Camden Housing First

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1 The initiative and its organizers

Camden Housing First (CAMHF) is a Housing First (HF) scheme that is commissioned by Camden Borough council. It started as a two-year pilot project organised by the Single Homeless Project (SHP) in February 2012. After the pilot project, the Housing Commissioning and Partnership Team of the Camden Council Housing and Adult Social Care Directorate launched a tender to continue the scheme. The organisation St. Mungo’s Broadway won the tender and now holds the contract for three years. It took over the service from SHP in the summer of 2014.

Camden, a central London borough, was one of the first in the UK to implement a so-called Pathway model in 2007. The Camden Hostel Pathway refers to the staircase model in which each of the more than six hundred beds in the Camden hostels are designated as either an assessment bed, a specialist support bed, an engaging support bed or a move-through-bed. Each type of bed has different types of services and activities organized around it. In order to improve the Pathway an innovation fund was set up in 2011 and SHP suggested the Housing First model as innovation. The CAMHF model “is a response to the Pathway not working for certain individuals and so it is complementary to our main model” (I: Camden council representative). So in Camden a Housing First model was implemented and developed as an innovative response to people being stuck in the Pathway. It was developed from within this Pathway model using part of its infrastructure (the CAMHF office is in a hostel) procedures and instruments like the Pathway Universal Referral Form (see chapter four of this report). As such it did not require radical breaks in the general approach of coordinating the actors involved.

A substantial minority of clients (about 20-25%) do not succeed in going through the different steps and they are often set back because they fail to meet the expectations, often related to abstinence of drugs or alcohol and the active participation in social assistance trajectories, to get to the next stage in order to become ‘housing ready’. They get stuck in the hostel system, moving between and in and out Camden hostels. This group struggles with addiction and mental health problems and they often display anti-social behaviour. Many of them have a weak physical health and have not lived independently in ordinary housing for many years. “All have been assessed by the Camden Hostels Pathway services as unable to live independently and had lived in the Camden Hostels Pathway, on a continual or recurrent basis, for at least three years” (Pleace & Bretherton, 2013, pp. 4-5). All Camden hostels, which are managed by different providers, can refer clients to the Camden Housing First project. The main objectives of the project are to achieve housing sustainment for these clients and to

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1 This report is based on document analysis, in-depth interviews and a focus group. More information about methods used can be found in (Kazepov, Saruis, Wukovitsch, Cools, & Novy, 2014), accessible via http://improve-research.eu/. When information is drawn directly from one of the interviews, focus group or discussions during a public event it will be referred to as (I: Alias of the respondent), (focus group) or (O: Launch HF England research). The respondents of the interviews allowed the researchers to use an alias that discloses their affiliation to the organisation Appendix II provides an overview of all interviewees and focus group participants. The authors want to express their gratitude to the interviewees and focus group participants for their participation and valuable input.

2 Online: http://www.shp.org.uk/ (last accessed 03-07-2015).

3 The Homelessness charities St. Mungo’s and Broadway merged April 2014 into St. Mungo’s Broadway. Online: http://www.mungosbroadway.org.uk/about/history (last accessed 03-07-2015).

deal with health and social issues that might complicate housing sustainment and social integration (Pleace & Bretherton, 2013).

CAMHF is a ‘scattered’ housing first project (Pleace & Bretherton, 2013), which means that the dwellings of the clients are spread geographically. The apartments are rented on the private housing market. The project looks to house clients outside the Camden Borough (I: coordinator CAMHF).

2 Basic information on the (local) context and the emerging problems

2.1 Housing and welfare reform in the UK and England

Historically the UK welfare state has developed strong instruments to guarantee the right to housing for low income families. It had developed a large stock of social housing and an extensive system of rent benefits (housing benefits) for people with a low income and limited savings. UK expenditures on rent benefits as % of the GDP, just under 1.5 %, are the largest in the EU (Braga & Palvarini, 2013). In 2012 65% of the UK housing stock are owner-occupied, 17% resided is privately rented and 18% are socially rented. This distribution is very similar to Sweden (65; 17.5; 17.5) and Austria (61; 17; 22) (RICS, 2012). However this share of social tenancy in the UK has been falling from 31% social housing in 1977. According to Wilson (2014a), there are over one million fewer homes owned by housing associations and local authorities compared to 1977. Since the mid-1970s the British state made several budget cuts and assumed:

“an increasingly minor and residual role in the housing sector. ... One of the more decisive changes over the period was the reduction of the state’s role, through the outright privatization of council housing under the Right to Buy5, transfers to private, although not-for profit housing association, and withdrawal of the tax advantages to be given through mortgage interest tax relief (although owner-occupied housing is still favoured in tax schemes) (Hills, 2011, p. 597).”

These evolutions have enabled many families to become the owner of their own house, but it has also drastically limited the capacity of local authorities to meet people in vulnerable living conditions.

Under the austerity policy of the current coalition government (2010-2015), rules related to the access of housing benefits have changed in several ways, making the system more restrictive and less generous. These measures include the introduction of House Benefit size criteria (a controversial measure known as the bedroom tax6), restrictions on access to housing benefits for job seeking migrants from the European Economic Area (EEA- excluding people from the UK and Ireland) and various changes to the Local Housing Allowance (LHA) in the private rented sector7. Changes in the latter system relevant to our Housing First case are: lowering the percentage rate for benefit

5 Under this scheme about 1.7 million council homes were sold nationally between 1979 and 2001 (Wilson, 2014a).
6 In general, people living in a housing association or council property will pay more tax on their benefits (receive less benefits) if they live in a house with one or more bedrooms that are not used as a bedroom.
7 Changes to Local Housing Allowances were calculated to save the Treasury £1.3 billion in 2014/2015 (Wilcox, Perry, & Williams, 2014, p. 15).
calculation (to 30th percentile rates), high-value area caps and extending shared accommodation rates up to 35 years of age (Wilcox et al., 2014). Many tenants, scholars and civil society actors feared that this would lead to a rising risk of rent arrear and homelessness (Power, Provan, Herden, & Serle, 2014; Wilson, 2014a).

2.2 **Homelessness in England**

A variety of terms are used by British policy makers to refer to different groups of homeless people: statutory homeless, single homeless, rough sleepers, hidden homeless and people in supported housing or emergency shelters. A lot of the legislation and policy is oriented towards local policy responsibilities for so called ‘statutory homelessness’:

> “i.e. those households for whom local authorities, after receiving an application, have a duty to secure accommodation because they are unintentionally homeless and in a priority need category” (Wilson, 2014a, p. 1).

The official numbers on statutory homeless is based on the local numbers of ‘homeless acceptances’ by local authorities. In 2013 on average 56,492 statutorily homeless households were living in temporary accommodation at any given time. In most cases local authorities secure ordinary social or private rented houses as temporary accommodation. The most important priority group are adults with dependent children, hence the vast majority of statutory homeless are families.

Adults without dependent children are called ‘single homeless people’. The category of single homeless people is often divided in three groups: statutory Homeless single people, non-statutory homeless single people (who are homeless under the terms of the legislation, but do not fall into priority need and do not qualify for the ‘main duty’ i.e. being accommodated by local authorities), single people in a situation of housing exclusion, often called ‘hidden homeless’ (Jones & Pleace, 2010).

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8 The British (UK) legislation on homelessness was established in the 1977 Housing (Homeless Persons) Act, which later developed in the 1996 Housing Act and the 2002 Homelessness Act.

9 This means that these people have applied for help and were deemed eligible for support. As the statutory homeless have the right to an accommodation they are not part of the target population for housing first initiatives in the UK context.

10 Other priority groups for public assistance include people who are vulnerable because of a physical or mental illness, people aged 16 or 17, people aged 18 to 20 who were previously in care, vulnerable as a result of time spent in care, in custody or in UK military Forces, vulnerable as a result of having to flee their home because of violence or the threat of violence. Online: [http://www.legislation.gov.uk/uksi/2002/2051/pdfs/uksi_20022051_en.pdf](http://www.legislation.gov.uk/uksi/2002/2051/pdfs/uksi_20022051_en.pdf) (last accessed 03-07-2015).

11 Legislation prescribes that for this group (involuntary homeless but not a priority category) local authorities should “ensure that the applicant is provided with advice and assistance in any attempts he or she may make to secure that accommodation becomes available for his or her occupation” (Wilson, 2014b: 3). Under Part 7 of the 1996 Housing Act local authorities are obliged to regard The Homelessness Code of Guidance for Local Authorities, which offers several suggestions that should be applied with regard to practical possibilities. Hence the obligation of the local authorities towards this group is one of intention and not of outcome.

12 According to section 192(2) of the 1996 Housing act local authorities that are approached by a homeless single adult or couple have the duty to “ensure that the applicant is provided with advice and assistance in any
people who do not engage with local authorities (often perceived to be ‘intentionally homeless’) are most likely to ‘sleep rough’ (Wilson, 2014b).

In 2013 in England there were about 8,500 places for ‘direct access accommodation’ (emergency shelters) and about 31,000 beds in ‘supported housing’. It is understood that almost all these places are used, any given night. In the UK the term ‘supported housing’ encompasses communal and congregate accommodation with on-site support for homeless people, e.g.: hostels and single apartments with floating support from service providers. Single persons use the large majority of the emergency accommodation and supported housing. Some of them are used by couples without children (Busch-Geertsema, Benjaminsen, Hrast, & Pleace, 2014, p. 47).

The 2014 report for the European Observatory on Homelessness identifies as recent trends that the number of statutory homeless and rough sleepers in England have been increasing with 55% since 2010 (DCLG, 2014a), while the supported housing activity has been decreasing (Busch-Geertsema et al., 2014).

The ending of short hold tenancies, eviction, reposessions and (violent) family break-ups are amongst the most important individual causes for homelessness in the UK (Wilson, 2014a). There are no indications that these pressures are diminishing and evictions are on the rise.

