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What do we Mean by Housing First? Categorising and Critically Assessing the Housing First Movement from a European Perspective

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Abstract

While 'Housing First' can seem an ambiguous concept, this paper argues it is possible to broadly classify three main 'Housing First' variants and discuss their effectiveness. The paper argues that it is important that the core achievement of Housing First services in taking and keeping most of the people they work with out of a state of homelessness is not lost sight of as criticism of the approach increases. Debates about defining 'Housing First' are unproductive. There is evidence that the 'pure' form, Pathways Housing First model, and two broadly defined 'Housing First' variants that are influenced by, or reflect, the Pathways Housing First philosophy, 'Communal Housing First' and 'Housing First Light', can all deliver sustained exits from homelessness.

Three policy problems and the rise of Housing First

By the early 1990s the US faced three homelessness policy problems. The first was an increase in street homelessness apparently associated with psychiatric hospital closures. The second that existing homelessness services appeared to not be working well. The third that street homelessness was becoming financially expensive.

In the 1980s, increases in US street homelessness were being associated with inadequate community services for people with a severe mental illness and mass closure of psychiatric hospitals (Lamb, 1984; Bassuk and Lamb, 1986; Carling, 1990). The idea of 'sick' and 'dangerous' people living on the street made American urban space feel both unsafe and inhuman (Guzewicz and Takooshian,1992; Mossman, 1997). Popular anxieties about street homelessness led to a surveillant turn as some cities tried to clear their streets with their criminal justice systems (Mitchell, 1997; Murphy, 2009).

This image of street homelessness was incorrect. Critics raised questions about causation, i.e. whether severe mental illness could actually be shown to precede homelessness or was

actually arising *because* of what homelessness did to someone (Cohen and Thompson, 1992; Lyon-Callo, 2000; O'Sullivan, 2008). Correlations were also found between rising US street homelessness, labour market change and loss of affordable housing supply (Quigley and Raphael, 2001). In addition, homeless families, while they had quite high rates of depression, did not have high rates of severe mental illness or have needs, characteristics or experiences that clearly differentiated them from poor, housed Americans (Shinn, 1997; Culhane *et al*, 2007). If homelessness was primarily 'caused' by severe mental illness, what were all these families without severe mental illness doing in the homeless shelters?

When longitudinal research was conducted on homeless shelters for the first time, it was found there was a small group of people with severe mental illness who also tended to exhibit problematic drug and alcohol use, long term worklessness, low level criminality and poor physical health ('Chronically homeless people'). There were another two groups one was another small group of repeatedly homeless people with slightly lower support needs than the first group ('Episodically homeless people'), the other was a much larger economically marginalised group with low support needs ('Transitionally homeless people') (Culhane and Kuhn, 1998).

Chronically homeless individuals accounted for approximately 10% of homeless shelter users, but they consumed about 50% of the annually available bed-spaces (bed-nights) because they stayed in homeless shelters for long periods. Episodically homeless people also used a lot of bed-nights, but the largest group, transitionally homeless people, used the least bed-nights because they did not stay in homeless shelters for long and tended not to come back (Kuhn and Culhane, 1998). While some have argued that these three groups are too broadly defined (McAllister *et al*, 2010). It was evident that earlier cross-sectional surveys had over-sampled the chronically homeless people who were more likely to be in the homeless shelters or on the street on any given night (O'Sullivan, 2008; National Alliance to End Homelessness, 2010). If the research were right, this meant that if chronically homeless people were targeted with effective services, visible and sustained street homelessness would fall very considerably.

Perceived service 'failure'

By the mid 1990s, the US 'continuum' model of homelessness service, known as 'staircase' services in Europe, were being increasingly criticised. This treatment-led approach aimed to resettle chronically homeless people by using a series of 'steps', beginning with highly supportive, highly regulated communal accommodation, progressing into more home-like environments and ending with independent housing. These services required conformity with treatment and abstinence from drugs and alcohol. They sought to treat severe mental illness, problematic drug and alcohol use before eventually addressing housing need (Carling, 1990; Ridgway and Zipple, 1990).

Three criticisms were made of the staircase approach. First, staircase services' insistence on treatment compliance and abstinence asked chronically homeless people to forfeit the choice

and control they would normally have over their lives in return for support. Second, staircase services appeared to adapt homeless people to communal, rather than independent, living. Third, the ethos of these staircase services was questioned, as some staircase services seemed to have an operational assumption that homelessness resulted from individual 'deviance' that had to be 'corrected' and that housing was a 'reward' for abstinence, treatment compliance and behaving in an 'acceptable' way. In the US and Europe, there was evidence that many homeless people failed to comply with the regimes in staircase services became 'stuck' on particular steps, were ejected for non-compliance or, very often, simply ran away. Service attrition, the rate at which homeless people were lost before completing the staircase resettlement process could be has high as 50-60% (Busch-Geertsema and Sahlin, 2007; Carling, 1990; Dordick, 2002; Gulcur *et al*, 2003; Pleace, 2008; Ridgway and Zipple, 1990; Sahlin, 2005 Tsemberis, 2010a and 2010b;).

The financial costs of street homelessness

In the US, visible street homelessness is widely thought to undermine the willingness of consumers to enter urban space and the attractiveness of cities as tourist destinations. Clearing street homelessness is important because it is seen as 'economically damaging' (Mitchell, 1997).

