Using Housing First in Integrated Homelessness Strategies

A Review of the Evidence

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Disclaimer

Views reported in this piece of work are not necessarily those of the University of York or St Mungo’ s.

Contents

Summary

- Housing First is highly effective in ending homelessness among people with high and complex needs, but it does not constitute a solution to single homelessness, or rough sleeping, in itself. The international

evidence shows that Housing First services need to be a part of an integrated homelessness strategy to be truly effective.

- An integrated homelessness strategy, characterised by extensive interagency working, uses preventative services and a *range* of homelessness services, of which Housing First services are one group, to effectively meet the diverse needs of single homeless people. Integrated strategies, incorporating Housing First within a mix of service types, have reduced homelessness to very low levels in Denmark, Finland and Norway.
- There is strong evidence that Housing First can end homelessness among people with high and complex needs, typically achieving sustained housing for at least one year, for around eight out of every ten people Housing First services work with. Housing First has delivered very similar results in North America, Europe and the UK. However, outcomes in respect of addiction, mental health, physical health and social and economic integration can be more variable for Housing First.
- The evidence base for Housing First requires careful interpretation. All Housing First services share a common philosophy and core principles, but operational differences can be considerable, with services ranging from intensive, high cost, multidisciplinary models, through to models of Housing First that employ forms of intensive case management with lower operating costs. Success in ending homelessness is very considerable, but while there is a shared philosophy, the operational practices of Housing First in the UK is quite different from Canada or France, as UK Housing First services have much lower operating costs and do not deliver support in the same way.
- Housing First services perform very well against inflexible, abstinence-based services that attempt to end homelessness by making someone 'housing ready' before they move into their own home. However, many UK services tend to follow a more flexible model, emphasising service user choice and working within a harm reduction framework.

- The evidence base has limitations, but there are data and research results that show that existing UK homelessness services often effectively address the bulk of the single homelessness they are presented with. Equally, some services of intensive service provision, such as the Tenancy Sustainment Team model developed under the Rough Sleepers Initiatives, achieve comparable results to Housing First with people with high and complex needs.
- UK homelessness services had often adopted various core elements of the Housing First model before the idea of Housing First arrived in the UK. Flexible, tolerant working practices, harm reduction and an emphasis on service user choice have been mainstream in UK homelessness service provision for over two decades.
- To assume that foreign research results on Housing First can simply be assumed to be directly applicable to the UK neglects often important differences, both in how Housing First functions and in the operations and ethos of the existing homelessness services with which Housing First is being compared.
- Existing UK homelessness services, both in respect of accommodation-based models and in terms of floating support, often have more commonalities with Housing First than the existing homelessness services ('treatment as usual') with which Housing First has been compared in North America and in Northern Europe. The evidence base has limits, but the possibility that Housing First does not outperform existing services to the same extent in the UK as is the case elsewhere, needs to be considered.
- Housing First is not the only service innovation that can be effective in reducing homelessness among people with high and complex needs. There is evidence from Denmark and the USA indicating that the Critical Time Intervention approach can also achieve impressive results in ending homelessness.
- There are good reasons to employ Housing First as a means to reduce single homelessness among people with high and complex needs in the

UK. This includes some people who repeatedly sleep rough and individuals whose needs cannot always be met by existing homelessness services. However, Housing First is not a comprehensive solution to single homelessness in itself, to work well, Housing First must be one element of an integrated homelessness strategy that includes preventative services and a range of different service models to meet the diverse needs of single homeless people. While Housing First works well for most single homeless people with high support needs, for some individuals different forms of floating support, such as critical time intervention, or specialist models of accommodation-based services may be more effective than Housing First.

About this Report

This report explores Housing First in relation to the evidence base on services designed to end homelessness among single people (i.e. lone adults) with support needs. Some attention is given to prevention and relief services, but this report is concerned with services for those single homeless people who require support as well as housing. The report does not encompass services for homeless families.

The report has four main objectives:

- To critically assess the evidence base for Housing First and other homelessness services, considering the extent to which the case for different service models has been proven or disproven.
- To consider the state of the evidence on the efficiency and cost-effectiveness of different service models.
- To review the potential of different service models to contribute to an effective, integrated strategy to prevent homelessness and to minimise the risk of homelessness becoming prolonged or recurrent.
- To consider how lessons from various service models might be employed to increase the efficiency and effectiveness of homelessness services as a whole.

Globally, the existing evidence shows that integrated homelessness strategies that encompass effective homelessness prevention, rapid re-housing systems for when homelessness first occurs and a range of housing related support services for homeless people with high and complex needs – which includes Housing First working in coordination with other services – can deliver a 'functional zero' in homelessness. The Finnish, Danish and Norwegian strategies show what can be achieved with the use of Housing First within a coordinated, integrated homelessness strategy which includes a mix of service models. Crucially, these strategies have shown success by using Housing First alongside a mix of other models of floating (mobile) support and fixed-site supported housing, including congregate and communal models[1]. This review explores the ways in which Housing First and other services are best employed with integrated homelessness strategies.

The report begins by looking at how changes in the understanding of homelessness and about the financial, as well as social, costs of homelessness have led to the development of new service models and to the emergence of integrated strategic responses to homelessness. The following section then

1 Benjaminsen, L. and Knutagård, M., 2016. Homelessness Research and Policy Development: Examples from the Nordic Countries. *European Journal of Homelessness* 10(3), pp. 45-66.

critically explores the evidence base for different service models, including Housing First.

Finally, the report considers the lessons from the evidence to discuss what the optimal mix of services within an effective homelessness strategy should look like, and how the key lessons and successes from different models of homelessness service might be used to enhance the prevention and ending of homelessness.

1 New Approaches to Homelessness

Introduction

Our understanding of homelessness has changed. This change in understanding has influenced the design of services and the objectives for strategic responses to homelessness. In terms of responses to homelessness among single people with support needs, the key changes centre on the development of preventative services and the rise of Housing First.

Changes to the Understanding of Homelessness

North American research and to a lesser extent, work in the UK and in Europe, has changed our understanding of homelessness radically over the last 30 years. The key findings of this work can be described as follows:

- Evidence of a small group of single homeless people and people sleeping rough, whose homelessness is sustained or recurrent, with high and complex needs[2], variously described as 'chronic'

2 Busch-Geertsema, V.; Edgar, W.; O' Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons from Research*, Brussels: Directorate-General for Employment, Social Affairs and Equal Opportunities.

homelessness[3], long-term homelessness[4], entrenched homelessness[5] and multiple-exclusion homelessness[6]. This group faces barriers to services and have needs that long-established models of homelessness service cannot always meet[7]. North American evidence indicates that around 20% of the homeless population may be in these groups, but some European evidence indicates that in countries with highly developed health, welfare and social housing systems, a higher proportion of the single homeless population has high support needs and is recurrently or long-term homeless. However, there is also evidence that in these countries with a higher rate of complex needs among single homeless people the total homeless population is – proportionally - much smaller than in the UK or North America[8]. Some UK evidence suggests something closer to the North American pattern

3 Kuhn, R. and Culhane, D.P. (1998) Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American journal of community psychology*, *26*(2), pp.207-232.

4 Pleace, N.; Knutagård, M.; Culhane, D.P. and Granfelt, R. (2016) 'The Strategic Response to Homelessness in Finland: Exploring Innovation and Coordination within a National Plan to Reduce and Prevent Homelessness' in Nichols, N. Doberstein, C. (eds) *Exploring Effective Systems Responses to Homelessness* Toronto: Canadian Observatory on Homelessness.

5 Hough, J. and Rice, B. (2010) *Providing Personalised Support to Rough Sleepers*. York: Joseph Rowntree Foundation.

6 Fitzpatrick, S., Bramley, G. and Johnsen, S. (2013) Pathways into multiple exclusion homelessness in seven UK cities. *Urban Studies*, *50*(1), pp.148-168.

7 Dwyer, P., Bowpitt, G., Sundin, E. and Weinstein, M. (2015) Rights, responsibilities and refusals: Homelessness policy and the exclusion of single homeless people with complex needs. *Critical Social Policy*, *35*(1), pp.3-23.

Busch-Geertsema, V. *et al* (2010) Op. cit.; Fitzpatrick, S. *et al* (2010) Op. cit.; Jones, A. and Pleace, N. (2010) *A Review of Single Homelessness in the UK 2000 - 2010*, London: Crisis.

8 Benjaminsen, L. and Andrade, S.B. (2015) Testing a typology of homelessness across welfare regimes: Shelter use in Denmark and the USA. *Housing Studies* 30(6), pp.858-876.

exists here[9], though some recent work in Liverpool suggests the figure may be lower in some areas[10].

- Evidence that this group of homeless people with high and complex needs can have significant financial costs for society, in respect of repeated and long-term use of homelessness services without their homelessness being resolved, heavy use of emergency health services (A&E and mental health) and frequent contact with the criminal justice system[11].
- Evidence of economic and social causes of single homelessness, i.e. that can have an economic or social cause and does not necessarily result from someone' s characteristics, support needs or their decisions[12]. This means that a large amount of single homelessness can potentially be resolved through the use of preventative services, such as stopping eviction[13], family mediation services[14], sanctuary schemes[15] and low intensity tenancy sustainment services[16].

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9 Pleace, N. and Bretherton, J. (2013) *Measuring Homelessness and Housing Exclusion in Northern Ireland: A test of the ETHOS typology* Belfast: Northern Ireland Housing Executive; Jones, A. and Pleace, N. (2010) Op. cit.; Dwyer, P., Bowpitt, G., Sundin, E. and Weinstein, M. (2015) Op. cit.; Fitzpatrick, S., Bramley, G. and Johnsen, S. (2013) Op. cit.

10 Blood, I.; Copeman, I.; Goldup, M.; Pleace, N.; Bretherton, J. and Dulson. S. (2017) *Housing First Feasibility Study for the Liverpool City Region* London: Crisis.

11 Pleace, N. and Culhane, D.P. (2016) *Better than cure? Testing the case for enhancing prevention of single homelessness in England* London: Crisis.

12 Bramley, G. and Fitzpatrick, S. (2017) Homelessness in the UK: who is most at risk? *Housing Studies*, pp.1-21; Busch-Geertsema, V. *et al* (2010) Op. cit.; Jones, A. and Pleace, N. (2010) Op. cit.

13 Mackie, P.K. (2015) Homelessness prevention and the Welsh legal duty: Lessons for international policies. *Housing Studies*, *30*(1), pp.40-59; Busch-Geertsema, V. and Fitzpatrick, S. (2008) Effective homelessness prevention? Explaining reductions in homelessness in Germany and England. *European Journal of Homelessness*, 2(1), pp.69-95; Jones, A. and Pleace, N. (2010) Op. cit.

14 Quilgars, D., Jones, A. and Pleace, N. (2004) Safe Moves: An evaluation, York: Centre for Housing Policy.

15 Jones, A., Bretherton, J., Bowles, R. and Croucher, K. (2010) *The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Remain in Their Own Homes*, London: Communities and Local Government.

16 Jones, A.; Pleace, N.; Quilgars, D. and Sanderson, D (2006) *Addressing Antisocial Behaviour: An independent evaluation of the Shelter Inclusion Project*, London: Shelter.

- Emerging evidence that sustained and repeated homelessness associated with high and complex support needs can develop among people who do not initially have high support needs, but who enter homelessness - cannot exit - and then experience a deterioration in health, wellbeing and social integration as their homelessness persists or becomes recurrent[17].

These findings have led to a changed understanding of homelessness at policy level. The crucial points are:

- A significant amount of single adult homelessness can be stopped before it occurs.
- There is a small, high need, high *cost*, group of homeless people whose needs are not being fully met by existing services, whose homelessness is sustained or recurrent and who often make expensive use of publicly funded services.

These findings created a new set of working guidelines as to what a homelessness strategy should look like. The evidence was indicating that a lot of homelessness could be prevented and that existing services were not ending homelessness for a small group of expensive individuals. The answer, based on this evidence, was to develop a twin-track strategic response to homelessness that combined a strong *preventative framework* combined with *specialised services* that could tackle the long-term and recurrent homelessness among a small group of high cost, high need individuals.

This approach to homelessness strategy has been seen at Federal level in the United States, focused particularly on veteran homelessness, but also in a broader twin-track policy that combined an emphasis on homelessness prevention with innovative service models targeted on 'chronic'

17 Culhane, D.P., Metraux, S., Byrne, T., Stino, M. and Bainbridge, J. (2013) The age structure of contemporary homelessness: evidence and implications for public policy. *Analyses of Social Issues and Public Policy*, 13(1), pp.228-244.

homelessness[18], including Housing First[19] and Critical Time Intervention[20] models. Scandinavian homelessness strategies, in particular Finland[21], but also Denmark and Norway[22], have followed this same pattern, combining a strong array of preventative services with new forms of service provision, again including Housing First and, in Denmark, Critical Time Intervention[23].

The UK has adopted prevention, which became a mainstream service response to homelessness in England in the mid 2000s, and which will be significantly intensified by the preventative focus of the 2018 Homelessness Reduction Act. Wales[24] has led the way in adopting a prevention-led response and is being followed by England[25], Northern Ireland[26] and Scotland[27].

The move towards Housing First has been slower in the UK[28] than in some Northern European countries, including France[29], most of the Scandinavian

18 United States Interagency Council on Homelessness (2015) *Opening Doors: Federal strategic plan to prevent and end homelessness* Washington DC: USICH.

19 See Section 2.

20 See Section 2.

21 Pleace, N.; Culhane, D.P.; Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment.

22 Benjaminsen, L. and Knutagård, M. (2016) Homelessness Research and Policy Development: Examples from the Nordic Countries. *European Journal of Homelessness* 10(3), pp. 45-66.

23 Benjaminsen, L. (2013) Policy review up-date: Results from the Housing First based Danish homelessness strategy *European Journal of Homelessness* 7(2), pp. 109-131.

24 Mackie, P.K. (2015) Op. cit.

25 Gousy, H. (2016) *No One Turned Away: Changing the law to prevent and tackle homelessness*. London: Crisis; https://services.parliament.uk/bills/2016-17/homelessnessreduction.html

26 Boyle, F. and Pleace, N. (2017) *The Homelessness Strategy for Northern Ireland 2012-2017: An Evaluation* Belfast: Northern Ireland Housing Executive.

27 https://news.gov.scot/news/homelessness-and-rough-sleeping-action-group

28 Johnsen, S. and Teixeira, L. (2012) 'Doing it already?': stakeholder perceptions of Housing First in the UK. *International Journal of Housing Policy*, *12*(2), pp.183-203.