Over the last decade, the allocation of funds for local governments to address (single) homelessness has changed substantially. The 2003 Supporting People programme had a big impact on services related to supporting the homeless and other people in precarious living conditions. This programme made a lot of resources available and it helped to introduce new methodologies such as ‘floating support services’ (supporting people in and around their residence). The programme made it possible to make a variety of valuable investments in the hostel system and infrastructure (I: Camden council representative, Senior manager SHP).

With Supporting People more power and responsibility was assigned to local authorities and a new approach on commissioning was introduced: Local commissioning bodies (including councillors, services etc.) identified local needs, administering authorities had to implement decisions and services were delivered by private, voluntary sector, local authority and housing association providers (Jarrett, 2012). The link between local authorities and service became tighter and being competitive at the local level became increasingly important for service providers. In 2003 Supporting People was a £1.8

13 The government defines rough sleepers as: People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes”). Online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6009/1713784.pdf (last accessed 03-07-2015).


15 Before it was more common that non-profit providers gathered resources from different sources and policy levels.
billion programme. This decreased significantly over time\textsuperscript{16}. Originally the supporting people grants were ring fenced, but this was removed from the grant in 2009, allowing Local Authorities to spend the money on whatever they deem as appropriate. The impact of removing the ring became as the financial crisis was felt and when the coalition government introduced austerity measures that severely hit local budgets (I: Camden council representative, Senior manager SHP):

\textit{“Concerns have been voiced that local authorities are using their Supporting People grant to fund other expenditure – across 152 local authorities, Supporting People funding had been withdrawn entirely from 305 services”} (Jarrett, 2012, p. 1).

\subsection*{2.3 London and Camden}

Within England, London is a particular case both in terms of the housing market and access to housing and the homeless population. It is well known that housing prices in London are very high and still rising. In the media, debates and policy papers the London ‘housing crisis’ or London ‘bubble’ is often mentioned (Wilcox et al., 2014). According to the official website of the London councils the average house prices in London are £509,000 in May 2013, after a spectacular rise of 3.3\% in house prices over one month. This is over two times the price of an average English house that month (£ 249,000). Taking into account the differences in average earnings between London and other parts of England, the difference is smaller but still substantial. Comparing the house price to the average annual income of first time house buyers in 2012 the average house price is 4.4 times the average earnings for England, 6.8 in London and 3.2 in the North of the country (Pettinger, 2014). Looking at recent government figures (DCLG, 2014b) that compare the housing prices to the median income, the difference between London and the rest of the country and between inner and outer London appears to be very large. In 2014 the average housing price in inner-London is 13.34 times the median earnings, in outer London the ratio is 9.89 and in England 7.09. In Camden the average housing price is 17.49 the median income\textsuperscript{17}. This ratio has been rising steadily across London after 2009. In 2013 the borough of Camden has joined Westminster, Chelsea and Kensington in the group with an average house price of over one million pounds\textsuperscript{18}.

According to national charity of single homeless people Crisis:

\textit{“rough sleeping, as with homelessness in general, is a particular problem in London\textsuperscript{19}”}.

\textsuperscript{16} In 2011 Supporting People was no longer to be identified separately in council’s funding formula and in 2014 it was no longer mentioned in governments settlement figures which makes it very difficult to identify the size of the fund today and how much has been cut. This evolution has been discussed critically in an article in the Guardian 23-01-2013, online: http://www.theguardian.com/local-government-network/2013/jan/23/supporting-people-funding-mirage-local-authorities (last accessed 03-07-2015).

\textsuperscript{17} More information about the data include in these figures can be accessed online: http://data.gov.uk/dataset/ratio-of-median-house-price-to-median-earnings/resource/3a73de15-73df-487c-9144-111f09f5912f (last accessed 04-05-2015).


This is reflected for instance in the availability of beds and services. In 2011 London has the highest availability of bed spaces per 10,000 inhabitants, namely 13.60. This is almost double the national rate (7.46 bed spaces per 10,000 population) and the 7.27 in the South West, which is the region with the second highest availability of bed spaces per 10,000 inhabitants (Homeless Link, 2013).

The number of rough sleepers in London increased over the last years (FitzPatrick, Pawson, Bramley, Wilcox, & Watts, 2013). According to Combined Homelessness and Information Network (CHAIN) 6,437 people slept rough at some point in London over the course of 2012/2013. This is an increase of 13% compared to the previous year (CHAIN, 2013)\(^{20}\). London has developed some specific innovative programmes and tools to monitor rough sleepers and get them into housing, e.g. the No Second Night Out programme, which is a fast assessment and dispatching programme for people who are found rough sleeping that aims to provide a rapid response based on sharing intelligence and better public awareness\(^{21}\); the Clearing House formula\(^{22}\), which is a procedure to give priority access to accommodation provided by Registered Social Landlords (RSLs) for rough sleepers in London; and the CHAIN multi agency database\(^{23}\), which is designed to easily share information about mobile people with high support needs among service providers.

The homeless population in London is more ethnically diverse compared the rest of England\(^{24}\). Many migrants do not have access to statutory homelessness systems and supported housing (Busch-Geertsema et al., 2014). Non-UK citizens and other migrants thus have a higher risk of sleeping rough. Only about 43% of rough sleepers in London have the British nationality. The second largest group (about 30%) is from Eastern Europe states that joined the EU after 2004 (CHAIN, 2013). The rest of the population consists of a wide variety of nationalities. In this regard the homeless population in London is similar to that in other large capital cities in Europe (Busch-Geertsema et al., 2014).

The need to prove local connection in the UK is pointed out as a barrier to the access of homelessness services. People often leave (voluntary or involuntary) the region where they lived and worked before they became homeless. Especially in London, with 33 local authorities in close proximity to each other,

\(^{20}\) Measuring rough sleepers is difficult. Statistics on rough sleepers differ a lot between reports. According to the autumn 2013 official statistics only 543 of the rough sleepers reside in London (Department for Communities and Local Government, 2013), far below the estimate in the CHAIN report. The big differences between the numbers of the two reports can largely be attributed to the different methods of data collection. The government report is based on a single night snapshot and estimates by local authorities combined with expert interviews. The CHAIN report is based on several snapshots and continuous data collection by outreach workers.

\(^{21}\) Online: http://www.nosecondnightout.org.uk/ (last accessed 03-07-2015).

\(^{22}\) The access to accommodation falls under the Rough Sleepers Initiative (RSI), using its criteria to assess possible beneficiaries. Once in accommodation rough sleepers receive support from Tenancy Sustainment Teams (TST) to maintain their tenancy. These trajectories, which have been going on for 20 years, has a strong resemblance with Housing First (see: http://www.broadwaylondon.org/ClearingHouse.html). An important difference with Housing First is that the prolongation of tenancy is dependent on needs assessment, meaning that people who are doing better risk to lose their tenancy after two years (Bretherton & Pleace, 2015).

\(^{23}\) Online: http://www.mungosbroadway.org.uk/chain (last accessed 03-07-2015).

\(^{24}\) Overall, in the UK and England a majority of the people experiencing homelessness are people from the national majority population (which does not preclude possible overrepresentation of certain minorities). This is different from France, Italy and the Netherlands (Busch-Geertsema et al., 2014).
this is a problem. In 2013, 56% of London projects say they accept clients with no local connection, compared to 72% for England (Homeless Link, 2013).

Camden is a Labour led central London borough with a population of 220,000 with a physical area of 21.8 square kilometres\(^{25}\). Camden has historically been confronted with single homelessness, being a site of arrival for migrants by train (I: Camden council representative). The local authorities describe their borough as relatively densely populated, containing extremes of both wealth and poverty, and as both ethnically and culturally highly diverse\(^ {26}\). Camden council prides itself on having well developed services for the homeless. In 2007 Camden was one of the first in the UK to develop a Hostel Pathway as a strategy to end homelessness for high need groups that were sleeping rough and/or hang out in the streets regularly (I: Camden council representative).

3 Genesis of the initiative

In 2011 the Housing Commissioning and Partnership Team, which coordinates the Camden Hostel Pathways, set up a small innovation fund to improve the Hostels Pathway model in terms of (cost) effectiveness and efficiency (I: Camden council representative, Senior manager SHP). Providers of Pathway Services were invited to come with proposals about ways to resolve issues of the model. SHP, which operates hostels with clients who have long histories of rough sleeping and drug and alcohol addiction, proposed Housing First. Camden council liked the proposal because it targets a real issue, namely that the Hostels Pathway model does not work for a substantial minority of clients (client perspective, humanitarian argument), and because it is regarded as a cheaper option to support this group (financial argument). SHP got the contract for a two-year pilot with an annual budget of approximately £90,000 (about €106,900 at that time) (Pleave & Bretherton, 2013, p. 17). CAMHF became operational in February 2012. The goal was to house ten clients in this two year period. CAMHF is an example of ‘scattered housing first’ in which clients hold the tenancy themselves, i.e. the rent contract is on their name, not on the name of the provider (I: CAMHF coordinator).

The Camden Hostel Pathway provides supported housing to the single, non-statutory homeless, organised in a staircase model and it has a capacity of over six hundred beds (I: Camden council representative). It is likely that the clients of Camden Housing First have been sleeping rough at some point in their lives, but in order to be accepted for the project they have to be in the Camden Hostel Pathway supported housing for over three years. The main objectives of the project are to achieve housing sustainment for these clients and to deal with health and social issues that might complicate housing sustainment and social integration (Pleave & Bretherton, 2013):

“That we were able to start the first Housing First pilot of London in Camden is really a matter of coincidence and seizing opportunity. We had been to a lecture about Housing First at a conference and shortly afterwards, coincidentally, Camden said that they had this money available and so we thought that would be a good chance to pilot the approach. We had run

\(^{25}\) London has 33 elected local authorities (one of them is the Greater London Authority) that are administer different areas of the city, which has a total population of 8.17 million.

hostels in Camden and we knew there were lots of people using them who were either frequently evicted or abandoned the accommodation that would probably be good candidates for HF” (I: Senior manager SHP).

