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Version: Accepted Version

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**Conference or Workshop Item:**
Pleace, N. and Bretherton, J. Will paradigm drift stop Housing First from ending homelessness? Categorising and critically assessing the Housing First movement from a social policy perspective. In: Social Policy in an Unequal World: Joint annual conference of the East Asian Social Policy Research Network and the UK Social Policy Association, 16-18 Jul 2012. (Unpublished)

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# Will Paradigm Drift Stop Housing First from Ending Homelessness? Categorising and Critically Assessing the Housing First Movement from a Social Policy Perspective


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**Social Policy in an Unequal World**
**Joint Annual Conference of the East Asian Social Policy Research Network (EASP) and the United Kingdom Social Policy Association (SPA)**

**University of York, United Kingdom,**
**July 16th-18th 2012**

**Abstract**

Housing First is at the centre of policy responses to chronic homelessness in Finland, France, Ireland, the Netherlands and the USA. Services following a 'Housing First' approach have also appeared in Austria, Australia, Denmark, France, Hungary, the Netherlands, Japan, Portugal and the UK. Recent research has noted growing diversity in 'Housing First' services and that many services have 'drifted' significantly from the service design established by the Tsemberis 'Pathways' service. The Housing First movement is now at risk of losing focus, with discussion and implementation of what are nominally 'Housing First' approaches now encompassing a range of diverse ideas and service models. This paper argues that there is a need to construct a clear and accurate taxonomy of Housing First services. Creating this taxonomy is a first step in refocusing attention on the effectiveness of the original Pathways model in producing sustained exits from homelessness for vulnerable people and may also serve as a means to look critically at the effectiveness of emergent forms of 'Housing First' service.

## The Risks of Ambiguity for Housing First

### *The Rise of Housing First*

Although the term 'Housing First' had already been used elsewhere (Waegemakers-Schiff and Rook, 2012), the homelessness service with which 'Housing First' is synonymous was established by Pathways in New York in 1992 (Tsemberis 2010a). Pathways Housing First (PHF) is based on the 'supported housing' approach which was originally developed for former psychiatric patients being discharged from long stay hospitals (Carling, 1990). PHF is targeted on people experiencing, or at risk of, sustained homelessness who have a severe mental illness and also works with people with severe mental illness who present with problematic drug and/or alcohol use (Tsemberis, 2010a).

As is extensively documented elsewhere, PHF was developed in reaction to the continuum or linear residential treatment model (LRT) (sometimes called the 'staircase model' in Europe). The LRT approach was treatment-led and aimed to resettle homeless people with severe mental illness and/or problematic drug and alcohol use by using a series of 'steps', beginning with highly supportive, highly

regulated communal accommodation, progressing into more home-like environments and ending with independent housing. These services required conformity with treatment and abstinence from drugs and alcohol. They sought to treat severe mental illness and end problematic drug and alcohol use before, eventually, addressing housing need (Carling, 1990; Ridgway and Zipple, 1990). The LRT model was widely criticised, both because these services often used a relatively harsh regime that required both abstinence and treatment compliance and because LRT services were frequently abandoned by homeless people. LRT services often lost a *majority* of their service users before the process of treatment and resettlement was complete (Pleace, 2008).

The advocates of PHF argued that LRT services required service users to comply with psychiatric treatment and show sobriety because it was assumed they will 'value' independent housing that they have 'earned'. By contrast, PHF was described as grounded in the following operating principles (Tsemberis, 2010a):

- Housing is a basic human right.
- There should be:
    - respect, warmth and compassion for service users;
    - a commitment to working with service users for as long as they need;
- scattered site housing using independent apartments (i.e. homeless people should not be housed within dedicated buildings but within ordinary housing);
- separation of housing from mental health, and drug and alcohol services (i.e. housing provision is not conditional on compliance with psychiatric treatment or sobriety);
- consumer choice and self-determination (i.e. delivering mental health and drug and alcohol services with an emphasis on service user choice and control; basing treatment plans around service users' own goals);
- a recovery orientation (conveying a positive message that recovery is possible for service users);
- a harm reduction approach (i.e. supporting the minimisation of problematic drug/alcohol use but not insisting on total abstinence).

