Consumer Choice in Housing First

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Introduction

Hansen Löfstrand's and Juhila's (HL & J) article in last year's open edition of this Journal (Hansen Löfstrand and Juhila, 2012) is an important contribution to debates about Housing First. The progenitor of what is now a global Housing First movement is Pathways Housing First (PHF) in New York. HL & J employ Foucauldian discourse analysis of the PHF 'manual' (Tsemberis, 2010a). Their key argument is that PHF effectively employs attempted behavioural modification as a 'solution' to chronic homelessness in a way that mirrors the underlying philosophy of the 'staircase' or 'linear residential treatment' models that PHF was nominally designed to replace.

> … having analysed the discourse of consumer choice in the PHF model, our conclusion is that the two models should not be seen as entirely different, as they both aim to support clients' independence, motivation and recovery; in other words, both aim to render people as self-responsible as possible. (Hansen Löfstrand and Juhila, 2012, p.64)

Others have found what they regard as significant holes in the evidence in which Housing First surrounds itself, for example in how efficiently Housing First delivers improvements in drug and alcohol use or how cost effective it is (Johnson *et al*, 2012), and also suggested selective use of evidence when Housing First has been positively compared with staircase services (Kertesz and Weiner, 2009; Rosenheck, 2010; Stanhope and Dunn, 2011). However, HL & J are among the first to raise questions about the underlying *philosophy* of Housing First and perhaps the first to question how much of a distinction there really is between Housing First and staircase services. The critique to which HL & J subject PHF and, by extension, other Housing First services is potentially fundamental. In questioning the philosophy of Housing First, HL & J are criticising how the evidence about Housing First is being *interpreted* and questioning whether current understanding of how and why Housing First appears to be 'effective' is actually correct.

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Questioning Conventional Views of Housing First

Robust evaluations of Housing First services indicate that they can end chronic homelessness for around 80 per cent of the people they work with, although the figure is often higher (Tsemberis, 2010b; Goering *et al*, 2012; Benjaminsen, 2013; Busch-Geertsema, 2013). Sustained exits from chronic homelessness are achieved at rates that often approach double the levels achieved by staircase services (Pleace, 2008). This ability to end chronic homelessness has been demonstrated across a range of Housing First service models, which share a common philosophy, but which differ in the detail of their operation, in the European Union, Canada and the USA (Pleace, 2012; Busch-Geertsema, 2013).

Staircase services are seen as reflecting a pre-modern and later a Neo-Liberal construct of what 'chronic homelessness' is. In this construct, say the critics of staircase services, chronically homeless people are simultaneously viewed as mentally ill and incapable, and yet as also capable of consciously making 'bad' choices that initially cause and then sustain their homelessness (Carlen, 1994; Lyon-Callo, 2000; O'Sullivan, 2008). Staircase services, say the critics, assume that the only route away from chronic homelessness is to have one's health problems treated and have one's 'bad' behaviour, particularly around drug and alcohol use, changed (Dordick, 2002).

Housing is a 'reward' for compliance with behavioural modification in staircase services. In the most extreme form of staircase service, this means adherence to strict rules, total intolerance of alcohol and drugs and complete compliance with medical treatment, i.e. showing and demonstrating a 'willingness to change' to reach the ultimate goal of rehousing. However, while the same logic is pervasive in staircase models, different degrees of flexibility and tolerance can exist (Pleace, 2008). There is widespread evidence of large scale attrition and stagnation in staircase services, i.e. a majority of chronically homeless people either disengage or get 'stuck' unable to ever complete enough 'steps' on the staircase to reach housing (Sahlin, 2005; Busch-Geertsema and Sahlin, 2007; Tsemberis, 2010a; 2010b). Crucially, these failures are widely interpreted as being as a direct result of the *philosophy* of staircase services (Pleace, 2008), with only a few voices suggesting other issues, such as insufficient resources, may be causing failures in the staircase model (Rosenheck, 2010).