It was decided that Camden council and Housing Associations would not make social houses available for a non-priority group in a context where the offer of social housing fails to live up to the demand. Hence, the project had to find properties for clients to rent on the private renting market (ten clients in the pilot phase and twenty by April 2015). Within the Pathway system it was already regarded as common practice to look for properties on the private market when clients move out (I: Camden council representative, focus group). CAMHF clients are accommodated outside of Camden. The project partners defend this choice with two arguments. Firstly, it is regarded virtually impossible to find affordable quality apartments for the clients given the high prices on the market and the maximum benefit rate they are entitled to27. Secondly, CAMHF aims to offer a new start to the clients, which often implies that they have to detach themselves to a certain degree from the environment in which they have been ‘stuck’ for many years. In that sense, moving people away from Camden is part of a strategy to encourage clients to take control over their lives. In practice this is often a difficult and ambiguous process for clients who have to move away from friends and the environment they know so well and from which they derive social support (focus group).

“One of the big impacts of the welfare reform, for our kind of clients, is the fact that if they need private rented accommodation, they have to move a long way from central London to be able to afford the rent level” (I: senior manager SHP).

Like many European HF project, the CAMHF organises Intensive Case Management (ICM) by mobile specialist social support workers (further discussed in chapter four of this rapport), but no Assertive Community Treatment (ACT)28, which was part of the original American Pathways to Housing First model (Tsemberis, 2010).

Researchers from the Centre for Housing Policy at the University of York wrote an evaluation of the CAMHF pilot project (Pleace & Bretherton, 2013). They observed the project at several periods over the course of the almost full first year. Overall, the project was evaluated positively. The support of the clients seems to have the desired effects, but the project struggled with finding properties to rent, because forging relationships with landlords demanded a lot of time and energy of the social workers.

After the pilot project the Camden council commissioner organized a tender, according to the rules for public procurement. St. Mungo’s Broadway won the tender and now holds the contract for three years. One of the reasons that stands out for giving the contract to St. Mungo’s Broadway is that they have an ongoing cooperation with the social enterprise Real Lettings29, which is specialized in attaining

27 One of the focus group participants challenged this. She found a flat in Camden herself and claims it is possible to find decent flats (focus group).
28 Research has shown that the model is often adapted to the local context and resources and that it is not necessary to copy all elements of the original model in order to have an effective Housing First project. In other words, a high rate of ‘fidelity’ to the original model is not necessary for success if projects work according to the basic philosophy and approach (Pleace & Bretherton, 2013).
properties for people from the homeless sector (I: Camden council representative). It was thought that they could use existing relationships with landlords, allowing quick access to flats. It turned out that this was not the case, hence property procurement remains one of the most challenging parts of the project. Recently CAMHF started looking for another housing provider.

St. Mungo’s Broadway inherited some of the clients from SHP and took over the service in the summer of 2014. At the end of the pilot SHP housed more than ten clients and several clients that were not housed yet. St. Mungo’s Broadway took over six of them (three of these clients were already in their apartment at that time). So for some of the clients, who were evaluated as “doing good” and “not in need of continuous support”, the support was stopped after deliberation between the support workers in order to make room for new clients (I: Coordinator CAMHF, focus group). These clients continued their tenancy without follow up from CAMHF. During the focus group a current client said that she knew one of the women whose support was stopped during the transfer and said that this woman is now again in need of support. The coordinator said it was possible that some people have “fallen in between” and she would check this (focus group).

Overall the transfer is evaluated positively by the commissioner and current provider. For a short period of time one of the SHP workers joined the new project, which was helpful to make the transition. In February 2015 the team consists of one coordinator, three support workers and one peer worker\(^\text{30}\), a volunteer who experienced homelessness herself, had recently joined the team. The main structure and characteristics of the pilot project remained the same, but besides outsourcing the search for properties a few things were changed.

At the end of February 2015 CAMHF has twenty registered clients, six women and fourteen men, which is regarded as a slight overrepresentation from women given the target group (I: coordinator CAMHF). Fourteen of the clients are in their flats, four are at viewing stage and two are in the assessment period. The youngest client is thirty-three years old, the oldest is sixty-six. The average age is forty-eight (Appendix I)\(^\text{31}\). Each caseworker has six or seven clients. It is suggested that this might be already too much (focus group).

One of the important goals set by the commissioner was to double the capacity of the project from ten to twenty housed clients by April 2015. This is currently a big challenge (14 are housed), with the risk of financial penalty if this goal is not reached.

\(^{30}\) The practice of peer workers is relatively widespread in different English homeless services and they are now also playing a role in HF projects (O: Launch HF research). On the one hand peer workers can contribute amongst other things to building relationships of trust with clients and they offer practical experience from a client’s perspective to the project. On the other hand being a peer worker is a meaningful activity for people who experienced homelessness. Most of the time peer workers are volunteers, which means that they can strengthen the team without presenting a lot of extra costs. For CAMHF working with a peer worker is very new. The day of the focus group (mid February 2015) was the first day a peer worker was present, hence it is too early to speak on CAMHF experience with peer workers.

\(^{31}\) The table in Appendix I gives more information on the time between referral, acceptation and housing. It also offers extra information about challenges encountered during the process of getting clients housed.
4 The activities and organization

CAMHF incorporates in its operation some of the main Housing First principles and methods. Clients are supported both when they are housed and when they are not, they are supported to become a tenant and the support continues when they are renting an apartment. The support is client led, non-judgmental and regarding alcohol and drug use the project implements a harm reduction philosophy instead of an abstinence based approach. Despite this relatively large ‘fidelity’ to the HF principles, it seems that at least two of the main principles are not entirely taken up, namely the open-endedness of support and "immediate housing without any requirement to show capacity to be able to live independently" (Bretherton & Pleace, 2015, p. 14) (see further).

The intensive case management can encompass a variety of possible activities depending on the client’s situation and demands. The basic idea is to provide, through housing and support, some safety, predictability and control for the clients in order to enable them to work on their health, well-being and social integration. They are encouraged by the project to do so, in a flexible way and on their own speed. It is promoted and supported, but it is not imposed on clients since it is not a pre-condition in order to be able to rent and receive support from the project. The support is intensive and personalized. Each client has one key support worker (also called caseworker).

After the pilot project a few organisational activities changed. One difference is that referrals are no longer discussed on the Adult Pathway Panel (APP), which was the case in the pilot. In the current project referring organizations have to contact the HF coordinator directly (I: Coordinator CAMHF). Also, the working hours changed from a 9 to 5 from Monday to Friday during the pilot to working in shifts on 8 to 4 and 12 to 8 on weekdays and a 9 to 5 on Saturday.

People who have been living continuously or repeatedly in Camden Hostel Pathways for three years can be referred to the CAMHF coordinator by all service providers involved in the Pathway system (mainly charities and social enterprises that coordinate hostels and their specialized partners such medical and substance abuse related services). First, the CAMHF coordinator calls with the keyworkers32 of new referrals in order to discuss whether the clients meet all the basic criteria. If they do, the referring organisation has to send the Pathway Universal Referral Form (PURF). This form, which can be regarded as the clients hostel history, is used by all actors within the Camden system to refer clients to hostels and related projects. When this information is received, CAMHF can start to engage with the client. Table 2 explains the five different types of engagement of CAMHF with (possible) project participants (I: CAMHF coordinator). The engagement strategy combines the basics of the Housing First approach (getting to know clients, administrative requirements, looking for an apartment, continuing support) with procedures and instruments from the Hostel Pathway model.

32 Two of the three keyworkers (including the coordinator) have a master degree in social sciences and had previous experience in the homeless sector.
During the assessment period possible clients are approached in an informal and personal manner (Is he or she motivated? What are the needs? Does he or she understand the project?), but behind that is a rather formalized assessment process (Does he or she meet pre-determined criteria?). It is a challenge for caseworkers to find a good balance between the informal contact and formal procedures related to (access to) support. Some of the assessment criteria used in the early stages can be regarded as assessing clients in terms of ‘housing readiness’. For instance, the coordinator receives information about the rent history of the client. Clients who have debts of over £50 for paying rent to the hostel or elsewhere cannot be accepted. The reasoning is that these clients are more likely to come up short paying to the private landlord. This criterion conflicts with the Housing First principle of “Immediate housing without any requirement to show capacity to be able to live independently” (Bretherton & Pleace, 2015, p. 14).

Table 1: Different steps of engagement with CAMHF clients

| **Assessment** | Getting to know the referrals and explaining the project, often in an informal setting and without paper work. “To see whether the client and project are fit for each other” (I: coordinator CAMHF). During several encounters CAMHF staff assess whether they are willing to join and able to in administrative terms (bank account, benefits, debt etc.). During this period referrals are not yet supported as CAMHF clients. |
| **Preparation** | When clients are accepted, the staff does a needs assessment using the Outcomes Star. From then on this needs assessment is done every three months in order to monitor the progress of the client. In this preparation period the support relation between the client and the keyworker starts and an action plan is made, which can include health and social support. There are often still a range of time consuming administrative steps that need to be made before the client and the service provider can look for an apartment (e.g. setting up a bank account, or changing from Job Seeker Allowance to Income Support or Incapacity benefits). |
| **Looking for apartments** | When administrative matters are sorted out the social enterprise Real Lettings looks for suitable apartments. CAMHF tries to take into account the preferences of the client. Viewings are organized. Keyworkers can support clients during viewings, when moving and in the communication with landlords and housing agencies. Because procuring suitable properties proves to be difficult, this phase takes about two months on average and in some case even four months (Appendix I). |
| **Support for housed client** | The support does not stop or decrease when clients attained an apartment. CAMHF (mainly the same caseworker, but occasionally the coordinator or other staff) keeps regular contact with the clients. The idea is to provide intensive personalized support in order to keep the tenancy and make progress in different domains of life. The precise content and the intensity are not predetermined. If the client is (temporarily) not responsive in the support relationship, this does not automatically have effects on the tenancy and vice versa. |
| **Client on hold** | Throughout the different stages it can happen that it is temporarily not possible to engage with the client: when clients cannot be found or when they are going through ‘chaotic periods’ in which it is difficult to have regular and positive contacts or when clients are incarcerated. This does not |

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33 A method to assess needs and track progress in different steps and across a variety of life-domains. The tool was developed in the homeless sector by St. Mungo’s and it is promoted by the umbrella organisation Homeless Link as a way to identify, understand and spread methods that work with certain clients (MacKeith, Burns, & Graham, 2008).
automatically mean that clients are signed off. The CAMHF tries to follow up on them and may restart the support relationship later on.