29 DIHAL (2016) The experimental programme "Un chez-soi d'abord" Housing first main results - 2011 / 2015 Paris: DIHAL http://housingfirst.wp.tri.haus/assets/files/2016/04/un-chez-soi-dabord-EN.pdf

countries, Canada[30] and the US[31]. However, Housing First has now become mainstream policy, it is a major element of Scottish homelessness strategy[32], and a part of the Northern Ireland Homelessness Strategy[33] and Welsh policy[34]. In England, £28 million has recently been allocated by central government to run a three-site pilot (in the West Midlands Combined Authority, Greater Manchester Combined Authority, and the Liverpool City Region) with a view to developing Housing First as a national strategic response to rough sleeping[35]. In 2017, a modelling exercise centred around the potential use of Housing First has been conducted in the Liverpool City Region explored the use of Housing First at strategic level[36]. Housing First was also up and running in several areas, a service has been commissioned by Newcastle Upon Tyne from Changing Lives[37], two Housing First pilots, run by Threshold[38] and Inspiring Change Manchester[39] are running in the Greater Manchester Combined Authority and St Mungo' s is running several Housing First services commissioned by local authorities, including London boroughs[40].

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30 Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D. and Aubry, T. (2014) *National at Home/Chez Soi Final Report* Calgary, AB: Mental Health Commission of Canada.

31 Padgett, D.K.; Henwood, B.F. and Tsemberis, S (2016) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

32 *Housing First Scotland: Seminar Report* (2017) http://www.ghn.org.uk/shien/wp-content/uploads/sites/5/2017/05/Housing-First-Report-1.pdf

33 Boyle, F. and Pleace, N. (2017) Op. cit.

34 Barker, N. (10/4/17) Welsh Government considers Housing First scheme to tackle homelessness *Inside Housing* https://www.insidehousing.co.uk/news/news/welsh-government-considers-housing-first-scheme-to-tackle-homelessness-50349

35 https://www.gov.uk/government/news/government-to-lead-national-effort-to-end-rough-sleeping

36 Blood, I. *et al* (2017) Op. cit.

37 https://www.newcastle.gov.uk/sites/default/files/wwwfileroot/housing/housing-advice-and-homelessness/newcastle_homelessness_strategy_2014_-_full_version.pdf

38 http://thp.org.uk/services/HousingFirst and see Quilgars, D. and Pleace, N. (Forthcoming, 2017) *Threshold Housing First: Report of the University of York Evaluation*.

39 http://icmblog.shelter.org.uk/a-housing-first-future/ and see Pleace, N. and Quilgars, D. (Forthcoming, 2017) *The Inspiring Change Manchester Housing First Pilot: Interim Report*

40 https://www.mungos.org/work-with-us/latest-innovations/

The Emergence of Housing First

Housing First has become a core element of homelessness policy in much of the economically developed world within the last five years[41]. The model itself is not new, being pioneered by Sam Tsemberis in New York in 1992, based on an innovative mental health service using a combination of ordinary housing and flexible, mobile support services[42].

Mental health services had been using a 'step' -based approach, that moved former psychiatric patients from ward-like environments through a series of steps, each more housing-like than the last, with the goal of making them 'housing ready' through this process. The step model had run into trouble, former psychiatric patients became stuck between steps, abandoned services before the process was complete or were ejected. In North America, step-based models tended towards the use of quite strict regimes, for example zero-tolerance of drugs and alcohol and fixed expectations around behaviour which were associated with these negative outcomes. Service costs were high and results were often either mixed or poor. Mental health services began experimenting with services that placed former psychiatric patients directly into ordinary housing, providing intensive, flexible and tolerant mobile support services, achieving better results[43] and it was this model that became the basis for Housing First.

Housing First has become prominent for four reasons:

- The evidence, particularly from North America, that a relatively small, very high need group of homeless people existed whose homelessness was persistent or recurrent and whose needs were not being met by

41 Busch-Geertsema, V. (2016) *Peer Review in Social Protection and Social Inclusion: Housing First Synthesis Report* (Belgium) Brussels: European Commission; Busch-Geertsema, V. (2013) *Housing First Europe: Final Report* https://housingfirstguide.eu/website/housing-first-europe-report/

42 Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Hazelden: Minnesota

43 Ridgway, P. and A. M. Zipple (1990) The paradigm shift in residential services: From the linear continuum to accommodation-based services approaches *Psychosocial Rehabilitation Journal* 13, pp. 11-31.

existing services. This high-risk population also had high costs in terms of public spending, because they had high rates of contact with mental health services, emergency medical services and the criminal justice system[44]. Housing First provided a potentially effective service model for ending homelessness among this group[45] and reducing these costs.

- A growing body of research that compares Housing First with existing 'treatment as usual' services, for homeless people with high and complex needs, and consistently reports that Housing First is more effective at ending homelessness[46]. In recent years, the evidence base has been strengthened considerably by large scale experimental trials in Canada[47] and in France[48].
- Global evidence of Housing First services ending homelessness among people with high and complex needs at a high rate, including groups such as entrenched rough sleepers and homeless people 'stuck' in emergency accommodation and temporary supported housing with histories of long term and repeated homeless service use, which had hitherto not resulted in a sustainable end to their homelessness[49]. This includes some small, observational studies, on Housing First pilots in the UK[50].
- Evidence that Housing First may be more cost effective than other homelessness services, in some cases suggesting that Housing First

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44 Gladwell, M (13/2/2006) Million-Dollar Murray: Why problems like homelessness may be easier to solve than to manage *The New Yorker* https://www.newyorker.com/magazine/2006/02/13/million-dollar-murray

45 Padgett, D. *et al* (2016) Op. cit.

46 Tsemberis, S. (2010) Op. cit.; Padgett, D. *et al* (2016) Op. cit.

47 Goering, P. *et al* (2014) Op. cit.

48 DIHAL (2016) Op. cit.

49 Padgett, D. *et al* (2016) Op. cit.

50 Bretherton, J. and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services* York: University of York.

could actually save money, in others that Housing First represented a more efficient use of resources[51].

The homelessness sector, represented by Homeless Link in England, is actively advocating the Housing First model, through the *Housing First England* programme[52]. The larger homelessness charities, such as Crisis[53] and Shelter[54], are also actively promoting the Housing First approach.

At European level, the *Housing First Guide Europe*[55] and the subsequent development of the *Housing First Europe Hub*[56], which involves several major UK homelessness service providers, has been led by FEANTSA, the European Federation of Homelessness Organisations[57]. The *Housing First Guide Europe* informed the development of *Housing First in England: The principles* by Homeless Link[58].

These developments mirror the development of Housing First as core homelessness policy in Canada, clearly summarised in the *Canadian Housing First Toolkit*[59]. In some other countries where Housing First is not yet mainstream policy, the homelessness sector has mobilised to advocate the approach. One example is *Housing First Italia*[60], organised under the auspices of fio.PSD, the federation of Italian homelessness organisations, another is in Sweden, where Lund university has pioneered the use of Housing First, working in collaboration with the homelessness sector and local authorities[61].

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51 Culhane, D.P. (2008) Op. cit.

52 http://hfe.homeless.org.uk

53 https://www.crisis.org.uk/about-us/media-centre/housing-first-press-release/

54 http://blog.shelter.org.uk/2017/03/putting-housing-first/

55 Pleace, N. (2016) *Housing First Guide Europe* FEANTSA: Brussels http://housingfirsteurope.eu/guide/

56 http://housingfirsteurope.eu

57 http://www.feantsa.org/en

58 hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England_The%20Principles.pdf

59 http://www.housingfirsttoolkit.ca

60 http://www.fiopsd.org/housing-first-italia/

61 http://www.soch.lu.se/en/research/research-groups/housing-first

At the time of writing, Housing First seems unstoppable and it is routinely presented as producing a revolutionary change in homelessness service provision. Yet some of those who, like the author, advocate the use of Housing First do also acknowledge that, like any service model, Housing First has some limits. Housing First does not represent a solution to all forms of homelessness and, to be truly effective, needs to be a part of an integrated homelessness strategy that includes a range of different types of homelessness service[62].

There are some risks that hyperbole will surround Housing First, presenting it as 'the' solution to homelessness rather than as part of a wider, integrated and comprehensive strategic approach. Claims based on the modelling of Housing First services, rather than working Housing First programmes, have been made that show significant financial savings in the UK context[63]. However, these projections are not in line with North American evidence on working Housing First services, which suggest greater efficiency for similar levels of spending (i.e. Housing First has similar costs but is more effective than existing services)[64]. Equally, the international evidence base for Housing First – while it is relatively strong for a homeless service model - is sometimes described as having an exceptional level of social scientific rigour[65]. In practice, the strength of the evidence base is varied, with many quasi-

62 Tsemberis, S. (2011) Housing First: Basic Tenets of the Definition Across Cultures *European Journal of Homelessness* 5(2), pp. 169-173; Pleace, N. (2011) The Ambiguities, Limits and Risks of Housing First from a European Perspective *European Journal of Homelessness* 5(2), pp. 113-127; Pleace, N. and Bretherton, J. (2013) 'The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness' *European Journal of Homelessness* 7(2), pp. 21-41.

63 Blood, I. *et al* (2017) Op. cit.

64 Culhane, D.P. (2008) The Cost of Homelessness: A perspective from the United States. *European Journal of Homelessness* 2, pp.97-114.

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

experimental and observational studies having been conducted, alongside a lot of small scale work[66].

Seizing on Housing First as "the answer" to homelessness is entirely understandable, after decades of experimenting with and researching homelessness services that often have mixed results, being presented with an apparently unambiguous success is likely to generate a fair bit of excitement. Yet, Housing First is not simply accepted everywhere, nor is it necessarily the dominant service model throughout North America, Australia or much of Europe. As is discussed below, Housing First has also been subject to real, substantial, criticism which cannot simply be dismissed out of hand[67].

There are risks in promising too much from Housing First, in terms of effectiveness, in terms of potential savings in expenditure and, particularly, in anything that suggests that the Housing First model – on its *own* - presents a complete solution to single homelessness. There is a need for balanced debate, to consider what can be learned from Housing First, to think through how it is best employed in the UK and to look at those countries that are moving towards a functional zero in homelessness and the ways in which they have incorporated Housing First within integrated strategies that employ a mix of service models[68].

As this report will argue, it is important to resist any temptation to simply replace service models that are already in place with Housing First, without properly considering the strengths of those services, whether this is the best use for Housing First, or the best way to prevent and to reduce homelessness within an integrated homelessness strategy. Over-claiming or placing

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66 Pleace, N. and Quilgars, D. (2013) Improving health and social integration through Housing First: A Review, Paris: DIHAL; Quilgars, D. and Pleace, N. (2016) Housing First and Social Integration: A Realistic Aim? *Social Inclusion* 4.4, DOI: 10.17645/si.v4i4.672.

67 Johnson, G., Parkinson, S., and Parsell, C. (2012). *Policy shift or program drift? Implementing Housing First in Australia*. AHURI Final Report No. 184. Melbourne: Australian Housing and Urban Research Institute.

68 Pleace, N. (2017) The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness? *European Journal of Homelessness* 11(2), pp. 1-21.

unrealistic expectations on Housing First will ultimately damage the reputation of the approach, potentially depriving homelessness policy of an effective means to tackle homelessness among people with high and complex needs. Housing First can help tackle homelessness, but it is not a panacea for homelessness[69].It is important to examine how the evidence base relates *specifically* to the UK, to think critically about using Housing First strategically in the UK and, in doing so, to carefully consider how it can enhance strategic responses to homelessness.

2 The Evidence

Introduction

The section begins by briefly describing – in broad terms – the range of service models for homeless single people with support needs that operate in the UK. The evidence relating to the effectiveness and, where available, the cost effectiveness of these service models is considered. The common reference point in this section is the relative effectiveness of the different service models in sustainably ending single homelessness.

An Overview of Services

Homelessness services follow a series of broad patterns, but they are designed, managed, delivered and commissioned in different ways, with considerable variation existing in operational detail. Services of the same 'type' provided by different organisations and under varied commissioning

69 Tsemberis, S. (2011) Op. cit.; Busch-Geertsema, V. (2011) The Potential of Housing First from a European Perspective

and funding arrangements will work in similar, but not necessarily identical ways. Broadly speaking, it is possible to describe the homelessness sector as comprising:

- **Accommodation-based services** that offer emergency and temporary accommodation, in purpose built or modified buildings that provide a cluster of studio flats, or single rooms, with on-site staffing. The staff provide direct support designed to enable someone to live independently and orchestrate access to treatment, care and other services to assemble a package of support that is designed to enable resettlement. The model is designed to facilitate resettlement into ordinary housing; in North America and in Northern Europe, services may following a treatment-led, or step-based model, making someone 'housing ready' ensuring their treatment and support needs are being met and that they are reintegrating into normal economic and social life. In the UK, services may be more flexible and less structured in their approach, with a similar objective, but not expecting single homeless people to follow a strictly defined series of 'steps' to achieve their goal[70]. Services can be relatively basic, or highly resourced and specialised[71] but all are distinguished by being designed to have an operational emphasis on ending homelessness, i.e. accommodation-based services do not simply provide emergency shelter. These services are sometimes referred to as hostels or as supported housing, but the latter term is avoided here, as 'supported housing' is sometimes

70 Johnsen, S. and Teixeira, L. (2010) *Staircases, Elevators and Cycles of Change: Housing First and Other Housing Models for People with Complex Support Needs* London: Crisis; Mackie, P. *et al* (2017) Op. cit.
71 During the 2000s, central government upgraded some hostels to 'places of change' which had extensive services, see: DCLG (2007) *Creating Places of Change: Lessons learnt from the Hostels Capital Improvement Programme 2005–2008* London: DCLG; http://webarchive.nationalarchives.gov.uk/20120920035327/http://www.communities.gov.uk/documents/housing/pdf/137794.pdf ; http://webarchive.nationalarchives.gov.uk/20110404205610/http://www.homesandcommunities.co.uk/places_of_change

interpreted as referring to ordinary housing, to which floating support is being delivered[72].