Homeless people using PHF have a severe mental illness, this is the group for whom the service is designed and, in addition, the funding for PHF partly relies on Federal welfare benefits for which only people with severe mental illness are eligible

(Tsemberis, 2010a). PHF places formerly chronically homeless people in furnished apartments provided via the private rented sector. Housing must be of reasonable quality and service users must sign a lease agreement, usually with PHF (i.e. the tenancy is held by PHF and the service user is sub-letting). This approach reduces any private landlord concerns about letting to formerly homeless people as the tenancy agreement is between PHF and the landlord, but while it arguably somewhat reduces the housing rights of service users, it also creates flexibility, because PHF can relatively easily move service users between housing if there is a problem, without needing to evict them (Johnson *et al*, 2012). There is no requirement for compliance with psychiatric treatment or for abstinence from drugs or alcohol in order to access and retain housing. Access to housing is however not entirely unconditional, as service users must agree to a weekly visit from a PHF support worker and also to paying 30% of their monthly income towards rent, alongside agreeing with the requirements of their lease (Tsemberis, 2010a).

The PHF interdisciplinary team combines Assertive Community Treatment (ACT) and Intensive Case Management (ICM) services. The ACT element concentrating on people with the severest forms of mental illness, while the ICM team supports those service users with relatively lower levels of need. The interdisciplinary team can include a psychiatrist, a peer specialist (i.e. a former service user providing support), a health worker, a family specialist (centred on enhancing social support), a drug and alcohol worker, a supported employment specialist, as well as a housing specialist (Tsemberis, 2010a).

Quasi-experimental and control studies have shown that PHF in New York had much better resettlement and housing sustainment outcomes than LRT services (Tsemberis, 1999; Tsemberis *et al*, 2004; Pleace, 2008; Tsemberis, 2010a and 2010b; Tsemberis *et al*, 2012). The housing sustainment rates reported by PHF, with 88% of formerly chronically homeless people still in housing at five years being reported by one study and 74% still in housing at four years by another, were close to double the rate of housing sustainment achieved by LRT services (Tsemberis, 2010b, p. 48). There is also evidence of cost effectiveness. PHF costs less than staircase models because no specialist accommodation has to be built. PHF service users also make less use of emergency shelters, less use of emergency medical services, and are less likely to get arrested than when they were homeless, all of which produce savings for the US Taxpayer (Culhane *et al*, 2008; Tsemberis, 2010b).

This level of success was unprecedented in the USA. Nothing could match the rate at which PHF ended enduring homelessness and promoted housing stability among people with severe mental illness and problematic drug and alcohol use (Padgett *et* al, 2006; Tsemberis, 2010b; Tsemberis *et al*, 2012). The founder of the PHF service in New York, Sam Tsemberis, described the key success of PHF in very simple terms (Tsemberis, 2010a, p.4):

*Housing First ends homelessness. It's that simple.*

The rest of the story of 'Housing First' is relatively recent history. The Housing First approach was accepted as 'evidence based' policy by US Federal Government (USICH, 2010) and appeared in homelessness policies and service provision in Australia, Canada, Finland, France, Ireland and the Netherlands. 'Housing First' services also started to be piloted in Austria, Hungary, Japan, Portugal and the UK (Busch-Geertsema, 2011 and 2012). 'Housing First' has become more and more prominent as a focus for academic and research and is appearing in local and regional strategies and in the plans of service providers as well as in national level strategies. A major evaluation of Housing First pilot projects is currently underway across the EU (Busch-Geertsema, 2011), echoing Federal funded evaluation of Housing First pilots conducted in the USA (Pearson *et al*, 2007).

On the surface, the Housing First concept appears to be the most globally important and influential policy innovation that has yet occurred in homelessness service provision. However, when the *detail* of what is being done and contemplated in the name of 'Housing First' is looked at, differences between the PHF model and much of the 'Housing First' practice being developed elsewhere become apparent. As 'Housing First' has permeated the thinking of policymakers and service providers across the US and the wider world, the core ideas of PHF have been simplified, diluted and in many instances, subjected to change. The PHF paradigm often only has a partial relationship with the wide range of new and remodelled homelessness services that have been given the 'Housing First' label (Kaakinen, 2012; Pearson *et al*, 2009; Pleace, 2012; Tsemberis, 2011).

*The Many Faces of Housing First*

As has been widely noted, differences exist between PHF and what services that are referred to as 'Housing First' both elsewhere in the USA and in parts of the EU

(Pleace, 2008; Johnsen and Teixeira, 2010 and 2012; Busch-Geertsema, 2010). Projects described as 'Housing First' in the USA include services that use one block of accommodation with on-site staffing, and a floating support services that does not directly provide or arrange any housing (Pearson *et al*, 2007). There are also 'Housing First' services that offer both staffed specialist communal accommodation for homeless people *and* scattered apartments with mobile support services (Perlman and Parvensky, 2006).