Source: Interview with coordinator and table with client information (Appendix I).

Access to the service also depends on formal criteria that are not concerned with assessing housing readiness of the clients, but with the extent to which they can be ‘plugged’ into the benefit system in order to hold a tenancy. First of all, clients need to be able to open a bank account. Secondly, several activities in the preparatory phase are related to making sure that people get the benefits they are entitled to. The project looks at all possible sources of income, but the housing benefit and unemployment benefits are the most important ones. A particular concern relates to the distinction between regular employment benefits and incapacity benefits. The latter are reserved for people who have less chances on the labour market because of medical reasons, whereas the former are for people who can be expected to look for a job like everybody else. The key workers observe that their clients are often put under Job Seeker Allowances, despite the fact that it is unrealistic for them to live up to the expectation because of their social and medical conditions. It is suggested that in the current context of financial pressure on the welfare system it is harder to be recognized for Incapacity benefits. For the CAMHF this poses a risk of losing the tenancy if clients cannot meet JSA criteria and loose benefits.

The clients of the CAMHF need to be entitled to the one bed rate housing benefit allowance. Since recent policy changes (see chapter two of this report) people under 35 years of age are normally only entitled to a shared rate housing allowance. In practice this does not pose a real problem for accessing CAMHF because under certain conditions people under 35 that have been in a hostel for over three months can get the higher rate benefits. This makes it possible for them to access this service as all CAMHF clients have been ‘stuck’ in the Pathway for over three years.\(^\text{34}\)

Recent policy changes have also made it more difficult for migrants to get access to housing benefits. From January 20th 2014 onwards the rules for new migrant jobseekers from the European Economic Area (EEA, excluding people from the UK and Ireland) can no longer get housing benefits if they are on Job Seeker Allowance. Migrants who already lived in the UK and receive both benefits will lose their housing benefits if they move to another borough. As CAMHF moves their clients to another borough, most (EEA) migrants are a priori excluded from access to CAMHF.

Once the client is accepted the support relationship starts, an action plan is made and the client and support worker meet regularly. In general, caseworkers go out to meet the clients rather than the other way round. When the administrative matters are sorted out, the Pathway Universal Referral Form (PURF) is sent to the agency that looks for properties, taking into account the preferences of clients.

\(^{34}\) This is the case for one of the CAMHF twenty clients (Appendix I).

\(^{35}\) This measure is part of the governments’ plan to “to cap welfare and reduce immigration as part of Britain’s long-term economic plan and ministers want to make sure the system is fair for hard-working taxpayers”. Online: https://www.gov.uk/government/news/new-rules-to-stop-migrants-claiming-housing-benefit (last accessed 03-07-2015).
“In the beginning we ask them where they want to live and they almost all say ‘Camden, Westminster or Islington. So we always have to say, that this is not going to work, it is not affordable. So we have conversations with a map and bus routes and so on... We try to be as flexible as possible because the whole point is to get them in a tenancy where they feel comfortable. So we do take into account their preferences, but there is definitely also some persuasion otherwise it would be very difficult to find something” (I: coordinator CAMHF).

Most clients are housed in the North of London, for instance Hackney, Haringey and Waltham Forest, and prefer to do so (if staying in Camden is not an option). It is possible to look for housing in the South of London if clients would prefer this. However, the North is preferred because of its housing opportunities and because of concerns about mobility and travel times of the support workers. As mentioned before, renting properties is one of the main challenges to the project. The experiences with outsourcing these activities to specialized organisations has not yet proved very successful. A staff member for Real Lettings (focus group) attributes this to difficulties of finding affordable quality housing and landlords who are willing to rent to CAMHF clients. When a viewing is arranged support workers contact their clients and often join them, depending on what the client prefers. Some landlords are reluctant to accept people from the project because they think they will cause trouble. There is not one standard way of dealing with landlords or explaining the project; support worker and clients decide how they go about this case by base. Support workers identify several difficulties when trying to rent a property. We present these difficulties in table 2.

### Table 2: Main difficulties for CAMHF when trying to rent a property

<table>
<thead>
<tr>
<th>Problem</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense</td>
<td>Several agents and Landlords ask for rent in advance and other deposits and fees. These expectations exceed the capacity of the clients’ budget.</td>
</tr>
<tr>
<td>Size</td>
<td>It is very difficult to find one bedroom flats for people on housing benefit. Because of the decreasing Local Housing Allowance rates and rising market prices landlords are turning one bedroom flats into two bedroom studios, to get more money. Support workers are also seeing buildings divided up into 12-14 studios, which can create a hostel like environment with shared facilities but without the staff.</td>
</tr>
<tr>
<td>Landlord</td>
<td>Often agents/landlords will state they do not want clients with any support needs, history of drug/alcohol use, criminal record etc.</td>
</tr>
<tr>
<td>Housing Security</td>
<td>Most tenancies come with a 6 months tenancy (some 12 months with a 6 months break clause). Some clients can be evicted within one or two months’ notice, which is a stress factor.</td>
</tr>
<tr>
<td>Client expectations</td>
<td>The flats are often smaller than clients’ hostel rooms. Clients also refuse properties for personal reasons related to health and preferences (Appendix I).</td>
</tr>
<tr>
<td>Short term viewings and first impressions</td>
<td>Given the high demand for affordable accommodation it is important to be responsive. Viewings are sometimes planned with one day notice. In that case caseworkers need to be able to contact their client, who is not always easy to do and they literally have to go looking for them. For some</td>
</tr>
</tbody>
</table>

36 Prejudices against people who receive benefits are widespread on the English housing market. Who looks to rent a property online will often find “no DSS” which means no Department of Social Security.. This indicates that landlords are not willing to rent to people that will pay their rent from benefits via statutory intuitions, like the CAMHF clients. It is believe they pose a risk. For a testimony see for instance: [http://www.theguardian.com/society/2014/sep/09/landlord-housing-benefits-negative-attitudes-welfare](http://www.theguardian.com/society/2014/sep/09/landlord-housing-benefits-negative-attitudes-welfare) (09-09-2014, last accessed 03-07-2015).
clients this pressure to be responsive is unsettling. Clients have showed up intoxicated to viewings, cancelled at the last moment or did not show up at all.

Source: Interviews, focus group and email correspondence with support worker

The support relation continues when clients are housed. Most clients are contacted multiple times in a week. One of the clients during the focus group saw his support worker daily, whereas another client said this would be too much for her (focus group). Contact moments can be about a wide variety of things. E.g.: from contacting a landlord about a broken tap, checking up with tax payments, having a walk and a conversation in the park, helping clients with putting together their furniture. It is also an important part of the caseworkers’ activities to bring clients in contact with other services that could respond to their needs and aspirations.

CAMHF clients get a personal budget that should provide them with more choice and control in order to reach the goals of their action plan. It can be used to pay for services, activities or goods related to these goals: for instance buying plants in the new home, a bus pass to reach volunteer work or cinema tickets for people who need to get out more. The support worker and coordinator decide whether the use of the budget is justified.

A senior manager of SHP describes the HF Intensive Case Management as a form of “intensive wraparound floating support” for a group with multiple and complex needs (Interview). This remark was also made by a representative of the council during the focus group. This comparison was contested by the support workers who associate floating support with more goal oriented support that is decreasing over time.

“Our support is broader, more personal … We also get to do more creative things with the clients, the good stuff” (focus group).

That HF caseworkers distinguish themselves from ‘generic floating support’ is indicative for how support workers value the intensity, time, trust and flexibility needed to work with this high support need clients group. During the focus group HF clients expressed that they value this approach as well saying:

“Housing first really goes the extra mile” (Clients during focus group).

Different focus group participants are convinced that the demand led and non-judging approach works better and treats clients in a less paternalist way compared to other programmes that adopt a more narrow and provider-determined take on participation (focus group). In order to make such an intense approach work it is important that caseworkers do not have too many clients, allowing them to invest enough time with each individual client (focus group).

Both support workers and management recognize that flexibility is needed in order to keep contact with the clients and be responsive to their needs. It is not exceptional to meet them in the evening or the weekend. While the one-on-one relationship is very important it is also necessary that clients know
different support workers. Because caseworkers change jobs and are not always available\(^\text{37}\). The support can also continue when clients have a setback, like losing the tenancy of being incarcerated for a short period. The duration of the support is not fixed in time from the start, because some people might need it longer than others. However, the support is also not entirely open-ended. The goal is to support people for about one to two years. After that CAMHF tries to decrease and eventually stop support and hand it over to local floating support service in the area where the client resides. Doing this the project should be able to take on new clients without a big growth in the number of staff members or the number of clients per caseworker. However the service providers found that one or even two years might be too short for many of their clients (I: CAMHF coordinator, Senior manager SHP). Ending the support in a good way is a big challenge.

“A lot of the clients, I assume, have been in the hostel system for a long time as I have. And so they’ve been surrounded by support for fifteen to twenty years. And for that rug to be pulled from under you, knowing that you’re completely on your own, for me it is scary” (CAMHF client during focus group).

“The intention is not that the service is pulled away from you. Gradually it will be floated off to another service or a number of services... In a way tailored to your individual needs” (Commissioner during focus group).

5 The innovative dimension of the initiative

In this part, the socially innovative dimensions of the CAMHF experience are analysed in depth through three basic components of social innovation (Gerometta, Hausserrmann, & Longo, 2005; Moulaert, Martinelli, Swyngedouw, & Gonzalez, 2005): (a) the satisfaction of basic social needs (content dimension); (b) the transformation of social relations (process dimension); (c) and the empowerment and socio-political mobilization (the political dimension linking the process and content dimension).