'Million Dollar Murray', the subject of a story in the *New Yorker* in 2006, summarised US concerns about the financial costs of street homelessness to the public sector (Gladwell, 2006). Before he eventually died on the street, 'Murray' had spent years getting picked up and processed by the criminal justice system for low level offences and frequently using emergency medical and alcohol services. It looked like the USA was spending heavily on street homelessness, everything from providing homeless shelters through to the costs for medical, drug and alcohol, mental health services and the Police and courts in dealing with street homeless people. Money was being poured into dealing with the consequences of the social problem of street homelessness while problem itself was not being effectively tackled (Culhane, 2008). If homeless people could be taken off the streets and out of homeless shelters and stabilised in settled housing, at least some of the financial cost of homelessness for public sector would fall (Culhane *et al*, 2002; Culhane, 2008).

The Rise of Housing First

In 1992, Sam Tsemberis and his colleagues at Pathways[1] in New York started a new form of homelessness service based on 'supported housing' developed for former psychiatric patients (Tsemberis, 2010a and 2010b). This new 'Housing First' service was targeted specifically on people with severe mental illness who were street homeless or at risk of street homelessness. As has been extensively documented elsewhere (Tsemberis, 2010a and 2010b; Tsemberis *et al*, 2012) the Pathways Housing First (PHF) service places chronically homeless people immediately (or as rapidly as possible) into ordinary private rented apartments scattered

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[1] http://www.pathwaystohousing.org/

across a community. There is no use of communal accommodation or blocks of apartments in which all or most of the residents are service users. Mobile support staff visit service users in their homes. PHF has a mobile Assertive Community Treatment (ACT) team and an Intensive Case Management (ICM) team, which includes a nurse practitioner, psychiatrist, peer specialists (formerly homeless people with a supportive mentoring role), drug and alcohol specialists and a specialist in securing private rented housing (Tsemberis, 2010b). PHF services have the following philosophy:

- Housing is a basic human right.

- Respect, warmth and compassion should be shown for all service users.

- There is a commitment to working with service users for as long as they need.

- Scattered site housing in independent apartments is used, this is designed to facilitate community re-integration by enabling service users to live as part of a community.

- Housing and services are separated, staying in housing is not conditional on treatment compliance, housing is to be not 'earned' it is a 'human right'.

- There must be consumer choice and self-determination, i.e. there is no requirement to use offered treatment and no requirement for abstinence, some choice of housing is offered, service users help plan their own support.

- There is a recovery orientation, this means PHF staff convey a positive message that 'recovery' is possible for service users.

- A harm reduction approach is used that assumes that ending problematic drug and alcohol use can be a long and complex process, and the first priority is to try to minimise the damage to the individual.

PHF is sometimes described as 'unconditionally' offering permanent housing. This is not correct. Service users must accept a weekly worker visit, agree to sign over 30% of their income to help meet housing costs and conform to the terms of their lease. PHF attracts and retains private landlords by offering a full housing management service (meaning the landlord has to do nothing but receive the rent) and provides reassurance to those landlords by holding the tenancy itself and subletting the housing to a service user. This means many PHF service users do not have a full tenancy (Tsemberis, 2010b), it also means PHF can move service users without needing to evict them (Johnson *et al*, 2012).

A succession of evaluations, arranged and conducted by Tsemberis and colleagues, demonstrated that PHF delivered very high rates of housing sustainment (Padgett *et* al, 2006; Tsemberis and Asmussen, 1999; Tsemberis, 2010a; Tsemberis *et al*, 2012). The housing sustainment rates reported by PHF, with 88% of formerly chronically homeless people still in housing at five years being reported by one study and 74% still in housing at four years by another. These rates were close to double the rate of housing sustainment achieved by most US staircase services (Tsemberis, 2010a, p. 48).

Research also suggested that PHF had significant cost-offsets. This apparently meant that it cost US taxpayers, little or no more - and apparently sometimes less - to provide an effective

Housing First solution to street homelessness, than it did to have a street homeless population using emergency medical services, homeless shelters and be frequently arrested and imprisoned for short periods (Culhane, 2008; Tsemberis, 2010a).

PHF therefore appeared to 'solve' the three homelessness policy problems in the USA. PHF was an effective service that specifically targeted chronically homeless people and, taking into account all expenditure, could reduce overall costs, or at least mean public money was being spent more effectively. 'Housing First' became central to US national homelessness strategy (USICH, 2010). The successes of Housing First in ending enduring street and homeless shelter homelessness at a very high drew global attention. Housing First services have been developed in Australia, Austria, Canada, Denmark, Finland, France, Hungary, Ireland, Japan, the Netherlands, Norway, New Zealand, Portugal and, to a lesser extent, the UK. A major EU wide evaluation of Housing First is underway (Busch-Geertsema, 2011).

As Housing First has become more prominent two sets of doubts have been expressed about the concept. The first set of doubts centres on an increasing ambiguity about what 'Housing First' actually means. The second set of doubts focuses on some uncertainties about the operational effectiveness of some aspects of Housing First.

First Doubts: Ambiguity in the use of the term 'Housing First'

Housing First appears to be a globally influential idea. However, as Housing First has permeated the thinking of policymakers and service providers across the US and the wider world, the PHF service model has often been simplified, diluted and in many instances, subjected to significant change. The PHF paradigm is not fully reflected within a range of new and remodelled homelessness services, both in the US and elsewhere, that are described as 'Housing First' (Pearson *et al*, 2009; Kaakinen, 2012; Pleace, 2012; Tsemberis, 2011).

