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# Preventing Homelessness

A Review of the  
International Evidence

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# **Preventing Homelessness:**

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A Review of the International Evidence

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Nicholas Pleace

Centre for Housing Policy, University of York Sept 2018

## Disclaimer

Interpretations and views reported here are not necessarily those of the Simon Communities of Ireland or the University of York. Responsibility for any errors lies with the author.

# Contents

Acknowledgements.....	1
Disclaimer.....	2
Summary .....	5
<b>1. The Review.....</b>	<b>9</b>
<b>Introduction.....</b>	<b>9</b>
<b>About the Report.....</b>	<b>9</b>
Overview .....	9
Methods.....	9
Key Questions .....	10
<b>2. The Need to Prevent Homelessness.....</b>	<b>11</b>
<b>Introduction.....</b>	<b>11</b>
<b>Increases in Homelessness.....</b>	<b>11</b>
<b>The Human Cost .....</b>	<b>14</b>
Health.....	14
Long-term and repeated homelessness .....	14
Families .....	15
Women.....	16
Young people .....	17
Life chances.....	18
Barriers to work .....	18
Development and educational attainment.....	19
<b>The Financial Cost.....</b>	<b>20</b>
<b>Summary.....</b>	<b>22</b>
<b>3. Homelessness Prevention .....</b>	<b>23</b>
<b>Introduction.....</b>	<b>23</b>
<b>Defining Homelessness Prevention .....</b>	<b>23</b>
Defining homelessness .....	23
Prevention and rapid rehousing .....	24
Typologies of prevention .....	26

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Building preventative services .....	30
<b>Targeting Prevention</b> .....	33
Two approaches.....	33
Targeted systems .....	33
Universal access .....	35
<b>Effective Prevention</b> .....	36
<b>Testing the Case Against Prevention</b> .....	39
The gatekeeping critique .....	39
The sticking plaster critique.....	40
<b>Summary</b> .....	41
<b>4. Operationalising Prevention</b> .....	42
<b>Introduction</b> .....	42
<b>National Policy</b> .....	42
<b>Building an Effective Strategy</b> .....	47
<b>Examples of Strategic Implementation</b> .....	49
Wales.....	49
England.....	52
Finland.....	58
USA.....	60
<b>Summary</b> .....	62
<b>5. Moving Forward</b> .....	64



# Summary

## Preventing Homelessness

### A review of the International Evidence

#### Key Findings

This rapid review of the international evidence was designed to look for lessons in developing effective homelessness prevention from other countries.

The review found three essentials for effective homelessness prevention.

1. Prevention must be part of an integrated homelessness strategy.
2. Effective prevention is both flexible and connected, adapting to Peoples' needs by working effectively with other services.
3. Prevention requires a sufficient housing supply in order to work well.

There were three other key findings:

- A good supply of stable and affordable housing is at the root of any effective response to homelessness.
- People also need practical help and support to prevent homelessness or to rapidly end homelessness should they experience it.
- Stopping homelessness from happening is the best way to avoid the very great human and financial costs that can accompany this extreme form of poverty and exclusion.

#### Background

Homelessness is increasing, with more and more people entering emergency accommodation over the course of the last three years. In May 2018, 9,846 people were recorded living in emergency accommodation.

Homelessness is associated with high costs for individuals, families and society.

- Homelessness is associated with risks to health and wellbeing.
- There are potential risks to child development and to the life chances of adults.
- Homeless can be very financially expensive for society.

When an individual or family becomes homeless, it can disrupt their lives and present risks to their wellbeing in several ways.

- A child may experience breaks in education, lose friendships or family ties, or find themselves living in a situation that presents risks to their wellbeing.
- Parents, couples and lone adults face high levels of stress, can experience difficulties in keeping or finding work, loss of social networks, i.e. friends and family connections and find that their chances in life are undermined.

These risks appear to increase if homelessness is experienced for a long time.

Homelessness can be very expensive for society. The financial costs of dealing with the consequences of homelessness, such as having to find and pay for emergency accommodation and meeting the treatment and support needs of some long-term people who are homeless, can be high.

### Prevention

Homelessness prevention is designed to stop homelessness from occurring.

Prevention stops eviction. Prevention also helps people make planned moves into another home, if they are about to lose their current home. Prevention stops homelessness from being experienced.

Prevention can also provide access to support services, if for example someone's physical or mental health is the reason why they are being threatened by eviction.

Some preventative services can have a mediation role. This can involve helping families manage someone moving out in an unplanned way, such as a teenager in dispute with their parents, which might result in homelessness, where it is both safe and reasonable to do so.

Another example would be a housing advice and support service that helps someone threatened by eviction with access to legal help, or which helps people move to a new home before they become homeless, if there is no way to stop an eviction.

The international evidence shows that the more flexible preventative services are, providing housing advice to those people who just need some information and explanations, through to higher levels of support for other people, the better the outcomes tend to be. Prevention should:

- Ask people what they need and work with them, creating supports that will help them.
- Be able to offer increased support when necessary, working with other services.

Some countries try to target preventative services on people who are assessed as being at greater risk of homelessness. However, the current evidence shows that universally accessible prevention services, open to everyone, are probably the best way to stop homelessness.

### Prevention at strategic level

The international evidence shows that prevention is most effective when it is part of an integrated homelessness strategy.

- Prevention needs to be combined with rapid-rehousing services that can end homelessness quickly, when a family, couple or individual has become homeless without warning, or has sought help too late for prevention to be able to work.
- Housing-led and Housing First services, which can enable people with support needs to live in their own home by providing floating or mobile support to people in ordinary housing, can be used to help prevent potential homelessness among people with high support and treatment needs.
- Integration with health, mental health, housing, drug and alcohol and other services can help preventative services put together a 'package' of different kinds of support, when someone with high or complex needs is threatened with homelessness.
- There has to be a sufficient supply of adequate housing, with affordable rents and legal protection for tenants' rights, for prevention to be successful, ultimately people need somewhere to live.

### Arguments against prevention

There are two main arguments against homelessness prevention found in the international literature.

The first argument against prevention is that it can be used as 'gatekeeping'. This means offering people a minimal or reduced preventative service to try to stop their homelessness, rather than making sure they get access to all the help they need.

The second argument against prevention is that it is a 'sticking plaster', ignoring bigger problems causing homelessness, such as a lack of affordable housing or cuts to health services.

However, prevention is used as part of an integrated homelessness strategy by countries that have achieved or are working towards a 'functional zero' in homelessness.

A functional zero means that hardly anyone experiences homelessness and if it does happen, the experience does not last very long at all.

- The Finnish national strategy to end homelessness integrates extensive prevention services with rapid rehousing, housing-led, Housing First and congregated and communal services.
- The USA has similarly combined prevention with Housing First to reduce levels of chronic (long-term) homelessness.
- Wales and England have shifted from a largely reactive system (waiting for homelessness to happen) to a much more preventative approach.

The international evidence strongly suggests that even where there is sufficient housing supply, people will still need assistance to avoid homelessness and to manage the risks and support needs that can trigger homelessness.

There are clear human and financial arguments in favour of homelessness prevention.

### Moving forward

The international evidence base on prevention is not perfect. However, there is evidence that services that are flexible and which provide support by working to develop the right mix of support for people threatened by homelessness, which are well integrated with homelessness, health, housing and other services, tend to work best.

General social policy should be designed to minimise the risk that homelessness occurs by reducing the chances of experiencing extremes of poverty and by ensuring access to support and treatment when someone requires medical or personal care.

Countries that have achieved success with prevention have focused on homelessness specific services that are designed to deal with imminent homelessness, working in combination with rapid rehousing and support systems that can deal quickly with homelessness when it does occur.

The evidence is that integration within a comprehensive homelessness strategy, also providing rapid rehousing and homelessness services and working in collaboration with housing, health and other services is the most effective approach to prevention. This suggests that trying to use prevention as a means to cut spending on other homelessness services is unlikely to be a successful strategy.

Clearly defined preventative services for people who are at imminent risk of homelessness actually occurring, operating within an integrated homelessness strategy, is the best approach to deliver a lasting solution to homelessness.

# 1. The Review

## Introduction

This report is based on a rapid evidence review of the existing research on effective strategies and services for homelessness prevention. The report also examines some of the existing practice from other countries. This introductory section outlines the goals of the report, provides a brief overview of the methods employed and describes the structure of the report.

## About the Report

### Overview

This short piece of work is intended to describe and evaluate the existing evidence base on homelessness prevention, looking at the following areas:

- How should prevention be targeted and organised to ensure that it is most effective in preventing homelessness?
- How should homelessness prevention services be designed?
- To what extent is specialist prevention needed for different groups of people who are homeless?
- What is the role of prevention within an integrated homelessness strategy?
- What are the possible lessons for a preventative strategy and service models from the international evidence base?

### Methods

This review is based solely on desk research, secondary sources and existing analysis. The review relied on the bibliographic resources available to the University of York, which in addition to the physical and online library include access to the Social Sciences Citation Index (SSCI), MEDLINE and CINAHL Plus. Alongside this, use was made of Google Scholar, Google, Bing and the Wayback Machine (Internet Archive). The research also drew on the online resources of the European Observatory on Homelessness<sup>1</sup>. The search terms employed focused on any research conducted on homelessness in Ireland during the past 20 years and then focused on various combinations of 'homeless' and 'prevention', combining global searches with country- specific searches in locations where prevention is mainstream policy, such as Finland, the USA and UK.

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<sup>1</sup> <https://www.feantsaresearch.org>

The method was a Rapid Evidence Assessment (REA). Based on the principles of a systematic review, a REA is intended to assess in a systematic and transparent manner the best available evidence to address specific research questions and involves:

- Searching the electronic and print literature as comprehensively as possible within the constraints of a policy or practice timetable
- Collating descriptive outlines of the available evidence on a topic
- Critically appraising the evidence
- Sifting out studies of poor quality, and providing an overview of what the evidence is saying

While this was a short exercise, taking this approach was feasible because while the literature on homelessness prevention is fairly considerable, it is not overwhelming in scale. Nevertheless, it must be noted that this review has been carried on a much smaller scale and within a shorter timeframe than, for example, the extensive research and reviews carried out on prevention by AHURI in Australia<sup>2</sup>, and is not comprehensive or systematic. It is also important to note that this review also cannot offer the same level of detailed guidance on prevention and rapid rehousing as has been provided following much larger exercises<sup>3</sup>.

## Key Questions

There are three main questions about homelessness prevention:

1. How strong is the evidence base? Both in terms of what individual services can achieve and in terms of the combination of services that are most effective in preventing homelessness.
2. Should prevention be targeted and if so, how can this be done efficiently and equitably? There are examples of 'blanket' interventions, but in order to control and monitor expenditure and test effectiveness, does it make sense to try to target prevention on the people for whom it will be most effective.
3. Where does prevention sit within an effective, integrated homelessness strategy that meets the needs of all people at risk of homelessness?

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<sup>2</sup> For example Flatau, P. *et al.* (2006) [The effectiveness and cost effectiveness of homelessness prevention and assistance programs](#) AHURI or Spinney, A. (2012) [Home and Safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless](#) AHURI

<sup>3</sup> See for example National Alliance to End Homelessness (2009) [Homelessness Prevention: Creating Programmes that Work](#) or Pawson, H.; Netto, G. and Jones, C. (2006) [Homelessness Prevention a guide to good practice](#) London DCLG

## 2. The Need to Prevent Homelessness

### Introduction

This section of the report explores the reasons for preventing homelessness. The first part presents a brief review of the current state of homelessness, this is followed by discussions of the evidence on the human costs of homelessness and the financial costs of homelessness.

### Increases in Homelessness

In June 2018, 6,042 homeless adults were reported as accessing local authority funded emergency accommodation<sup>4</sup> over the course of one week, compared to 3,885 adults in January 2016<sup>5</sup>, an increase of 56% in two and a half years. Less than 2,000 adults were being recorded using emergency accommodation during one week in 2014<sup>6</sup>. Within this broad increase, marked spikes have occurred in the number of families who are homeless in emergency accommodation. In Dublin the number of families who are homeless went from 149 in June 2014 to 815 in March 2017<sup>7</sup>. Although changes in recording produced a small reduction, by June 2018 the national figures showed 1,754 families containing 3,824 children in emergency accommodation<sup>8</sup>, compared to 1,078 families containing 2,206 children in June 2016<sup>9</sup>.

In summary, by June 2018, there were 9,872 people in emergency accommodation. This included 6,042 adults, 3,621 of whom have no dependents in their care and 1,754 families comprised of 2,427 adults and 3,824 dependents<sup>10</sup>.

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<sup>4</sup> Department of Housing, Planning and Local Government (2018) [Homelessness Report June 2018](#) Dublin. Data are for the week of 18rd – 24th June 2018.

<sup>5</sup> Department of Housing, Planning and Local Government (2016) [Homelessness Report January 2016](#) Data are for the week of 25-31 January

<sup>6</sup> Department of Housing, Planning and Local Government (2014) [Breakdown of homeless persons in emergency accommodation during the week 22 to 28 December 2014](#)

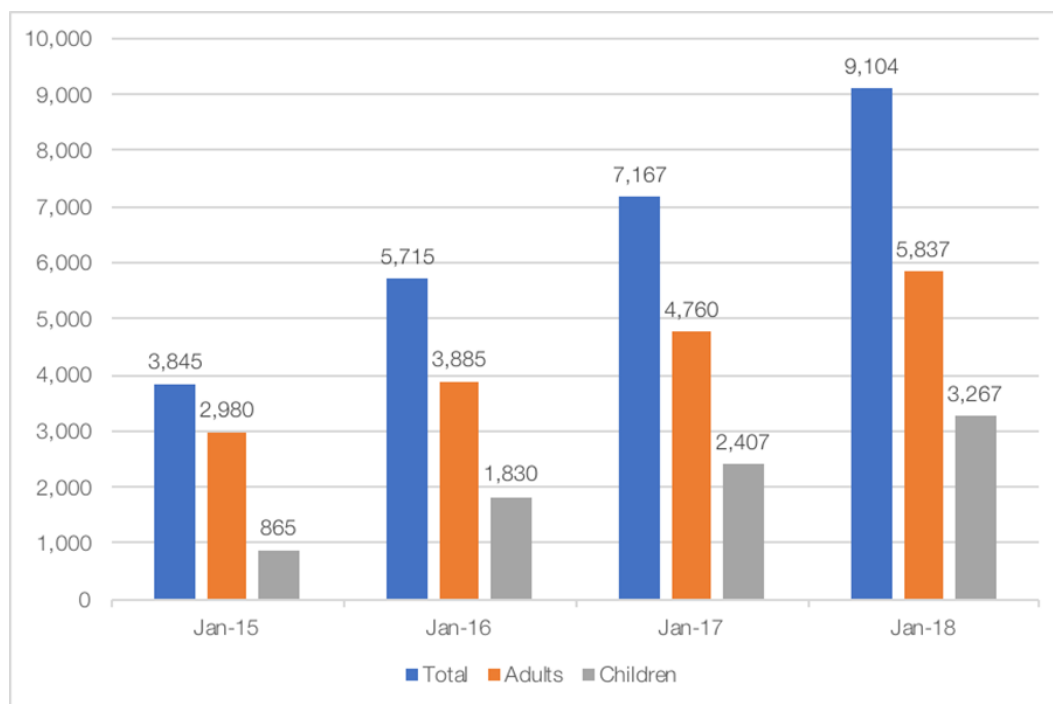
<sup>7</sup> Source: [Dublin Regional Homeless Executive](#).

<sup>8</sup> Department of Housing, Planning and Local Government (2018) [Homelessness Report April 2018](#) Dublin. Data are for the week of 23rd – 29th April 2018.

<sup>9</sup> Department of Housing, Planning and Local Government (2016) Op. cit.

<sup>10</sup> [Department of Housing, Planning and Local Government](#) (2018)

Figure 1 illustrates the increases in emergency accommodation use by comparing government statistics at the beginning of 2015, 2016, 2017 and 2018. As can be seen, levels in 2018 were at 236% those recorded in 2015 (total adults and children). Alongside the human costs of homelessness, the financial cost of maintaining this scale of emergency accommodation use are considerable. In March 2018, it was reported that €47 million had been spent on hotel accommodation for families who are homeless in Dublin during the last financial year, within a total budget for the city of €124 million, €97million of which went on various forms of emergency accommodation<sup>11</sup>.



**Figure 1** Total persons, adults and children in emergency accommodation as at January 2015- January 2018 Source: DHPLG<sup>12</sup>.

Rough sleeper counts in Dublin (the only area official rough sleeper counts are undertaken) have risen and fallen. In the Winter count for 2017, 184 people were sleeping rough, although this had dropped to 110 at the most recent count at the time of writing (Spring 2018)<sup>13</sup>. Drops in numbers have been linked to increased emergency bed provision, but the

<sup>11</sup> <http://www.thejournal.ie/homeless-spending-3929620-Mar2018/>

<sup>12</sup> <https://www.housing.gov.ie/housing/homelessness/other/homelessness-data>

<sup>13</sup> Source: Dublin Region Homelessness Executive, March 2018: <https://www.homelessdublin.ie/content/files/Spring-Count-Rough-Sleeping-2018.pdf>.



Irish Times reported 64 people were sleeping in the Merchant's Quay Ireland Night Café, a facility for people who are homeless in Dublin, in April 2018<sup>14</sup>.

Rough sleeper counts can provide useful trend data, but there are a number of limitations to this method of counting the extent of rough sleeping, which centre on people hiding, difficulties around defining whether someone is living rough as opposed to begging or other street-use, and only being able to cover particular areas at particular times. This means rough sleeper counts are inherently likely to underestimate total numbers and may significantly underestimate specific groups, including women who may not be visible for several reasons<sup>15</sup>.

These increases raise particular concerns because homelessness is not only increasing in prevalence, but also in duration. Families and lone adults are “stuck” in emergency accommodation, the numbers increasing in part because absolute shortages in housing supply are making it difficult for them to move into settled housing<sup>16</sup>. The effects of homelessness become most worrying when homelessness starts to be experienced over time or if homelessness becomes a repeated experience (see below).

