The Potential of Housing First from a European Perspective

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Introduction

'Housing' and 'First' are two words that, when used together in the context of the provision of homeless services, are often understood very differently by different people and in different jurisdictions. Bearing this observation in mind, it is useful to remember that only in one specific sense are the two words 'Housing' and 'First' co-joined to describe a very specific model of long-term supported housing for (formerly) homeless people with mental illness and co-occurring substance abuse. This specific model is that developed by the organisation Pathways to Housing in New York. It is of note that the name of the organisation 'Pathways to Housing' (PtH) could be misunderstood as implying that a number of steps need to be taken along a pathway before appropriate accommodation is secured. However, as we know, the founder of the organisation, psychiatrist Sam Tsemberis, and his colleagues set out to challenge models that assumed that homeless people with complex problems must be 'housing ready', and must have moved through several stages of a 'continuum of care', before they can move into independent housing, and they have challenged these models very successfully.

What is Housing First?

This philosophy of reintegrating homeless people very quickly into regular self-contained housing and providing the necessary support to them after they have moved in for as long as they need is by no means the invention of Sam Tsemberis, nor is this philosophy restricted to the specific target group of PtH. For example, the organisation 'Beyond Shelter' claims that the Housing First approach was developed by their founder, Tanja Tull, for homeless families (Lanzerotti, 2004). As Nan Roman (2011, p.22) has pointed out "the principle of Housing First is also applicable to people

with less significant or more temporary problems, such as families or individuals who are homeless for economic reasons." Roman also lists some critical elements, which can be used to set the limits of what Housing First is, and what it is not:

- There is a focus on helping individuals and families access housing as quickly as possible and the housing is not time-limited (it is not shelter, transitional housing, etc.).

- While some crisis resolution and housing search services might be delivered in the process of obtaining housing, core services to promote wellbeing and housing stability (treatment, education, child development, etc.) are primarily delivered *following* housing placement.

- The nature and duration of services depend upon individual need and services are voluntary.

- Housing is not contingent on compliance with services; however consumers must typically comply with standard requirements of tenancy (paying the rent, etc.)" (Roman, 2011, p.22)

The author of this response would emphasise that the absence of these elements clearly disqualifies an approach as Housing First. A service is not Housing First if access to housing is conditional on someone being 'housing ready' because they have moved along a 'staircase' or 'continuum' or have undergone treatment and/ or are showing abstinence. It should also be emphasised that Housing First is not 'housing only', but involves pro-active services visiting homeless people at home.

While there are clear limits to what can be defined as Housing First, it can be argued that it makes sense not to set overly strict limits. Nicholas Pleace, in a Report for the French Government, uses a wider definition by distinguishing between 'Pathways Housing First' services, 'Communal Housing First' services and 'Housing First Light' services (Pleace, 2012). In this sense, Housing First is not only of interest for servicing the "high-cost, high-risk group of very vulnerable homeless people" (Pleace, 2012, p.122) as it was designed to do by Tsemberis and colleagues. The basic model of immediate provision of housing with support provided by mobile teams may also be used for other groups of homeless people. It is also worth noting in this context that, of the ten projects involved in the current 'Housing First Europe' social experimentation project funded by the European Commission, not one single project is an exact replica of what PtH practices in New York, although most of them are, indeed, serving homeless people with complex needs.

Housing First understood in the sense just outlined above is an approach that may be applicable far more widely among homeless people. However, the PtH model has gained particular attention, as it has shown that the Housing First philosophy is highly

effective for chronically homeless people with a dual diagnosis, who for a long time were considered proof that some homeless persons are unable to sustain a tenancy and need to be made 'housing ready' outside regular housing in special institutions and hostels on a step-by-step basis through staircase/continuum services.