- **Floating support services** include both resettlement and tenancy sustainment services, the latter having both a preventative and resettlement function. These services place a lone homeless adult in ordinary housing as rapidly as possible, i.e. they do not use an accommodation-based stage to make someone 'housing ready', instead a homeless person is placed directly into housing and support is provided to sustain that housing. The approach has its origins in the closure of long stay, large homeless hostels in the 1980s and local authority responses to high tenancy failure rates among 'vulnerable' statutorily homeless single people[73]. There are low, medium and high intensity versions of these case management based services, with high intensity floating support, such as the Tenancy Sustainment Teams developed through the course of the Rough Sleepers Initiative in London[74] having a number of operational similarities to Housing First. These are also sometimes referred to as 'housing-led' support services, though this terminology is more common in Europe than the UK[75].
- **Housing First services**, targeted on homeless people with high and complex needs, entrenched rough sleepers and homeless people with recurrent and sustained experience of homelessness. Housing First can be summarised as an intensive, floating support model, with a strong emphasis on service user choice and control following a harm reduction

72 In North America, 'accommodation-based services' refers to ordinary housing to which floating support is delivered.

73 Dant, T and Deacon, A (1989) *Hostels to Homes? The Rehousing of Single Homeless People*, Aldershot: Avebury; Pleace, N. (1995) *Housing Single Vulnerable Homeless People* York: Centre for Housing Policy.

74 Lomax, D. and Netto, G. (2007) *Evaluation of Tenancy Sustainment Teams* London: Communities and Local Government.

75 Pleace, N. and Bretherton, J. (2013a) Finding the Way Home: Housing-led responses and the Homelessness Strategy in Ireland Dublin: Simon Communities of Ireland.

model with a recovery orientation[76]. Housing First is not a variation on existing floating support services, the intensive, sustained, choice-led support with an emphasis on recovery is distinct from that offered by floating support services[77].

- In addition to the range of homelessness services which are focused on prevention, resettlement and tenancy sustainment, there are a range of other services that are less focused on housing need. These include education, training and employment services of which the St Mungo's Recovery College[78] services are one example, another being the Crisis Skylight programme[79]. There are also specialist medical services, including dedicated medical centres supported by the NHS, such as Great Chapel Street in London[80] or Luther Street in Oxford[81] and the Pathways integrated care service for lone homeless people and people sleeping rough[82]. Outreach services also engage with rough sleepers and support them to access other homelessness services. The focus of this report is services that directly alleviate homelessness, however, it is important to remember that the UK provides a wide array of support for homeless single people.

This is a broad categorisation of homelessness services in the UK. There are other models, such as transitional housing, in which a single flat, or a house in multiple occupation acts both as temporary accommodation and a fixed site to which support is delivered. Neither a form of floating support, nor a purpose-built accommodation-based service, transitional housing sits somewhere between the two main approaches[83]. Another example is the

76 http://housingfirsteurope.eu/guide/

77 https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20in%20England_The%20Principles.pdf; http://housingfirsteurope.eu/guide/; http://www.housingfirsttoolkit.ca

78 https://www.mungos.org/our-services/recovery-college/

79 Pleace, N. and Bretherton, J. (2017) Op. cit.

80 http://www.greatchapelst.org.uk

81 https://www.oxfordhealth.nhs.uk/service_description/luther-street-medical-centre/

82 http://www.pathway.org.uk

83 Bretherton, J. and Pleace, N. (2015) Op. cit.

supported lodgings approach, mainly used for young homeless people and young people leaving care, in which a live-in landlord takes on elements of support provision[84]. There is also the Commonweal model in which one homeless person with support needs acts as a peer landlord, offering support to the other tenants[85] among many others.

St Mungo' s can serve as a further example of the range of services provided to single people with high and complex needs who become homeless.. In 2016, St Mungo' s provided accommodation-based services places to 4,120 homeless people, many of whom had slept rough[86]. St Mungo' s also operates the Clearing House, commissioned by the Greater London Authority (GLA), a partnership with 50 social landlords which provides access to a settled home and tenancy sustainment team services (i.e. floating support). Alongside these services, St Mungo' s offers specialist, preventative support to former offenders with support needs who are at risk of homelessness and is also a significant provider of Housing First services[87].

A Critical Review of the Evidence

The UK Context

Homelessness services for people with high support needs in the UK operate within a strategic and policy framework that increasingly emphasises homelessness prevention and rapid relief. These services, where they work well, should lessen the extent to which recurrent and sustained experience of homelessness, or indeed any homelessness, is experienced by single people with high and complex needs. In broad terms, preventative services in the UK are regarded as a success, the main metric (measure) used to assess the success of homelessness prevention is a reduction in households requiring the

84 http://www.barnardos.org.uk/what_we_do/our_work/supported-lodgings.htm
85 https://www.commonwealhousing.org.uk/our-projects/peer-landlord-london
86 https://www.mungos.org/get-involved/campaign-for-change/save-hostels-rebuild-lives/
87 https://www.mungos.org

main duty under the four sets of homelessness legislation operating in England, Wales, Scotland and Northern Ireland.

Central government in England reoriented local authority services towards prevention in the mid 2000s, which resulted in a marked reduction in statutory homelessness acceptances (households owed the main duty under the homelessness law) and which has kept levels of statutory homelessness, although they are now rising, at lower levels than in the 1980s and 1990s. In 2016/17, 200,160 successful cases of prevention were reported in England, along with 15,060 cases of relief (rapid rehousing to prevent homelessness being experienced for very long). In total, 105,900 households were recorded as being enabled to remain in their own housing, rather than becoming homeless[88].

A very significant reduction in Welsh statutory homelessness has occurred, following the recent, radical reorientation of statutory homelessness services towards prevention[89]. England is in the process of implementing a further move towards prevention, emulating many aspects of the Welsh approach. Policy in Northern Ireland and Scotland is following the same path[90].

All of the service models reviewed here can potentially offer a preventative service. Each is designed to prevent a recurrence of homelessness where it has already occurred, and can also be employed in a purely preventative role to sustain existing housing, when someone with high and complex needs is at risk of homelessness. Medium to high intensity tenancy sustainment services can be employed in this way, triggered when someone is experiencing risks of homelessness due to unmet support needs. Possible target groups include young people leaving care, someone leaving a psychiatric hospital or someone with support needs leaving prison or the military, where the real possibility of homelessness is anticipated.

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88 https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

89 Mackie, P., Thomas, I. and Bibbings, J. (2017) Homelessness prevention: Reflecting on a year of pioneering Welsh legislation in practice. *European Journal of Homelessness* 11(1), pp. 81-107.

90 Boyle, F. and Pleace, N. (2017) Op. cit.

American experience in trying to accurately target preventative services is worth noting here. It has been found that statistical models of homelessness prediction, i.e. testing the extent to which a preventative service might be necessary for someone, are not entirely accurate, nor are worker assessments[91]. This is because the presence of sets of characteristics, such as severe mental illness and addiction, are not in themselves an accurate predictor of whether there is a risk of recurrent or sustained homelessness. People who do not have significant support needs when they first become homeless can develop high and complex support needs if homelessness becomes sustained or is experienced repeatedly[92]. Addiction, for example, can predate homelessness, develop during homelessness, intensify during homelessness, or remain constant throughout an experience of homelessness[93].

Accommodation-based services

Homeless Link, in its annual survey[94], covers the bulk of accommodation-based service provision in England. The survey excludes some specialist accommodation-based services, such as 'wet' hostels, and basic night-shelters (which are just emergency accommodation), but includes the following:

> *...accommodation is delivered in a variety of forms which includes single rooms with shared facilities, bedsit flats or dispersed move-on houses for when people leave the accommodation.*

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91 Greer, A.L., Shinn, M., Kwon, J. and Zuiderveen, S. (2016) Targeting services to individuals most likely to enter shelter: Evaluating the efficiency of homelessness prevention. *Social Service Review*, *90*(1), pp.130-155.

92 Culhane, D.P. *et al* (2013) Op. cit.

93 Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an international review* Edinburgh: Scottish Government.

94 Homeless Link (2017) *Support for single homeless people in England: Annual Review 2016* London: Homeless Link, p. 15 http://www.homeless.org.uk/sites/default/files/site-attachments/Full%20report%20-%20Support%20for%20single%20people%202016.pdf

In 2016, Homeless Link estimated there were 1,185 accommodation-based service projects (described as 'accommodation projects) offering 35,727 bed spaces[95] in England. There has been a decline in accommodation-based services, a result of the decision to remove ring-fencing from the former Supporting People budget for England and significant cuts to local authority funding from central government[96]. In 2014, there were estimated to be 38,500 bed spaces in 1,271 services[97]. Another recent estimate, also based on a survey, is somewhat lower, reporting 30,000 bed spaces for lone homeless people at the end of 2015[98]. A recent exercise in Liverpool City Region, covering the six local authorities that form the combined authority, found 1,511 units/bed spaces of accommodation-based services for lone homeless people, 70% of which offered 24-hour cover as part of their support services[99].

Ending Homelessness

North American evidence and, to a lesser extent, research from Europe and the UK, has been used to argue there are two distinct limitations to the effectiveness of accommodation-based services in ending homelessness[100]:

- Evidence that accommodation-based service services that *have strict rules*, i.e. operate an *inflexible, 'zero tolerance'* policy around drug and alcohol use, *require* engagement with treatment and set *strict requirements around behaviour*, only achieve mixed results. These services use a strict, inflexible set of criteria to determine if someone has been made 'housing ready'.

95 Ibid.
96 National Audit Office (2017) Homelessness London: National Audit Office https://www.nao.org.uk/wp-content/uploads/2017/09/Homelessness.pdf
97 Homeless Link (2014) *Support for Single Homeless People in England, 2014* London: Homeless Link http://www.homeless.org.uk/sites/default/files/site-attachments/Support%20for%20Single%20Homeless%20People.pdf
98 Ipsos MORI, Imogen Blood & Associates and Housing & Support Partnership (2016) *Supported accommodation review: The scale, scope and cost of the accommodation-based services sector* London: DWP.
99 Blood, I. *et al* (2017) Op. cit.
100 Pleace, N. (2008) Op. cit.

- Evidence that *all* existing forms of accommodation-based services can be ineffective for at least some lone homeless adults with very high and complex needs.

Where both conditions apply, i.e. accommodation-based services are operating strict and inflexible regimes and attempting to work with lone homeless adults with high and complex needs, the results tend to be at their worst. Homeless people with complex needs are often unable and/or unwilling to comply with strict requirements in respect of abstinence from drugs and alcohol, treatment compliance and expectations around behavioural change, often within a framework that medicalises homelessness (i.e. sees homelessness as resulting simply from psychiatric or physical health problems), or at least partially 'blames' homeless people for their own situation[101]. The consequences can include:

  - Abandonment of services by homeless people with complex needs.
  - Eviction from services for non-compliance with rules.

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101 Sahlin, I. (2005) The Staircase of Transition: Survival through failure *Innovation* 18, 2, pp. 115-136; Busch-Geertsema, V. and Sahlin, I. (2007) The Role of Hostels and Temporary Accommodation *European Journal of Homelessness*, 1, pp. 67-93.; Lyon-Callo, V. (2000) Medicalizing Homelessness: The Production of Self-Blame and Self-Governing within Homeless Shelters *Medical Anthropology Quarterly* 14(3): 328-345; Dordick, G. A. (2002). 'Recovering from Homelessness: Determining the "Quality of Sobriety" in a Transitional Housing Program' *Qualitative Sociology* 25, 1, pp. 7-32.; Pleace, N. (2008) Op. cit.; Tsemberis, S. (2010) Op. cit.; Tsemberis, S. (2010) 'Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs' in I. Gould Ellen and B. O' Flaherty (eds) *How to House the Homeless* Russell Sage Foundation: New York, pp.37-56; Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S. and Fischer, S.N. (2003) Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes. Journal of Community & Applied Social Psychology, 13(2), pp.171-186.; Hansen-Löfstrand, C. (2010) Reforming the work to combat long-term homelessness in Sweden. *Acta Sociologica*, 53(1), pp.19-34; Hansen-Lofstrand, C. (2012) Homelessness as an incurable condition? The medicalization of the homeless in the Swedish special housing provision. Chapter from the book *Mental Illnesses - Evaluation, Treatments and* Implications Downloaded from: http://www.intechopen.com/books/mental-illnesses-evaluation-treatments-and-implications

- People becoming 'stuck' in services because the requirements to be assessed as 'housing ready' cannot be attained within a reasonable timeframe.
- Low rates of exits from homelessness being achieved, including services that only prove effective in delivering sustained living in independent housing for a *minority* of lone homeless adults.
- Individuals moving between services repeatedly, without their homelessness ever being resolved, caught in a revolving door of service use, which, as well as representing a failure to resolve homelessness, can also be financially expensive.

Accommodation-based homelessness services can also not work properly when they have insufficient resources to deliver required support or cannot secure enough affordable housing[102]. Here, it may not be the design or the requirements set by a service that is the issue, problems can arise for an accommodation-based service that makes people 'housing ready', but struggles to find any housing to put them in. Equally, an accommodation-based service may find itself working with people with higher levels of need than it was designed for, or experience budget cuts that undermine the service model. Other reasons why accommodation-based services might encounter difficulties include:

- The support needs of some homeless people are too high for certain accommodation-based services to manage effectively. This is about the

102 Rosenheck, R. (2010) Op. cit.; Blood, I. *et al* (2017) Op. cit. Pleace, N. and Bretherton, J. (2013) *Camden Housing First: A 'Housing First' Experiment in London* York: University of York; Culhane, D.P. and Kuhn, R. (1998). Patterns and determinants of public shelter utilization among homeless adults in New York City and Philadelphia. *Journal of Policy Analysis and Management*, pp.23-43; Culhane, D.P. and Metraux, S. (2008) Rearranging the deck chairs or reallocating the lifeboats? Homelessness assistance and its alternatives. *Journal of the American Planning Association*, 74(1), pp.111-121; Homeless Link (2013) *Effective Action: Resettlement From Homelessness Services* London: Homeless Link; Watkins, L. (2003) *Silting up? A Survey of London hostels about move-on accommodation and support* London: Greater London Authority/Resource Information Service; Dant, T and Deacon, A (1989) *Hostels to Homes? The Rehousing of Single Homeless People*, Aldershot: Avebury; Pleace, N. (1995) *Housing Single Vulnerable Homeless People* York: Centre for Housing Policy.

range, quality and extent of support being provided not being equal to need, i.e. a design flaw in some services.

- Services are under-resourced, i.e. are not able to provide the support they were designed to be able to.
- There are issues with securing sufficient, affordable and adequate housing to enable lone homeless adults to move on into a settled home, e.g. local housing markets are unaffordable and/or there are constrictions to social housing supply. In 2015, Homeless Link estimated that 25% of the people in accommodation-based services in England, were waiting to move on, but were unable to, because suitable, affordable housing was difficult to secure[103].
- Coordination with health, mental health, drug/alcohol, social care, social housing and other services is not sufficiently developed, meaning appropriate packages of care and support cannot be assembled. Again, this may be related to inadequate levels of resources.

