Shifting the Balance of the Housing First Debate

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Introduction

Early Housing First literature, which draws almost entirely upon evaluations in the model's country of origin, the United States (US), provides a very positive account of its effectiveness for chronically homeless people with severe mental illness. It is widely agreed that the housing retention outcomes documented are highly impressive. Such outcomes, combined with the apparent cost-effectiveness of Housing First in the US, have inspired its rapid replication across Europe. In some contexts the championing of Housing First as a service response has arguably been quite 'evangelical' in tone (Johnsen and Texieria, 2012).

Nicholas Pleace's contribution to a recent volume of the *European Journal of Homelessness*, titled *The Ambiguities, Limits and Risks of Housing First from a European Perspective* (Pleace, 2011), contributes to a burgeoning literature that is shifting the balance of academic debate regarding Housing First. He raises three key questions: first, what is meant by Housing First and is a better understanding of these services required in order that the success reported in the US may be replicated elsewhere?; second, can the gains in housing stability delivered by the Pathways model address all aspects of chronic homelessness?; and third, does the current policy and research focus on Housing First risk over-emphasising one aspect of homelessness at the expense of others? Pleace concludes that whilst the achievements of Housing First must be acknowledged, the model should not be regarded as a panacea as it does not meet all the needs of the target group. Furthermore, he cautions that while Housing First is designed to deal with 'the most difficult' aspects of homelessness, it does not tackle the 'bulk of homelessness'.

Pleace thus joins an (as yet still relatively small) number of scholars who are questioning the wisdom of the rapid replication of Housing First outside the US in the absence, to date, of evidence that it 'works' elsewhere or is effective with client

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groups other than the group targeted by Pathways to Housing (henceforth 'Pathways'), the founders of the model. Kertesz and colleagues, for example, call for the tempering of claims that Housing First has the capacity to 'solve' chronic homelessness, given a lack of evidence regarding its applicability to people with substance misuse problems (Kertesz *et al.*, 2009; Kertesz and Weiner, 2009). Further, Johnson *et al.* (2012) have argued that whilst the evidence base on Housing First is impressive on many accounts, there has been a tendency for commentators to oversimplify, or even ignore, some of the complexities and problems identified in implementation. Waegemakers Schiff and Rook (2012) claim that endorsements of Housing First as 'best practice' in North America are poorly founded, given the limitations in methodological rigour of some studies, and the fact that independent evaluations are relatively few in number.

It seems, then, that academic debate surrounding the transferability of Housing First is being injected with caution and/or scepticism – perhaps, one might even argue, 'agnosticism'. What follows, therefore, are some reflections on the questions raised by Pleace (2011), in light of broader discussions regarding Housing First.

Assessing Ambiguities, Limits and Risks

In exploring the first of the questions identified above, Pleace argues that a better understanding of what is actually being delivered by programmes branded 'Housing First' is needed if we are to assess which variants work well and/or less well. There has been, as he notes, significant variation in the interpretation of Housing First, particularly as regards the type of housing provided. As a consequence, Pathways are in the process of developing a scale which may be used to assess project fidelity (Tsemberis, 2010).

Proponents of the original Pathways approach argue that fidelity 'matters' because projects that adhere most closely to the Pathways programme deliver the best outcomes (Stefancic and Tsemberis, 2007), and because evaluations of weak fidelity projects risk diluting evidence of the model's effectiveness (Greenwood *et al.*, forthcoming). Yet, as Johnson *et al.* (2012) argue, 'programme drift' is in many ways not only inevitable, but also necessary if Housing First is to be effective in countries with very different welfare regimes, housing market structures and so on. The key challenge lies in identifying which elements contribute to programme effectiveness for different groups – that is, in establishing what works for whom in what circumstances, as Pawson and Tilley (1997) famously note.

The fidelity debate also highlights an important, but rarely (if ever) acknowledged, tension within the Housing First approach – that the centrality of Housing First's 'consumer choice' tenet does not sit easily alongside 'prescriptions' regarding

aspects of programme delivery, most notably the type of housing provided. It is possible that some service users may, for example, prefer communal housing to an independent tenancy. This presents a significant challenge to service providers, for in attempting to maintain a high degree of programme fidelity in following some of Pathways' guidance, they may (potentially) compromise the consumer choice principle. The fidelity scale may nevertheless prove to be a useful tool in lending greater clarity to the characteristics of individual projects (in terms of target group, modes of support delivery etc.), thus facilitating the identification of elements critical to positive outcomes in different contexts.

The second question Pleace (2011) poses relates to the potential limits of Housing First as regards target groups and/or deliverable outcomes. He makes reference to critiques that question the effectiveness of Housing First for homeless people with drug or alcohol problems. Teixeira and I have expressed similar reservations, given weaknesses in the existing knowledge base on this issue (Johnsen and Teixeira, 2012). It is worth noting, however, that very recent research into outcomes for people involved in drug misuse report very promising findings as regards the retention of addicts in Housing First programmes (see Edens *et al.*, 2011; Padgett *et al.*, 2011). This is most definitely a space worth watching.