Housing First as practised by PtH has been shown through robust research (including randomized control trials, often praised as the gold standard of scientific evidence) to deliver much better outcomes for this target group than 'treatment first'/Continuum of Care/staircase approaches (see Tsemberis *et al.*, 2004; Padget *et al.*, 2006; Tsemberis 2010a and b). It is very important to be aware of the specific principles and practices and the ethos followed by PtH to understand the success of the approach for this target group; for example, the use of Assertive Community Treatment for those with severe mental illness, and of Intensive Case Management for those with less severe problems; the emphasis on consumer choice and self determination, on recovery and community integration; the clear preference for scattered housing; and also the ethos of showing respect, warmth and compassion for all clients (see Tsemberis 2010a and b).

Housing First in Europe

Housing First has raised a lot of interest in Europe for a number of reasons. As a philosophy, it is in line with important developments in other areas of welfare provision for people in need of support (mentally ill, frail older people, vulnerable young people) such as (Edgar *et al.*, 2000):

- De-institutionalisation and decentralisation

- Normalisation of living conditions (including housing conditions)

- Individualisation of support

- Move from place-centred support (supported housing) to person-centred support (support in housing).

Housing First can also be seen as addressing the core concerns of the critique of the staircase of transition, which still dominates service provision for homeless people in the majority of European countries. This critique was formulated most explicitly by Ingrid Sahlin during her time as Swedish correspondent for the European Observatory on Homelessness (see Sahlin, 1998 and 2005; Busch-Geertsema and Sahlin, 2007), but found a wide and sympathetic audience across many European countries. Finally, Housing First as a philosophy, together with an emphasis on prevention to stop homelessness from occurring in the first place, also matches the aim of 'reducing homelessness instead of managing it', which is central to many of the national homeless strategies of European member states.

While some of the basic ideas of the Housing First approach are not novel in some European member states, most services are far from 'doing it already' (see Johnsen and Teixeira, 2010 and 2012 for the UK).

Most of the risks mentioned in Pleace's (2011) think piece, only apply if a very *narrow* definition of Housing First, equating it with the approach of PtH, is chosen. For example, it is true that many homeless people with support needs will not need the particularly expensive Assertive Community Treatment but might be equally well served with less expensive and less intensive types of floating support, but these types of services can nevertheless be organised following the main principles of Housing First as listed above by Nan Roman. As noted above, PtH does not use the ACT approach exclusively, but also utilises Intensive Case Management for clients with less severe mental health problems.

Pleace himself has confirmed this in his creation of the category 'Housing First Light' in a recent publication (Pleace, 2012). Whether this type of Housing First is really already as widely implemented as he claims might be debated, at least in the case of the UK ("the single most common form of homelessness services in the UK", Pleace, 2011, p.32) (Johnsen and Teixeria, 2012). In many EU countries, floating support in regular housing is still reserved for homeless persons who have been made 'housing ready' in a staircase system, in which the last step on the ladder is resettlement into housing with floating support. The number of steps might differ, and the system might be renamed as 'elevator' (Johnsen and Teixeira, 2010), but the basic idea that homeless people need preparation outside regular housing before they can have access to it still predominates.

While it is of course correct that a number of homeless people need support enabling them to manage a tenancy those in favour of providing this support outside regular housing cannot explain why it could not be much better delivered in a more systematic and effective way as floating support after rapid re-housing, instead of during long stays in hostels and temporary accommodation. It is obvious that, just as it is easier to learn to swim when practising in water (with support of course), it is easier to learn to manage a tenancy while having one.

In the European context Housing First should not be mixed up with permanent supported housing in the literal sense. While it is true that support is provided to tenants as long as they need it, it is one of the specific advantages of this approach that if support needs diminish or can be covered by mainstream services, the tenant does not have to move out of the dwelling; instead, the support services withdraw and the tenant can stay. This gives service users 'ontological security' (Padgett, 2007; Watson, 2012) and might be one of the most important keys to the success of this approach. This sense of security may be strengthened if a permanent tenancy contract gives service users the security to keep their apartment. At least in some of

the European Housing First projects this is the case. Indeed, if we think of Housing First as a basic philosophy for wider groups of homeless people, it is essential to develop methods of needs-assessment and flexible types of financing of services to allow for on-going adequate support for those in need (and as long as needs are complex and multidimensional, multidimensional and intensive support must be provided), but also to reduce and limit support when it is not needed any more.