Reviewing the international evidence, the criticisms of the effectiveness of accommodation-based services in ending homelessness can be reduced to three main arguments:

- There is a design flaw in *some* accommodation-based services because they follow exacting, strict requirements that homeless people with support needs are unable and unwilling to comply with.
- There is a design flaw in *some* accommodation-based services because they offer insufficient support and/or cannot effectively manage homeless people with high and complex support needs. This centres on the sufficiency, range and support that can be provided by services.
- External constraints on service effectiveness result in challenges in delivering housing sustainment, chiefly poor coordination and support

103 Homeless Link (2015) Support for single homeless people in England: Annual Review 2015 London: Homeless Link http://www.homeless.org.uk/sites/default/files/site-attachments/Full%20report%20-%20Single%20homelessness%20support%20in%20England%202015.pdf

from other services and an undersupply of adequate and affordable housing.

These arguments are based on international evidence, not evidence solely from the UK, and there are practical difficulties in relating the first set of arguments to the UK. The accommodation-based services for homeless people in the UK are often flexible, tolerant and follow a consumer choice model, with an increasing emphasis on providing services that reflect the ideas of personalisation[104], co-production[105] and psychologically informed environments (PIE)[106] in recent years. Harm reduction has been mainstream policy and practice for decades, although abstinence based approaches do still exist and are enjoying something of a renaissance, the idea of enforcement, rather than flexible, cooperative support as a response to homelessness is, for the most part, outside the mainstream in the UK[107].

Something that is important to note here is that the decision to move away from judgemental, institutional, strict – or even harsh – environments in accommodation-based services, has ongoing for decades in the UK[108]. Indeed, there are those who argue that elements of the UK homelessness sector are now insufficiently interventionist, that more structure and – perhaps - more sanctions are needed to make services more 'effective' [109]. This argument mirrors some of the original American criticisms of Housing First, which saw the Housing First model as flawed because it lacked the enforced behavioural modification that was seen as intrinsic to the successes of the

104 https://www.scie.org.uk/personalisation/introduction/what-is

105 https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/

106 http://www.homeless.org.uk/trauma-informed-care-and-psychologically-informed-environments

107 Pleace, N. (2008) Op. cit.; Atherton, I. and McNaughton-Nicholls, C. (2008) Housing First as a means of addressing multiple needs and homelessness *European Journal of Homelessness* 2, pp. 289-303.

108 Dant, T. and Deacon, A. (1989) Op. cit.; Pleace, N. (1995) Op. cit.

109 Watts, B., Fitzpatrick, S., & Johnsen, S. (2017). Controlling homeless people? Power, interventionism and legitimacy. *Journal of Social Policy*, 1-18. DOI: 10.1017/S0047279417000289

highly structured services it was designed to replace[110], albeit that there was evidence these services did not work particularly well.

The important point here is that the idea that accommodation-based services do not effectively address single homelessness among people with complex needs - because they have "strict regimes" - does not really stand up to scrutiny in the UK. The evidence does point this way in North America and in parts of Europe, but not in the UK, because many accommodation-based services for single homeless people with support needs use harm reduction, personalisation, coproduction and provide PIE (psychologically informed environments); they are not judgemental, sanction-based environments[111].

Criticisms that centre on the idea that some accommodation-based services cannot cope well with high and complex needs are also uncertain. There are two issues here:

- Fixed-site, purpose built services with on-site staffing may be able to support people with high and complex needs more effectively, especially if they have specialised workers and facilities. Someone who is at high risk can be more effectively monitored in a situation where staff are physically on the same site[112].
- There is evidence of a UK population with high and complex support needs, whose homelessness is sustained or recurrent and who engage with homelessness services, without their homelessness being resolved. However, disentangling the extent to which this is a function of how accommodation-based services work, is related to insufficient funding for services, inadequate supply of affordable housing, or a combination of factors, is difficult, because of limitations in the current evidence base.

110 Kertsez, S.G.; Crouch, K.; Milby. J.B.; Cusimano, R.E. and Schumacher, J.E. (2009) 'Housing First for Homeless Persons with Active Addiction: Are we overreaching?' *The Milbank Quarterly* 87, 2, pp. 495-534.

111 Homeless Link (2015) Op. cit.; Pleace, N. (2013) *Measuring the Impact of Supporting People: A Scoping Review* Cardiff: Welsh Government; Johnsen, S. and Teixeira, L. (2010) Op. cit.

112 Pleace, N. and Bretherton, J. (2013a) Op. cit.

There are some data on outcomes for accommodation-based services, although this varies across different regions and across the different UK administrations[113]. British and Northern Irish accommodation-based services do appear to end homelessness at a considerable rate, based on current evidence[114]. When data were still being collected at scale on accommodation-based services in England, rates of success - albeit based on status at exit - were quite high. In 2010/11, 119,200 people using housing-related support services funded by the then Supporting People programme in England were reported as needing assistance with 'securing and obtaining settled housing', 73% of whom were recorded as having a successful outcome at exit from those services[115]. A recent exercise (covering March 2015 to March 2017), using shared administrative data collected across the Liverpool City Region, reported that of nearly 9,000 single homeless people using accommodation-based services across the region, 60% were placed in housing, following service contact[116]. Over a five-year period, St Mungo's reported working with nearly 11,000 people in its accommodation-based services, of whom 77% made planned departures into ordinary housing, sharing arrangements in ordinary housing or into other housing-related support services[117].

Longitudinal research on accommodation-based services in the UK has reported high rates of tenancy sustainment, with one quite large study reporting 89% of a cohort who were tracked over time sustaining their own housing, 55% of whom were still in the housing they had originally been resettled into. Although young people were more likely to be unstable, and

113 Pleace, N. (2013) Op. cit.; Pleace, N. and Bretherton, J. (2013) Op. cit.

114 Dwyer, P. *et al* (2015) Op. cit.

115 Source: DCLG Table 1405 (2010/11) *Supporting People Outcomes for short-term services: clients leaving Supporting People services achieving outcomes, by support need identified*, England, 2010-11 final. This is a figure that includes, but is not exclusively, homelessness services and is restricted to status at the end of service contact.

116 Blood, I. *et al* (2017) Op. cit.

117 St Mungo's (2017) *Ending rough sleeping: the role of accommodation-based services* London: St Mungos https://www.mungos.org/wp-content/uploads/2017/09/Ending_Rough_Sleeping_SH_Report_0917.pdf

there was some attrition (loss of participants), only one fifth (20%) of a group of 265 formerly homeless people with support needs, who had used accommodation-based services for homeless people, had shown signs of residential instability, 60 months after service contact[118].

This is a quite different picture of housing outcomes from that suggested by some research from outside the UK, where failures to provide a sustainable exit into settled housing can be the most common outcome for accommodation-based services. The UK evidence is not perfect, but success rates – including some longitudinal analysis – of between six and eight out of every 10 people engaged with being rehoused by UK accommodation-based services, looks quite different to some American[119], Canadian[120] and Swedish[121] research. UK accommodation-based services appear, at least on the basis of available evidence, to be able to end homelessness more effectively than accommodation-based services in some other countries.

In part, this may be because accommodation-based services in some other countries simply work in different ways to many of those found in the UK. Outside the UK, an accommodation-based service may be targeted solely on homeless populations with high and complex needs, particularly in a context like North America, where service access may, for example, require a psychiatric diagnosis. A North American accommodation-based service may be engaging exclusively with very high need groups, whereas some UK services will face a more mixed pattern of needs[122].

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118 Crane, M.; Joly, L. and Manthorpe, J. (2016) *Rebuilding Lives: Formerly homeless people's experiences of independent living and their longer-term outcomes* London: Kings College London https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2016/reports/RebuildingLives2016Report.pdf

119 Pleace, N. (2008) Op. cit.

120 Aubry, T., Tsemberis, S., Adair, C.E., Veldhuizen, S., Streiner, D., Latimer, E., Sareen, J., Patterson, M., McGarvey, K., Kopp, B. and Hume, C. (2015) One-year outcomes of a randomized controlled trial of Housing First with ACT in five Canadian cities. *Psychiatric Services*, 66(5), pp.463-469.

121 Sahlin, I. (2005) Op. cit.

122 Rosenheck, R.; Kasprow, W.; Frisman, L. and liu-Mares, W. (2003) 'Cost effectiveness of Accommodation-based services for Homelessness Persons with Mental Illness' *Archives of General Psychiatry* 60, pp. 940-951.

This said, North American accommodation-based services are more likely to be using strict, abstinence based regimes, based on modification of behaviour and compliance with treatment, than is the case for services in the UK[123]. While it is not possible to be definite, because no direct comparison has been attempted, part of the reason why UK accommodation-based services apparently end homelessness more effectively than services in North America, may be because both their philosophy and operational characteristics are often very different[124]. As has been noted elsewhere, Housing First seemed less 'revolutionary' in the UK, because aspects of operation that significantly differentiated Housing First from existing homelessness services in North America, including what is (effectively) co-production, personalisation and an emphasis on harm reduction, have long been mainstream in the UK homelessness sector[125].

There is another reason for caution in interpreting the international evidence on accommodation-based services in relation to the UK. North American[126] and Australian[127] evidence is not necessarily generalizable to all accommodation-based services in those countries, it may only be a *partial* picture, not necessarily representative of what is being achieved across the homelessness sector as a whole. The contexts in which services are working, may not only be significantly different to those found in the UK, but may well not represent the homelessness sector as a whole. So, external evidence on service effectiveness may not be typical of services as a whole and it may be from environments where services face challenges that are not present in the UK, or in which they do not exist in comparable forms.

123 There is a broad shift towards Housing First in the USA, although it may not yet be the dominant form of service provision for homeless people with high and complex needs.

124 Pleace, N. (2008) Op. cit.

125 Pleace, N. (2011) Op. cit.; Johnsen, S. and Teixeira, L. (2012) Op. cit.

126 Tabol, C.; Drebing, C. and Rosenheck, R. (2009) Studies of "supported" and "supportive" housing: A comprehensive review of model descriptions and measurement *Evaluation and Program Planning* 33 pp. 446-456.

127 Johnson, G., Parkinson, S., and Parsell, C. (2012) Op. cit.,

In Europe, an accommodation-based homelessness service may have far more resources - or far less resources - than UK services, depending on where it is operating. This makes broad comparisons with Europe problematic[128]. A Danish accommodation-based service will use trained social workers, a highly integrated package of interagency support and a very high staff to service user ratio[129], whereas an Italian homelessness service will simply not have anything like that level of resources[130]. Even a near neighbour, like Denmark or France, is not necessarily the same as the UK, the environments in which accommodation-based services operate, the ways in which they work and their success rates will differ from the UK.

There is a need to be very careful in comparing UK, European, Australian or North American services. This is because is not being compared with like, operations, resource levels and operational context may all differ greatly from the UK.

All this said, there are respects in which the UK is like some other countries. There is widespread, international, evidence of a small, high need, high risk group of homeless people whose contacts with homelessness services – mainly in the form of accommodation-based services – can be sustained, repeated and fail to result in an end to their homelessness. This population is present in the UK, in contexts with less extensive health, social care and welfare systems, such as the USA, in Canada, where health service provision is closer to the UK, in Australia, where again there are similarities as well as differences with the UK and in countries where welfare systems, social housing, health care and homelessness services are very well-funded and highly developed, including Denmark[131] and Finland[132].

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128 Busch-Geertsema, V. *et al* (2010) Op. cit.

129 Benjaminsen, L. (2013) Op. cit.; Benjaminsen, L. and Andrade, S.B. (2015) op. cit.

130 Lancione, M. (2014) Entanglements of faith: Discourses, practices of care and homeless people in an Italian City of Saints. *Urban Studies*, 51(14), pp.3062-3078.

131 Benjaminsen, L., 2016. Homelessness in a Scandinavian welfare state: The risk of shelter use in the Danish adult population. *Urban Studies*, *53*(10), pp.2041-2063.

132 Pleace, N. *et al* (2015) Op. cit.

Estimating numbers is challenging[133], because the data are limited, but the recent work in Liverpool referred to above found that 40% of a population of nearly 9,000 using accommodation-based services, were not housed following service contact. This 40% tended to have somewhat higher support needs than those who were housed. There was also evidence of a small group, within this 40%, just under 400 in number (4% of the total), who had experienced four or more placements in accommodation-based services in a two-year period and who had high needs[134].

It is difficult to say how far the presence of this population is a function of the limits of design and operation of existing accommodation-based services, or how far it is a function of resource constraints within services, cuts to services and external, contextual issues, including significant problems with affordable housing supply and joint working. The evidence base is insufficient to be entirely clear, but as has been pointed out in response to arguments that American accommodation-based services are sometimes ineffective, the reasons why something is not working for everyone are not necessarily only about potential flaws in service design, i.e. factors like operational context and funding levels may also be important[135]. So, while there may be elements of the design of UK accommodation-based services that mean they are less effective for some homeless people with high and complex needs, we cannot be sure that when failures occur it is just for this reason, as factors like shortages of affordable housing supply or funding cuts may be as – or more – important.

In a recent survey covering 276 homelessness services in England, 73% of services reported that they were sometimes not accepting single people with support needs because their needs were 'too high' and 67% reported that single people with support needs were sometimes turned down because there

133 Jones, A. and Pleace, N. (2010) Op. cit.; Dwyer, P. *et al* (2015) Op. cit.; Fitzpatrick, S. *et al* (2013) Op. cit.; Pleace, N. and Culhane, D. (2016) Op. cit.

134 Blood, I. *et al* (2017) Op. cit.

135 Rosenheck, R. (2010) 'Service Models and Mental Health Problems: Cost Effectiveness and Policy Relevance' in Ellen, I.G. and O' Flaherty, B. *How to House the Homeless* Russell Sage Foundation: New York, pp. 17-36.

was felt to be too much risk[136]. However, 66% of these services also reported that they were sometimes unable to provide support simply because they were full up.

There are innovations in other countries, such as the 'Common Ground' model of supported housing, developed in the USA and used in Australia, that have not been tested in the UK. Common Ground, now known as the 'Breaking Ground' model[137], uses congregate housing in a way that follows elements of the Housing First model (it is described as following the Housing First philosophy), but provides housing for low income working adults, older people, armed-forces veterans and people with mental health problems, as well as formerly homeless people. Their schemes do not necessarily accommodate all these groups, but will often mix homeless people and other populations in the same building. The evidence base on this specific model is limited[138], but results were mixed when the model was used in Australia[139].