5.1 Content dimension: social needs

The project aims to work with the clients on a variety of complex, interrelated needs across different domains of life (physical health, mental health, social relations, skills, substance abuse, emotional distress). In that sense it is not very different from other projects working with ‘chronically homeless’. The socially innovative ‘twist’ is that the initiative gives central attention to the clients’ need for living independently (in the sense of managing your own tenancy while receiving social support) in stable and qualitative housing conditions. CAMHF clients have not been able to do this for several years, neither through the

\(^{37}\) Related to the latter concern, within CAMHF there are different opinions about the most appropriate working hours of the support workers. There used to be a nine to five Monday to Friday schedule, which was changed to working in shifts from Monday to Saturday. Some of the staff would like to change it back because in the current system, there is less staff during the week, which implies that support workers have to switch more between different clients. In both systems flexibility (in working hours and helping out each other’s clients) is important in order to be responsive to the needs of the clients (focus group).
private housing market, the social housing market nor through the Camden Hostel Pathways. Their ‘anti-social behaviour’ and perceived inability or unwillingness to address certain needs, problems and criteria associated with housing readiness have often been invoked to explain why they could not get access to housing. Housing First starts from the observation that people get stuck in a situation where the various strategies to assist people in their trajectory to get access to housing does not work for a group of ‘chronically homeless’ (they disappear, make fights, relapse, do not participate in an orderly fashion and so on). CAMHF reverses the sequence in which needs have to be addressed. Housing comes first and as such CAMHF does not only address housing as a social need but also a social right (Oosterlynck, Cools & Debruyne, 2015).

5.2 Process dimension: social relations

From a client experience of becoming and being a tenant, coming from a situation of begin stuck in a hostel system for years, Housing First implies a significant change in the position of the client, both in its relation to society and to people he or she knows, like family or street acquaintances. This change is a crucial step in a process that is understood to benefit the clients’ well-being in many regards, both in the short and long term. This process is based on the experience of safety, predictability and control provided through housing and support. Clients are challenged to actively rearrange their social relationships (like moving away from Camden and situations that encourage old habits, getting back in contact with family) and to engage in a variety of programmes and activities in order to take control over their life and address some of their issues (like a weak health or substance abuse).

CAMHF does not pretend to offer clients a one way path to better health and social integration. It is a difficult process with potential setbacks. This can be illustrated by an experience of one of the focus group participants. Feeling more stable and secure renting his own apartment and having a good relationship with his support worker he took steps to address his health issues, something he had not done for several years. Medical examinations pointed out that alcohol had affected his liver. He is now undergoing intensive dialysis therapy. While this is “tough” for him, he argues that it is for the better and he believes that it would not be possible for him to go through all of this without the Housing First support (client during focus group).

Clients also raised it during the focus group that having your own apartment changed the relationships with their network on the streets and in the hostels. In hostels and on the streets people are often entangled in dynamics of solidarity and exchange between clients that make it difficult to focus on their personal issues and ambitions. This changes when they have their own place where “nobody can do or say anything”. On the other hand, there are many cases in which people felt isolated and lonely. Key workers try to support clients in making choices about engaging with their street acquaintances, taking up contact with other old friend or family members and doing other activities through which they can meet people and participate in meaningful activities.
Housing first key workers adopt a broad view and open mind on what clients need to attain and sustain a tenancy and, more generally, to progress in life. Here, the determination of needs and desired steps to move forward in life is with the clients themselves. Interpretations of what is needed are suggested and deliberated with social work professionals, but not imposed. To enable such a deliberative relationship between client and support worker housing needs and support needs are separated. This does not mean that the relation between support worker and client is “one way” or that the support trajectories are “passive” or that “anything goes”. Support workers actively encourage and promote clients to take certain steps related to health, social relation, substance abuse and so on. An action plan is set up to plan and evaluate activities and progress, but clients are not penalized when goals are not reached. Clients should and can indicate the tempo and the order in which they feel comfortable to do these things (focus group).

In order to initiate and facilitate this process through CAMHF clients have to be “plugged” into the welfare system in a way that fits the situation of the client and the criteria of the project. This changes the relationship between clients and the society at large as they are taking steps to comply with societal expectation in terms of social integration, taking control over one’s own life and using the available facilities of the social welfare state. The relationship or access to the benefit system is crucial for the access to the project (I: coordinator CAMHF). Access to social services and welfare benefits are arranged administratively at the local level and when CAMHF clients are housed they move to another borough, moving away from the place and people they have known best for years. Support workers assist clients with their administration and accessing services in the new environment. While being clients are being ‘embedded’ in their new environment administratively and through activities, the support from Camden continues. As mentioned before this support is not fixed in time rigidly, but it is not really open-ended either.

5.3 Empowerment dimension

Empowerment is often used in very different ways. Interpretations range between empowerment as an individual process to processes of collective mobilisation, between legal and daily practices and from psychological well-being and self-confidence to interpretations that stress the access to resources and societal positions. CAMHF is predominantly geared to individual empowerment. Using a demand led and strength oriented approach, the project aims at strengthening client’s self-confidence and ability to take control of their life. These strategies stress progress in psychological well being and individual agency. They embrace a wide variety of possible activities that cover different life domains (housing, health, social networks, leisure, coping with addiction...).

Here the idea of empowerment has an important informal dimension. Support workers make time for things beyond formal or merely functional activities (like administration etc.), but also value “fun” experiences (focus group). Living up to formal requirements (such as opening a bank account and receiving the correct benefits) is undoubtedly crucial for accessing the CAMHF services and to reorganize the relationships with society. In that sense the integration in the institutions and procedures of the social welfare state is to be regarded as an important frame of the individual empowerment process.
Nonetheless, a lot of dynamics of empowerment through CAMHF are situated at the level of interacting with support workers, social networks and immediate surroundings.

Support workers attribute a lot of importance to the voice and personal experience of clients when deciding what to do and determine what is ‘meaningful social participation’. The self-determination of priorities by clients and the dialogue with support workers is central to the CAMHF view on empowerment. During the focus group clients pointed out that from their perspective, one of the great things about housing first support compared to the hostel system is that:

“they really try to help me with the things I want to do, what I believe is important for me. They do not impose but support” (HF client during focus group).

The approach does not only allow clients to have their say on the content and types of support activities but also over the timing of the support process. Also, in order to facilitate experience of stability and security, which in the CAMHF view provide the necessary basis for processes of empowerment, the stability and longevity of rent arrangements and support are very important. The interviewees report that it is undesirable to be focussed too much on (short-term) results, and the support should be open ended as one or two years is too short for many clients and some of them might need permanent support (focus group).

Surely, for CAMHF, empowerment is not merely a psychological process. The material dimension, of access to decent and affordable housing is crucial to the model. From the perspective of empowerment access to housing is intertwined with recognition, more specifically being recognized as able and worthy of living in your own apartment. In that sense CAMF empowers clients by realizing their social right to housing. Here the right to housing should not be understood as a legally enforceable right, but as a fulfilling a necessary condition to enable clients to participate in society as peers.

In practice, the relation between this access to housing and psychological well-being is realized through a process in which clients and support workers determine and try to find an apartment that suits the needs and aspirations of the individual client. This points again to the importance of deliberation and participation processes for empowerment.

For most clients the idea of empowerment does not extend beyond the individual trajectory towards housing and an increase in control over one’s own life. However, examples for broader empowerment exist. For instance, one of the clients of the Greater London Authority housing first project is a spokesman for Housing First, while still coping with drug addiction (focus group). Another example that was mentioned in a discussion on housing first in England (O: Launch HF England research) is working with ‘peer workers’. Peer workers are people who experienced homelessness themselves and are asked to contribute to the Housing First scheme, for instance by assisting support workers in the interaction with

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38 This formulation is borrowed from Nancy Fraser (Fraser & Honneth, 2003) who uses the concept ‘participatory parity’ or ‘parity of participation’.
(new) clients. This might be promising both as a possible activation trajectory for clients and as a way to develop new ways of delivering support and developing new ways to discuss issues related to homelessness. However, at the moment of observation (November 2014-February 2015) only one peer support worker joined the team (very recently, in February 2015) and she was not a Housing First client before. Hence it is too early to assess this strategy in terms of empowerment within CAMHF.

6 Institutional mapping and governance relations

This chapter of the report describes the governance relations between the main actors related to CAMHF. Firstly, the governance relations are presented on four analytically different ‘levels’ of the projects’ network and organisation: the political level, the management of the project, the level of service provision and the level of evaluation and exchange within the sector. The main actors are displayed below in figure 1. The second section discusses these relations, paying particular attention to the broader context of austerity.

Figure 1: Main actors related to the governance and operation of CAMHF

Source: Authors’ elaboration from desktop analysis, interviews and focus group.

On the political level the Camden Council commissions the Housing First service through the Housing Commissioning and Partnerships Team, which follows up the progress of the project. Besides its effectiveness for helping people who are stuck in the Hostel Pathway, Housing First is also attractive for politicians and commissioners in financial terms. All partners involved in CAMHF agree that the project is
less expensive compared to keeping people in hostels. According to hostel management and the CAMHF commissioner (focus group) it is clearly cheaper if you break it down the hourly rate of providing the service. The cost of staff and the cost of the infrastructure and maintenance is much less for Housing First. The programme is also cheaper for the government who pays the housing benefits because the maximum level of rent to receive Local Housing Allowances does not apply for hostels. Rents are often higher in supported accommodation than in private, non supported accommodation. In Camden, an expensive area, this makes a big difference.

Political decisions at the national level also impact on the context of the CAMHF operation. Three relatively recent reforms and decisions were often mentioned during interviews and the focus group. Firstly, the reforms in Local Housing Allowances, which were announced in the 2010 budgets, pose extra thresholds to finding decent and affordable apartments near Camden. The high-value caps are only one example of measures that make it more difficult for people who receive Local Housing Allowances to find apartments in inner London. Secondly, the restrictions for accumulating benefits for European Economic Area migrants since January 2014 make it virtually impossible for them to access CAMHF because immigrants who receive employment benefits lose their housing benefits if they move outside the borough of Camden. Thirdly, cuts in the budgets of local authorities are often mentioned by commissioners (I: Camden council representative, focus group) as obstacles for sufficient and long-term funding. In short, the involved actors agree that budget cuts and welfare reforms that were decided at the national level impact the context of the project, which is described as “difficult circumstances”.

