Department for Levelling Up,
Housing & Communities

Evaluation of the Housing First Pilots

Report on clients' outcomes twelve months after entering Housing First

Contents

Foreword

This report provides the latest evidence from the evaluation of the Housing First pilots, reporting on Housing First's clients' outcomes in the first year after entering the pilot. The pilot programme aims to develop the UK evidence base on delivering Housing First at scale by funding, and robustly evaluating, three pilots in the Greater Manchester, Liverpool and West Midlands combined authority regional areas, with a view to informing future investment decisions.

To inform this report, ICF conducted surveys with Housing First clients as they entered Housing First, and then conducted follow-up surveys six months and twelve months after they entered Housing First.

Future elements of this evaluation programme will include further qualitative fieldwork and fidelity reviews, a cost benefit analysis, and a final synthesis report.

I would like to thank ICF and their partners for their hard work gathering information from the Pilot areas, the Housing First Delivery Team and Advisers, whose support was critical to the research, the Pilot staff and other stakeholders who participated in the research, and the analysts at DLUHC who provided input to the research materials and reviewed the outputs.

Most importantly, I am hugely grateful to the service users who participated for giving us their time and sharing their experiences with us.

DLUHC is committed to continuing to develop its evidence base on the causes of and solutions to homelessness and rough sleeping. Along with the previous Housing First reports it has published initial findings from the analysis of the Rough Sleeping Questionnaire, and regular statistics on Statutory Homelessness in England.

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Executive Summary

Introduction

This report is part of a series from the evaluation of the Housing First (HF) Pilots.[1] It reports on the extent to which HF has the potential to improve the lives of clients by reporting on clients' outcomes in the first year after entering HF. The findings are based on survey data collected directly from HF clients as they entered HF and then six months and 12 months later. The analysis of six-month change is based on 159 clients who completed the baseline and six-month follow-up surveys, with the 12-month change analysis based on 167 clients who completed the baseline and 12-month follow-up surveys.

While the absence of a comparison group of similar people not offered HF means that changes in outcomes cannot formally be attributed to HF, the changes in outcomes observed a year after clients entered HF are very encouraging, with statistically significant improvements evident across a wide range of outcome measures.

Housing

A year after entering Housing First (HF), the majority of clients were living in long-term, largely social rented, accommodation. 84% were living in long-term accommodation at the point of the six-month interview and this rose to 92% after a year. This represented a significant shift in their living circumstances compared to prior to being part of HF.

The long-term housing secured for HF clients largely suited their needs and approval, with clients rating highly their 'satisfaction' with various aspects of where they were living. A year after entering HF, very high proportions were satisfied with the autonomy they had in their accommodation (e.g., 94% were satisfied with the control they had about who could come round). However, they were slightly less likely to be satisfied with the amount of choice they originally had about the place (77% were very satisfied).

Social connectedness

A year after entering HF, there had been a significant reduction in the proportion of clients reporting feeling lonely. When they entered HF, a third (35%) of clients reported 'often or always' being lonely, a percentage which had halved to 16% 12 months later. Similarly, the percentages saying they 'never' felt lonely doubled from 16% to 27% over the period.

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[1] See Chapter 1 paragraphs 1.3 and 1.4 for more information.

While three quarters (75%) of clients reported feeling at home where they lived, only half (48%) reported interaction with people locally.

However, perhaps linked to support within HF, clients were significantly more likely at the 12-month point, compared to when they entered HF, to have people to turn to for support. Coming into HF, 70% of clients felt they had someone to listen to them, a figure which rose to 81% after a year.

Safety

A year after entering HF, clients were significantly more likely than before to feel safe and less likely to have been a victim of crime.

At 12 months, half (49%) of clients felt safe all of the time, with a further fifth (22%) feeling safe most of the time. This is a significant improvement on the comparative figures of 11% and 18% before entering HF.

Prior to entering HF, the majority of clients had been a victim of crime over the previous six months, with only three in ten (30%) saying that they had not been. Six months on, two thirds (65%) reported *not* having been a victim of crime in the preceding six months. While things after a year remain significantly better than prior to HF, there is tentative evidence of clients being more likely to be victims of crime at the 12-month follow-up stage than reported after six months, with 55% reported not having been a victim of crime.

Wellbeing and health

A year after entering HF, there had been a significant positive shift in relation to clients' wellbeing and health, particularly mental health, compared to their circumstances prior to entering HF.

Significantly greater proportions of clients reported eating and sleeping well. At baseline, using a five-point scale, 10% of clients reported eating well 'all of the time' and 3% slept well 'all of the time'. A year later, these percentages rose to 36% and 10%. Conversely, the percentage reporting 'never' eating well fell from 22% to 2%, with the comparable figures for sleep being 42% and 25%.

Clients were also significantly more likely to perceive their overall health as good after a year. Using a five-point scale, at baseline, 4% rated their health as 'very good' and 17% as 'good'. A year later, the percentages were 7% and 27%. In addition, significantly fewer reported suffering from anxiety (71% compared to 81% on entering HF) and depression (68% compared to 80%).

There had also been an improvement in access to health services, with a significant increase in the percentage of clients registered with a GP from 60% to 92%.

Drug and alcohol use

A year after entering HF, there had been no statistically significant reduction in self-reported drug, overall drug use, or alcohol dependency.

At baseline, 27% of clients said that they were dependent on drugs, a percentage which was 25% a year later. The proportion of HF clients who reported being currently dependent on alcohol when they entered HF was substantially smaller (17%), and had not changed significantly (13%) a year later. However, there is some evidence of a reduction in the usage of particular drugs (e.g., a fall in the percentage using crack cocaine in the previous three months from 37% before entering HF to 20% after a year) and in the frequency of drinking alcohol.

However, substantial numbers of clients had taken action in relation to their substance dependency. Half of clients (51%) had received treatment for drug dependency since entering HF, and 17% had done so for alcohol dependency.

Contact with the criminal justice system

A year after entering HF, clients were significantly less likely than previously to report having been involved in antisocial behaviour (notices, orders, injunctions) or criminal behaviour. In the six months prior to entering HF, a third (34%) of clients reported having been involved in antisocial behaviour, a figure which dropped to 15% at the 12-month follow-up. Likewise, while 29% of clients had been cautioned, arrested, or convicted of a crime in the year prior to HF, at the 12-month point, only 12% had done so in the previous six months.

Income, employment, training, and future plans

There is little evidence of clients having become closer to the labour market at the twelve-month point after entering HF. Only 4% of clients were in paid work and only a further 3% were looking for work or expecting to be in work in the next six months. This is in line with the HF theory of change, which would not predict an impact of HF on employment at this early stage, given the severity of disadvantage that clients have typically experienced.

However, there is some suggestion that HF may have ensured that clients were claiming the disability benefits to which they were entitled. At the 12-month follow-up, 56% of clients were in receipt of disability benefits, compared to 33% before they entered HF.

When asked a series of statements about future plans a year after entering HF, substantial proportions of clients had positive plans. Using a four-point scale, six in ten (60%) clients said that it was 'completely true' that they had the desire to succeed, and half (52%) said it was 'completely true' that they had life goals.

Outcomes for different subgroups of the client population

A year after entering HF, significant improvements in clients' outcomes were evident across the whole of the client population. Analysis comparing changes in outcomes among different types of clients (split by gender, age, where they were living prior to HF, age they were first homeless, health, mental health, learning disability and substance dependency) showed a relatively consistent pattern of change. The most notable differences related to:

- Gender: women's accommodation and health outcomes were less likely to improve than men's;

- Age: younger people's health and alcohol dependency outcomes were more likely to improve than older people's;

- Age at which someone first became homeless: those first experiencing homelessness at a younger age had worse outcomes in relation to drug dependency;

- Mental health conditions: those with conditions had better outcomes in relation to drug dependency than those without;

- Cognitive impairment/disability: those with impairments had worse outcomes in relation to alcohol dependency.

Concluding comments

The vast majority of HF clients were in long-term accommodation a year after entering HF and reported significantly better outcomes across a range of measures, with sub-group analysis suggesting that, in the main, HF support had wide benefits across the different types of clients coming into the programme. The synthesis report will look across the various elements of the evaluation to provide a rounded picture of how HF has worked in the three pilot areas and help to explain and interpret the pattern of change in outcomes reported here.

1. Introduction

Overview

1.1. This report is one of a series from the evaluation of the Housing First (HF) Pilots which are being funded by the Department for Levelling Up, Housing and Communities (DLUHC) to provide a testbed for how HF could be implemented within the English context. It reports on the extent to which HF has the potential to improve the lives of clients entering and going through HF, reporting on clients' outcomes in the first year after entering HF. The evaluation is being carried out by a research consortium led by ICF Consulting, with this report produced by Bryson Purdon Social Research LLP who is leading the outcomes reporting.

1.2. This chapter provides a brief overview of HF, the HF Pilots in England, and the evaluation of those Pilots.

Background to Housing First

1.3. HF is an intervention which supports homeless people with multiple and complex needs, which most commonly relate to co-occurring mental health issues and alcohol and/or drug misuse, to access and maintain independent housing. [2] Its traditional target group has historically been poorly served by mainstream services given the nature of, and overlaps between, support needs. The approach was originally developed in the United States, but has been replicated increasingly across North America, Europe, and Australasia. Prior to this Pilot, England's HF experience had been limited to a number of largely small-scale pilots and projects.[3]

1.4. HF departs from traditional 'staircase' or 'treatment first' approaches, housing people directly in independent long-term settled housing with personalised, flexible and non-time-limited support. The individuals using it are granted choice and control over both housing and support elements, and there are no preconditions around 'housing readiness' or participation in treatment. Rather, secure housing is considered to offer a stable platform from which other issues might be addressed.

1.5. HF is based on seven key principles, developed by Housing First England for the specific English context, namely:

Principle 1: people have a right to a home;

Principle 2: flexible support is provided for as long as it is needed;

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[2] Tesmberis, T. (2010) Housing First: the Pathways model to end homelessness for people with mental illness and addiction. Center City, Minnesota: Hazelden
[3] Homeless Link (2018) The Picture of Housing First in England. London: Homeless Link.

Principle 3: housing and support are separated;

Principle 4: individuals have choice and control;

Principle 5: an active engagement approach is used;

Principle 6: the service is based on people's strengths, goals and aspirations; and

Principle 7: a harm reduction approach is used.[4]

1.6.   There is substantial variation in how the model is implemented in practice, but existing evidence indicates that programmes offering greater levels of fidelity to the core principles report better outcomes. [5,6]

1.7.   The international evidence on HF's effectiveness is far stronger than is true of other housing-focused interventions targeting single homeless people.[7] Existing international impact evaluations indicate that HF 'works' for the vast majority of individuals using it, with housing retention statistics typically coalescing around the 80% mark. There is less evidence of HF being effective in relation to non-housing outcomes. However, many HF programmes report improvements in health, reductions in substance misuse, reduced involvement in criminal activity, and/or improved quality of life. To date, the evidence base on the effectiveness of HF within England has been limited to a number of primarily qualitative evaluations of small, localised pilot projects, albeit that a recent evaluation of the Pathfinder programme scaling up HF provision in Scotland reported outcomes closely aligned with those reported internationally.[8,9]

The Housing First Pilots

1.8.   The HF Pilots were established following a commitment of £28 million announced in the Autumn 2017 Budget and the completion of a HF feasibility study undertaken in the Liverpool City Region Combined Authority (LCRCA) which reported in July 2017. This commitment represented one of several measures introduced by the government to reduce rough sleeping, with the 2019 manifesto commitment to end it by the end of the current Parliament. Funding allocations for the programme were announced in May 2018. The Pilot programme aims to develop the UK evidence base on the effectiveness of HF delivered at scale by funding, and robustly evaluating, three regional programmes. Set in the three combined authority areas of Greater Manchester Combined Authority (GMCA), Liverpool City Region Combined Authority (LCRCA) and West Midlands Combined Authority (WMCA), learning from the development and implementation of their Housing First services is intended to inform investment decisions going forward.[10]

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[4] Homeless Link (2016) Housing First in England: the principles. London: Homeless Link
[5] Blood, I., Goldup, M., Peters, L. and Dulson, S. (2018) Implementing Housing First across England, Scotland and Wales. London: Crisis.
[6] Mackie, P., Johnsen, S. and Wood, J. (2017) Ending Rough Sleeping: What Works? An international evidence review. London: Crisis
[7] Ibid.
[8] Ibid.
[9] Johnsen, S., Blenkinsopp, J. and Rayment, M. (2022) *Scotland's Housing First Pathfinder Evaluation: final report*. Heriot-Watt University, Edinburgh.
[10] On September 3rd, 2022, DLUHC announced a two year extension to the HF Pilots

Greater Manchester Combined Authority Housing First (GMHF)

1.9. The GMHF Pilot covers the ten local authorities of Manchester, Bolton, Bury, Rochdale, Stockport, Oldham, Tameside, Salford, Trafford, and Wigan, and is delivered by a consortium of seven partners led by Great Places Housing Group and endorsed by the Greater Manchester Housing Partnership (GMHP). A central Combined Authority contract management team and a lead provider were jointly responsible for subcontracting arrangements with other 'end-to-end' and specialist service providers. The region was divided into four zones, and the first service users were recruited and housed in March 2019. The Pilot has a co-production group of people with lived experience of homelessness and had benefited from previous experience of delivering Housing First in the region.

1.10. Key features of the GMHF Pilot include efforts to ensure consistency across the local authorities through the development of the GMHF brand, a central team, common job specifications and pay rates, shared training, a Quality Assurance framework, and standardised referral criteria. The Pilot also benefits from the inclusion of specialist mental health input which has recently been enhanced to include four Dual Diagnosis Practitioners (DDP) and a 0.2 FTE consultant clinical psychiatrist.

Liverpool City Region Combined Authority (LCRCA)

1.11. The LCRCA covers the six local authorities of Liverpool, Sefton, St Helens, Wirral, Halton, and Knowsley. The Pilot followed a 'test and learn' approach to early delivery, recruiting a team of support workers and team leaders in Spring/Summer 2019 and the first cohort of service users by the end October 2019. LCRCA operated on an 'all region' basis during the test and learn stage, which was found to cause logistical and efficiency challenges.

1.12. In 2020 the decision was made to adopt a locality model delivered internally rather than commissioned out as originally intended. There are now six teams (two covering Liverpool, and a shared team for Knowsley and Halton) comprising support workers and a team leader, working as a single unit with their own caseloads, and with a shift system to enable out of hours coverage. A central team that includes a Lived Experience Lead, two Operations and Lettings leads (one strategic and one operational), a Commissioning lead, and Best Practice and Partnership lead work to ensure consistency and fidelity of approach through a Quality Assurance framework and common recruitment, induction, and training processes. LCRCA also have a lived experience group who have played an active role in staff recruitment and developing and reviewing policies and procedures.

West Midlands Combined Authority (WMCA)

1.13. The WMCA covers the seven local authorities of Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, and Wolverhampton, with Birmingham City Council acting as the accountable body. Each local authority commissioned their HF services separately, with Birmingham Voluntary Service Council (BVSC) contracted to support the process through the development of a common service specification and job descriptions for support workers. The Pilot followed a strengths-based approach, underpinned by psychologically informed environments (PIE).

1.14. Since the launch of the Pilot there has been some recommissioning of services in Birmingham and at the time of fieldwork for this report two local authorities (Dudley and Sandwell) were delivering in-house and four through externally commissioned providers and one through a combination of the local ALMO and an externally commissioned support provider.[11] The first service users were recruited and housed in January 2019 through an early adopter pilot, with three local authorities benefiting from early experiences of HF delivery as early adopters or as a self-funded service. The local commissioning model and the subsequent range of delivery approaches is unique among the three Pilots.

The evaluation and its report series

1.15. The evaluation also includes a process evaluation, a cost benefit analysis, a series of fidelity assessments and qualitative research with Housing First service users to explore their experiences and the benefits and impacts resulting for them.

1.16. To date, there have been five published reports. Three reports have focused on the set up and implementation of the Pilots along with qualitative evidence of benefits achieved – from the perspectives of staff, partners, strategic stakeholders, and clients (as part of the process evaluation). The fourth, focuses on the effects of the COVID-19 pandemic while the fifth is a toolkit providing information and examples of good practice aimed at those looking to implement HF.

1.17. This report updates the HF pilots research to include clients' outcomes up to 6 months and 12 months after entering HF. The inclusion of data from three time points – as clients entered HF then six and 12 months later – allows us to track clients' outcomes over their first year.

1.18. This report should be read in conjunction with the third interim process evaluation report which includes the numbers and profile of clients within HF including their housing stability, and the perspectives of staff and clients about how the Pilots are working.[12]

1.19. The final output from the evaluation will be a synthesis report, where the outcomes included in this report will be discussed alongside findings from the process and cost benefits elements of the evaluation.

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[11] Arms-length management organisation responsible for the management of council owned housing stock.
[12] DLUHC (2022) Evaluation of the Housing First Pilots Third Process Report
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102005/Housing_First_Evaluation_Third_process_report.pdf]

Structure of the report

1.20. Chapter 2 provides an overview of the methodology adopted in this report, with subsequent chapters structured by outcome domain:
Chapter 3: Housing
Chapter 4: Social connectedness
Chapter 5: Safety
Chapter 6: Wellbeing and Health
Chapter 7: Drug and alcohol use
Chapter 8: Contact with the criminal justice system
Chapter 9: Income, paid work, training and future plans
Chapter 10: Outcomes for different subgroups of HF clients
Chapter 11: Concluding comments

2. Aims and methodology

Aims and overview

2.1. This report is based on data collected directly from Housing First clients as they entered HF ('baseline') and again around six months and then 12 months later ('six' and '12-month follow ups').[13] The overarching aim of the analysis is to report on how far clients' early outcomes had changed up to a year after entering HF.

2.2. This chapter provides a brief overview of the data collection process at baseline, six and 12 months, including an assessment of the representativeness of those clients who provided data at the different time points. It also provides an overview of the analysis approach to measuring changes over time in clients' outcomes and an explanation of how to interpret the Figures in subsequent chapters.

Baseline and follow-up data collection

2.3. Baseline and follow-up questionnaires were co-designed with the Pilots and people with lived experience of homelessness during the scoping phase of the evaluation. This involved a workshop to decide on the outcomes for measuring impact with a follow up series of consultations to establish the precise metrics used.

2.4. This chapter provides a brief overview of the data collection process at baseline, six and 12 months, including an assessment of the representativeness of those clients who provided data at the different time points. It also provides an overview of the analysis approach to measuring changes over time in clients' outcomes and an explanation of how to interpret the Figures in subsequent chapters.

2.5. All participants who had completed a baseline interview were recontacted to undertake a follow up interview at six months and again at 12 months. As with the baseline interview contact was brokered through the support worker as it was important to ascertain each individual's readiness and ability to undertake an interview. Challenges in securing follow-up interviews included individuals experiencing some form of crisis, being in prison or in hospital, not engaging with their support worker, and very sadly, in a small number of cases having passed away.

Profile of the Housing First clients providing six-month and twelve-month follow-up outcomes

2.6. This report focuses on data collected from HF clients at around six and 12 months after joining the programme, with the analysis based on 159 clients who took part in both the baseline and six-month follow-up interviews and 167 clients who took part at both baseline and 12 months.

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[13] Note that, for practical reasons, the baseline interviews were sometimes conducted shortly after clients had entered HF. However, in order to get 'pre-HF' outcomes, clients were asked in the survey about their outcomes in the month prior to entering HF .

2.7. Follow-up interviews were attempted with all 312 clients who completed a baseline questionnaire, with a response rate of 51% being achieved at six months and 54% at 12 months.

2.8. Table 2.1 compares the profile of all baseline respondents with the profile of the six and 12 month respondents for a range of baseline variables. Both of the six-month and 12 months samples look to be broadly representative of all baselined HF clients. There was a risk that those completing follow-up interviews would be a biased sub-set of the 312 clients who completed the baseline questionnaire, with potentially an over-representation of those in a more secure position at the six- or 12-month points. However, a comparison of the profile of the respondents and non-respondents does not identify any systematic differences between the baseline profiles of those responding and those not. Based purely on the baseline survey:

- Just under one third (30%) of the clients were female;
- The majority of clients were aged 30-49 at baseline, but 15% were aged under 29 and 15% were over 50;
- Just under one third (30%) said they had spent time in care;
- 30% self-reported they were dependent on drugs at baseline, and 15% reported they were dependent on alcohol;
- 72% said they had spent time in prison;
- Excluding anxiety and depression, two-thirds (66%) said they had at least one mental health condition, and 42% said they had a cognitive impairment/disability.

Table 2.1 Profile of the baseline and six-month respondents

	Baseline respondents	Six-month respondents	Twelve-month respondents
	%	%	%
Gender			
Female	30	33	34
Male	66	62	62
Other/prefer not to say	4	5	4
Age			
18-29	15	15	14
30-39	35	32	35
40-49	36	37	36
50 and over	15	16	16
Whether spent time in care	30	28	31
Self-reported drug dependency at baseline			
Currently	30	27	22
In last 3 months	7	6	7
In last 12 months	17	18	18
More than 12 months	16	16	19
Never	22	21	23
Do not know or want to say	9	11	10
Self-reported alcohol dependency at baseline			
Currently	15	13	14
In last 3 months	4	5	4
In last 12 months	5	4	5
More than 12 months	22	19	19
Never	44	45	46
Do not know or want to say	10	13	11
When last in prison			
In last six months	8	7	5
In last year	7	6	7
Not in last year	53	53	53
Never	26	27	29
Do not know or want to say	5	7	6
Self-reported health at baseline bad or very bad			
Very good	3	3	3
Good	19	20	20
Fair	27	26	28
Bad	25	25	24
Very bad	13	10	10
Do not know or want to say	13	16	15
At least one self-reported mental health condition at baseline (other than anxiety or depression)	66	62	63
At least one of: learning disability, ADHD, autism or acquired brain injury (self-reported)	42	40	39
Base	***312***	***159***	***167***

2.9. Table 2.2 shows the accommodation situations and homelessness history of the respondents at each time point. It is likely that the follow-up surveys somewhat over-represent those who have been offered and have stayed in long-term accommodation, simply because those exiting are both harder to locate and are harder to engage in research. In the six-month survey, 78% of the respondents were in long-term accommodation, and for the 12-month survey the percentage was 92%. However, the exits from the HF programme are fairly low, and these percentages are not a great deal higher than expected: by the end of November 2021 1,286 individuals had been referred to and accepted onto the programme. Over the same period just 288 exited (22%). Excluding deaths and graduations, the exit rate was just 15%. So, although there is some evidence of over-representation of those in long-term accommodation in the surveys, the bias on this outcome is not substantial.

Table 2.2 Housing profile of the baseline and six-month respondents

	Baseline respondents	Six-month respondents	Twelve-month respondents
	%	%	%
Main accommodation in month before baseline			
Rough sleeping	31	28	31
Hostel	14	16	12
Family/friends/sofa surfing	11	14	13
Supported/sheltered housing	5	4	4
Prison	9	5	7
Temporary accommodation	10	7	11
Emergency accommodation	13	17	15
Other	7	8	7
Do not know or want to say	1	1	1
Age when first homeless:			
Under 18	30	27	32
18 to 25	22	22	20
26-40	29	30	29
Over 40	13	16	14
Do not know or want to say	6	6	5
Base	*312*	*159*	*167*

2.10. The baseline, six-month and twelve-month samples look to be broadly in line with the programme MI data in terms of the few personal characteristics that are comparable. The MI suggests that around 30% of those on the programme by the end of 2021 were female (the six-month survey data has 33% and the 12-month has 34%), and 77% of those on the programme were ex-offenders, a figure very similar to the outcome survey profile at each time point (72% in the baseline sample, 71% in the six-month sample, and 69% in the 12-month sample, excluding those that did not answer the question).

The analysis approach

Estimates of change

2.11. The analysis in this report focuses on the degree to which outcomes for HF clients change in the year after entering HF. It uses survey data collected at three time points:

1. Baseline: as clients entered HF, asking about outcomes just prior to this point;
2. Six months later: around six months after entering HF;
3. 12 months later: around 12 months after entering HF.

2.12. The change over time is shown in the report in two ways:

1. Bar charts presenting a simple comparison of the profile of outcomes at baseline, six and 12 months.
2. Pie charts showing change over time within clients, with percentages who had a positive outcome at both time points, improve or get worse over the period, or had a negative outcome at baseline and follow up.[14]

2.13. Providing *directly* comparable results over time would require restricting the sample to clients who completed both the six and 12-month follow up interviews. However, there was a decision against doing this, on the grounds that this would have reduced the sample size to 120 thereby (a) decreasing the chances of identifying statistically significant change and, importantly, (b) not using data that HF clients had given up their time to provide. Rather, the following approach has been taken to the analysis:

1. Changes over the first six months are based on the 159 clients who completed the six-month follow up interview, with tests for significance of change over time based on this subsample;
2. Changes over the 12 months are based on the 167 clients who completed the 12-month follow up interview, with tests for significance of change over time based on this subsample;
3. Where there is notable change in the outcomes between six and 12-months, tests for significance have been run to assess whether there has been additional improvements, or deterioration, in outcomes over that period.