By contrast, in the literature that supports it, Housing First is portrayed as recognising and respecting the human beings who are chronically homeless and, crucially, in recognising and respecting their *choices*. Choice is portrayed as the core of Housing First, it is also the reason given for success, because the humanity of chronically homeless people is recognised, their rights are respected and they can exercise choices over which services they use and, in the PHF model, some

choice over where they live. The separation of housing and support is fundamental to how Housing First works, setting relatively few conditions, when compared to a staircase service, on accessing and keeping housing (Tsemberis, 2010a; 2010b). In allowing choice, the choice to not stop drinking, using drugs, or whether or not to engage with treatment, and still providing housing, Housing First is widely seen as philosophically distinct from staircase services (Pleace, 2012). Crucially, it is this philosophical difference that is widely seen as explaining why Housing First is effective (Busch-Geertsema, 2013).

HL & J are not the first to question the underlying logic and philosophy of Housing First (Stanhope and Dunn, 2011). However, their argument that staircase services and Housing First ultimately seek the *same* thing, i.e. behavioural modification as the solution to chronic homelessness, and differ mainly in the techniques employed, is innovative. Metaphorically, HL & J are asserting that PHF nudges, whereas staircase services push, chronically homeless people towards the same goal. For HL & J, Housing First is another example of advanced liberalism in which subjects work on themselves to achieve 'responsible autonomy'.

The Case for Hansen Löfstrand and Juhila

There are those in the United States of America who argue that Housing First is much less effective than is claimed. However, several critics attack Housing First from what might be called a staircase standpoint, seeing failure in terms of Housing First not delivering enough behavioural modification. Housing First is criticised as creating a kind of dispersed containment system, in which chronically homeless people are kept off the street and out of emergency shelters, while the behavioural problems that 'cause' their chronic homelessness are not addressed (Kertesz and Weiner, 2009). However, there are gains in mental health, improvements in well-being and reductions in drug and alcohol use across a range of Housing First projects, and even if those positive effects are not uniformly present, they are still occurring (Johnson *et al*, 2012). Existing research undermines the argument that Housing First is 'only' providing housing and 'not' meeting any other support needs (Pleace, 2012; Busch-Geertsema, 2013)

HL & J have what might be termed the opposite concern about Housing First to that voiced by American critics, i.e. that Housing First is too focused on behavioural modification, that it is too *similar* to the demonstrably flawed staircase service model. If this concern is substantiated, it raises fundamental questions about how Housing First portrays itself and ultimately about how effective it may be in the long term.

PHF was developed in a society in which individuals are often seen as becoming chronically homeless in terms of a kind of individual 'narrative'. A considerable amount of American research on homelessness is by ethnographers, clinicians and psychologists, disciplines that focus on individual needs, characteristics and experiences, rather than on external variables (O'Sullivan, 2008; Lee *et al*, 2010). In Northern Europe, chronic homelessness is perhaps more likely to be seen as resulting from complex, nuanced interrelationships between society and an individual (Join-Lambert, 2009).

PHF does have specific goals centred on normalisation. These goals are centred on the idea that giving formerly chronically homeless people an ordinary home in an ordinary neighbourhood will generate ontological security. PHF seeks to deliver a settled home, which is part of a community, with the goal that by enabling them to live within and relate to society in the same way the rest of us do, formerly chronically homeless people can become a part of society (Padgett, 2007; Johnson *et al*, 2012; Tsemberis, 2010a; 2010b). Alongside this, there is the use of harm reduction with a recovery orientation. PHF seeks reductions in, and if possible cessation of, drug and alcohol use and also seeks treatment compliance. PHF seeks to support choices that will reduce harm and encourage ontological security and social integration.

There are also some controls: to use PHF, someone must agree to the weekly home visit from support workers and is required to sign a lease agreement, which includes paying 30 per cent of income towards the rent. Apartments are often sub-let, with PHF holding the actual tenancy, and while this means people using PHF can be quickly moved if the need arises, their housing rights are also less than if they had their own tenancy (Tsemberis, 2010a; Johnson *et al*, 2012).