Summary

- There is some evidence that accommodation-based services that employ strict rules, expecting abstinence, treatment compliance and modifications to behaviour may be less effective in ending homelessness than more flexible, user-led services using harm reduction. Accommodation-based services may be at their least effective when working with homeless people with high and complex needs and using strict, inflexible, abstinence-based approaches.
- There is evidence that a group of homeless people with high and complex needs experience repeated and long-term homelessness. Accommodation-based services may be less effective with this group than with homeless people with low or medium support needs, which

136 Homeless Link (2016) Op. cit.

137 http://www.breakingground.org

138 Mackie, P. *et al* (2017) Op. cit.

139 Parsell, C., Fitzpatrick, S. and Busch-Geertsema, V., 2014. Common Ground in Australia: An object lesson in evidence hierarchies and policy transfer. *Housing Studies*, 29(1), pp.69-87.

may be to do with issues around service design, but may also relate to factors like resource levels and shortages of affordable housing.

- Based on available evidence, accommodation-based services in the UK appear to end homelessness at higher rates than accommodation-based services in some other countries. Services in the UK are less likely to follow a strict and highly structured approach centred on requiring behavioural changes, and more likely to use co-production and harm reduction.

Floating Support Services

It is not really possible to be precise about the scale of floating support services for homeless people. When data on housing related support were still being collected for the former Supporting People programme in England (2010/11), around half of all service use was in the form of floating support and single homeless people, as they were described in the data, represented around one quarter of all service users[140]. An estimate based on these data would suggest something around 24,000 lone homeless adults using these services in England each year. However, these figures are out of date and there may, because floating support services have lower operating costs (no dedicated building to develop and maintain), have been some increases in these sorts of services as cuts have continued across the homelessness sector, although equally, floating support services may sometimes have suffered from similar, or greater, levels of cuts[141].

In 2016, Homeless Link reported that 74% of services for lone homeless adults were using floating support, but this is a somewhat ambiguous figure, because this floating support might have been attached to a congregate service, a service using a mix of congregate and scattered accommodation or represent a free-standing tenancy sustainment or resettlement service. This

140 Source: DCLG https://www.gov.uk/government/statistics/supporting-people-client-records-and-outcomes-april-2010-to-march-2011

141 National Audit Office (2017), Op. cit.

reflects the hybridisation of homelessness services, with various combinations of support being provided, rather than a simple division between purely accommodation-based services (fixed site, congregate, with on-site staffing) and floating support[142].

The Supporting People programme still exists in Northern Ireland and has a similar emphasis on homelessness[143]. However, fairly recent data on the Welsh programme show that it focuses more heavily on older people, with only around 27% of provision being floating support and 8% of services focused on 'vulnerable homeless people'[144].

The range of services within the floating support category is considerable. At one end of the spectrum, there are short-term services offering basic practical support and case management in which the workers might be supporting 30 or 40 people (or more) at once. At the other end, there are examples of tenancy sustainment teams, such as those developed in London towards the end of the Rough Sleepers Initiative, that offer very intensive, flexible support and which have operational similarities to Housing First[145]. By contrast, Housing First services, while they do differ in operational characteristics (see the debates about 'fidelity' described below) all share the same core principles. Housing First provides *intensive* support for as *long as is needed*, within a framework of *harm reduction*, *choice and control* for service users, with a *recovery orientation* and recognises the *human right to housing.* It is this intensity of the support provided, within a clearly and consistently defined ethos of service delivery, that differentiates Housing First from the various models of floating support hitherto used in the UK[146].

142 Homeless Link (2016) Op. cit.

143 Boyle, F. and Pleace, N. (2017) Op. cit.

144 Pleace, N. (2013) Op. cit.

145 Lomax, D. and Netto, G. (2007) Op. cit.

146 https://housingfirstguide.eu/website/

Ending Homelessness

Comparisons between floating support – as distinct from Housing First – and accommodation-based services are not widespread. For some years, there has been research indicating that low to medium intensity floating support can enable lone homeless adults with support needs to live independently[147]. However, arriving at a clear picture of what these services can achieve in relation to homelessness is not really possible by using the existing evidence base.

The challenge centres on the very wide range of services that fall into the category of floating support. This is not just a question of the differing levels of intensity of service – which is also a challenge in relation to looking at outcomes for accommodation-based services – but also a matter of a still wider variation in operation. The crucial issue here is whether or not a service is freestanding, i.e. it functions by establishing contact, arranging housing and then providing support to sustain a tenancy, or whether it is integrated into a wider programme of support. Floating support may be used to support a move out of an accommodation-based service, which uses mobile support as part of a linear process of making someone housing ready. The service model can be employed directly in homelessness prevention, a Housing Options team may refer someone assessed as being at risk of homelessness directly to a tenancy sustainment team, both in the UK and in other countries, such as Finland[148]. When floating support services have been studied in detail, the evidence has been broadly positive and, in the context of the UK, services of this sort tend to follow the principles of service-user choice, personalisation, co-production and harm reduction, which the wider evidence base shows to

147 Pleace, N. (1995) Op. cit.; Goldfinger, S. M., R. K. Schutt, *et al* (1999) Housing placement and subsequent days homeless among formerly homeless adults with mental illness *Psychiatric Services* 50, 5 pp. 674-9; Pleace, N. and Quilgars, D. (2003) *Supporting People: Guide to Accommodation and Support Options for Homeless Households* London: Homelessness Directorate; Busch-Geertsema, V. (2005) Does re-housing lead to reintegration? Follow-up studies of re-housed homeless people *Innovation* 18, 2, pp. 202-226; Tabol, C.; Drebing, C. and Rosenheck, R. (2009) Op. cit.; Johnsen, S. and Teixeira, L (2010) Op. cit.; Rosenheck, R. (2010) Op. cit.; Pleace, N. and Bretherton, J. (2013a) Op. cit.

148 Pleace, N. *et al* (2015) Op. cit.

be more effective with individuals with high support needs[149]. Broadly speaking, a floating support service, sometimes called a housing-led approach in Europe and often referred to as a tenancy sustainment service in the UK, will have the following broad characteristics[150]:

- Mobile support delivered to formerly homeless people with support needs in ordinary housing in the private rented or social rented sector. This housing will tend to be scattered across the community. The very first services were developed and run by local authorities, focusing on the closure of large hostels and on single homeless people with complex needs accepted as 'vulnerable' and in priority need under the homelessness legislation[151]. Floating support services now have a wider role - which may include prevention – and will tend to work across tenures.
- A harm reduction approach, with an emphasis on service user choice and participation, with more recent services following principles of co-production and personalisation.
- Low to medium intensity support in most services, with an emphasis on case management/service brokering, alongside some elements of practical and emotional support. Worker caseloads may often be quite high, an individual supporting 20, 30 or 40 people at once.
- Time limited services, ranging from between three to 12 months.

149 Pleace, N. (2008) Op. cit.;

150 Bowpitt, G. and Harding, R. (2008) Not Going it Alone: Social Integration and Tenancy Sustainability for Formerly Homeless Substance Users, *Social Policy and Society* 8(1) pp.1-11.; Franklin, B.J. (1999) More Than Community Care: Supporting the Transition from Homelessness to Home in: S. Hutson and D. Clapham (Eds.)
Homelessness: Public Policies and Private Troubles pp.191-207. (Cassel: London); Pleace, N. (1997) 'Rehousing single homeless people' in Burrows, R.; Pleace, N. and Quilgars, D. (eds) *Homelessness and Social Policy* London: Routledge, pp. 159-171.

151 Pleace, N. (1995) *Housing Vulnerable Single Homeless People* York: Joseph Rowntree Foundation/University of York.

Alongside the limited UK evidence, there is North American and European evidence which reports two main findings[152]:

- Focusing on providing and sustaining housing - as an integral part of service design - is far more effective than using floating support focused only on care, treatment and support needs. When housing is provided, successful exits from homelessness can be secured, although the evidence base is insufficient to be clear whether these outcomes are substantially different to those for accommodation-based services.
- Floating support can be cost effective, in the sense that it does not have to build or convert and then maintain a purpose-built congregate sites with on-site staffing[153].

The limits of floating support services closely reflect those of accommodation based services. Without a sufficient supply of affordable, adequate housing, offering reasonable security of tenure, floating support cannot function; as a housing-led model this way of providing support to lone homeless adults must have access to the right kinds of housing. Equally, there can be limits to what floating support can do in terms of meeting high and complex needs, even where coordination with health, mental health, addiction and care services is excellent, as some individuals may need more help than a low or medium support floating support service can provide[154].

152 Edens, E.L; Mares, A.S.; Tsai, J. and Rosenheck, R.A. (2011) 'Does Active Substance Use at Housing Entry Impair Outcomes in Supported Housing for Chronically Homeless Persons?' *Psychiatric Services* 62, 2, pp. 171-178; Hickert, A.O. and Taylor, M.J. (2011) 'Supportive Housing for Addicted, Incarcerated Homeless Adults' *Journal of Social Service Research* 37, pp. 136-151; Tabol, C. *et al* (2009) Op. cit.; Busch-Geertsema, V. (2005) Op. cit.; Lipton, F.R.; Siegel, C.; Hannigan, A.; Samuels, J. and Baker, S. (2000) 'Tenure in Supportive Housing for Homeless Persons with Severe Mental Illness' *Psychiatric Services* 51, 4, pp. 479-486.

153 Culhane, D.P., Metraux, S. and Hadley, T.R. (2002) Public service reductions associated with the placement of homeless people with severe mental illness in supportive housing. *Housing Policy Debate* 13(1) pp107-163.; Culhane, D.P. (2008) Op. cit.; Pleace, N. and Culhane, D.P. (2016) Op. cit.

154 Pleace, N. and Quilgars, D. (2003) Op. cit.

Critical Time Intervention

Critical Time Intervention (CTI) is an intensive form of floating support service that can be employed to end homelessness among people with high and complex needs. There are operational similarities with Housing First, but the model is less widely used outside the United States. CTI is a time-limited case management service offering social and practical support and the case management/coordination of other services. The model is designed around the idea that people need the most support when undergoing a potentially problematic transition into their own independent home, this may be from an institutional setting, such as a psychiatric service or prison, or from a situation of homelessness. CTI is designed around a nine-month timetable, although this is approximate, as support can withdraw before that point, or remain after it, depending on the progress towards independent living.

The goal of CTI is to build a support network, using friends, family, partners, services and community resources that reflects and reinforces individual capacity, i.e. it is a strength based approach that emphasises what someone can do, rather focusing on the limits to their capacity. A support network is built around a process of resettlement, so that access to informal, community and formal supports is put into place while someone is settled into their own home[155].

CTI is regarded as an effective service model in the USA, with research evidence of this intensive, short-term support service effectively building support networks that facilitate an exit from homelessness[156]. The model has also been successfully employed in Denmark, running alongside Housing First services. A Danish cost-effectiveness analysis showed that CTI significantly

155 https://www.criticaltime.org/

156 Herman, D., Opler, L., Felix, A., Valencia, E., Wyatt, R.J. and Susser, E. (2000) A Critical Time Intervention with Mentally III Homeless Men: Impact on Psychiatric Symptoms. *The Journal of Nervous and Mental Disease*, 188(3), pp.135-140; Kasprow, W.J. and Rosenheck, R.A. (2007) Outcomes of critical time intervention case management of homeless veterans after psychiatric hospitalization. *Psychiatric Services*, 58(7), pp.929-935.

reduced the use of other services, particularly accommodation-based services and hospital use compared to a matched control group[157].

The mechanics of CTI are similar to those of floating support, but there is a distinct emphasis on building an informal and formal network that will sustain someone in their own home following the withdrawal of the CTI service. There is a difference in emphasis because CTI is designed *to leave a support network in place*, whereas floating support is more focused on bringing someone to a point where they can manage in housing independently. The emphasis of CTI on network building also makes it distinctive from those accommodation-based services that are more focused on making an individual housing ready. This is not to suggest that accommodation-based services, or other forms of floating support are not concerned to promote social integration, formal and informal support networks and economic inclusion, but CTI arguably has a greater focus on ensuring support is in place *after* the service has ended, planning on the basis that the main service provision is time-limited and will be withdrawn.

The use and potential for CTI in the UK is yet to be explored. There is a case for testing the model given that it has achieved successes elsewhere. One potential limit for CTI is in relation to homeless people with very high and complex needs, whose need for intensive support may be sustained.

Summary

- Floating support services, which can include tenancy sustainment teams and resettlement services, exist in multiple forms. They can be freestanding, attached to accommodation-based services and offer low, medium or intensive forms of support, case management/service coordination. Most floating support models operational in the UK, based on existing evidence, appear to be time-limited.
- The evidence base, both in the UK and internationally, is fragmented. As services within this category can vary considerably it is hard to get a

157 Benjaminsen, L. (2013) Op. cit.

sense of the sector as a whole, the problem also extending to the mapping of this broadly defined type of service.

- Available evidence indicates that floating support services, which in the UK tend to follow a co-production, or user-led, approach within a harm reduction framework, can be effective in ending homelessness. However, there is less clarity around how effective these services are in comparison to accommodation-based services. However, floating support services would be expected to have lower operating costs than accommodation-based services.
- There is evidence that Critical Time Intervention (CTI) can be effective in ending homelessness among single people with high and complex needs, but the approach has not yet been employed and tested in the UK.

Housing First

There is extensive guidance and discussion on the operation of Housing First available elsewhere[158]. Housing First can be summarised as follows:

- Housing First provides rapid access to settled, independent housing, often using ordinary private rented or social rented housing.
- Access to housing is not conditional, i.e. someone using Housing First does not have to be assessed as 'housing ready' before housing is offered.
- Housing, treatment and support are separated, i.e. someone using Housing First is not required to show treatment compliance, or changes in behaviour, once they are housed.

158 Tsemberis, S. (2010) Op. cit.; Padgett, D. *et al* (2016) Op. cit. See also: Housing First England http://hfe.homeless.org.uk ; Housing First Guide Europe https://housingfirstguide.eu/ ; Housing First Hub Europe http://housingfirsteurope.eu ; Canadian Housing First toolkit http://www.housingfirsttoolkit.ca

- Support is provided using an intensive floating service, which visits people using Housing First at home, or at agreed venues, and provides case management, practical and emotional support. Caseloads per worker vary by service, but will typically be between 3-8 individual service users at any one point[159].
- A harm reduction approach is employed.
- There is an emphasis on ensuring that the possibility of positive change in someone's life is clearly conveyed, without any requirements being set in relation to behavioural or other changes, often referred to as a recovery orientation in Housing First services.
- Housing First follows the principles of coproduction[160] and personalisation[161].

