# The Case for Housing First
# in the European Union: A Critical
# Evaluation of Concerns about Effectiveness

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❯ **Abstract_** *Housing First is now central to strategic responses to homeless-ness across much of the North of the European Union and is also being piloted in other member states. Concerns exist that a lack of 'fidelity', i.e. model drift away from the original New York Pathways to Housing approach may undermine the effectiveness of European 'Housing First' services. There are also some concerns that Housing First is being 'sold' to policymakers via a selective use of evidence that makes it appear more effective than is actually the case. This article suggests a typology of Housing First services as a framework within which to test concerns about fidelity and the strength of the evidence base. The article concludes that services that follow the broad operational principles of a Housing First approach are highly effective in a range of national contexts. While there are some gaps in evidence, particularly in relation to single-site models of Housing First, very high fidelity to the original Pathways to Housing approach does not appear to be necessary to end chronic homelessness at high rates. Equally, while there are some other limitations in the evidence base for Housing First that should be addressed, centred on what happens to chronically homeless people following re-housing, research and policy attention should also focus on the potential of the Housing First philosophy to significantly reduce chronic homelessness across the European Union.*

## Introduction

Housing First provides immediate or near-immediate re-housing without any requirement that high need, chronically homeless people, show themselves to be 'housing ready' before they are re-housed. Support to sustain their housing and improve their health, well-being and social integration is provided to service users in their own home, and use of that support is something over which service users exercise considerable choice and control (Tsemberis, 2010a). Two sets of concerns have emerged as the influence of the Housing First approach has increased.

The first is that the Housing First concept has lost 'fidelity', and that a wide range of services calling themselves 'Housing First', that only partially reflect the original New York Pathways to Housing approach, have appeared across America and across the European Union (EU) (Pleace, 2012; Busch-Geertsema, 2013; Nelson *et al*, 2014; Watson *et al*, 2013). For advocates of Housing First, the concern is that the original model has become 'lost' and that many diluted and distorted versions of 'Housing First' are being produced that may be less effective than the original Pathways to Housing model (Tsemberis, 2011; Pleace and Bretherton, 2013a).

The second set of concerns, which are again found in both the EU and America, is that Housing First is *less* effective than it is being made to appear. These arguments centre on the idea that the evidence base being used to promote Housing First is restricted, or selective, and that other, actually better evidenced homelessness services, are in danger of being replaced primarily as a result of the effective 'marketing' of Housing First (Rosenheck, 2010; Stanhope and Dunn, 2011). There are also concerns about the strength and completeness of the evidence base, centred on the robustness of the evidence and what some regard as some unanswered questions about Housing First (McNaughton-Nicholls and Atherton, 2011; Pleace, 2011; Johnson *et al*, 2012).

This paper proposes a typology of Housing First as a framework to help test both these two concerns. The paper first explores the issues around model drift and the evidence base in more detail, then proposes a typology and then uses that typology to explore the validity of the concerns about using Housing First in the EU.

## Model Drift in Housing First

Housing First can appear like a textbook example of model drift. Most 'Housing First' services do not reflect the detailed operation of the original New York Pathways to Housing model, both within America and within the EU (Pearson *et al*, 2009; Busch-Geertsema, 2013). Low 'fidelity' with the original Pathways to Housing model is a potential concern in three respects. First, the successes of Housing First

were initially achieved with a specific approach, drifting away from that approach, either by diluting it or distorting it, risks a lessening of effectiveness (Tsemberis, 2011; Pleace and Bretherton, 2013a; Stefancic *et al*, 2013; Nelson *et al*, 2014; Watson *et al*, 2013). Second, if various versions of Housing First emerge, some of which fail because they have low fidelity with the Pathways to Housing approach, the success of the 'Housing First' service model will be questioned, not because the original model failed, but because low fidelity versions of Housing First failed (Stefancic *et al*, 2013). Third, from a strategic and policy implementation perspective, it has to be clear what is meant by 'Housing First' (Pleace, 2011). If effective Housing First strategies are to be implemented, there needs to be a consistent, definable, service model around which to plan, and it has been argued that details of exactly how Housing First works are absent from some of the evidence base (Tabol *et al*, 2009).

In New York, Pathways to Housing has developed a 'fidelity checklist' which is intended to ensure that new Housing First developments in America follow the structure of the original model. In 2010, a 244-page manual describing the Pathways model was published (Tsemberis, 2010b). Pathways to Housing is also undertaking research and evaluation that seeks to prove that closer fidelity to the Pathways Housing First (PHF) model is associated with better service outcomes for Housing First projects (Stefancic *et al*, 2013). In addition, Pathways to Housing provides training and consulting services, including project visits to 'test' fidelity with the original model.