2.14. In reality, the baseline results for the six- and 12-month follow up samples are very similar. As a result, for ease of presentation, the bar charts show the baseline results for the 12-month follow up sample, with the six-month sample baseline results provided in Table A.1, Appendix A. Similarly for ease of presentation, the bar charts in the main body of the report show the p-values for change over the 12-month period,

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[14] The 'change' categories include any clients whose outcome improves or deteriorates between the two time periods. The 'no change' groups – with either positive or negative outcomes at both time points – scored exactly the same at the two points.

with p-values for the six-month change provided in Table A.1, Appendix A. The pie charts in the main report focus on change over the 12 months, with results for the six-month change included in Table A.2, Appendix A.

Change rather than impact

2.15. Original plans for a formal impact assessment, comparing the change in clients' outcomes against a matched comparison group of similar people not offered HF, did not come to fruition due to the pandemic. The comparison group was to be drawn from participants who had completed DLUHC's (then the Ministry for Housing, Communities and Local Government (MHCLG)) Rough Sleeping Evaluation Questionnaire (RSEQ) in 2019 and early 2020, who were to be followed up in six-monthly periods in line with HF clients. However, the government's Everybody In campaign during the pandemic meant that the RSEQ participants no longer provided a 'business as usual' comparison against whom to compare the HF clients.

2.16. Moreover, it is important to note that, given the complex nature of many clients' issues, we might expect it to take longer than a year to see substantial improvements in some outcomes, such as employment.

Weighting of the data

2.17. The clients completing the six-month or 12-month questionnaires have been weighted for the analysis presented in this report so that at each time-point the data reflects the proportion of clients supported by each of the three Pilots by the end of November 2021.[15] This is to help ensure that the survey can be interpreted as representative of all those who entered the programme during the baseline data collection period. More detail is given in Appendix C.

Interpreting the figures

2.18. The figures include the p-value for the change from baseline to 12-month follow-up. The p-values reaching statistical significance (that is, with a value less than 0.05) are in red boxes, marked with an asterisk, in the Figures, with non-significant p-values in blue boxes.

2.19. Where changes from baseline to six months are discussed in the text, the p-value is provided for this change (with a full set in Table A.1, Appendix A). Likewise, where the difference between the six and 12-month outcomes have been tested for statistical significance, this is noted in the text.

2.20. The p-value is the probability of an observed difference being due to chance alone, rather than being a real underlying difference for the population. A p-value of less than

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[15] The WMCA accounted for 47% of the clients coming into Housing First; the GMCA accounted for 34%; with remaining 18% in the LCRCA.

5% is conventionally taken to indicate a statistically significant difference ($p<0.05$). The term 'statistically significant' is often abbreviated in the text to 'significant'.

2.21. The unweighted sample sizes are cited at the end of each Figure. All cell sizes include a minimum of three clients.[16]

2.22. The tests of significance take into account the fact that the data is longitudinal and weighted (using the SPSS complex samples module). Tests are based on change scores per person, with the test being that the average change score is significantly different to zero. More detail is given in Appendix C.

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[16] As a result, certain response categories have been excluded or combined.

3. Housing

Overview

3.1. Six months after entering Housing First (HF), the majority of clients were living in long-term, largely social rented, accommodation, with a further increase in the subsequent six months. This represented a significant shift in their living circumstances compared to prior to being part of HF. The long-term housing secured for HF clients largely suited their needs and approval, with clients rating highly their 'satisfaction' with various aspects of where they were living.

Accommodation

3.2. Twelve months after entering Housing First (HF), there was a large and statistically significant shift in the proportion of clients living in long-term accommodation (defined as in social or private renting or in supported or sheltered accommodation), compared to the month prior to HF (p-value <0.001) (Figure 3.1).

Figure 3.1: Housing situation
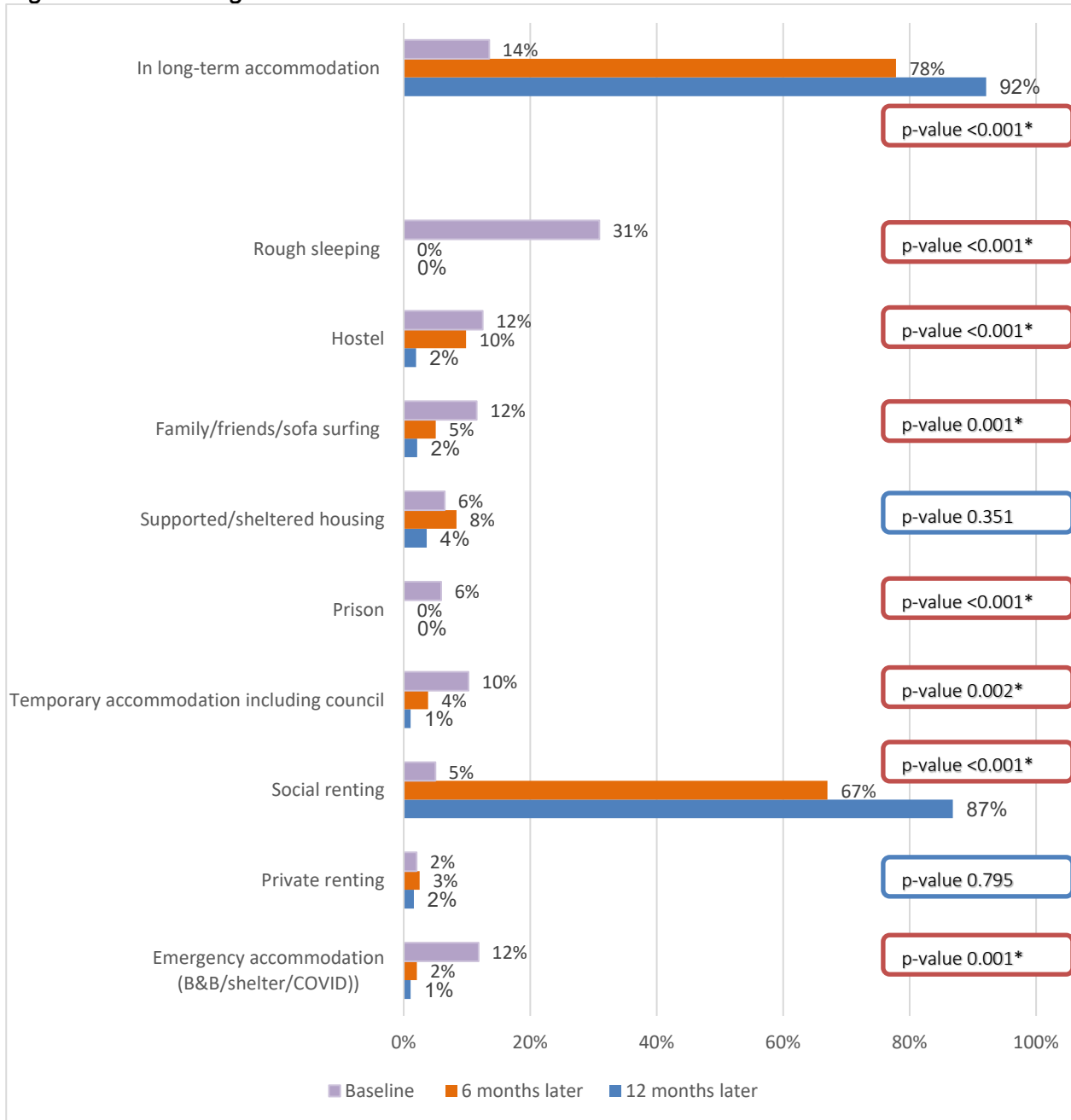
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

3.3. According to clients' survey responses, in the month prior to entering HF, 14% of clients had been living in long-term accommodation for the majority of that month, in social (5%) or private (2%) housing or in supported or sheltered accommodation (6%). Given that an absence of secure housing is a key eligibility criterion for entering HF, it is likely that these clients misinterpreted the survey question and answered about their current circumstances rather than the month prior to entering HF. Alternatively, they may have answered about the tenure of the place they were living (e.g. if sofa surfing with family or friends).

3.4. Six months later, eight in ten (78%) clients had been living in long-term accommodation for most of the previous month, with the percentage after 12 months rising to nine in ten (92%) (p-value for change from baseline to 12 months <0.001).

3.5. A year after entering HF, the vast majority of clients were in social renting (87%), with smaller proportions in private renting (2%) or supported or sheltered accommodation (4%). By that point, none of the clients were rough sleeping, a reduction from 31% at baseline (p-value <0.001). There was also a statistically significant drop in the proportion of clients who were staying in hostels (from 12% to 2%, p-value <0.001), sofa surfing at friends or family (12% to 2%, p-value <0.001) or emergency accommodation (12% to 1%, p-value <0.001).[17]

Satisfaction with long-term accommodation

3.6. Those who were currently in long-term accommodation at their six-month and 12-month interviews were asked how satisfied they were with various aspects of their accommodation. Figure 3.2 shows the percentage of clients who reported feeling 'very' or 'fairly satisfied' with each aspect at each time point, using a five-point scale from 'very satisfied' to 'very dissatisfied'. The aspects have been ordered from those where clients had the highest levels of satisfaction at six months to those with the lowest. In general, clients in long-term accommodation reported favourably at both time points on where they were living.

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[17] Figure does not include those in hospital, rehabilitation, refuge, other or do not want to say due to small sample sizes.

Figure 3.2: Satisfaction with aspects of their long-term accommodation
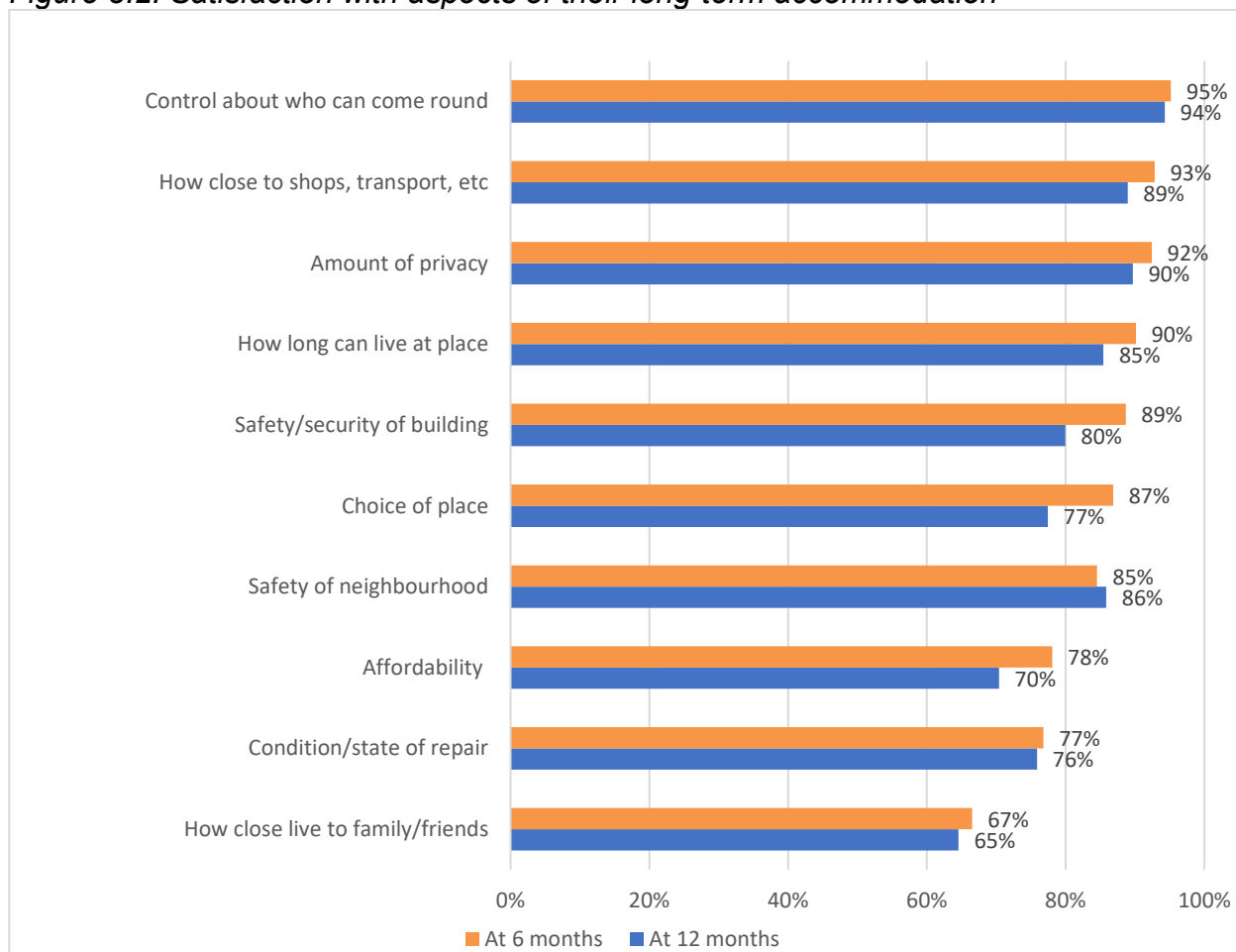
Bases: Housing First clients in long-term accommodation at six months (131) and 12 months (160)

3.7. Focusing on clients' views at 12 months, very high proportions were satisfied with the amount of autonomy they had in their accommodation: 94% were satisfied with the control they had about who could come round, 90% were satisfied with the privacy they had, and 85% were satisfied with how long they were able to stay living there. However, they were somewhat less likely to be satisfied with the amount of choice they originally had about the place (77% were satisfied).[18] Moreover, clients' reports about their level of choice at the 12-month point were significantly worse than at six months, at which point 87% had been satisfied (p-value 0.029).[19] Satisfaction with access to facilities was high with 89% of clients satisfied about how close their accommodation was to shops, transport links, etc.

3.8. The majority of clients were satisfied about the safety and security of the building (80%) and safety in the neighbourhood (86%).

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[18] See the interim process report for more detail on the principle of choice and housing https://assets.publishing.service.gov.uk/. overnment/uploads/system/uploads/attachment_data/file/1102005/Housing_First_Evaluation_Third_process_report.pdf
[19] None of the other differences between six and 12 month reach statistical significance.

3.9. Where HF clients in long-term accommodation were less likely to be positive was in relation to the affordability (70% were satisfied), the condition or state of repair of the accommodation (76% satisfied) and its proximity to family or friends (65% satisfied).

Associations with being in long-term accommodation

3.10. The following chapters show the outcomes of *all* HF clients completing six-month and 12-month follow-up interviews, both those in long-term accommodation (78% of the six-month total and 92% of the 12-month total) and those not (22% and 8%). Thus, they report the progress of the HF cohort regardless of whether a client has yet to be housed or whether or not has remained in long-term housing.

3.11. The theory which underpins HF is that it is the move into stable housing that facilitates future improvements in a wider set of outcomes. In principle this could be tested by comparing change in outcomes for those in stable housing with those not, but the sample size of those not in stable housing is too small to allow for this.[20]

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[20] Just 18 people at 12 months.

4. Social connectedness

Overview

4.1. Six months after entering HF, modest improvements in clients' feelings of social connectedness and loneliness were observed but did not reach statistical significance. However, a year after entering HF, additional improvement resulted in a statistically significant reduction in the proportion of clients feeling lonely compared to when they entered HF. Perhaps linked to support within HF, clients were significantly more likely at the six- and 12-month points to have people to turn to for support. However, while most clients reported feeling at home where they lived, many also reported limited interaction with people locally.

Feelings about the local area

4.2. In addition to the satisfaction questions in Chapter 3, all clients (both those in long-term accommodation and not) in the six-month and 12-month interviews were asked how connected they felt to their local area. They were asked to rate the extent to which they agreed with the following statements, using a five-point scale from 'disagree strongly' to 'agree strongly':

> "I know most of the people who live near me"

> "I interact with the people who live near me"

> "I feel at home where I live"

> "I feel like I belong where I live"

Figure 4.1 shows the percentage of clients 'agreeing strongly' or 'agreeing' to each statement at both time points, ordered from the highest level of agreement to the lowest. In terms of how clients felt about their local area, there was very little change in views between the six and 12-month point. There were no statistically significant changes in views compared with the previous six months in how clients felt about where they were living, with the majority at 12 months feeling at home (75%) or that they belonged to the area (64%). At 12 months, it was still the case that clients were less likely to be engaging with the people around them, with only half (48%) agreeing that they were interacting with people locally.

Figure 4.1: Connectedness with local area
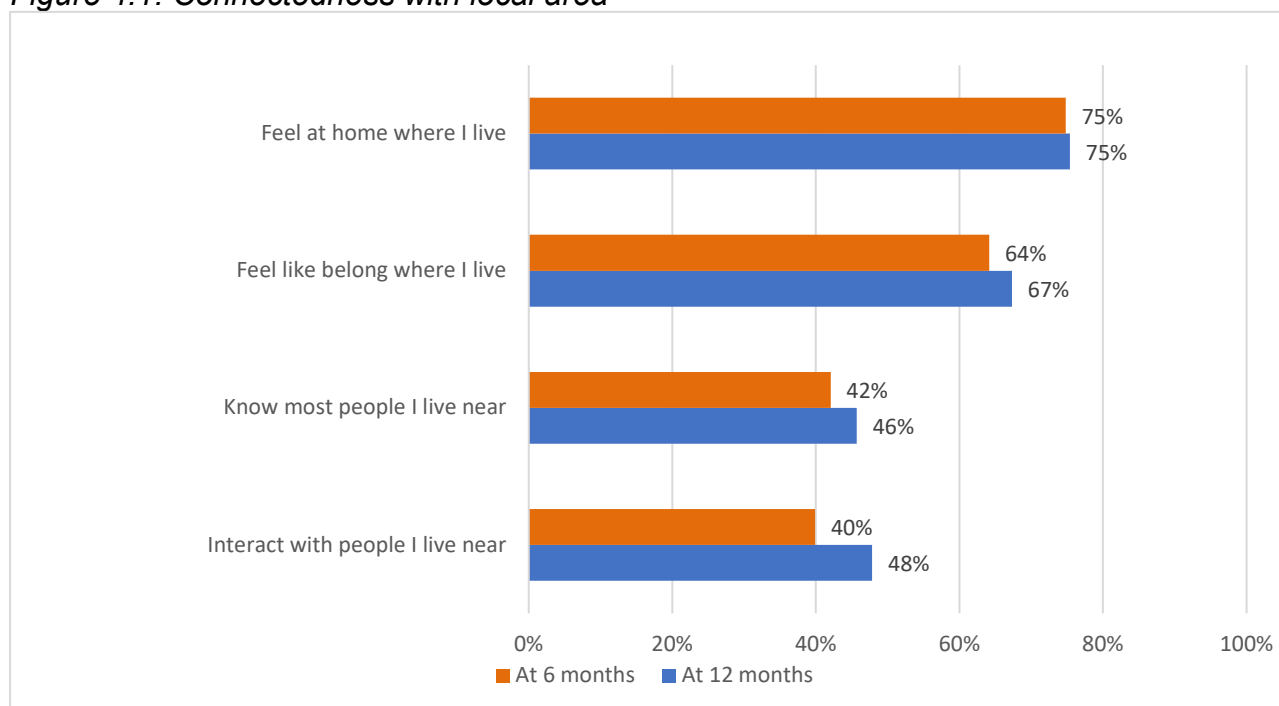
Base: Housing First clients six month follow up (159) or 12-month follow up (167)

Loneliness and social isolation

4.3. Perhaps in line with the finding on local interaction above, 12 months after entering HF, clients were significantly less likely to report being lonely than they had at the start (p-value <0.001). This is an improvement in the change observed in the first six months after entering HF, when the decrease in levels of loneliness did not quite reach statistical significance (p-value 0.050).

4.4. Figure 4.2 shows the distribution of clients' responses at baseline and six-month and 12-month follow-ups to the question of how often they felt lonely, on a five-point scale from 'often or always' to 'never'. At baseline, a third (35%) of clients reported 'often or always' being lonely, a percentage which had reduced to a quarter (23%) after six months and halved (to 16%) 12 months later. Similarly, the percentages saying 'never' rose from 16% to 27% over the period.

4.5. Using the three-item UCLA Loneliness Scale, a standardised measure of social isolation asked in the follow-up interviews, 37% of clients scored as 'lonely' at the 12 month point.[21]

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[21] Steptoe, A., Shankar, A., Demakakos, P. and Wardle, J. 2013. Social isolation, loneliness, and all-cause mortality in older men and women. Proceedings of the National Academy of Sciences. 110(15) pp.5797–5801

Figure 4.2: Loneliness and social isolation
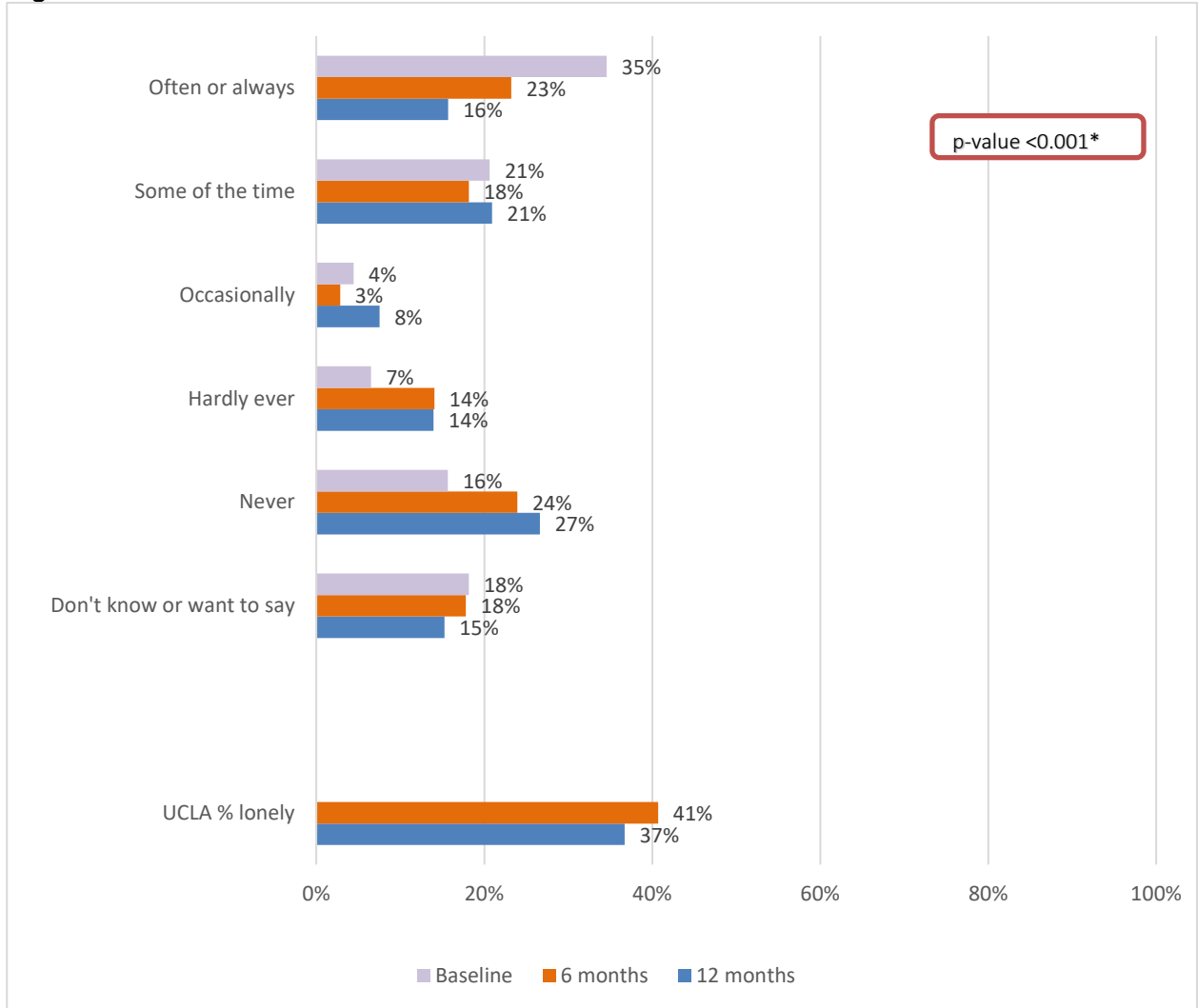
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

4.6. Figure 4.3 shows the *change* in individual clients' levels of loneliness between baseline and 12-month follow-up, excluding those who said 'don't know or want to say' at either time point.[22] Half (48%) of clients rated themselves less lonely at the 12-month point than they had on entering HF (that is, their response moved up the scale), and a further 15% said that they were only occasionally, hardly ever or never lonely both at the start and 12 months later. However, one in five (21%) clients reported feeling lonely at both time points, and a further 15% had become more lonely over time.