Housing First services vary in their operational details, both between countries and within the same countries. Variations in Housing First exist in relation to the extent to which the operational detail of the original New York 'Pathways' service is replicated and are discussed in terms of the level of *fidelity* to this original model[162]. Services can take the following, broadly defined, forms[163]:

- A high-fidelity model (near replica) of the original American service, which offered assertive community treatment (ACT) an in-house, comprehensive support team, including mental health and drug professionals directly employed by Housing First, and intensive case management (ICM) services, which provided intensive case management/external service coordination. The original American model only used private rented sector housing, with the service itself

159 Pleace, N. (2016) Op. cit.

160 https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/

161 https://www.scie.org.uk/personalisation/introduction/what-is

162 Tsemberis, S. (2010) Op. cit.

163 Pleace, N. and Bretherton, J. (2013) Op. cit.

holding the tenancies, and was targeted on homeless people with a diagnosis of severe mental illness. This model has been carefully replicated in the French[164] and Canadian[165] national Housing First programmes.

- A model using intensive case management (ICM) only. This model is used in North America and in the UK and Northern Europe. In the UK and Europe, it will often work with social landlords (social housing is very limited in North America), although (particularly in the UK) at least some private rented sector housing will be used. UK and European Housing First services of this type will tend to be targeted on homeless people with high and complex needs, including recurrently and long-term homeless people. This will include, but importantly *not* be limited to, lone homeless adults with a diagnosis of severe mental illness.
- Models that centre on the conversion of existing homelessness services into congregate models of Housing First (i.e. blocks of flats or apartments where everyone is a Housing First service user). Congregate models formed the initial use of Housing First in the innovative and highly successful Finnish homelessness strategy[166], although Finland also employs scattered housing models of Housing First, alongside a wide variety of other homelessness services. The congregate and communal versions of Housing First are probably most common in North America. Advocates of the original model of Housing First criticise this approach, arguing that social integration is undermined because congregate housing is viewed as physically separated from the surrounding community[167].

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164 http://www.gouvernement.fr/53eme-atelier-de-la-dihal-sur-le-deploiement-du-programme-un-chez-soi-d-abord

165 https://www.mentalhealthcommission.ca/English/at-home

166 Y Foundation (2017) *A Home of Your Own: Housing First and ending homelessness in Finland* Helsinki: Y Foundation. http://www.feantsaresearch.org/en/news/2017/10/27/y-foundation-publishes

167 Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. and Goering, P. (2013) The Pathways Housing First fidelity scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 16(4), pp.240-261; Greenwood, R.M., Stefancic, A., Tsemberis, S. and Busch-Geertsema, V. (2013)

The exact scale of Housing First in the UK at the time of writing is not clear, but there are now several dozen pilots and commissioned services in place and research led by Homeless Link will aim to map services in 2018. Commissioned services are provided by St Mungo's in several London boroughs, by Changing Lives in Newcastle and by Turning Point in Glasgow, among others. Pilots exist in many cities, including Greater Manchester.

Ending Homelessness

Housing First was designed specifically to reduce homelessness among people with high and complex needs[168]. As was discussed in the first section of this report, the realisation that there was a population of long-term and recurrently homeless people, sometimes described as a 'chronically' homeless population, which had high costs for public services, provided fertile ground for the development of Housing First in North America.

The evidence that Housing First ends homelessness – among homeless people with high and complex needs – is strong. The evidence is also international, and this is an important point, because Housing First has worked in Copenhagen, Dublin, Glasgow, Helsinki, Lisbon, London, Manchester, Newcastle, Paris, Vienna, New York and Vancouver, to name a few cities, alongside the successful use in the Danish, Finnish, French and Canadian national homelessness strategies[169] and evidence of reductions of 'chronic' homelessness, particularly among veteran groups in the USA[170]. The literature on Housing First – particularly on the Canadian *At Home/Chez Soi* programme[171] – is extensive.

Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity. *American Journal of Psychiatric Rehabilitation*, 16(4), pp.290-312.

168 Tsemberis, S. (2010) Op. cit.

169 Pleace, N. (2016) Op. cit.

170 Montgomery, A.E., Hill, L.L., Kane, V. and Culhane, D.P. (2013) Housing chronically homeless veterans: Evaluating the efficacy of a Housing First approach to HUD-VASH. *Journal of Community Psychology*, 41(4), pp.505-514.

171 Nelson, G., Caplan, R., MacLeod, T., Macnaughton, E., Cherner, R., Aubry, T., Méthot, C., Latimer, E., Piat, M., Plenert, E. and McCullough, S. (2017) What Happens After the Demonstration Phase? The

While there is a lot of material on Housing First, it can be summarised fairly simply when it comes to the effectiveness of Housing First in ending homelessness[172]:

- Housing First is broadly effective at ending homelessness among single people with high and complex needs. This includes:
    - People with a history of long-term or recurrent use of homelessness services which has not resulted in a sustained exit from homelessness.
    - People with sustained histories of sleeping rough.
    - People presenting with severe mental illness, addiction, poor physical health, limiting illness and disability and repeated contact with criminal justice systems, including individuals in which all these needs are simultaneously present.
- Typically, around eight out of every ten people using Housing First services successfully exit homelessness, using a measure of sustaining one year in housing[173]. While the evidence base is new (many Housing First services being relatively recent), there is some evidence of sustained exits from homelessness for 3-5 years or more[174].
- There is evidence that Housing First services with varying levels of fidelity (replication) of the original model can all effectively end homelessness among a high proportion of single people with complex needs[175]. Some Canadian research is beginning to indicate that ICM

Sustainability of Canada's At Home/Chez Soi Housing First Programs for Homeless Persons with Mental Illness. *American Journal of Community Psychology*, 59(1-2), pp.144-157.

172 Johnson, G. *et al* (2012) Op. cit.; Pleace, N. and Bretherton, J. (2013) Op. cit.; Pleace, N. (2016) Op. cit.; Padgett, D. *et al* (2016) Op. cit; Mackie, P. e*t al* (2017) Op. cit.

173 Pleace, N. (2016) Op. cit.

174 Padgett, D.K. (2007) There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social science & medicine*, *64*(9), pp.1925-1936.

175 Pleace, N. (2016) Op. cit.; Pleace, N. and Bretherton, J. (2013) Op. cit.; Bretherton, J. and Pleace, N. (2015) Op. cit.; Blood, I. *et al* (2017) Op. cit.

only and ICM/ACT services may have similar levels of effectiveness[176], although this is disputed by those who advocate high-fidelity to the original model[177].

- Housing First is not entirely effective for homeless single people with high and complex needs, between one and three out of every ten using Housing First services do not have a successful outcome. There are examples of extremely high rates of housing sustainment at over 90%[178], though the existing evidence suggests that rates of 80% are more typical, with a few examples of Housing First dipping below that level, but still achieving housing sustainment for one year with over 70% of service users[179].
- Outcomes on housing sustainment are strong, with some evidence that Housing First can outperform some other services with respect to homeless people with very high and complex needs. However, outcomes in respect of addiction, mental health, physical health and social integration are more mixed. It is *not* the case that people using Housing First are characterised by universal or rapid improvements in mental and physical health, addiction, or social and economic integration, although some improvements do occur[180].

Housing First is a service model that is specifically designed to provide support for lone homeless adults with high and complex needs. There is strong, global, evidence showing that Housing First is effective in ending homelessness for the majority of people it works with, including the robust randomised control trials from Canada and France and observational research

176 Urbanoski, K., Veldhuizen, S., Krausz, M., Schutz, C., Somers, J.M., Kirst, M., Fleury, M.J., Stergiopoulos, V., Patterson, M., Strehlau, V. and Goering, P. (2017) Effects of comorbid substance use disorders on outcomes in a Housing First intervention for homeless people with mental illness. *Addiction*. DOI: 10.1111/add.13928

177 Greenwood, R. *et al* (2013) Op. cit.

178 Benjaminsen, L. (2013) Op. cit.

179 Bretherton, J. and Pleace, N. (2015) Op. cit.

180 Padgett, D. (2007) Op. cit.; Johnson, G. *et al* (2012) Op. cit.; Pleace, N. and Quilgars, D. (2013) Op. cit.; Quilgars, D. and Pleace, N. (2016) Op. cit.

from the UK and Europe. Equally, it is evident that while effective in ending homelessness, Housing First does not work for everyone and that the successes in tenancy sustainment are not always directly paralleled by changes in mental and physical health or addiction. As has been noted elsewhere, being critical of Housing First for not being a 'miracle cure' is hardly reasonable[181], but at the same time, alongside the notable successes, there are limitations to the model and some reasons to be careful in how the evidence for Housing First is interpreted.

Criticism of Housing First in the USA has been focused on three fronts[182]:

- Housing First is not necessarily engaging with lone homeless adults with the highest support needs, i.e. it may be 'cherry-picking' relatively less complex cases than American accommodation-based services (which are more likely to follow strict regimes with an emphasis on behavioural modification to make someone 'housing ready')[183].
- Housing First aims to achieve less than American accommodation-based services. The goal is focused on housing stability, with an emphasis on using stable housing as the basis to which support and treatment is delivered and social and economic integration is developed. By contrast, American accommodation-based services aim to bring an individual to a point where they are housing ready, i.e. can live an independent life[184].
- Housing First is not a coherent model., The original approach in the USA has not been followed consistently, meaning there is not a single type of service called Housing First, but a series of related interventions.

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181 Busch-Geertsema, V. (2013) The Potential of Housing First from a European Perspective *European Journal of Homelessness* 6(2) pp. 209-216.

182 Pleace, N. (2011) Op. cit.

183 Kertsez, S.G.; Crouch, K.; Milby. J.B.; Cusimano, R.E. and Schumacher, J.E. (2009) Housing First for Homeless Persons with Active Addiction: Are we overreaching? *The Milbank Quarterly* 87, 2, pp. 495-534.

184 Stanhope, V. and Dunn, K. (2011) 'The curious case of Housing First: the limits of evidence based policy' *International Journal of Law and Psychiatry* 32, pp. 275-282.

As it is not properly defined or consistent, evidence that Housing First is 'successful' needs to be treated with caution[185].

There are counterarguments to these points. Housing First has now been used so widely, with full blown randomised control trials taking place in Canada and France, that arguments that Housing First is 'cherry picking' are hard to sustain. While it is true that Housing First does not work for everyone, the evidence base – currently at least – does not suggest a clear pattern of failures being associated with people with the highest and most complex support needs. Equally, the goal of the Housing First approach is to bring someone to a point where they 'graduate' and become able to live a more or less independently, this process is completed in their own home, rather than in advance of housing being provided. What Housing First does not do is try to accomplish fully independent living to a set timetable and the model does, effectively, allow for support to be ongoing for some people, even if the level of that support tends to reduce over time[186]. Consistency in service design is an issue, particularly in the USA, but there is evidence that following the core philosophy of Housing First, rather than replication of the operational detail of the original service, tends to generate good results in respect of tenancy sustainment[187].

Being in a position where several of the original arguments against Housing First can be at least partially countered by the ever-increasing weight of evidence, it would seem that the case for using the approach in the UK is a very strong one. Yet there is still a need for some caution in how the international evidence is interpreted when considering the use of Housing First in the UK.

The first point here centres on what exactly the evidence is about – which relates back to the criticisms that Housing First encompasses a range of

185 Tsai, J. and Rosenheck, R. (2012) Considering Alternatives to the Housing First Model *European Journal of Homelessness* 6(2) pp. 201-207.

186 Padgett, D. *et al* (2016) Op. cit.

187 Pleace, N. and Bretherton, J. (20130 op. cit.; Pleace, N. (2016) Op. cit.

service models – and is particularly important in relation to the Canadian and French national programmes. There are three points here:

- The Canadian and French programmes are full ACT/ICM services, with in-house multidisciplinary teams and highly qualified staff, including social workers educated to postgraduate level, medical, addiction and mental health specialists. These services are heavily resourced compared to the normal levels of spending on homelessness in the UK, particularly with respect to the Housing First pilots that have been undertaken to date. The Canadian pilot programme had a budget of $CAD 110 million (£65 million) covering service development and testing in five cities[188].
- The Canadian and French programmes are *mental health* interventions, i.e. Housing First is being focused *only* on homeless people with a severe mental illness. In the case of Canada, the use of Housing First is equivalent to the NHS developing and funding a Housing First programme targeted on homeless people with severe mental illness. In France, DIHAL leads the Housing First programme, an interministerial body which has strategic responsibility for French homelessness strategy and there is a clear emphasis on using Housing First to reduce the costs of homelessness to the French public health and mental health systems.
- The Canadian and French services are more heavily resourced and have a different focus – on homeless people with a psychiatric diagnosis - from the Housing First services developed in some other countries.

Finland has used a lower fidelity model, which is ICM-led, and includes elements of congregate Housing First, broadly targeted on homeless people with complex needs who are long-term and recurrently homeless at national level. Finnish achievements, in reducing homelessness among people with high and complex needs, *exceed* those of Canada and France, although the Finnish Housing First programme, alongside being more broadly targeted, is

188 https://www.mentalhealthcommission.ca/English/at-home

also further advanced[189], the French and Canadian programmes only moving beyond the pilot stage relatively recently.

In the Netherlands[190], just as in Finland, Housing First is also not the ICM/ACT model seen in Canada or France, but an ICM-led approach. This is also true of services in Belgium[191], Spain[192], Portugal[193], Italy[194], Sweden[195] and some Housing First in Denmark[196], alongside the Housing First services that have, thus far, been piloted and commissioned in the UK[197]. Housing First can take the following forms:

- High intensity case management models
- Intensive Case Management (ICM) only
- Assertive Community Treatment (ACT) only
- ACT/ICM models (including the original model)

Using ICM-led approaches, or some other form of relatively intensive case management, without an in-house interdisciplinary team, makes operational sense in the UK and some European countries. This is because, unlike the USA, welfare, health, social care and addiction services are broadly available, i.e. there is universal or near-universal access, which means that a Housing First model that uses case management to coordinate a package of externally provided services makes sense. This approach is also significantly cheaper than providing a dedicated in-house, multidisciplinary team as part of every

189 The Y Foundation (2017) Op. cit.

190 Busch-Geertsema, V. (2013) Op. cit.

191 Busch-Geertsema, V. (2016) Op. cit.

192 Bernad, R. and Yuncal, R. (2016) Introducing the Housing First Model in Spain: First Results of the Habitat Programme *European Journal of Homelessness* 10(1) pp. 53-82.

193 Busch-Geertsema, V. (2013) Op. cit.

194 Lancione, M., Stefanizzi, A. and Gaboardi, M. (2017) Passive adaptation or active engagement? The challenges of Housing First internationally and in the Italian case *Housing Studies*, pp.1-18 DOI: 10.1080/02673037.2017.1344200.