Data are not complete in the sense that households and individuals not in contact with homelessness services or in emergency accommodation, in situations of hidden homelessness, also sometimes referred to as sofa-surfing or concealed homelessness, i.e. living precariously with friends, relatives or family with no legal rights, no security of tenure, without their own clearly defined, private living space, are not counted. There are considerable logistical challenges in measuring this population, which can be fluid in terms of composition and which can be characterised by frequent moves<sup>17</sup>, but in a context in which government has directly recognised insufficient housing supply as a driver of homelessness<sup>18</sup>, hidden homelessness may also be expanding<sup>19</sup>.

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<sup>14</sup> <https://www.irishtimes.com/news/social-affairs/sharp-fall-in-rough-sleeper-numbers-welcomed-by-agencies-1.3468198>

<sup>15</sup> Pleace, N. (2016) Exclusion by Definition: The Under-Representation of Women in European Homelessness Statistics in Mayock, P. and Bretherton, J. *Women's Homelessness in Europe*, London: Palgrave Macmillan, pp. 105-126.

<sup>16</sup> O'Sullivan, E. (2016) [Ending Homelessness in Ireland: Ambition, Adversity, Adaptation?](#) *European Journal of Homelessness* 10(2), pp. 11-39.

<sup>17</sup> Pleace, N. and Bretherton, J. (2013) [Measuring Homelessness and Housing Exclusion in Northern Ireland: A test of the ETHOS typology](#) Belfast: Northern Ireland Housing Executive.

<sup>18</sup> Government of Ireland (2016) [Rebuilding Ireland: Action Plan for Housing and Homelessness](#).

<sup>19</sup> Mayock, P. and Parker, S. (2017) [Living in Limbo: Homeless Young People's Paths to Housing](#) Focus Ireland, Simon Communities of Ireland, Threshold, Peter McVerry Trust and Society of St Vincent De Paul: Dublin

## The Human Cost

### Health

The human costs of homelessness centre around the risk that homelessness will become prolonged or recurrent. If homelessness is experienced over time, the potential risks to health include:

- Extreme stress
- Stigmatisation
- Poor social supports and isolation
- Inadequate emergency accommodation
- Issues with access to and continuity of care and treatment
- Limited effectiveness of treatment

### Long-term and repeated homelessness

American research first raised the possibility that homelessness was not necessarily ‘triggered’ by being discharged from a psychiatric bed, prison or from the child protection system, nor did it necessarily result from addiction, or from the combination of addiction and severe mental illness that was an apparent characteristic of long-term and repeatedly people who are homeless<sup>20</sup>. Instead, there was evidence that poor people, whose housing was precarious because they had low and unpredictable incomes, could become homeless for economic reasons<sup>21</sup>. Importantly, American research also indicated something else, which was that economically marginalised people whose health and wellbeing were within the expected norms when they first became homeless, could experience marked deteriorations in health, including mental illness and addiction, if they could not exit homelessness quickly<sup>22</sup>.

Domestic<sup>23</sup> and international<sup>24</sup> evidence shows that some people who are homeless have poor health. However, it depends which people who are homeless are being talked about

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<sup>20</sup> O’Sullivan, E. (2008) ‘Pathways Through Homelessness: Theoretical and Policy Implications’ in Doherty, J. and Edgar, B. (eds) *In My Caravan, I Feel Like Superman: Essays in Honour of Henk Meert, 1963-2006* Brussels, FEANTSA/Centre for Housing Research, University of St. Andrews, pp. 79 – 108.

<sup>21</sup> Culhane, D.P. (2018) *Chronic Homelessness*. Center for Evidence Based Solutions to Homelessness

<sup>22</sup> Culhane, D.P.; Metraux, S.; Byrne, T.; Stino, M. and Bainbridge, J. (2013) ‘The age structure of contemporary homelessness: evidence and implications for public policy’ *Analyses of Social Issues and Public Policy* 13(1), pp. 228-244.

<sup>23</sup> Keogh, C. *et al.* (2015) Health and use of health services of people who are homeless and at risk of homelessness who receive free primary health care in Dublin *BMC Health Services Research* DOI 10.1186/s12913-015-0716-4

<sup>24</sup> Jago, M. *et al.* (2018) Improving Health Care Management in Primary Care for Homeless People: A Literature Review. *International Journal of Environmental Research and Public Health*,15(2) doi:10.3390/ijerph15020309; Fransham, M. (2018) Homelessness and public health *BMJ* 2018;360:k214

and at what point. Families who are homeless, for example, tend to be poor, but are not characterised by the very high rates of severe mental and physical illness, seen among long-term and recurrently people who are homeless<sup>25</sup>. With the exception of some Scandinavian countries, there is growing evidence of the presence of a poor lone adult population, that like families who are homeless is not characterised by high treatment and support needs, which in some contexts appears to greatly outnumber a smaller, long-term and recurrently homeless population, who have high rates of addiction, physical and mental health problems<sup>26</sup>.

Becoming homeless does not automatically create a higher risk of poor mental and physical health, nor is homelessness always or necessarily triggered by poor mental or physical health. Perhaps the best way to summarise this is that - to take one example – problematic drug use and long-term lone adult homelessness have what has been called a mutually reinforcing relationship<sup>27</sup>, one does not automatically lead to the other, but the presence of either may make the appearance of the other more likely. For years now, American research has similarly, been pointing out that mental health problems can arise following and perhaps, at least in part, due to homelessness<sup>28</sup>.

The potential risks centre on homelessness being repeated or becoming long-term. This is because homelessness can expose families and individuals to a series of known risks to health at a higher frequency and to a greater degree than would happen if they were not homeless. This is not straightforward, as many potential risks to health and wellbeing experienced if homelessness is repeated or long-term also exist if someone has a low income or is experiencing poverty. Indeed, differentiating between the effects of sustained low income and relative poverty, which can both proceed and follow homelessness and those of homelessness itself and physical and mental health is a far from exact science. However, there are sets of risks that are more likely to be associated with experience of homelessness.

## Families

If a family experiences homelessness but is rapidly housed in suitable, long-term housing soon afterward, there may still be some effects. However, long-term stays in emergency or temporary accommodation, if that means living in cramped, unsuitable, unfit (damp,

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<sup>25</sup> Baptista, I.; Benjaminsen, L.; Busch-Geertsema, V. and Pleace, N. (2017) [Family Homelessness in Europe](#) Brussels: FEANTSA;

<sup>26</sup> Benjaminsen, L. and Andrade, S.B. (2015) Testing a Typology of Homelessness Across Welfare Regimes: Shelter Use in Denmark and the USA. *Housing Studies* 30(6), pp.858-876; Benjaminsen, L. (2016) Homelessness in a Scandinavian welfare state: The risk of shelter use in the Danish adult population *Urban Studies* 53(10), pp. 2041-2063.

<sup>27</sup> Kemp, P. A., J. Neale and Robertson, M. (2006) Homelessness among problem drug users: prevalence, risk factors and trigger events *Health & Social Care in the Community* 14(4), pp. 319-28.

<sup>28</sup> Cohen, C.I. and Thompson, K.S. (1992) Homeless mentally ill or mentally ill homeless? *American Journal of Psychiatry*, 149, pp. 816-823; Culhane, D.P. *et al.* (2013) *Op. cit.*

thermally inefficient) and overcrowded spaces, without access to green space, space for children to bring their friends home, do their homework and play, this will undermine child health and development, while parents are subjected to stress because of an uncertain future<sup>29</sup>.

For lone adults and lone young people, again, there may be issues like addiction or mental health problems before homelessness occurs. However, long-term or repeated homelessness can mean sustained exposure to stress, worry, fear, stigmatisation and poor living conditions, all of which may trigger changes in mental and physical health, the risk increasing as the duration or frequency of homelessness increases<sup>30</sup>.

## Women

For homeless women, the strong associations between domestic violence and sexual violence before and while homeless may create specific needs for support, both in terms of access to suitable services that are appropriate to their needs and in managing emotional and physical health problems that may stem from abuse<sup>31</sup>. Most families who are homeless are headed by lone women and the prevalence of domestic violence as a trigger for that homelessness may create support needs, there may also be support needs around parenting. Women may also be at heightened risk of stigmatisation.

Lone adult women are often parents who have lost contact with children, creating further specific needs<sup>32</sup>. Women may also, if homelessness is allowed to occur and persist, be more likely to react by entering situations of hidden homelessness, staying with relatives, friends or acquaintances and may experience marked deteriorations in health and wellbeing before

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<sup>29</sup> Share, M and Hennessy, M. (2017) [Food Access and Nutritional Health among Families in Emergency Homeless Accommodation](#) Focus Ireland; Pleace, N. et al. (2008) [Statutory Homelessness in England: The Experience of Families and 16-17 Year Olds](#) London: Department for Communities and Local Government.

<sup>30</sup> Keogh, C. et al. (2015) Op. cit.; Seria-Walker, E (2018) [Evidence review: adults with complex needs \(with a particular focus on street begging and street sleeping\)](#). London: Public Health England; Homeless Link (2014) [The Unhealthy State of Homelessness](#) London: Homeless Link.

<sup>31</sup> Mayock, P.; Parker, S. and Sheridan, S. (2015) [Women, Homelessness and Service Provision](#) Dublin: Simon Communities of Ireland.

<sup>32</sup> Mayock, P. and Sheridan, S. (2012) [Women's 'Journeys' to Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland](#). Women and Homelessness in Ireland, Research Paper 1. Dublin: School of Social Work and Social Policy and Children's Research Centre, Trinity College Dublin; Mayock, P., Sheridan, S. and Parker, S. (2015) The dynamics of long-term homelessness among women in Ireland. Dublin Region Homeless Executive; Mayock, P., Sheridan, S. and Parker, S. (2015a) 'It's just like we're going around in circles and going back to the same thing...': The Dynamics of Women's Unresolved Homelessness. *Housing Studies*, 30(6), pp.877-900; Mayock, P., Bretherton, J. and Baptista, I. (2016). Women's Homelessness and Domestic Violence:(In) visible Interactions. In *Women's Homelessness in Europe* (pp. 127-154). Palgrave Macmillan, London. See also: Women's Homelessness in Europe Network ([WHEN](#)).

they reach formal services<sup>33</sup>, because they may 'exhaust' informal solutions before seeking help from services<sup>34</sup>.

According to the most recent figures available at the time of writing (May 2018) there were 1,060 single parent families in emergency accommodation<sup>35</sup>. The Census 2016 homelessness data indicated that women account for 95.8% of one parent families<sup>36</sup>.

## Young people

Young people at risk of homelessness can also have specific needs, centred on the absence of the usual family support that is in place when the first transition to an independent home occurs<sup>37</sup>. There is often no parent who will be willing to pay a deposit on a flat, help with the move or talk through the practicalities of running a home, nor who will step in if there is a problem, like a household bill that cannot be paid. Again, the risks centre on recurrent and sustained experience of homelessness, with research indicating that young people may resort to hidden homelessness in the first instance, and that their health and wellbeing can deteriorate markedly by the point they reach services. The most recent figures available (May 2018), showed there were 922 people aged 18-24 in emergency accommodation<sup>38</sup>.

A study of the UK statutory homelessness system showed young people accepted for assistance under the law had far worse mental and physical health than was the case for most families who are homeless<sup>39</sup>.

Continuity of care and effectiveness of medical treatment are major concerns in relation to all homeless populations. Without a settled, adequate home, interventions and treatments to treat physical and mental health problems, or addiction, are unlikely to be as effective as if someone were living in suitable housing. In part, this is a simple function of physical conditions, i.e. if homelessness itself is undermining health, not addressing homelessness will limit treatment effectiveness, homelessness is also stressful and potentially physically dangerous, for example if sleeping rough. Alongside the effects of homelessness itself, where someone is mobile, either because they are living rough or moving between squats, friends, relatives and acquaintances or transitioning from one emergency accommodation or supported housing setting to another, maintaining continuity of care can be difficult.

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<sup>33</sup> Mayock, P. et al. (2015a) Op. cit.

<sup>34</sup> Pleace, N. et al. (2008); Shinn, M. et al. (1998) Predictors of homelessness among families in New York City: from shelter request to housing stability. *American Journal of Public Health*, 88(11), pp.1651-1657.

<sup>35</sup> [https://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_may\\_2018.pdf](https://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_may_2018.pdf)

<sup>36</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-cp5hpi/cp5hpi/hpi/>

<sup>37</sup> Mayock, P., O'Sullivan, E. and Corr, M.L. (2011) Young people exiting homelessness: An exploration of process, meaning and definition. *Housing Studies*, 26(6), pp.803-826; Mayock, P. and Parker, S. (2017) Op. cit.

<sup>38</sup> [https://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_may\\_2018.pdf](https://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_may_2018.pdf)

<sup>39</sup> Pleace, N. et al. (2008).

Even in contexts where health care is free and universal, or widely accessible to low income, poor and vulnerable groups, as is the case domestically, maintaining continuity of care can be highly challenging with any mobile population who lacks the fixed point of contact provided by a settled home.

## Life chances

For children, young people and working age adults, homelessness also represents a series of risks to life chances. The issues can be summarised as:

- Practical barriers to employment, training and further education, associated with high support needs.
- Practical barriers to employment, training and further education, linked to lacking a settled home.
- Stigmatisation of people who are homeless by some employers and other groups.
- Negative effects on children's and young people's development from the experience of homelessness, both when repeated moves occur and if stays in unsuitable emergency accommodation become long-term.
- Mixed evidence on the effectiveness of service models designed to return people to mainstream economic life either during or following homelessness.

## Barriers to work

The Census 2016 indicated that 70% of working age people who are homeless were unemployed, with higher rates of limiting illness and disability than the general population. Although these census figures do not account for actual or perceived barriers to work they may be broadly indicative of the barriers faced by people experiencing homelessness<sup>40</sup>.

International research indicates that barriers to work for people with experience of homelessness can be significant. The presence of support and treatment needs that may create hurdles to employment, both in the sense that someone may face some practical limits in what kind of work they are able to do, and because employers can be reluctant to engage if someone has specific types of needs or experience, such as a history of severe mental illness or addiction<sup>41</sup>. However, for many people who are homeless the barriers to work, further education and training are not necessarily dissimilar to those for other people who have grown up in situations of relative socioeconomic disadvantage, which might include a greater likelihood of low educational attainment and disruptions to schooling if

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<sup>40</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-cp5hpi/cp5hpi/es/>

<sup>41</sup> Bretherton, J. & Pleace, N. (2016) *Crisis Skylight Pathways to progression: Second interim report* Crisis. Hoven, H. et al. (2016) Job coaching and success in gaining and sustaining employment among homeless people. *Research on Social Work Practice*, 26(6), pp.668-674.

there have been relationship breakdowns and shifts in household composition during childhood<sup>42</sup>.

Unemployment itself, which appears to be a driver in the increase in the rise of family homelessness<sup>43</sup>, can also act as a barrier to securing new paid work, if that unemployment becomes sustained.

Various interventions have been developed, ranging from models of sheltered employment through to specialised education, training and job-seeking, alongside different types of social enterprise, all of which are designed to bring people with experience of homelessness into employment. These supply-side interventions can show some effectiveness, but employer attitudes and the variability of local labour markets can mean that outcomes are inconsistent and that effectiveness in moving formerly or currently people who are homeless into work, or if work is secured, beyond low waged, relatively precarious employment can be mixed<sup>44</sup>.

## Development and educational attainment

For children and young people, risks to development and to educational attainment may arise from being in emergency accommodation, such as B&B hotels, which, as noted, do not offer space for play, privacy and quiet for homework or provide any space to allow them to socialise with other children. If children have to move between emergency accommodation, this can cause disruption to schooling. Recent research with 19 families in emergency accommodation, in the Greater Dublin Region, has argued that children who are homeless cannot meaningfully engage and participate in education and learning. This is because their basic physiological needs; need for security, routine and predictability; their friendship and trust networks giving a sense of belonging and their sense of academic self-worth could all be disrupted by homelessness<sup>45</sup>. For young people, homelessness means living outside a settled home that offers a safe and suitable space from which to pursue further or higher education or organise a working life<sup>46</sup>.

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<sup>42</sup> Pleace, N. and Bretherton, J. (2017) [Crisis Skylight: Final Report of the University of York Evaluation](#) Crisis.

<sup>43</sup> Hoey, D. and Sheridan, S. (2017) [Survey of Families that became Homeless in June 2017](#) Dublin: Focus Ireland.

<sup>44</sup> Teasdale, S. (2012). Negotiating tensions: how do social enterprises in the homelessness field balance social and commercial considerations? *Housing Studies*, 27(4), pp.514-532; Bretherton, J. and Pleace, N. (2016) Op. cit.; Pleace, N. and Bretherton, J. (2017) Op. cit.

<sup>45</sup> Scanlon, G. and McKenna, G. (2018) [Home Works: A Study on the Educational Needs of Children Experiencing Homelessness and Living in Emergency Accommodation](#) Dublin: Children's Rights Alliance.

<sup>46</sup> Pleace, N. *et al.* (2008) Op. cit.

## The Financial Cost

The financial costs of homelessness can be considerable. There is longstanding evidence that homelessness in general may be less financially expensive to prevent than to solve, as the interventions to prevent homelessness tend to cost less than those which have to be used to deal with the aftermath, even where an individual or family has low, or no, support needs<sup>47</sup>.

Work in Australia<sup>48</sup>, the USA<sup>49</sup> and - to a lesser extent – Europe<sup>50</sup>, has highlighted the ways in which homelessness that is repeated or sustained can result in significant public spending in three main ways:

- “Frequent flyer” use of homelessness services, emergency medical services and, for some individuals, mental health and addiction services.
- Repeated contact with criminal justice systems by some individuals.
- Deteriorations in health and wellbeing, combined with reductions in life chances increase the ‘lifetime’ costs of an individual to society.