While they have a lot of impact on the local operation, the project is not able to directly address or change those decisions. They are part of the policy context in which they have to work. On the individual level, support workers can sometimes alter administrative decisions that affect their clients. For instance, support workers have successfully helped clients who were wrongly registered in the system for jobseeker allowances to change to incapacity benefits (I: Coordinator CAMHF). This is relevant for the project because this system does not only help to pay for the clients’ rent and activities, but it also imposes obligations and provides possible opportunities for them.

On the level of project management a small steering group meets regularly. It consists of St. Mungo’s Broadway managers, representatives of the commissioner and the CAMHF staff to discuss the progress of the service activities and individual clients (I: Coordinator CAMHF). This was the same during the pilot project with SHP. The intensive exchange of information about the CAMHF is important because it brings issues like difficulties related to housing attainment and sustainment to the policy level (Plaeca & Bretherton, 2013). Overall the operation of CAMHF is closely related to the Camden Hostel Pathways system which is reflected in the use of forms, the referring organisation and so on. The desk of the housing first team is in the Endsleigh Garden Hostel. The administrative procedures related to securing the access to benefits and local services in the borough of residence are an important part of the daily operation of the project.

On the level of service provision, CAMHF was developed as a response to people being stuck in the Pathway and it emerged from within that same model. As a result it did not require radical breaks in
methods or actors involved. After the pilot, the service is provided by the Housing First team from St. Mungo’s Broadway according to the conditions of the three year contract in which the budget, deliverables and main strategies (like housing people on the private housing market) are specified. Finding decent and affordable apartments is a particular challenge for CAMHF. This was the case when SHP operated the service and it remains a challenge today. Originally St. Mungo’s Broadway contracted Real Lettings for 7.5 hours a week to look for properties for the CAMHF clients. During the period of observation (February 2015) CAMHF stopped paying for Real Lettings. Currently (July 2015) CAMHF is working with Peer Advice Link (PAL) within ST Mungo’s Broadway. PAL is a service, which is staffed almost exclusively by volunteers with experience of moving on from support services themselves. PAL is part of St. Mungo’s Broadway private rented sector services that house and support people across London. The procurement team for CAMHF is based under the PAL team. The service is the same as the one provided by Real Lettings i.e. sourcing properties.

St. Mungo’s Broadway also participates in a GLA funded Housing First programme for rough sleepers. On several informal occasions staff and coordinators exchanged information and experiences. As the GLA project is coming to an end there is a concern about keeping clients in their apartments. Two have been referred to CAMHF.

On the level of evaluation and exchange among actors in the homeless sector, the work by the Centre of Housing Policy from the University of York is particularly influential. The evaluation of the CAMHF pilot (Pleace & Bretherton, 2013) is often mentioned by different actors to communicate about the project. The commissioner uses it to back up its future engagement with Housing First (I: Camden council representative). The 2015 report on nine English Housing First programmes (Bretherton & Pleace), which includes CAMHF, is taken on by several actors in the sector (providers, commissioners and sector organisation such as Homeless Link) to discuss and develop Housing First practices in England (O: Launch HF England research).

It is clear from the interviews, focus group and attendance during the launch of the Housing First England research that the sector is under budgetary pressure and concerned with competition and outcomes in the current policy climate. As a result providers are reluctant to share information about costs and strategies and the competitive climate does not promote cooperation and exchange. In the case of CAMHF, the first service provider SHP lost its contract after the tender procedure, despite the positive evaluation of the pilot project. Disappointed in how things evolved a senior manager of SHP is convinced that these procedures have a negative effect on cooperation, exchange and trust between different providers and commissioners (I: Senior manager SHP). Overall, the handover process between SHP and St Mungo’s Broadway was evaluated as positive and at the moment of observation competition between providers did not pose direct challenges or problems for CAMHF. But as mentioned above, it remains difficult to get long term funding and funding for open-ended support guaranteed by local authorities. This concern is shared by several providers of Housing First in England (O: Launch HF England research).

Online: http://www.mungosbroadway.org.uk/services/recovery_from_homelessness/pal_peer_advice_link (last accessed 23-07-2015)
“Funding on these projects is very much uncertain... It is not even a quasi-market anymore it seems to be a real competitive market and the competition between service providers puts pressure on their strategies” (I: Scholar specialized in HF and homelessness).

7 Governance challenges

The following paragraph identifies the governance challenges to social innovation in the CAMHF experience. They are described as they emerged from the documents and the field research, using the ImPRovE definition.

7.1 Mainstreaming social innovation

After a successful pilot project Camden council wanted to continue its commitment to the Housing First approach and aimed to increase the project’s capacity up to twenty people by April 2015. It is “unrealistic in the current climate” that the resources for the project will increase substantially over the next years and while the current council wants to keep on supporting HF, it cannot be guaranteed (focus group). Different from other HF programmes CAMHF explicitly wants to complement a staircase model. Hence mainstreaming HF in Camden does not mean replacing the staircase model. The Camden Hostel Pathway is an established model that is evaluated to work fairly well and a lot of investments in the infrastructure have been made over the last decade.

“We now have over 600 hostel Pathway beds. So there are 600 and there are 20 Housing First. So it is very much a junior kind of partner. But over the next 5-10-15 years, who knows. I don’t think we will ever get a situation, certainly not within that time frame, where there’s more Housing First than Pathway hostels, but the balance might move a bit” (I: Camden council representative).

In the Camden context this innovative response to people being stuck in the Pathway was developed from within that same model. It did not require radical breaks in methods or actors involved. A lot of the key Housing First elements were already in place. During a study day on HF in England the keynote speaker mentioned that in that regard the Housing First model is more innovative in the US context than in Europe where floating support and a harm reduction approach are already fairly mainstream.

While the Pathway models offers a strong framework for CAMHF to operate and grow, the fact that CAMHF is embedded within the Camden Hostel Pathway may also hamper the flexibility and openness of the project (see also #5) and the implementation of the more radical principles of HF. For instance, the use of the standard referral form and needs assessment methods can be regarded as assessing people in terms of ‘housing readiness’. Another key principle that is not successfully mainstreamed in CAMHF and other English HF projects (Bretherton & Pleace, 2015) is the principle of ‘open-ended support’. This has two main reasons. Most commissioners will not guarantee long term funding (longer than two or three years) and many commissioners set guidelines for a maximum support period, like the one to two years in Camden.
A full implementation of HF principles would have far reaching implications related to the conditionality of funding and the result orientation in commissioning social support programmes.

Some argue that the goal is indeed that clients will no longer need support at the end of the period, while others argue that for this target group it is necessary to let go of the desired goal of decreasing support whenever possible (focus group) (see also #4). According to the respondents (focus group) the pressure to decrease support as soon as possible is rising in the context of decreasing local budgets because on the one hand service providers are increasingly forced to prove the need and effectiveness of their interventions and at the same time they have to be creative with less resources. In that context service providers have the impression that the support for homeless people with multiple support needs:

“is a numbers games and that is not conform Housing First philosophy” (I: Senior manager SHP).

“Whenever Housing First tries to work in London, finding adequate, affordable housing in a suitable location will be a challenge. Equally, Housing First services will be dependent on access to the other services, including health, addiction, mental health, social work and other supports that chronically homeless people may need. If health and other services are cut or are hard to access, a Housing First service using intensive case management will face an uphill struggle” (Pleace & Bretherton, 2013, p. 72).

Despite these difficulties it seems that there is currently a momentum for Housing First in England. The model is becoming well know, commissioners are interested, evaluations of the projects are available and sector organisations are making efforts to develop an English HF model, support local projects and advocate for longer funding and the use of new funding streams (O: Launch HF England research). CAMHF is one of the first English HF pilots and therefore they are an interesting case for researchers, service providers and policy makers. CAMHF staff and commissioners share their experiences on policy and sector platforms and they participate in research on housing first. While important, this is a relatively small part of their activities as they are mainly concerned with their Camden operation and they do not take a leading or coordinating role in spreading housing first.

On the level of evaluation and networking the work by the Centre of Housing Policy from the University of York is particularly influential. The evaluation of the CAMHF pilot (Pleace & Bretherton, 2013) is often mentioned by different actors in communication about the project. The commissioner uses it to back up its future engagement with Housing First (I: Camden council representative). The 2015 report on nine English Housing First programmes (Bretherton & Pleace) is taken on by several actors in the sector (providers and commissioners) and the sector membership organisation Homeless Link40 to push forward Housing First in England and the development of an English Housing first model, tailored to the English welfare state and policy context. Housing First is still relatively new in England. The oldest projects have been running for only three years. The organisation wants to support new projects and support the development of a strong community of interest that can exchange practices and ideas (like getting money

from local health and social service commissioners) and communicate the vision and requests of the providers to policy makers e.g.: the need for long term funding and experiments with funding from local health and social care services (O: Launch HF England research). An important dimension of this is to keep (more) in touch with the international research community and networks like Feantsa41.

7.2 Governing welfare mix: avoiding fragmentation

The fact that CAMHF is well embedded within the Camden Hostel Pathway has managerial and operational advantages. The project does not add a lot of complexity to the configuration of actors and practices related to homeless services in Camden. On the contrary, it is designed enhance the main system, hence there is an ongoing dialogue with the socially innovative project. Furthermore, all actors within the hostel system can refer clients. Instruments and methods that already existed with the Camden homeless sector are also used for CAMHF. From the interviews and focus group it emerged that there is a lot of support for the Housing First project among the partners involved in the Camden Hostel Pathway and a belief that it can benefit homeless people with complex support needs.