Concerns about fidelity to the original model are multiple, but can be explored through two main examples. The first is 'dilution' of the concept, which effectively means services that call themselves 'Housing First' but which do not offer the extent, duration or intensity of support offered by the original Pathways to Housing model. A key concern is the replacement of existing, relatively expensive, homelessness services with supposedly 'superior' Housing First approaches that are, in fact, limited, low intensity, low cost services with only limited fidelity to the original Pathways to Housing model (Pleace and Bretherton, 2013a). The second concern is around modification of the original Pathways to Housing model, which 'distorts' that model and thereby undermines effectiveness (Nelson *et al*, 2014; Watson *et al*, 2013). The most significant debate about modification of the original Housing First approach at present is that which centres on the merits and demerits of 'scattered' and 'single-site' versions of Housing First (Tsemberis, 2011).

## The Evidence Base for Housing First

Housing First has some severe critics, who doubt the strength and also validity and trustworthiness of the evidence base. Part of this criticism centres on the idea that Housing First is a package that is being very effectively 'marketed' in a politically palatable form, using a combination of carefully selected evidence and, also, selective targeting on specific groups of homeless people to deliver what appear to be spectacularly positive outcomes (Kertesz *et al*, 2009; Rosenheck, 2010; Stanhope and Dunn, 2011; Edens *et al,* 2011; Groton, 2013).

Allegations of research bias centre on Sam Tsemberis, the original founder of Housing First, being involved in writing a significant amount of the research, which was focused on the original Pathways to Housing service. There is also a group of American academics, who routinely publish with Tsemberis, who collectively account for a considerable amount of what has been published about Housing First in America (Groton, 2013).

The alleged skewing of research centres on arguments that Housing First targets groups of chronically homeless people that will enhance apparent rates of success. It has been claimed that Housing First services avoid engaging with the very highest need groups, for example avoiding chronically homeless people with the most severely problematic drug and alcohol use, effectively 'cherry picking' lower need service users who will tend to have better outcomes (Kertesz *et al*, 2009).

Another dimension to these criticisms is that Housing First actually achieves 'less' than staircase or linear residential treatment services. The argument here is that Housing First has more restricted goals, whereas a staircase service, when successful, produces a sober, treatment compliant, 'housing-ready' individual, Housing First delivers 'only' housing sustainment. According to these arguments, the goals of Housing First are lower than for staircase services, meaning that like is not being compared with like (Kertesz *et al*, 2009; Stanhope and Dunn, 2011).

Other criticism of the quality of the evidence base for Housing First centres on the extent and quality of evidence showing that Housing First delivers gains in social integration, health and well-being and generates cost savings, after ending chronic homelessness (Edens *et al,* 2011; Kertesz *et al,* 2009; Lipton *et al,* 2000; McNaughton-Nicolls and Atherton, 2011; Johnson *et al*, 2012; Tabol *et al*, 2009; Tsai *et al*, 2010).

Questions have also been raised about the extent to which Housing First can generate cost offsets, i.e. reducing costs for other services such as emergency medical services, homeless shelters and the criminal justice system. Although there can be savings, some research suggests Housing First services are significantly more *cost effective* than a staircase approach in reducing chronic homelessness, but do not necessarily actually *save* substantial amounts of money (Culhane, 2008;

Kertesz and Weiner, 2009; Rosenheck, 2010; Poulin *et al*, 2011). It has been argued that Housing First, by engaging with chronically homeless people with severe mental illness, has produced impressive seeming cost offsets just by delivering housing sustainment in ordinary housing. Keeping service users sustainably housed in ordinary apartments was often a much cheaper option than the alternative would be if they were not in apartments, i.e. emergency accommodation, hospital or prison. Yet not all homeless people would be likely to be in hospital, prison or other high cost environments if they were not housed in an apartment. Cost savings from Housing First were evident for chronically homeless people, yet those savings might not be there to the same extent, or even appear at all, for other groups of homeless people with lower needs (Rosenheck, 2010).

These arguments assert that Housing First is advancing further and faster than it should, in America, Europe and elsewhere. There are also concerns that Housing First is eclipsing earlier models, including the linear residential treatment or staircase approach, that some view as actually better evidenced, more proven service responses, to chronic homelessness (Kertesz *et al*, 2009).

## A Housing First Typology

One way in which to test the existing concerns about model drift and the evidence base is to develop a Housing First typology. Building a typology provides a framework within which to assess the extent and meaning of model drift, and also allows exploration of the merits and demerits of the various manifestations of Housing First. The fidelity checklist and Housing First manual produced by Pathways to Housing would seem the logical place to start in building a typology (Tsemberis, 2010b). However, there is a difficulty in using the fidelity checklist and the detailed description of the Pathways to Housing approach as the main reference point for an internationally employable typology of Housing First. The difficulty is essentially that Pathways to Housing is American. Johnson *et al* (2012, pp.2-3) note the following about using Housing First services in Australia and the same argument applies equally in relation to the EU:

> 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.