195 Knutagård, M. and Kristiansen, A. (2013) Not by the book: The emergence and translation of Housing First in Sweden. *European Journal of Homelessness* 7(1), pp. 93-115.

196 Benjaminsen, L. (2013) Op. cit.; Busch-Geertsema, V. (2013) Op. cit.

197 Blood, I. *et al* (2017) Op. cit. Bretherton, J. and Pleace, N. (2015) Op. cit.; Quilgars, D. and Pleace, N. (forthcoming 2017) Op. cit.; Pleace, N. and Quilgars, D. (forthcoming, 2017).

Housing First service, if the services with which Housing First is coordinating have sufficient resources to enable effective joint working.

The successes of Housing First need to be seen in this light. When Housing First is described as 'ending homelessness', as it often is, this really means a *range* of services, with *differing levels of adherence to the original model* and – importantly – very different levels of *resources* and different *client groups*. An Italian Housing First service[198], as has been the case with British Housing First services, is a small team of Housing First workers providing intensive support to people living in the most suitable and affordable housing available. This is very different to the interdisciplinary teams, medics, addiction specialists, mental health specialists and social workers educated to postgraduate level found in a full-blown ACT/ICM service in the US, Canada or France.

The UK and Italy have something else in common. Funding is comparatively scarce and unreliable. While the Italian case is more extreme, the basic problem of finding money to pilot, develop and sustain a Housing First service exists in both countries. Long term funding at a level that could predictably support an ACT/ICM service has not been available, which has already led - in the UK – to Housing First pilots experiencing funding sunsets. Pilots showing success have ended, because short term, limited financing ran out[199]. By contrast, in Canada, Finland and France, Housing First was given space to develop and to prove itself, on a scale that has not been replicated in countries where funding for homelessness services is more limited and uncertain.

However, from a UK perspective, the most important point to bear in mind about the Housing First evidence base is not the variation in what is meant by Housing First, but the variation in the other homelessness services that Housing First is being *compared* to. In North America, existing accommodation based services tend to follow strict regimes centred on

198 Lancione, M. *et al* (2017) Op. cit.

199 Bretherton, J. and Pleace, N. (2015) Op. cit.

behavioural modification and abstinence, i.e. they are the form of homelessness service that has been repeatedly demonstrated as generating - at best - mixed results in ending the homelessness of people with high and complex needs[200].

In the USA and Canada, Housing First is being compared to 'treatment as usual', in the form of mainstream North American accommodation-based services, which, while not an outright failure[201], were often not tackling much of the homelessness they were targeted on. In Belgium[202], the Netherlands[203] or in France[204], existing services were not quite the same, but traditional accommodation-based systems - focused either on basic shelter or making someone 'housing ready' - were the services against which Housing First was either tested or compared.

UK accommodation-based services are not the same. As was described above, service-user choice, harm reduction and, increasingly, personalisation, co-production and psychologically informed environments (PIE) are at the core of much existing service provision. There are traditional services, which can be very basic, there are services that follow the strictures of abstinence, treatment compliance and behavioural modification, but this is simply not what a lot of the UK homelessness sector is like. In terms of the international evidence base for Housing First, the successes are being measured in relation to existing service models that *are not widely used in the UK*.

A North American accommodation-based service may, in relation to Housing First, be comparably ineffective in ending the homelessness of people with high and complex needs, that does not automatically mean that a British accommodation based service can simply be assumed to be following the same approach, or as achieving the same level of success. The UK evidence base is limited, but there is enough data to at least raise the question of

200 Pleace, N. (2008) Op. cit.
201 Rosenheck, R. (2010) Op. cit.
202 Busch-Geertsema, V. (2016) Op. cit.
203 Busch-Geertsema, V. (2013) Op. cit.
204 DIHAL (2016) Op. cit.

whether 'treatment as usual' in the UK is actually directly comparable with 'treatment as usual' elsewhere, and that raises questions about the extent to which there is clear water between Housing First and some existing UK accommodation-based and floating support homelessness services in terms of ending homelessness.

Both the British and the Europeans have been *modifying* Housing First. In the North American context, Housing First was a real leap, user-led services with a harm reduction framework were radically different from many existing services, but in a country like Finland or the UK, these elements of service delivery had been pretty much mainstream well before Housing First started to cross the Atlantic.

While it would be quite incorrect to characterise Housing First as regressive, there are elements in the original model that reflect the practice from earlier forms of homelessness service. These elements focus on behavioural modification, which while not enforced, is actively and continually encouraged through the use of a recovery orientation and, what in the European guidance is called active engagement without coercion[205].

From one perspective, this focus on changing the person to end their homelessness means that Housing First does not quite represent the break from 'housing ready' models that is claimed, i.e. there is still an implicit assumption that someone's homelessness ultimately comes from their characteristics, needs and choices[206]. This emphasis on changing the person, on working towards modifying an individual, rather than confining the service goals to sustainably ending homelessness, is less evident in UK Housing First services[207] and in Housing First in some other countries including Finland[208]. It can be argued that the move across the Atlantic has brought the emphasis on service-user choice to its logical conclusion, taking it beyond the original

205 Pleace, N. (2016) Op. cit.

206 Hansen-Löfstrand, C. and Juhila, K. (2012) The discourse of consumer choice in the Pathways Housing First model. *European Journal of Homelessness* 6(2), pp. 47-68.

207 Bretherton, J. and Pleace, N. (2015) Op. cit.

208 The Y Foundation (2017) Op. cit.; Pleace *et al* (2015) Op. cit.

model and in so doing, changing the emphasis and some of the ultimate goals of Housing First[209].

One final point is worth making, which centres on the dilution of the original model, centring on arguments about the importance of fidelity to the Housing First services built by Sam Tsemberis in New York in the early 1990s. There is evidence that adherence to a set of core principles has generated consistent success in ending homelessness across a range of countries[210], but there have been cases where services calling themselves Housing First have drifted some distance from the core philosophy of Housing First, as well as the operational details of the original model. Claims for 'success' for Housing First, for example in Australia[211], are not always based in services that have high philosophical fidelity to the original model. Partially this is about being precise about what Housing First is and what the model can achieve. However, when success is reported with hybrid models, which contain elements of Housing First, like the one used in Australia, the Breaking Ground (formerly common ground) model[212]or the intensive 'tenancy sustainment' floating support model used in the Rough Sleepers Initiative in England (developed without reference to Housing First)[213], the line between Housing First and some floating support and accommodation-based services becomes less clear.

Bringing all this together, it is possible to make five points about the evidence base for Housing First and how it is being interpreted:

- Housing First is effective in ending homelessness among people with high and complex needs and has shown that success in much of Northern and Western Europe and throughout North America. Existing UK pilots and commissioned Housing First services appear similarly successful.

209 Pleace, N. (2016) Op. cit.

210 Pleace, N. and Bretherton, J. (2013) Op. cit.

211 Johnson, G. and Chamberlain, C. (2015) *Evaluation of the Melbourne Street to Home programme: Final Report*. Melbourne: HomeGround Services.

212 See above.

213 Lomax, D. and Netto, G. (2007) Op. cit.

- Some of the Housing First services that are effective in other contexts have very different levels of resources to those found in UK services, a different focus, on severe mental illness, and, unlike current UK services, employ the ACT model, with a specialist, in-house, multidisciplinary teams.
- The basis of comparison between Housing First and existing services in other countries is not necessarily applicable to the UK. Housing First has shown very relatively high levels of success, but the basis of the comparison has often been accommodation-based services with strict regimes centred on behavioural modification and abstinence, or with basic homelessness services. The UK homelessness sector does not have these characteristics, as use of service-user choice, personalisation, co-production and harm reduction is widespread.
- While there is clear evidence, mainly from Denmark and France, that higher-fidelity Housing First services can be effective outside North America, the forms of Housing First used in Europe and the UK can be modifications of the original model. The greater emphasis on service user choice and lower emphasis on behavioural modification in some services is an example.
- Some evidence that other homelessness services that incorporate elements of Housing First (including those which are not designed with any reference to Housing First) are achieving successes, blurring the distinction between 'Housing First' and some forms of accommodation-based and floating-support services.

Clearly, it is important to understand precisely what is meant by Housing First and what – exactly – Housing First is being compared with. Assumptions about what is effective and how effective it is, cannot be based on non-UK evidence, particularly when that external evidence has some inherent limits. For the UK, it is vital to be clear exactly how Housing First is being

implemented and the specific goals it is intended to achieve[214]. Modelling the use of Housing First, as has been attempted in Liverpool[215], is one step, but understanding the reality of working services that are already in place, alongside proper comparative analysis will be important in understanding the roles that Housing First can productively undertake.

Housing First has clearly been effective in many countries, but what that means in terms of how it should be used, how it should be deployed in relation to other services and how it should be implemented needs to be focused on the UK, not based on simple assumptions drawn from what happened elsewhere. Beyond this, there are also limits in what Housing First can achieve and it is important to manage expectations so that the development of Housing First does not become hampered by it being presented as a panacea, setting expectations that will - ultimately - be shown to be unrealistic[216]. Researchers considering the use of Housing First in Australia have raised many of the same points that should be raised in the UK[217]:

> *While much can be learnt from Housing First it is also clear that in the process of transferring Housing First to Australia important findings have been ignored, factors contributing to its success have been over-simplified and claims about its effectiveness over-stretched. The risk is that if the outcomes Housing First delivers do not match expectations public and policy interest may evaporate. Further, in positioning Housing First as an effective alternative and ignoring the constraints impeding existing responses in Australia, the opportunity to ground some core Housing First ideas in a more enduring set of systemic-wide principles and policies enabling service*

214 Orwin, R. G. (2000) Assessing program fidelity in substance abuse health services research *Addiction*, S309-27.

215 Blood, I. *et al* (2017) Op. cit.

216 Busch-Geertsema, V. (2012) Op. cit.; Johnson, G. *et al* (2012) Op. cit.

217 Johnson, G. *et al* (2012) Op. cit., p. 17.

improvements across all programs offering housing and support may be missed.

Summary

- There is strong evidence that Housing First can end homelessness effectively for many single people with high and complex needs, including people who have had repeated or long-term use of other homelessness services without ever finding a sustainable solution to their homelessness and people who are entrenched rough sleepers.
- While Housing First is often successful in ending homelessness for people with complex needs, there are some people for whom it is not effective. Outcomes in respect of social integration, mental and physical health and addiction can be positive, but there is also variation.
- Housing First services that have been successful in other countries often have a high level of sustained financial support that has not been available in the UK, this is particularly the case where Housing First has been integrated into national homelessness and mental health strategies, such as in Canada, Denmark, Finland or France. In some cases, such as Canada, France and the USA, Housing First services possess in-house, multidisciplinary teams.
- While Housing First services with much lower levels of resource have been successful, the evidence is clearest in relation to well-funded, highly developed services. A greater level of funding, available on a sustained basis, has been a feature of countries where Housing First has shown the greatest success.
- According to the international evidence base, Housing First appears to be much more successful in ending the homelessness of people with high and complex needs than existing homelessness services. However, the services with which Housing First is compared are not always equivalent to those found in the UK, often being less likely to use personalisation, co-production and harm reduction and with, on the basis of existing evidence (which has limitations), a lower rate of success

than is found in the UK homelessness sector. There is also some evidence suggesting accommodation-based and floating support services that reflect (but do not replicate) the Housing First approach, are also achieving successes, potentially blurring some of the claimed distinctions between Housing First and other service models. The arguments in relation to the efficiency of Housing First in ending homelessness, relative to existing service provision, may be less clear cut in the UK than in some other countries.

- UK and European Housing First services have sometimes been modified, including an even greater emphasis on service user choice than exists in the original model. These modifications may sometimes be significant to determining the effectiveness of Housing First in British and European contexts.

Cost Effectiveness

There have been attempts to model and explore the cost effectiveness of different forms of Housing First, with a particular emphasis on contrasting Housing First with other services in recent years. In the USA, Housing First was sold to policy makers and commissioners on the basis that it would deliver a cost saving solution to homelessness among people with high and complex needs[218]. The basis for this argument was as follows:

- Homeless people with complex needs can make repeated or sustained use of existing homelessness services, without their homelessness being resolved. This expenditure does nothing more than (temporarily) keep them off the streets.
- Homeless people with complex needs have repeated contact with mental health and emergency health services, addiction services and with the criminal justice system, all of which creates costs and – again – does not resolve their homelessness.

218 Tsemberis, S. (2010) Op. cit.

One argument for Housing First is that, by effectively ending homelessness, it reduces these costs. Housing stability creates stability in terms of service contact, so for example if things are working properly mainstream - rather than emergency - health and mental health services are used (at a lower cost), any offending or any nuisance behaviour drops off, or ceases altogether and this also reduces spending. Further, as homelessness is being sustainably ended by Housing First, there is not any unproductive spending on homelessness services which, for advocates of Housing First, tend to be viewed as less effective for the people with high and complex needs for which Housing First is designed. The cost-per hour in terms of support costs may also be lower, which means it may be less expensive to support someone via Housing First than in an accommodation-based service, largely because Housing First is often not providing, running and staffing a dedicated building, but instead using ordinary housing.

All of this makes sense, until the underlying assumptions about what Housing First costs relative to other services are examined more closely. Several conditions need to be true for Housing First to cost less than other forms of homelessness service[219]:

1. Accommodation based services need to be comparatively inefficient, i.e. they must take some time to resolve homelessness where they are effective, have higher operating costs and fail to resolve homelessness on a regular basis.
2. Housing First must have a lower cost per hour of support, less frequent contact or lower logistical costs and must not sustain intensive contact for very long periods.
    - Based on actual patterns of service use among 86 lone homeless people, who had all been homeless in England for at least three months during 2016, £14,808 had been spent on average on

219 Bretherton, J. and Pleace, N. (2015) Op. cit.

homelessness service use, equivalent to £1,273,488 over the course of one year[220].