One issue is that the term 'Housing First' has been conflated with what are sometimes called 'Housing-Led' homelessness services. 'Housing First' is sometimes used as a shorthand description of *any* homelessness service that is not a staircase model and which uses ordinary housing and mobile support services, one example being the way 'Housing First' has sometimes been interpreted in France (Houard, 2011). In 2011, the Jury of the EU Consensus Conference on homelessness tried to address this conflation of 'Housing First' with 'Housing Led', noting that (ECCH, 2011, p. 14):

> *Given the history and specificity of the term 'Housing First', the jury follows the Preparatory Committee in using 'housing-led' as a broader, differentiated concept encompassing approaches that aim to provide housing, with support as required, as the initial step in addressing all forms of homelessness. 'Housing-led' thus encompasses the 'Housing First' model as part of a broader group of policy approaches...*

It has also become apparent that 'Housing First' is being used to describe the adaptation of core aspects of the PHF philosophy to communal, fixed site homelessness services, i.e. blocks of apartments with on-site staffing that are only lived in by service users. These services - while not providing scattered housing - have adopted the PHF principles of consumer choice, separation of housing and treatment and harm reduction with a recovery orientation (Busch-Geertsema, 2012; Collins *et* al, 2012; Kaakinen, 2012; Kresky-Wolff *et al*, 2010; Larimer et al, 2009; Pleace, 2012).

The definition of 'Housing First' is being altered in two main ways. First, 'Housing First' has been redefined as a term encompassing all 'housing-led' homelessness services. Second, the term 'Housing First' is being used to defining homelessness services that are either *influenced* by, or which *reflect*, the PHF paradigm, but which do not actually replicate the PHF service model.

Two potential policy problems arise from this definitional ambiguity. The first is that while there is a robust evidence base showing that PHF delivers housing sustainment, the non-PHF variants of Housing First may not be as well evidenced. This creates a need to understand what the main variants of 'Housing First' other than PHF are and to ensure these variants are properly evidenced before widespread use is made of them (Pleace, 2011; Johnson *et al*, 2012).

The second potential problem is that ambiguity can obscure the originality of the PHF approach, particularly when the terms 'Housing First' and 'Housing-Led' are conflated. In the UK, for example, housing-led services, using ordinary housing and mobile support services, are a mainstream service model. Over 25 years, the UK has seen mobile resettlement services that were used to close down large traditional dormitory homeless hostels develop into 'tenancy sustainment services' that use mobile workers offering low intensity support and case management to both prevent homelessness and resettle vulnerable homeless people within in a harm reduction framework (Pleace, 1997; Franklin, 1999; Pleace and Quilgars, 2003). In this context, if 'Housing First' is presented *imprecisely* as just another 'Housing-Led' approach, it can look to policymakers and service providers – and there is some evidence to support the idea that this has happened in the UK – as if 'Housing First' is offering nothing innovative (Johnsen and Teixeira, 2010). This leads to risks that Housing First and the PHF paradigm will be dismissed as an unoriginal approach rather than given proper consideration.

Overcoming Ambiguity: Towards a Taxonomy of 'Housing First' services

Tsemberis has issued a PHF 'fidelity' checklist as part of a general campaign to encourage use of the PHF approach (Tsemberis, 2010b). However, in practice, it may be too late to reclaim the term 'Housing First' as only describing the PHF paradigm.

Restricting the term 'Housing First' to only refer to PHF may also be unproductive in two senses. First, there are services that closely reflect, or directly draw, upon the PHF philosophy, which while they are not PHF, appear to show higher rates of success in housing sustainment than older service models. The evidence about the effectiveness of these services is discussed later in this paper. This shows a generally positive effect flowing from the *influence* of the Housing First philosophy and other, broadly corresponding, sets of ideas about how homelessness services should work. In some senses, the broad, positive, philosophical influence of 'Housing First' and similar approaches would be denied if 'Housing First' were talked about as only ever meaning the PHF paradigm. Second, another very important point about service paradigms is made by Johnson *et al* (2012) in their carefully considered review of the implications of using Housing First in Australia (p. 2-3):

> *Housing First programs in Australia (and elsewhere) draw on operational principles and are delivered under conditions that differ to the Pathways to Housing program. The existence of 'program drift' here and abroad reminds us that no Australian Housing First program can or should be an exact replica of the original Pathways to Housing program.*

If there is evidence that the Housing First philosophy is positively influencing how a range of homelessness services perform, meaning that the PHF paradigm has a beneficial sectoral effect as well as being an effective service in its own right, this suggests that Housing First should be considered as a broader *concept*, as well as a specific type of service. This paper suggests that Housing First services, that is homelessness services that are heavily influenced by and/or reflect the PHF paradigm, fall into three main groups.

The first group is made up of 'pure' *Pathways Housing First* (PHF) services, which some research evidence suggests may be comparatively rare among those services calling themselves 'Housing First' in the USA (Pearson *et al*, 2009; Kresky-Wolff *et al,* 2010). The second group is made up of *Communal Housing First* services and the third of *Housing First 'Light'* services. This broad taxonomy is an attempted description of services that are heavily influenced by, or closely resemble, the PHF paradigm. It is a description of these services in the broad forms in which they appear to actually *exist*, it is not a series of suggestions as to how 'Housing First' services should be designed or function.