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[22] See Table A.2, Appendix A for change over the first six months.

Figure 4.3: Change over 12 months in levels of loneliness

p-value <0.001*

- 48%
- 15%
- 21%
- 15%

■ Became less lonely ■ Stayed not lonely
■ Stayed lonely ■ Became more lonely

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (104)

Social support

4.7. HF clients were statistically significantly more likely 12 months after entering HF to report having people to support them than they had been before (Figure 4.4). Asked if there was anyone "who can listen to you when you need to talk" the percentage saying yes rose from 67% at baseline to 81% after a year (p-value 0.003). When asked whether there was anyone "you can count on to help you out in a crisis", two thirds (67%) said yes at the point they entered HF, rising to 84% after a year (p-value <0.005).[23]

4.8. At the six-month and 12-month points, 78% of HF clients were in contact with one or more relative (comparable baseline data not available).

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[23] The difference between the six and 12 month outcomes are not statistically significant.
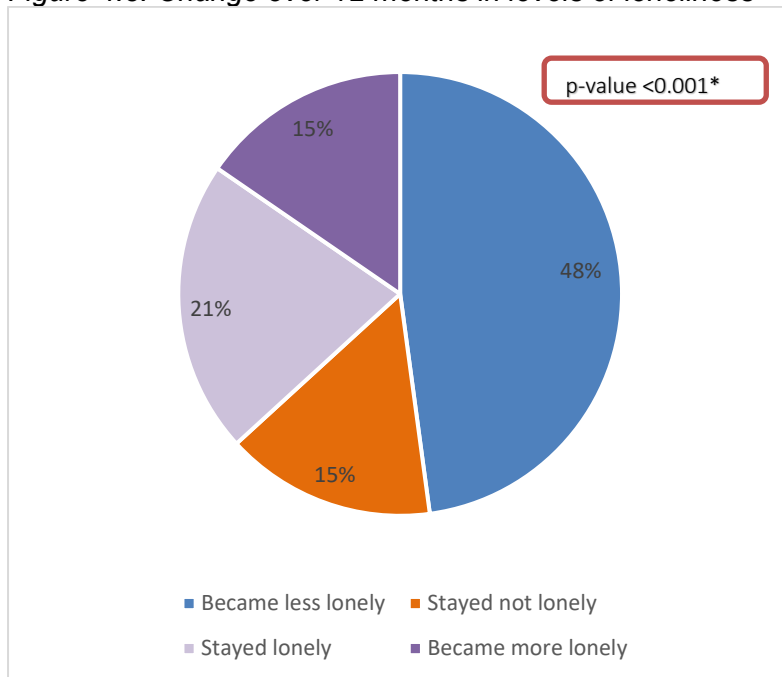
Figure 4.4: Social support
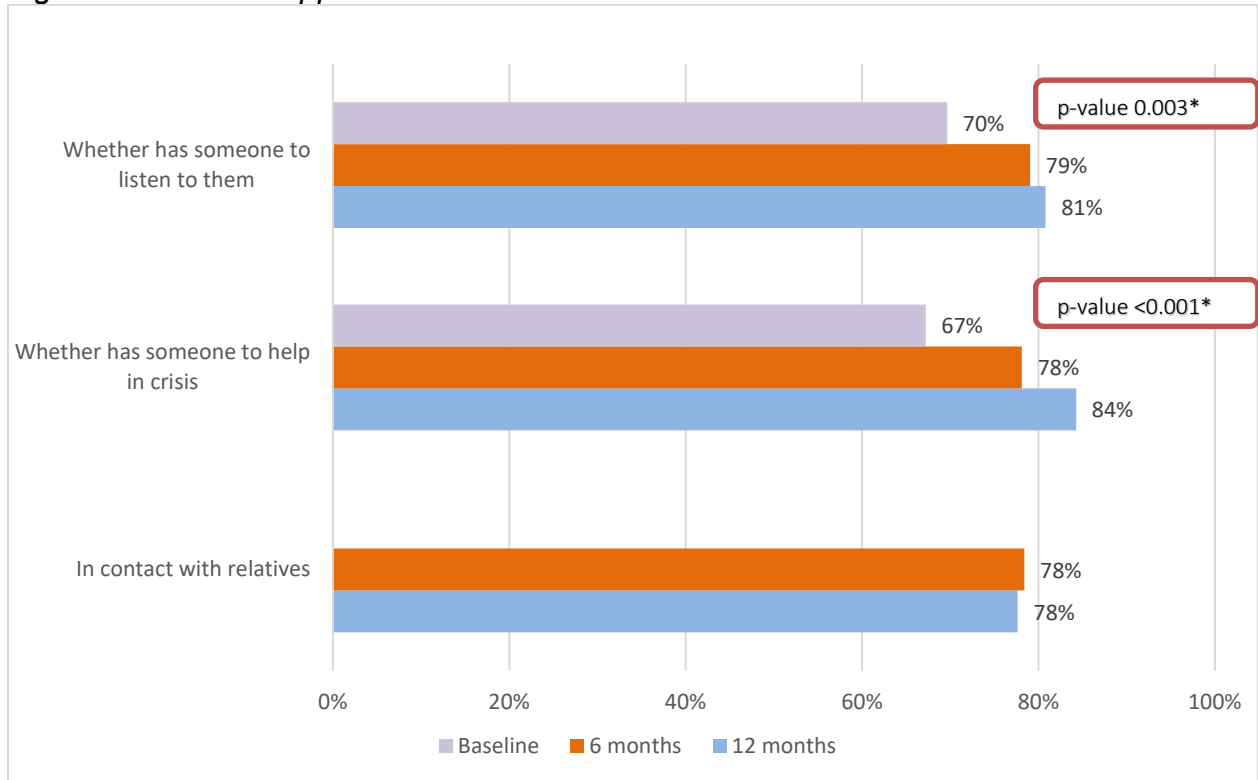
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

4.9. Focusing on whether a client has someone to listen to them, Figure 4.5 divides clients into those who (a) moved from having no one at baseline to someone at 12 months, (b) moved from having someone at baseline but no one at 12 months. (c) those with someone at both time points and (d) those without anyone at either time point.[24]

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[24] See Table A.2, Appendix A for change over the first six months.

Figure 4.5: Change over 12 months in whether someone to listen to them

p-value 0.003*

- 17% — Change to having someone
- 70% — Had someone at both timepoints
- 9% — Had no one at either timepoint
- 4% — Change to not having someone

■ Change to having someone ■ Had someone at both timepoints
■ Had no one at either timepoint ■ Change to not having someone

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (146)

4.10. A majority (70%) of clients had someone at both time points, with a further one in six (17%) moving from not having someone at baseline to having support at the six month point. Only one in ten (9%) clients did not have anyone at either time point, and a further 4% had someone at baseline but felt that they no longer had someone who would listen to them after 12 months.

4.11. The change scores (not shown) for having someone to help out in a crisis are very similar.

5. Safety

Overview

5.1. Six months after entering HF, clients were significantly more likely than before to feel safe and less likely to have been a victim of crime. While things after a year remain significantly better than prior to HF, there is tentative evidence of clients being more likely to be victims of crime at the 12 month follow-up stage than reported after six months.

Local safety

5.2. Chapter 3 (Figure 3.2) reported high levels of satisfaction levels among clients in long-term accommodation in relation to neighbourhood safety and the security of their building. Figure 5.1 includes all clients, regardless of their current accommodation, and compares their views about how safe they felt in general at baseline and six and 12 months later, each time asked to respond using a five-point scale from 'all the time' to 'never' to the question:

> "Thinking back over the last six months, how often would you say you were feeling safe?"

Clients were significantly more likely to report feeling safe at the six-month (p-value <0.001) and 12-month points (p-value <0.001) than they had been before they entered HF. For instance, 49% said that they felt safe 'all the time' compared to only 11% at baseline. Only 4% 'never' felt safe compared to 37% at baseline.[25]

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[25] The difference between the six and 12 month outcomes are not statistically significant.
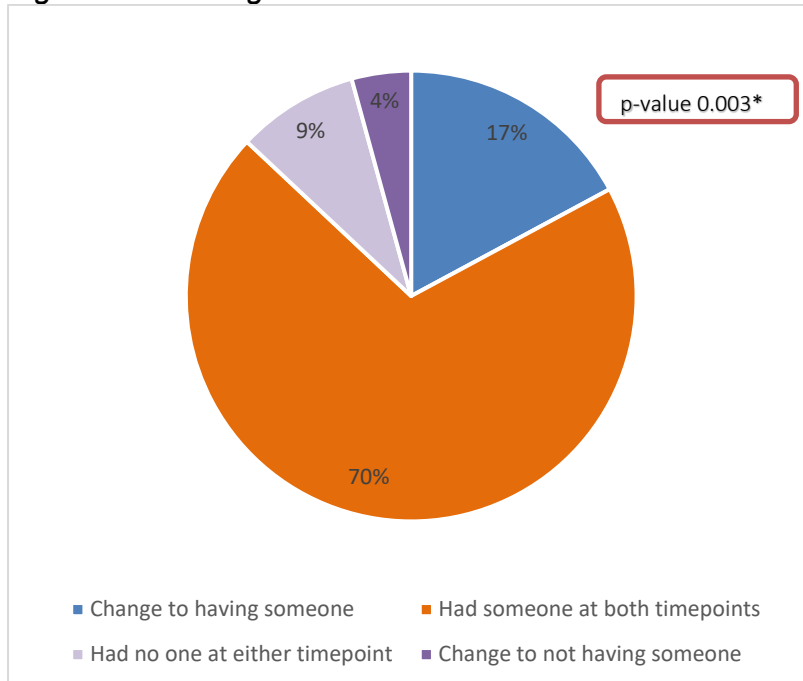
Figure 5.1: Feelings of safety
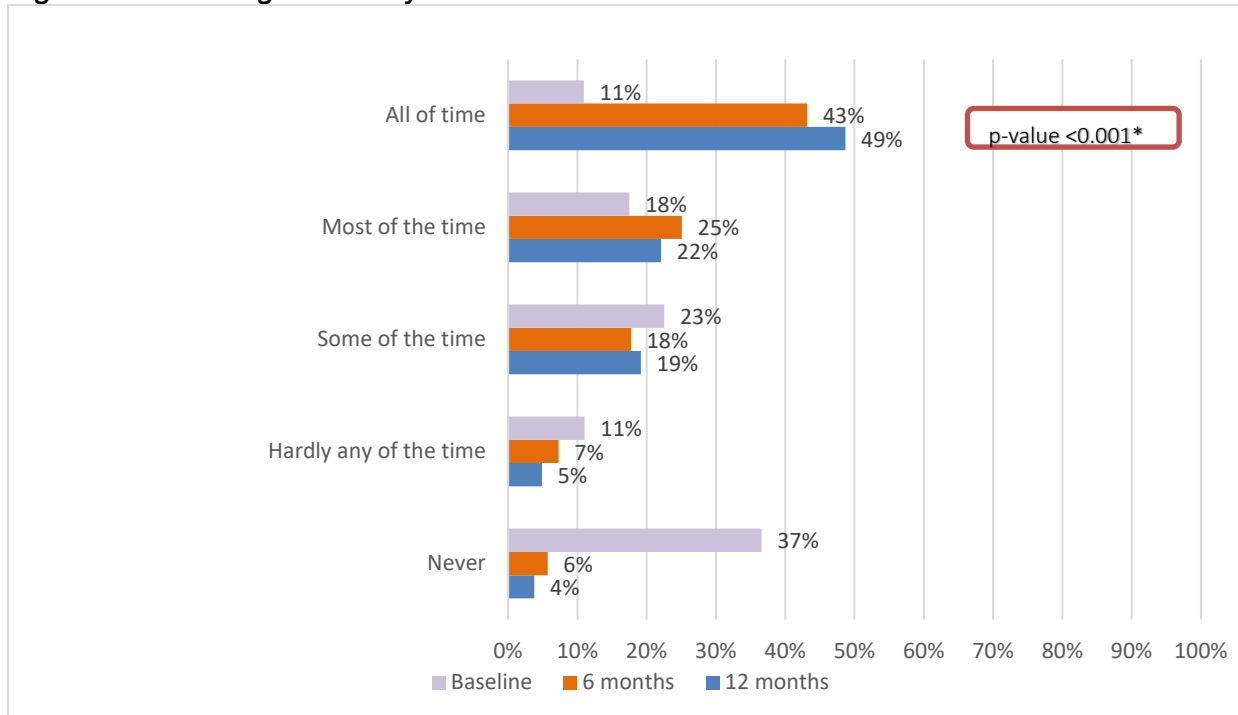
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

5.3 Looking at this in terms of individual-level change in feelings of safety over a year (Figure 5.2), a majority (71%) of clients felt safer at 12 months than they had a baseline.[26] A further one in ten (9%) clients felt safe all or most of the time both at baseline and 12 months later. However, 8% felt safe at neither point (they felt safe only some of the time, hardly ever or never) and a further 12% reported feeling less safe after 12 months than they did at baseline.

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[26] See Table A.2, Appendix A for change over the first six months.

Figure 5.2: Change over 12 months in feelings of safety

*Base: Housing First clients completing baseline and 12 month follow up
excluding don't know or prefer not to say (160)*

Being a victim of crime

5.4 At baseline and follow-ups, clients were asked about different ways that they might have been a victim of crime in the previous six months (Figure 5.3). Prior to entering HF, the majority of clients had been a victim of crime over the period, with only three in ten (30%) saying that they had not been. After six months, two thirds (65%) reported not having been a victim of crime in the preceding six months (p-value <0.001), with reductions in the experience of each of the type of crime included in the survey list. Twelve months on, clients' situations were still significantly better than prior to entering HF (p-value <0.001), again with reductions in the experience of each of the type of crime.[27]

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[27] With the exception of 'other' forms of crime.

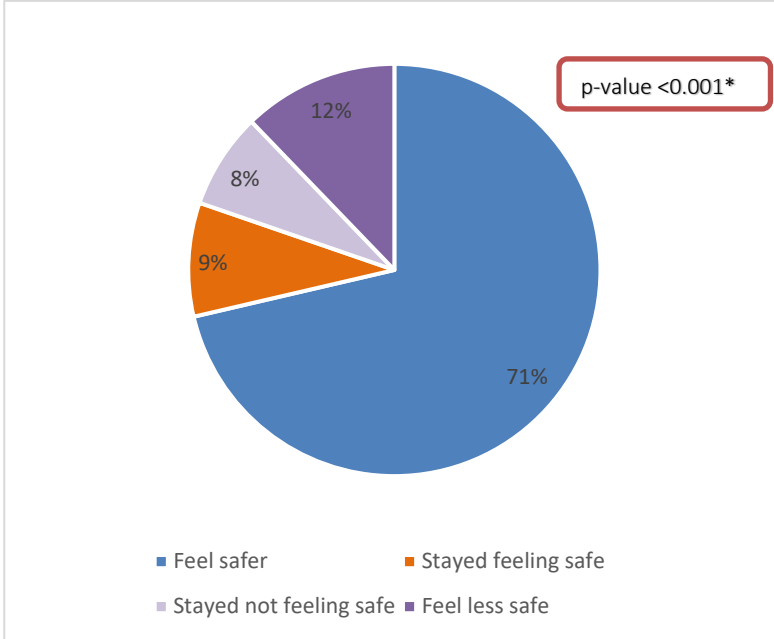*Figure 5.3: Victim of crime in previous six months*
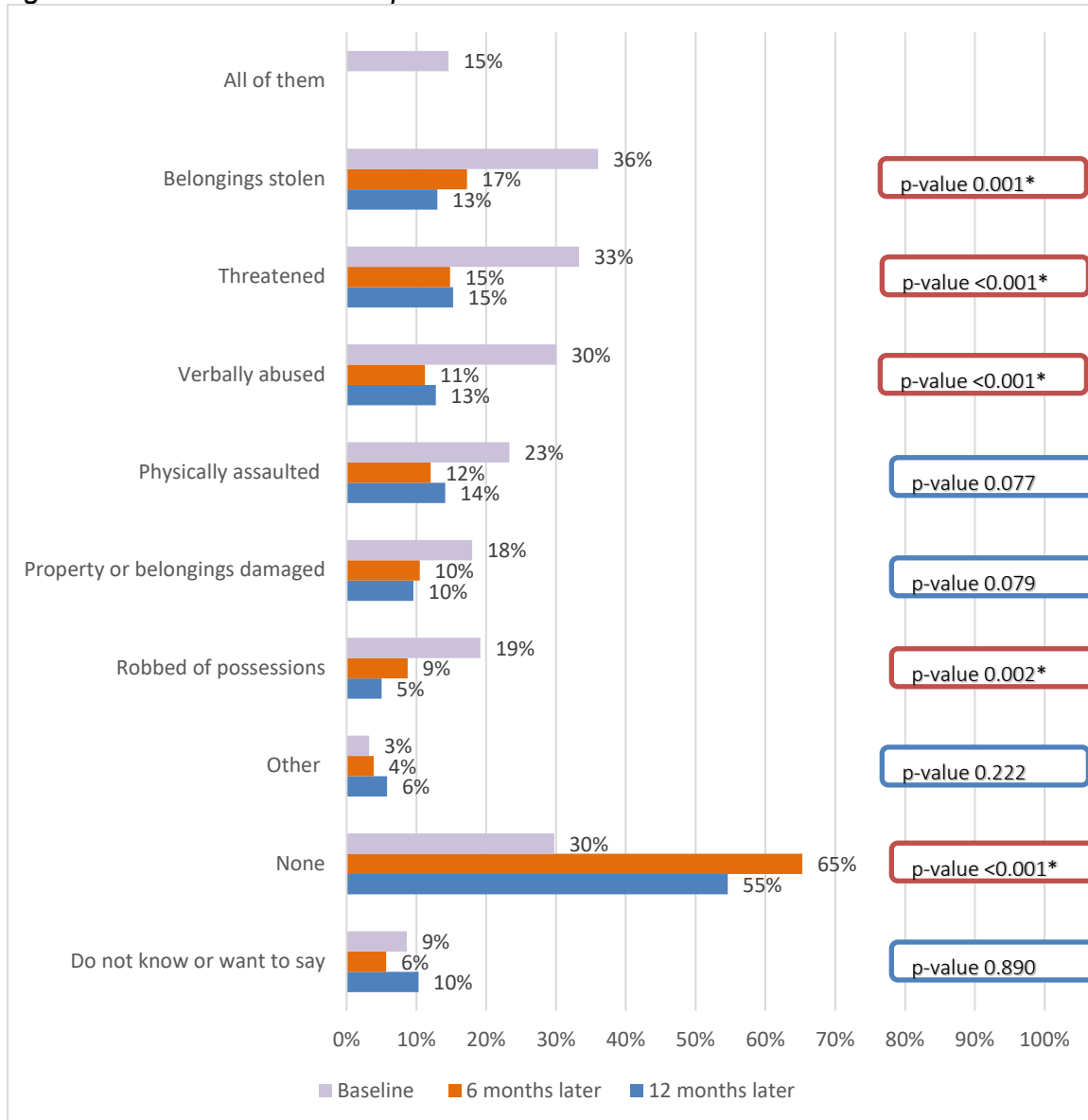
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A
Note: Baseline survey had an option 'all of them' which was not available at follow-up

5.5   In terms of individual-level change in the year after entering HF, a third (32%) of clients were people who had been a victim of crime in the 12 months prior to entering HF but had not been so in the most recent six months. A further quarter 23% had not been a victim of crime at either point. In contrast, 39% had been victims of crime at both time points and 7% of clients had not been victims prior to HF but had been in the previous six months (Figure 5.4).[28]

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[28] See Table A.2 Appendix A for change over the first six months.

Figure 5.4: Change over 12 months in being a victim of crime

p-value <0.001*

32%

23%

39%

7%

- Move to not being a victim
- Not a victim at either point
- A victim at both points
- Move to being a victim

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (167)

6 Wellbeing and health

Overview

6.3   Six months after entering HF, there had been a significant positive shift in relation to clients' wellbeing and health, particularly mental health, with these significant shifts still evident after 12 months. Both six months and a year after entering HF, significantly greater proportions of clients reported eating and sleeping well and perceived their health as good, and significantly fewer reported suffering from anxiety and depression. There had also been an improvement in access to health services, with a significant increase in the percentage of clients registered with a GP.

Wellbeing

6.4   At baseline and in the six-month and 12-month follow-ups, clients were asked to rate how often they ate and slept well, using a five-point scale from 'all of the time' to 'never' (Figure 6.1). Six months after entering HF, clients reported large and significant improvements in how well they were eating (p-value <0.001) and sleeping (p-value <0.001), which were sustained at 12 months (p-values <0.001). At baseline, 10% of clients reported eating well 'all of the time' and 3% slept well 'all of the time'. Twelve months later, these percentages were 36% and 10%.[29] At the other end of the scale, Conversely, the percentage reporting 'never' eating well fell from 22% to 2%, with the comparable figures for sleep being 42% and 25%.

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[29] The difference between the six and 12 month outcomes are not statistically significant.

Figure 6.1: Wellbeing

Bar chart showing wellbeing measures at Baseline, 6 months later, and 12 months later.

Eating well (p-value <0.001*)
- All of the time: Baseline 10%, 6 months later 36%, 12 months later 36%
- Most of the time: Baseline 15%, 6 months later 23%, 12 months later 17%
- Some of the time: Baseline 14%, 6 months later 25%, 12 months later 33%
- Hardly any of the time: Baseline 38%, 6 months later 12%, 12 months later 11%
- Never: Baseline 22%, 6 months later 4%, 12 months later 2%

Sleeping well (p-value <0.001*)
- All of the time: Baseline 3%, 6 months later 18%, 12 months later 10%
- Most of the time: Baseline 6%, 6 months later 16%, 12 months later 17%
- Some of the time: Baseline 20%, 6 months later 20%, 12 months later 23%
- Hardly any of the time: Baseline 29%, 6 months later 19%, 12 months later 24%
- Never: Baseline 42%, 6 months later 27%, 12 months later 25%

Short Warwick Edinburgh Mental Wellbeing Scale
- % high psychological distress/risk of depression: 6 months later 34%, 12 months later 38%

Legend: Baseline; 6 months later; 12 months later

Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
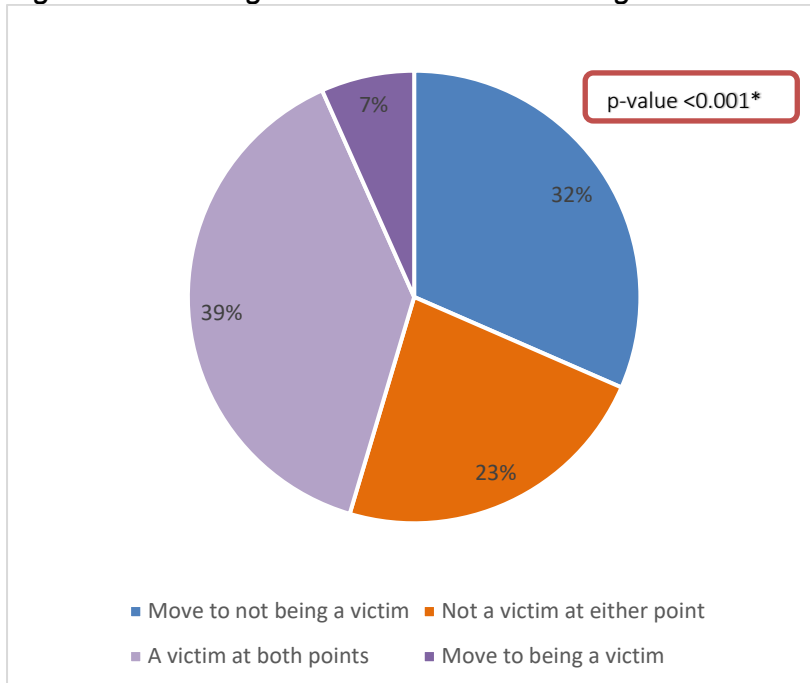*Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A*

6.5   At baseline and follow up, HF clients were also asked to complete the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWS), a standardised measure of wellbeing, with a recognised cut-off to identify people in high psychological distress or at risk of depression (a score of under 20 on a scale from seven to 35).[30] However, high levels of non-response at each wave mean that limited numbers of clients had completed the measure at both baseline and follow-up, precluding the inclusion of a measure of

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[30] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/

change in wellbeing.[31] However, Figure 6.1 shows that a substantial minority of clients had low wellbeing at 12 months: 38% of clients had a SWEMWS score suggesting they reached a threshold of high psychological distress or risk of depression. There is a further discussion of mental health in the section below.