A recent editorial discussion of 'Housing First' in the *Journal of the American Medical Association* (*JAMA*) (Kertsez and Weiner, 2009) referred to two studies of 'Housing First' published by JAMA. One study was about a 'Housing First' service that offered only *transitional* housing (Sadowski *et al*, 2009) and the other was about a 'Housing First' service that used specially built communal housing unit with on-site staffing following a harm reduction approach (Larimer *et al*, 2009). Another recent study looking at 11 services that had sought US Federal grant to develop 'Housing First' services concluded from reviewing the grant submissions that only two of the 11 showed fidelity with the PHF model (Kresky-Wolff *et al*, 2010). Pathways itself has reacted to the increasing diversity of 'Housing First' service provision in the USA by issuing a 'fidelity scale' (Tsemberis, 2010a).

A similar inconsistency in how 'Housing First' is being interpreted is present across Europe. 'Housing First' in Finland is not the same as what is meant by 'Housing First' in France (Houard, 2011; Kaakinen, 2012). In 2011, the Jury of the EU Consensus Conference, looking towards the development of an EU homelessness strategy, drew a distinction between a 'housing-led' response to homelessness and a 'Housing First' response (ECCH, 2011, p. 14):

> *Given the history and specificity of the term 'Housing First', the jury follows the Preparatory Committee in using 'housing-led' as a broader, differentiated concept encompassing approaches that aim to provide housing, with support as required, as the initial step in addressing all forms of homelessness. 'Housing-led' thus encompasses the 'Housing First' model as part of a broader group of policy approaches...*

The distinction summarises one of the reasons why an ambiguity has appeared around the term 'Housing First'. The term 'Housing First' is being used to describe

not only services following the PHF model, but also a wider range of 'Housing-Led' homelessness services.
In addition, 'Housing First' is also being used as a term to describe the adaptation of core aspects of the PHF philosophy to communal, fixed site homelessness services, i.e. blocks of apartments with on-site staffing that are only lived in by service users (Busch-Geertsema, 2012; Collins *et* al, 2012; Kaakinen, 2012; Kresky-Wolff *et al*, 2010; Larimer *et al*, 2009; Pleace, 2012).

*The Risks of Ambiguity*

There are three main risks associated with the ambiguity that now surrounds the term 'Housing First'. The first risk is that a range of services calling themselves 'Housing First' are being deployed, these are services that have not been precisely defined (Tabol *et al*, 2009; Pleace, 2011). This is partially a question of assessing outcomes and partially a question of assessing service cost effectiveness, but it is also a question of understanding what homeless people want and need from services (Pleace, 2008). What is very important is that the gains made by PHF - sustainably ending sustained homelessness for most of the homeless people with severe mental illness it works with – do not become associated with any relative failure by 'Housing First' services that do not closely reflect the PHF model. This risk might be summarised as a risk of *damage by false association.*

The second risk is that the core message about PHF - the capacity to end homelessness for most people with severe mental illness - may become 'lost' within an amorphous mass of ill-defined 'Housing First' services, a *loss of key message* risk. This can be illustrated by some of the responses to PHF in the UK (Johnsen and Teixera, 2010 and 2012). The UK has seen mobile resettlement services that were used to close down traditional homeless hostels in the 1980s develop into widely used 'tenancy sustainment service' model that uses ordinary, scattered, housing and mobile workers providing case management to both prevent homelessness and resettle vulnerable homeless people within a harm reduction framework (Pleace, 1997; Franklin, 1999; Pleace and Quilgars, 2003). Tenancy sustainment services have both a superficial resemblance to and, to varying extents, a common set of operational approaches with PHF. In this context, an often imprecise presentation of 'Housing First' has made PHF appear to be 'just another' floating support service. In the UK, this has led some policymakers and service providers react to 'Housing

First' as if it were offering no significant innovation (Johnsen and Teixeira, 2010 and 2012).

The third risk is essentially the danger that debate around Housing First may descend into argument about what is and what is not Housing First. This is potentially unproductive, as energy would be better directed at trying to understand and explore the reality of varied 'Housing First' services that have come into being. This might be termed *definitional dispute* risk.