A recent study explored the costs of being homeless over 90 days in England, which while dissimilar in some respects has broad parallels in terms of health services, welfare and social housing provision and the ways in which homelessness is defined and reacted to at policy and service delivery level<sup>51</sup>. Estimated spending (health, mental health, addiction and homelessness services, plus contact with the criminal justice system) averaged at €10,160 per person, among a group of 86 lone homeless adults who had all been homeless for at least 90 days, total spending was €873,754, equivalent to some €3.36 million annually, just for this group of 86 people<sup>52</sup>. It was estimated that if a lone adult homeless population of 40,000 were homeless for one-year, similar rates of service use would have cost the public purse some €1.62 billion. There were some caveats to this study, drawing a sample from people who have been homeless for 90 days will probably include people who have been homeless for longer periods (as was the case here), skewing the data somewhat towards people with potentially more acute and complex needs.

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<sup>47</sup> Pawson, H. *et al.* (2007) *Evaluating Homelessness Prevention* London: DCLG; Pawson, H. *et al.* (2007a) *Evaluation of Homelessness Prevention Activities in Scotland* Edinburgh: Scottish Government.

<sup>48</sup> Zaretsky, K. and Flatau, P. (2013) *The cost of homelessness and the net benefit of homelessness programs: a national study*, AHURI Final Report No. 218, Australian Housing and Urban Research Institute Limited, Melbourne.

<sup>49</sup> Culhane, D. P. (2008). *The Cost of Homelessness: A Perspective from the United States*. *European Journal of Homelessness*, 97-114

<sup>50</sup> Pleace, N.; Baptista, I.; Benjaminsen, L. and Busch-Geertsema, V. (2013) *The Costs of Homelessness in Europe: An Assessment of the Current Evidence Base* Brussels: FEANTSA.

<sup>51</sup> Pleace, N. and Culhane, D.P. (2016) *Better than cure? Testing the case for enhancing prevention of single homelessness in England* London: Crisis.

<sup>52</sup> Adjusted for inflation to 2017 figures and converted to Euro using [INFOREURO](#)



The same study compared the estimated costs of 90 days of homelessness with the estimated costs of prevention, by asking each of the 86 individuals which interventions might have prevented their homelessness and ascribing a cost to that support. It was estimated that, in 65% of cases, preventing the homelessness of the 86 people would have probably been more economical, alongside reducing the potential human costs. On average, there was an estimated saving of some €2,805 per person over 90 days, equivalent to an estimated average of some €11,220 per year<sup>53</sup>.

If someone repeatedly uses homelessness services for a prolonged period, what are sometimes referred to as “frequent flyer” costs can occur. Here, the individual is receiving some support from homelessness services, such as supported housing, but is effectively semi-permanently resident in these systems rather than moving to their own home. For people who are homeless with high and complex needs in the USA, these financial costs can be extremely high<sup>54</sup>.

Recent data from the USA, where there are fewer public services, does also suggest high levels of expenditure linked to homelessness. The results of research in Los Angeles County were striking, a total of some \$965 million (€860 million at July 2016 exchange rates) had been spent by County agencies on homeless adults in one financial year. This spending was contact with publicly funded services, it was not expenditure that actually ended homelessness and included mental health, public health, criminal justice and the welfare system, but not the additional spending on homelessness services<sup>55</sup>. In Australia, 2013 research reported that the average estimated annual additional cost of a lone adult man being homeless was \$AUD 44,137, while for a woman it was \$AUD 23,352, equivalent to €31,537 and €16,685<sup>56</sup>.

Alongside the potential human costs of prolonged stays in emergency/temporary accommodation, the financial costs can be significant. In October 2017, the Irish Times reported that the projected homelessness budget for the next year was €140 million, above projected levels, with the increases being linked to increasing provision of emergency accommodation<sup>57</sup>. As noted on Section 2, in March 2018, it was reported that €47 million had been spent on hotel accommodation for families who are homeless in Dublin during the last financial year, within a total budget for the city of €124 million, €97million of which went on various forms of emergency accommodation<sup>58</sup>. London, where similar pressures on

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<sup>53</sup> 2017 Figures and exchange rates (adjusted for inflation)

<sup>54</sup> Culhane, D.P. (2008) Op. cit.

<sup>55</sup> Wu, F. and Stevens, M (2016) *The Services Homeless Single Adults Use and their Associated Costs: An Examination of Utilization Patterns and Expenditures in Los Angeles County over One Fiscal Year* Los Angeles: Los Angeles County. <http://www.endhomelessness.org/page/-/files/LA%20Single%20Adults%20Cost%20Study.pdf>

<sup>56</sup> Zaretsky, K. and Flatau, P. (2013) Op. cit. Converted to Euro using [INFOEURO](http://www.inforeuro.com)

<sup>57</sup> <https://www.irishtimes.com/news/social-affairs/homelessness-crisis-will-cost-140m-next-year-council-says-1.3273467>

<sup>58</sup> <http://www.thejournal.ie/homeless-spending-3929620-Mar2018/>

affordable housing supply to those in Dublin have existed for decades, has extraordinary levels of spending on emergency/temporary accommodation by local government, again mainly for families who are homeless<sup>59</sup>. Research conducted in 2015/16 found that total spending in London on emergency and temporary accommodation had reached well over £617 million (€870 million) per financial year, across just 20 of the 33 elected local authorities that administer London<sup>60</sup>.

## Summary

The case for homelessness prevention is clear. There are four main reasons to prevent homelessness:

- Homelessness is increasing.
- The human cost of homelessness can be very high, there are potentially severe risks to physical and mental health if homelessness becomes long-term or is experienced repeatedly. Homelessness may also present risks to life chances in terms of securing work, completing education and social integration into society.
- The financial costs of homelessness can be considerable. These can include repeated contact with emergency health and criminal justice systems, “frequent flyer” use of homelessness services and the cost of emergency/temporary accommodation.
- Preventative services have the potential to reduce both the human and financial costs of homelessness, if an effective mix of services can be developed.

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<sup>59</sup> Statutorily homeless under English law, see:

[http://england.shelter.org.uk/housing\\_advice/homelessness/rules/legally\\_homeless](http://england.shelter.org.uk/housing_advice/homelessness/rules/legally_homeless)

<sup>60</sup> Rugg, J. (2016) *Temporary Accommodation in London: Local Authorities under Pressure* York: Centre for Housing Policy.

## 3. Homelessness Prevention

### Introduction

This section of the report explores what is meant by homelessness prevention, highlighting distinctions between preventative policies and services, mainstream welfare and social housing provision and rapid re-housing services. The targeting of prevention is discussed, before moving on to explore the evidence around effective models for homelessness prevention and finally, looking at the criticisms that can be directed at prevention.

### Defining Homelessness Prevention

#### Defining homelessness

As has been noted elsewhere<sup>61</sup>, in order to prevent homelessness, one first needs a definition of exactly what homelessness is. The legal definition is given in the Housing Act 1988<sup>62</sup>:

*A person shall be regarded by a housing authority as being homeless for the purposes of this Act if—*

- (a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or*
- (b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a), and he is, in the opinion of the authority, unable to provide accommodation from his own resources.*

Government employs a definition of homelessness that recognises the extremes of inadequate housing, such as being physically unfit for habitation or overcrowded, can constitute a state of homelessness. The definition does not explicitly include hidden or concealed homelessness, which is interpreted in different ways across Europe, ranging from not being recognised as homelessness at all, through to being regarded – and counted – as the bulk of the homelessness<sup>63</sup>. There is no attempt at recording hidden homelessness, the

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<sup>61</sup> Busch-Geertsema, V. and Fitzpatrick, S. (2008) [Effective homelessness prevention? Explaining reductions in homelessness in Germany and England](#) *European Journal of Homelessness* 2, pp. 69-95.

<sup>62</sup> <http://www.irishstatutebook.ie/eli/1988/act/28/section/2/enacted/en/html#sec2>

<sup>63</sup> Busch-Geertsema, V.; Benjaminsen, L.; Filipovič Hrast, M. and Pleace, N. (2014) [The Extent and Profile of Homelessness in European Member States: A Statistical Update](#) Brussels: FEANTSA.

official statistics focusing on emergency accommodation use funded through Section 10 under the 1988 Act only, and rough sleeping (see Section 2), although some precariously accommodated individuals in situations of hidden homelessness could be interpreted as lacking accommodation which they might reasonably be expected to reside in. These figures thus exclude hidden homelessness, those in direct provision and those in domestic violence refuges often women and children.

## Prevention and rapid rehousing

Prevention is designed to stop physical homelessness from occurring, meaning that services have the following roles:

- Stop rough sleeping from happening.
- Stop, or at least greatly reduce the need to use emergency accommodation.
- Addressing situations in which there is a heightened risk of physical homelessness, i.e. where someone is living precariously in a state of hidden homelessness or where someone is in an institutional setting, which they will have to leave, and has no settled home to go to.
- Ensuring that individuals and households about to lose housing move into alternative housing without experiencing homelessness.
- End those forms of hidden homelessness that fall within the legal definition of homelessness, i.e. situations in which an individual, couple or family is living in accommodation that is not reasonable for them to occupy.

In practical terms, prevention has to be combined with rapid-rehousing or 'relief' services that are designed to stop homelessness being endured for any amount of time and, as with preventative services themselves, to cut down the need to use emergency or temporary accommodation. Prevention can be needed for two reasons:

- Homelessness can happen suddenly and randomly. For example, a woman with dependent children has to move away from the risk of domestic violence or abuse and may not have the resources or time to plan, or a young person experiences a relationship breakdown with a parent and runs away, or someone with high and complex needs leaves, or is ejected from, an institution in an unplanned way.
- People may leave it too late to seek help, or not know where to go, so for example, an individual or family has lost their tenancy and ended up with nowhere to go, by the point they actually present to a service seeking help.

The line between prevention and rapid re-housing services is not exact. In England, which was one of the first countries to begin moving towards a prevention-led strategy in the mid 2000s<sup>64</sup>, prevention and rapid-rehousing services (referred to as interventions that 'relieve homelessness') are defined as follows:

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<sup>64</sup> Pawson, H.; Netto, G. and Jones, C. (2006) *Homelessness Prevention: a guide to good practice* London: DCLG.

*Prevention assistance involves providing people with the means to address their housing and other needs to avoid homelessness. It includes activities which enable a household to remain in their current home, where appropriate, or which enable a planned and timely move and help sustain independent living. Additionally, local authorities are encouraged to take steps to relieve homelessness and to record these cases where someone has been accepted as homeless but is not owed a duty to secure accommodation under the homelessness legislation... These are cases where the authorities have been unable to prevent homelessness, but nevertheless decide to ensure the applicant secures accommodation<sup>65</sup>.*

The line between what constitutes prevention and what constitutes rapid re- housing is inexact because it involves assessments, which may vary by which front line staff member, service provider or elected authority is taking the decision, as to whether or not a household is at risk of homelessness and how imminent that risk is. Turning this into a practical example, someone may be experiencing hidden homelessness that is undesirable and potentially harmful, because it is hidden homelessness, but which is stable. An intervention that stops this form of existing homelessness, is stopping an experience of homelessness, it is not prevention, the homelessness has already happened.

However, ‘preventative’ services are commonly designed to intervene when existing informal arrangements, that are actually forms of hidden homelessness, break down, stepping in to stop physical homelessness, i.e. ending up living rough or in emergency accommodation, from occurring<sup>66</sup>.

There are broader questions around whether many of the households on whom prevention is targeted, for example, an individual or family living hand to mouth in the private rented sector because they are experiencing housing cost poverty, are really ever ‘housed’, in the sense of really having secure, adequate, affordable homes, to begin with<sup>67</sup>. As this is intended as a practical piece of policy research, this is not the place to begin debating the philosophical nuances of what exactly constitutes a state of homelessness, which has been done elsewhere<sup>68</sup>. However, while some people crash out of mainstream economic life and a history of having adequate, stable housing into homelessness, at least some of the people on whom ‘prevention’ is targeted are people whose lifetimes have been characterised by insecure/precarious and inadequate housing.

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<sup>65</sup> MHCLG (2018) [Statutory homelessness and prevention and relief, January to March \(Q1\) 2018: England](#) London: MHCLG, p. 31.

<sup>66</sup> Pawson, H. et al. (2006) Op. cit.

<sup>67</sup> Meert, H. and Bourgeois, M. (2005) Between rural and urban slums: A geography of pathways through homelessness. *Housing Studies*, 20(1), pp.107-125.

<sup>68</sup> Meert, H. and Bourgeois, M. (2005) Op. cit.; Busch-Geertsema, V. (2010) Defining and Measuring Homelessness in O’Sullivan, E. et al. (eds) [Homelessness Research in Europe](#) FEANTSA: Brussels, pp. 19- 40; Amore, K., Baker, M. and Howden-Chapman, P. (2011) [The ETHOS definition and classification of homelessness: An analysis](#). *European Journal of Homelessness*, 5(2), pp. 19-37; Pleace, N. and Bretherton, J. (2013) Op. Cit.

## Typologies of Prevention

### Differences between homelessness-specific prevention and social policy

There are some ambiguities in how homelessness prevention is defined and operationalised, which can make attempts to classify prevention potentially useful. One of the most widely cited makes the following distinctions<sup>69</sup>:

- Primary prevention, which encompasses activities that reduce the risk of homelessness among the general population or large parts of the population, i.e. housing and social protection (welfare) policy.
- Secondary prevention, targeted on “at risk” populations, such as people with a history of contact with child protection services, or those facing imminent eviction, or other loss of housing.
- Tertiary prevention, which includes rapid rehousing services that try to minimise the duration of homelessness once it has occurred and services designed to prevent repeated experiences of homelessness.

There are some issues with this approach. The idea of ‘primary prevention’, which seems to encompass the welfare state and social housing, is evidently talking about national social policy.

There is evidence that countries with the most extensive welfare and social housing systems, such as Denmark, have much less homelessness, and that homelessness is very unlikely among low income groups as a whole in these societies, in contrast to the United States, where associations with income poverty are clear<sup>70</sup>. Denmark, Finland and Norway, all of which spend comparatively more on social policy, also have highly integrated and very well-resourced homelessness strategies<sup>71</sup>. However, countries that spend less on social policy also tend not to measure homelessness very effectively, or to define it more narrowly<sup>72</sup>, and to lack integrated strategic responses to homelessness, making the extent of possible associations between broader social policy and homelessness difficult to test at present.

The evidence suggests that more generous social protection/welfare systems, more affordable housing with good security of tenure and greater equality in income and wealth are socially beneficial<sup>73</sup>. Less overall poverty, particularly extreme poverty, also tends to mean less homelessness, at least based on current, albeit partial, evidence. However,

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<sup>69</sup> Busch-Geertsema, V. and Fitzpatrick, S. (2008) Op. cit. p. 73.

<sup>70</sup> Benjaminsen, L. and Andrade, S.B. (2015) Testing a Typology of Homelessness Across Welfare Regimes: Shelter Use in Denmark and the USA. *Housing Studies* 30(6), pp.858-876.

<sup>71</sup> Benjaminsen, L. and Knutagård, M. (2016) [Homelessness Research and Policy Development: Examples from the Nordic Countries](#) *European Journal of Homelessness* 10(3), pp. 45-66.

<sup>72</sup> Busch-Geertsema, V. et al. (2014) Op. cit.

<sup>73</sup> Wilkinson, R. and Pickett, K. (2009) *The Spirit Level: Why more equal societies almost always do better* London: Penguin.

societies that are the archetype of progressive social democratic welfare states still have homelessness<sup>74</sup>.

Seeing mainstream social protection/welfare and housing policy as part of homelessness prevention does have some logic, but of course rates of homelessness will also be influenced by economic policy<sup>75</sup>, by criminal justice systems<sup>76</sup>, by social work, child protection, public health, mental health and addiction policies, even in some countries by how ex-service personnel leave the military<sup>77</sup>. There are good arguments for seeing wider public policy as one of the factors shaping the context in which homelessness occurs, but it is not specific policy aimed at homelessness, as is the case for “secondary” prevention.

Attitudes to cultural and racial difference, gender, sexuality across a culture are reflected in how policy and politics work and this can in turn influence public policy, heightening potential risks of homelessness for some groups and potentially influencing the ways in which homelessness services respond. There is evidence that rather than recognising individuals and their needs, homelessness services instead process images of people who are homeless, which are a result of cultural, mass media and political responses to homelessness. For example, there is some international research suggesting that powerful cultural assumptions about how women become homeless can distort the ways in which homelessness services respond to gender differences among people who are homeless<sup>78</sup>.

The idea of ‘tertiary prevention’ is also somewhat problematic, because it refers to rapid rehousing and systems designed to stop recurrent homelessness, and if homelessness has happened, then it is evidently not being prevented. As noted, in practical terms preventative systems have to be integrated with rapid rehousing services, because of sudden emergencies and people not knowing where to seek help, or doing so too late, but these services, while they can stop homelessness quickly are not prevention. Rapid rehousing services are clearly an important part of an effective homelessness strategy, but are nevertheless distinct, and here the distinction between ‘prevention’ and ‘relief’ (rapid rehousing), noted above, is useful.

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<sup>74</sup> Pleace, N. *et al* (2015) *op. cit.*

<sup>75</sup> O’Flaherty, B. (2010) Homelessness as Bad Luck: Implications for Research and Policy in Ellen, I.G. and O’Flaherty, B. *How to House the Homeless* Russell Sage Foundation: New York, pp. 143-182.

<sup>76</sup> O’Sullivan, E. (2012) [Varieties of Punitiveness in Europe: Homelessness and Urban Marginality](#) *European Journal of Homelessness* 6(2), pp. 69-97.

<sup>77</sup> Jones, A., Quilgars, D. *et al.* (2014) [Meeting the housing and support needs of single veterans in Great Britain](#), York: University of York; Quilgars, D. *et al.* (2018) [Accommodation for Single Veterans: Developing Housing and Support Pathways](#) York: University of York.