Communal Housing First services (CHF) are focused on chronically homeless people. These services are delivered in accommodation that is only lived in by people using the CHF service. Accommodation takes the form of individual self-contained apartments in a remodelled or purpose built block or blocks of apartments . These services target chronically homeless people with the *highest needs*, i.e. the most acutely problematic use of drug and alcohol, severe mental illness and poor physical health. Extensive medical and support services, including psychiatric care and drug and alcohol specialists, are situated in the same building or are located very nearby (Collins *et al* 2011; Kaakinen, 2012; Larimer *et al* 2009; Pearson *et al*, 2007; Pleace, 2012). CHF services reflect the PHF principles of consumer

choice (in relation to service users not being required to comply with treatment or be abstinent, but *not* in relation to where they live), the separation of 'housing' and treatment and adopting a harm reduction approach with a recovery orientation.

CHF services are used the USA forms a major element within the Finnish National Homelessness Strategy which is described as using a 'Housing First' approach (Busch-Geertsema, 2010; Kaakinen, 2012; Kettunen and Granfelt, 2011; Tainio and Fredriksson, 2009; Tsemberis, 2011). The Finnish Strategy centres around the "Name on the Door" Programme, one part of which has included extensive remodelling of existing, traditional homeless hostels, replacing dormitory accommodation with self contained flats and changing the operational ethos of the services to follow 'Housing First' principles. The development of the CHF model initially evolved without any knowledge of PHF, but as the Finns became aware of PHF, they began to define their National Strategy and their CHF services in reference to PHF and to be influenced by the approach, even asking Tsemberis to review their 'Housing First' services (Tsemberis, 2011). The key focus of the Finnish strategy is to reduce 'long term homelessness' (broadly equivalent to chronic homelessness). The key features of the Finnish approach have been summarised as follows (Kaakinen, 2012):

- Services must respect the basic human need for privacy.
- Service users must have their own rental contract/tenancy.
- Permanent housing is the base that allows other problems to be solved.
- Allowance of alcohol consumption.
- Separation of housing and services.
- Individually tailored services based on needs assessment.
- An emphasis on permanent not temporary solutions.
- Existing shelters and dormitories are inadequate and must be replaced by supported housing units (there is in addition use of 'Housing First' services using scattered housing within the strategy).

Housing First 'Light' (HFL) services are those services which follow many aspects of the PHF paradigm but which offer significantly less intensive direct support. These services may have developed without particular reference to PHF and may not define themselves in relation to Housing First. It is arguable that this group of services might more accurately be described as 'Housing-Led' because they employ ordinary housing and mobile support teams to prevent homelessness and resettle homeless people (ECCH, 2010; Pleace, 2012). However, there are two reasons for referring to them using the term 'Housing First Light'. First, whatever their origins, HFL services do mirror PHF in multiple respects. Second, as the influence of 'Housing First' continues to spread it seems probable that such services will start to define themselves in relation to 'Housing First' approaches.

Some existing mobile support services that place formerly and potentially homeless people into ordinary housing do not reflect the PHF paradigm while others are much closer to it (Busch-Geertsema, 2005). For example, mobile support services that are part of a

staircase/continuum service - providing a 'final stage' of resettlement only for service uses who have passed through a staircase service - do *not* reflect the PHF paradigm and are *not* any form of 'Housing First'. Similarly, mobile support services that directly place service users in ordinary housing, but which seek treatment compliance or abstinence are *not* any form of 'Housing First'. Just as would be the case for a staircase service that re-christened itself as a 'Housing First' service without changing its operational ethos, only some existing mobile support, or 'housing-led' services, are close enough to be the PHF paradigm to be perhaps be regarded as a form of Housing First.

An 'HFL' service uses a mobile support team and places formerly and potentially homeless people straight into ordinary housing that is scattered across a community. An HFL service follows the PHF principles of consumer choice, separation of housing and support, a harm reduction approach with recovery orientation and the pursuit of community integration for service users. There are 'supported housing' services that do this in the USA, which can be used for chronically homeless people, but can also be employed for homeless people with *lower support needs* (Caton et al, 2007; Goldfinger *et al* 1999; Hickert and Taylor, 2011; Tabol *et al*, 2009). Other examples exist in the UK and Canada, though it is important to note these services quite often developed without reference to, or awareness of, the PHF paradigm. Again, these services can work with both chronically homeless people and those with lower support needs (Pleace, 1997; Franklin, 1999; Pleace and Quilgars, 2003; Bowpitt and Harding, 2008; Lomax and Netto, 2008; Waegemakers-Schiff and Rook, 2012).

The key difference between HFL and PHF centres on the nature and extent of support provided by mobile teams. HFL services provide *low intensity* support which only offers some limited practical and sometimes emotional support, they are designed to facilitate access to health, social work, drug and alcohol and other services (as necessary) through a case management model that is heavily reliant on joint working with other agencies. Whereas PHF has been described as providing a 'welfare state in miniature', HFL services seek to coordinate a package of support from multiple service providers, and this is in effect almost the sole function of some UK services (Pleace and Quilgars, 2003).