In a situation where more precision is needed about what Housing First is, to assess and then to replicate those variants of Housing First that are successful, the question arises as to how to think clearly about Housing First. This is a process that must begin by defining what the reality of 'Housing First' now is.

**Categorising Housing First**

'Housing First' services can be categorised into one of three broad groups. The first group is made up of PHF services, which adhere to the Pathways model, the second group is made up of *Communal Housing First* services and the third group is made up of *Housing First 'Light'* services. This broad taxonomy is a description of 'Housing First' services as they *exist*, it is not a prescription of what 'Housing First' is, instead the intention is to classify those services that draw heavily upon, or closely reflect, the PHF ethos.

Communal Housing First services (CHF) are focused on chronically homeless people. These services are delivered in communal accommodation that is only lived in by people using the CHF service. Accommodation takes the form of individual self-contained flats or apartments in a block or blocks. The accommodation has often been modified, or specifically designed, to provide a service for chronically homeless people. There is often an emphasis on targeting chronically homeless people with the *highest needs*, i.e. the most acutely problematic use of drug and alcohol, severe mental illness and poor physical health. Support and medical services are situated in the same building or are very nearby. (Collins *et al* 2012; Kaakinen, 2012; Larimer *et al* 2009; Pearson *et al*, 2007; Pleace, 2012).

The Housing First elements in CHF services, which are sometimes referred to as 'project based' Housing First (Collins *et al*, 2012) are threefold. First, accommodation

with security of tenure is provided immediately. Second, the provision of this accommodation and support are administratively separate, reflecting the separation of housing and support which is a key principle of the PHF approach. Service users do not have to engage with treatment or show abstinence from drugs and alcohol in order to access and retain their accommodation. CHF services also follow a harm reduction approach with a recovery orientation and emphasise consumer choice and control. Psychiatric, drug and alcohol services are directly provided and a CHF service may also use case management to connect service users with external services. However, a CHF services may not necessarily use the combination of ACT and ICM teams used by PHF.

CHF is used in the USA (Collins, 2011; Hanratty, 2011; Larimer *et* al, 2009; Pearson *et* al, 2007; Pearson *et al*, 2009) and is a significant part of the Finnish National Homelessness Strategy which describes itself as following a 'Housing First' approach (Busch-Geertsema, 2010; Kaakinen, 2012; Kettunen and Granfelt, 2011; Tainio and Fredriksson, 2009; Tsemberis, 2011). The Finnish 'Name on the Door' Programme, includes extensive remodelling of existing, dormitory homeless hostels, with self contained flats and also changing the operational ethos of former hostels to reflect 'Housing First' principles[1]. The goals are ambitious and centre on halving long term homelessness by 2011 and effectively ending it by 2015. The key features of the Finnish approach have been summarised as follows (Kaakinen, 2012):

- Services must respect the basic human need for privacy.
- Service users must have their own rental contract/tenancy.
- Permanent housing is the base that allows other problems to be solved.
- Allowance of alcohol consumption.
- Separation of housing and services.
- Individually tailored services based on needs assessment.
- An emphasis on permanent not temporary solutions.
- Existing shelters and dormitories are inadequate and must be replaced by supported housing units.

There has been considerable expenditure and a marked shift in homelessness service provision in Finland. The country saw a reduction from 3,665 places in homeless shelters (emergency accommodation) in 1985 to just 144 places in 2011. During the

[1] The Finnish Programme also includes 'Housing First' services that use scattered site housing.

same period, provision of independent flats for homeless people increased from 65 to 2,296 (Kaakinen, 2012).

The parallels between CHF with PHF are considerable, but a key – very significant - difference centres on the provision of shared accommodation blocks with on-site staffing rather than using scattered housing. Yet CHF services in the US define themselves in relation to the PHF model and its principles and derive their own operational models from PHF (Larimer *et al*, 2009). In Finland, the development and use of the CHF model initially evolved separately from PHF. As the Finns became aware of PHF, they began to define their National Strategy and their CHF services in reference to PHF and be influenced by the model. The Finns even asked the chief architect of PHF, Tsemberis, to review their services, eliciting a not uncritical assessment of their use of CHF, which Tsemberis saw as undermining the potential for community reintegration among service users (Tsemberis, 2011). Nevertheless, the influence of PHF is very strongly evident in CHF services, even if those services are not PHF services, and this is perhaps the ultimate argument for regarding them as a *form* of 'Housing First'.

