
On the Translation of the Pathways Housing First Model

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In his think piece entitled *The Ambiguities, Limits and Risks of Housing First from a European Perspective* (2011), Pleace starts out by outlining the origins of the 'Housing First' model, nowadays almost invariably described as a success. The Pathways to Housing organization, set up in New York City in 1992 by Sam Tsemberis, is widely recognized as the originator of the Housing First model. Pleace's description of the ethos and principles of the Pathways Housing First (PHF) model is based on the PHF 'manual' issued by the organization in 2010 as a reaction to the recent development of many different housing services presenting themselves as Housing First services. In the rest of the think piece, and in light of the establishment of Housing First services in a European context, Pleace puts forward three main sets of questions or comments that deal, in turn, with (1) the ambiguities and diversification of Housing First, (2) its limits and (3) the risks of Housing First. I appreciate the invitation and the opportunity to comment on Pleace's text, which is thought-provoking, as he poses many questions that need to be asked but are not easy to answer.

On the Ambiguities and Diversification of Housing First

Pleace urges the reader to ask what is meant by 'Housing First' as an ethos and as a model of service delivery today, as very different housing and support services in different European countries claim to be delivering Housing First services. Pleace warns that the 'Housing First Movement', now spreading across Europe, "brings various distortions of the original PHF model" (p.122). At the same time, he emphasizes the need to evaluate existing Housing First versions in Europe "in order to assess which variants work well and which may work less well" (p.119). The tricky question is: by what criteria do we assess this, and which criteria are basic to any Housing First service – in other words, cannot be disregarded if claiming the mantle of Housing First and are necessary to produce good results?

Translation is the process by which a policy model (such as the PHF model) is uncoupled, in time and space, from the context in which it was originally developed (New York), and used as a model for change in a new context (Europe) (Johnson, 2003). Any organizational change entails a translation of ideas into concrete local practices, and thus results in reproduction as well as change (Czarniawska and Joerges, 1996). Hence, the fact that what is being implemented is not the same as the original is inevitable (Czarniawska and Joerges, 1996) and might – in terms of the Housing First model – be necessary to meet local needs (Atherton and McNaughton Nicholls, 2008), as well as for the Housing First model to continue its success in ‘new’ contexts. However, at the same time, there is a need to tease out the most essential characteristics (of the original model) that should not be disregarded if aiming for success. Pleace mentions the ‘Housing First ethos’ as a common denominator of Housing First services, i.e.

the assumption that chronically homeless people do not have to be sober and compliant with psychiatric treatment before they can be successfully re-housed, and that giving choice and control to service users will provide more sustainable exits from homelessness. (Pleace, 2011, p.118)

This ethos provides us with a different image of homeless people (their needs and capabilities) than the ethos of traditional models to combat homelessness, and is, of course, of vital importance in order for Housing First services to be successful. Yet this basic assumption leaves many questions unanswered as to how to translate the model in full. Here, I will use Sweden (and a case study of the interpretation and translation of the PHF in the municipality of Gothenburg) as an example that we might learn from.

According to Pleace, Sweden is one among the European countries that “have put Housing First at the centre of their national homelessness strategies” (Pleace, 2011, p.118). However, a different picture emerges if one takes a closer look at the translation process: the Swedish government’s most recent homelessness strategy (2007-2009) stated that all people should be *guaranteed* a roof over their head, and that reintegration into the ordinary housing-market should be *facilitated*. This is certainly not characteristic of the Housing First ethos. In Sweden the responsibility for the problem of homelessness rests primarily with the local social authorities at the level of the municipality. As the cornerstone of its homelessness strategy, the Swedish government has been, for a number of years, providing funding for ‘local development projects’ in the municipalities, none, however, inspired by Housing First (Denvall *et al.*, 2011). The National Board of Health and Welfare (NBHW) has conducted mappings of the homelessness problem in Sweden (commissioned by the government), and has issued reports on the issue. In one recent report – a guide

for the municipalities on housing for homeless persons – the NBHW expresses a positive attitude towards Housing First as a model of service delivery, and some of their recommendations reflect this attitude (NBHW, 2010).