Detailed replication of the original Pathways to Housing model is not possible across different cultures and welfare regimes. Variations in context and resources always have to be allowed for. Contextual differences mean that Pathways to Housing itself operates slightly differently in Washington D.C. (Tsemberis *et al*, 2012), Vermont and New York (Tsemberis, 2010b).

Any Housing First typology therefore has to be relatively broad if it is to be a practical framework for defining and comparing Housing First services at international level. One way around inevitable differences in detailed operation, which mean, for example, that a European Housing First model will *always* differ from the Pathways to Housing model in at least some details of operation, is to move away from a comparison point that is based on *exact* replication. A broader typology, based on core operational characteristics and philosophy may then, at least theoretically, be developed (Pleace, 2012).

### Defining Housing First

There is evidence that Canadian, Danish, Dutch, Finnish, French, Portuguese and British Housing First services all share core operational characteristics and a philosophy with the Pathways to Housing model (Goering *et al*, 2012; Busch-Geertsema, 2013; Tainio and Fredriksson, 2009; Kaakinen, 2012; DIHAL 2012; Pleace and Bretherton, 2013b). The core service delivery and philosophy of all these Housing First services includes:

- Housing and services are 'separated'. Accessing and staying in housing is not conditional on treatment compliance. Housing is not 'earned'; it is a 'right'. Housing is self-contained and there is security of tenure.

- Choice is respected and is extensively exercised by service users. There is no requirement for treatment compliance and no requirement for abstinence from drugs and alcohol to access housing, or to remain within housing. Service users help plan their own support. The main goal of Housing First is to lessen risks to housing sustainment and social integration, centred on poor mental and physical health and a lack of social inclusion, by giving service users a sense of ontological security, centred on maximising their capacity to live a 'normal' life in their own home.

- Support is *intensive*, with a high staff to service user ratio and frequent contact between staff and service users. Housing is combined with support services focusing on mental and physical health, problematic drug and alcohol use and sometimes also on education, employment, recreation and interpersonal skills. Both direct provision of health and support services through an assertive community treatment (ACT) team and/or indirect provision of required health and support through intensive case management (ICM) can be used.

- Service users require intensive support because they are chronically homeless. This means they have recurrent and/or sustained experience of living rough (street homelessness) and/or sustained or recurrent stays in emergency and other dedicated 'homeless' temporary supported accommodation for short-term use or which is a part of a staircase system. Service users have high rates of severe mental illness, poor physical health, problematic drug and alcohol use and may also exhibit low-level criminality and nuisance behaviour.

- A harm reduction approach is used. Housing First services assume that ending problematic drug and alcohol use can be a long and complex process. The priority is to minimise damage to well-being.

- Support is open-ended and flexible, there is no requirement placed on service users to achieve specific goals and support is not confined to a fixed period of time.

Importantly, all the Housing First services that exhibit these characteristics report similar levels of success in ending chronic homelessness. Rates of housing sustainment are high, often in excess of 80 per cent of service users, across the various Housing First services with these characteristics working in different countries (Pleace, 2012; Busch-Geertsema, 2013).

### Different types of Housing First services

Housing First services must have the characteristics listed above. To be an example of Housing First a service must:

- enable choice

- provide *intensive* support (using ACT/ICM),

- be targeted on chronically homeless people

- use a harm reduction framework

- have open-ended, not time restricted, access to support services.

- Separate housing and care, i.e. access to, and retention of, housing is not conditional on treatment compliance.

The original Pathways model is a scattered site approach, using mobile support teams to support people in ordinary housing in ordinary neighbourhoods and systematically avoiding placing service users next to each other. It is 'Housing First' because it directly places people in ordinary housing and then begins providing support centred on resettlement, reintegration and housing sustainment. However, single-site 'Housing First' services also exist. This involves building new, purpose-built apartment blocks, or the remodelling of an existing communal homelessness service, such as an emergency shelter or hostel, into self-contained apartments.

This model is widely used in Finland and is also employed in America (Tainio and Fredriksson, 2009; Kaakinen, 2012; Pearson *et al*, 2009; Larimer *et al*, 2009; Collins *et al*, 2012a; Collins *et al* 2012b)

In early 2012, one of the authors suggested that Housing First services, with these core characteristics, could exist in three basic forms. These were the Pathways model itself, Pathways Housing First (PHF) and also single-site Communal Housing First (CHF) using communal or congregate apartments, and finally as 'Housing First Light' (HFL) services. The HFL category included services that used ICM, but did not directly provide care, health and drug and alcohol services through an ACT team. As a category, HFL was meant to cover what was essentially the spectrum of Housing First services without ACT teams (Pleace, 2012).