6.6   These positive significant findings in the first year after entering HF are mirrored in the percentage for clients experiencing a *change* in their eating and sleeping behaviours (Figures 6.2 and 6.3).[32] In addition to the 7% of clients who ate well 'all or most of the time' at both baseline and follow up, seven in ten (70%) clients rated their eating at 12 months better than their rating at baseline. However, 12% of clients rated their eating behaviours as worse than prior to entering HF, and 10% were not eating well at either time point.

Figure 6.2: Change in how well eating
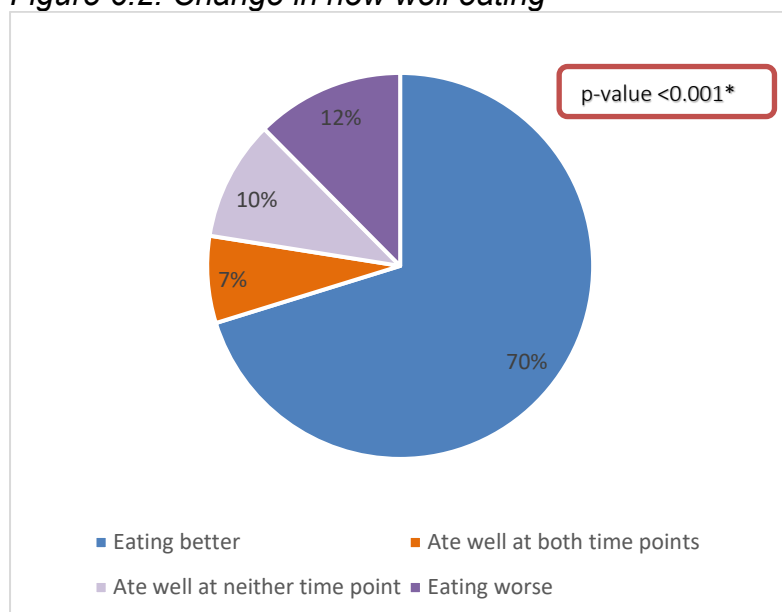
Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (117)

6.7   Half (50%) of clients rated their sleeping at 12 months as better than their rating at baseline, in addition to the 4% who reported sleeping well all or most of the time at both time points. However, 19% of clients reported their sleeping as worse than prior to HF and 27% said that they were not sleeping well at either timepoint.

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[31] Moreover, the baseline was not a 'pre-HF' baseline, but rather asked about wellbeing at the point of the interview, which was sometimes some time after the client entered HF.
[32] See Table A.2 Appendix A for change over the first six months.

Figure 6.3: Change in how well sleeping

p-value <0.001*

- Sleeping better
- Slept well at both points
- Slept well at neither point
- Sleeping worse

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (162)

Self-reported health

6.8 At baseline and follow-ups, clients were asked to rate their health on a five-point scale from 'very good' to 'very bad'. Six months after entering HF, clients rated their health as significantly better than they had when they first entered HF (p-value 0.042), with further improvements after a year (p-value 0.002) (Figure 6.4). [33] At baseline, 4% rated their health as 'very good' and 17% as 'good'. Twelve months later, the percentages were 7% and 27%.

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[33] The difference between the six and 12 month outcomes are not statistically significant.

Figure 6.4: Self-reported health

Very good — Baseline 4%, 6 months later 7%, 12 months later 7%
Good — Baseline 17%, 6 months later 24%, 12 months later 27%
Fair — Baseline 31%, 6 months later 29%, 12 months later 24%
Bad — Baseline 27%, 6 months later 23%, 12 months later 19%
Very bad — Baseline 11%, 6 months later 8%, 12 months later 11%
Do not know or want to say — Baseline 10%, 6 months later 9%, 12 months later 12%

p-value 0.002*

Legend: Baseline, 6 months later, 12 months later

Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

6.9 Looking at changes within individuals over the year (Figure 6.5), one in five (20%) clients rated their health as very good, good or fair at both time points and a further half (48%) HF clients rated their health as better than they had at baseline[34]. However, 12% rated their health as bad or very bad at both time points and a further one in five (21%) gave their health a lower rating at that point.

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[34] See Table A.2 Appendix A for change over the first six months.

Figure 6.5: Change in self-reported health

p-value 0.002*

- Health better
- Health good at both points
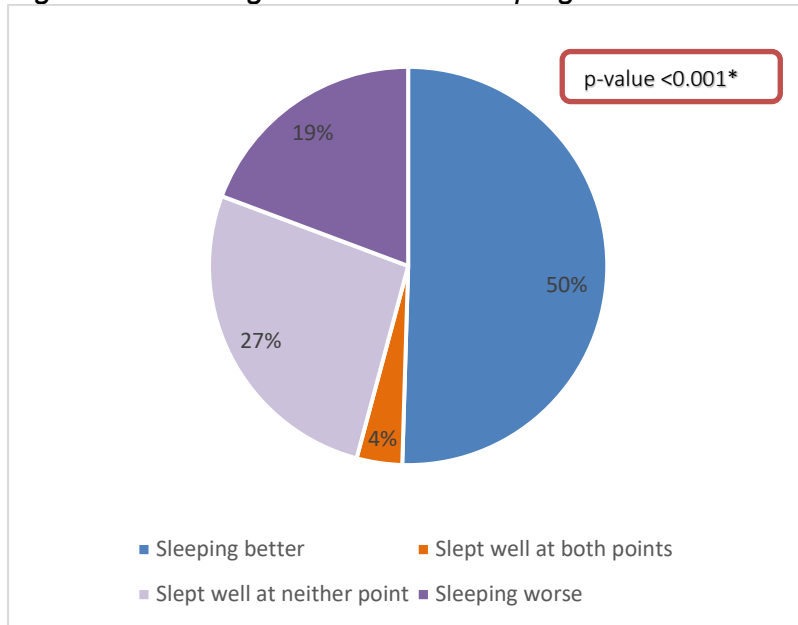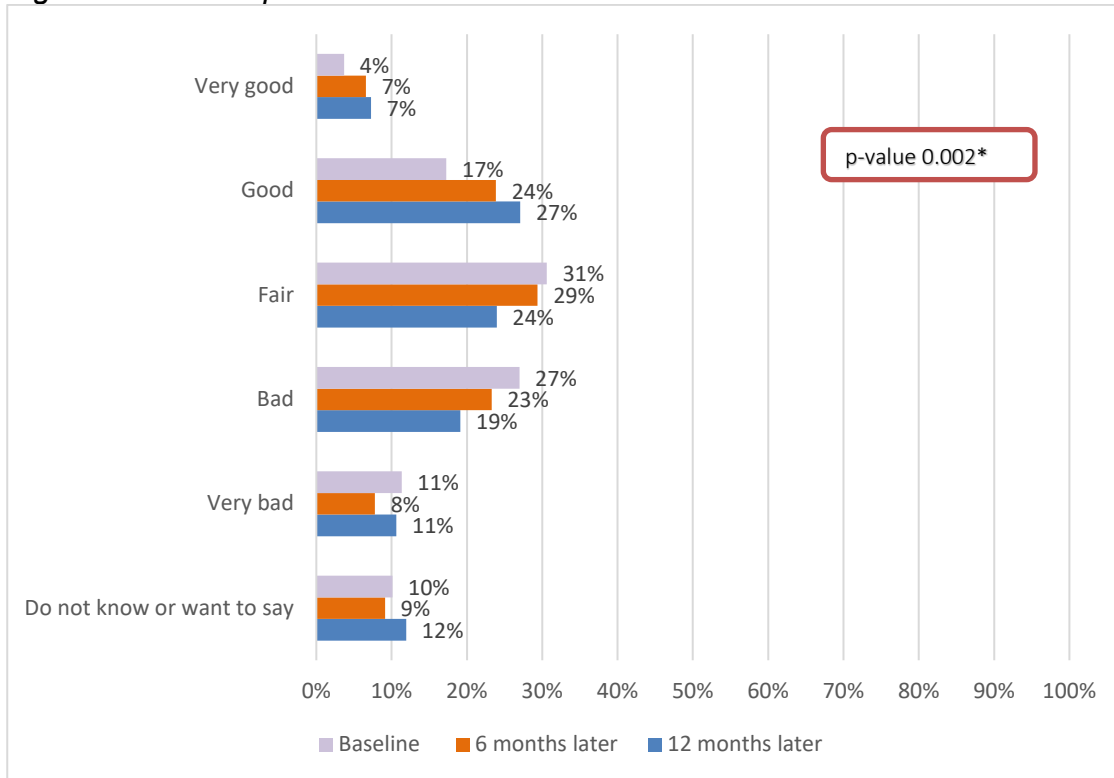- Health poor at both points
- Health worse

48%

20%

12%

21%

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (124)

EQ5D health rating

6.10 The evaluation included a further measure of clients' health, the EQ5D-5L.[35] The EQ5D-5L is a self-report health measure, asking individuals to rate their health across five dimensions: mobility, self-care, ability to do usual activities, pain/discomfort and anxiety. For each dimension, individuals are asked to rate their level of impairment on a five-point scale from 'no problems' to 'extreme/unable to do'. HF clients were asked to complete the measure at baseline and follow-ups, with their responses set out in Figure 6.6.[36]

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[35] The EuroQol Group (1990). EuroQol-a new facility for the measurement of health-related quality of life. Health Policy 16(3):199-208.
[36] For 'mobility', 'self-care' and 'usual activities', the categories 'severe' and 'unable to do' have been combined due to small numbers in the 'unable to do' category.

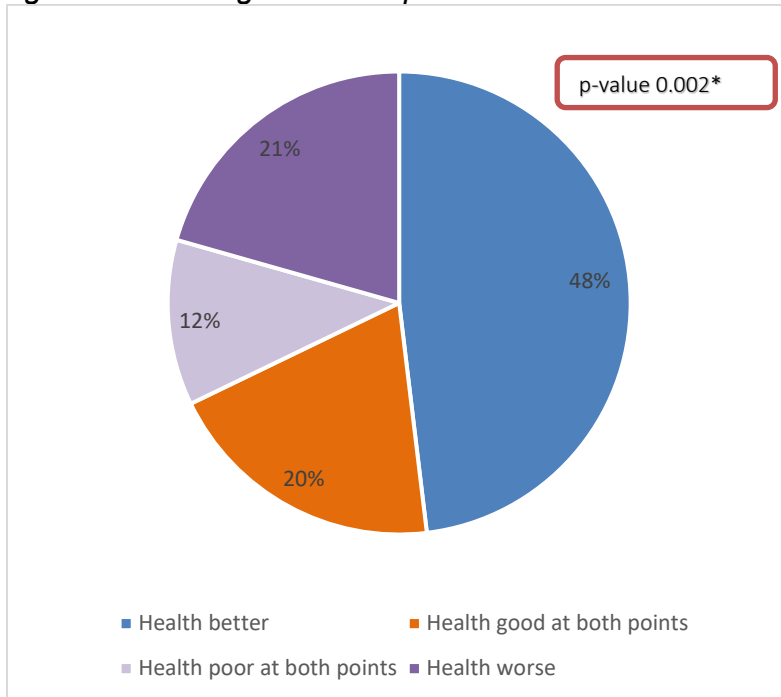## Figure 6.6: EQ5D self-reported health
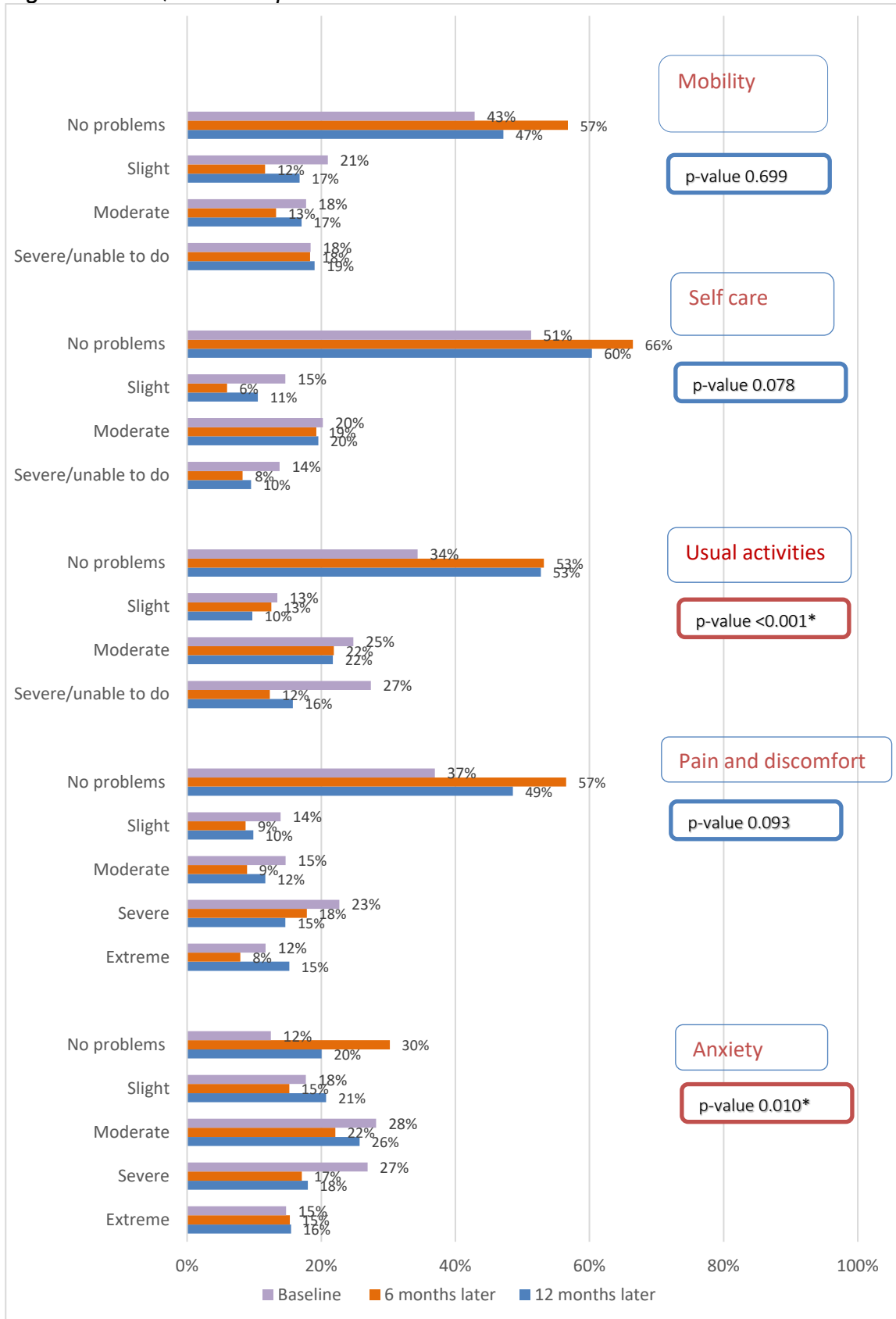
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

6.11 Six months after entering HF, there was a general pattern of improvement across the five aspects, with the change in ability to do usual activities (p-value <0.001), pain/discomfort (p-value 0.024) and anxiety (p-value 0.011) reaching statistical significance. However, after 12 months, some of the progress seen at six months appears to have reduced, with fewer clients reporting 'no problems' on each of the five health elements, with only improvements in clients' ability to do usual activities and reductions in anxiety levels statistically significantly better than baseline after 12 months (p-values of <0.001 and 0.010 respectively).

Mental health

6.12 Figure 6.7 shows the self-reported mental health conditions which HF clients reported as they entered HF, and six and 12 months later. [37] The anxiety findings reported above in relation to the EQ5D are mirrored in a significant reduction in self-reported anxiety and depression.

6.13 The mental health conditions HF clients were asked about fall into (a) those which could be alleviated, and even stopped, by the kinds of support HF is set up to provide (e.g. anxiety, depression, trauma) and (b) permanent conditions (e.g. schizophrenia or bipolar) which HF support might help manage and/or lead to be formally diagnosed.

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[37] Eating disorder not shown due to small sample sizes.

Figure 6.7: Self-reported mental health conditions

Figure 6.7 shows a horizontal bar chart comparing self-reported mental health conditions at Baseline, 6 months later and 12 months later.

Condition	Baseline	6 months later	12 months later	p-value
Anxiety	81%	70%	71%	p-value 0.014*
Depression	80%	70%	68%	p-value 0.009*
Trauma	39%	30%	33%	p-value 0.226
PTSD	38%	31%	37%	p-value 0.866
Psychosis/schizophrenia	37%	26%	24%	p-value <0.001*
Personality disorder	33%	17%	15%	p-value <0.001*
Bipolar	23%	13%	12%	p-value 0.001*
Other condition	6%	14%	14%	p-value 0.026*
None	4%	8%	6%	p-value 0.201
Do not know or want to say	9%	10%	10%	p-value 0.437

Legend: Baseline, 6 months later, 12 months later

Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A
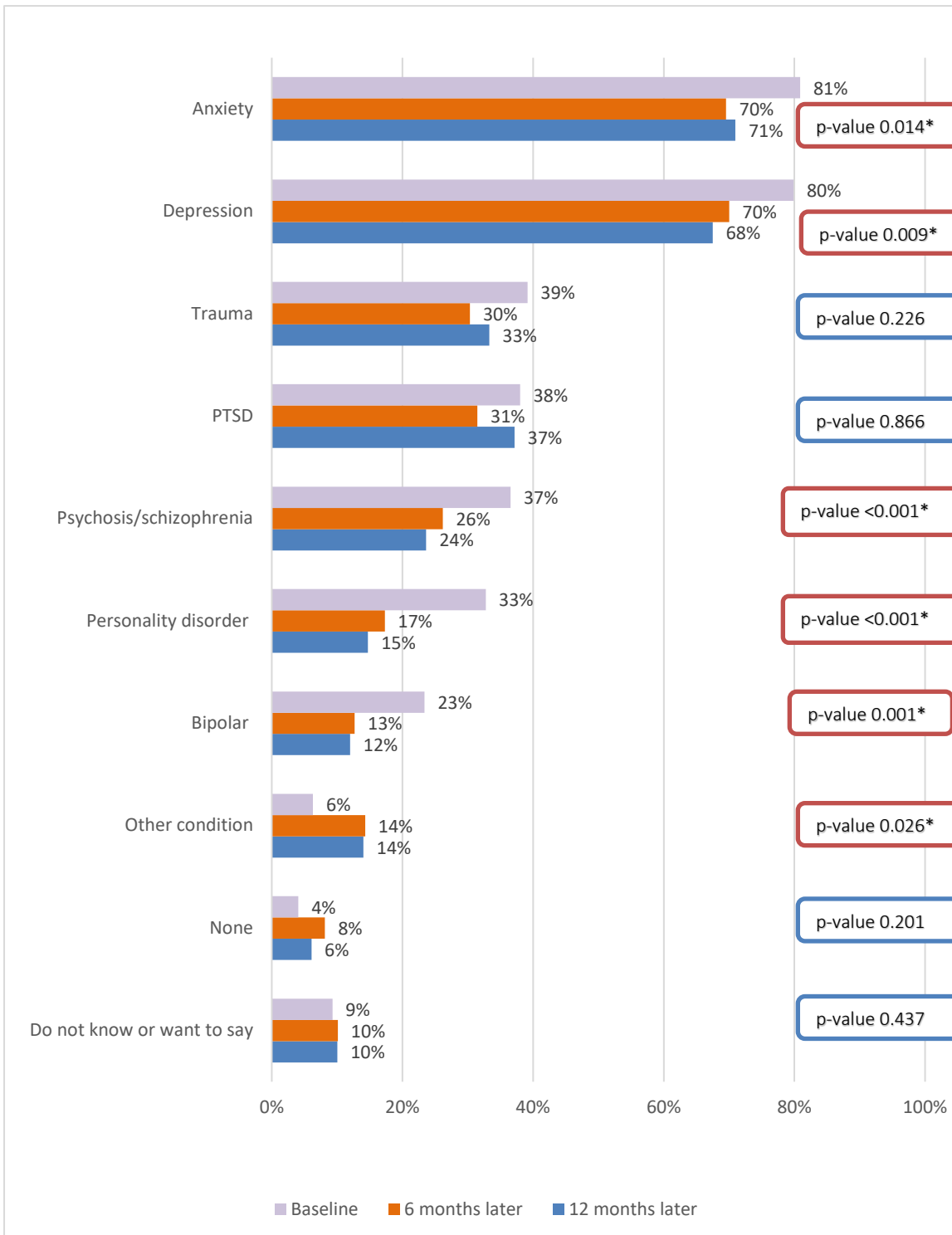
6.14 Focusing firstly on depression, anxiety, and trauma, the proportions reporting anxiety and depression fell significantly over the course of the first six months, with this reduction sustained after a year. While it was still the case that the majority of – seven in ten - clients suffered from anxiety (71%) or depression (68%) after a year, the

reduction from eight in ten as they entered HF (81% anxiety, 80% depression) is statistically significant (p-values of 0.014 and 0.009 respectively). However, there were no significant reductions in self-reported trauma or Post Traumatic Stress Disorder (PTSD).

6.15 There was also a statistically significant reduction over the year in clients reporting a diagnosis of psychosis, schizophrenia, personality disorder or bipolar. These findings are harder to interpret. This may be due a reduction in symptoms, either through HF support or resultant contact with medical professionals, or a change in diagnosis. There was an increase in those citing 'other' conditions over the same period.

6.16 Looking at within-individual change in depression over the year, the majority (60%) of clients reported that they had depression at both time points, and a further 7% moved from not reporting depression to reporting it.[38] However, 13% of clients reported not having depression at either time point and a further 20% went from reporting depression at baseline, but not at follow-up, with only (Figure 6.8). The figures were very similar for anxiety (Figure 6.9).

Figure 6.8: Change in self-reported depression
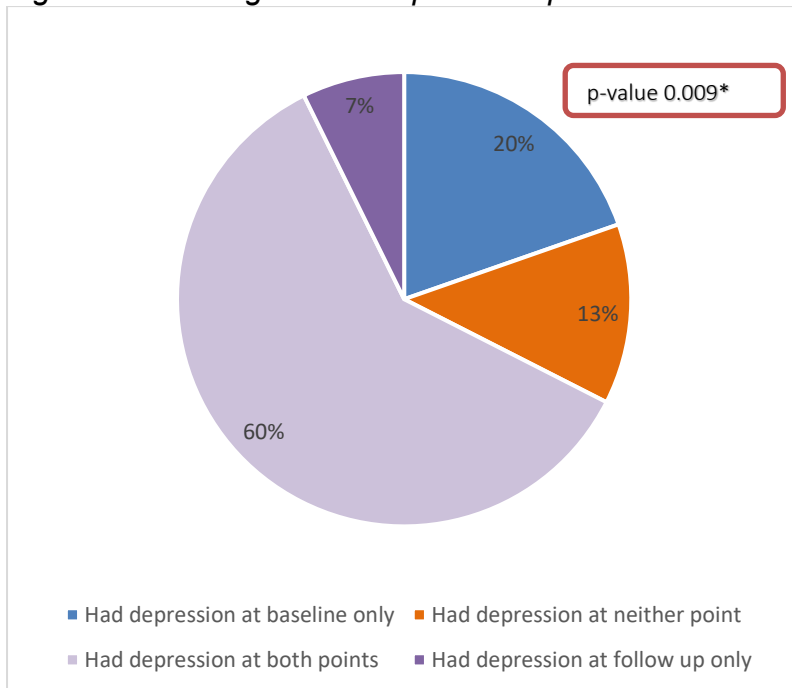
Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (167)

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[38] See Table A.2 Appendix A for change over the first six months.