Second Doubts: Questions about the Limits of Housing First

Some commentators argue that as staircase services deliver psychiatric treatment compliance and abstinence at the point a chronically homeless person is re-housed, staircases deliver much 'more' when they are successful than Housing First, even if they are often only successful with less than half their service users (Kertsez *et al*, 2009; Stanhope and Dunn, 2011). Others argue that PHF does not always work with chronically homeless people with the most extreme forms of problematic drug and alcohol use (Kertsez *et al*, 2009; Rosenheck, 2010). Coupled with some of these criticisms, limits in what PHF has so far been able to achieve in terms of improvements to mental health, problematic drug and alcohol use and community and economic integration have been pointed to (Edens *et al,* 2011; Kertsez *et al*, 2009; Lipton *et al,* 2010; McNaughton-Nicolls and Atherton, 2011; Johnson *et al*, 2012; Tsai *et al*, 2010).

Questions have been raised about cost effectiveness. The argument here is that chronically homeless people have to be *very* heavy users of everything from emergency medical services through to the Police and courts if PHF is going to generate a significant enough of a cost-offset to more or less 'fund' itself through the savings made elsewhere (Culhane *et al*, 2008; Kertsez and Weiner, 2009; Rosenheck, 2010).

Some research suggests that equivalent rates of housing sustainment can be delivered as efficiently - but more cheaply - than can be achieved by PHF (Rosenheck *et al*, 2003; Rosenheck, 2010; Tabol *et al*, 2009; Pleace, 2011). There may also just be other ways of doing what PHF does that are worth examining, because they potentially achieve more. The Common Ground[2] service models, including large accommodation blocks with support services, have become influential in the USA and Australia and, while these services are yet to be subjected to rigorous evaluation, they appears to be delivering housing sustainment for chronically homeless people (Jost *et al*, 2011). The UK has greatly reduced street homelessness over the last 20 years, reducing levels to what is in effect a residual social problem, using mobile support and other services that were developed without reference to the PHF model (Lomax and Netto, 2008).

Making the Case for Housing First

The argument that staircase services 'achieve more' when they are successful is actually quite difficult to sustain. This criticism contains a subtext that amounts to an accusation that PHF 'only' has the target of generating housing sustainment, whereas PHF actually seeks to address severe mental illness and problematic drug and alcohol use, but do to so not through enforcement, but via a harm reduction approach with a recovery orientation. It is possible that, over the longer term, PHF may indeed not be very successful at achieving these goals, but to suggest that comparing in PHF and staircase services, in terms of their *ultimate* objectives, is not comparing 'like with like', is incorrect. Consideration also still has to be given to the efficacy of staircase services given they have such a high attrition rate which does seem linked to their sometimes harsh regimes, which in turn raise questions about the ethics of the staircase approach (Dordick, 2002; Pleace, 2008).

There is some evidence that PHF services can produce some gains in mental health and stabilise and reduce problematic drug and alcohol use, though there is no evidence that PHF achieves very positive clinical outcomes for service users with severe mental illness or generates a cessation of problematic drinking and drug use (Greenwood *et* al, 2005; Gilmer *et al*, 2010), there is also some evidence of greater social inclusion (Yanos *et al*, 2004).

There is evidence that PHF may not offset its costs. Yet, as Culhane (2008) argues, a humanitarian society should not tolerate street homelessness, which means financial cost is not the sole consideration. Criticisms about the financial viability of PHF in cost offset terms

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[2] www.commonground.org/

that identify a requirement for PHF to work people with the 'most chronic' needs (or at least the heaviest users of emergency services and/or people most likely to be arrested) contradict other criticism that PHF may be 'cherry picking' easier to manage service users.

The outcomes in housing sustainment delivered by PHF are achievable by other means. Yet what is also undoubtedly the case that the services with the best rates of housing sustainment are also those that *draw upon* or *reflect* the PHF model – i.e. CHF and HFL services - some of which do call themselves 'Housing First'. The Finnish Homelessness Strategy, which is similarly producing significant reductions in sustained/chronic homelessness, has been described by the Head of the Programme as using a combination of PHF, CHF and HFL services (Kaakinen, 2012). There is evidence from the USA that CHF services are delivering accommodation stability, successfully engaging with the highest need groups among chronically homeless people and also producing positive results (for the moment exceeding those achieved by PHF) in reducing alcohol consumption, improving health and wellbeing and generating significant cost offsets (Larimer *et al*, 2009; Collins *et al*, 2011; Collins *et al* 2012).

The evidence is less robust for HFL services, but again, there is certainly some data from the USA showing they can deliver housing sustainment for chronically homeless people (Caton et al, 2007; Goldfinger *et al* 1999; Hickert and Taylor, 2011; Lipton *et al*, 2000; Tabol *et al*, 2009). There is evidence that 'tenancy sustainment services', some of which reflect the PHF paradigm rather than having been developed with reference to PHF, can both deliver housing sustainment and help prevent homelessness (Pleace, 1997; Lomax and Netto, 2008). More generally, research across the EU continues to demonstrate that housing-led solutions using mobile support teams can deliver better rates of housing sustainment for formerly homeless people (Busch-Geertsema, 2005; Busch-Geertsema *et al*, 2010; Wewerinke *et al*, 2012).