This typology was sometimes used as a means of describing the range of Housing First service models (Kaakinen, 2012; O'Sullivan, 2012). However, significant criticism was also levelled at this typology. It was argued that the HFL category, in using the term 'light', strongly implied what was being referred to was a (much) lower intensity service model than Housing First actually delivered. This meant that the HFL category sounded like it included services that were too *low* in intensity to be regarded as Housing First, whereas it actually referred to Housing First ICM services, which are a relatively *intensive* service. (Busch-Geertsema, 2013).

With hindsight, it is clear that the HFL category lacked precision and was not clearly labelled. An alternative typology is therefore required. Reviewing the current evidence base, not all of which was available in 2012, the following broad typology of Housing First services is suggested:

- Scattered Housing First (SHF) includes services following the operating principles of Housing First defined above. These forms of Housing First are, delivered by mobile support teams to people in scattered, ordinary housing.

- Communal Housing First (CHF) includes single site services following the operating principles of Housing First, in which people live in a cluster of communal or congregate housing.

A single-site Housing First service could have far more in common with the original Pathways to Housing model than it does with a staircase service, if it follows the core operational principles of a Housing First service defined above (Pleace, 2012). The potential extent of philosophical and operational overlap between communal and scattered Housing First services arguably makes it difficult to *not* regard CHF services as being a form of 'Housing First' (Kaakinen, 2012; Pleace, 2012).

However, the difference in the housing employed by SHF and CHF models is of sufficient potential importance that to regard SHF and CHF as essentially the same may not be logical. The original Pathways to Housing model is centred on choice, including choice about where to live, and also, importantly, on 'normalisation' and generating ontological security, i.e. the idea of bringing chronically homeless people back into society through supporting them to have an ordinary community life, in ordinary housing, surrounded by ordinary neighbours (Padgett, 2007; Tsemberis, 2010a). Pursuing these goals through a CHF model may raise potential challenges, because service users are living in congregate, physically separated, dedicated blocks of apartments not as the neighbours of other ordinary citizens in ordinary apartments (Tsemberis, 2011). This point is revisited below.

Lower intensity services that follow some, or several, of the broad principles of Housing First, but which offer *only* low intensity support, are *not* forms of Housing First. Here, the suggestion made by the jury of the 2010 European Consensus Conference on Homelessness (ECCH), to differentiate between Housing First and other 'Housing Led' services is useful (ECCH, 2011). The jury advanced the idea that 'Housing First' refers to services close to the original Pathways to Housing model and that other, related, service models that broadly reflect the Housing First approach should be referred to as 'housing-led' (ECCH, 2011, p.14).

The term 'housing-led' can describe low intensity services, that mirror Housing First in a broad sense, but which do not provide support services of sufficient intensity, range or duration to be regarded as Housing First. Equally, lower intensity services targeted on lower need groups of homeless people, who are not chronically homeless, would fall into this broad category. Housing-led services, providing low intensity support with housing sustainment to homeless people, can be found in the USA (Caton *et al*, 2007; Goldfinger *et al,* 1999; Hickert and Taylor, 2011; Tabol *et al*, 2009) and the EU and Canada (Pleace, 1997; Franklin, 1999; Pleace and Quilgars, 2003; Busch-Geertsema, 2005; Bowpitt and Harding, 2008; Lomax and Netto, 2008; Waegemakers-Schiff and Rook, 2012). Some evidence suggests that lower intensity housing-led services, which broadly reflect a Housing First approach, are more effective in ending homelessness than institutional service models designed to make homeless people 'housing ready' (Pleace, 2011).

The definition of Housing First suggested in this paper broadly parallels the US Federal Government operational definition of 'Housing First', which also defines Housing First as services employing a shared, core philosophy (USICH, 2010). In his recent overview of the *Housing First Europe* research programme, Busch-Geertsema also argues that the organisation of support can vary and that it is adherence to a core philosophy that defines what is 'Housing First' (2013, p.19).

## Revisiting Concerns About Model Drift and the Evidence Base

### Model drift

It can be shown, using the typology suggested above, that Housing First services exist in coherent, definable and directly *comparable* forms across Canada, America and the EU. Housing First cannot be reduced to a collection of diverse, unrelated services that all happen to be called the same thing. Housing First exists as a *sector*, of services following the same operational principles that end chronic homelessness at very high and also very similar rates (Pearson *et al,* 2007; Pearson *et al,* 2009; Goering *et al*, 2012; Pleace, 2012; Busch-Geertsema, 2013).

While the evidence supports the idea of Housing First services as a coherent whole, it also somewhat undermines arguments that *very* close fidelity with the original Pathways to Housing model is always necessary to achieve success (Tsemberis, 2011; Stefancic *et al* 2013; 4*et al,* 2013). Philosophical consistency and broad operational similarity seems to be required, but the evidence base suggests that the *detail* of Housing First service operation can differ from the original Pathways to Housing model, without there necessarily being any detrimental effects on performance in ending chronic homelessness. In practical terms, this means Housing First services, while sharing a core philosophy and operating principles, can exist at different scales, with different service mixes and all achieve high rates of success (Pleace, 2012; Busch-Geertsema, 2013).