Figure 6.9: Change in self-reported anxiety
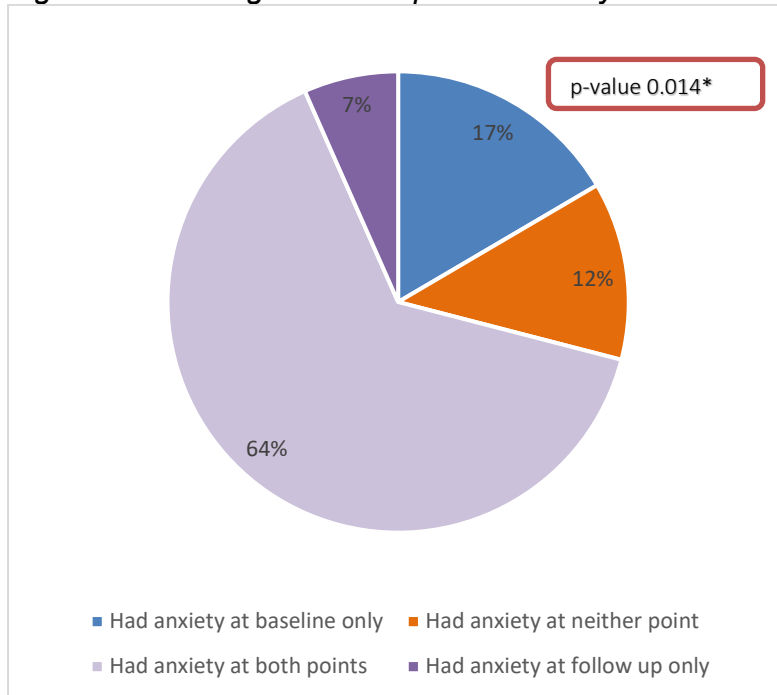
Pie chart:
- 17% — Had anxiety at baseline only
- 12% — Had anxiety at neither point
- 64% — Had anxiety at both points
- 7% — Had anxiety at follow up only

p-value 0.014*

Legend:
- Had anxiety at baseline only
- Had anxiety at neither point
- Had anxiety at both points
- Had anxiety at follow up only
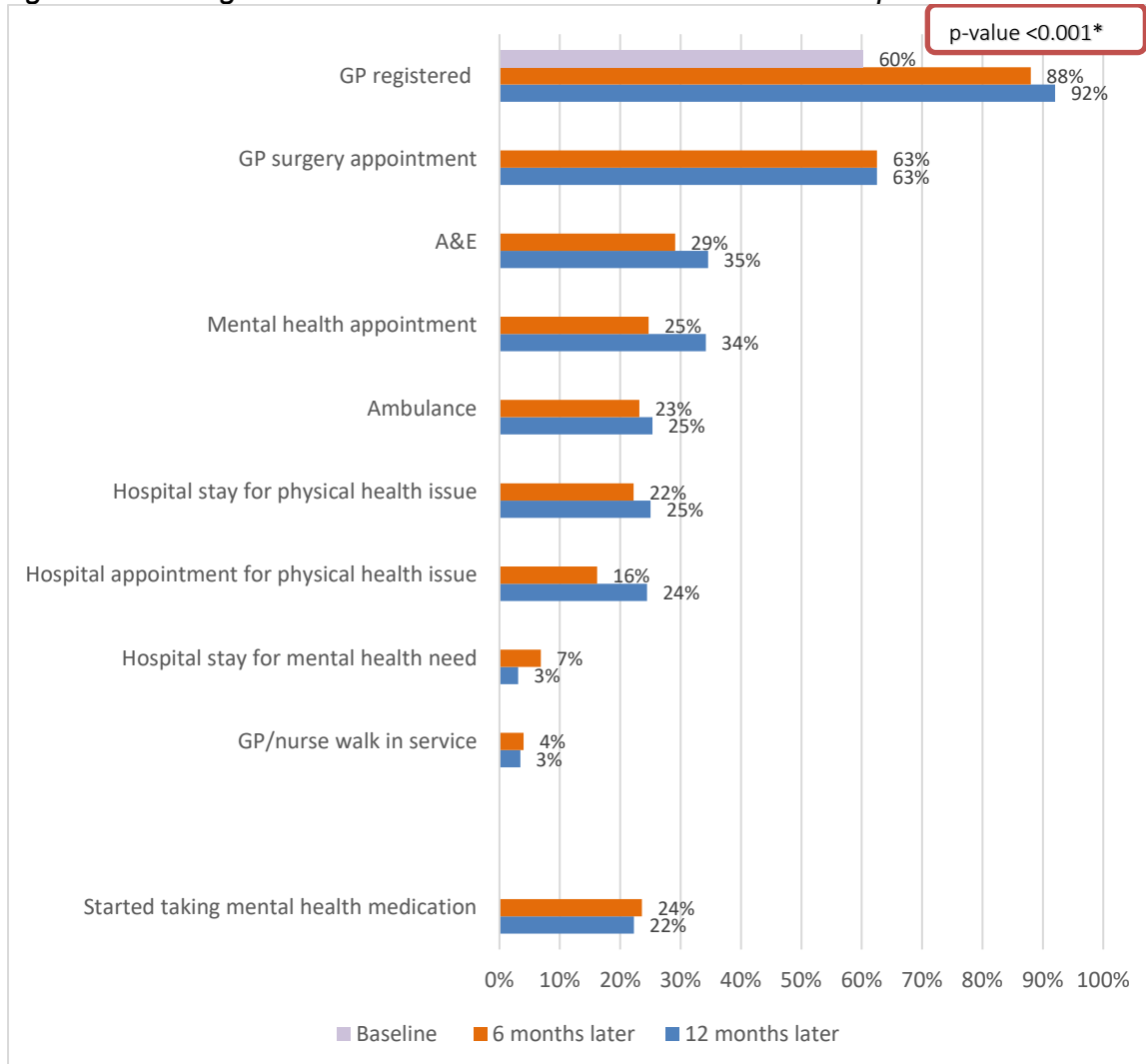
Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (167)

Use of health services

6.17 Six months after entering HF, significantly more clients (88%) were registered with a GP than they had been prior to joining HF, and by a year this proportion had risen from 60% to 92% (p-value <0.001) (Figure 6.10).

Figure 6.10: Registered with GP and use of health services in past six months

Bars shown for each category with values:
- **GP registered**: Baseline 60%, 6 months later 88%, 12 months later 92% — p-value <0.001*
- **GP surgery appointment**: 6 months later 63%, 12 months later 63%
- **A&E**: 6 months later 29%, 12 months later 35%
- **Mental health appointment**: 6 months later 25%, 12 months later 34%
- **Ambulance**: 6 months later 23%, 12 months later 25%
- **Hospital stay for physical health issue**: 6 months later 22%, 12 months later 25%
- **Hospital appointment for physical health issue**: 6 months later 16%, 12 months later 24%
- **Hospital stay for mental health need**: 6 months later 7%, 12 months later 3%
- **GP/nurse walk in service**: 6 months later 4%, 12 months later 3%
- **Started taking mental health medication**: 6 months later 24%, 12 months later 22%

Legend: Baseline, 6 months later, 12 months later

Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

6.18 Clients were asked in the six and 12-month interviews (but not at baseline) about health services they had used in the previous six months. None of the differences in level of usage between six and 12 months reach statistical significance. At 12 months, two thirds (63%) of clients reported having had at least one GP appointment. Use of hospital services was relatively common with a quarter (25%) having used an ambulance in the previous six months, had a hospital stay due to a physical health issue or been to A&E. A third (34%) had had a mental health appointment and a quarter (24%) had had a physical health appointment.

6.19 A year after entering HF, one in five (22%) clients had started a medication for a mental health condition.

7 Drug and alcohol use

Overview

7.3 A year after entering HF, there had been no statistically significant reduction in self-reported overall drug use, or alcohol dependency. However, there is some evidence of a reduction in the usage of particular drugs and in the frequency of drinking alcohol. Moreover, a substantial number of clients were taking up treatment for drug or alcohol dependency.
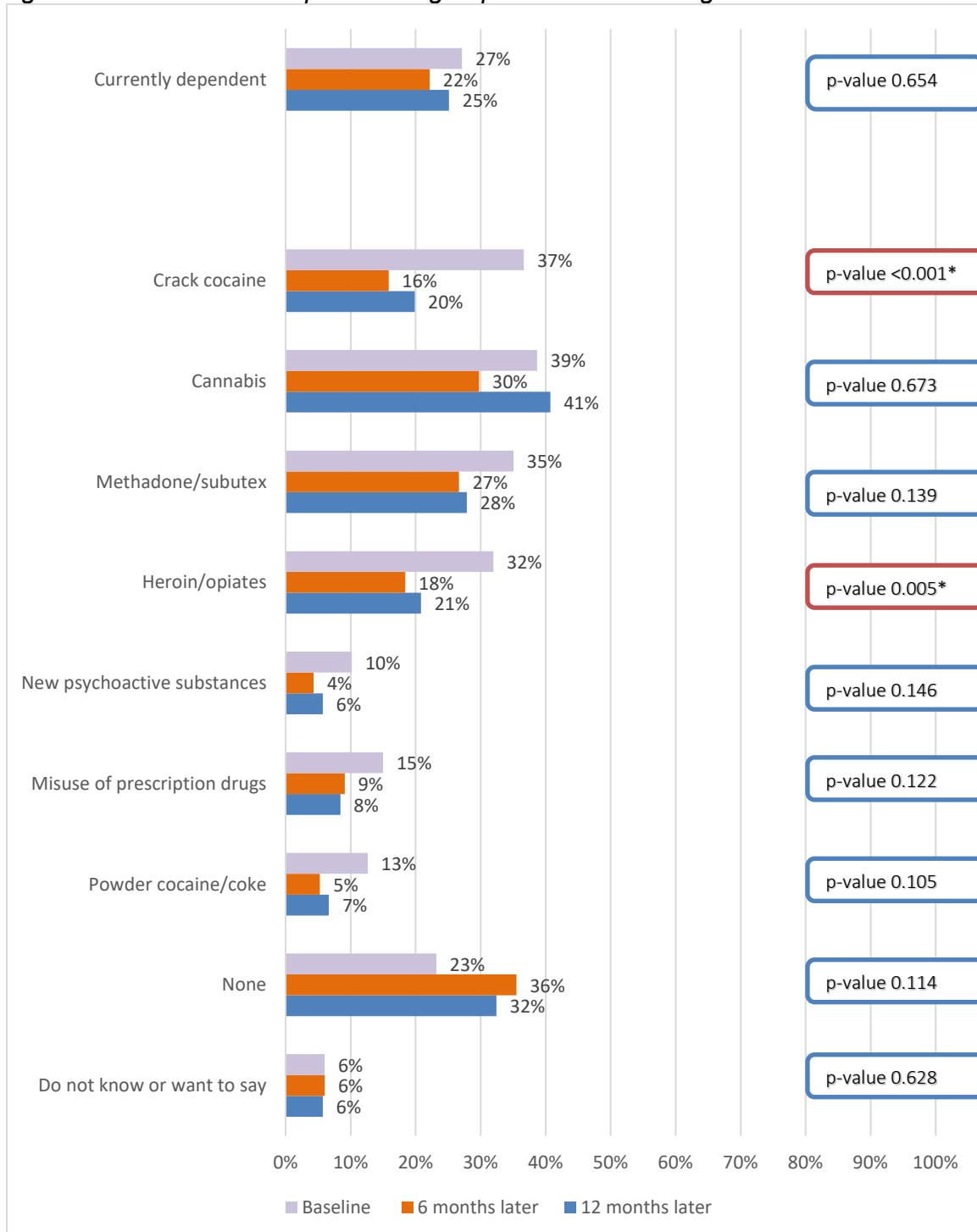
Drug use

7.4 In the six months between entering HF and the six-month follow-up interview, there had been a statistically significant reduction in the percentage of HF clients self-reporting a current drug dependency. At the baseline, 30% of clients said that they were dependent on drugs, a percentage which had fallen to 22% six months later (p-value 0.047) [39]. However, to the percentage was slightly higher at 12 months, at 25% and no longer reached significance (p-value 0.654).

7.5 Although more clients (32%) reported at 12 months having taken no drugs in the previous three months, compared to a quarter (23%) at baseline, this difference is not statistically significant (p-value 0.114).[40] However, there was a statistically significant decrease in the use of crack cocaine (from 37% using it in the three months prior to entering HF to 20% having done so in the three months prior to the 12-month interview) and heroin/opiates (from 32% to 21%) (p-values of <0.001 and 0.005 respectively) (Figure 7.1).[41]

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[39] The baseline figure for those completing the six-month interview – see Appendix A Table x.
[40] There had been a statistically significant difference at six months.
[41] Figure excludes drugs where fewer than three clients reported usage at any of the time points.

Figure 7.1: Recent self-reported drug dependence and drugs taken in last three months

Category	Baseline	6 months later	12 months later	p-value
Currently dependent	27%	22%	25%	p-value 0.654
Crack cocaine	37%	16%	20%	p-value <0.001*
Cannabis	39%	30%	41%	p-value 0.673
Methadone/subutex	35%	27%	28%	p-value 0.139
Heroin/opiates	32%	18%	21%	p-value 0.005*
New psychoactive substances	10%	4%	6%	p-value 0.146
Misuse of prescription drugs	15%	9%	8%	p-value 0.122
Powder cocaine/coke	13%	5%	7%	p-value 0.105
None	23%	36%	32%	p-value 0.114
Do not know or want to say	6%	6%	6%	p-value 0.628

Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
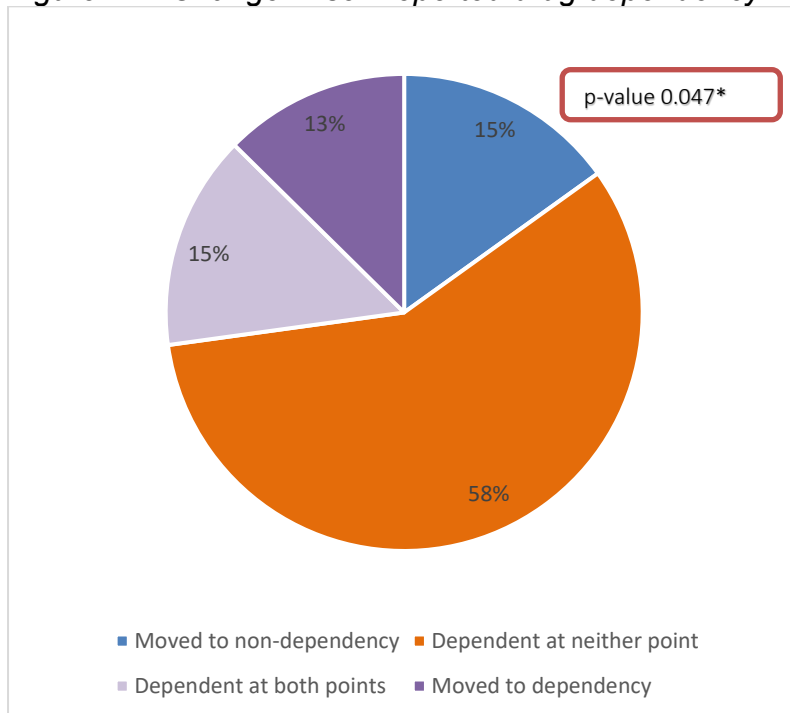*Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A*

7.6   Figure 7.2 shows the percentages of clients who moved into and out of self-reported drug dependency between the baseline and the 12-month follow-up interviews.[42] Six in ten (58%) did not report being dependent at either time point, and a further 15% of

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[42] See Table A.2 Appendix A for change over the first six months.

clients were dependent at baseline and not at follow-up. However, 15% reported being dependent at both time points and a further 13% had moved from not reporting a dependency when they entered HF to reporting one 12 months later.

*Figure 7.2: Change in self-reported drug dependency*

p-value 0.047*

15%

13%

15%

58%

■ Moved to non-dependency ■ Dependent at neither point

■ Dependent at both points ■ Moved to dependency

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (139)

Alcohol use

7.7   The proportion of HF clients who reported being currently dependent on alcohol when they entered HF was substantially smaller than the proportion dependent on drugs (17% compared to 27%) (Figure 7.3). However, the proportion currently dependent on alcohol had not changed significantly six months later (17%, p-value 0.750) or 12 months later (13%, p-value 0.117).

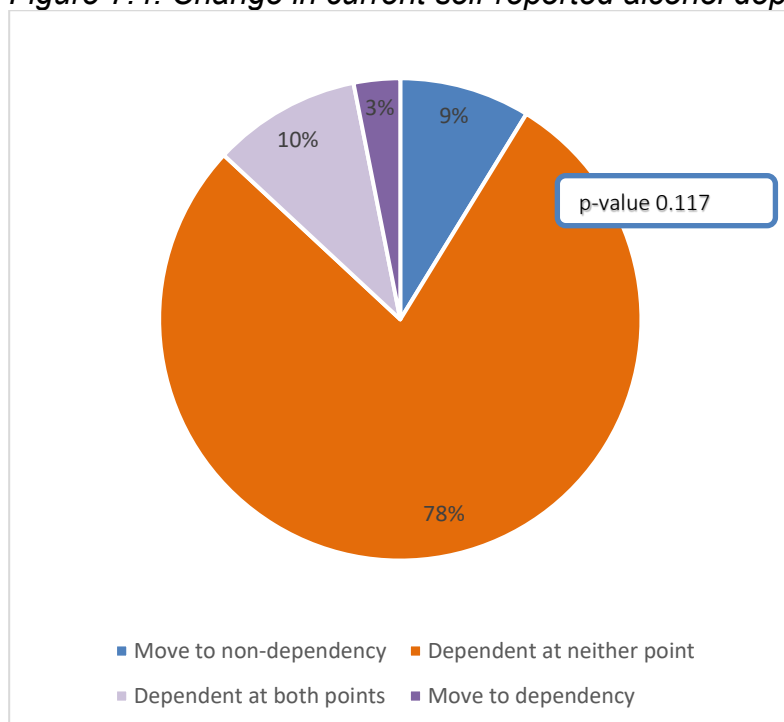*Figure 7.3: Recent self-reported alcohol dependency and drinking behaviours*
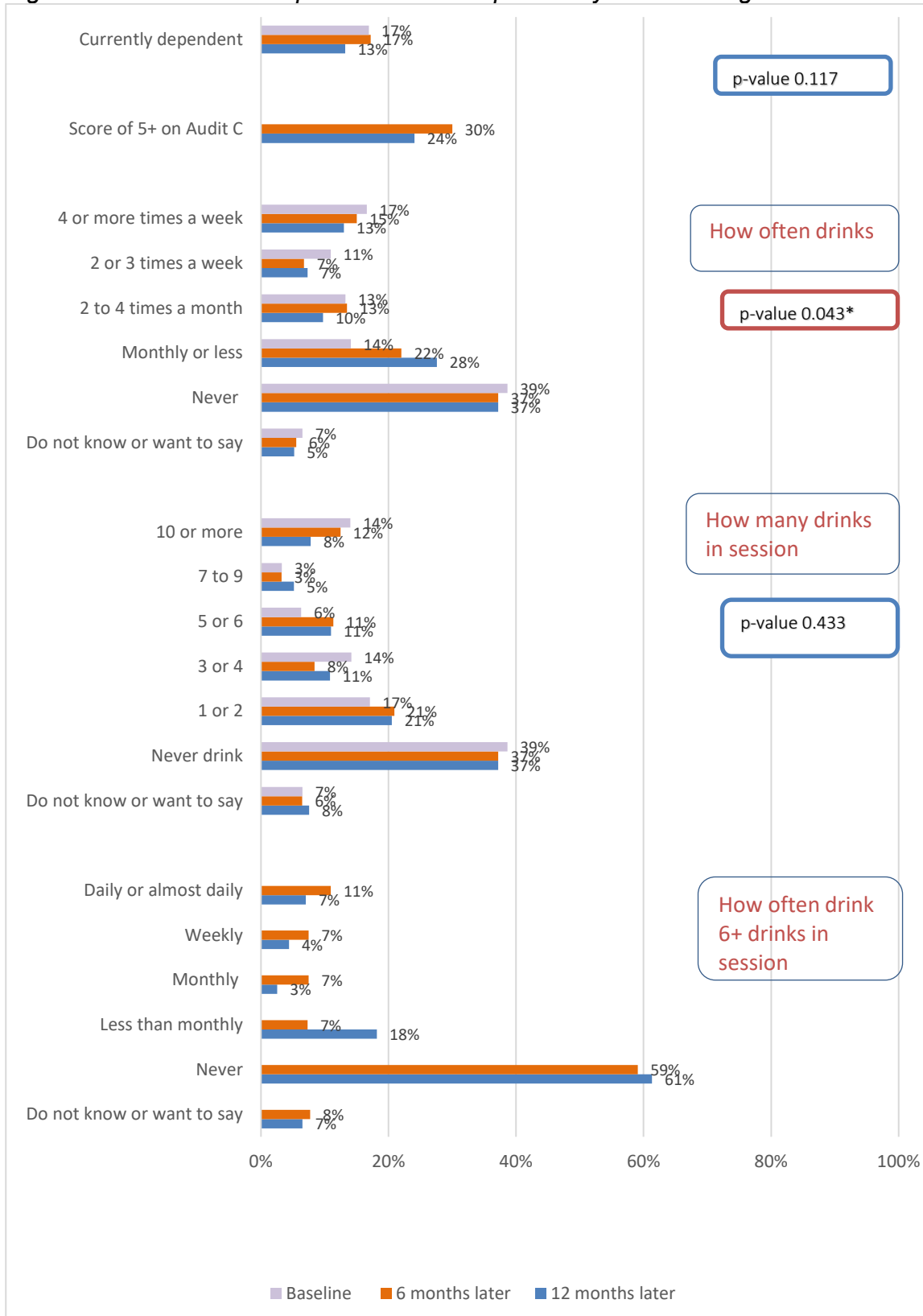
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

7.8 However, there is some evidence of improvement in relation to alcohol dependency. First, there was a statistically significant drop in frequency with which clients drink alcohol (p-value 0.043). Secondly, there was a reduction between the six and 12-month interviews in the frequency with which people drink six of more drinks in one session (p-value 0.031).

7.9 The two follow-up questionnaires included the three questions required to score clients' drinking using the Alcohol Use Disorders Identification Test Consumption (Audit C).[43] A year after entering HF, a quarter of clients scored as having a potential problem with alcohol, scoring five or more on a scale of 0 to 12.[44]

7.10 Figure 7.4 shows that the percentage of clients who reported a change in their alcohol dependency in the year after entering HF was small.[45] The majority (78%) of clients did not report being dependent at either time point and 10% reported being dependent at both points. One in ten (9%) clients moved from being dependent on alcohol when they entered HF to not dependent after a year, and 3% reported becoming dependent.

Figure 7.4: Change in current self-reported alcohol dependency

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (138)

Use of drug dependency services

7.11 A year after entering HF, half (51%) of clients had received treatment for a drug dependency in the previous six months, and 17% had done so for alcohol dependency (Figure 7.5). Among those who reported at the 12 month interview being currently dependent or dependent within the previous six months, two thirds (63% of those

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[43] Drinking frequency, units per session and frequency of drinking six or more units in a session.
[44] This is not statistically different to the percentage at six months.
[45] See Table A.2 Appendix A for change over the first six months.

dependent on drugs and 64% of those dependent on alcohol) had received treatment in the previous six months.

Figure 7.5: Receipt of drug and alcohol treatment services in past six months
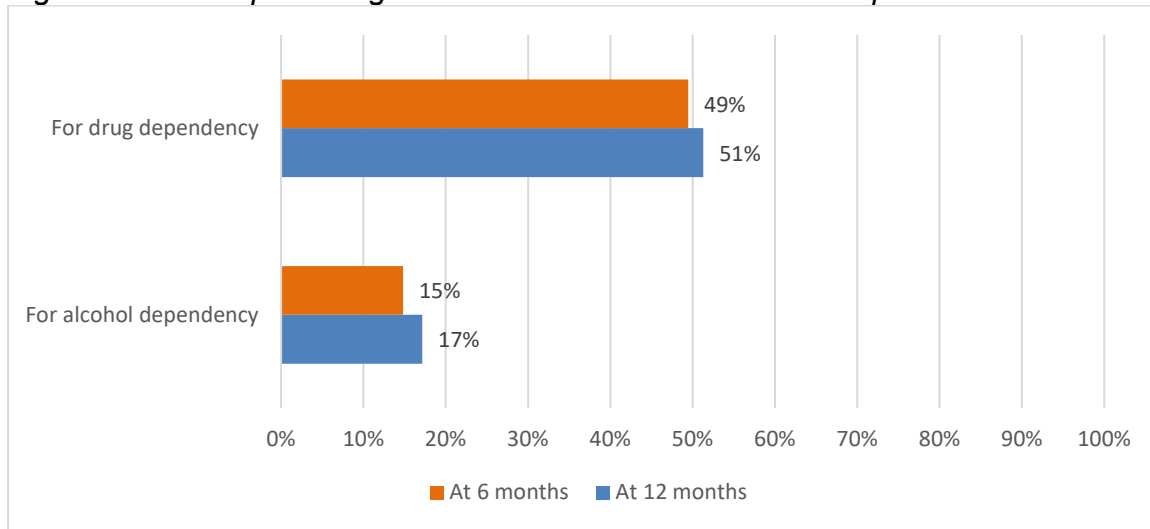
Base: Housing First clients six month follow up (159) or 12-month follow up (167)

8 Contact with the criminal justice system

Overview

8.3 A year after entering HF, clients were significantly less likely than prior to entering HF to report having been involved in antisocial behaviour (notices, orders, injunctions) or criminal behaviour. This is an improvement on the six-month outcomes, where the reduction in antisocial behaviour did not reach statistical significance.