CAMHF is embedded within the Camden Hostel Pathways. It is designed to be complementary to the Pathways model, not to replace it. CAMHF uses its methodological tools (referral forms) infrastructure (the office in one of the hostel buildings) and network between providers (for referral and other services). Overall the development of a CAMHF did not require drastic changes in relationships between actors or procedures of distributing responsibilities and resources, as such it did not really complicate or fragment the configuration of local actors involved. Also, the way support is organized within CAMHF reduces fragmentation and complexity for the individual client. In the hostels, they often had different support workers. In CAMHF they have one key worker that they can contact for virtually everything (focus group).

On the managerial level there is a clear and active relationship between the commissioner and service provider which allows for feedback, coordination and accountable autonomy of the provider within the parameters identified in the contract. Based on the data gathered for this case study report there are no indications of strained relationships. This does of course not mean that there are no differences in opinions and priorities. At the operational level it has been a continuous challenge to find a way to get access to enough housing units. Different options and cooperation with partners have been tried, but without much success. This puts pressure on the project because the providers risk to not reach their predetermined goals. Also, as mentioned before, the actors sometimes have different opinions on what can or should be done in terms of funding, providing open-ended support and the criteria for taking on clients (focus group) (see also challenge #5 uneven access).

Three more critical observations related to fragmentation of the welfare mix did emerge from this research. Firstly, people living on the streets that do not feel comfortable in hostels, but do have the motivation to live independently and meet the criteria can currently not be referred by the Safer Street

Team\textsuperscript{42} (focus group) (see also #5). Secondly, the competition for the contract between service providers creates an environment that encourages holding back information (O: Launch HF England research). It is suggested that this is not a good climate for developing new methods and projects. Thirdly, on the level of London city there is a lack of integration between the different approaches of boroughs. This gives rise to perverse effects like “dumping clients” in other boroughs (focus group).

7.3 Governing welfare mix: developing a participatory governance style

On the operational level, deliberation with the client is one of the key elements of CAMHF. The demand-led approach of key workers, the separation between housing and support and the harm reduction approach to substance abuse all require a deliberative approach to the support trajectory. It is challenging for key workers and the project coordinator to strike a good balance between encouraging and steering clients on the one hand and taking into account their preferences and own tempo on the other. The same goes for the balance between intensive support and enabling people to live independently in their own apartment. It is not unusual for people of this client group to go in a crisis and/or that they are inaccessible for a period, therefore it is important to build up a good relationship and modes of communication at the start of the project. The deliberation process is focused on the individual trajectory (housing preferences, activities, intensity of support) and not on the more strategic aspects of the CAMHF operation. The inclusion of peer support workers, volunteers who have experienced homelessness, is worth mentioning in this regard because it brings in the perspective of people who experienced homelessness into the operation.

On the level of management the coordination and commissioning of this project, there is no participation of the clients.

7.4 Equality and diversity

Openness and sensitivity towards ethnic diversity is not identified as a practical challenge for CAMHF, because the vast majority are white UK citizens. This is not the result of a strategy of CAMHF. It is indicative for the broader system of homeless services in England that are difficult to access for foreigners (Busch-Geertsema et al., 2014). Recent changes in the legislation, making the benefit system less accessible for unemployed migrants, made it virtually impossible for non UK citizens to access CAMHF (see also #5). Service providers see this as discriminatory and very problematic, especially when looking at the growing, ethnically diverse rough sleeping population in London (CHAIN, 2013) (focus group). The way the HF is tied into the welfare system makes it less innovative and responsive to new (groups with) social needs than it could have been, because it closes housing and support off for migrants with urgent housing and other support needs.

\textsuperscript{42} At the same time there is an overlap in the client groups because people in hostels or Housing First often spend a lot of time on the streets. The Safer Street Team originally referred some of the people to the Pathway.
Interestingly, the CAMHF coordinator (interview) mentioned that the share of women among the CAMHF clients (six out of twenty, see Annex I) is higher than their share in the target population. Asked for an explanation, she says that this might have to do with the fact that in general women in hostels are more likely to exhibit qualities that are associated with responsible tenancy (e.g. cleanliness, taking on household responsibilities, exhibiting less aggressive behaviour) and therefore may have slightly better chances to be selected for and succeed in a HF scheme.

7.5 Uneven access

Access to homeless services in general is related to ‘local connection’ (previous residence, family, occupation...). As mentioned before, across greater London the provision of services and innovative projects like CAMHF is highly uneven. This follows from a process of devolving power to the local scale in the UK that has been going on for over a decade. The offer of services fragmented further when funding was no longer ring fenced and when local budgets were cut after 2010 (I: Camden council representative, SHP senior manager).

Access to the service is regulated by the CAMHF team. They assess referrals in both terms of ‘willing-ness’, ‘being with the programme’ and administrative criteria. Amongst the respondents, the idea that HF clients need to “want it” in order to succeed is regarded as common sense (focus group). Other criteria are regarded as more problematic and even exclusionary. Some of them are related to changes in welfare policy, others are the result of strategic choices on the level of the management of the project.

The low opportunities for European Economic Area (EEA) migrants to enter the project are directly related to recent changes in the benefit system. From January 20th 2014 onwards the rules for new migrant jobseekers from the European Economic Area (excluding people from the UK and Ireland) can no longer get housing benefits if they are on Job Seeker Allowance. Migrants who already lived in the UK and receive both benefits will lose their housing benefits if they move to another borough. As CAMHF moves their clients to another borough, most EEA migrants are a priori excluded from access to CAMHF. This reform decreased the capacity of this socially innovative initiative to reach a wider and more diverse group of people with high support needs. It also emerged from the interviews and focus group that other changes in the housing benefit system, like the high-value area caps, make it even more difficult to find quality apartments for the CAMHF clients in London.

On the level of the project management, two access criteria have been problematized. The first is the criteria that clients should not have rent arrears or others debts over £50. This is defended for practical and strategic reasons, as a way of minimizing risk. It can also be regarded as a way of selecting clients in terms of being ‘housing ready’ which conflicts with housing first philosophy. The CAMHF coordinator is aware that these procedures of needs assessment and checking the clients history with might

“dilute the Housing First approach a bit because the whole point is that you are not so much focussed on assessing them and do it on their terms...It is good for us and the council that
commissions us that we are able to see where the clients we work with are now, so it is useful. But I think that in a way it could distract a little bit from the Housing First ethos. However that clients are on top of their rent, have the right attitude and motivation does not necessarily mean that they do not have many complex needs and live quite chaotically or vice versa” (I: coordinator CAMHF).

The second criterion that was problematized is that people who dropped out of the hostels and refuse to get back in have no access to the program (#2). Interestingly, during the focus group this issue was raised again and to the surprise of the coordinator of the Safer Street Team the commissioner said “we are flexible” and “there are ways to work around this access criterion”. Recently, CAMHF was allowed to take over clients from the GLA project which stops end March. These clients were also rough sleepers. Hence, during the focus group conversation an opening was made to bypass one of the main criteria for access.

### 7.6 Avoiding responsibility

While the cost efficiency argument is recognized as one of the important reasons to develop a HF project, it cannot be said that the social innovative initiative is used to justify strategies of dismantling the local provision of welfare support in Camden. Camden council commissions this project and is actively involved in it.

As shown throughout this report the context, welfare reform, budget cuts and the localization of spending decisions clearly has an impact on the dynamics surrounding CAMHF. Most of these effect have been regarded as negative or at least “not ideal” during the interviews and focus group.

Between boroughs there are tensions around taking responsibility for homeless people. In general there is the perception that central London boroughs take up more responsibility than outer boroughs, which is believed to attract even more homeless to the central boroughs (I: Scholar specialized in HF and homelessness). As the financial resources that can be used for addressing single homelessness, the former Supporting Peoples Programme, is no longer ring fenced, there are no shared guidelines between the boroughs and some do not recognize single homelessness as a real policy problem. Camden council and service providers say that some boroughs deliberately “dump” clients in other boroughs, often in low quality housing, without delivering descent support. When these people are not coping with their situation they become a problem for Camden borough. This perverse strategy of avoiding responsibility is seen as an indirect effect of local authorities coping with budget cuts (focus group). In a way one could regard Camden councils’ strategy to house CAMHF clients outside the borough in the same light. However, actors involved in CAMHF point out that Camden continues to support their clients in other boroughs (at least for a year) and that there are other reasons for moving clients outside the borough (see part four of this report).

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43 The coordinator knows that the Greater London Authority (GLA) Housing First project, which works directly with rough sleepers and not with hostel clients, does not use the same need assessment procedures.
7.7 Managing intra-organisational tensions

According to the support workers and coordinator, working with this client group is always challenging in terms of making appointments and finding a good balance between clients coping strategies, preferences and the goals of the project. This shows for instance in the difficulties related to arranging a viewing for an apartment or in discussions about on what to use the personal budget. However, this was not pointed out as a very big or problematic challenge particular to CAMHF.

During this research no big tensions or conflicts were apparent in the relation between the commissioner and the provider. It did emerge from the focus group and interviews that there is a difference in opinion about the goal to decrease support over time. Social workers and clients stress that the open-endedness of support is a positive aspect of the HF approach and they warn for negative effects of stopping support too early. The commissioners acknowledge that one or two years might be too short, but they stress that (in the context of limited resources) it is important make room for new clients in order to help more people who are stuck in the Pathway system (focus group).

7.8 Enabling legal framework

Legal criteria related to the access to housing benefits and work or incapability benefits, most of them decided by the central government, determine the access to CAMHF (the changed rules for EEA migrants, the importance of getting the right benefits and the need to own a bank account are some of the examples that were mentioned earlier in this report). Under the current regulations some groups, especially migrant group which is large group of single homeless people in London, cannot be granted access. The maximum amount of Local Housing Allowances (in expensive areas) directly impacts the ability of CAMHF clients to rent in central London Boroughs.

The rules of procurement force local authorities to open up the contract for a tender every three to five years. Handing over the clients to another provider could be problematic because continuity in the support relation is regarded as important. However this was not pointed out as a big problem in this case. Within the legislation there is the option to transfer employees when contracts change to another provider. This is called TUPE which refers to “Transfer of Undertakings (Protection of Employment) Regulations 2006”. A support worker from SHP did go to ST Mungo’s Broadway, which was regarded as valuable.