Having said this, there are also some indications that a gap exists within the evidence base with respect to single-site (CHF) and scattered Housing First (SHF) services. This may be important, as while CHF and SHF services differ in only one key respect, i.e. using single-site or scattered housing, that difference is increasingly viewed as important. Concerns have been expressed that CHF services can be difficult to manage, and sometimes to live in, because they communally house groups of formerly chronically homeless people with high rates of severe mental illness and problematic drug and alcohol use. The concerns that normalisation and ontological security, which are core goals of the Pathways to Housing model, are arguably more difficult to achieve if people are 'separated' from the surrounding neighbourhood, in the sense of living in a visibly different form of accommodation, as they are in CHF services, have already been noted. People using CHF also may have no choice where to live, which again potentially undermines the emphasis on choice and control within SHF models. There are also some indications that outcomes for single-site (CHF) Housing First services may be more variable, or are sometimes poorer, than for scattered Housing First models (SHF) (Kettunen and Granfelt, 2011; Tsemberis, 2011; Kettunen, 2012; Johnson *et al*, 2012; Busch-Geertsema, 2013; Benjaminsen, 2013).

Against this, there are those who see advantages in single-site CHF approaches, such as being surrounded by peers with shared experiences who can provide social support, against risking being socially isolated in an ordinary apartment, and also logistical advantages in service delivery to a single site. There is also, it has been argued, the potential to productively re-use a mass of homelessness service 'real estate' by converting emergency shelters and hostels into CHF provision, quickly and affordably providing apartments to chronically homeless people with an attached 'Housing First' service. Success in reducing problematic alcohol consumption has been reported for CHF services in America (Larimer *et al*, 2009; Collins *et al*, 2012a; Collins *et al,* 2012b; Jost *et al*, 2011; Kaakinen, 2012).

It can therefore be argued that while Housing First clearly exists as a coherent sector, there is not yet enough data available to fully test those differences in operation that do exist. Alongside the need for more data on the relative merits and demerits of CHF and SHF models, other operational differences, for example comparing models offering ACT and ICM with those offering only ICM or only ACT services, also need to be more fully explored. Housing First is a strategically coherent and comparable whole, but understanding more about how differences in detailed operation may influence service outcomes nevertheless remains important.

The typology of Housing First proposed in this paper can also serve as a means by which to filter out services that are *not* examples of Housing First, helping to clearly frame a discussion of the extent and nature of model drift. Any service within any form of staircase, i.e. which has requirements and expectations to follow a strictly enforced, timetabled programme of behavioural modification towards 'housing readiness' cannot be regarded as a form of Housing First. Mobile support services that directly place service users in ordinary housing, but which seek treatment compliance or abstinence are also *not* 'Housing First' and nor are mobile support services that follow someone out of a staircase project, or which act as the final 'step' of a staircase service, a form of Housing First. Critical Time Intervention (CTI) should also not be regarded as Housing First because it is time limited and has an emphasis on structured behavioural modification that reflects the staircase model. Lastly, while aspects of their operation may reflect Housing First, Housing Led Services, because they are low intensity services working with a range of homeless people, including those with lower needs, are also not a form of Housing First.

### Testing the evidence base

As noted, research on Housing First is finding consistent success for Housing First services in terms of ending chronic homelessness across a range of countries, including several EU member states (Goering *et al*, 2012; Busch-Geertsema, 2012; Pleace and Bretherton, 2013b). Arguing that Housing First only 'appears' to work in America because it is targeting specific groups, or making selective use of

evidence, becomes much more difficult when, for example, French or Danish Housing First services, working in radically different contexts, achieve very similar results to those reported in America (DIHAL, 2012; Benjaminsen, 2013). Housing First in Denmark, the Netherlands, Canada and elsewhere ends chronic homelessness for 80 per cent or more of service users, very similar to the levels of success reported in America (Pleace, 2012; Goering *et al*, 2012; Benjaminsen, 2013; Busch-Geertsema, 2013; Wewerinke *et al*, 2013).