However, many of the communal (or project based) types of Housing First services for homeless people with complex problems, which offer only congregated housing with on-site support, do, indeed, lack some of the important advantages of the Housing First philosophy as practiced by PtH. Communal Housing First services are also not in line with the developments mentioned above, as they are still 'supported housing' and not 'support in housing', i.e., they are centralised and not decentralised, they provide less normality than scattered housing, and there are fewer opportunities for community integration outside the homeless milieu (see Hansen Löfstrand's (2010) critique of 'category housing' in Sweden, and the doubts raised about some of the Finnish examples by Busch-Geertsema, 2010; see also Benjaminsen (2012) for a direct comparison of experiences in congregated and scattered site-housing).

These approaches – and to some extent those of Common Ground, an approach developed in the 1990s in New York by Rosanne Haggerty to provide congregated permanent housing with onsite support for chronically homeless people with a 'social mix' within the building and which is now relatively widespread in the big cities of Australia – might well be seen as the solution for today (by creating additional self-contained and permanent housing for vulnerable homeless people in very tight housing markets), but they may create the problems of tomorrow in continuing to concentrate formerly homeless people in particular areas and continuing to isolate them from the rest of society, and in denying them access to regular housing outside these (often expensive) buildings specifically designed for them.

In the author's view, Housing First as a philosophy to provide services for a large proportion (in some countries, indeed, the bulk) of homeless people will not lead to structural problems, such as the lack of affordable housing being ignored – as feared by Pleace in his think piece. On the contrary, Housing First places access to housing (and the means for financing it) at the very *centre* of the debate. Housing First acknowledges that for many homeless people 'housing only' is not a sufficient answer to their support needs, but the discussion about Housing First can only lead to a 'medicalisation' and 'individualisation' of the image of homeless people if the approach and the target group are defined very narrowly.

The warning of Pleace and other authors that the results of Housing First projects are underwhelming in terms of employment, recovery from addiction, overcoming social isolation and improvements in well-being in general (McNaughton-Nicholls

and Atherton, 2011) might be needed to prevent people from expecting miracles of the approach within extant structural constraints. Expectations have to be realistic; while the recovery orientation is vital, ending homelessness "… is not identical to ending poverty, curing mental illness, promoting economic self-sufficiency, or making needy people healthy, wealthy, and wise" (Shinn and Baumohl, 1999). Further integration into society may need time and for some severely marginalised people, 'relative integration' is a more realistic goal (Busch-Geertsema, 2005). It is well known – and acknowledged by Pleace – that more traditional services struggle equally with achieving far-reaching aims (such as integration into regular employment) for most homeless people with very severe and complex problems. However, despite the high housing retention rates achieved by PtH and up to now also by four of the five test sites of the Housing First Europe project (each with a slightly different approach and different clientele), there is always a small proportion of homeless people who are not successful in sustaining a tenancy in Housing First projects and who might need other forms of support. The question here is one of proportions, not of strict dogmas.

Conclusion

One does not need to have evangelical fervour (see Johnsen and Teixeira, 2012), nor does one have to stick to sophisticated fidelity scales, to recommend the Housing First philosophy and housing-led policy strategies for European contexts as well. Of course, national and local contexts and the specific needs of the particular target group have to be taken into consideration, and the Housing First approach will often have to be adjusted without giving up its essential ethos (see also Johnson *et al*., 2012). However, Housing First projects and housing-led policy strategies have a great potential to change more traditional homelessness policy approaches (based on staircase systems) that still dominate in large parts of Europe by emphasising the importance of rapid access to permanent housing and the need for adequate pro-active support in housing for those in need. Housing First successfully challenges traditional images of homeless people with multiple needs as incapable of living in mainstream housing. The debate about Housing First helps to understand and promote housing, not as a distant goal, but as a very important ingredient for the integration process of homeless people, together with adequate support in housing. There is growing evidence that social service interventions are more successful if provided to people in their own home, but no miracles are to be expected. Housing First is neither a miracle cure for all homelessness people, nor should it be seen as an isolated approach for a tiny proportion of the most excluded.

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