<sup>78</sup> Hansen-Löfstrand, C. and Quilgars, D. (2016) Cultural Images and Definitions of Homeless Women: Implications for Policy and Practice at European Level in Mayock, P. and Bretherton, J. (eds) *Women’s Homelessness in Europe* London: Palgrave Macmillan.

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Researchers in Canada have developed an alternative framework<sup>79</sup>:

- Structural prevention – which includes increases in affordable housing supply, poverty reduction and more broadly, measures to increase social inclusion and equality.
- Systems prevention – which centres on addressing institutions and systems that contribute to the risk of homelessness, including barriers to support.
- Early intervention – covering policies and practices intended to support individuals and families at actual imminent risk of homelessness, including support services.
- Evictions prevention – which in this case includes legislation and the welfare system, alongside legal advice and other services.
- Housing stability – which refers to rapid rehousing, including interventions like Housing First.

Again, the lines between distinct, specific services focused on stopping homelessness from occurring and much broader social policy are blurred. While there is a broad logic to attempting to prevent homelessness at every level, turning this into an operational strategy, a strategy that, using the same logic, must ultimately seek to alter almost everything in society because homelessness causation is also clearly linked to the ways in which entire economies work<sup>80</sup>.

Broader public policy will have some influence on homelessness. If a country reduces access to welfare benefits, health and mental health services, and cutting affordable housing supply, alongside allowing shifts in labour markets that create more short-term, part-time low paid and insecure jobs, this will probably increase homelessness<sup>81</sup>. However, these policies are driven – indeed must be driven – by much wider considerations than whether or not they may cause homelessness, balancing endless national and regional variables against one another, to try to deliver the best outcomes, within political systems (in liberal democracies at least) that are often engaged in constant disputes between interpretations of data, fuelled by differing political ideologies. So the idea of primary or structural prevention is not invalid, but at the same time, one cannot, realistically, reorient entire political and economic systems to prevent homelessness.

This creates limits to the extent to which general social policy can be modified to prevent homelessness, which in practical terms means there is a need to take the policy focus down a level, to focus on building systems to deal with imminent homelessness. There is evidence to suggest that countries that have made progress with prevention have introduced strategies that focus on imminent homelessness.

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<sup>79</sup> Gaetz, S. and DeJ, E. (2017) [A New Direction: A Framework for Homelessness Prevention](#) Toronto: The Homeless Hub.

<sup>80</sup> O'Flaherty, B. (2010) Op. cit.

<sup>81</sup> O'Flaherty, B. (2010) Op. cit.



Internationally, at policy level, taking the examples of Finland<sup>82</sup>, England<sup>83</sup>, or the USA<sup>84</sup> in which homelessness prevention could be described as being at an advanced stage of implementation, homelessness prevention means ‘secondary prevention’. This means services that are explicitly designed to stop people losing their homes and targeted on populations leaving institutional or other settings that are assessed or viewed as at heightened risk of becoming homeless.

Looking at the evidence, successes in prevention seem to stem from a clear focus on building preventative services that focus on imminent homelessness, within an integrated homelessness strategy. Taking this approach enables policymakers and service providers to develop clear, achievable targets around preventing imminent homelessness and to then build up preventative services to meet those targets.

### Homelessness services and prevention

The evidence around effective prevention shows the need for an operational definition of prevention that can be effectively turned into tangible services with clear and realistic targets. Prominent American researchers have referred to this as developing homelessness specific preventative services<sup>85</sup>.

Every homelessness service that has ever existed could be called a “preventative” service. This applies in the sense that, alongside stopping homelessness, homelessness services are supposed to minimise the risk that homelessness will ever occur again.

However, if every homelessness service is “preventative”, then - as with defining large areas of general social policy as ‘primary’ or ‘structural’ homelessness prevention – developing a clear set of strategic and operational goals around tackling imminent homelessness becomes more challenging. In order to effectively develop and pursue clear goals, the evidence suggests it is better to focus on developing homelessness specific preventative services to deal with imminent homelessness.

In Finland, which has one of the most successfully integrated and demonstrably effective strategic responses to homelessness in the World, the roles of preventative, rapid rehousing and homelessness services are clearly demarcated within a cohesive approach<sup>86</sup>.

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<sup>82</sup> Pleace, N.; Culhane, D.P.; Granfelt, R. and Knutagård, M. (2015) [The Finnish Homelessness Strategy: An International Review](#) Helsinki: Ministry of the Environment.

<sup>83</sup> Pawson, H. *et al.* (2006) *Op. cit.*

<sup>84</sup> Burt, M.R. *et al.* (2006) [Strategies for Preventing Homelessness](#) Washington DC: Housing and Urban Development.

<sup>85</sup> Culhane, D.P. *et al.* (2011) A prevention-centered approach to homelessness assistance: a paradigm shift? *Housing Policy Debate*, 21:2, pp. 295-315.

<sup>86</sup> Pleace, N. *et al.* (2015) *Op. cit.*

The evidence suggests that an effective homelessness strategy uses a triage system, in which a clearly defined set of preventative services is backed by a second rank of services that are there to deal with homelessness when it actually occurs, and can provide intensive supports when needed to potentially people who are homeless with high support needs<sup>87</sup>.

## Building Preventative Services

### Defining preventative services

Bringing all this together, homelessness prevention can, in operational terms, be defined as follows:

- Services that stop eviction from occurring, where this represents a risk of possible homelessness. An example is a tenancy support service that can liaise between a landlord and tenant to negotiate an alternative to eviction if someone is in rent arrears.
- Services that can provide help when support or treatment needs are likely to trigger homelessness. For example, a tenancy support service may be able to assess that rent arrears or nuisance behaviour are stemming from severe mental illness and provide case management/service brokering support that facilitates access to treatment, stabilising a tenancy<sup>88</sup>. Equally, such services, which may need to be specialised for particular groups, can resettle people leaving institutional settings such as prison, or work with groups with needs around drug and alcohol treatment, to avert the risk that they will experience homelessness.
- Systems for detecting the presence or risk of domestic violence or abuse. Tenancies can break down because violence or abuse are present, both in the sense that a woman, as experience of domestic violence is overwhelmingly female, might need to leave for her own safety, but also in the sense that nuisance, noise and rent arrears can all arise because of abuse and violence. Early detection and intervention can reduce the risk of lone women and family homelessness. One example of such a model, the Domestic Abuse Housing Alliance (DAHA) approach<sup>89</sup> in England provides accreditation for social landlords that is intended to enhance their systems to detect the presence of domestic violence and abuse, to enhance reporting and effective intervention to stop that violence and abuse and, by extension, avoid the homelessness and tenancy breakdowns that would otherwise occur as a result of that abuse and violence.
- Services that can stop an unplanned move as a result of relationship breakdown, such as one partner leaving another or a teenager running away from home, where

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<sup>87</sup> Pleace, N. (2017) [The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness?](#) *European Journal of Homelessness* 11(2), pp. 95-115.

<sup>88</sup> Jones, A. *et al.* (2006) [Addressing Antisocial Behaviour: An independent evaluation of the Shelter Inclusion Project](#). London: Shelter.

<sup>89</sup> <https://www.peabody.org.uk/resident-services/safer-communities/domestic-abuse/daha#>

this might result in homelessness, and it can be firmly established that there is no risk of domestic violence or other abuse. An example here is a family mediation service, which might work with parents and a teenager to ensure that the teenager stays at home, at least until a properly planned and supported move can take place.

- Services that can help when an individual or household has to make an unwanted move, by ensuring suitable alternative housing is in place, so that they move home, rather than experience homelessness. Examples here include rent deposit schemes to help afford secure alternative private rented sector accommodation<sup>90</sup> and housing advice services, including support with accessing social housing. There are also various models of local lettings schemes, such as social enterprise models that offer full housing management and guaranteed rent for private landlords, in exchange for low management fees and being able to make the housing available for lower income people, people with support needs and people at risk of homelessness (see below).
- Housing rights services that can provide legal advice and support, including help to pursue cases in court, where a mortgage lender, social or private landlord is acting outside the law, for example where an existing tenant is threatened or bullied to try to get them to leave a private rented property.

As noted, general social protection/welfare policy can protect people against potential homelessness, but what is sometimes referred to as ‘primary’ prevention is not included here, because entire welfare systems are generic measures against poverty and destitution, something distinct from single- purpose preventative services. A broader welfare rights or advice service, that makes sure someone gets their full entitlements in terms of assistance with paying their rent, can also prevent homelessness, but while these services are beneficial, along with the welfare state as a whole, they are generic, quite distinct from purpose-built preventative services.

### Defining rapid rehousing services

Prevention cannot function in isolation, both in the sense that in order to be truly effective it has to sit within an integrated homelessness strategy (see Section 4) but also, again as noted, because there has to be service provision for sudden occurrences of homelessness. This means that alongside prevention, at the first line of defence against homelessness, rapid rehousing services also have to be present. The purpose of rapid rehousing is simple, the experience of homelessness is minimised to the greatest extent feasible, removing at least some of the potential risks to wellbeing and life chances that can arise if homelessness persists. This is an area where the line between ‘prevention’ and ‘rapid rehousing’ can become a little blurry, as the same systems can be used both for prevention and rapid rehousing:

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<sup>90</sup> Clarke, A. and Monk, S. (2013) [\*The role of the private rented sector in preventing homelessness: identifying good practice and the impact of policy change\*](#) Cambridge: University of Cambridge.

- Services to prevent unplanned moves might also be used to bring someone who has become homeless back into an existing home, again only where there is no risk of domestic violence or other abuse, and then begin a process of making a planned, supported move that should avoid any recurrence of homelessness.
- The same services that can assist when an individual or household has to make an unwanted move can also facilitate access to private rented or social housing when homelessness has actually occurred. A local lettings scheme might, for example, work rapidly to move people out of emergency accommodation.
- The same tenancy sustainment service which provides support and advice that can prevent eviction can provide the same support as part of a rapid rehousing model, ensuring that where someone is rapidly rehoused, they have access to any necessary support or treatment that will enable them to sustain a tenancy. Housing First is the archetype of this kind of intervention for people who are homeless with complex needs, designed to provide rapid rehousing and put a set of intensive supports in place to prevent rehousing from breaking down. Housing-led services are designed to work on the same basis, providing less intensive support for lower need people and – again – designed to minimise duration of stays in emergency and temporary accommodation<sup>91</sup>.

In summary, preventative services include the following:

- Systems for preventing eviction by negotiation/working with landlords.
- Systems for preventing homelessness caused by unmet support and treatment needs, including resettlement for vulnerable people discharged from institutional settings.
- Systems for detecting and intervening when domestic violence or abuse are present as triggers for individual/family homelessness.
- Systems for stopping unplanned moves when relationship or family breakdowns have occurred, including teenage runaways.
- Systems to ensuring an unwanted move does not result in homelessness, but ensuring alternative housing is in place.
- Housing rights services where the risks of homelessness arise from illegal or inappropriate action by lenders or landlords.

Alongside these preventative services, there are rapid rehousing services and homelessness services which are designed to intervene and stop homelessness from being experienced for anything other than a very short period of time.

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<sup>91</sup> O'Sullivan, E. (2012) [Ending Homelessness – A Housing-Led Approach](#) Dublin: Department of Planning; Housing and Local Government.

## Targeting Prevention

### Two approaches

The consensus from the existing literature is that homelessness prevention has to be as proactive as possible in order to work<sup>92</sup>. If services wait for people at risk of homelessness to present themselves, it will inevitably be too late for some of them to avoid homelessness by the point at which they actually seek help. This raises the question of effective targeting and what that targeting should look like. There are basically three approaches at present:

- Develop statistical models, including use of predictive analytics and artificial intelligence (AI)/machine learning techniques<sup>93</sup> to model the characteristics of people who are homeless and families who are homeless and to pre-emptively target those people with prevention. This is essentially an American model of homelessness prevention<sup>94</sup> but is also being explored in other countries, including the UK.
- Build a set of widely and universally accessible preventative services that are fully integrated into wider health, social protection/welfare and housing systems, this 'joined up' strategically integrated approach to homelessness prevention is found in Finland<sup>95</sup> and advocated by FEANTSA, the European federation of homelessness organisations, which promotes integrated strategies as the solution to homelessness<sup>96</sup>.

### Targeted systems

Preventing homelessness in the USA would need to start by doing something about deep income and social inequality and the absence of the kinds of welfare safety/social protection nets found in North Western Europe, because housing precarity linked to poverty is such a clear cause of homelessness. As one noted commentator on US homelessness has noted:

*For virtually every characteristic other than the extreme poverty that is the common denominator of the homeless condition, it is rarely the case that half, or even one-third, of homeless clients have that characteristic in common. Even factors thought to be strongly associated with the probability of homelessness, such as childhood abuse*

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<sup>92</sup> Pawson, H. *et al.* (2007) Op. cit.

<sup>93</sup> <https://urbanlabs.uchicago.edu/projects/using-predictive-analytics-to-prevent-homelessness-in-los-angeles>

<sup>94</sup> Greer, A.L. *et al.* (2016) Targeting services to individuals most likely to enter shelter: Evaluating the efficiency of homelessness prevention. *Social Service Review*, 90(1), pp.130-155; Culhane, D.P. *et al.* (2011) Op. cit.

<sup>95</sup> Pleave, N.; Knutagård, M.; Culhane, D.P. and Granfelt, R. (2016) [The Strategic Response to Homelessness in Finland: Exploring Innovation and Coordination within a National Plan to Reduce and Prevent Homelessness](#) in Nichols, N. Doberstein, C. (eds) *Exploring Effective Systems Responses to Homelessness* Toronto: Canadian Observatory on Homelessness.

<sup>96</sup> FEANTSA (2012) [On the Way Home? FEANTSA Monitoring Report on Homelessness and Homeless Policies in Europe](#) Brussels: FEANTSA.

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*or neglect and out-of-home placement, characterize only about a quarter of people who are homeless. Clearly this level of diversity and the widely varying points of vulnerability to homelessness, given conditions of extreme poverty, belie the idea of a homeless population or of simple solutions to homelessness.<sup>97</sup>*

This means targeting on the basis of who might be homeless encompasses a great number of precariously employed low income people, a lot of whom will not become homeless, which is a pretty broad definition of 'targeting' a policy<sup>98</sup>. Equally, while there is clear evidence that a minority of the US homeless population has high and complex support and treatment needs, associated with long-term and recurrent homelessness, there is also evidence that these needs can arise following homelessness<sup>99</sup>. This creates a problem for developing accurate targeting based on individual characteristics, experiences and support needs.

Targeting preventative services is a challenge. If homelessness is being driven, even in part, by simple poverty or by external factors, the obvious domestic issue being chronic undersupply of housing, rather than the kind of poverty seen in the USA<sup>100</sup>, then the question arises as to how exactly homelessness prevention services should be targeted. One American answer is to make the discussion about targeting people on the basis that preventative services are *likely to help them*, i.e. to target prevention on imminent homelessness, so that money is well spent.

For example, two studies in New York looked at applications for preventative services by individuals and families, reporting that more effective targeting of (limited) resources could reduce the rate of entry into emergency shelters, which meant trying to determine which people, seeking preventative support, would actually be able to avoid homelessness on their own and which people would not. The best predictor of whether an individual would benefit from the preventative services turned out to be having been homeless and used the homeless shelters before, rather than whether or not they had other characteristics<sup>101</sup>. For families, the picture was more complex, although past contact with homelessness services was again an important indicator<sup>102</sup>.

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<sup>97</sup> Burt, M.R. (2001) Homeless families, singles, and others: Findings from the 1996 national survey of homeless assistance providers and clients, *Housing Policy Debate*, 12:4, 737-780, p. 775.

<sup>98</sup> Culhane, D.P. *et al* (2011) Op. cit.

<sup>99</sup> Culhane, D.P. *et al*. (2013) Op. cit.

<sup>100</sup> O'Sullivan, E. (2016) Op. cit.

<sup>101</sup> Greer, A.L. *et al*. (2016) Op. cit.

<sup>102</sup> Shinn, M. (2013) Efficient Targeting of Homelessness Prevention Services for Families. *American Journal of Public Health* 103 (S2): S324–30.

Other work has found specific sets of individual characteristics linked to the risk of homelessness that are all broadly associated with experiencing poverty<sup>103</sup>.

Enhancing targeting, through for example the use of predictive analytics that uses machine learning and AI, which are developing rapidly but are at present only understood by relatively small groups of people, is theoretically possible, but to be effective, mapping of the whole population would be necessary. This approach also presumes that homelessness is a matter of individual characteristics, making little or no allowance for bad luck and only accounting for structural factors, such as the unfairness of American society, by recording whether or not someone is poor. There is also a belief that everything can be measured sufficiently for patterns to be seen, that the reason why there are limits to existing attempts to predict when people are at risk of homelessness is that the data were not fine-grained enough, so that the problem can be solved by adding more and more data. The problem with this is that it presumes the patterns will be evident in individual characteristics, rather than wider structures, such as whether or not there is enough housing or whether mental health services are working properly<sup>104</sup>.

## Universal access

The alternative approach of not targeting anyone in particular, but instead attempting to provide a set of widely accessible services also has challenges. There will, and this is the American concern, be misdirection and misuse of resources, because some people will come along and seek help that they do not really need.

However, a more targeted system has the disadvantage that some homelessness which could have been stopped will be missed, either because criteria are too narrow or because resources are too limited. The American approach of targeting prevention does, if that targeting is accurate, potentially enhance effectiveness, but with limited resources, the chances are that some homelessness will be missed. At the time of writing, targeting systems are only at their most effective in detecting future homelessness when homelessness has already occurred or has occurred several times, which could arguably be seen as not terribly useful, when one is seeking to prevent it.

British experience is interesting here. Until the enactment of the French DALO laws<sup>105</sup>, the UK had the only legislatively standardised and enforced system, effectively guaranteeing the

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<sup>103</sup> Shinn, M. *et al.* (2007) Predictors of homelessness among older adults in New York City: Disability, economic, human and social capital and stressful events. *Journal of Health Psychology*, 12(5), pp.696- 708.