No homelessness service can be realistically be expected to consistently deliver a solution to all the consequences of homelessness (Busch-Geertsema, 2012). Some of the hyperbole that surrounds Housing First is regrettable for this reason. In sometimes being presented as a panacea, Housing First is making itself vulnerable to attack from a great many directions and that visible failures in some areas may detract from Housing First's great success in delivering housing sustainment for chronically homeless people. It is this point which is central, because while there are shortcomings, Housing First in its various forms takes most of the vulnerable people it works with away from street homelessness and protracted stays in homeless shelters and keeps them settled in their own accommodation. Poverty, poor health, limited opportunities and other problems may remain, but homelessness – the unique distress of being without any settled accommodation – is often ended by Housing First services. As Padgett (2007, p. 1934) notes:

> *Having a 'home' may not guarantee recovery in the future, but it does afford a stable platform for re-creating a less stigmatized, normalized life in the present.*

Conveying the Core Messages of Housing First

Housing First may seem globally influential, but many traditional homelessness services remain in place. In France, a national homelessness strategy based around the idea of Housing First has yet to result in large scale changes to existing homelessness services (Houard, 2011). In the UK, conflation of 'Housing First' with 'Housing-Led' has led some to dismiss Housing First as offering 'nothing new'. Within the US itself, staircase services are still a major – some say the dominant – form of homelessness service provision for chronically homeless people (Collins *et al*, 2011).

A clearer conceptualisation of Housing First – encompassing both the PHF paradigm and reality of the forms 'Housing First' services are taking at service delivery level – can help clarify what is meant by Housing First and, using the taxonomy proposed in this paper as a framework, the evidence in favour of Housing First can be clearly presented. The potential for Housing First to be used in three broad variants, which might conceivably be targeted at homeless people with the highest needs (CHF), high needs (PHF) and relatively lower needs (HFL) can also be conveyed. There is at least some evidence that PHF, CHF and HFL all deliver high rates of housing sustainment for formerly and potentially homeless people with support needs.

It is unproductive is to enter into an argument about what is and what is not Housing First in a context in which it is evident that the 'pure' PHF paradigm works, at least in terms of delivering housing sustainment for chronically homeless people, and there also is some evidence that CHF and HFL services that draw heavily upon, or closely reflect, the PHF paradigm, are *also effective* at delivering housing sustainment. The 'Housing First' philosophy seems to have positive impacts whether in its 'pure' form or in a diluted or indeed somewhat altered state. It seems evident, based on a wide range of research, that separating housing and support, maximising choice and control, using harm reduction, providing independent housing (or at least self-contained accommodation) are effective across a *range* of service models. None of these 'Housing First' services is a perfect, all encompassing solution – including PHF itself - but they are more effective at stopping homelessness itself than the service models that proceeded them (Pleace, 2012). What appears to matter most is not whether something is 'Housing First' in the sense of adhering precisely to the PHF model, but the extent to which these aspects of the broad philosophy of Housing First influence service design.

Housing First, in this broad sense, is beneficial because encourages service provision to move beyond the primitivism that reduces homelessness merely to individual pathology, regarding groups like chronically homeless people as a 'sick' and/or 'consciously deviant' population who need to be 'corrected' and instead sees another human being (Pleace, 2000; O'Sullivan, 2008). Writing in 1990 about the emergence of the 'supported housing' model for people with severe mental illness on which PHF would be based, Carling noted (p. 969):

These new sources of knowledge are facilitating a paradigm shift in which people with psychiatric disabilities are no longer seen as hopeless, or merely as service recipients, but rather as citizens with a capacity for full community participation and integration.

Questions must continue to be asked about Housing First, not just in relation to PHF but also, and particularly about CHF and HFL services because the evidence base is thinner. There is also a need to monitor the extent and nature of any further paradigm drift from the PHF model that may occur. A great deal can be learned from Finland which is using several variants of Housing First within its national strategy and uncovering new challenges and questions as it progresses. The Finns are uncovering apparent social isolation of people in Housing First services using scattered housing, which has long been presumed to facilitate community integration. Questions are also arising around the size and composition of CHF services, some of which encounter management problems because they contain relatively large groups of problematic alcohol drinkers in one block (Kettunen and Granfelt, 2011; Kaakinen, 2012). More generally, across all countries, there remain open questions around the extent to which Housing First services can address the poverty, alienation, social marginalisation, drug and alcohol use and poor mental and physical health that can result from homelessness.

References

Bassuk, E. L. and Lamb, H. R. (1986) 'Homelessness and the implementation of deinstitutionalization' *New Directions for Mental Health Services*, 30, pp. 7–14.

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.

Brousse, C. (2009) 'Becoming and remaining homeless: a breakdown of social ties or difficulties accessing housing?' in F2009/06 *Economie et Statistique: Special Issue on the Homeless* (English Version) INSEE: Paris, pp. 43-78

Busch-Geertsema, V. (2005) 'Does re-housing lead to reintegration? Follow-up studies of re-housed homeless people?' *Innovation* 18, 2, pp. 202-226.

Busch-Geertsema, V. and Sahlin, I. (2007) 'The Role of Hostels and Temporary Accommodation' *European Journal of Homelessness,* 1, pp. 67-93.

Busch-Geertsema, V. (2010) *The Finnish National Programme to reduce long-term homelessness* (Synthesis Report for European Peer Review), OESB, Wien.

Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons From Research,* Brussels: European Commission

Busch-Geertsema, V. (2011) 'Housing First Europe: A 'social experimentation project' *European Journal of Homelessness* 5, 2, pp. 209-211.

Busch-Geertsema, V. (2012) 'The Housing First Approach in Europe' *Homelessness Research Conference*, 20 April 2012 Unpublished conference proceedings. RMIT University and the Australian Housing and Urban Research Institute (AHURI) Melbourne.

Carling, P.J. (1990) 'Major Mental Illness, Housing, and Supports: The promise of community integration' *American Psychologist* 45, 8, pp. 969-975.