- Housing First would need to cost less on average, i.e. it would need to resolve homelessness more often, at a lower *overall* cost, to actually reduce this spending. If, for example, an accommodation-based service effectively resolved someone's homelessness for a year, after a three-month long episode of service use costing £15,000, Housing First would need to cost less for 15 months, to achieve the same result, i.e. *total* costs would need to be less.
- High intensity accommodation services may have more expensive support costs than Housing First, a sustained stay in an accommodation-based service of this sort is likely to cost more than Housing First. Based on actual examples of eight working Housing First services and accommodation based services working in several local authorities in England in 2014/15, this cost differential is clear[221]. *Support costs* in high intensity accommodation-based services (such as a 24-hour cover, wet hostel) were around £17,160 per year. By contrast, a year of Housing First *support costs* ranged between £4,056 and £6,240, a saving, on support costs, of between £13,104 and £10,920.
- However, potential savings were based on what eight Housing First pilot services reported as their average contact hours – three per week – over the course of one year. This estimate was based around an assumption that initially high rates of contact would tail off over the course of a year, which is the working assumption of the Housing First model, so that, for example, 12 hours of contact in week 1 might have dropped to a 15-minute chat in week 52. Put the hours up and the cost differential starts to fall

220 Pleace, N. and Culhane, D.P. (2016) Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England London: Crisis.

221 Bretherton, J. and Pleace, N. (2015) Op. cit.

quite fast[222]. The more expensive end of Housing First goes to £8,320 at four hours a week, and to £16,640, if there were eight hours of contact a week[223].

- Lowering the assumed costs of the accommodation-based service has an effect. An accommodation-based service offering a medium level of support, fewer specialist workers but 24-hour cover and on-site staffing, can conceivably be working with homeless people with high and complex needs. Here, based on the same 2014/15 data, *support costs* fall to around £9,630, still more than Housing First, but again, that differential starts to fall if Housing First is typically engaging more frequently than three hours a week[224].
- The cost differential in the UK is based on the use of ICM-only Housing First and Housing First using high intensity case management models. A high-fidelity model, following the ACT/ICM approach, as seen in the USA, Canada and France, will have *significantly* higher costs. Using a high-fidelity version of Housing First would reduce the cost differential with accommodation-based services considerably, perhaps (as is the case with some USA services) to near-parity[225]. Housing First may, in certain forms, cost as much or more than accommodation based services, which would mean it would need to end homelessness among adults with high and complex needs at a significantly higher rate, to continue to make financial sense.

3. *Housing* costs must be lower than accommodation costs in accommodation-based services. If housing someone in the scattered housing that UK Housing First projects tend to use costs more than

222 Tsemberis, S. (2010) Op. cit.
223 Ibid.
224 Ibid.
225 Culhane, D.P. (2008) Op. cit.

keeping them in purpose-built accommodation-based services, the potential cost advantage of Housing First may be lessened.

4. People using Housing First must have a combination of high support needs and high use of emergency medical services, addiction services and/or contact with the criminal justice system.
    - Someone has to cost the State more money than Housing First does, before investment in Housing First – purely from a perspective of efficient use of public money and for the moment leaving aside the obvious humanitarian concerns – makes sense. This means that they have to a) have significant support needs and b) be costing more money *because* they are homeless, e.g. through greater emergency service use or more contact with the criminal justice system than would happen if they were housed. Typically, as in other economically developed countries, long-term and recurrent homelessness in the UK tends to cost significant amounts of public money, even if there are some homeless people with high and complex needs who use few if any services and who will cause a spike in spending if they engage with Housing First (or indeed any other homelessness services)[226].
    - Housing First does not make economic sense if it provides a higher level of support than someone needs, or engages with someone longer than is needed, when other, lower intensity (and less expensive) services could meet their needs.
5. Housing First must not have to build, redevelop or purchase a suitable housing supply, or must do so in a way that does not incur direct costs for public expenditure, to be cheaper than existing services. If a Housing First programme or service must purchase or develop a new

226 Pleace, N. and Culhane, D.P. (2016) Op. cit.; Pleace, N. (2015) *At What Cost? An estimation of the financial costs of single homelessness in the UK* London: Crisis; Pleace, N.; Baptista, I.; Benjaminsen, L. and Busch-Geertsema, V. (2013) *The Costs of Homelessness in Europe: An Assessment of the Current Evidence Base* Brussels: FEANTSA.

housing supply the costs are obviously considerably higher than if existing housing is used. In Finland, conversion, purchase and building of additional housing was an integral part of the use of Housing First within the wider integrated homelessness strategy, as available affordable housing supply was insufficient to enable the national strategy to significantly reduce long-term homelessness within the timetable set by policy makers[227], making the Housing First programme relatively expensive.

6. Housing First must be able to successfully engage with lone homeless adults with high support needs who are recurrently homeless or long-term homeless, or at high risk of becoming so, more effectively than existing homelessness services.
    - There is good evidence that Housing First is able to engage with long-term and recurrently homeless people who have not been able to exit homelessness through the use of other services. This is the strongest element of both the financial and policy case for employing Housing First, even if Housing First has equivalent or similar costs to accommodation based services, being able to end and prevent long-term and recurrent homelessness among people will – at the least – represent a more *efficient* use of resources. In the USA, research reports that Housing First represents a more efficient use of public money, i.e. Housing First cost about the same, but was better at ending homelessness, these findings have been instrumental in making the case for Housing First with policy makers[228]. In Finland, despite significant expenditure on making housing available for the Housing First programme, the greater efficiency of Housing First in reducing long-term homelessness is seen as justifying the investment[229].

227 Pleace, N. et al (2015) Op. cit.

228 Culhane, D.P. (2008) Op. cit.

229 Pleace, N. *et al* (2015) Op. cit.

As noted, there are estimates suggesting that Housing First will be consistently and significantly cheaper than existing homeless service provision in the UK[230]. However, the international evidence base casts some doubt on this idea, as does some of the evidence about the operational reality of Housing First in the UK. Housing First can represent an efficient use of resources because it can address homelessness among people with high and complex needs at a high rate and it may also produce savings for other services, but it may not necessarily *save* money[231].

It is important that the total effectiveness of Housing First are the main criteria on which financial efficiency is judged. This means the rate at which Housing First sustainably ends homelessness, not comparisons of what a Housing First service costs per day compared to other forms of service provision.

Ultimately the financial arguments about Housing First are something of a distraction. What matters is the human question and the policy question, i.e. whether Housing First is a viable means to help reduce homelessness that can enhance the effectiveness of the homeless strategies of England, Wales, Scotland and Northern Ireland, not whether or not it is 'cheaper' than existing services. Clearly, public money cannot be spent on something that does not work, but the evidence is that Housing First can enhance existing responses to homelessness, albeit that it does not constitute a comprehensive response to single homelessness in itself.

There is a danger here, as presenting Housing First as something that will consistently and significantly reduce spending creates an incentive to dilute the model. While it is the case that intensive case management Housing First services can be effective, alongside the more expensive ACT/ICM model, Housing First is an *intensive* service model, with all that implies. Caseloads for a Housing First worker should be no more than four to eight people at any one point, depending on need levels, not 30 or 40 people at once. The Housing First services that are effective are – all – comparatively well-

230 Blood, I. *et al* (2017) Op. cit.; Mackie, P. *et al* (2017) Op. cit.

231 Ly, A. and Latimer, E. (2015_ Housing First impact on costs and associated cost offsets: A review of the literature. *The Canadian Journal of Psychiatry*, 60(11), pp.475-487; Culhane, D.P. (2008) Op. cit.

resourced in terms of the contact time made available to people being supported[232].

Summary

- Housing First may have lower operating costs than existing homelessness services, but there is a real need for caution, there are many variables that can influence the relative costs of Housing First, it should not just be assumed that Housing First necessarily represents a way of reducing expenditure.
- For single people with high and complex needs, whose homelessness is recurrent or sustained and whose homelessness may not be resolved by existing services, Housing First may be a more efficient use of resources.

3 Discussion

Introduction

This final section of the report considers the potential use of Housing First at strategic level in the UK, based on existing evidence. Some wider questions about the future direction of homelessness strategy and the role of homelessness services are also discussed.

232 Pleace, N. (2016) Op. cit.

Using Housing First

Strategic Integration

There is a clear case for using Housing First as part of the response to homelessness in the UK. That case rests on three main points:

- The homeless population for which Housing First was originally developed exists in the UK. There are single homeless people with high and complex needs, including severe mental illness, whose homelessness has become recurrent and sustained, because existing services have not always been able to meet their needs.
- There is evidence that, while it lacks the social scientific robustness of the trials conducted in Canada and France, shows that using Housing First in the UK can end homelessness among people whose needs are complex and whose homelessness is recurrent and sustained, in a way that other services are not always able to.
- Housing First may generate some cost savings, but in many senses, this is immaterial, what matters from both a human and from a policy perspective is that it ends the most destructive forms of homelessness at a high rate.

However, there are a number of points to be considered in relation to the roles that Housing First should take in an integrated homelessness strategy:

- Housing First is an effective response for homelessness among single people with high and complex needs, including people whose needs have yet to be met through other forms of homelessness service provision.
- Single homelessness can often be prevented, using the array of service models that have been developed in the UK, ranging from rent deposit schemes through to mediation and support services[233].

233 https://www.gov.uk/government/collections/homelessness-statistics

- There is evidence that existing, accommodation-based, UK homelessness services end homelessness among single people with support needs at comparatively high rates. Some models of accommodation-based homeless service used outside the UK may be less efficient and effective than is the case for services developed and run by the UK homelessness sector.
- There is some evidence of successful use of low and medium intensity floating support services (sometimes called housing-led services in Europe) to end homelessness among single people in the UK.
- Some international research, which shows Housing First outperforming existing services, is based on comparisons with accommodation-based service models that are *not widely used* in the UK, i.e. abstinence-based services with strict regimes, which are uncommon in the UK, and which have been repeatedly demonstrated to have limited effectiveness for homeless people with high and complex needs.
- Some of the highest performing, high fidelity, Housing First services have a much higher level of sustained funding than has been available in the UK. These services, using ACT/ICM models, have significantly higher operating costs than the ICM-only and similar models of Housing First used in the UK and in several other European countries.
- Housing First is not completely effective, there are some people for whom it does not work. Outcomes in respect of health, wellbeing and social integration may be variable. Other service models, such as intensive accommodation-based services, may need to be employed alongside Housing First.
- For homeless people with low to medium level support needs, existing services – including floating support (tenancy sustainment teams) and accommodation-based services, will often be effective in ending homelessness. Housing First is not designed to be used for homeless people whose needs are not high or complex. Equally, Housing First is not necessarily the only effective, or appropriate, response to a homeless person with high and complex needs.

The most successful use of Housing First, at strategic level, has always been as a part of an integrated homelessness strategy, not as a standalone service, nor as the sole attempted response to single homelessness. Where Housing First has reduced long-term and recurrent homelessness for people with high and complex support needs effectively, it has been employed as an integral part of integrated homelessness strategies where an array of prevention, low intensity, specialist services and accommodation-based and floating support services are *also* employed.

In Finland, Norway or Denmark, where homelessness is effectively a functional zero, i.e. hardly anyone experiences homelessness and when it does occur, it is very rarely on a sustained or recurrent basis, Housing First is just *one* element of total service provision. Finland is often described as the leading example of a 'Housing First' strategy, a country that has further reduced almost every form of homelessness[234] from already low levels, including the most enduring forms of homelessness associated with high and complex needs. This is not correct. Finland has an integrated, preventative homelessness strategy, of which Housing First is a key, but by no means the sole, component[235].

It is important not to lose sight of what the UK achieved in the days before Housing First. Rough sleeping in London, Scotland and elsewhere was almost eradicated through successive programmes beginning with the Rough Sleepers Initiative and the UK has pioneered the development of many elements of homelessness prevention. The reductions in people sleeping rough were achieved by integrated, mixed-service strategies, which did not include Housing First[236]. Rough sleeping is on the rise again and Housing First is a key part of the solution, but the overall solution will always rest with

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234 Migrant homelessness can be an issue in Finland. Homelessness among native Finns is at very low levels.

235 Pleace, N. (2017) Op. cit.

236 Wilson, W. (2015) *Rough Sleepers Initiative (RSI) 1990-1999* Commons Briefing papers SN07121 London: House of Commons http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN07121#fullreport ; Fitzpatrick, S.; Pleace, N. and Bevan, M. (2005) *Final Evaluation of the Rough Sleepers Initiative*, Edinburgh: Scottish Executive.

developing an effective, integrated strategy, using multiple service models of which Housing First is just one, not with a standalone 'Housing First strategy'.

Many of the innovations of Housing First, around service user choice, harm reduction and using a housing-led model did not simply arrive in the UK with Housing First, they were mainstream long before Housing First pilots began to appear and are, perhaps, still rather more widespread in the UK homelessness sector than in some other countries. The UK was not already delivering Housing First services before the model arrived[237], the intensity and elements of the core philosophy are new. However, Housing First was not a complete revolution in service design, instead Housing First resonated with much of what was already being done and extended it. When Housing First arrived, much the homelessness sector was already on the same page, which meant that the gap between existing services and Housing First, that was evident in North America, was not necessarily present in the same way in the UK.

Integration, rather than replacement, is logical in a context where an array of service provision has a role in preventing and reducing homelessness. This is the situation in the UK, as it was in Finland and in other situations where Housing First has been successfully integrated into wider strategy and produced a reduction in homelessness.

The other point to make here is that innovation is, of course, not confined to Housing First. Successes have been reported in the use of CTI services in North America and Denmark, for example. The most effective integrated homelessness strategy may, as in Finland[238], include other innovations, which may be CTI, specific types of accommodation-based services and a range of floating support, alongside Housing First.

237 Pleace, N. (2011) Op. cit.; Johnsen, S. and Teixeira, L. (2012) Op. cit.

238 Pleace, N. (2017) Op. cit.

Services for Specific Groups

As Housing First becomes integrated into wider strategy, the roles of the Housing First model and other services need to be considered in relation to the needs of specific groups of homeless single people:

- There is growing evidence that gender specific services, including Housing First, need to be developed. Women can experience homelessness for different reasons from men and also take trajectories through homelessness that differ from those of men. Key concerns include the rate at which women's homelessness results from domestic violence and abuse and evidence of a tendency among lone homeless women to use informal support, i.e. friends, relative and acquaintances, to keep a roof over their heads and to sometimes avoid (male dominated) services. Provision of gender specific services, including accommodation-based services, floating support and Housing First, where services for women are provided by women, has the potential to provide better outcomes[239]. A pilot Housing First service for women offenders with a history of homelessness, Threshold Housing First, is generating impressive results in Manchester[240].
- Services designed for young people, including care leavers, ex-offenders and ex-service personnel may be more effective than generic services. The development of specific accommodation-based services is longstanding practice in the UK, but there is scope to explore use of more innovative models for specific groups, such as Housing First for young people[241].

239 Bretherton, J. (2017) Reconsidering Gender in Homelessness. *European Journal of Homelessness* 11(1), pp. 1-21.

240 Quilgars, D. and Pleace, N. (Forthcoming, 2017) Op. cit.

241 http://www.feantsaresearch.org/download/samara-jones-deborah-quilgars-and-sarah-sheridan5938179022449888530.pdf