<sup>104</sup> Parsell, C. and Marston, G., 2012. Beyond the 'at risk' individual: Housing and the eradication of poverty to prevent homelessness. *Australian Journal of Public Administration*, 71(1), pp.33-44.

<sup>105</sup> Loison-Leruste, M. and Quilgars, D. (2009) [Increasing access to housing: Implementing the right to housing in England and France](#). *European Journal of Homelessness*, 3, pp.75-100.

right to housing for a set range of eligible homeless households<sup>106</sup> that existed in the World. This largely reactive, highly targeted, system encountered serious challenges tackling rising homelessness, linked to housing supply, economic and social changes and the policy response was to reorient towards prevention.

England initially “bolted on” preventative services to the existing legal framework which were primarily intended to reduce the need to use the statutory homelessness system for those groups who were eligible for rehousing through that system<sup>107</sup>. There was some evidence of success in preventing homelessness, but not in addressing the inequalities in who could access the statutory systems in the first instance<sup>108</sup>. Recent Welsh legislative reforms<sup>109</sup>, now broadly followed by England<sup>110</sup>, are quite different, because there has been a significant strategic shift in how homelessness is responded to, using a widely accessible preventative system - intended to stop all forms of potential homelessness - combined with rapid rehousing services (see Section 4).

## Effective Prevention

How prevention works depends on the context. The US welfare system is far more limited, so one of the services offered as a form of prevention is a voucher or temporary payment system that stops households becoming homeless because they cannot pay the rent, or which enables them to move into alternative housing before homelessness actually occurs<sup>111</sup>. This form of prevention does not exist in North Western Europe, because social protection/welfare systems are already in place for the entire population to help meet housing costs when incomes are low, or someone is unemployed.

There is a broad consensus as to what prevention is, which involves stabilising a household and removing the immediate threat of homelessness and then connecting people to any longer term support that they require<sup>112</sup>, but reviewing the research evidence and also the

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<sup>106</sup> Specifically families with dependent children, with more limited and inconsistent provision for individuals defined as vulnerable, where homelessness was assessed as unintentional and where there was a local connection (the latter excluding women at risk of domestic violence).

<sup>107</sup> Pawson, H (2007) Local authority homelessness prevention in England: empowering consumers or denying rights? *Housing Studies*, 22(6), pp.867-883.

<sup>108</sup> Bretherton, J. *et al.* (2013) [‘You can judge them on how they look...’: Homelessness Officers, Medical Evidence and Decision-Making in England](#), *European Journal of Homelessness*, 7(1), pp. 69-92.

<sup>109</sup> Mackie, P.K. (2015) Homelessness prevention and the Welsh legal duty: Lessons for international policies. *Housing Studies*, 30(1), pp.40-59; Mackie, P. *et al.* (2017) [Homelessness prevention: Reflecting on a year of pioneering Welsh legislation in practice](#). *European Journal of Homelessness*, 11(1), pp.81- 107

<sup>110</sup> MHCLG (2018) [Homelessness code of guidance for local authorities](#) London: MHCLG.

<sup>111</sup> Culhane, D.P. *et al.* (2011) Op. cit.

<sup>112</sup> Pawson, H. (2007) Op. cit.



practical guidance available on prevention, there is not a great deal of material describing, in detail, how specific services work.

The existing evidence shows that the following kinds of intervention can work<sup>113</sup>:

- Rent deposit schemes.
- Housing advice and housing rights services.
- Local lettings agencies/housing access schemes. These services can be an integrated part of a preventative system or can be freestanding and (ideally) closely linked to other preventative and rapid rehousing services. A local lettings agency can be a social enterprise, or subsidised service, that offers good quality housing management and guarantees rent to private landlords, allowing them to effectively detach themselves from direct housing management, in return for exercising control over allocation of that housing, making it accessible to people who private landlords might be reluctant to let housing to, such as some groups at risk of homelessness<sup>114</sup>.
- Housing/tenancy support services that offer case management/service brokering with health, mental health, social protection/welfare support, debt management/counselling, addiction, other support and treatment services.
- Specialist support services, such as tenancy support services for ex- offenders leaving prison, young people leaving child protection/social work services, women at risk of homelessness, families at risk of homelessness and potentially at risk individuals such as people with a history of addiction or severe mental illness whose housing situation is precarious.

Homelessness prevention can appear complex, but in practice services fall into one of two categories:

- Services that can help stop eviction or other unwanted moves.
- Services that intervene when it is clear that existing housing will be lost and rehouse at risk people in advance of homelessness actually occurring.

Alongside this, an effective integrated strategy will also have rapid rehousing systems that can step in and end homelessness quickly once it does occur. As noted, the services that provide prevention will often be suitable to also function as rapid rehousing services, there being no reason why a family or individual with low or no support needs cannot be assisted into alternative housing either prior to losing existing housing, or just after housing has been lost and they are living in emergency accommodation.

A Finnish idea, which can be (loosely) translated as housing social work is one way of delivering these kinds of preventative services. Housing social workers work to strengthen housing skills (capacity to sustain an independent tenancy), facilitate the co-ordination of social support networks (link to the social and formal services and treatment someone may

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<sup>113</sup> Pawson, H. *et al* (2007) *Op. cit.*; Pawson *et al* (2007a) *Op. cit.*; Culhane, D.P. *et al* (2011).

<sup>114</sup> Rugg, J. (2014) [Crisis' Private Rented Sector Access Development Programme: Final Evaluation Report](#) London: Crisis.

need) and can arrange housing before homelessness actually occurs or someone leaves an institution. The model is flexible, with a worker responding to the specific needs they are presented with<sup>115</sup>. The Welsh system follows a similar philosophy<sup>116</sup>, being designed to provide tailored support, which is made more or less intensive depending on individual needs and which responds flexibly, in other words, a one-to-one or keyworker support model lies at the root of the approach.

Specialist services work on the same broad principles, but are tailored to specific groups such as former offenders or young people leaving the care system, there can also be gender specific, sexuality specific and culturally specific services, but this will vary depending on which country and what kind of area is being looked at. Whether the service is targeted on all potentially homeless individuals and households, or is aimed at a specific group of people at risk from homelessness, it can be summarised as a person-centred approach<sup>117</sup> that uses tailored support, reflecting individual needs.

These models scale and adapt according to the needs they are presented with, if someone presents with a requirement for a rent deposit to secure private rented housing, but it is clear there are no other needs, then the intervention should begin and end with making that rent deposit available. If someone has a need for some emotional and practical support to manage the risks that they will be made homeless, then the service may provide that. If someone has higher support needs, then the service should coordinate with other systems to access the support required, which may be treatment, personal care, debt management, addiction services, mental health services or legal support if their housing rights are not being recognised.

In the USA, this has been called a “cost by volume” approach, modelled on the basis that (in America) the bulk of homelessness will be associated with poverty, rather than high or complex support needs, which means the bulk of potentially homeless households will probably only require a quite low level intervention, such as assistance with dealing with rent arrears or placing a deposit on alternative housing if an existing home is about to be lost. A minority will require more support, at higher cost, with a smaller group requiring intensive, coordinated support, for example if risks of homelessness is associated with severe mental illness and addiction<sup>118</sup>. The English and Welsh models are posited on a similar set of assumptions, although attaining the maximum level of assistance available in those countries means a case being transferred from prevention to being processed by the statutory homelessness systems, administered by elected local authorities<sup>119</sup>.

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<sup>115</sup> Pleace, N. *et al.* (2015) *Op. cit.*

<sup>116</sup> Mackie, P. *et al.* (2017) *Op. cit.*

<sup>117</sup> Culhane, D.P *et al* (2011) *Op. cit.*

<sup>118</sup> Culhane, D.P. *et al* (2011) *Op. cit.*

<sup>119</sup> The statutory systems have always been able to work with households at imminent risk of losing housing (within 28 days of losing housing), recently extended to 56 days.

## Testing the Case Against Prevention

The case against prevention is always expressed in terms of it being an inadequate response to a deeply rooted social problem that requires more extensive and resource intensive policy responses. Two sets of criticisms are reviewed here, the gatekeeping critique and the sticking plaster critique.

### The gatekeeping critique

The gatekeeping critique is the internal criticism directed against UK preventative services and the rise of the preventative agenda<sup>120</sup>. There are three main elements to this argument:

- By highlighting individual characteristics and support needs, preventative services distract attention from what are seen as profoundly important factors driving homelessness. Individuals are effectively presented as unable or unwilling to cope with the housing market and as needing assistance, rather than the structural problems with affordable housing supply, lack of reasonably secure and adequately paid employment and failures in social protection/welfare and health systems being raised or addressed.
- Prevention bounces some people away from more expensive systems that they should have access to, such as social housing (and the statutory homelessness systems in the UK) and maintains them in a kind of “half-homeless” state, being kept in and transferred between one insecure, inadequate, private rented tenancy after another, rather than securely and adequately housed on a sustainable basis.
- Prevention is overly motivated by an agenda to reduce total expenditure by keeping people away from more expensive services, rather than to provide lasting solutions to homelessness, particularly spending on what the UK calls “temporary” accommodation (this is actually very similar to what is defined as “emergency” accommodation in Ireland).

Addressing this criticism is challenging. There is evidence that these services can and do work, but there is not a large amount of experimental and quasi- experimental research, comparing the difference between using and not using prevention across similar areas and similar groups of people. American research has not always produced clear cut results, suggesting some effect, but reporting findings that say it is worthwhile funding prevention, because it makes enough of a marginal difference to make the investment sensible.

Studies have reported that some US preventative services are not stopping most homelessness, although in context in which preventative services are not always being approached by most of the people they are intended for<sup>121</sup>.

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<sup>120</sup> Pawson, H. (2007) Op. cit.

<sup>121</sup> Shinn, M. (2013) Op. cit.; Goodman, S. *et al.* (2016) Homelessness prevention in New York City: On average, it works. *Journal of Housing Economics*, 31, pp.14-34.

In England, success rates do appear high, acceptances under the statutory system plummeted as prevention came on stream, reducing apparent homelessness levels considerably (see Section 4). However, research reported doubts as to whether or not gatekeeping might still be happening or to what extent there were ‘frequent flyers’ being bounced from one ‘preventative’ intervention to another, as monitoring was patchy<sup>122</sup>.

### The sticking plaster critique

This argument is simply that the elephant in the room is not being recognised, which is the chronic and severe undersupply of adequate, affordable housing that afflicts much of the economically developed world, stemming from the innate tendency of private housing markets to maximise profits without concern about the social damage that this profit maximisation causes<sup>123</sup>. The problem with any preventative intervention or strategy is that housing has to be there, homelessness cannot be prevented if there is nowhere for some people to live, and in contexts like Dublin, London, New York or dozens of other global cities and many other local and regional high pressure housing markets, sufficient affordable housing is simply not there.

The Finnish strategic response to homelessness, which while not perfect can be viewed as an exemplary attempt to end homelessness at national level through an integrated, coordinated response, combines extensive prevention with a programme of building new social housing. In England, preventative systems are probably keeping homelessness levels down from what they would otherwise be, but under supply of housing remains a fundamental challenge in tackling homelessness. During 2017, there were an average of some 120,000 statutorily homeless children living in temporary accommodation at any one point in England, essentially because of the challenges in finding sufficient homes to put them in<sup>124</sup>. In New York, where homelessness prevention is also actively pursued, there were 37,094 adults and 21,957 children in the shelter system on 5th July 2018<sup>125</sup>, again in the context of a housing market that is unaffordable for many ordinary citizens<sup>126</sup>.

The point that intervening to stop homelessness has to start somewhere has been made elsewhere<sup>127</sup>. While the structural problems created by private housing and labour markets are undoubtedly there, the last intervention that tried to correct housing inequalities at scale in many OECD countries, mass social housing programmes, were seen as having

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<sup>122</sup> Pawson, H. *et al.* (2007) Op. cit.

<sup>123</sup> Dorling, D. (2014) *All that is Solid: The Great Housing Disaster* London: Allen Lane.

<sup>124</sup> Source: [MHCLG](#), author’s calculation

<sup>125</sup> Source: [New York City](#).

<sup>126</sup> *New York Times* 28th May 2018 [The Eviction Machine Churning Through New York City](#)

<sup>127</sup> Mackie, P. (2015) Op. cit.

problems as well as having positive effects<sup>128</sup>. Adequate, affordable housing supply needs to be in place to fully tackle homelessness<sup>129</sup>, but while there are struggles to find enough housing, the right preventative services can at least mitigate the extent of homelessness, there are strong human and financial arguments for preventing as much homelessness as possible (see section 2).

## Summary

- The nature and role of preventative services can vary across countries because homelessness is defined in differing ways.
- Homelessness prevention refers to a distinct set of services with a specific function to stop homelessness happening because of eviction, unplanned and unwanted moves.
- Preventative services have to be combined with rapid-rehousing services which are designed to minimise the duration of homelessness, as there will be situations in which homelessness occurs suddenly or in which people only seek assistance after becoming homeless.
- Prevention can be difficult to target accurately, as existing North American research suggests that previous homelessness is the best predictor of likely future homelessness, but some other European countries have moved in the direction of providing a set of very broadly targeted and highly accessible preventative services, designed to stop all forms of homelessness.
- International evidence suggests that preventative services that can supply everything from basic advice and assistance through to individual support which also offers case management, which can react flexibly and be scaled up and down according to individual or family needs are likely to be most effective.
- Prevention can be criticised as a failure to focus on underlying structural problems, particularly inadequate housing supply, but the human and also the financial arguments for trying to prevent homelessness where possible are strong.

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<sup>128</sup> Malpass, P. (2008) Housing and the new welfare state: Wobbly pillar or cornerstone? *Housing studies*, 23(1), pp.1-19; Lupton, R. and Tunstall, R. (2008) Neighbourhood regeneration through mixed communities: a 'social justice dilemma'? *Journal of Education Policy*, 23(2), pp.105-117.

<sup>129</sup> O'Sullivan, E. (2016) Op. cit.

## 4. Operationalising Prevention

### Introduction

This section reviews the domestic context and considers the extent of progress on homelessness prevention. This is followed by a discussion of the existing evidence on what makes an effective preventative strategy, with the case being explored for developing prevention within an integrated homelessness strategy.

### National Policy

Knowledge of homelessness in Ireland has increased dramatically in the last two decades and there is a much better understanding of the nature and extent of homelessness, than was once the case<sup>130</sup>. There are some limitations to the evidence base, much of the work is small in scale and lacks a comparative or control element, but there is good understanding of many aspects of homelessness, including women's homelessness<sup>131</sup> and youth homelessness<sup>132</sup>. Research has also tracked changes in the homeless population over time, including reductions in people who had histories of institutionalisation as children, as the use of institutional responses to social problems dropped from the 1970s onwards and exploring the changing responses to youth homelessness<sup>133</sup>.

Strategic level interventions to reduce and stop homelessness are longstanding. Research has described considerable progress towards the development of integrated systems to respond to homelessness, such as the 1996 Homelessness Initiative, alongside more negative changes such as the decreasing level of social rented housing during the 1980s and 1990s<sup>134</sup>. In 2002, the *Homelessness Preventative Strategy* was an attempt to ensure that no-one left state care (including ex-offenders) without having a suitable home and access to support, if it were required. A review of the homelessness strategy, published in 2006, reported mixed progress, noting that work on prevention was still ongoing and that there

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<sup>130</sup> O'Sullivan, E. (2008) Researching homelessness in Ireland: explanations, themes and approaches in Downey, D. (ed) *Perspectives on Irish Homelessness: Past, Present and Future* Dublin: Homeless Agency, pp. 16-23.

<sup>131</sup> Mayock, P. *et al.* (2015) *Op. cit.*

<sup>132</sup> Mayock, P. *et al.* (2011) *Op. cit.*; Mayock, P. and Parker, S. (2017) *Op. cit.*

<sup>133</sup> O'Sullivan, E. and O'Donnell, I. (2007) Coercive confinement in Ireland: The waning of a culture of control *Punishment and Society: The International Journal of Penology* 9(1), pp. 27-44; O'Sullivan, E. and Mayock, P., (2008) Youth Homelessness in Ireland. *Youth Studies Ireland*, 3(1), pp. 15-29.

<sup>134</sup> O'Sullivan, E. (2008a) *Sustainable Solutions to Homelessness: The Irish Case* *European Journal of Homelessness* 2, pp. 205-233.

were inconsistencies between local authorities<sup>135</sup>. A consensus across government, homelessness agencies and political parties that homelessness should be ended by 2010 was then established but has been described as being thrown off course by the 2008 global economic crash and subsequent austerity and other political factors<sup>136</sup>. The 2008 strategy document *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013* included a specific commitment to prevent homelessness, and more extensive role than had hitherto been the case for central government and legislated to require consistency in local authority, including requirement that measures must include systems to prevent homelessness from occurring or recurring<sup>137</sup>.

In 2013, a *Homelessness Policy Statement* announced a plan to end long-term homelessness, which was to be defined as living in emergency accommodation for more than six months, a goal to end the need to sleep rough, and that future strategy would adopt a housing-led approach, as had been recommended in O'Sullivan's 2012 policy review, *Ending Homelessness – A Housing-Led Approach*<sup>138</sup>.

The first specific strategy on youth homelessness was published in 2001, highlighting the need for prevention and the links between experience of the care system and subsequent youth homelessness. Twelve objectives were set centred on preventative measures and services to reintegrate young homeless people into society. A 2013 review reported that some progress had been made, alongside improvements within the care system, although some gaps remained and a need to integrate responses to youth homelessness within wider strategy were noted. A 2014 report recommended that systems for raising awareness of youth homelessness be improved, systems that could help services identify and respond when there are warning signs of potential youth homelessness<sup>139</sup>.