The argument that Housing First achieves 'less', because it does not deliver 'housing readiness' to the extent a staircase model does, is equally difficult to sustain. The review of evidence that informed the typology proposed in this paper clearly shows that Housing First services do seek to deliver improvements in health, well-being and socioeconomic integration. Suggesting that comparing Housing First and staircase services, in terms of their *ultimate* objectives, is not comparing 'like with like', is incorrect. Indeed it has been pointed out elsewhere that Housing First has some broad goals in common with staircase services with respect to social integration, health and well-being, even though the methods employed are very different (Hansen Löfstrand and Juhila, 2012). Consideration also still has to be given to the significantly lower effectiveness of staircase services in ending chronic homelessness. The evidence raising ethical concerns about how some staircase services treat chronically homeless people as deliberately 'deviant' individuals whose behaviour is in need of 'correction' should also continue to be born in mind (Dordick, 2002; Sahlin, 2005; Busch-Geertsema and Sahlin, 2007; Pleace, 2008).

There is evidence of positive outcomes from Housing First in terms of health, well-being and socioeconomic integration (Gulcur *et al*, 2003; Yanos *et al*, 2004; Greenwood *et al*, 2005; Padgett *et al*, 2006; Padgett, 2007; Gilmer *et al*, 2010; Tsemberis, 2010a; Pleace and Quilgars, 2003). However, there is also evidence of Housing First services achieving mixed outcomes in these areas (Pearson *et al*, 2007; Johnson *et al*, 2012; Busch-Geertsema, 2013), which does suggest scope for some additional research looking more closely at these outcomes (McNaughton-Nicholls and Atherton, 2011; Pleace and Quilgars, 2003).

In addition, some of the assumptions built into some American Housing First models require some further testing in a European context. One example from the Pathways to Housing model is an assumption that weekly visits and sub-tenancy agreements (meaning that service users hold a sub-lease while Pathways to Housing holds the full tenancy) are necessary to ensure housing sustainment (Tsemberis, 2010b; Hansen Löfstrand and Juhila, 2012). European Housing First services are in operation that immediately give a full tenancy to a service user and

also give them total control over contact with support services, seemingly without negative effects on housing outcomes (Busch-Geertsema, 2013; Pleace and Bretherton, 2013b).

One final issue is the criticism centred on the robustness of the evidence base for Housing First. From a clinical evaluation standpoint, it has been argued that there is *no* robust research at all on any form of housing related service intervention for people with mental health problems, homeless or otherwise (Chilvers *et al*, 2009) because a truly robust experimental evaluation (randomised control trial) has not been conducted. Yet this is not the view of Federal Government in America which regards Housing First as being evidence-based (USICH, 2010). While debates about the robustness of evidence will continue (Tabol *et al*, 2009), concerns expressed that involvement of advocates of Housing First in research can also be countered by the argument that much of what has been published by those authors has been subject to academic peer review (Pleace, 2012).

## The Case for Housing First in Europe

Housing First is not presented by advocates of the approach as a panacea for chronic homelessness, nor as being a complete solution to meeting all the support needs or socioeconomic marginalisation that can accompany experiences of recurrent and sustained homelessness (Tsemberis, 2012). No homelessness service can be realistically be expected to consistently deliver a solution to all the consequences of homelessness (Busch-Geertsema, 2012). Poverty, poor health, limited opportunities and other problems may sometimes remain, but chronic homelessness – the unique distress of often highly vulnerable people being without any settled accommodation on a recurrent or sustained basis – is often ended by Housing First. 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.

Housing First has become influential at EU level (ECCH, 2011; European Commission, 2013), just as it has in America (USICH, 2010). However, choice, which underpins Housing First, is something that always needs to be borne in mind. This is not just in terms of Housing First itself. For example, a choice-led response to homeless-ness would allow chronically homeless people to choose service options other than Housing First that may suit them better (Pleace and Bretherton, 2013a). Alongside this, using Housing First as a core strategy in the Europe Union should not mean that it 'replaces' all other services, as a mix of approaches, of which Housing First is one part, may be required at strategic level (Rosenheck, 2010; Pleace, 2011).

The current evidence base suggests that Housing First is scalable. Services which follow the core philosophy and operational principles of Housing First appear to achieve similarly high levels of effectiveness in ending chronic homelessness. This is important in the context of the EU, because it makes Housing First potentially adaptable to different contexts. Within the EU, responses to homelessness can range from a small number of basic emergency shelters run by voluntary and faith-based organisations, through to what are the most coordinated, well-funded and comprehensive homelessness service networks found anywhere in the world. To at least some extent, it looks like Housing First can sometimes be scaled to suit these different environments.

Lower and higher cost variants of Housing First can be developed, reflecting the resources that are available, allowing for wide ranging use of the approach in the EU. This said, it is always important to bear in mind that even the resources for a relatively lower cost Housing First service will quite often *not* be available in several EU member states. This is another reason not to think solely in terms of Housing First when planning responses to chronic homelessness and to continue to consider how it may be possible to enhance other, much lower cost, services.

