



what works
wellbeing

How do we improve wellbeing for vulnerable people who are homeless or in unstable housing? And what is the impact on the wellbeing of wider communities?

Housing for vulnerable people



the big picture

This briefing is based on a systematic review that looks at the evidence on the wellbeing impact of housing interventions for people who are at risk of homelessness, unstable housing or loss of their home adults (also known as housing-vulnerable).

We also looked at the cost effectiveness of one of the key interventions, Housing First. This intervention provides immediate, unconditional, access to housing for people with complex needs, with intensive support. In spite of its high profile, there is little evidence about its cost-effectiveness.

Who is 'housing-vulnerable'?

Housing-vulnerable groups include adults who are at risk of homelessness, unstable housing or loss of their home. This includes people who are homeless or had a history of homelessness; people with a history of mental illness; people with a learning disability; people fleeing domestic violence; substance misusers; refugees and asylum seekers; recent immigrants; young people leaving care; ex-prisoners; Gypsies and Travellers; people with a long-term disability; people with complex needs and multiple disadvantage; and people living in severe overcrowding or with short-term tenancies.

We sifted
through
4,540
studies

and 90
were
included

47 of these looked at
Housing First programmes.

“

A lot of people are living in awful housing. That has a knock on effect on everything else

”

Public dialogue participant
Belfast

In partnership with:



The
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Sheffield.



HM Government

Community wellbeing Evidence Programme
What Works for Wellbeing
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key messages

These studies supported the existing evidence that shows housing stability is important for the wellbeing for housing vulnerable people.

Being stably housed can have a range of wellbeing benefits, including feelings of security and safety, and can provide an opportunity for people to address other problems in their lives.

Key messages



Housing initiatives can have a mixed effect, with some participants not benefitting.



Housing First initiatives can improve housing stability and health outcomes for most participants.



Housing First initiatives may not save money.

Policy makers and commissioners need to be aware of the following.

- **Interventions that stabilise housing conditions do not necessarily improve wellbeing**, although the evidence of long-term impacts is limited.
- **Interventions for housing vulnerable people need to be tailored** to the individual, different approaches are needed for different people.
- **A good range of support in each area** could include a Housing First scheme and a scheme like Oxford Housing, based on a peer-support abstinence model, amongst other strategies.
- **Consider how much resource you are willing to pay** for an improvement in housing stability and an improvement in wellbeing for housing-vulnerable people. From this you will be able to judge whether including a Housing First scheme for high needs individuals would be judged to be cost effective use of funds.

Housing and homelessness service providers need to think about:

- how you can make sure that individuals get the support that suits them best
- what added activities and actions you may need to put in place to improve wellbeing by tackling isolation
- how you can learn from the evidence about what within your delivery plans will be most likely to increase wellbeing.

Housing First: cost effectiveness

There was little of evidence on the cost-effectiveness of the interventions investigated. Only a small number of economic evaluations were included and their relevance to the UK varied.

Based on a two-year model that includes the costs of housing, support, health care and criminal justice, we found that **each additional day of being stably housed using a Housing First approach, on average, costs an additional £9.**









The evidence suggests that Housing First programmes can lead to an increase in life satisfaction, and the best estimates from our model show that each addition point on a 0-10 scale from unsatisfied to fully satisfied with life costs an additional £4,000.

However, there is lots of uncertainty around these estimates, particularly around the cost of Housing First and the appropriate case load for Intensive Case Management.



what evidence did we find?

Housing First

-    Housing First can improve housing stability and physical health in the short-term.
-   There are positive effects on personal wellbeing, mental health and locality-related wellbeing - such as housing quality, satisfaction and integration into the neighbourhood.
-   There was no effect found on personal finance, and community wellbeing.
-  Impact on other outcomes (work, training, skills, relationships) was rated as initial.




Some service users had not benefited from engagement with Housing First, potentially due to social isolation for those living alone in self-contained accommodation.

A range of factors affect the effectiveness of Housing First, including fidelity to the core components of the programme, and whether the service is delivered in one place or dispersed between different buildings.

For example, in one study people living in apartments throughout the city reported greater independence and sense of choice compared with those whose housing was all in one building but another study found that their contacts with the criminal justice were more likely to increase over time.

This evidence is based on 47 studies, 18 of which came from one well designed RCT in Canada, and 16 of which used qualitative methodology. In addition, one systematic review was used. [See all sources](#)

Other health-related housing interventions

-    A wide group of complex interventions for people with mental or physical health provide an opportunity for recovery but not everyone benefits.