Contrast the situation of a PHF service user, with a chronically homeless person housed under the terms of British homelessness legislation who is offered a mobile, tenancy sustainment support service once they have been housed (CHR, 2012; DCLG, 2013). That individual has a legal right to housing, which is separately administered from any support service. Their social or private rented tenancy is exactly the same as for any other citizen. If that person is approached by a tenancy sustainment worker offering low intensity housing related support and case management (Pleace and Quilgars, 2003a), they can simply refuse to engage with no consequence. The tenancy sustainment worker has no influence on their housing situation, and support and health services can only be forced on an individual who is sectioned under mental health legislation as a danger to themselves or others, a procedure that can be subject to judicial review. The evidence base for British services is admittedly less robust than that for Housing First (Pleace and Quilgars, 2003b), but there is nothing to suggest that giving formerly or potentially chronically

homeless people *full* control over access to services and *complete* housing rights, i.e. treating them the same as anyone else, is a recipe for failure (Pleace, 1997; Lomax and Netto, 2008). Recent research on the use of Housing First services in Europe has shown that some Housing First services give equal levels of choice, control and housing rights to service users (Busch-Geertsema, 2013) to those found in Britain.

Looking at Housing First from this perspective, it can be seen that it was developed in a society that is likely to see chronic homelessness in terms of individual pathology, that Housing First does pursue a normalisation/behavioural modification agenda and, as in the case of PHF, does exercise some control. Housing First might nudge and support where a staircase model pushes, but if, as is argued, Housing First is successful because it enables choice, then the model could be criticised for not having the full courage of its convictions, for holding back. In other words, PHF could be criticised for not fully embracing the paradigmatic shift it appears to advocate. Instead, Housing First holds on, at least a little, to the familiar, to the idea that chronically homeless people cannot be treated exactly the same as everyone else, that their route out of homelessness can only be through benignly intended, but nevertheless ultimately surveillant, services that seek to modify their behaviour.

The Case against Hansen Löfstrand and Juhila

However, HL & J are, arguably, at least partially incorrect in their interpretation of PHF and Housing First more generally. There are two main points here. First, it cannot be assumed that a shared 'normalisation' or behavioural modification agenda means that Housing First services interpret chronic homelessness in an *identical* way to staircase services. An eighteenth century doctor might seek to cure disease in ways that might horrify an early twenty-first century doctor, the goal of each physician would of course be the same, but their diagnosis, approach and probably their attitude towards their patient's opinions would all be very different. Shared goals do not automatically mean shared assumptions, attitudes or techniques. Second, it can be argued that the differences between Housing First and staircase services are much more fundamental than any similarities. While there is shared ground between Housing First and staircase services, centring on a 'normalisation' agenda, the extent and the limits of that shared ground must always be seen in a wider context. This relates particularly to the roles of choice and tolerance found in Housing First.

Proponents of PHF see chronically homeless people in broadly positive terms, as fellow human beings who can be capable, who are worthy of respect and who should not be simplistically 'blamed' for what has happened to them and, crucially,

as people who should be able to exercise choices that should be respected (Tsemberis, 2010a; 2010b). There are caveats to this, those caveats, as HL & J point out, are surveillant; PHF does exercise some controls and does have an agenda centred on changing behaviour. However, the balance between choice and control in Housing First is crucially important. A staircase service is weighted heavily towards control. Pathways Housing First is close to the opposite, indeed there is so much more emphasis on choice as to make Housing First near-antithetical to the staircase model. British and other European examples show it is possible to go further than PHF does in giving chronically homeless people choices, but Housing First still represents a transformation in service design, it is not the same as the staircase model (Pleace, 2012).

When considering this point, it is important to remember why some people really do not like Housing First. If one believes in the Neo-Liberal construct of chronic homelessness, one expects the problem to be solved largely through behavioural modification. Housing First services not only challenge, but actually fracture, the Neo-Liberal narrative of what chronic homelessness is. Housing First sustainably houses a majority of chronically homeless people, but those people are, certainly initially and quite possibly for several years, often *still* mentally ill and *still* using drugs and alcohol (Kertesz and Weiner, 2009; Fitzpatrick-Lewis *et al*, 2011). This fractures the Neo-Liberal narrative, because it flatly contradicts the supposed 'truth' that underpins that belief system, i.e. to solve what is conceptualised as 'their' problem, a chronically homeless individual has to be 'willing to change'.