Antisocial behaviour, cautions, arrests, and convictions

8.4 At both the baseline and follow-up interviews, HF clients were asked about antisocial behaviour (notices, orders, injunctions) and criminal behaviour, split into police cautions, arrests and convictions. At baseline, clients were asked about antisocial behaviour in the past six months and criminal behaviour in the past 12 months. At the follow-ups, clients were asked about the previous six months for both (Figure 8.1).

Figure 8.1: Antisocial behaviour and contact with criminal justice system
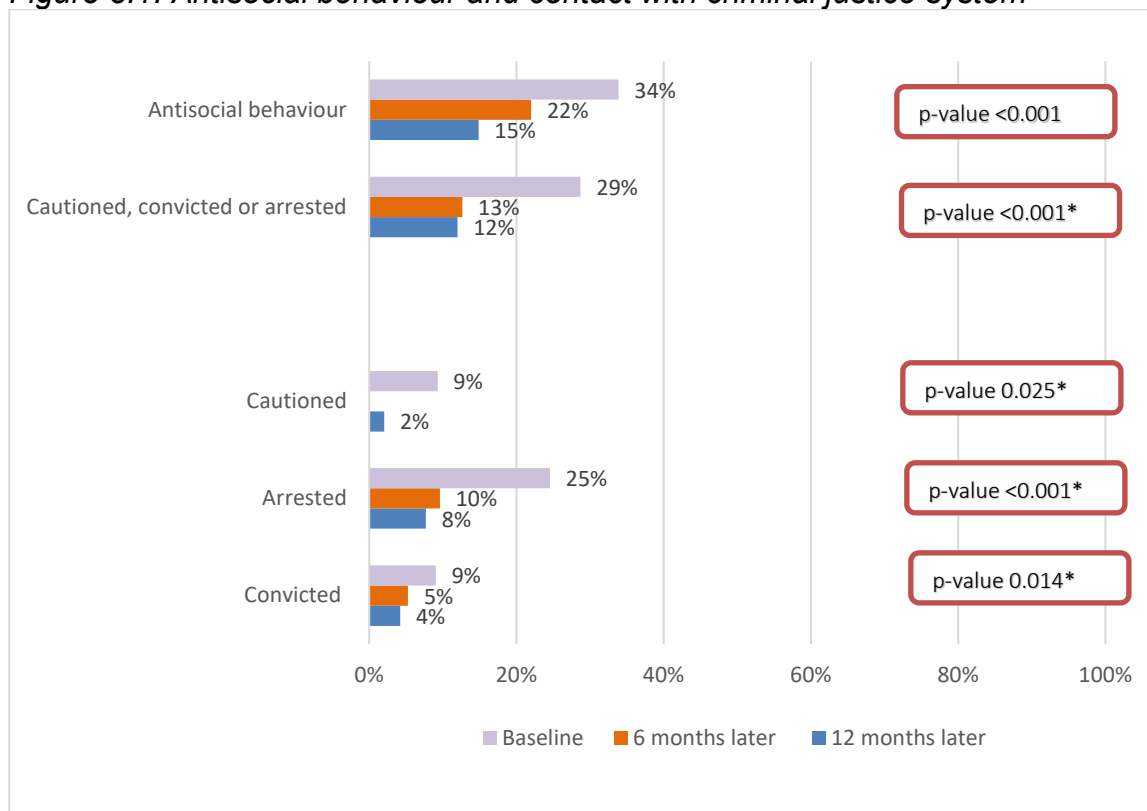
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)[46]
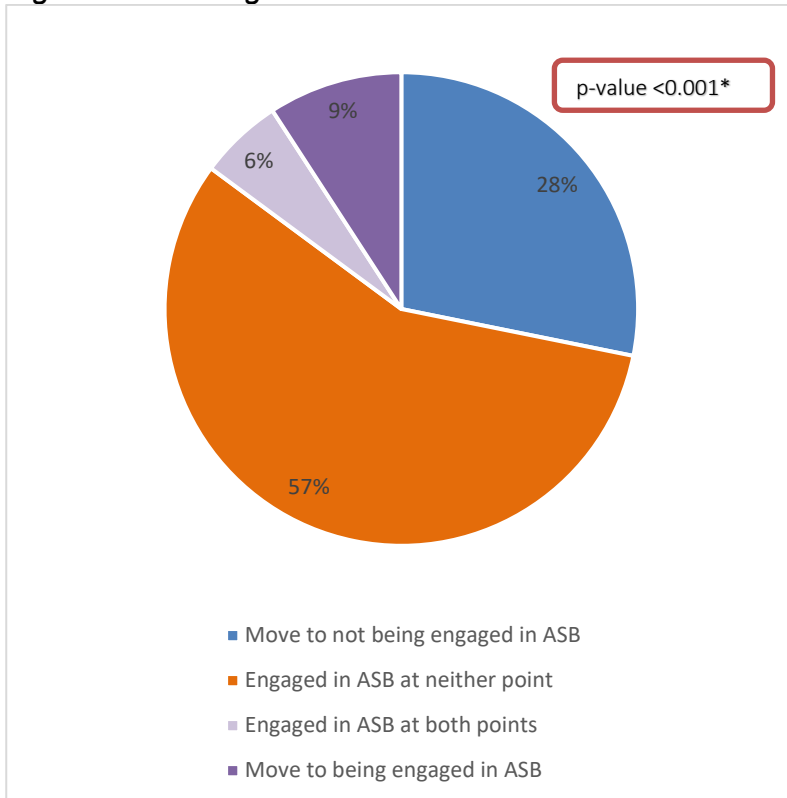*Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A*

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[46] Numbers of clients receiving cautions at six months too small to include.

8.5 Six months after entering HF, clients in the sample were less likely to report being involved in antisocial behaviour than in the six months prior to entering HF, but the reduction did not reach statistical significance (p-value 0.072). A further drop in antisocial behaviour after a year meant that change since entering HF reached significance. A third (34%) reported antisocial behaviour prior to entering HF, compared with 15% in the 12-month interview (p-value <0.001).

8.6 A year after entering HF, clients were also less likely than prior to entering HF to report having been cautioned, arrested, or convicted of a crime in the previous six months. Only 2% reported receiving a caution, compared to 9% at baseline (p-value 0.025); 8% reported having been arrested compared to 25% at baseline (p-value <0.001); and 4% reporting having been convicted of a crime, compared to 9% at baseline (p-value 0.014). Although it is important to recognise that the baseline reference period was twice as long as at the follow-up, the size of the reductions suggests that these are not simply due to the length of the reference period. Overall, combining cautions, arrests and convictions, there had been a statistically significant reduction in clients' reported criminal behaviour from 29% to 12% over the period (p-value <0.001).

8.7 Figures 8.2 and 8.3 show the percentages of HF clients who have moved after a year from being engaged in reported antisocial behaviour or in contact with the criminal justice system prior to entering HF but not since, those who report having become involved only after HF and those for whom there has been no change.[47] Six in ten (57%) clients did not report being involved in antisocial behaviour at either time point and a further 28% of clients reported having been involved in antisocial behaviour prior to HF but not since. However, 6% reported being involved in antisocial behaviour at both time points and a further 9% reported that they had not been involved before but had been involved since. There was a similar degree of improvement in relation to contact with the criminal justice system, with a quarter (23%) of clients moving from reporting having been involved prior to HF, but not since.

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[47] See Table A.2 Appendix A for change over the first six months.

Figure 8.2: Change in antisocial behaviour

p-value <0.001*

- 28%
- 57%
- 6%
- 9%

■ Move to not being engaged in ASB

■ Engaged in ASB at neither point

■ Engaged in ASB at both points

■ Move to being engaged in ASB

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (167)

Figure 8.3: Change in contact with criminal justice system
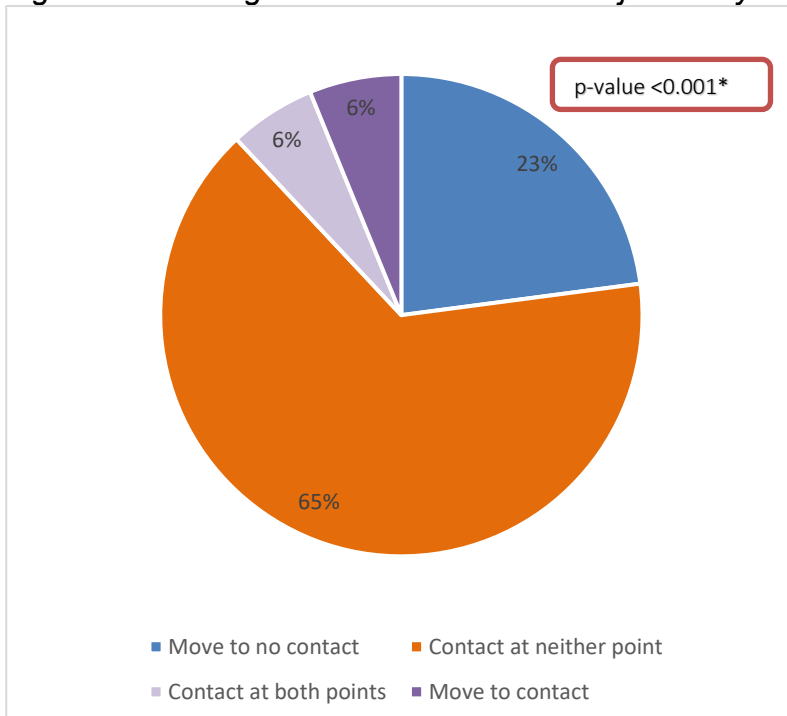
p-value <0.001*

- 23%
- 65%
- 6%
- 6%

■ Move to no contact   ■ Contact at neither point

■ Contact at both points   ■ Move to contact

Base: Housing First clients completing baseline and 12 month follow up, excluding don't know or prefer not to say (167)

9 Income, employment, training and future plans

Overview

9.3 A year after entering HF, there is little evidence of clients having moved closer to the labour market. This is in line with the HF theory of change, which would not predict an impact of HF on employment at this early stage, given the severity of disadvantage that clients have typically experienced.

9.4 However, there is some suggestion that HF may have ensured that clients were claiming the disability benefits to which they were entitled.

9.5 Substantial proportions of clients had positive plans for the future a year after entering HF.

Income, employment and training

9.6 There is little evidence of change over a year in the percentage of HF clients in receipt of state benefits (99% were prior to entering HF and 97% were after a year, p-value 0.168) (Figure 9.1).[48] However, the percentage of clients in receipt of disability benefits rose from 33% to 56% (p-value 0.001), suggesting that HF has helped ensure that clients were receiving benefits to which they were eligible. Clients were split in their view about how well they were managing financially (asked only at the six and 12-month stage), with little change between six and 12 months. After a year, similar percentages saying they were 'living comfortably' (9%) or 'doing alright' (27%) as saying they were 'finding it quite difficult' (18%) or 'finding it very difficult' (16%).

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[48] Percentages in receipt of Income Support not shown due to small sample sizes.

Figure 9.10: Income, employment and training
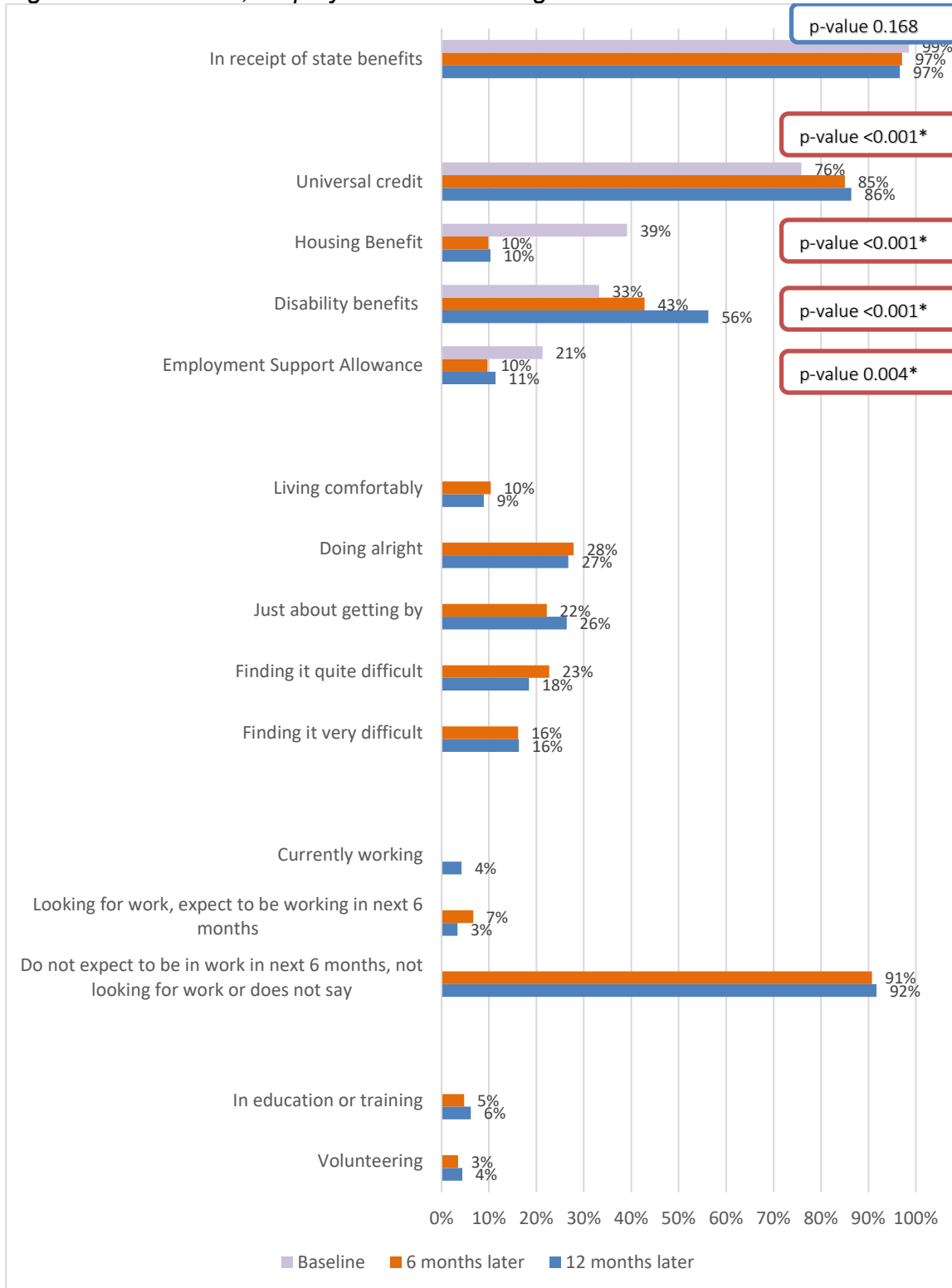
Bases: Housing First clients completing baseline and 12 month follow up (167); Housing First clients completing six month follow up (159)
Note: p-values compare baseline and 12 month follow up, with p-values for baseline to six months in Appendix A

9.7 A year after entering HF, most clients were a long way from the labour market. 4% were in paid work, and only a further 3% were looking for work and expecting to be in work in the next six months. Small numbers were in education or training (6%) or volunteering (4%).[49]

Future plans

9.8 At the end of the six and 12-month interviews, HF clients were shown six statements and asked to rate how far they felt each was true for them, using a four-point scale from 'untrue' to 'completely true'. They were also given the option of saying 'don't know' or 'don't want to say'. Despite a general trend of improvement, there were no statistically significant differences in the responses at six and 12 months. The statements were:

"I have goals in life that I want to reach"

"I believe I can meet my current personal goals"

"I have a purpose in life"

"I am hopeful about my own future"

"I have an idea of who I want to become"

"I have the desire to succeed"

9.9 Figure 9.2 shows how clients responded to each question (ordered according to the percentage saying 'completely true') at each time point. It is important to note that between one in five (20%) and a third of clients (34%) said that they did not know or want to say what they thought in relation to each statement.

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[49] Sample sizes too small to show those in paid work at baseline or six months.

Figure 9.2: Future plans
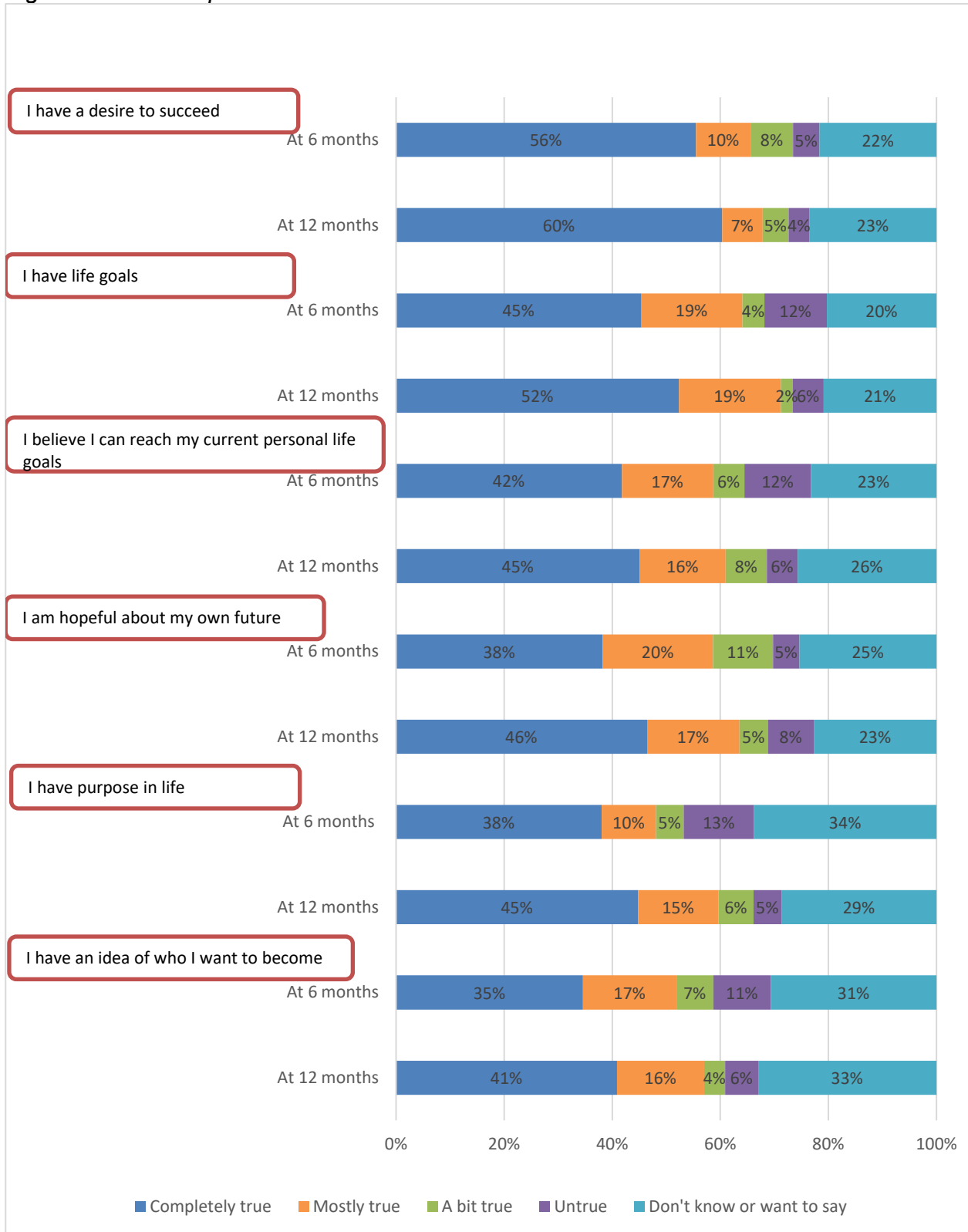
Base: Housing First clients six month follow up (159) or 12-month follow up (167)

9.10 The statements that clients were most likely to rate as true focused on having goals and wanting to achieve them. Six in ten (60%) of clients at 12 months said that it was 'completely true' that they had the desire to succeed' and half (52%) said it was 'completely true' that they had life goals. However, clients were somewhat less likely at

this 12 month stage to talk positively about hope and purpose, and knowing who they wanted to become. Fewer than half (45%) said that it was completely true that they had a purpose in life and felt hopeful about the future. At that stage, only four in ten (41%) said that they had an idea of who they wanted to become.

10 Outcomes for different population subgroups

10.3 Previous chapters have discussed various positive changes in the circumstances and wellbeing of HF clients in the year after entering HF, looking across the population as a whole. The aim of the analysis reported in this chapter is to assess the extent to which those changes were experienced universally, or whether certain types of clients have done better or worse over the year across five key outcomes at the 12-month point:

- Whether they were in long-term accommodation for most of the previous month

- Whether they had not been a victim of crime in the previous six months

- Whether they were in good or fair health

- Whether they reported being currently dependent on drugs

- Whether they reported being currently dependent on alcohol

A higher percentage on the first three outcomes is positive, with a lower percentage the positive outcome for the fourth and fifth.

10.4 The following sub-sections make the following comparisons:

1. Women versus men

2. Those aged under 40 versus those aged 40 or over

3. Those who were rough sleeping in the month before entering HF versus and those who were in temporary accommodation[50]

4. Those first homeless before the age of 25 versus those first homeless at the age of 25 or over

5. Those who had been dependent on drugs in the year before entering HF versus those who had not been

6. Those who had been dependent on alcohol in the year before entering HF versus those who had not been

7. Those who reported their health as good to fair at the point they entered HF versus those reporting it to be bad

8. Those with a mental health condition other than anxiety or depression at the point they entered HF versus those without

9. Those with a cognitive impairment/disability versus those without (that is, those saying they had one from the following: learning disability, autism, ADHD, acquired brain injury).

Overall, the picture is one of positive change across all these groups. However, there are a few differences to note in the sections below.

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[50] As it is likely that the small proportion of clients who reported being in long-term accommodation had misinterpreted the question, we have not looked separately at this group.

Gender

10.5 Figure 10.1 shows the percentage of women and men with each of the five outcomes. With the exception of being in long-term accommodation, the Figure shows the percentages of women and men at baseline and 12 months later, with the p-values relating to the difference in the level of change experienced by each gender. Where there is a statistically significant difference between women and men at either baseline or follow-up, this is commented on in the text.[51]

Figure 10.1: Outcomes for women and men
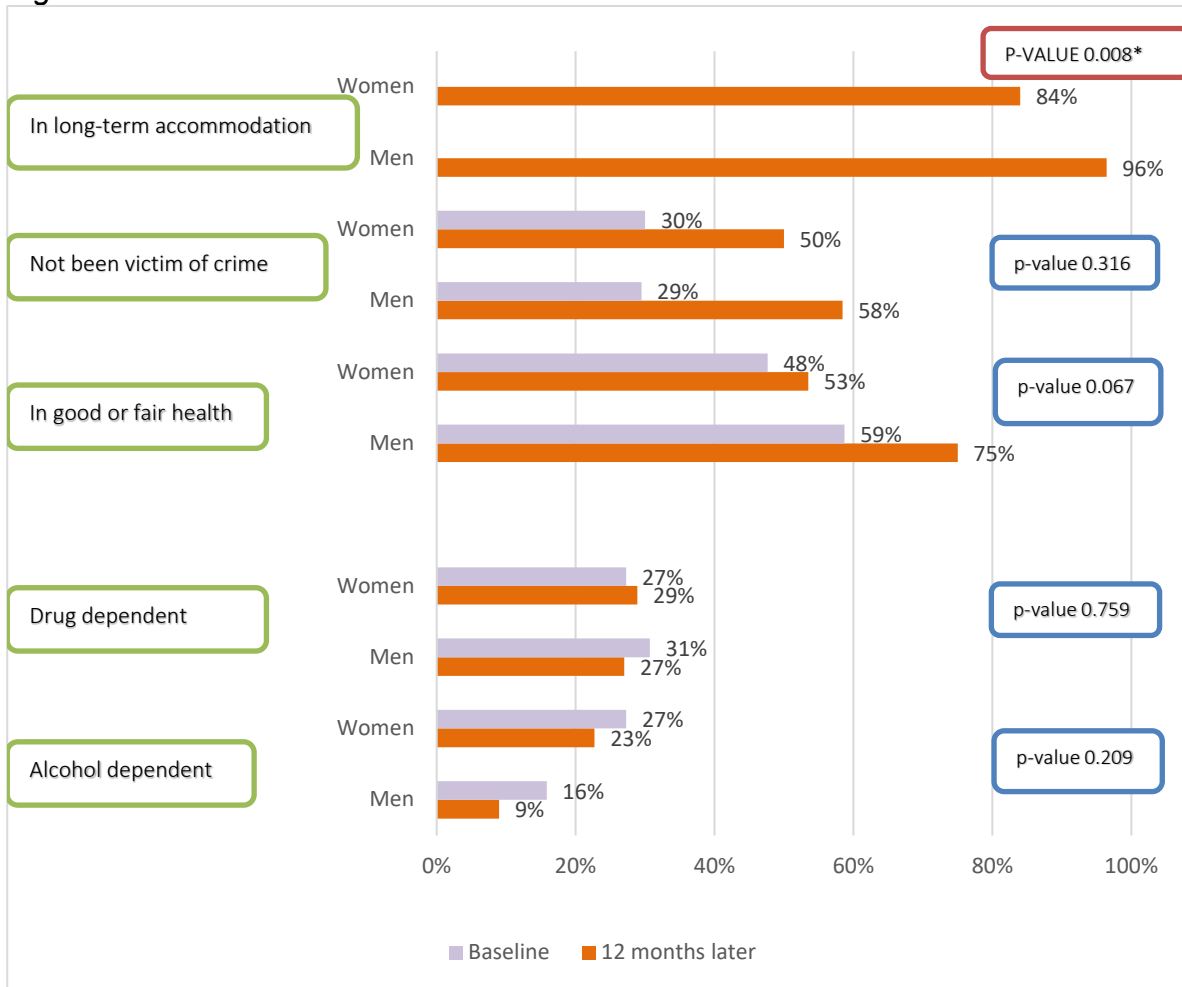
Bases: Housing First female clients completing 12 month follow up (56); Housing First male clients completing 12 month follow up (104);
Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

10.6 Because of the concerns about the validity of the baseline data on accommodation (see the text in relation to Figure 3.1), the Figure only includes the 12-month data for this outcome, with the p-value relating to the comparison of the 12-month outcomes for each gender (shown in capitals to differentiate it from the others).

