. The location and nature of potential 'sticking points' vary depending on factors such as consortium size and configuration, degree and nature of involvement of statutory bodies (most notably Health and Social Care Partnerships), and local housing market conditions. Pathfinder experiences indicate that stakeholders can expect sticking points to shift over time as Housing First projects are developed and scaled up.

In achieving what it did, the Pathfinder programme demonstrated the 'art of the possible' in working with people who are homeless and have experience of multiple disadvantage in the Scottish context. This has contributed to a burgeoning ripple effect, inducing at least some service providers in the

homelessness sector to adopt more flexible and/or less conditional forms of support and, furthermore, persuading a cohort of housing providers to revise their procedures to cater more effectively for Housing First clientele. A great deal of progress has been made in terms of improving understanding of what Housing First is, and the needs of the target population, amongst relevant stakeholders in Scotland's housing and allied health and social care sectors. There nevertheless remains some way to go to redress stigmatised attitudes held by some professionals (especially but not solely in frontline roles) regarding what Housing First clients 'deserve' and/or are capable of, and further promote trauma-informed ways of working.

The extent to which the potential benefits of Housing First were able to be realised were constrained by the limited availability and inflexibility of many other health and social care services that Housing First projects work in conjunction with. Pathfinder projects helped service users navigate what are often complex systems, but gaps in provision and barriers to service access remained, with difficulties accessing mental healthcare being especially acute. Collective problem-solving was key to overcoming many such challenges, but the resolution of issues often hinged on personal relationships between and/or the goodwill of individual stakeholders. This underscores the need for broader systems change to overcome the systemic and structural barriers to treatment that the target population continues to face. The integration of health professionals into Housing First teams via secondment or other arrangements might be a prudent interim measure until such time as these systemic barriers have been eradicated.

There is a strong, related, call for cross-sector investment in Housing First given the benefits for service users and strong potential for public cost offsets. In making a case for this, stakeholders would be wise to recall the original roots of the Housing First approach, noting that it was never intended to be a 'housing' intervention, but rather a holistic service promoting the recovery of some of society's most vulnerable members within which rapid provision of settled housing was but one (crucial) ingredient³³. Consideration should also be given to where Housing First might ideally fit in relation to the proposed National Care Service in Scotland.

A number of factors which facilitated the development and implementation of the Pathfinder projects have been identified. Key amongst these were: the provision of dedicated funding; strong political commitment to Housing First at national and local levels (evidenced via Rapid Rehousing Transition Plan requirements and development, for example); a high level of buy-in from a number of key housing providers; access to training on Housing First's key principles and their translation into practice delivered by the Housing First Academy Training Hub; opportunities for shared learning via the Housing First Scotland Connect events; incorporation of digital technology into day-to-day support delivery; provision of personal budgets for furnishing; and co-production of solutions by committed stakeholders at the local level.

Factors inhibiting Pathfinder development and implementation included, amongst others: the limited supply of suitable housing in some areas; bypassing of Pathfinder clients in some areas during allocations; delays accessing Scottish Welfare Fund grants for furnishing; unrealistic targets and/or the miscommunication regarding targets in some areas; limited understanding of and/or buy-in to Housing First amongst some housing providers and/or other stakeholders; low or widely divergent levels of risk appetite amongst key stakeholders; difficulties brokering access to healthcare (especially mental health) and/or other services; high staff turnover in some areas; limited notice

³³ Tsemberis, S. (2015) (2nd ed) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. Hazelden, Centre City, MN.

regarding a change of providers in some areas during the transition year; and pandemic-related restrictions on face-to-face support delivery and community integration opportunities.

There is a very strong call for fidelity to Housing First principles to be monitored closely going forward, underpinned in part by concerns that adherence to some may have weakened in at least some Pathfinder areas during the mainstreaming process. Allied with this is an imperative for key stakeholders to develop a more sophisticated approach to assessing and managing caseloads, potentially employing caseload weightings, as Housing First projects mature. Moreover, there is strong appetite across the homelessness sector for the development of guidance and/or protocols regarding how to reduce or end Housing First support in a user-led way yet enable rapid reactivation of support if/when it is needed. On the subject of monitoring, tenancy sustainment calculations should be transparent, omit people who have passed away from the analysis, and differentiate clearly between tenancies that ended because an individual could no longer occupy their home (due to long-term imprisonment or hospitalisation for example), abandonment, and eviction. Further monitoring and cost-modelling of the levels of support that Housing First clients utilise over time, combined with profiling the numbers and characteristics of individuals affected by severe and multiple disadvantage at the local level, may help commissioners predict and cater for demand going forward.

Commitment to sufficiently long-term and cross-sectoral funding for Housing First was widely identified as a key policy priority. Further to this, the redress of tensions between key housing/homelessness and other welfare-related policies, such as the often cumbersome administration of Scottish Welfare Fund applications and exclusionary eligibility thresholds employed by some healthcare providers to name but a few examples, would be welcome. There is also strong appetite amongst stakeholders for the provision of opportunities to exchange learning and good practice regarding Housing First at the national level. Such forums might valuably consider, for example, strategies to: expedite housing allocations, combat social isolation and facilitate community integration, reduce the susceptibility of clients to drug overdose, devise housing options for individuals who do not want to live alone, and further develop the support provided for frontline staff.

Finally, further reflection is required regarding responses for people experiencing homelessness and multiple disadvantage but for whom Housing First is not an option because they lack capacity, have healthcare needs which exceed what can realistically be catered for, or do not want Housing First. Alternative 24/7 intensive support interventions are needed for the first two of these groups given that they require a care-led rather than housing-led solution³⁴. Further evidence and reflection are required to identify appropriate interventions for the third group, as well as for the minority of individuals who have been unable to sustain tenancies even with Housing First support. Devising solutions for them must remain a key priority for policy and research communities internationally.

³⁴ Reid, B. (2021) *Preventing Homelessness in Scotland. Recommendations for legal duties to prevent homelessness: A report from the Prevention Review Group*. Homelessness Prevention Review Group, Edinburgh.



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By Sarah Johnsen, Janice Blenkinsopp and Matthew Rayment

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