Caton, C.L.M; Wilkins, C. and Anderson, J (2007) 'People who Experience Long Term Homelessness: Characteristics and Interventions' Unpublished Paper given at the *National Symposium on Homelessness Research 2007* Washington DC.

Cohen, C.I. and Thompson, K.S. (1992) 'Homeless Mentally Ill or Mentally Ill Homeless?' *American Journal of Psychiatry* , 149, 6, pp. 816-821.

Collins, S.E.; Clifasefi, S.L.; Dana, E.A. *et al* (2011) 'Where harm reduction meets Housing First: Exploring alcohol's role in a project-based Housing First setting' *International Journal of Drug Policy* doi: 10.1016/j.drugpo.2011.07.010.

Collins, S.E.; Malone, D.K.; Clifasefi, S.L. *et al* (2012) 'Project-Based Housing First for Chronically Homeless Individuals with Alcohol Problems: Within-Subjects Analyses of 2-year Alcohol Trajectories' *American Journal of Public Health* 102, 3, pp.511-518.

Culhane, D.P. and Kuhn, R. (1998) 'Patterns and Determinants of Public Shelter Utilization among Homeless Adults in Philadelphia and New York City' *Journal of Policy Analysis and Management* 17,1, pp. 23-43.

Culhane, D.P.; Metraux, S. and Hadley, T (2002) *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness* Supportive Housing School of Social Policy and Practice, Departmental Papers, University of Pennsylvania.

Culhane, D.P.; Metraux, S.; Park, J.M.; Schretzman, M and Valente. J (2007) 'Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning' *Departmental Papers* (SPP).

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

Culhane, D.P.; Gross, K.S.; Parker, W.D. et al (2008) 'Accountability, Cost-Effectiveness, and Program Performance: Progress Since 1998' *National Symposium on Homelessness Research* Washington DC.

Dordick, G. A. (2002). 'Recovering from Homelessness: Determining the "Quality of Sobriety" in a Transitional Housing Program' *Qualitative Sociology* 25, 1, pp. 7-32.

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.

European Consensus Conference on Homelessness (2011) *Policy Recommendations of the Jury* FEANTSA: Brussels

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* Cassel: London.

Gilmer, T.P.; Stefanic, M.A.; Ettner, S.L.; Manning, W.G. and Tsemberis, S. (2010) 'Effect of Full-Service Partnership on Homelessness, Use and Costs of Mental Health Services and Quality of Life among Adults with Serious Mental Illness' *Archive of General Psychiatry* 67,6, pp. 645-652.

Gladwell, M. (2006) Million Dollar Murray: Why Problems like Homelessness may be Easier to Solve than to Manage, *The New Yorker*, 13 February 2006.

Goldfinger, S. M., Schutt, R.M *et al* (1999) 'Housing placement and subsequent days homeless among formerly homeless adults with mental illness' *Psychiatric Services* 50, 5 pp. 674-9.

Greenwood, R.M.; Schaefer-McDaniel, N.J.; Winkel, G. and Tsemberis, S. (2005) 'Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness' *American Journal of Community Psychology* 36, 3/4, pp. 223-238

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 and Applied Social Psychology* 13, 2, pp. 171-186.

Guzewicz, T.D. and Takooshian, H. (1992) 'Development of a short-form scale of public attitudes toward homelessness' *Journal of Social Distress and the Homeless* 1, 1, pp. 67-79.

Hickert, A.O. and Taylor, M.J. (2011) 'Supportive Housing for Addicted, Incarcerated Homeless Adults' *Journal of Social Service Research* 37, pp. 136-151.

Houard, N. (2011) 'The French Homelessness Strategy: Reforming Temporary Accommodation, and Access to Housing to deliver 'Housing First': Continuum or Clean Break?' *European Journal of Homelessness* 5,2, pp. 83-98.

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

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

Jost, J.J; Levitt, A.J. and Porcu, L. (2011) 'Street to Home: The Experiences of Long-Term Unsheltered Homeless Individuals in an Outreach and Housing Placement Program' *Qualitative Social Work* 10, pp. 224-263

Kaakinen, J (2012) 'Long term perspectives: From Housing First to Ending Homelessness' *Housing First: A Key Element of European Homelessness Strategies*, 23rd March 2012

Unpublished conference proceedings. French Permanent Representation, Brussels. feantsa.horus.be/code/EN/pg.asp?Page=1409

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.

Kertsez, S.G. and Weiner, S.J. (2009) 'Housing the Chronically Homeless: High Hopes, Complex Realities' Journal of the American Medical Association 301, 17, pp. 1822-1824

Kettunen, M. and Granfelt, R. (2011) *Observations from the first year of the Finnish Name on the door project: Recommendations for the long-term homelessness reduction programme for years 2012-2015*
www.housingfirst.fi/en/housing_first/reading_room/general_reading/observations_and_conclusions/

Kresky-Wolff, M.; Larson, M.J.; O'Brien, R. and McGraw, S.A. (2010) 'Supportive Housing Approaches in the Collaborative Initiative to Help End Chronic Homelessness' *Journal of Behavioural Health Services and Research* 37, 2, pp. 213-225.

Kuhn, R and Culhane, D.P. '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, pp. 207-32.

Larimer, M.E.; Malone, D.K.; Garner, M.D. *et al* (2009) 'Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems' *Journal of the American Medical Association* 301, 13, pp. 1349-1357

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.

Lomax, D. and Netto, G. (2008) *Evaluation of Tenancy Sustainment Teams* London: Department of Communities and Local Government.