The Housing First model has, however, been advocated slightly more successfully by Swedish researchers at Lund University, where it was heavily promoted as the best choice for Swedish municipalities. Housing First, according to the Lund researchers relies on the basic principles that (1) homelessness should first and foremost be considered as a housing problem, (2) homeless persons should be re-established in the regular housing market as quickly as possible, (3) access to housing of one’s own forms an important precondition for subsequently solving other problems, and (4) permanent and safe housing is to be considered a basic human right that belongs to everyone (Heule *et al.*, 2010). The authors recommend that these basic features be incorporated into local homelessness work in general. Furthermore, first-hand rental contracts are recommended, and that any support offered is optional. Lund University offers education and evaluation services to the municipalities willing to try the model, as well as access to research on the topic. Two Swedish municipalities – Stockholm (the capital city) and Helsingborg – have tried the model within this framework, although neither has fully adhered to all the principles and recommendations guiding Housing First as set out by the Lund researchers.

The municipality of Gothenburg has its own Housing First variant named ‘Housing as Foundation’ (Hansen Löfstrand, 2012). None of the three Housing First projects have secured *regular* first-hand rental contracts and tenures for its clients. Within PHF, as Pleace points out, a large share of service users do actually sign subletting agreements. Tsemberis (2010) strongly recommends that clients sign first-hand rental contracts, although he acknowledges that any Housing First programme is dependent on the goodwill and co-operation of landlords, and that landlords sometimes cannot be convinced to sign such contracts. Hence, according to the originator of the model, this is not one of the criteria by which we should assess the quality of a Housing First service. This, in turn, brings us back to the tricky question of how to assess and evaluate different variants of Housing First as developed in a European context. I agree with Pleace that securing strong housing rights for the Housing First tenants is an important criterion.

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On the Ambiguities and Diversification of Housing First

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According to Pleace, Sweden is one among the European countries that “have put Housing First at the centre of their national homelessness strategies” (Pleace, 2011, p.118). However, a different picture emerges if one takes a closer look at the translation process: the Swedish government’s most recent homelessness strategy (2007-2009) stated that all people should be *guaranteed* a roof over their head, and that reintegration into the ordinary housing-market should be *facilitated*. This is certainly not characteristic of the Housing First ethos. In Sweden the responsibility for the problem of homelessness rests primarily with the local social authorities at the level of the municipality. As the cornerstone of its homelessness strategy, the Swedish government has been, for a number of years, providing funding for ‘local development projects’ in the municipalities, none, however, inspired by Housing First (Denvall *et al.*, 2011). The National Board of Health and Welfare (NBHW) has conducted mappings of the homelessness problem in Sweden (commissioned by the government), and has issued reports on the issue. In one recent report – a guide

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On the limits of Housing First

Pleace (2011, p.113) discusses the possible limits of Housing First and asks to what extent such services can “address the needs of ‘chronically homeless’ people that exist alongside a fundamental requirement for sustainable housing”. The section on the limits of Housing First can, I believe, be read as a list of possible criteria by which to assess and evaluate variants of Housing First services in Europe, apart from the basic criterion of housing sustainability. Another criterion, introduced by Pleace, is cost efficiency: can Housing First services be delivered at lower costs? Pleace argues that this can be done by ensuring that service users have access to ordinary housing (stronger housing rights) and by providing lower intensity floating support (subjecting clients to less regulation). I am inclined to agree, and I support Pleace’s (2011, p.121) recommendation for “a longitudinal evaluation comparing the success of PHF and some existing EU services that use low intensity floating support and ordinary housing, looking at housing sustainment, quality of life and total costs” in order to develop a European Housing First version.

However, when discussing costs and the intensity of support, it is important to remember that this will ultimately be determined by the choice of target group – whether mentally ill substance abusers only, or the homeless population as a whole – as well as by the wishes and choices of the services users. The point is that the intensity of support and hence the costs will (have to) vary between individual service users as well as over time. The cost will also depend, of course, on what the goal is to be.

Other possible criteria for successful European Housing First services introduced by Pleace are the cessation of drug and alcohol use (the PHF model delivers ‘harm reduction’, but few service users stop altogether, and “PHF tends not to engage the heaviest users” (Pleace, 2011, p.119)), the take-up of paid work, and the end of social isolation. My critique of this part of the text are based on what I interpret as an implicit assumption about the ‘ideal citizen’, who, apart from regular housing, has paid work, is sober, does not use drugs, and is not socially isolated, and, thus, does not represent a cost but, rather, a source of income for society. On the one hand, the success of each Housing First service variant (whether it works or not) can hardly be judged by whether it manages to produce such ideal citizens. On the other hand, at the other end of the continuum, homelessness cannot be regarded as some kind of incurable condition – a view based on the notion of homeless people as ‘hopeless cases’, where integration into society, an independent apartment and a first-hand rental contract are seen as unattainable and unthinkable. There have to be variants delivering something in between these extremes that are good enough. Again, which goals to set in this respect and, hence, which criteria to use for evaluative purposes depends on the target group chosen.