There is another related point here and it centres on what might be termed the tolerance that Housing First exhibits. For HL & J, part of what makes PHF an example of advanced liberalism is that a point can be reached, after several attempts at housing have failed, where someone using PHF has to 'earn' another chance and may eventually be referred to another type of service (Hansen Löfstrand and Juhila, 2012, p.64). For HL & J, this illustrates that, ultimately, non-compliance with behavioural modification results in expulsion from PHF.

Yet if the detail of how Housing First services actually operate is considered, taking the specific example of PHF, the picture could also be interpreted as one of tolerant persistence. PHF works as an efficient machine to keep service users housed, as sub-leasing allows for rapid re-housing as needed, and can potentially be deployed repeatedly (Johnson *et al*, 2012). Support is equally persistent too, as well as tolerant and on-going, indeed PHF has supported formerly chronically homeless people for years *without* seeing changes in drug and alcohol use and mental health, alongside recording 'positive' changes for some service users (Padgett, 2007).

Housing First has been specifically criticised for not promoting behavioural change and for not having clearly enough defined goals, in areas like socioeconomic integration, once re-housing has occurred (Kertesz and Weiner, 2009; McNaughton-Nicholls and Atherton, 2011; Johnson *et al*, 2012). This raises a question about how far it is possible to really talk about Housing First 'nudging' while the staircase model 'pushes' for behavioural modification. Using PHF does mean seeing a support worker once a week, paying 30 per cent of income towards rent, and compliance with the terms of a lease. Harm reduction services are available if they are requested, yet, to take one example of the extent of choice that is available, a PHF service user does not *ever* have to stop drinking alcohol to continue to receive PHF support.

Housing First does use the language of behavioural modification, this is perhaps because this language is so far engrained into American policy responses to chronic homelessness that it is expected. The language of behavioural modification was also perhaps difficult to fully leave behind because of the sheer scale of the paradigmatic leap required to entirely stop talking and thinking in those terms.

Conclusion

When Britain adopted the homelessness legislation in the late 1970s, the policy was based on an assumption that homelessness was fundamentally due to economic inequality, housing market failure and unmet health and support needs. The original law used priority access to social housing, which was combined with support from the welfare system, to 'correct' that social problem. The law literally gave homeless people somewhere adequate to live and the welfare system paid their rent and other bills if they could not do so themselves. Yet when Britain introduced what was, and indeed still is, a progressive policy, it was simultaneously *unable* to let go of the idea of irresponsible and deviant individual behaviour as a core cause of homelessness (Philips, 2000). The result has been that, while some chronically homeless people are re-housed through the statutory system, access to that system has historically been very uneven, because the system uses a series of tests that are designed to exclude those whose homelessness is *assumed* to result from their own behaviour. An entire subgroup of 'single homeless people', including people with severe mental illness, problematic drug and alcohol use and histories of sustained and recurrent homelessness, were often unable to meet the eligibility criteria set by the homelessness law (Anderson and Morgan, 1997). Although the law has been liberalised since the 1970s, pressures of demand on social rented housing stock, social landlord reluctance to house chronically homeless people and staff attitudes that closely reflect the attitudes towards chronically homeless

people that staircase services are sometimes criticised for, can all lead to inequity of access to the statutory system (Hunter, 2007; Bretherton and Pleace, 2011; Reeve with Batty, 2011; Bretherton *et al*, 2013).

The British example suggests that expecting paradigmatic shifts in homelessness policy to happen all at once, and perhaps, to expect such policy shifts to ever be entirely logically consistent, may be unrealistic. Pathways Housing First may not have abandoned all the old ideas about behavioural modification and the associated images of chronic homelessness as individual pathology that go along with it, but the distance between PHF and a staircase service is, nevertheless, very considerable. When considering the consistencies that do exist between the old way of doing things and the innovation that is represented by Housing First, it is important to consider just how much of the old approach Housing First has left behind. There are inconsistencies, but there is also a great deal of clear water between PHF and the staircase approach.

The work of Hansen HL & J adds significantly to the critical thinking that is starting to be done about Housing First. In particular, their work helps us begin to think specifically about what it means to use Housing First in the European Union and the need to think about how American ideology and culture influences American service design. Alongside the strengths of Housing First, which on current evidence does appear to provide a solution to chronic homelessness of unprecedented effectiveness, it is important not to lose sight of the need to constantly appraise the use of the Housing First approach in Europe.

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