Housing First 'Light' (HFL) services are those services which follow, or which reflect, the PHF model but which offer significantly less intensive support services and are more heavily reliant on case management. HFL services can sometimes be described as *reflecting* the PHF paradigm because some of these services developed separately, though they share many elements of the PHF ethos and also resemble PHF in how they operate (Pleace, 2012). Many of the principles of PHF are adopted, including immediate or 'rapid as possible' provision of adequate, secure and permanent housing that is scattered throughout a community. There is no requirement to stay in a hostel, staircase service or any other form of communal accommodation, or to be made 'housing ready', before being given access to housing.

HFL services give each individual service user a single key-worker, who may provide practical advice and some emotional support but whose main role is as a case manager, arranging access to the externally provided treatment and support that each homeless individual or household needs. HFL services do not directly provide medical, psychiatric or drug and alcohol services. As with PHF, housing and support are separated, there is no requirement for abstinence, no requirement for compliance with treatment and a harm reduction approach is followed. HFL

services can be used for chronically homeless people, but it can also be employed for homeless people with *lower support needs* who need less assistance to sustain a tenancy. Examples are found in the USA (Caton *et al*, 2007; Goldfinger *et al* 1999; Hickert and Taylor, 2011; Tabol *et al*, 2009) and in the UK and Canada (Pleace, 1997; Franklin, 1999; Pleace and Quilgars, 2003; Bowpitt and Harding, 2008; Lomax and Netto, 2008; Waegemakers-Schiff and Rook, 2012).

There is an argument for using the term 'Housing-Led' to describe HFL services (ECCH, 2010). However, there are two reasons for using the term 'Housing First Light' to describe these services. First, even though they quite often developed with reference to the PHF paradigm, HFL services do nevertheless mirror PHF in multiple respects. Second, as the terminology of 'Housing First' continues to spread throughout homelessness strategies and among homelessness service providers, it seems very likely that such services, even if not doing so already, will start to refer to themselves as 'Housing First' models. Clearly, the key difference between PHF and HFL service - the low intensity of support and heavy reliance on case management - is significant. Yet, as with CHF, there are considerable arguments in favour of regarding these services as another form of 'Housing First' because of the extent of the parallels in operation and shared ethos (Pleace, 2012). The key differences between PHF, CHF and HFL services are summarised in Table 1.

**Table 1:** A Taxonomy of 'Housing First' Services

| **Service offered** | **Pathways Housing First** | **Communal Housing First** | **Housing First Light** |
|---|---|---|---|
| Housing with security of tenure provided immediately or as soon as possible, scattered across the community | Yes | No | Yes |
| Uses subleasing/sub-tenancies | Yes | No | No |
| Apartments with security of tenure provided immediately in a shared/communal block | No | Yes | No |
| Service users have to stop using drugs | No | No | No |
| Service users have to stop drinking alcohol | No | No | No |
| Service users have to use mental health services | No | No | No |
| Harm reduction approach | Yes | Yes | Yes |
| Uses mobile teams to provide services | Yes | No | Yes |
| Directly provides drug and alcohol services | Yes | Yes | No |
| Directly provides psychiatric and medical services | Yes | Yes | No |
| Uses case management/service brokerage | Yes | Yes | Yes |

Not all floating support, tenancy sustainment or resettlement services using mobile support workers are forms of HFL. Some existing floating support services that place formerly and potentially homeless people into ordinary housing do *not* reflect the PHF paradigm while others are much closer to it (Busch-Geertsema, 2005). Floating support services that are part of an LRT service - providing a 'final stage' of resettlement only for service uses who have passed through the steps in an LRT service - do *not* reflect the PHF paradigm and are *not* any form of 'Housing First'. Similarly, floating support services that directly place service users in ordinary housing, but which seek treatment compliance or abstinence are *not* close enough to PHF to be considered any form of 'Housing First'. Just as would be the case for a staircase service that re-named itself as a 'Housing First' service without changing its operational ethos, only some mobile support services, are close enough to be the PHF paradigm to be potentially regarded as a form of 'Housing First'.

**Reconceptualising the 'Housing First' Paradigm**

It is important to note that as far as Pathways is concerned there is only *one* form of service that can be called Housing First, which is the PHF model. Any service which adopts only some aspects of the PHF ethos is not regarded as 'Housing First' by Pathways (Tsemberis, 2010a; Tsemberis, 2011). From the Pathways perspective, CHF is not 'Housing First' because it uses congregate or communal accommodation and HFL is not 'Housing First' because it offers only low intensity support centred on case management.