Lyon-Callo, V. (2000) 'Medicalizing Homelessness: The Production of Self-Blame and Self-Governing within Homeless Shelters' *Medical Anthropology Quarterly* 14, 3, pp. 328-345.

National Alliance to End Homelessness (2010) *Chronic Homelessness Brief March 2010: Chronic Homelessness Policy Solutions*
http://www.endhomelessness.org/content/general/detail/2685

McAllister, W.; Kuang, L. and Lennon, M.C. (2010) 'Typologizing Temporality: Time-Aggregated and Time Patterned Approaches to Conceptualising Homelessness' *Social Services Review* 84, 2, pp. 225-255

McNaughton-Nicholls, C. and Atherton, I. (2011) Housing First: Considering Components for Successful Resettlement of Homeless People with Multiple Needs, *Housing Studies* 26, 5, pp.767-777.

Mitchell, D. (1997) 'The Annihilation of Space by Law: The Roots and Implications of Anti-Homeless Laws in the United States' *Antipode*, 29, 3, pp. 305-333.

Mossman, D. (1997) 'Deinstitutionalisation, Homelessness and the myth of psychiatric abandonment: a structural anthropology perspective' *Social Science and Medicine* 44, 1, 71-83.

Murphy, S. (2009) '"Compassionate" Strategies of Managing Homelessness: Post Revanchist Geographies in San Francisco' *Antipode* 41, 2, pp. 305-325.

O'Sullivan, E. (2008) 'Pathways through Homelessness: Theoretical and Policy Implications', in: J. Doherty and B. Edgar (Eds.) *'In My Caravan, I Feel Like Superman': Essays in Honour of Henk Meert, 1963–2006*, pp.71–100. FEANTSA: Brussels.

Padgett, D. K., Gulcur, L. and Tsemberis, S. (2006). 'Housing First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse' *Research on Social Work Practice* 16, 1, pp. 74-83.

Padgett, D. (2007) 'There's no place like (a) home: Ontological security among persons with a serious mental illness in the United States' *Social Science and Medicine* 64, pp. 1925-1936.

Pearson, C.; Montgomery, A.E.; Locke, G. (2009) 'Housing Stability among Homeless Individuals with Serious Mental Illness participating in Housing First programs' *Journal of Community Psychology* 37, 3, p.404-417.

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.

Pleace, N. (2000) 'The New Consensus, the Old Consensus and the Provision of Services for People Sleeping Rough', *Housing Studies* 15, 4, pp. 481-594.

Pleace, N. and Quilgars, D. (2003) *Supporting People: Guidance on Services for Homeless People* Department of Transport, Local Government and the Regions: London.

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

Pleace, N. (2011) 'The Ambiguities, Limits and Risks of Housing First from a European Perspective' *European Journal of Homelessness* 5, 2.

Pleace, N. (2012) *Housing First* FEANTSA/DIHAL/MEDDTL Brussels and Paris. www.feantsa.org/files/freshstart/Policy%20documents/2012_04_27_FINAL_EN.pdf
Quigley, J.M. and Raphael, S. (2001) 'The Economics of Homelessness: The Evidence from North America' *European Journal of Housing Policy* 1,3, pp. 323-336.

Lamb, H. R. (1984) 'Deinstitutionalization and the homeless mentally ill'
Hospital and Community Psychiatry, 35, 9, pp. 899-907.

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

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

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.

Sahlin, I. (2005). 'The staircase of transition: Survival through failure' *Innovation* 18, 2, pp. 115-136

Shinn, B. (1997) 'Family Homelessness: State or Trait?' *American Journal of Community Psychology* 25, 6, pp. 755-769.

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.

Tainio, H. and Fredriksson, P. (2009) 'The Finnish Homelessness Strategy: From a 'Staircase' to a 'Housing First' Approach to Tackling Long-Term Homelessness' *European Journal of Homelessness* 3, pp. 181-199.

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.

Tsai, J.; Mares, A.S. and Rosenheck, R.A. (2010) 'A Multisite Comparison of Supported Housing for Chronically Homeless Adults: "Housing First" Versus "Residential Treatment First"' *Psychological Services* 7, 4, pp. 219-232

Tsemberis, S. and S. Asmussen (1999). "From streets to homes: The pathways to housing consumer preference supported housing model." *Alcoholism Treatment Quarterly* 17, 12, pp. 113-131.

Tsemberis, S. (2010a) '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.

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

Tsemberis, S. (2011) *Observations and Recommendations on Finland's "Name on the Door Project" From a Housing First Perspective* Housing First Finland www.asuntoensin.fi/files/1242/Tsemberis_2011_-Observations_and_Recommendations.pdf

Tsemberis, S.; Kent, D. and Respress, C. (2012) 'Housing Stability and Recovery Among Chronically Homeless Persons with Co-Occurring Disorders in Washington DC' *American Journal of Public Health*, 102,1, pp. 13-16.

Waegemakers-Schiff J. and Rook, J. (2012) *Housing First: Where is the Evidence?* Toronto: Homeless Hub.

Wewerinke, D.; Wolf; J.; Maas, M. and Al Shamma, S. (2012) 'Discus Amsterdam: Housing First' *Housing First: A Key Element of European Homelessness Strategies*, 23rd March 2012 Unpublished conference proceedings. French Permanent Representation, Brussels. http://feantsa.horus.be/code/EN/pg.asp?Page=1409