Progress in developing prevention has been reported as limited<sup>140</sup>. A series of targets specified in the 2014 *Implementation Plan on the State's Response to Homelessness* and the subsequent *Action Plan to Address Homelessness* continued to highlight preventative measures, including tenancy support services (run by Threshold), education and information around housing rights and advocacy support. However, outcomes in reducing homelessness have not been what was intended, and targets have been described as slipping, significant spikes in emergency accommodation use have occurred and long-term homelessness has

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<sup>135</sup> Fitzpatrick Associates (2006) *Review of Implementation of Homelessness Strategies* Dublin: Department of the Environment cited in O'Sullivan, E. (2008a), Op. cit.

<sup>136</sup> Ibid.

<sup>137</sup> Ibid.

<sup>138</sup> O'Sullivan, E. (2012) Op. cit.

<sup>139</sup> Mayock, P.; Parker, S. and Murphy, A. (2014) [Young People, Homelessness and Housing Exclusion](#) Dublin: Focus Ireland

<sup>140</sup> O'Sullivan, E. (2016) Op. cit.

increased (see Section 2). There have also been reports of homelessness systems becoming overwhelmed<sup>141</sup>.

A 2014 analysis, looking specifically at prevention, reported the following<sup>142</sup>:

*Because of the failure to consistently implement most of the recommendations and the absence of consistent, regular and robust data on homelessness in Ireland, analysis of the recommendations may seem an empty exercise...All the proposals are of one type...a focus on groups of people where there is a known high incidence of homelessness, such as ex-prisoners, care leavers, etc. All the measures in the Strategy respond to the situation of people who are homeless under Category 6 of the ETHOS definition: people due to be released from institutions<sup>143</sup>.*

This report of failure to achieve better results around prevention, and of a narrowly focused approach, is a cause for concern. A more recent appraisal of overall strategy was also not positive about the progress being achieved:

*The aspiration to reorient homeless service provision towards a housing-led approach is further from being realised than at any point over the past 30 years. Instead, this paper suggests that despite the raft of action plans and strategies, homelessness will continue to rise in the short-term, particularly amongst families; expenditure on hopeless hostels and bleak B&Bs will consume an increasing share of homelessness budgets; and Housing First will remain marginal in the overall scheme of homelessness provision, despite some rhetorical nods in its direction from some NGOs. This is due to a lack of social housing in the short term, the relentless increase in rents in the private rented market and the plummeting availability of such dwellings, particularly in Dublin<sup>144</sup>.*

Government identified the following priorities for prevention in the 2016 strategy Rebuilding Ireland: Action Plan for Housing and Homelessness<sup>145</sup>. This is the first national homelessness strategy in the state which dealt with housing and homeless in the one strategy and has been seen as demonstrating a shift in the understanding of homelessness. Rebuilding Ireland includes five pillars: addressing homelessness, accelerating social housing, building more homes, improving the rental sector and utilising existing housing. In addition to a commitment to increase social housing supply and to use Housing First, Rebuilding Ireland identified the following priorities around prevention:

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<sup>141</sup> Ibid.

<sup>142</sup> Maher, C. and Allen, M. (2014) [What is Preventing us from Preventing Homelessness? A Review of the Irish National Preventative Strategy](#) *European Journal of Homelessness* 8(2), pp. 119-135, p. 127.

<sup>143</sup> See: <https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion>

<sup>144</sup> O'Sullivan, E. (2016), Op. cit. [p. 33](#).

<sup>145</sup> Government of Ireland (2016) Op. cit. pp. [38-43](#).



- Young people leaving State care, with specific interventions being described in the Protocol on Young People Leaving State Care<sup>146</sup>. As in other European countries and the USA, there are strong associations between experience of child social work/child protection systems and subsequent experience of homelessness<sup>147</sup>, and as elsewhere, there are attempts to manage the transition away from care more effectively, to try to minimise the risk of homelessness.
- Preventing homelessness for other vulnerable groups. This includes services for women at risk of domestic violence, the strategic lead for which is Tusla<sup>148</sup> (Child and Family Agency), centred on emergency accommodation including refuges.
- Tenancy sustainment services, which provide practical support when a household is at risk of losing their existing housing, centred on advice, advocacy and support, including services that can make the case for increased payments to tenants whose rent supplement payments are falling short of the levels needed to afford their housing costs. From June 2014, initially in Dublin, but later rolled out to other urban centres and the Counties adjacent to Dublin at a later stage, a Tenancy Protection Service, provided by the NGO Threshold, funded via section 10 of the Housing Act, 1988 was established. In the three years from 2015 to 2017, just over 6,000 households contacted the service in Dublin, and just over 3,700 were reported as being protected from entering emergency accommodation services. Approximately two-thirds of these households were protected via increases to their rent supplement payment increased to cover increases in the rent demanded by their landlord, or to clear rent arrears brought about by increases in rent. The cost of increasing these payments was in the region of €35m.
- Increases to Rent Supplement and Housing Assistance Payment (HAP)<sup>149</sup> in order to reduce the overall risks of homelessness and transitioning rent supplement recipients with a long-term housing need to HAP.
- Reductions in mortgage arrears, including a set of debt advice and support, through the MABS (Money Advice and Budgeting Service)<sup>150</sup> and the Mortgage Arrears Resolution Process (MARP)<sup>151</sup>, which focuses on lender forbearance, i.e. banks giving people time, space and support to deal with existing or likely mortgage debt, rather than pursuing eviction and repossession in the first instance. Other initiatives including a mortgage to rent scheme and processes to encourage communication

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<sup>146</sup> <http://www.irishaftercare.com/wordpress/wp-content/uploads/2015/04/Protocol-Young-People-leaving-care-Letter-from-Minister-to-Local-Authorities.pdf>

<sup>147</sup> Quilgars, D. *et al.* (2008) *Review of Youth Homelessness in the UK*, York: Joseph Rowntree Foundation.

<sup>148</sup> <https://www.tusla.ie>

<sup>149</sup> <https://www.housing.gov.ie/housing/social-housing/housing-assistance-payment/housing-assistance-payment>

<sup>150</sup> <https://www.mabs.ie/en/how-we-help/mortgage-arrears.html>

<sup>151</sup>

[http://www.citizensinformation.ie/en/housing/owning\\_a\\_home/mortgage\\_arrears/mortgage\\_arrears\\_resolution\\_process.html](http://www.citizensinformation.ie/en/housing/owning_a_home/mortgage_arrears/mortgage_arrears_resolution_process.html)

between mortgagors and lenders are also being pursued. Since early 2017, the DRHE have operated a preventative scheme that ensures that households that present as homeless are immediately provided with Homeless HAP (the basic HAP payment plus up to 50 percent) or in a small number of cases a social housing tenancy. Between January 2017 and July 2018, some 2,100 households were prevented from entering emergency accommodation services using Homeless HAP, with a further 229 households being placed immediately in Local Authority / Approved Housing Bodies (AHB) tenancies.

The ambiguities that can arise in homelessness prevention are illustrated in some aspects of existing policy. Taking the response to domestic violence as a trigger for homelessness, Rebuilding Ireland notes<sup>152</sup>:

*Women and families who seek emergency shelter because of acute safety threats resulting from domestic violence fall within the remit of Tusla-funded domestic violence refuges and short-term emergency safe home accommodation. Tusla will provide additional emergency refuge spaces so that victims forced to flee the family home often late at night or in the early hours of the morning do not find themselves homeless.*

Women who have fled the family home and who have to go into emergency refuge spaces are homeless. This 'preventative' policy has not stopped them losing their home, it has provided emergency accommodation that has stopped rough sleeping, it has not stopped homelessness. By contrast, a preventative approach used in the UK, the sanctuary scheme model, works by 'target hardening' the home of a woman at risk of domestic violence, combined with systems to eject the male perpetrator from the home, meaning that the perpetrator, not the woman, loses their existing home<sup>153</sup>.

Some progress has been seen in respect of youth homelessness linked to contact with the care system. From September 2017 onwards, young people who have been in the care of the State for a minimum of 12 months between their 13th and 18th birthdays must be referred to Aftercare services (for care leavers) and must have an Aftercare plan developed based on an assessment of their needs and support requirements at the point of leaving care. This includes young people aged 16 or over<sup>154</sup> and should result in positive changes. However, recent evidence suggests that rates of exit from youth homelessness can be low and that there are risks of repeated homelessness, highlighting the need for effective preventative approaches across all aspects of youth homelessness within a wider preventative strategy<sup>155</sup>.

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<sup>152</sup> Government of Ireland (2016) Op. cit. [p. 38](#).

<sup>153</sup> Jones, A.; Bretherton, J. et al. (2010) [Sanctuary Schemes for Households at Risk of Domestic Violence: Practice Guide for Agencies Developing and Delivering Sanctuary Schemes](#) DCLG: London.

<sup>154</sup> <https://www.tusla.ie/services/alternative-care/after-care/national-aftercare-policy-for-alternative-care/>

<sup>155</sup> Mayock, P. and Parker, S. (2017) op. cit.

There are some links between all forms of eviction, including eviction from the private and social rented sectors and homelessness, although it is highly inaccurate to suggest that eviction will tend to result in homelessness. Eviction needs to happen in a context where other variables associated with homelessness, such as a lack of any or sufficient financial resources, poor social supports (no help from friends or family), limiting illness and disability, or a lack of access to formal support systems, are also in place, for homelessness to be a real risk. A 2016 pan-European study, incorporating the 28-member states there were at that time, concluded<sup>156</sup>:

*The link between evictions and homelessness is clearly related to the availability of personal, social and financial support and resources, as well as rapid rehousing options. Research indicates that evicted households initially seek help and support from family or friends. While some find a housing solution during this period, for others, staying with family or friends (legally defined as homeless in some Member States) gradually strains support relationships. Eventually, many will rely on homeless shelters and services.*

However, the associations with eviction from owner occupied housing and homelessness tend to be weaker. This is because owner occupiers tend to have access to at least some financial resources and their economic position tends to still be relatively good, as they were in a position to buy to begin with. A preventative intervention to stop mortgage repossession and eviction will stop some homelessness, but the population who are likely to become homeless, are not likely to ever become owner occupiers to begin with<sup>157</sup>.

## Building an Effective Strategy

If there is a shared truth about different national and international political responses towards homelessness it is a tendency to describe the problem of homelessness as 'complex' only to then present a solution that is primarily characterised by simplicity. To solve homelessness, it is only necessary to develop and deliver a particular, innovative, service or programme that will sort the problem. There is talk of 'solving' homelessness through Housing First, which is designed only for people with high and complex treatment and support needs, not the many families who are homeless and individuals who have low, or no, support needs and which, obviously, will not work without enough homes for people

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<sup>156</sup> Kenna, P. et al. (eds) [Pilot project – Promoting protection of the right to housing – Homelessness prevention in the context of evictions](#) Brussels: European Commission, p. 8.

<sup>157</sup> Ford, J. (1997) Mortgage arrears, mortgage possessions and homelessness in Burrows, R. et al. (eds) Homelessness and Social Policy London: Routledge.

to live in<sup>158</sup>. In Wales<sup>159</sup> and England<sup>160</sup> at the time of writing, there is pursuit of the idea of solving homelessness largely through the medium of preventative services.

Truly effective strategies to prevent and reduce homelessness are integrated and coordinated. An effective homelessness strategy incorporates a set of preventative, supported housing/hostel-based, Housing First, housing-led services, various hybrid and specialist models of support, such as dedicated services for groups who may have specific needs including women, vulnerable young people, ex-offenders, or families or other innovations such as critical time intervention (CTI), it also incorporates health, social work, social housing, social protection/welfare and other arms of the state. Finland is the archetype of what this can achieve, but there are other examples as well<sup>161</sup>, a single city or region can join up public sector and NGO services, and build up the necessary mix of prevention, homelessness services and interagency and intersectoral collaboration.

The solution to homelessness is never simple. Preventing homelessness and ending homelessness requires the resources and the coordination, the political enforcement that only the State can provide. This is not to say individuals and specific projects can make important differences at the micro level, stopping homelessness and preventing it, but only government can address a social problem that ultimately requires the resources of the State. Nor should this be read as downplaying the crucial role that specialist NGOs can play in preventing and ending homelessness. However, those NGOs require the kind of financial support that only the State can provide and for prevention and reductions in homelessness to be delivered, coordination with health, social housing, criminal justice and all the other State funded or organised services that can be needed to stop homelessness remains essential. Where homelessness has been successfully reduced and successfully prevented, it is ultimately the resources of a State, that has achieved it<sup>162</sup>.

The other dimension to achieving homelessness prevention is clarity of purpose and the pursuit of measurable, practical goals. To briefly return to the material reviewed in Section 3, developing a workable strategy means focusing on a clear set of objectives, which, based on Finnish integration of effective homelessness prevention into an integrated strategy and experience from Wales and England, should include:

- Systems for preventing eviction by negotiation/working with landlords.
- Systems for preventing homelessness caused by unmet support and treatment needs, including resettlement for vulnerable people discharged from institutional settings.

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<sup>158</sup> Pleace, N. (2018) [Using Housing First in Integrated Homelessness Strategies](#) London: St Mungo's

<sup>159</sup> Mackie, P. *et al.* (2017) *Op. cit.*

<sup>160</sup> All-Party Parliamentary Group for Ending Homelessness (2017) [Homelessness prevention for care leavers, prison leavers and survivors of domestic violence](#) London: Crisis.

<sup>161</sup> Benjaminsen, L. and Knutagård, M. (2016) *Op. cit.*

<sup>162</sup> Turner, A. *et al.* (2015) [Discerning 'functional zero': Considerations for Defining and Measuring an End to Homelessness in Canada](#) Toronto: the Homeless Hub.

- Systems for detecting and intervening when domestic violence or abuse are present as triggers for individual/family homelessness.
- Systems for stopping unplanned moves when relationship or family breakdowns have occurred, including teenage runaways.
- Systems to ensuring an unwanted move does not result in homelessness, but ensuring alternative housing is in place.
- Housing rights services where the risks of homelessness arise from illegal or inappropriate action by lenders or landlords.
- Rapid rehousing systems for when homelessness cannot be prevented or individuals or families present too late for assistance to be practical.

Operationally, the evidence indicates that services should be scalable and able to react quickly and efficiently. Preventative services should be able to deliver low level intervention, such as a rent deposit for a private rented sector home, a grant to bring them out of rent arrears, or basic help in accessing social housing, provide more support when needed and use case management/service brokering to link to mental health, addiction, health and social work services in those instances where it is required. A 'triage' function should be built into preventative services, that can, for example, quickly refer someone at risk of homelessness who has high and complex needs to Housing First or a similarly intensive form of support to prevent potential homelessness. As noted, services that fulfil a rapid rehousing function can also be used preventatively, a rent deposit scheme, a local lettings agency model and other services can both prevent imminent homelessness and be rapidly deployed to get an individual or household out of emergency accommodation<sup>163</sup>.

Wider contextual change is also needed, particularly an increase in affordable housing supply, to make the operation of preventative services and more generally, to enable a housing-led/Housing First approach to be successfully implemented<sup>164</sup>. The expansion of affordable housing supply is required to address housing inequalities, alongside creating housing resources to tackle homelessness.

## Examples of Strategic Implementation

### Wales

The Welsh Government implemented what has been described as the first legally defined universal prevention duty on elected local authorities in 2015. As was noted at the time, the Welsh shift towards prevention was part of a wave that has been sweeping around the economically developed world, encompassing Australia, Canada, much of North Western

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<sup>163</sup> Pawson, H. *et al.* (2006) *Op. cit.*; Pleace, N. *et al.* (2016) *Op. cit.*; Mackie, P. *et al* (2017) *Op. cit.*

<sup>164</sup> O'Sullivan, E. (2016) *Op. cit.*

Europe and the USA<sup>165</sup>. The Welsh model was distinct, because prevention was built into the homelessness laws to which local authorities were bound. The three sets of homelessness laws in Wales, Scotland and England are justiciable, i.e. a local authority can be taken to court for failing to meet its legal responsibilities, and legal interpretations from court cases have shaped the ways in which the laws actually operate<sup>166</sup>. This is distinct from Finland, where a universal system of prevention also exists, but it is not legally enforced in quite the same way, although elected local authorities were asked to sign publicly available letters of intent, which in effect bound them to the national strategy<sup>167</sup>.

Recent research on implementation of the preventative duty in Wales noted four sets of challenges, present both in Wales and in other countries<sup>168</sup>:

- The paradigmatic shift had not actually happened, i.e. the movement towards prevention, was more in terms of theory, or rhetoric, than actual practice, the best example of which was more being spent on emergency/temporary accommodation than on prevention.
- Geographical inconsistencies, with prevention being better developed in some areas than others.
- Selectivity, some existing preventative systems - unlike the processes which Wales was seeking to implement – could have two sets of biases, they were less likely to target people who were essentially assessed as capable of coping with threatened homelessness without assistance and/or could not always cope well with people with the highest and most complex needs. In Wales, as in England and Scotland, preexisting homelessness laws were often working with very limited access to social or suitable private rented housing and would often offer little or no assistance to people not assessed as vulnerable, or who did not have dependent children<sup>169</sup>. In the USA, as noted, the convention is to target preventative services on specific individuals, not to provide a universal service (see also below).
- The lack of standardized requirements to deliver prevention, which led to the inconsistencies in who had access to prevention and what kind of support they could expect.

Welsh legislative reform was designed to overcome these four challenges, creating dedicated budgets, clear and consistent duties, which could be legally enforced and through creating specific expectations on each local authority, reorient the entire homelessness system towards prevention.

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<sup>165</sup> Mackie, P. *et al.* (2017) *Op. cit.*

<sup>166</sup> Carr, H. and Hunter, C. (2008) Managing vulnerability: homelessness law and the interplay of the social, the political and the technical. *Journal of Social Welfare & Family Law*, 30(4), pp.293-307.

<sup>167</sup> Pleace, N. *et al.* (2015) *Op. cit.*

<sup>168</sup> Mackie, P. *et al.* (2017) *Op. cit.*

<sup>169</sup> Bretherton, J. *et al.* (2013) *Op. cit.*

Mackie et al, have summarized these duties as follows<sup>170</sup>, note that the Welsh “preventative” systems encompass both preventative and rapid rehousing services.