Of course, it can be argued that simply sticking to the idea that Housing First is and only can be the PHF model would overcome the three potential risks of damage by association, loss of key message and wasting energy on definitional disputes. There is a 245 page service implementation and service management guide on PHF (Tsemberis, 2010a), which does raise the question as to why - given there is a clear, tested, viable and successful service model already out there - any reconsideration of how Housing First is conceptualised is needed. PHF can be seen as a simple set of rules, break those rules and you are not 'Housing First'.

Variants of Housing First have arisen in part because as the idea has been disseminated, simplifications and distortions have crept in causing paradigm drift. Yet there is another effect at play here, something that undermines the utility of using complete fidelity with the existing PHF paradigm as a standard against which

all Housing First services. Here the thoughtful and careful work of Johnson *et al* (2012) examining the introduction of Housing First in Australia is very useful, because they point out the impossibility of slavishly following a paradigm of service delivery without reference to differences in context (p. 2-3).

> *Housing First programs in Australia (and elsewhere) draw on operational principles and are delivered under conditions that differ to the Pathways to Housing program. The existence of 'program drift' here and abroad reminds us that no Australian Housing First program can or should be an exact replica of the original Pathways to Housing program.*

In essence, Johnson *et al* (2012) argue that ensuring 'purity' of the PHF paradigm would be illogical, it is designed to work in New York, with the American welfare benefits system, with the US healthcare system, with American housing and labour markets. Slavishly copying the PHF model is actually *unlikely* to work, especially in contexts were the generosity, coverage and extent of the welfare state far exceeds anything found in the USA. Why, for example, have a psychiatrist on the team, or drug and alcohol specialists when those services are relatively easily available and free at the point of use for any citizen? Why use the private rented sector in a society where adequate, affordable social housing is available, often for a lifetime?

Of course, PHF should still be the ultimate reference point against which 'Housing First' variants are tested, but there is a case for thinking about what a 'fidelity' test should look like. If it is not practical to use PHF as a binary measure, i.e. something is or is not Housing First based on a test of total adherence to the PHF paradigm, because the PHF paradigm is, essentially, built for New York City. The question then arises as to what a practical alternative is when it comes to conceptually mapping 'Housing First' services.

Defining 'Housing First' in terms of a *range* of services all of which score highly on a test of 'philosophical fidelity' - which is essentially what is proposed in this paper - may be a useful way forward. A test of philosophical fidelity would involve assessing the extent to which a service follows the core ethos of PHF in terms of viewing housing as a human right, the separation of housing and support, harm reduction and a recovery orientation and community reintegration. This would provide a more nuanced way of managing the risk of damage by association, it would also ensure that the key message was not lost in a fog of ill-defined 'Housing

First' services and also hopefully provide a means by which to help manage definitional disputes.

Beyond these arguments for thinking about Housing First in a new way, there is a more fundamental reason to reconceptualise Housing First. That reason is that there is growing evidence that homelessness services that directly draw upon or which closely reflect key elements of the PHF paradigm, without *fully* replicating the PHF paradigm, are *more effective* than traditional homelessness services at delivering an end to homelessness.

Housing First and the PHF paradigm look to be important not only important in terms of what the 'pure' PHF model can deliver. The philosophy of Housing First, defined in a *broader* sense, appears to have a significant positive influence on the effectiveness of homelessness services. Although some of these variants of 'Housing First' services might be seen as a 'diluted', or perhaps even 'distorted', Housing First from a Pathways perspective, these services appear to work better than LRT models and traditional homelessness services in promoting sustainable exits from homelessness.

The Finnish Homelessness Strategy, which is producing significant reductions in sustained homelessness, has been described by the Head of the Programme as using a combination of PHF, CHF and HFL services (Kaakinen, 2012). There US evidence that CHF services are delivering accommodation stability, successfully engaging with the highest need groups among chronically homeless people and also producing positive results (for the moment exceeding those achieved by PHF) in reducing alcohol consumption, improving health and wellbeing and generating significant cost offsets (Larimer *et al*, 2009; Collins *et al*, 2011; Collins *et al* 2012).