One study suggested that outcomes may be affected more by initial health of participants rather than the type of intervention. Only one UK study was included. This evidence is based on 11 studies. [See all sources](#)

There are three types of evidence



strong

We can be confident that the evidence can be used to inform decisions.



promising

We have moderate confidence. Decision makers may wish to incorporate further information to inform decisions.



initial

We have low confidence. Decision makers may wish to incorporate further information to inform decisions.









Poor

We have very low confidence. Decision makers may wish to incorporate further information to inform decisions.

Strong, promising and initial evidence refer to high, moderate and low quality evidence / confidence as per GRADE and CERQual guidance. For further information on these classifications, please see the Centre's [Methods Guide](#).




All evidence should be considered alongside questions of possible benefits and risks, affordability, acceptability, feasibility and wider impacts, including equity issues, in the user setting. Where the evidence is less strong, these other considerations become even more important.

Recovery housing

-    Recovery housing can improve personal wellbeing by promoting abstinence from alcohol or illegal drugs.
-   There is a positive effect from recovery housing, particularly peer-led housing abstinence models, on housing stability.
-  For other wellbeing outcomes there was limited evidence.


This evidence is based on 10 studies (all from the USA). [See all sources](#)

Supported housing

-   Supported housing can improve housing stability.
-  For other wellbeing outcomes evidence was limited and of poor quality.

This evidence is based on 12 studies (ten from US and two from Canada). [See all sources](#)


Housing-vulnerable young people

-  Housing interventions for vulnerable young people showed generally positive outcomes for wellbeing.

However, the studies reviewed were small and short-term.

This evidence is based on three studies. [See all sources](#)

Ex-prisoners

-  There was weak and inconsistent evidence that housing interventions for ex-prisoners could reduce criminal activity in the year after ex-offenders left prison.

This evidence is based on seven studies. [See all sources](#)