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Pleace points out that the principle of harm reduction is not always viewed positively by policy-makers, and that there might be a need for services designed to achieve sobriety and the cessation of drug and alcohol use (Pleace, 2011). In doing so, Pleace makes a distinction between the staircase model, represented as having been designed to achieve sobriety, and the PHF as aiming only to reduce the harms of alcohol and drug use. This is a kind of ideal-typical representation and comparison – which comparisons always are if we compare policy models as blueprints (not as concrete practices). When it comes to the staircase model, one could claim, it does not really *produce* sober and drug-free individuals, but only refuses them admission to the next step or evicts/excludes them (Löfstrand, 2005). When it comes to the PHF model, it is my impression that Housing First (i.e. access to ordinary housing first) is represented as only the *first* step to the *end goal* of 'recovery'.

As explained by Pleace (2011) in the PHF manual, 'recovery orientation' refers to the delivering of mental health services based on the choices of the service user, while 'harm reduction' refers to supporting the minimization of problematic drug/alcohol use (while not insisting on total abstinence). However, I believe that the reference to 'recovery' seems *also* to include, more broadly, general wellbeing and integration into society, thereby including both 'recovery' from mental illness *and* problematic alcohol/drug abuse. From that perspective, it seems to me that the staircase model and the PHF model aim for the same end goal of housing sustainability, recovery (in the inclusive sense discussed above) and integration into society. In practice also, both models tend, in the end, to exclude clients unwilling or unable to live up to these expectations. As Tsemberis states, in the PHF, "each failure slightly diminishes client choice" (Tsemberis, 2010, p.71), and too many 'failures' result in exclusion from the programme, because some "cannot manage the freedom of living independently" (Tsemberis, 2010, p.73).

Despite the above similarities, the PHF model and the staircase model are based on very different assumptions about homeless people (competent choice-makers at the outset versus those who are initially incompetent but have the potential to become competent), use different means (housing first versus treatment/sobriety first) and recommend different ways of exercising power or authority on the part of professionals (consensual power versus coercive power).

On the risks of Housing First

Pleace (2011, p.122) discusses the operational assumptions of Housing First; as already mentioned, he warns that the 'Housing First movement' now spreading into EU brings with it both "various distortions of the original PHF model" and "a particular image of what 'homelessness' is" – an image of "chaotic people with high support needs". This is a dangerous image, since it "downplays the scale of homelessness" as well as "the role of labour markets, welfare systems and limited access to affordable housing in homelessness causation" (Pleace, 2011, p.122). I believe that it is extremely important to acknowledge this risk, and I share Pleace's concern that both the policy focus and the research focus on Housing First might result in one aspect of the wider social problem of homelessness becoming overemphasized. In fact, this has been the result so far in Gothenburg, and it is my impression that this is true also for the two other Swedish municipalities trying the PHF model.

Instead of marking a genuine shift in Gothenburg's homelessness strategy, the PHF model has been adapted with the purpose of finding a way to deal with the problem of those homeless persons referred to as 'the truly homeless', depicted as mentally ill substance abusers with generally aggressive behaviour (Hansen Löfstrand, 2012).

Hence, in Gothenburg, the homelessness strategy as a whole is not based on a Housing First approach, nor are the strategies in Stockholm and Helsingborg. Instead, local adaptations of the Housing First approach, in contexts that generally prescribe disciplinary measures, have led to two different coexisting models. The first of these I have referred to elsewhere as 'homelessness as an incurable condition' (Hansen Löfstrand, 2012), and the second model as 'homelessness as a curable condition'.

The reasoning behind the two models goes, respectively, as follows: if suffering from an incurable condition, the homeless individual should be entitled to permanent housing, even when he or she acts in contravention of the relevant rules (e.g. continues to use alcohol), for which reason Housing First is prescribed as a last resort solution. If still 'curable', the individual has to earn his or her way to housing by demonstrating an ability to comply with the harsh regimes of the staircase system.

The borrowing of the rhetoric of the Housing First model, and the translation of the model to fit local purposes, hide what is going on in reality: an intensified medicalization of homelessness, and a constant narrowing of the category of homeless people – a development that, as pointed out by Pleace (2011), downplays both the scale of homelessness and its structural causes. I would argue, in fact, that an intensified medicalization of homeless people was actually a prerequisite for the consideration of the Housing First model as a possible solution in Gothenburg in the first place. This is dangerous, since homeless people not fitting within this narrow target group are at risk of being excluded from homelessness services altogether and, hence, left to fend for themselves (see Hansen Löfstrand, 2012).

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