There less robust evidence for HFL services, but again, there is certainly some data from the USA showing that HFL models can deliver housing sustainment for chronically homeless people (Caton et al, 2007; Goldfinger *et al* 1999; Hickert and Taylor, 2011; Lipton *et al*, 2000; Tabol *et al*, 2009). There is British evidence that 'tenancy sustainment services', which reflect the PHF paradigm rather than having been developed with reference to PHF, can both deliver housing sustainment and help prevent homelessness (Pleace, 1997; Lomax and Netto, 2008). Research from across the EU continues to demonstrate that housing-led services can deliver better

rates of housing sustainment for formerly homeless people than LRT services (Busch-Geertsema, 2005; Busch-Geertsema *et al*, 2010; Wewerinke *et al*, 2012).

What is perhaps the most important consequence of the Housing First movement is that a new range of homelessness services – distinct in operation and ethos from previous service models – have evolved, been influenced by and are increasingly defined in reference to the broad ideals of Housing First. Something new and positive is happening to homelessness services, associated with service designs that draw upon and/or reflect the Housing First ethos.

Of course, it has to be noted that Housing First related services are yet to be 'mapped' and systematically catalogued and more work would be needed to arrive at a more precise taxonomy of the Housing First sector. The overview taxonomy presented in this paper is just the beginning of thinking about what Housing First is becoming and what that means for tackling homelessness.

In addition, while PHF and the CHF and HFL variants of Housing First appear more effective than LRT and some traditional homelessness services, none of these services are perfect. Some of the hyperbole that can surround Housing First is potentially unhelpful. Housing First is not a 'total solution' to homelessness and neither Pathways or Tsemberis would claim for a moment that it is (Tsemberis, 2010b). The presenting and associated problems with homelessness associated with severe mental illness can be difficult and complex to manage. There are still some outstanding questions around how far PHF and other Housing First services can address community integration, manage drug and alcohol use, improve economic engagement and increase mental health and also some questions around cost effectiveness (Kaakinen 2012; Pleace, 2011). In addition, Housing First is designed for a specific group of homeless people with severe mental illness, not as a solution for homelessness as a whole, which is a much wider, more diverse and also a much larger social problem (Pleace, 2011). Part of the reason for the arguments presented in this paper is that to get into a situation in which it is possible to start systematically evaluating Housing First services. A clearer conceptual map of what exactly is being talked about is required.

A wider conceptualisation of Housing First is not without risk for Pathways and for the PHF model. PHF is designed in a specific way with specific assumptions for a specific context. As 'Housing First' services continue to break away from the PHF

paradigm, partly through a need to adapt to local context and partly because people tend to find it difficult to leave new ideas alone and start experimenting with them, there are some risks for PHF. Those risks might simply be presented as 'modifications' or 'lessons', but there is the possibility that one of the CHF and HFL models that are rolling out across the World now will be cheaper to run and more effective, that the PHF approach to 'Housing First', or Housing First 1.0, may be usurped by what, in effect, will be 'Housing First 2.0'.

If a wider conceptualisation of the Housing First paradigm is accepted, there are some clear lessons about the general approach of Housing First services that are backed up by current research. Those lessons centre on the broad philosophy of Housing First, particularly in terms of respecting homeless people as individuals, consumer choice, the separation of housing and care and harm reduction, all of which appear to improve housing stability outcomes for homelessness services working with the vulnerable groups among homeless people (Pleace, 2012). Punitive services based on a confused mixture of essentially Medieval ideas about poverty as deviance clouded by crude neo-liberal constructs of the nature of homelessness are no way forward. The primitive conceptualisation of homelessness as simply mental illness and drug/alcohol related deviance that must be 'corrected', or even 'punished', however attractive to mass media, politicians and even some academics on the political Right, is no basis on which to design services that work for the *majority* of vulnerable homeless people with severe mental illness. This is not to suggest that LRT services do not work for some vulnerable homeless people with problematic drug and alcohol use, nor is it an attempt to reject the suggestion that a minority of vulnerable homeless people might benefit from a highly structured environment (Kertsez *et al*, 2009; Rosenheck, 2010).

Nevertheless, the essential truth is that LRT approaches still lose more vulnerable homeless people than they manage to house. The main reason for this rate of loss among LRT services does appear to be related to how those services behave towards their service users, enforcing strict rules in sometimes 'judgemental' ethical frameworks (Pleace, 2008). If Housing First can teach us anything, it is that a recognition of a shared humanity and shared individual rights of homeless people is the best way forward, not just from a moral but also from a *practical* standpoint, because truly effective service interventions that facilitate sustained exits from homelessness are underpinned by these assumptions.

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