There are also the barriers to Housing First to consider. Adoption of Housing First means challenging widely pervasive pre-modern and Neo-Liberal constructs of chronic homelessness as a 'self-inflicted' condition which is to be solved through coerced behavioural modification (O'Sullivan, 2008). Equally, even a partial adoption of Housing First responses means some existing homelessness services, in which service providing agencies and others have a vested interest, will come under threat, which will in turn result in some political resistance (Houard, 2011). Even in America, where Housing First dominates strategic debate about homelessness at national, state and city level, Housing First is not the main form of service provision, staircase systems often remain in place (Collins *et al*, 2012a and b), and while the tide is in favour of Housing First, opposition is unlikely to simply stop (Groton, 2013)

This article has asserted that two of the key arguments underpinning criticism of the wider use of Housing First in the EU do not stand up to serious scrutiny. The first argument is that model drift makes Housing First services vary to the extent that there is a danger of inconsistent results and building strategies around a service model that is not clearly defined. The current evidence is that adherence to shared operational principles is sufficient for Housing First services to achieve consistently high success rates in ending chronic homelessness. Total fidelity with the Pathways to Housing approach is neither necessary, nor indeed practical, given variations in context.

The second argument is that Housing First should be treated with caution, because it is not as effective as claimed, because there is selectively, bias and gaps in the evidence used to support it. However, there is now simply too much evidence that Housing First services, with shared operating principles, are effective in a range of contexts across different countries for this critique to really be taken seriously. The evidence base is not however perfect. For example, more data on the relative effectiveness of SHF and CHF models and on what Housing First can practically deliver in terms of long-term health and well-being and socioeconomic integration would be useful. Ultimately, however, Housing First consistently ends homelessness at a high rate and this means it has to be given serious consideration as a core strategy to reduce chronic homelessness across the EU.

## Acknowledgements

› **References**

Benjaminsen, L. (2013) Rehousing Homeless Citizens with Assertive Community Treatment: Experiences from an ACT Programme in Copenhagen, Working paper 07: 2013 for SFI, Copenhagen, Denmark.

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.

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. (2012) The Potential of Housing First from a European Perspective, *European Journal of Homelessness* 6(2) pp.209-216.

Busch-Geertsema, V. (2013) *Housing First Europe. Final Report* (Bremen/Brussels: GISS). www.housingfirsteurope.eu

Caton, C.L.M., Wilkins, C. and Anderson, J. (2007) People who Experience Long Term Homelessness: Characteristics and Interventions (Paper presented at the National Symposium on Homelessness Research, Washington DC, United States of America, 1-3 of March 2007).

Chilvers, R., MacDonald, G., and Hayes, A. (2009) *Supported Housing for People with Severe Mental Disorders* (Cochrane Database of Systemic Reviews).

Collins, S.E., Clifasefi, S.L., Dana, E.A., Andrasik, M.P., Stahl, N., Kirouac, M., Welbaum, C., King, M. and Malone, D.K. (2012a) Where Harm Reduction Meets Housing First: Exploring Alcohol's Role in a Project-based Housing First Setting, *International Journal of Drug Policy* 23(2) pp.111-119.

Collins, S.E., Malone, D.K., Clifasefi, S.L., Ginzler, J.A., Gamer, M.D., Burlingham, B., Lonczak, H.S., Dana, E.A., Kirouac, M., Tanzer, K., Hobson, W.G., Marlatt, G.A. and Larimer, M.E. (2012b) 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. (2008) The Costs of Homelessness: A Perspective from the United States, *European Journal of Homelessness* 2 pp.97-114.

DIHAL (2012) *La lettre d'information de la Dihal – Hors série n° 5* [DIHAL Newsletter – Special Edition 5, 12th December 2012] http://www.territoires.gouv.fr/IMG/pdf/Newsletter_dihal_HS_5_-_12_dec_2012.pdf

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 (2010) *Policy Recommendations of the Jury* (Brussels: European Community Programme for Employment and Social Solidarity).

European Commission (2013a) *Commission Staff Working Document: Confronting Homelessness in the European Union* (SWD(2013) 42 final), EU Social Investment Package (Brussels: European Commission).

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).

Gilmer, T.P., Stefancic, 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.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E. and Ly, A. (2012) *At Home/Chez Soi Interim Report* Mental Health Commission of Canada, http://www.mentalhealthcommission.ca/English/document/5032/home-interim-report

Goldfinger, S. M., Schutt, R.K., Tolomiczenko, G.S., Seidman, L., Penk, W.E., Turner, W. and Caplan, B. (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.

Groton, D. (2013) Are Housing First Programs Effective? A Research Note, *Journal of Sociology and Social Welfare* 40(1) pp.51-63.

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.

Hickert, A.O. and Taylor, M.J. (2011) Supportive Housing for Addicted, Incarcerated Homeless Adults, *Journal of Social Service Research* 37(2) 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.

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

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(2) pp.224-263.