In relation to the challenge of finding decent apartments on the London housing market it was often mentioned that “housing should be guaranteed on the social housing market” (focus group). While the basic argument is convincing, there are reasons to dispute whether this is indeed the best route to take for HF projects in London. Given the high demand for affordable housing there is a situation of competing needs, between Local Housing Associations who have to address a more general need for housing and the complex support needs of chronically homeless that can be addressed better if they have access to housing. The latter are not a priority group and at the moment there does not seem to be a lot of scope for enabling access to social housing in Camden for HF clients. The Clearing House procedure - a procedure
to give priority access to accommodation provided by Registered Social Landlords (RSLs) for rough sleepers in London that is used by other HF projects in London - has the disadvantage that it can only secure tenancy for two years. After this, based on needs assessment, clients might lose their tenancy.

References


## Appendix I: CAMHF clients

<table>
<thead>
<tr>
<th>Client sex</th>
<th>Age</th>
<th>Referrer/project prior to move on</th>
<th>Referral Date</th>
<th>Date Accepted</th>
<th>Referral to Property Procurement</th>
<th>Date Housed</th>
<th>Comments related to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>39</td>
<td>CAMHF Pilot: Housed</td>
<td>16/01/2012</td>
<td>23/01/2012</td>
<td>n/a</td>
<td>03/04/2012</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>CAMHF pilot: Not housed at transfer</td>
<td>06/11/2012</td>
<td>21/11/2012</td>
<td>30/07/2014</td>
<td>26/01/2015</td>
<td>All agencies working with her state she should only move to areas she knows - this is limited to Manor House, Finsbury Park and Archway</td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
<td>CAMHF pilot: Not housed at transfer</td>
<td>20/09/2013</td>
<td>Unknown</td>
<td>n/a</td>
<td>02/07/2014</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>33</td>
<td>CAMHF pilot: Housed</td>
<td>01/10/2013</td>
<td>03/10/2013</td>
<td>n/a</td>
<td>12/12/2013</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>46</td>
<td>CAMHF pilot: Housed</td>
<td>04/01/2014</td>
<td>Unknown</td>
<td>n/a</td>
<td>31/07/2014</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>53</td>
<td>CAMHF pilot: Not housed at transfer</td>
<td>12/02/2014</td>
<td>12/03/2014</td>
<td>n/a</td>
<td>21/05/2014</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>47</td>
<td>165</td>
<td>14/07/2014</td>
<td>21/07/2014</td>
<td>21/07/2014</td>
<td>26/09/2014</td>
<td>Rejected/ refused to view several properties. Didn't like the short notice of viewings</td>
</tr>
<tr>
<td>Male</td>
<td>57</td>
<td>88 Arlington</td>
<td>21/08/2014</td>
<td>02/10/2014</td>
<td>02/10/2014</td>
<td></td>
<td>Rejected one property, too intoxicated to view another, attended third viewing 22/01/15 (group viewing - not picked)</td>
</tr>
<tr>
<td>Male</td>
<td>49</td>
<td>Endsleigh Gardens</td>
<td>29/08/2014</td>
<td>31/12/2014</td>
<td>02/01/2015</td>
<td>14/01/2015</td>
<td>SST ordered his ID and it took 5 weeks. Had 5 unsuccessful bank account appointments due to pneumonia/ banks not accepting his BC as ID</td>
</tr>
<tr>
<td>Male</td>
<td>43</td>
<td>220 Arlington</td>
<td>18/09/2014</td>
<td>08/01/2015</td>
<td>13/01/2015</td>
<td>07/02/2015</td>
<td>ILR document took 70 days to arrive</td>
</tr>
<tr>
<td>Male</td>
<td>47</td>
<td>Brecknock Road</td>
<td>19/09/2014</td>
<td>02/10/2014</td>
<td>02/10/2014</td>
<td>15/01/2015</td>
<td>Rejected one property, one unsuitable</td>
</tr>
<tr>
<td>Male</td>
<td>52</td>
<td>Endsleigh Gardens</td>
<td>27/09/2014</td>
<td>14/10/2014</td>
<td>14/10/2014</td>
<td>05/02/2015</td>
<td>Rejected two properties and then had further two properties he had accepted fall through at last minute</td>
</tr>
<tr>
<td>Female</td>
<td>42</td>
<td>165</td>
<td>14/11/2014</td>
<td>29/12/2014</td>
<td>29/12/2014</td>
<td></td>
<td>Viewed flat on 20/02 but on top floor and she has breathing problems. Viewed another property in same block on 27/02 and accepted - potential move on 04/03</td>
</tr>
<tr>
<td>Male</td>
<td>54</td>
<td>DHH</td>
<td>29/12/2014</td>
<td>27/01/2015</td>
<td>27/01/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>37</td>
<td>GLA Housing First</td>
<td>19/12/2014</td>
<td>n/a</td>
<td>01/12/2012</td>
<td></td>
<td>Not in several attempts to meet. Eventually met but concerns around tenancy extension, needs to be resolved by SHP before accepting</td>
</tr>
<tr>
<td>Male</td>
<td>66</td>
<td>GLA Housing First</td>
<td>19/12/2014</td>
<td>n/a</td>
<td>26/11/2012</td>
<td></td>
<td>Need to confirm if new Clearing House referral accepted</td>
</tr>
<tr>
<td>Male</td>
<td>54</td>
<td>9 St Pancras Way</td>
<td>16/12/2014</td>
<td>30/01/2015</td>
<td>30/01/2015</td>
<td>Evicted from referring hostel for assault. Waited till outcome of appeal before agreeing to work with again. Was due to view a flat on 27/02 but was not feeling well so missed it, this has been rebooked for 02/03/15</td>
<td></td>
</tr>
<tr>
<td>------</td>
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<td>-----------</td>
<td>------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>60</td>
<td>Conway House</td>
<td>18/12/2014</td>
<td></td>
<td>Assessment period</td>
<td>No capacity so referral not processed straight away, met once and not been any further contact so may not be able to work with him if he doesn’t engage</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>60</td>
<td>220 Arlington</td>
<td>22/12/2014</td>
<td></td>
<td>Assessment period</td>
<td>No capacity so referral not processed straight away, then went in to hospital. Initial assessment now booked for 04/03</td>
<td></td>
</tr>
</tbody>
</table>

Source: *Table was anonymized and shared by CAMHF coordinator for the purposes of this research report.*
Appendix II: Data collection

The information for this report is gathered through desk study, face-to-face interviews, a focus group and participation to a public event about Housing First in England.

Interviews: 5 respondents
- A short Skype interview with an English scholar who is a specialist in homelessness and housing first, to better understand the English and London context (I: Scholar specialized in HF and homelessness).
- An interview with a the policy coordinator of FEANTSA related to Housing First in Europe and key themes in the scientific and policy debates on Housing First (I: Policy coordinator Feantsa).
- A representative of Housing Commissioning and Partnership Team within Camden Council, the commissioner of Camden Housing First (I: Camden council representative)
- The coordinator of Camden Housing First (I: Coordinator CAMHF)
- Senior manager of SHP, the organisation that ran the pilot project (I: Senior manager SHP)

A pre-final draft of the report was sent to all respondents and the Senior Policy and Research Officer of St Mungo’s Broadway. They agreed with how the interview data was displayed. Four of them used the opportunity to suggest corrections and discuss the findings of the report.

Housing First in England, Research Launch event

23\textsuperscript{rd} of February 2015
London
10.30-12.30

Bretherton, J. & Pleace, N., 2015, Housing First in England: An Evaluation of Nine Services, Centre for Housing Policy, University of York, \url{www.york.ac.uk/chp/}

The ImPRovE researcher was invited to this event via the coordinator of the GLA Housing First coordinator who also attended the focus group. A lot of service providers, clients and commissioners and other actors in the homeless sector attended the presentation and joined in a stimulating discussion with the experts.

Focus group: 12 respondents
- HF worker for (Westminster) GLA
- HF client GLA project
- Camden HF worker
- HF coordinator (Westminster) GLA
- HF client Camden project
- Letting agent for Real Letting, Social Enterprise that works with CHF to rent apartments
- HF volunteer peer worker. It is her first day but experience in comparable support schemes
- Team leader Camden Safer Street Team (outreach)
- Coordinator CHF (Key contact for this case study)
- Area manager of Camden for St. Mungo’s Broadway
- Deputy manager Endsleigh Gardens Hostel
- Commissioner of the Camden Council for HF, generic floating services and other matters related to Homelessness and the Camden Pathway System.
ImPRovE: Poverty Reduction in Europe. Social Policy and Innovation

Poverty Reduction in Europe: Social Policy and Innovation (ImPRovE) is an international research project that brings together ten outstanding research institutes and a broad network of researchers in a concerted effort to study poverty, social policy and social innovation in Europe. The ImPRovE project aims to improve the basis for evidence-based policy making in Europe, both in the short and in the long term. In the short term, this is done by carrying out research that is directly relevant for policymakers. At the same time however, ImPRovE invests in improving the long-term capacity for evidence-based policy making by upgrading the available research infrastructure, by combining both applied and fundamental research, and by optimising the information flow of research results to relevant policy makers and the civil society at large.

The two central questions driving the ImPRovE project are:

How can social cohesion be achieved in Europe?

How can social innovation complement, reinforce and modify macro-level policies and vice versa?

The project runs from March 2012 till February 2016 and receives EU research support to the amount of Euro 2.7 million under the 7th Framework Programme. The output of ImPRovE will include over 55 research papers, about 16 policy briefs and at least 3 scientific books. The ImPRovE Consortium will organise two international conferences (Spring 2014 and Winter 2015). In addition, ImPRovE will develop a new database of local projects of social innovation in Europe, cross-national comparable reference budgets for 6 countries (Belgium, Finland, Greece, Hungary, Italy and Spain) and will strongly expand the available policy scenarios in the European microsimulation model EUROMOD.

More detailed information is available on the website http://improve-research.eu.

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