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[51] Where no comment is made, any differences at baseline or follow up in the Figures do not reach statistical significance. All p-values are in Appendix B.

10.7 Overall, there is no statistically significant evidence of a differential level of change in outcomes for women and men. However, a year after joining HF, men were doing better than women in two regards:

- They were significantly more likely than women to be in long-term accommodation (96% were compared to 84% of women, p-value 0.008);

- They were significantly more likely than women to report being in good to fair health (75% compared to 53% of women, p-value 0.038).

Age

10.8 Figure 10.2 follows the same format at Figure 10.1, instead splitting HF clients into those aged under 40 and those aged 40 or over. A year after entering HF, there were no significant differences in the level of change for younger and older clients in relation to being in long-term accommodation, being a victim of crime or drug dependency. However, younger clients had experienced significantly greater health gains than older clients and significant reductions in alcohol dependency:

- The percentage of younger clients moving from bad to good to fair health (62% to 80%) was significantly greater than the percentage of older clients (49% to 58%) (p-value 0.048);[52]

- Likewise, the percentage of young clients moving from alcohol dependency to not being dependent (13% to 4%) was significantly greater than the percentage of older clients (23% to 20%) (p-value 0.025).[53]

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[52] A comparison of the 12-month outcomes for each group also reached statistical significance, p-value 0.021.
[53] A comparison of the 12-month outcomes for each group also reached statistical significance, p-value 0.004.

Figure 10.2: Outcomes for younger and older clients
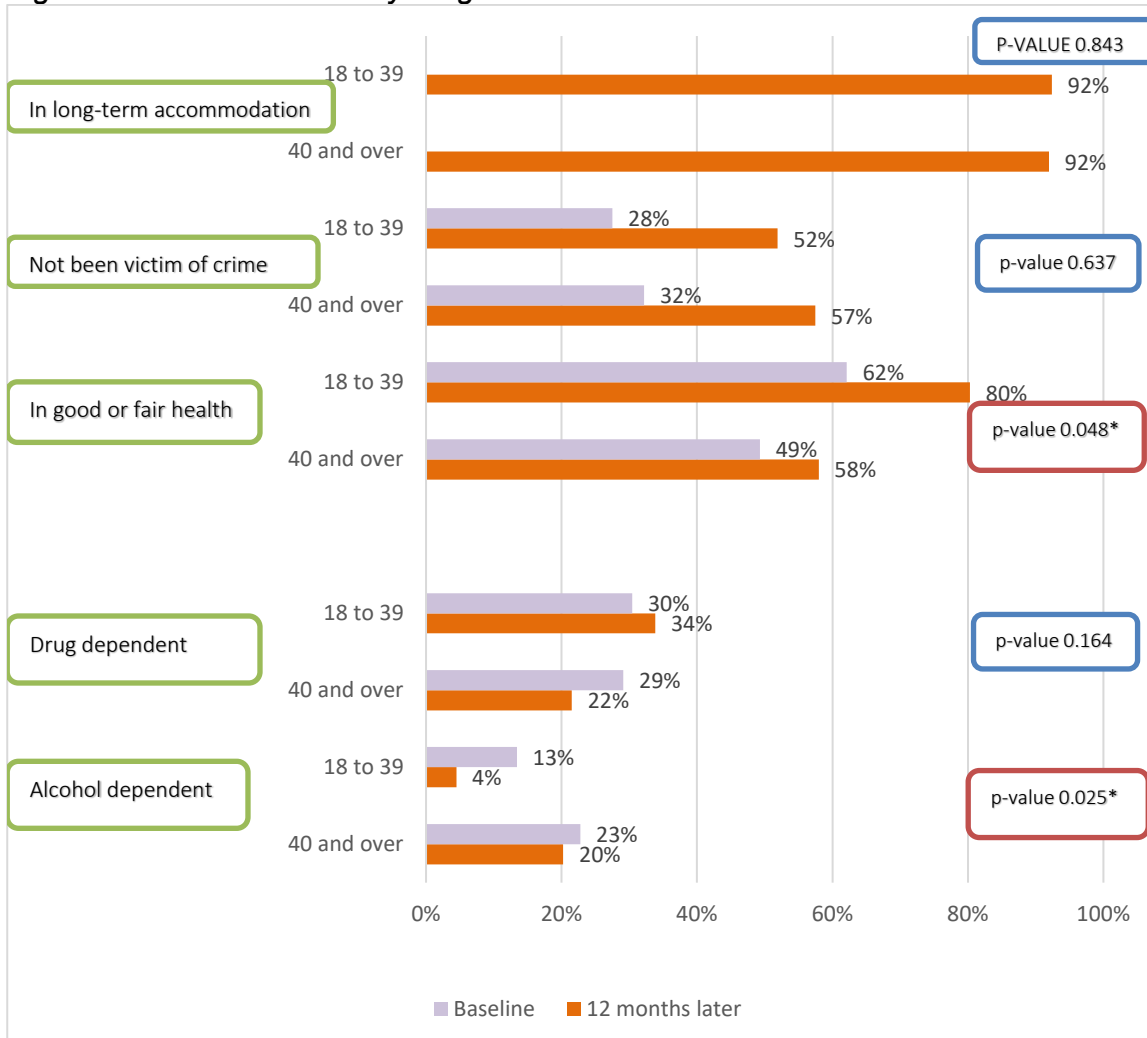
Bases: Housing First clients aged 18 to 39 completing 12 month follow up (81); Housing First clients aged 40 and over completing 12 month follow up (86);
Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

Living circumstances prior to entering Housing First

10.9 Again following the same format, Figure 10.3 shows the outcomes for HF clients who were rough sleeping in the month prior to entering HF and those who were in temporary accommodation.[54] There were no statistically significant differences in the level of change experienced by those clients who had previously been rough sleeping and those previously in temporary accommodation.

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[54] As it is likely that the small proportion of clients who reported being in long-term accommodation had misinterpreted the question (see text related to Figure 3.1), we have not looked separately at this group.

Figure 10.3: Outcomes for those rough sleeping and in temporary accommodation prior to HF

Bases: Housing First clients rough sleeping at baseline who completed 12 month follow up (51); Housing First clients in temporary accommodation at baseline who completed 12 month follow up (63);
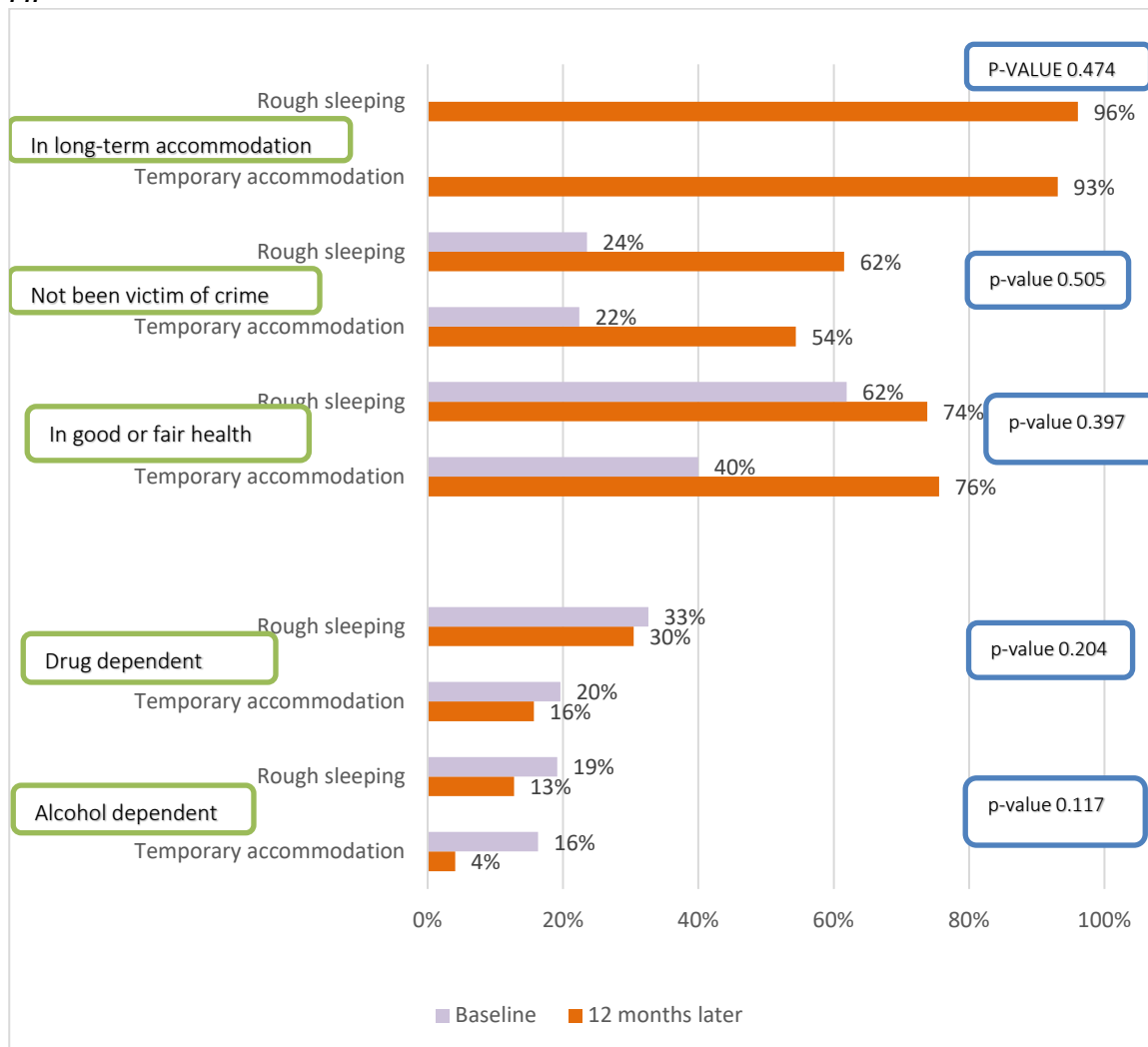*Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A*

Age of first homelessness experience

10.10   Figure 10.4 shows the same five outcomes, this time split by the age at which clients were first homeless (under 25 or 25 and over). In general, there was little difference in the level of change for these two groups. The only exception to this relates to drug dependency, with greater improvements for those who first experienced homelessness after the age of 25. The percentage of these clients who reported being dependent on drugs fell from 36% to 15% over the year, compared to a smaller reduction from 32% to 25% among those who first experienced homelessness at an earlier age (p-value 0.030).[55]

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[55] A comparison of the 12-month outcomes for each group also reached statistical significance, p-value 0.028.

Figure 10.4: Outcomes for those first homeless before or after the age of 25
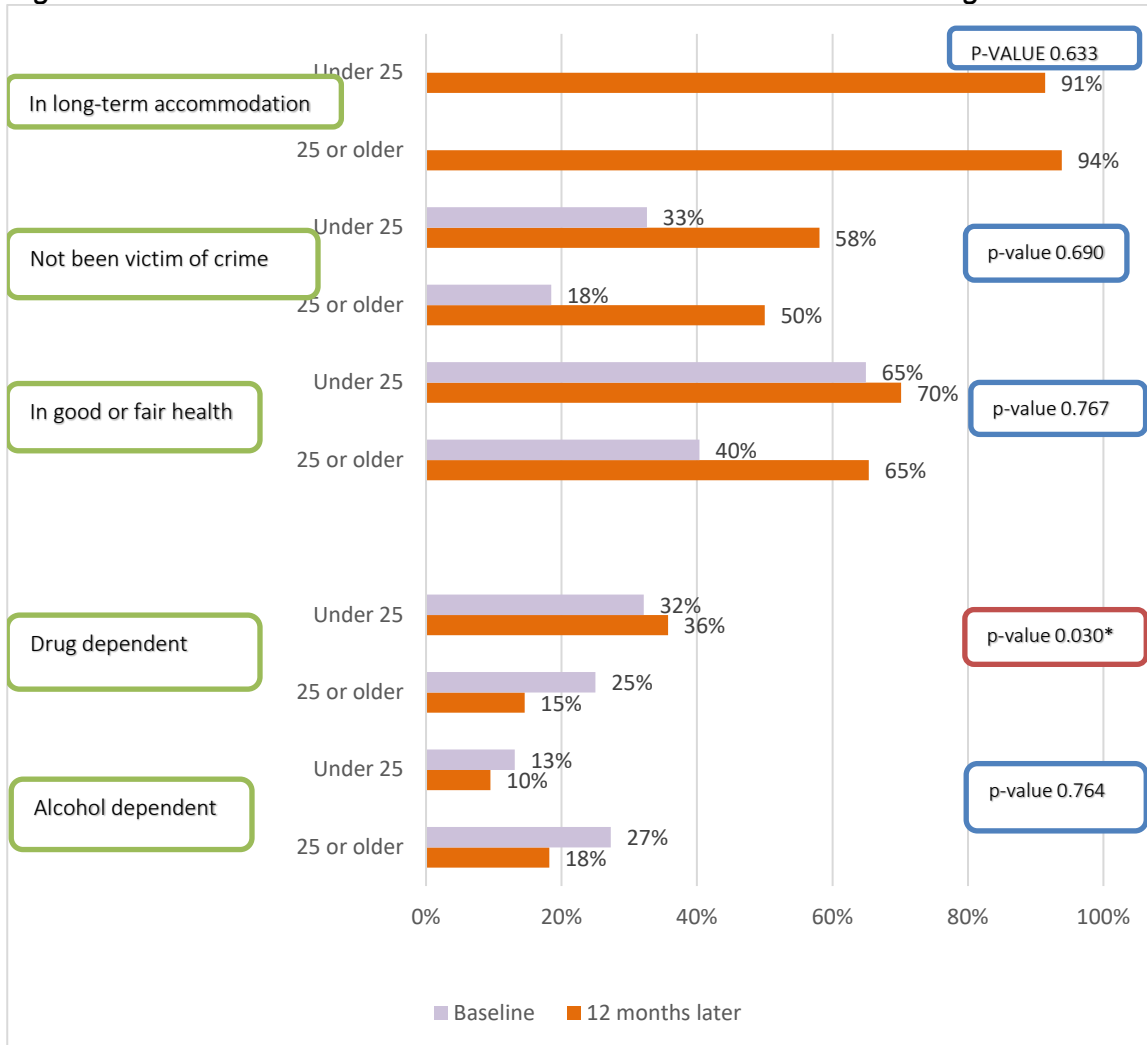
Bases: Housing First clients first homeless under 25 who completed 12 month follow up (87); Housing First clients first homeless aged 25 or over who completed 12 month follow up (71);
Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

Drug dependency entering Housing First

10.11   Figure 10.5 shows the outcomes for those clients who reported being currently dependent on drugs, or dependent in the previous year, when they entered HF and those who did not. Again, in general, there was little difference in the level of change for these two groups. The only exception to this unsurprisingly relates to the drug dependent sub-groups. 9% of those not drug dependent at baseline within the previous year were dependent at 12 months, whereas for those drug dependent at baseline within the previous year, dependency had dropped to 41% at 12 months.

Figure 10.5: Outcomes for those who were and were not dependent on drugs within year before entering HF
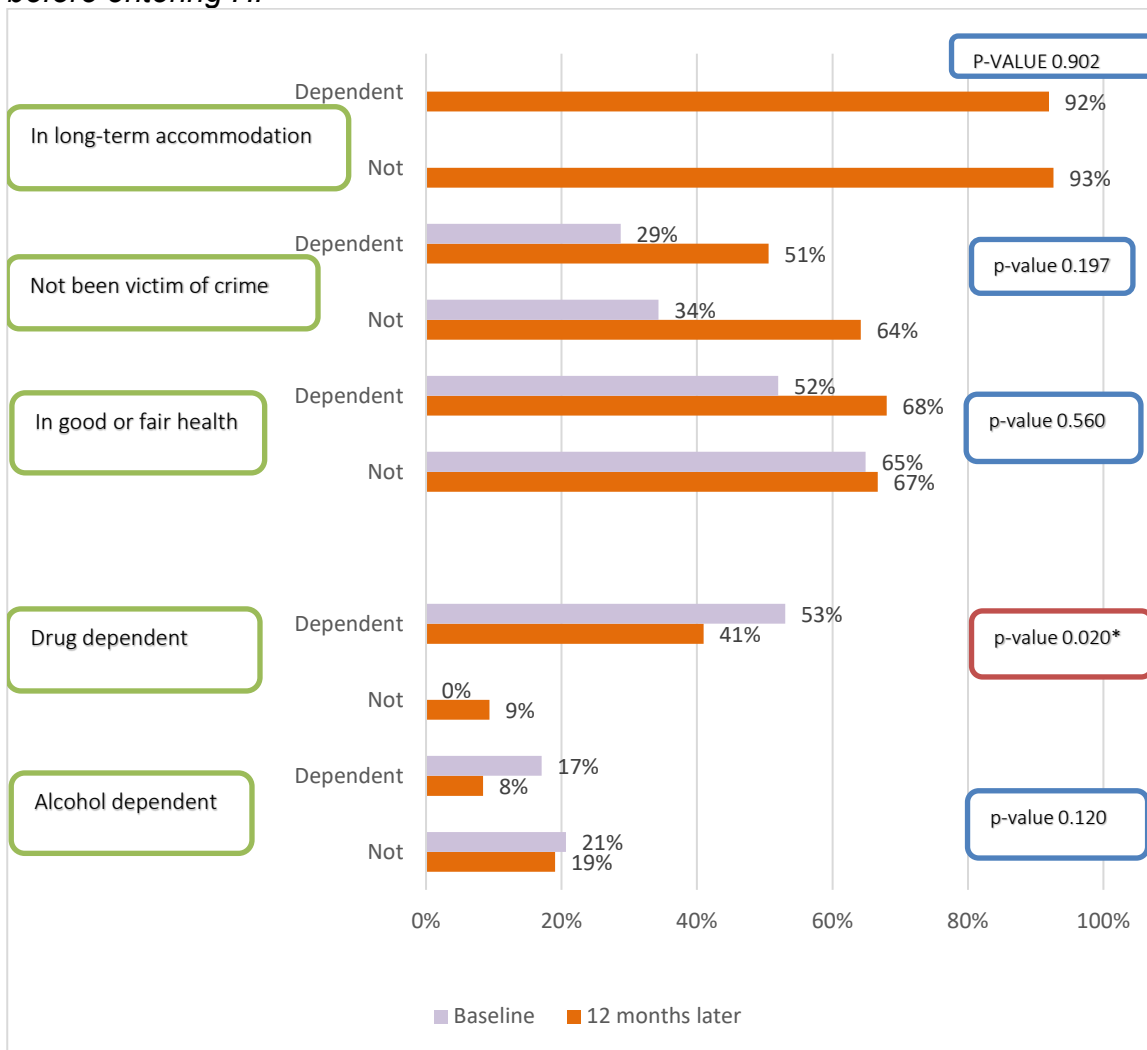
Bases: Housing First clients dependent on drugs when entered HF or within past year who completed 12 month follow up (79); Housing First clients not dependent on drugs when entered HF or within past year who completed 12 month follow up (71);

Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

Alcohol dependency entering Housing First

10.12   Similarly, Figure 10.6 shows the outcomes for those clients who reported being currently dependent on alcohol, or dependent in the previous year, when they entered HF and those who did not. Again, in general, there was little difference in the level of change for these two groups. The exception to this unsurprisingly relates to the sub-group based on alcohol dependency at baseline. For those not alcohol dependent at any time in the year prior to the baseline, current alcohol dependency had increased to just 2% at 12 months, whereas for those alcohol dependent at some point in the 12 months prior to baseline, dependency at 12 months was 37%.

Figure 10.6: Outcomes for those who were and were not dependent on alcohol within year before entered HF
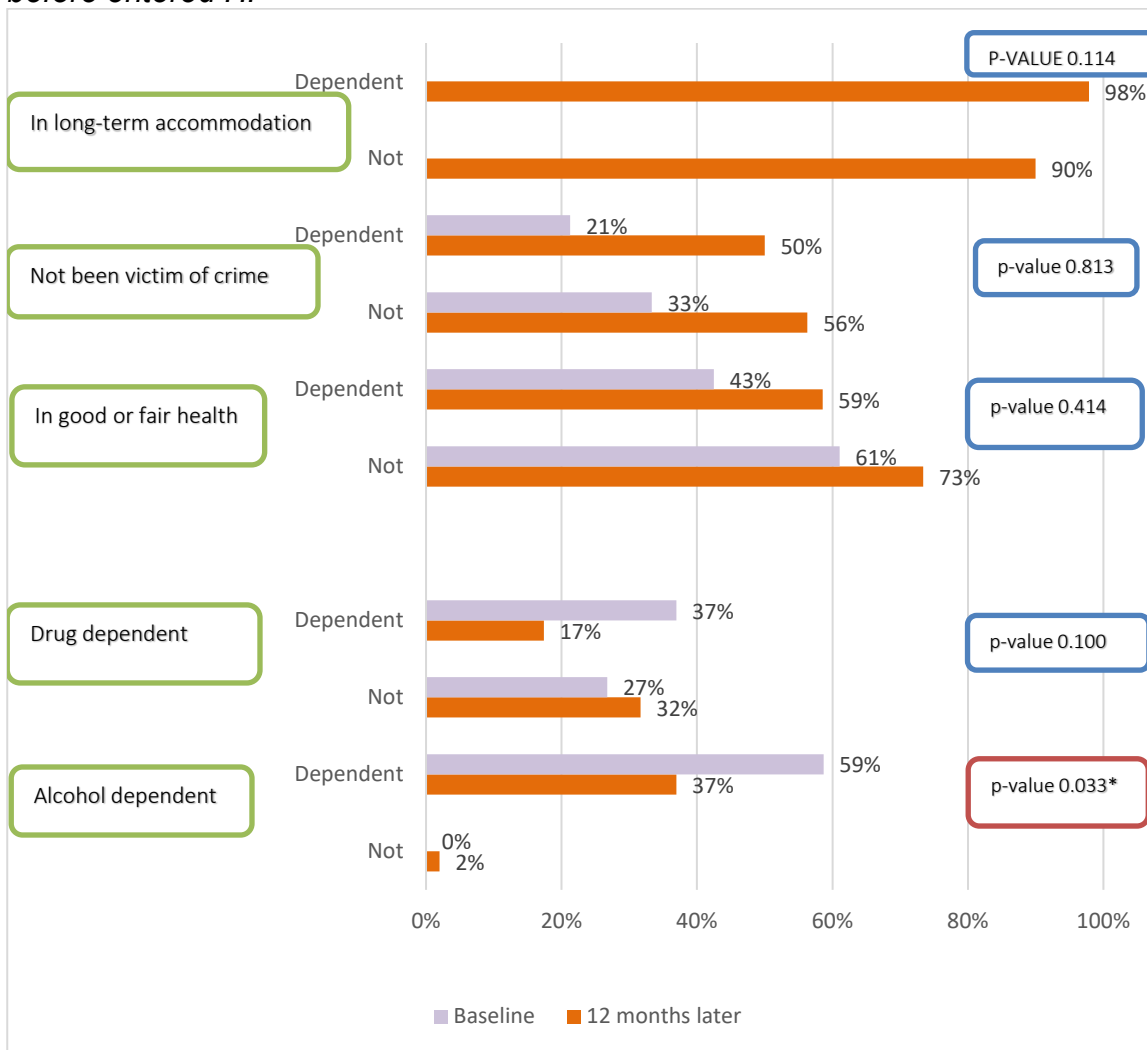

Bases: Housing First clients dependent on alcohol when entered HF or within past year who completed 12 month follow up (39); Housing First clients not dependent on alcohol when entered HF or within past year who completed 12 month follow up (128);
Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

Self-reported health on entering Housing First

10.13 Figure 10.7 shows the same outcomes split by how clients rated their health when they entered HF. There is no statistically significant evidence of a differential level of outcomes change for those whose health was 'good to fair' on entering HF and those who rated their health as bad. The exception is that many of those starting with bad health experienced an improvement in their health (0% with good or fair health at baseline to 50% at 12 months), and conversely some of those in good or health at baseline experienced a worsening of their health (100% to 83%).