Kaakinen, J (2012) Long Term Perspectives: From Housing First to Ending Homelessness', Paper presented at Housing First: A Key Element of European Homelessness Strategies, French Permanent Representation, Brussels, 23rd March 2012. (www.feantsa.horus.be/code/EN/pg.asp?Page=1409)

Kertesz, 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.

Kertesz, 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/

Kettunen, M. (2012) Implementing Housing First in Finland, Paper presented at Housing First Partners Conference, New Orleans, United States of America, 21st-23rd March 2012. static.squarespace.com/static/513e08bfe4b0b5df0ec24cda/t/5187e1e3e4b0046126de4f5a/1367859683091/March_22_215_Single%20site%20HF%20Finland_Kettunen.pdf

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.

Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., Ginzler, J., Clifasefi, S.L., Hobson, W.G. and Marlatt, G.A. (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).

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.

Nelson, G., Stefancic, A., Rae, J., Townley, G., Distasio, J., Hurtubise, R. and Goering, P. (2014) Early Implementation Evaluation of a Multi-Site Housing First Intervention for Homeless People with Mental Illness: A Mixed Methods Approach, *Evaluation and Program Planning* 43 pp.16-26.

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).

O'Sullivan, E. (2012) *Ending Homelessness – A Housing-Led Approach* (Dublin: Department of Environment, Community and Local Government).

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(5) pp.1925-1936.

Pearson, C. L., G. Locke., Montgomery, A.E. and Buron, L. (2007) *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness* (Washington DC, Department of Housing and Urban Development). http://www.huduser.org/portal/publications/hsgfirst.pdf

Pearson, C., Montgomery, A.E. and Locke, G. (2009) Housing Stability Among Homeless Individuals with Serious Mental Illness Participating in Housing First programs, *Journal of Community Psychology* 37(3) pp.404-417.

Pleace, N. (1997) Rehousing Single Homeless People in: R. Burrows, N. Pleace, and D. Quilgars (Eds.) *Homelessness and Social Policy* pp.159-171. (London: Routledge).

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

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) pp.113-127.

Pleace, N. (2012) *Housing First* DIHAL. www.feantsa.org/files/freshstart/Policy%20documents/2012_04_27_FINAL_EN.pdf

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

Pleace, N. and Bretherton, J. (2013b) *Camden Housing First: A Housing First Experiment in London* (York: University of York).

Poulin, S.R., Maguire, M., Metraux, S., Culhane, D.P. (2011) Service Use and Costs for Persons Experiencing Chronic Homelessness in Philadelphia: A Population-Based Study, *Psychiatric Services* 61(11) pp.1093–1098.

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

Sahlin, I. (2005) The Staircase of Transition: Survival Through Failure, *Innovation: European Journal of Social Science Research* 18(2) pp.115-35.

Stanhope, V. and Dunn, K. (2011) The Curious Case of Housing First: the Limits of Evidence Based Policy, *International Journal of Law and Psychiatry* 34(4) pp.275-282.

Stefancic, A., Gilmer, T., Tsemberis, S. and Katz, M. (2013) Fidelity to Housing First, Paper presented at the International Homelessness Research Conference: Advancing the Policy and Practice of Crisis Response Systems, University of Pennsylvania, United States of America, 4th-5th June, 2013. http://www.endveteranhomelessness.org/sites/default/files/Stefancic%20 IHRC%20Housing%20First%20Fidelity%20Presentation%206-5-2013.pdf

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(4) 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. (2010a) Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs in: I. Gould Ellen and B. O'Flaherty (Eds.) *How to House the Homeless,* pp.37-56. (Russell Sage Foundation: New York).

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

Tsemberis, S. (2011) *Observations and Recommendations on Finland's 'Name on the Door Project' From a Housing First Perspective* (Finland: Housing First) 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.

Tsemberis, S. (2012) Housing First: Basic Tenets of the Definition Across Cultures, *European Journal of Homelessness* 6(2) pp.169-173

United States Interagency Council on Homelessness (2010) *Opening Doors: Federal strategic plan to prevent and end homelessness* (Washington DC: USICH).

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

Watson, D.P., Orwat, J., Wagner, D.E., Shuman, V. and Tolliver, R. (2013) The Housing First Model (HFM) Fidelity Index: Designing and Testing a Tool for Measuring Integrity of Housing Programs that Serve Active Substance Users, *Substance Abuse Treatment, Prevention and Policy* 8: 16 http://www.substanceabusepolicy.com/content/8/1/16

Wewerinke, D., al Shamma, S. and Wolf, J. (2013) *Evaluation of Discus Housing First: The Netherlands* (St Radboud: UMC).

Yanos, P.T., Barrow, S.M. and Tsemberis, S. (2004) Community Integration in the Early Phase of Housing Among Homeless Persons Diagnosed with Severe Mental Illness: Successes and Challenges, Community Mental Health Journal 40(2) p.133- 150.