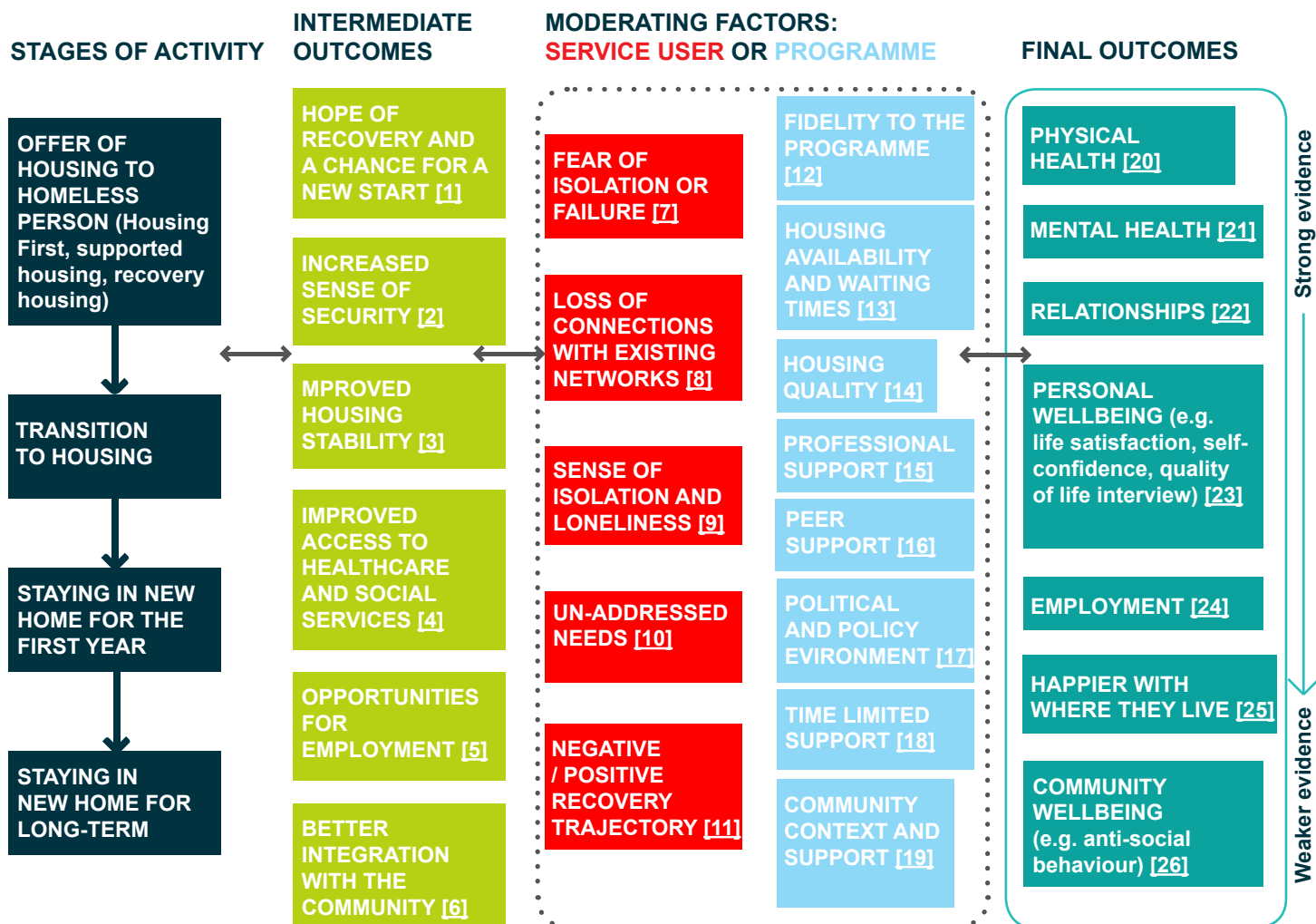
Make
sure you
also read

[Housing and wellbeing scoping
review](#)

[Linking evidence and
experience: sector perspective](#)

pathways to wellbeing

The review created a 'conceptual pathway' to illustrate the links between housing and wellbeing for housing-vulnerable people. The pathway starts with an initial offer of housing and ends with longer-term outcomes. In much of the UK and in other places experiencing a shortage of social and affordable housing, access to housing is a critical factor, which is strongly affected by attitudes of local and central government to housing housing-vulnerable people. *You can click on the numbers to view the source study on the Centre's website.*



What does this tell us?

The pathway demonstrates that an offer of housing can start a homeless person on a positive trajectory leading to improved housing and wellbeing. While an intervention such as Housing First can facilitate this process, a minority of service users find it difficult to adapt and may experience negative outcomes including social isolation and loneliness. Qualitative evidence suggests that development of a sense of security following a move to permanent housing appears to be important for service users to experience improved wellbeing (Padgett, 2007).

Appropriate support can lead to early improvements in personal and financial wellbeing as well as housing quality, although interventions have not always succeeded in helping people move to 'better' locations. (Tsai et al., 2011)



pathways to wellbeing (cont.)

Improvements in outcomes related to health (including use of health services) and to a lesser extent employment can be delivered in the short-term.

Other factors that influence outcomes

Relevant factors that can influence outcomes include the specific needs of the service user, the demands imposed by the programme (e.g. adherence to treatment) and the way the programme is actually delivered. Studies of Housing First in the US, for example, indicate a relationship between fidelity to Housing First principles and outcomes (Gilmer et al., 2014a). There is a distinction between programmes offering time-limited support - for example, some models of recovery housing - and those offering more open-ended support, such as Housing First, but we found little evidence on the comparative effectiveness and cost-effectiveness of different programmes.

Longer term community integration

In the longer term, service users may begin to feel integrated into the local community and this could lead to improvements in community wellbeing as well as their own individual wellbeing. The review found moderate evidence of reduction in antisocial behavior following recovery housing provision, although moderate evidence of no effective for Housing First. Evidence in this area from the review is limited but it may be worth exploring the hypothesis that the local context - such as the setting of supported housing within the community and relationships between housing providers and the local community - may provide important moderators that influence outcomes.

What could this mean for research?

Researchers should consider carrying out:

More high quality evaluations of interventions implemented across the UK (or that may be in the future)

Well-designed economic evaluations of housing and homelessness interventions

Research exploring the relationship between housing interventions and longer-term wellbeing outcomes including education, skills, employment and community wellbeing.



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We are an independent organisation set up to produce robust, relevant and accessible evidence on wellbeing. We work with individuals, communities, businesses and government, to enable them to use this evidence make decisions and take action to improve wellbeing.

The Centre is supported by the ESRC and partners to produce evidence on wellbeing in four areas: work and learning; culture and sport; community; and cross-cutting capabilities in definitions, evaluation, determinants and effects.

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