- Accommodation-based
  - Options to facilitate access to the private rented sector (PRS)
  - Arranging accommodation with relatives and friends
  - Access to supported housing
  - Crisis intervention – securing accommodation immediately
- Advice Duties
  - Housing options advisors
  - Specialist advice on benefits and debts
  - Independent housing advice
  - Employment and training advice
- Joint working requirements
  - Joint working between local authorities and RSLs<sup>171</sup>
  - Joint approaches with services such as social care (social work) and NHS<sup>172</sup>.
- Duties towards specific population groups
  - Welfare services for armed forces personnel/ veterans
  - Options for the accommodation of vulnerable people
  - Action to support disabled people
  - Working in prisons prior to release
  - Domestic violence/abuse services
- Support Duties
  - Mediation and conciliation
  - Intensive Family Support Teams
  - Housing/Tenancy support
  - Action to resolve anti-social behaviour
- Financial Duties
  - Financial payments (rent deposits, rent arrears etc.)
  - Action to intervene with mortgage arrears

The housing options advisors are the frontline staff in local authority housing options teams, which are now structured following the kind of flexible, scalable, cost by volume approach

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<sup>170</sup> Mackie, P. *et al.* (2017) *Op. cit.* p.87.

<sup>171</sup> Registered social landlords or housing associations, NGOs which are social landlords, includes charitable bodies and independent organisations that have taken over former local authority social housing management.

<sup>172</sup> National Health Service (NHS Wales)

described in the last section. The expectation is that most interventions will be relatively low level, perhaps paying a rent deposit to avoid an unwanted move turning into a risk of homelessness, or helping settle rent arrears to avoid eviction. Some more support can be provided, but the model uses a triage system, so if a young person is, or has, run away from home (and there is no risk of abuse or violence if they return), a family mediation service might be referred to negotiate at least a temporary return to the family home, so that when a move is made, it is planned and supported, rather than a potential route to homelessness. Equally, when homelessness is threatened because of nuisance or anti-social behaviour, specialist support services can be employed to manage the situation and remove the risk that homelessness will occur. In those instances where someone at risk of homelessness is within the high cost, high risk population who might enter long-term or recurrent homelessness, joint working with social work and health services becomes necessary and referral may be made to specialist support, such as using a Housing First service or intensive supported housing as a preventative intervention.

The implementation of the Welsh legislation is still quite recent at the time of writing. The approach drew the attention of Westminster before it had been rolled out and government began to actively explore a similar legislative change in England, which has just been implemented at the time of writing.

The initial results seem good, statutory homelessness has fallen in Wales and there appears to be a reduction in cases that became 'lost' within the previous statutory system.

The potential risks centre on resources and political will, if either is lacking, the intent of the legislative change will not be realised. Beyond this, Wales requires the supply of affordable, adequate housing stock that will make a prevention-led strategic response to homelessness viable. Researchers have also identified a clause in the legislation, which can effectively end the preventative duty that local authorities have towards an individual or household, if there is a 'failure to cooperate', which could function as a get-out clause for local authorities if it is not carefully implemented and monitored<sup>173</sup>.

## England

The introduction of the Homelessness Reduction Act (2017) in England was a direct result of the legislative and policy change made by the Welsh Government. The context however, was a very different one. Wales has some 3.1 million people and is administered by 22 elected local authorities and an elected national government, England has some 55.6 million people<sup>174</sup> and is administered by 326 elected local authorities, the great majority of which have housing and homelessness duties. There are also regional levels of government in London and covering some of the major conurbations, with central government for the UK

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<sup>173</sup> Mackie, P. *et al.* (2017) Op. cit.

<sup>174</sup> Population estimates for England and Wales for mid 2017, source: Office for National Statistics.



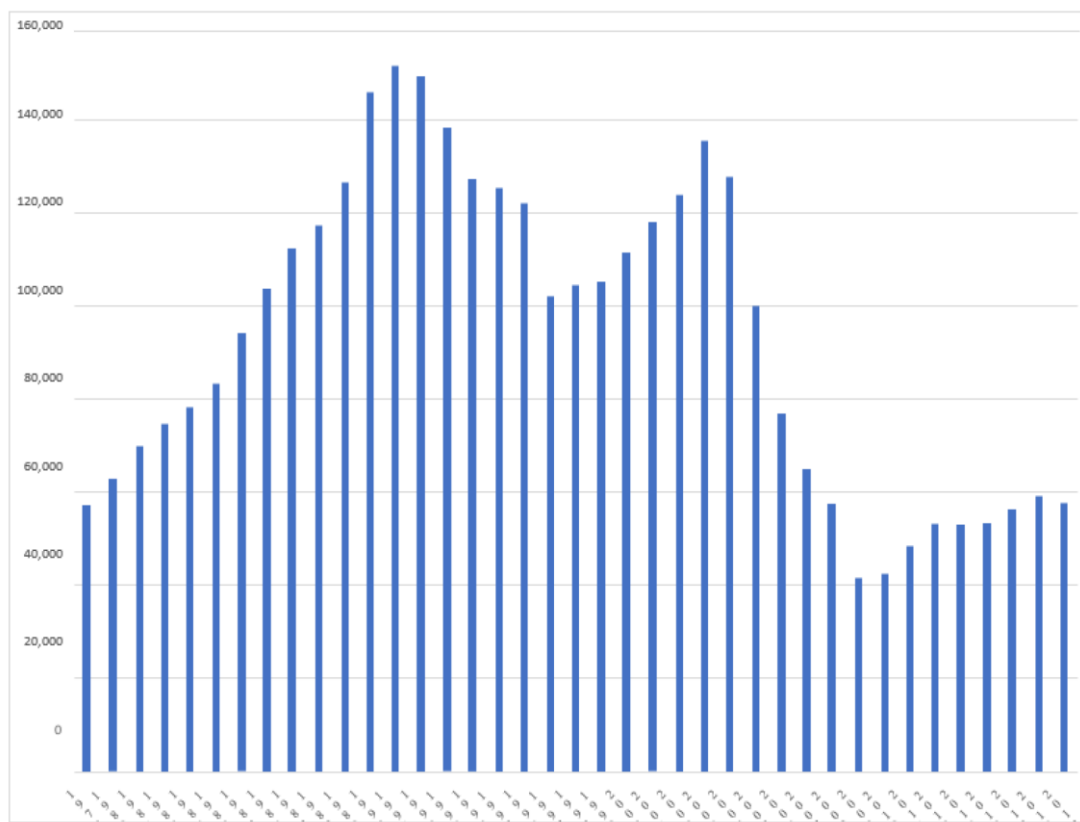
as a whole also directly governing England. London, like Dublin, has the uniquely stressed housing markets and pressures on social housing of a global city.

Beyond scale and complexity, the other key difference with Wales lies in the history and development of preventative services. In Wales, the shift from a reactive system governed by strict conditionality was both seismic and, in public policy terms, relatively rapid<sup>175</sup>, but in England, there is a much longer history of preventative activity. The original homelessness legislation from 1977 had included preventative elements, the chief one of which was that the homelessness duty, which originally centred on fast access to social housing for specific groups who were unintentionally homeless and defined by law (and local authorities' interpretation of the law) as in priority need and owed the statutory duty, included people at risk of homelessness within 28 days.

The shift towards greater use of prevention was a result of the existing systems becoming overtaxed, manifested in spiking numbers of applications and ever-increasing use of temporary accommodation. The Homelessness Act (2002) introduced a new approach, rather than focusing on the legal status under the homelessness law, local authorities were encouraged to move towards a housing options approach. Households approaching a local authority for assistance were to be given a formal interview offering advice on all their housing options, which included a set of preventative and rapid rehousing services. The effect was a rapid, very considerable, drop in the number of households entering the statutory homelessness system in England (Figure 1).

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<sup>175</sup> Mackie, P. (2015) Op. cit.

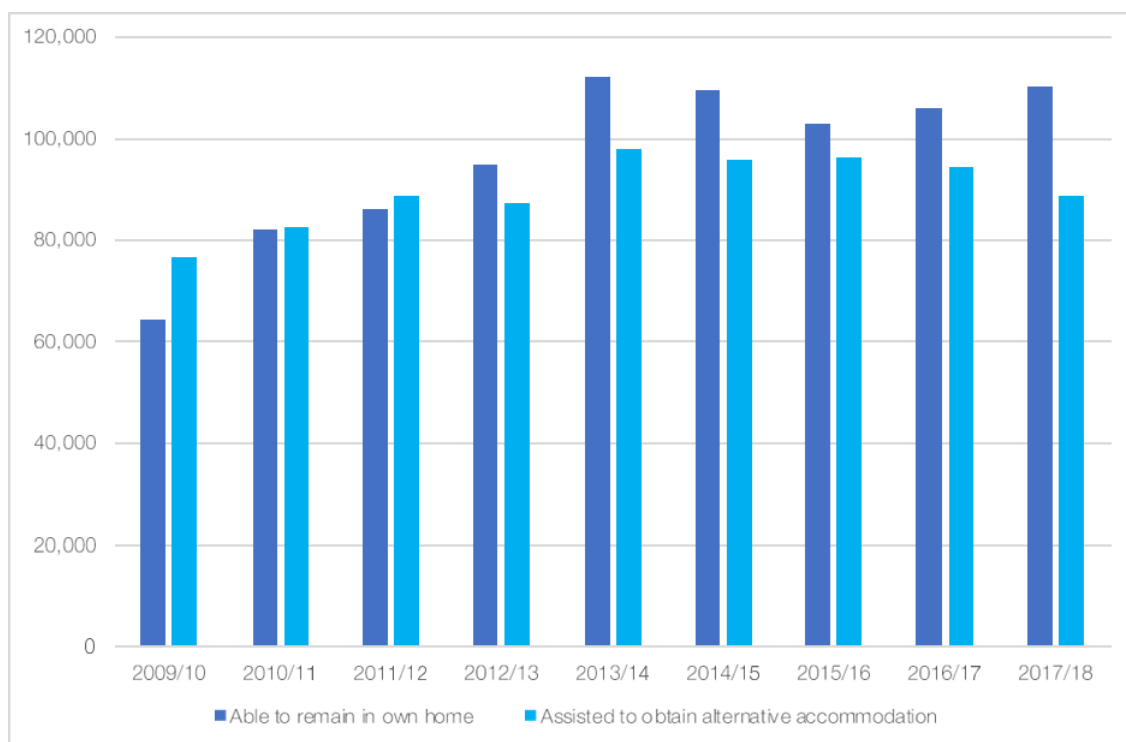


**Figure 2** Households accepted as statutorily homeless in England 1979-2017. Source: MHCLG and earlier ministries<sup>176</sup>. Data are not entirely comparable as the conditions for acceptance as statutorily homeless (priority need) were subject to some modification over time.

As preventative services came on stream, the levels of statutory homelessness plummeted from 100,700 households in 2005 to 41,780 by 2009, the lowest figure ever recorded. Increases have been recorded since, but at fraction of the peaks seen in the late 1980s and early 1990s or during the early 2000s.

Corresponding increases in the levels of recorded prevention, alongside a similar rise in rapid rehousing interventions have been recorded (Figure 4).

<sup>176</sup> <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>



**Figure 4** Prevention and Relief under the Homelessness Legislation in English Local Authorities  
Source: MHCLG and earlier ministries<sup>177</sup>.

At first glance the success of prevention in England seems obvious. By 2017/18, 110,310 households presenting at risk of homelessness were able to remain in their own home and a further 88,790 were assisted to obtain alternative accommodation (i.e. received a rapid rehousing service).

However, these figures are not quite what they seem. A key issue, until very recently with the adoption of a revised system adapted to the requirements of the 2017 legislation, has been the way in which homelessness data are collected. These data recorded contacts with services, where those contacts resulted in a local authority providing a service, rather than recording individuals or households, which in terms of both the homelessness statistics and the data on prevention, meant that repeated contact by the same people was not recorded, only the contacts themselves. This meant that frequent flyers, who received one 'preventative' intervention after another, or who were rapidly rehoused several times, were not visible. A government commissioned report published in 2007 reported it was 'highly likely that a substantial part of the 35% post-2003 drop in acceptances is attributable to homelessness prevention activities'<sup>178</sup>. The other uncertainty stemmed from an inability to measure the extent of possible gatekeeping, of the new preventative systems potentially

<sup>177</sup> <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

<sup>178</sup> Pawson, H. *et al.* (2006) *Evaluating Homelessness Prevention* (Homelessness Research Summary Number 3) London: DCLG.

bouncing away people who should have been entitled to the full duty, i.e. to be found settled housing by the local authority<sup>179</sup>. Again, researchers could not be entirely definite that this was not happening at scale, based on the available data, but the sense from the research that was done was that, on balance, prevention and rapid rehousing were stopping homelessness<sup>180</sup>.

Prevention was, however, still characterised by the flaws that had become apparent in the statutory homelessness system in England more generally, i.e. it was being primarily used for households and individuals who were likely to have been eligible for the main duty (in effect rehousing) if they had become homeless. The legislation in England had created a situation in which access to assistance and rehousing was basically focused on families with dependent children, with only limited access for lone adults<sup>181</sup>. The reasons for this were varied, but it was essentially the result of falling levels of resources as local authority funding fell and, particularly, as the supply of social housing dropped and the way the law worked, in that a homeless person who was 'vulnerable' under the terms of legislation was not defined as requiring assistance because, for example they had a diagnosis of severe mental illness, it was whether authorities judged that this made them need specific assistance to exit or avoid homelessness<sup>182</sup>. This meant prevention, like the wider homelessness system, was less accessible to particular groups, almost all of whom were lone adults or households without dependent children.

The 2017 law replicates the Welsh approach in many respects, because as in Wales, the duties around prevention are now universal, although there is a broad expectation that with a few exceptions, people must seek help from a local authority with which they have a local connection. Government guidance notes<sup>183</sup>:

*Housing authorities have a duty to provide or secure the provision of advice and information about homelessness and the prevention of homelessness, free of charge. These services will form part of the offer to applicants who are also owed other duties under [the homelessness legislation], for example the prevention and relief duties. They must also be available to any other person in their district, including people who are not eligible for further homelessness services as a result of their immigration status.*

The decision to extend prevention into a universal duty was prompted in part by recorded rises in rough sleeping, which, while still very unusual relative to total population size in England, has visibly spiked, creating public and thus political disquiet about levels of

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<sup>179</sup> Technically this duty had changed from the original 1977 legislation to provide temporary accommodation until settled housing could be found, but in practice local authorities continued to rehouse people.

<sup>180</sup> Pawson, H. (2007) Op. cit.

<sup>181</sup> Jones, A. and Pleace, N. (2010) [A Review of Single Homelessness in the UK](#) London: Crisis.

<sup>182</sup> Bretherton, J. et al. (2013) Op. cit.

<sup>183</sup> <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-3-advice-and-information-about-homelessness-and-the-prevention-of-homelessness>

homelessness. Flaws in the housing market, which Government itself has described as 'broken' is also creating pressure to address housing inequalities and homelessness. It is also apparent that there is a strong financial dimension to the decision, it being decided that on balance, the cost advantages of taking a preventative approach, avoiding the kinds of costs associated with long-term and repeated homelessness described in section 2, will reduce spending on homelessness<sup>184</sup>.

The specific duties placed on local authorities are described in government guidance as follows<sup>185</sup>:

*...authorities must provide information and advice on*

- (a) preventing homelessness;*
- (b) securing accommodation when homeless;*
- (c) the rights of people who are homeless or threatened with homelessness, and the duties of the authority;*
- (d) any help that is available from the authority or anyone else for people in the authority's district who are homeless or may become homeless (whether or not they are threatened with homelessness); and,*
- (e) how to access that help.*

*Early applications for homelessness assistance maximise the time and opportunities available to prevent homelessness. Information provided through authorities' websites and other channels should therefore:*

- (a) help enable people to take action themselves where possible; and,*
- (b) actively encourage them to seek assistance from the authority in good time if they need it.*

*...housing authorities must design advice and information services to meet the needs of people within their district including, in particular, the needs of the following groups:*

- (a) people released from prison or youth detention accommodation;*
- (b) care leavers;*
- (c) former members of the regular armed forces;*
- (d) victims of domestic abuse;*
- (e) people leaving hospital;*
- (f) people suffering from a mental illness or impairment; and,*
- (g) any other group that the authority identify as being at particular risk of homelessness in their district.*

A minor dip in levels of statutory homelessness was recorded in 2017, but the shift was too small and the process of extending prevention too incomplete to read anything much into that. The risks are the same as those for Wales, that political will and, particularly in the

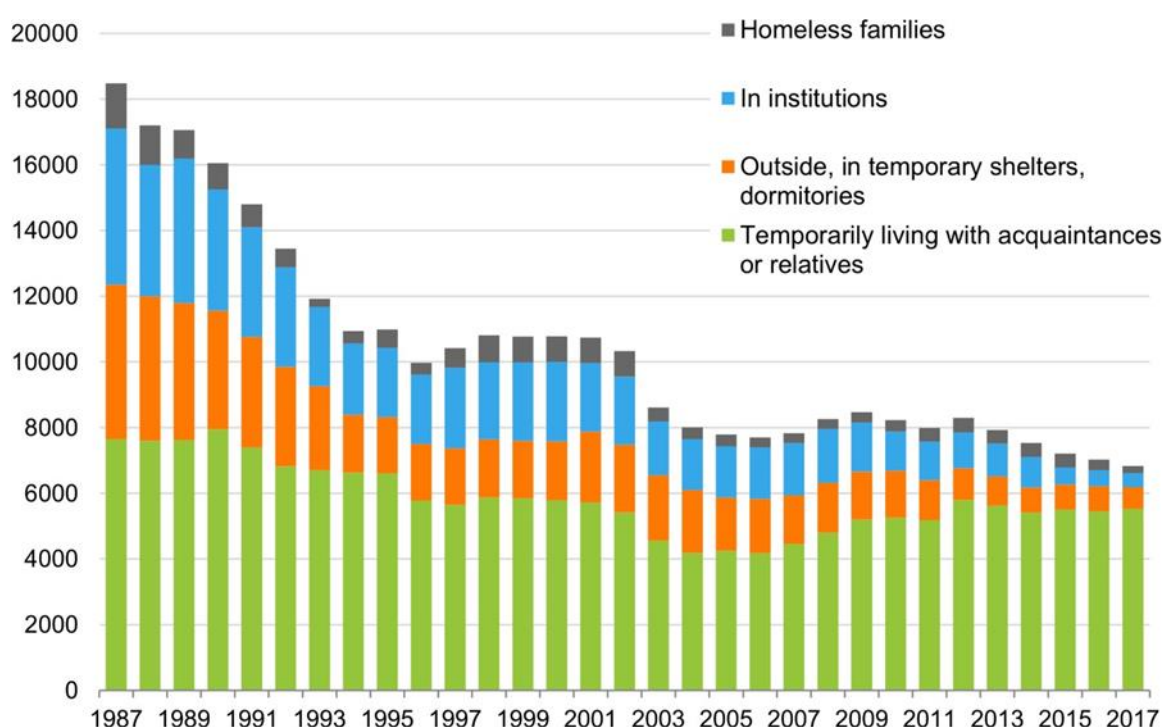
<sup>184</sup> Pleace, N. and Culhane, D.P. (2016) Op. cit.