Figure 10.7: Outcomes for those with better or worse health when entered HF
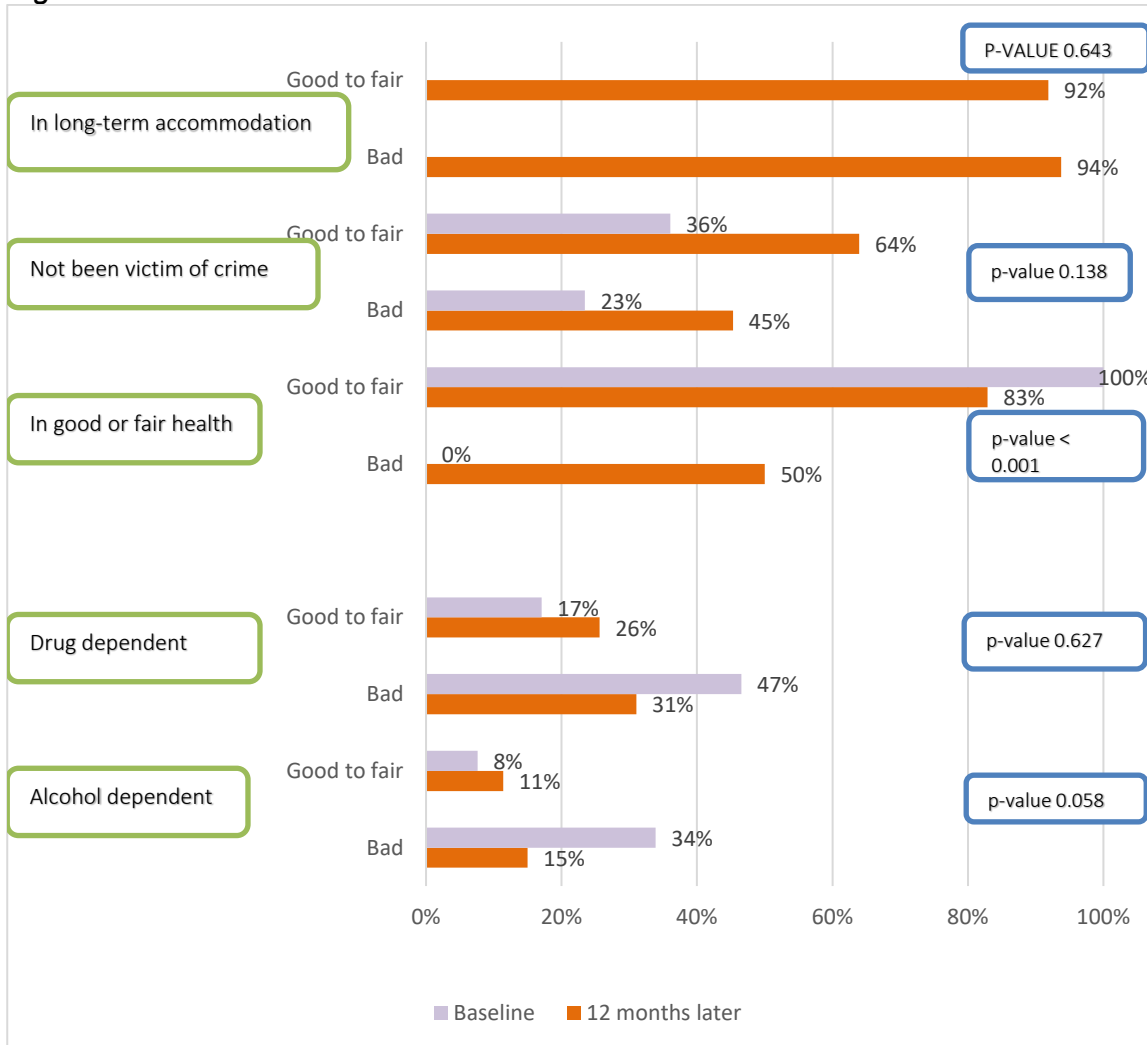
Bases: Housing First clients with very good, good or fair health when entered HF who completed 12 month follow up (85); Housing First clients with bad or very bad health when entered HF who completed 12 month follow up (57);
Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

Mental health conditions entering Housing First

10.14   There is little evidence of a differential level of change in outcomes between those clients who reported a mental health condition other than anxiety or depression when they came into HF and those who did not (Figure 10.8). The exception to this relates to self-reported alcohol, where clients with a mental health condition were significantly more likely than those without conditions to move from alcohol dependency to non-dependency over the 12 month period (19% to 9%) than those without a condition (21% to 23%) (p-value 0.049).

Figure 10.8: Outcomes for those with and without mental health conditions when entered HF
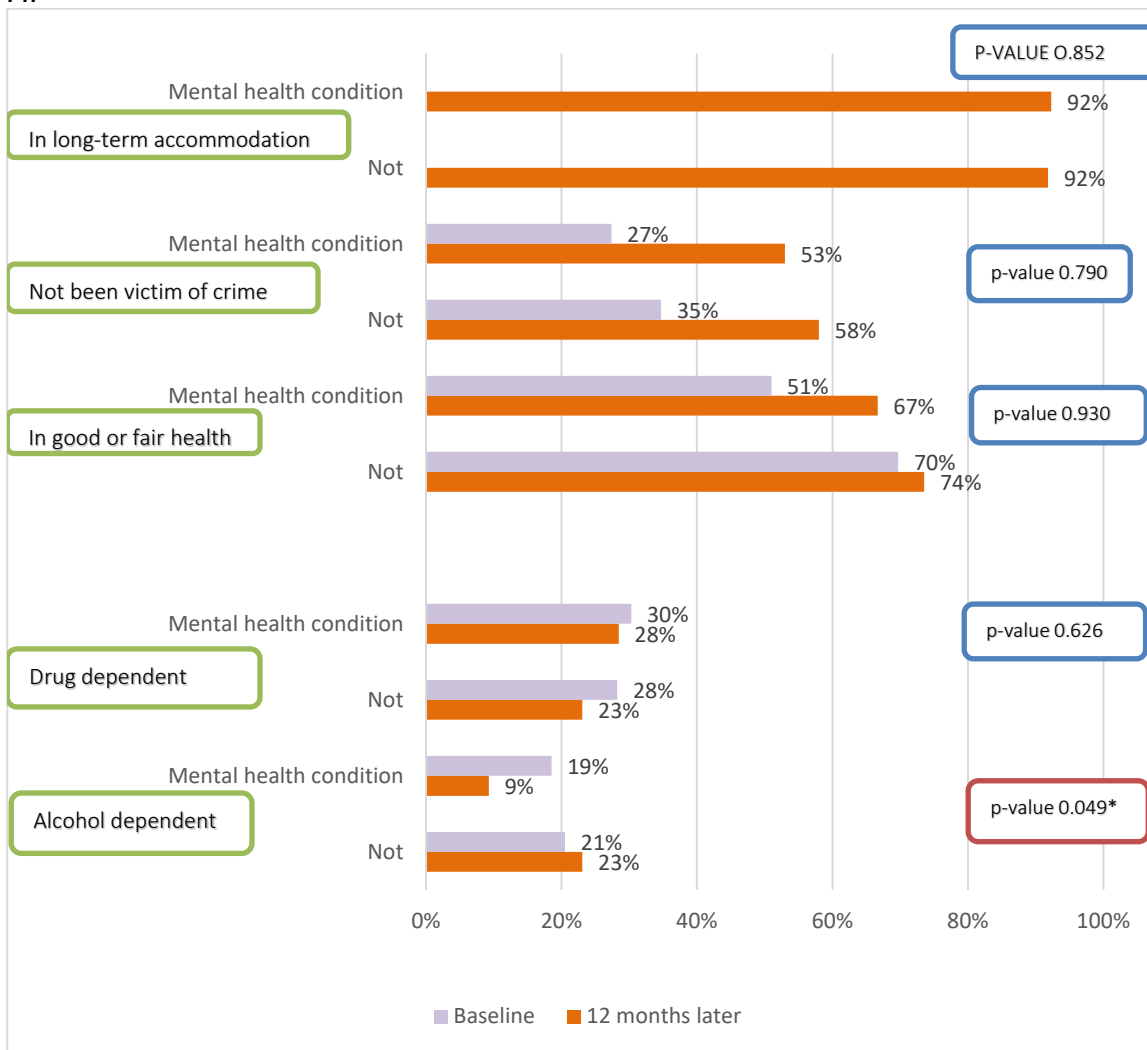
Bases: Housing First clients with mental health condition other than anxiety or depression when entered HF who completed 12 month follow up (105); Housing First clients without mental health condition other than anxiety or depression when entered HF who completed 12 month follow up (62);
Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

Cognitive impairments/disabilities

10.15   Similarly, there is little evidence of a differential level of change in outcomes between those clients who reported a cognitive impairment/disability and those who did not (Figure 10.9). The exception to this relates to self-reported drug dependency. Here, clients with a cognitive impairment/disability were significantly more likely to report being drug dependent after a year than they were when they entered HF (from 29% to 37%, p-value 0.048). With the percentage among those without a cognitive impairment/disability reducing over time, the difference in the level of change between the two groups was statistically significant (p-value 0.032).

Figure 10.9: Outcomes for those with and without learning disability when entered HF
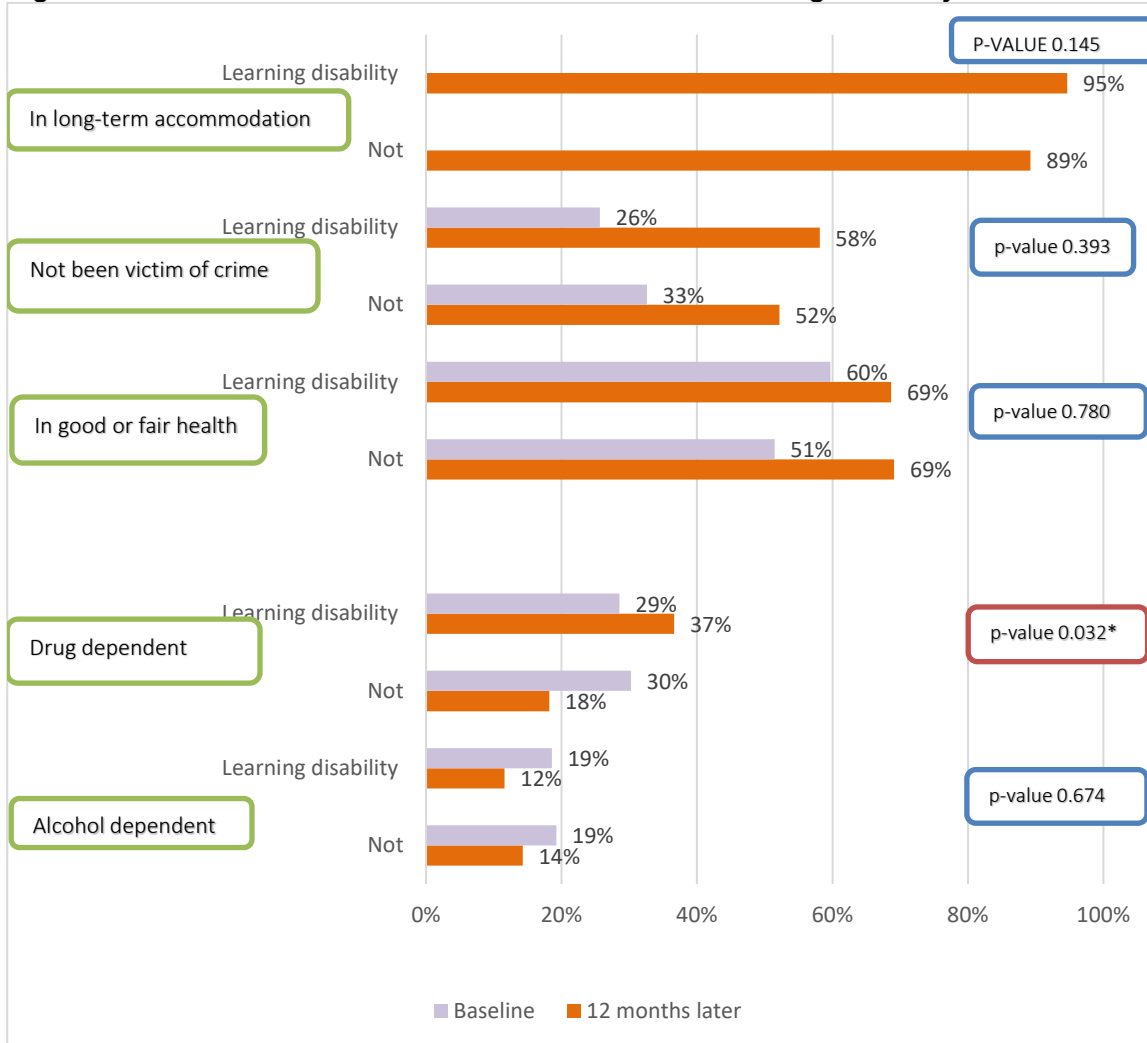
Bases: Housing First clients with cognitive impairment/disability when entered HF who completed 12 month follow up (65); Housing First clients cognitive impairment/disability when entered HF who completed 12 month follow up (102);

Note: p-value for accommodation compares the follow-up outcome for each group. P-values for other outcomes compare change scores for each group, with p-values for baseline and follow-up outcomes in Appendix A

11 Concluding comments

11.3 The vast majority of HF clients were in long-term accommodation a year after entering HF and reported significantly better outcomes across a range of measures. In the main, these positive changes in outcomes had happened within the first six months, with some evidence of further improvement in the subsequent six months. The sub-group analysis suggests that, in the main, HF support had wide benefits across the different types of clients coming into the programme. The synthesis report will look across the various elements of the evaluation to provide a rounded picture of how HF has worked in the three pilot areas, and help explain and interpret the pattern of outcomes change reported here.

Appendix A: Six month change

Table A.1a: Baseline outcome figures for those completing six month follow-up, and p-values for change from baseline to six months

	Baseline figure	p-value for change in six months
Accommodation for most of previous month		
In long-term accommodation	15%	<0.001*
Rough sleeping	26%	<0.001*
Hostel	16%	0.084
Family/friends/sofa surfing	14%	0.026*
Emergency/temporary Covid accommodation	10%	0.003*
Supported/sheltered housing	7%	0.547
Prison	7%	<0.001*
Temporary accommodation including council	5%	0.541
Social renting	4%	<0.001*
Private renting	3%	<0.001*
Emergency accommodation (B&B/shelter)	3%	<0.001*
Hospital/rehab, refuge, other, do not want to say	4%	0.184
Loneliness		0.050
Often or always	32%	
Some of the time	18%	
Occasionally	5%	
Hardly ever	9%	
Never	16%	
Don't know	20%	
Whether has someone to listen to them	67%	0.013*
Whether has someone to help in crisis	69%	0.025*
Feelings of safety		<0.001*
All of the time	11%	
Most of the time	20%	
Some of the time	20%	
Hardly any of the time	12%	
Never	35%	
Victim of crime		
All types of crime	12%	
Belongings stolen	36%	<0.001*
Threatened	30%	0.003*
Verbally abused	27%	0.002*
Physically assaulted	24%	0.010*
Property or belongings damaged	19%	0.075
Robbed of possessions	20%	0.017*
Other	3%	0.579
None	34%	<0.001*
Don't know	8%	0.242
Base	*159*	
Asterisked p-values are statistically significant		

Table A.1b: Baseline outcome figures for those completing six month follow-up, and p-values for change from baseline to six months (continued)

	Baseline figure	p-value for change in six months
Eating well		<0.001*
All of the time	11%	
Most of the time	16%	
Some of the time	14%	
Hardly any of the time	35%	
Never	24%	
Sleeping well		<0.001*
All of the time	5%	
Most of the time	7%	
Some of the time	14%	
Hardly any of the time	29%	
Never	44%	
Self-reported health		0.042*
Very good	4%	
Good	19%	
Fair	30%	
Bad	26%	
Very bad	12%	
Don't' know	10%	
EQ5D health rating		
Mobility		0.184
No problems	52%	
Slight	20%	
Moderate	11%	
Severe/unable to do	17%	
Self care		0.132
No problems	53%	
Slight	15%	
Moderate	21%	
Severe/unable to do	10%	
Usual activities		<0.001*
No problems	38%	
Slight	11%	
Moderate	22%	
Severe	14%	
Unable to do	16%	
Base	*159*	
Asterisked p-values are statistically significant		

Table A.1c: Baseline outcome figures for those completing six month follow-up, and p-values for change from baseline to six months (continued)

	Baseline figure	p-value for change in six months
Pain and discomfort		0.024*
No problems	42%	
Slight	19%	
Moderate	8%	
Severe	21%	
Extreme	10%	
Anxiety		0.011*
No problems	16%	
Slight	17%	
Moderate	26%	
Severe	26%	
Extreme	15%	
Mental health conditions		
Depression	82%	0.004*
Anxiety	81%	0.003*
PTSD	39%	0.120
Trauma	33%	0.417
Psychosis/schizophrenia	33%	0.145
Personality disorder	24%	0.125
Bipolar	26%	0.001*
Other condition	7%	0.026*
None	3%	0.033*
Don't know	10%	0.828
GP registration	58%	<0.001*
Current drug dependence	30%	0.047*
Drugs used in past three months		
Crack cocaine	37%	<0.001*
Cannabis	36%	0.223
Methadone	32%	0.253
Heroin/opiates	30%	0.001*
New psychoactive substances	18%	<0.001*
Misuse of prescription drugs	15%	0.117
Powder cocaine	12%	0.018*
None	23%	0.002*
Don't know	6%	0.842
Current alcohol dependence	16%	0.750
How often drink		0.307
4 or more times a week	18%	
2 or 3 times a week	9%	
2 to 4 times a month	11%	
Monthly or less	15%	
Never	39%	
Don't know	8%	
Base	*159*	
Asterisked p-values are statistically significant		

Table A.1d: Baseline outcome figures for those completing six month follow-up, and p-values for change from baseline to six months (continued)

	Baseline figure	p-value for change in six months
How many drinks on one occasion		0.893
10 or more	15%	
7 to 9	3%	
5 or 6	5%	
3 or 4	11%	
1 or 2	19%	
Never drink	39%	
Don't know	8%	
Antisocial behaviour	31%	0.072
Cautioned, convicted or arrested	34%	<0.001*
Cautioned	12%	0.013*
Convicted	28%	<0.001*
Arrested	13%	0.031*
State benefits		
In receipt of any	97%	0.860
Universal Credit	76%	<0.001*
Housing Benefit	36%	<0.001*
Disability benefits	29%	0.001*
Employment Support Allowance	17%	0.004*
Base	*159*	
Asterisked p-values are statistically significant		

Table A.2a: Within person change over time from baseline to six months

	Baseline figure	p-value for change in six months
Loneliness		0.050
Became less lonely	38%	
Stayed not lonely	15%	
Stayed lonely	25%	
Became more lonely	21%	
Having some to listen to them		0.013*
Change to having someone	20%	
Had someone at both timepoints	63%	
Had no one at either timepoint	11%	
Change to not having someone	7%	
Feelings of safety		<0.001*
Feel safer	69%	
Stayed feeling safe	11%	
Stayed not feeling safe	6%	
Feel less safe	15%	
Being a victim of crime		<0.001*
Move to not being a victim	39%	
Not a victim at either point	26%	
A victim at both points	28%	
Move to not being a victim	7%	
Eating well		<0.001*
Eating better	68%	
Ate well at both time points	8%	
Ate well at neither time point	7%	
Eating worse	17%	
Sleeping well		<0.001*
Sleeping better	54%	
Slept well at both points	3%	
Slept well at neither point	24%	
Sleeping worse	18%	
Self-reported health		0.042*
Health better	41%	
Health good at both points	23%	
Health poor at both points	13%	
Health worse	23%	
Self-reported depression		0.004*
Had depression at baseline only	15%	
Had depression at neither point	15%	
Had depression at both points	66%	
Had depression at follow up only	4%	
Base	*159*	
Asterisked p-values are statistically significant		

Table A.2b: Within person change over time from baseline to six months (continued)

	Baseline figure	p-value for change in six months
Self-reported anxiety		0.003*
Had anxiety at baseline only	16%	
Had anxiety at neither point	15%	
Had anxiety at both points	66%	
Had anxiety at follow up only	4%	
Current drug dependency		0.047*
Moved to non-dependency	17%	
Dependent at neither point	59%	
Dependent at both points	16%	
Moved to dependency	7%	
Current alcohol dependency		0.750
Move to non-dependency	3%	
Dependent at neither point	79%	
Dependent at both points	14%	
Move to dependency	4%	
Antisocial behaviour		0.072
Move to not being engaged in ASB	17%	
Engaged in ASB at neither point	60%	
Engaged in ASB at both points	13%	
Move to being engaged in ASB	9%	
Contact with criminal justice system		<0.001*
Move to no contact	26%	
Contact at neither point	62%	
Contact at both points	8%	
Move to contact	4%	
Base	*159*	
Asterisked p-values are statistically significant		

Appendix B: Subgroup p-values

Table A.3: P-values for comparison of sub-group outcomes at baseline and 12 months

	Baseline	12 months	Baseline	12 months	Baseline	12 months	Baseline	12 months
Characteristics as entered HF								
Gender	0.977	0.357	0.345	*0.038	0.809	0.847	0.202	0.087
Age	0.576	0.546	0.217	*0.021	0.937	0.181	0.303	*0.004
Accommodation	0.855	0.490	0.077	0.836	0.203	0.136	0.766	0.053
Age first homeless	0.073	0.385	*0.023	0.647	0.445	*0.028	0.099	0.251
Drug dependent in last year	0.528	0.151	0.233	0.924	*0.000	0.000	0.635	0.134
Alcohol dependent in last year	0.154	0.533	0.098	0.167	0.374	0.186	*0.000	*0.000
Self-reported health	0.183	0.068	*0.000	*0.002	*0.005	0.644	*0.001	0.640
Mental health condition	0.368	0.598	0.157	0.564	0.787	0.597	0.804	0.072
Learning disability	0.460	0.552	0.423	0.987	0.885	*0.048	0.894	0.657
Asterisked p-values are statistically significant								

Appendix C: Weighting and statistical analysis

C1. The clients completing the six-month or 12-month questionnaires have been weighted for the analysis presented in this report so that at each time-point the data reflects the proportion of clients supported by each of the three Pilots by the end of November 2021 (47% for the WMCA, 34% for the GMCA, and 18% for the LCRCA). This weighting is to help ensure that the survey can be interpreted as representative of all those who entered the programme during the baseline data collection period. For the 12 months data the implication is that the 36 WMCA cases are each given a weight of 2.18, the 96 GMCA cases are each given a weight of 0.60, and the 35 LCRCA cases are each given a weight of 0.88.

C2. To test for significant differences over time on outcomes, the variables at each time point were scored as numeric (e.g. for the question on how often they felt lonely, the five-point scale was scored 1=often or always, 2=some of the time, 3=occasionally, 4 = hardly ever, 5=never). The change in score for each person was then calculated (so that, for example, a person often or always lonely at baseline and occasionally lonely at 12 months, would have a change score of +2, and a person hardly ever lonely at baseline but often or always lonely at 12 months would have a change score of -3). The statistical test used was that the mean change score was significantly different to zero (i.e. a t-test). Those for whom a change score could not be calculated, either because they did not know or did not want to answer at one or both time-points were excluded from the test.

C3. The data was analysed within the complex samples module of SPSS v28.0.1.1. The t-tests take into account the fact that the data is weighted.

C4. This report includes a very large number of statistical tests, and with multiple testing there is a risk that some apparently 'significant findings' may be spurious.[56] In general, a result should be treated with caution if there is no clear logic behind the finding, or if the finding is not supported by the analysis of similar outcomes.

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[56] No adjustment has been made to adjust for multiple comparisons. To do so would lead to only very small p-values being interpreted as 'significant' with the accompanying risk that genuine HF changes would be missed. Furthermore, most of the outcomes reported on are correlated with one another, so the tests are not independent. Adjusting for multiple comparisons under this scenario is very far from straightforward with most of the textbook adjustments being too conservative.