On the issue of drug misuse, Pleace (2011, p.119) also argues that "the harm reduction philosophy underpinning Pathways Housing First may not always be viewed sympathetically by policy-makers", on the grounds that harm reduction policies have been subject to criticism, with some authorities calling for a re-emphasis on abstinence. I would, however, argue that recent developments in UK drugs policy are not incompatible with the principles of Housing First. Whilst advocating harm minimisation practices, Pathways endorse a 'recovery orientation', stating that all Housing First staff should view every service user as being capable of 'recovery' (from addiction, poor mental health, and so on), and convey this belief to clients continually (Tsemberis, 2010). Recent UK drug strategies promote a 'recovery' approach, which views recovery as an individual journey, experienced differently by different people, the ultimate goal of which is freedom from dependency (Scottish Government, 2008; HM Government, 2010). This acknowledges that harm minimisation has a role to play in treatment, but that maintenance should not be 'accepted' as an end-point if addicts are (or can be) motivated toward a 'drug-free life'. There remains a lack of clarity regarding the concept of recovery employed in the strategies (Monaghan, 2012), but even so, their overall premises do not conflict with the person-centred recovery orientation advocated by Pathways. Certainly, the ongoing evaluation of the UK's first Housing First pilot in Glasgow indicates that the Scottish Government considers the Housing First model to dovetail effectively with its national drugs strategy (Johnsen and Fitzpatrick, 2012).

Pleace (2011) also highlights the lack of evidence that Housing First is effective at counteracting worklessness or social isolation. McNaughton Nicholls and Atherton (2011) have deemed the non-housing outcomes of Housing First 'underwhelming' on these very grounds. Pleace (2011) also notes, however, that there is little evidence that such problems are being effectively counteracted by other service models. In a similar vein, I believe that to discredit the approach on the basis of its limited impact in terms of combating social isolation and poverty is to apply higher thresholds of 'success' than would normally be the case for other services working with Housing First's traditional client group – that is, long-term homeless people with complex support needs (Johnsen and Teixeira, 2012). Advocates of Housing First have never claimed that it can (or should) 'normalise' homeless people, but rather that it provides a stable platform from which they can begin to address issues such as poor mental health or substance misuse.

The final question posed by Pleace (2011) relates to whether the policy and media attention received by Housing First risks distorting understanding of what homelessness is, given its focus on "chaotic people with high support needs" (p.122). He argues that the focus on the vulnerable minority downplays the scale of homelessness and the influence of structural conditions on its causation. Such a view is totally understandable in light of the arguably evangelical tone of some discourses surrounding Housing First and the potential temptation this may present for politicians and policy-makers wanting to be seen to promote new 'innovative' and 'evidence-based' policy solutions.

It could be argued, however, that an emphasis on interventions for this client group is not only necessary but should also be welcomed, in the UK at least, where homeless people with complex support needs have been failed by mainstream interventions for many years (Communities and Local Government, 2008; St Mungo's, 2009). Of relevance here are the findings of recent research exploring the extent of, and pathways into, 'multiple exclusion homelessness', which has identified a 'forgotten middle' of men (mostly in their 30s) who experience the most extreme forms of exclusion, yet have received comparatively less policy attention (and public sympathy) than younger or older homeless people and homeless families, for example (Fitzpatrick et al., 2013). In some ways, then, an explicit focus on interventions targeting the most excluded individuals merely redresses their prior neglect.

It is true, as Pleace (2011) argues, that Housing First should not be viewed as a panacea. But, in fact, I see reassuringly little (if indeed any) evidence that anyone actually regards it as such, in the UK context at least. Here, stakeholders view Housing First as a potentially useful complement to existing services, not as an antidote or panacea to homelessness *per se.* Even so, many remain firmly wedded to the 'treatment first' philosophy – especially regarding individuals with complex

support needs – such that substantial evidence as regards the model's effectiveness on UK soil seems necessary before any widespread 'conversion' in attitudes toward Housing First is likely (Johnsen and Teixeira, 2012). That said, I fully agree with Pleace (2011) that we should continue to investigate and compare the effectiveness of alternative (non Housing First) approaches for both complex and low needs groups.

Conclusion

Pleace's (2011) paper contributes to an emergent literature that is shifting the balance of academic debate regarding Housing First. These more sceptical, or agnostic, contributions urge us to not lose sight of the potential limits of Housing First and/or the needs of other subgroups of homeless people in the drive to find the next 'new' initiative to combat homelessness (see for example Johnson *et al.*, 2012). Such arguments are important, as Dolowitz and Marsh (2000) note, for policy transfer can (and sometimes does) go very wrong, if borrowing countries omit components crucial to programme effectiveness in the nation of origin or pay insufficient attention to socio-political differences between contexts. The ethical implications of such an outcome should not be understated, given the very real risk of exacerbating circumstances for very vulnerable individuals should any intervention have unintended, possibly damaging, impacts.

There is a clear need for robust evidence regarding the efficacy of Housing First and/or derivatives thereof outside the US. Until such evidence exists, an agnostic standpoint – neither fully 'pro' nor fully 'anti' Housing First – really remains the only truly defensible one. The findings of evaluations currently in progress across Europe and elsewhere internationally (see for example Busch-Geertsema, 2011; Goering *et al.*, 2011) are thus eagerly awaited by many, myself included. Then, and only then, will we be able to assess with confidence how firm the evidence base is and thereby gauge the extent to which Housing First should (or should not) be promoted in other contexts and/or for other client groups.

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