<sup>185</sup> <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-3-advice-and-information-about-homelessness-and-the-prevention-of-homelessness>

context of England, insufficient resources to deliver sufficient preventative services of sufficient quality, ongoing austerity directed at local government budgets, some local authorities having seen typical budget cuts of around 26% over the period 2010-2017<sup>186</sup>.

## Finland

Finland's movement towards prevention started from a very different position to that which existed in the UK. Relative levels of homelessness were low, because extensive social protection/welfare and social housing was in place and because Finland, concerned with rising levels of homelessness in the late 1980s had begun to develop a programme of homelessness services.



**Figure 5** Homelessness in Finland, source ARA<sup>187</sup>.

Experience and the available data on homelessness in Finland revealed a specific, enduring problem. A small population of long-term people who are homeless with high and complex needs were 'stuck' in services and were not exiting homelessness. An initial programme, called Paavo I was introduced in 2008, with a specific focus on reducing long-term homelessness by drawing on both the latest thinking in Finland and the similar models, particularly Housing First, that were emerging elsewhere. Paavo II continued to target long-

<sup>186</sup> Source: Institute for Fiscal Studies.

<sup>187</sup> <http://www.ara.fi/download/noname/%7BFCA6F4DA-5716-4E19-80BC-35ACD18F19B3%7D/136559>

term homelessness, and like the first programme reported success as numbers came down, but the remit of this new programme, which ran from 2012-2015, was rather wider and included considerable work on enhancing homelessness prevention<sup>188</sup>.

Finland, as noted, did not take the legislative route seen in Wales and England, but instead followed a consensus building approach that encompassed local government and the key central government ministries and national agencies, particularly the Y-Foundation which is a major developer of social housing. Preventative services are designed to concentrate on strengthening housing skills, the skills needed to successfully run an independent home (sometimes called daily living skills) and the coordination of packages of support and treatment services, where these were required.

Early intervention to stop homelessness resulting from institutional discharge is also an integral part of prevention. Alongside these functions, which as noted are referred to as 'housing social work', there are systems for providing housing advice and support against illegal eviction. The remit of the Finnish strategy extends to hidden or concealed forms of homelessness and, alongside specific commitments to increase social housing supply, also included commitments to facilitate access to social housing for homeless and potentially people who are homeless.

The Finnish national homelessness strategy is now in its third phase, which covers the period 2016-2019. There is a commitment to further strengthen the shift towards prevention, with the Finns, like the English, anticipating that more effective homelessness prevention will prove to be cost effective, as well as bringing down the extent of homelessness. Unlike England, the plans specifically state that any savings are to be reinvested to further strengthen prevention, rather than being seen as a means to reduce overall expenditure. The practical measures around prevention include an emphasis on enhancing multi-agency working, particularly the capacity of different types of services to send referrals to one another and to interconnect with specialist preventative services offered by housing social work.

The Finnish strategy represents the pinnacle of what has so far been achieved in tackling and preventing homelessness. Sustained efforts, focusing on political mobilisation, coordination and commitment of resources have produced reductions in homelessness by creating a pathway for a truly integrated homelessness strategy, in which a set of preventative services sit alongside and work in coordination with rapid rehousing, supported housing and various forms of housing-led and Housing First services. The strategy is not perfect, there are questions about the quality of the data that are used to monitor outcomes, some of which are estimates, and Finland is only now turning attention to the needs of some groups of homeless and potentially people who are homeless, particularly lone women with support needs.

However, Finland represents what can be achieved and is an example of developing prevention within a comprehensive and coordinated homelessness strategy that is

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<sup>188</sup> Pleace, N. *et al.* (2016) *Op. cit.*

preventing and stopping homelessness. Finland is en route to achieving a functional zero in homelessness, a situation in which hardly anyone experiences homelessness and the few that do, are rapidly helped and sustainably rehoused<sup>189</sup>.

## USA

America had adopted prevention as homelessness strategy without being entirely clear on the specifics and how it was going to work. The framework in which preventative services were to become operational was quite different from that in Wales, England or Finland, in summary there were the following requirements for prevention:

- Cost benefits had to be generated.
- Reductions in demand for homelessness services were expected.
- Evidence that a higher degree of housing stability was being produced, to the point where literal homelessness was averted or reversed.
- Targeting of (limited) resources to ensure that prevention was cost efficient, including avoidance of providing preventative assistance for 'false positive' cases, i.e. people being assessed as at risk of homelessness and who are helped, but who actually do not require assistance<sup>190</sup>.

Research has differentiated between broader social and housing policy that may have preventative effects, alongside reducing inequalities and poverty, and what have been termed homelessness specific preventative services, which can actually be implemented (see above and section 3). American preventative services are also operating in a context in which the definitions of homelessness are narrower, basically being focused on people living rough (unsheltered) and in emergency shelters/temporary accommodation (sheltered), much narrower than Finland and also narrower than the domestic definition of homelessness (see section 3).

As is the case elsewhere, the practice of homelessness prevention centres on providing a mix of advice, information and practical support, with provision being in place to make referrals to more intensive services when someone presents with high and complex needs, i.e. is at risk of 'chronic' homelessness, to use American terminology.

The expectation that prevention should be targeted, rather than universally or at least widely accessible centres on maximising cost effectiveness and demonstrating that prevention represents good value for money. This has led to what are sometimes referred to as 'shelter diversion' services, which maximise cost effectiveness because they are effectively intervening at a point when homelessness is just about to, or just has, happened, meaning that no- one who is not in immediate crisis is assisted, rather than universal

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<sup>189</sup> Pleace, N. (2017) Op. cit.

<sup>190</sup> Ibid.



homelessness prevention<sup>191</sup>. Although the remit of English services was much broader, this pattern of focusing prevention at the point where homelessness is happening or is imminent, was in effect the English strategy until the introduction of the 2017 Homelessness Reduction Act, which implemented a policy shift towards universal prevention, somewhat ironically, also driven by the belief that this was the most cost-efficient approach to take.

Prominent American researchers have advanced the case for an integrated strategy. Arguing that homelessness prevention is likely to work best in coordination with rapid-rehousing, other homelessness services, public health and social work systems, in order to most effectively prevent and reduce homelessness. It has also been argued that the USA should follow Wales in reorienting itself towards a prevention-led strategic response to homelessness<sup>192</sup>.

These same researchers have also made another set of arguments which are less familiar. These arguments centre on criticism of the evidence base for homelessness prevention, regarding it as inadequate, and asserting that not enough is known about the detail of which models are best, how they should be targeted and what it is realistic to expect them to achieve. There is a cultural difference between the USA and much of Europe with a tendency to systematically and rigorously evaluate major public policy programmes to test effectiveness and efficiency and a perhaps greater willingness to shift direction when such studies show that something is not working. Housing First is an example of this attitude and approach, where a mix of academic and policy research actually contributed to a shift in policy (some European governments copied Housing First because it was American, as American social policy generally aims to save cash, rather than being swayed by academic research, Finland being an exception). These concerns about the evidence base were expressed in the following terms:

*This shift toward prevention reflects a situation where policy and practice has run ahead of any clear model on which to build a policy agenda focused on homelessness prevention. While there is some evidence from the research literature, as well as some policy experiments at the federal, state, and local levels to guide this new initiative, much remains to be learned about how to organize an effective, efficient homelessness prevention and rapid re-housing system<sup>193</sup>.*

Some of the potential concerns about targeting prevention accurately were discussed in the preceding section, in essence, existing predictive models used in the USA rely fairly heavily on indicators that show someone is a) poor and marginalised and b) has been homeless before. AI is being employed to enhance targeting and prevention and the first experiments

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<sup>191</sup> Shinn, M. (2013) Op. cit.; Culhane D.P. et al. (2011) Op. cit.

<sup>192</sup> Culhane, D.P. et al (2011) Op. cit.; Culhane, D.P and Metraux, S. (2008) Rearranging the Deck Chairs or Reallocating the Lifeboats? *Journal of the American Planning Association*, 74(1), pp. 111-121.

<sup>193</sup> Culhane, D.P. et al (2011) Op. cit. p. 296.

have been completed or are underway<sup>194</sup>. The idea that it is possible to select potentially homeless individuals and families well in advance and target them with interventions that will drastically reduce the rate of homelessness and, because the targeting is accurate, ensure optimal and cost-effective use of resources (as well as reducing the cost of homelessness to society) is very attractive to governments.

The limitations of the US approach centre on the use of targeting, which while it has the potential to increase the financial effectiveness of prevention – assuming there is improvement in the accuracy of predictive analytics – is less able to react quickly when homelessness occurs suddenly and will not have the same reach as a universal service, such as those which exist in Finland or which are being developed in England and Wales. A final note of caution here relates to the ways in which attempts to model homelessness work, which is to focus on measurable data about individuals, their decisions, needs, characteristics and experiences. Such data can have uses, but they are not a complete picture of the causal mechanisms of homelessness, which can, as is the case domestically, be linked to factors like affordable housing supply. There are risks that in looking to individual characteristics to model, explain and ‘predict’ homelessness, that the role of those characteristics can become exaggerated and distorted, with the risk that people who are homeless become partial ‘data images’ about whom judgements are made and services designed and provided, but those services risk trying to process the partial images of people who are homeless, rather than recognising the entire picture. A recent review of the “outcomes star” a tool used to track progress among people who are homeless in the UK, Australia and elsewhere, found that subjective, even arguably ideological, pictures of who people who are homeless were pervaded something that was supposed to be a source of reliable outcomes data, rather than attempting to fully understand and reflect individual people who are homeless and their needs<sup>195</sup>.

## Summary

- Progress in the development of homelessness prevention services at national level has been limited. This is despite longstanding strategic objectives to develop preventative responses.
- Prevention, as is the case for any other single intervention, whether it is promotion of a new service model or a programme of new services, will not solve homelessness on its own. The available evidence strongly suggests that prevention will be most effective as part of an integrated homelessness strategy, which also includes rapid

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<sup>194</sup> Chan, H. *et al.* (2017) [Evidence From the Past: AI Decision Aids to Improve Housing Systems for Homeless Youth](#) University of Southern California; Flaming, D. and Burns, P. (2015) [All Alone: Antecedents of Chronic Homelessness](#) Economic Roundtable Research Report.

<sup>195</sup> Johnson, G. and Pleace, N. (2016) [How Do We Measure Success in Homelessness Services? Critically Assessing the Rise of the Homelessness Outcomes Star](#) *European Journal of Homelessness* 10 (1), pp. 35-55.

rehousing services, homelessness services and joint working with social work, health and social housing, alongside other agencies.

- A preventative approach must be tangible and achievable, while various modifications to national social, housing, health and economic policy may reduce total experience of homelessness, it is hard to build up a coherent strategy that encompasses most aspects of public policy, preventative strategy – both evidence and practice suggest – should focus on homelessness specific services.
- Evidence suggests that services that are scalable and flexible, which can work effectively with other agencies, providing the level, mix and duration of preventative support which each individual or family requires, are most effective.
- Wales and England are moving towards a legally enforced system of universally accessible preventative services which must be provided by local authorities. In both cases, these systems are being developed in an attempt to manage and reduce public spending on homelessness and because existing, more targeted approaches have not been successful in reaching some groups of people who are homeless.
- Finnish preventative services are not legally reinforced in the same way, although the Finnish strategy has relied heavily on building political consensus across a large number of elected, NGO and public bodies. As in Wales and England, the approach is universal and designed to be flexible.
- American preventative services are more likely to be selectively targeted in order to maximise the efficiency and effectiveness of public spending. However, these services are less accessible and existing targeting does sometimes use previous experience of homelessness as a core variable, which raises questions about how 'preventative' such services are. Advancements in AI, as it relates to predictive analytics are occurring and the accuracy of this targeting may improve, though there can be challenges in ensuring data collection and analysis is objective and comprehensive and not influenced by preconceived ideas about the nature of homelessness.

## 5. Moving Forward

This report was designed to explore three key questions around homelessness prevention:

1. How strong is the evidence base? Both in terms of what individual services can achieve and in terms of the combination of services that are most effective in preventing homelessness.
2. Should prevention be targeted and if so, how can this be done efficiently and equitably? There are examples of 'blanket' interventions, but in order to control and monitor expenditure and test effectiveness, does it make sense to try to target prevention on the people for whom it will be most effective.
3. Where does prevention sit within an effective, integrated homelessness strategy that meets the needs of all people at risk of homelessness?

The evidence base is better in relation to systems than it is in relation to single services, such as housing advice or a mediation service, although there is still a lack of comparative data, which explores differences in prevention across different countries and there are not many experimental and quasi-experimental studies, which test the situation with prevention in place, compared to it not being in place.

One finding from reviewing the existing evidence base is that effective prevention is both flexible and connected, adapting to peoples' needs by working effectively with other services. An entirely standardised approach appears to be less effective than one which tries to work with people and recognise their particular needs.

With regard to targeting, the main lesson that can be taken from the existing evidence is that it is, at present, quite difficult to do this accurately. While much finer grained and more sophisticated analysis may be possible through using predictive analysis and AI for targeting, universally accessible systems appear more likely to provide a solid safety net.

Prevention appears to be most effective when it is integrated, within a wider strategy in the following ways:

- Prevention is clearly defined as focusing on homelessness specific services with clear targets around stopping imminent homelessness.
- Prevention is combined with rapid rehousing services.
- Work with other homelessness services in a triage system that refers higher need cases to more intensive services as needed, e.g. enabling use of services like Housing First in a preventative way.
- Within a wider strategy that involves health, mental health, drug and alcohol services, criminal justice and social housing, to enable the creation of packages of support to prevent homelessness.

The international evidence base can only provide some potential guidance in terms of the best approach to take in pursuing homelessness prevention domestically, because the specifics of policy need to be determined to best suit Ireland, not simply on the basis of what has worked or achieved some success elsewhere. Three main lessons can be drawn from this review:

The review found three essentials for effective homelessness prevention.

1. Prevention must be part of an integrated homelessness strategy.
2. Effective prevention is both flexible and connected, adapting to peoples' needs by working effectively with other services.
3. Prevention requires a sufficient housing supply in order to work well.

A good supply of stable and affordable housing is at the root of any effective response to homelessness. People also need practical help and support to prevent homelessness or to rapidly end homelessness should they experience it, this is in part because people may only seek help when it is too late and in part because homelessness will just happen suddenly and not necessarily predictably. It is also clear that stopping homelessness from happening is the best way to avoid the very great human and financial costs that can accompany this extreme form of poverty and exclusion.

The basic point that the way broader social, housing and economic policy works has an impact on levels of homelessness must be accepted and must frame any discussion of what we mean by prevention and what we can expect prevention to do. As noted earlier on in this report, the evidence we have at least hints at a broad association between equality and the extent of social protection in a society and the overall level of homelessness and the nature of homelessness.

Drawing together the lessons from other countries, it is possible to highlight some points around the implementation of homelessness prevention that may be worth considering when developing domestic policy. These can be summarised as follows:

- The most effective preventative systems – based on the data that we have – are universally or near-universally accessible rather than targeted. Two countries with very well-established and legally enforced 'reactive' systems (designed to respond after homelessness had happened) which were highly targeted, England and Wales, have dropped this approach in favour of wide spectrum, highly accessible preventative services. Finland too has advanced on the basis of providing universally accessible services.
- Worries about prevention as gatekeeping and as a sticking plaster can be addressed by ensuring services are properly funded, widely accessible and have a very clear role within a broader, integrated homelessness strategy. Attempting to use prevention as a mechanism to cut spending on other homelessness services is not likely to succeed, as the evidence suggests that prevention is most effective when combined with rapid rehousing services, homelessness services and other relevant publicly funded services (such as Health) within an integrated homelessness strategy.

- Prevention has to start somewhere. While there is a case for arguing for wider changes across public policy to help reduce homelessness by ‘structural’ or ‘primary’ means, national level policy is steered by multiple factors, only one of which is homelessness. Where prevention has been successful, it has been clearly defined as homelessness specific services that focus on people at imminent risk of homelessness, working alongside rapid rehousing and other homelessness services within an integrated strategy.

Ultimately, preventing homelessness requires housing and no amount of preventative activity, no matter how well designed and delivered, can stop homelessness if there are not enough homes for people to live in. Prevention can help minimise the experience of homelessness, working to ensure that avoidable evictions do not happen and where possible, enabling moves to new homes before eviction, relationship breakdown, domestic violence, or leaving an institutional setting can actually result in homelessness. Combined with rapid rehousing services, even in a context where housing supply is severely limited relative to demand – Finland and England are both examples of this – prevention can still make a positive difference. However, as the Finns recognised, a real solution to homelessness does need to increase the supply of adequate, affordable housing, alongside pursuit of homelessness prevention and other services.





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