



Finding the Way Home

Housing-led responses and the
Homelessness Strategy in Ireland



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Disclaimer

The views expressed in this report are not necessarily those of any Simon Community within Ireland nor those of the Simon Communities of Ireland National Office. Responsibility for any errors lies with the authors.



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Summary

- There is growing **international evidence** that housing-led services are very effective in ending homelessness among people with high support needs. Housing-led services emphasise treating people who are homeless with high needs with respect, giving them choices and control over their lives and supporting them back into society through immediate provision of a settled home. This approach delivers much higher rates of housing sustainment among people who are long-term and repeatedly homeless with high support needs than some other homeless service models. This research explores the potential use of housing-led services in Ireland, focusing particularly on the views of people who are homeless and homelessness service providers.
- **Housing-led** services do not exist in one form. Housing-led approaches are best described as a group of services that follow a common 'housing-led' philosophy centred on maximising choice, promoting independence and harm reduction, within a framework designed to provide a sustainable exit from homelessness for vulnerable people who require support. Success in ending homelessness appears linked to fidelity with this common philosophy.
- The housing-led **philosophy** was viewed positively by people who were homeless and service providers. Several elements of the philosophy were widely regarded by service providers, including Simon Communities, as reflecting already current practice in homelessness services in Ireland. The most commonly recognised form of housing-led services among service providers was the Pathways 'Housing First' service from the USA. However, while housing-led philosophy was widely supported and sometimes reflected current practice in services, working examples of housing-led services were not widespread.
- The **harm reduction** approach to drug and alcohol use, which is integral to housing-led services, was widely seen as more effective than services requiring abstinence from people who are homeless, both by people who are homeless and by service providers.
- Housing-led services offering **ongoing support** were viewed positively by people who were homeless.
- It was widely believed that there was an **ongoing role for communal supported housing** for some people who were homeless who had very high support needs and sustained experience of institutional living and a preference not to live alone.
- There were concerns that people who were homeless might be **isolated** and **bored** and living in a situation of **sustained worklessness** if they were settled into scattered ordinary housing by some forms of housing-led service.
- Most forms of housing-led services require a sufficient supply of affordable and adequate housing to operate. Almost every respondent for this research reported that there was **not a sufficient supply of adequate and affordable housing** in Ireland.
- Housing-led services require **joint working** with health, mental health, drug and alcohol, social work and other services. Many services had been cut and were difficult to access, causing worries that housing-led services might not function well.
- Concerns existed that **policy attention** was overly focused on housing-led services. Some respondents reported that other forms of homelessness were not receiving enough attention.
- There were some concerns that successful housing-led models, such as the Pathways approach, would be **'watered down'** in Ireland and not given the same resources used by effective housing-led services elsewhere.

- There is a need for **care and caution** when adopting housing-led services. It cannot be assumed that housing-led services will be more effective and less expensive to run than existing services. There are three reasons for this:
 - The most effective examples of housing-led services, the Pathways Housing First model and various housing led services used in Finland and the USA, are **not low cost services**. The cost offsets, from reductions in use of emergency accommodation, emergency medical services and contact with criminal justice services by people who are long-term homeless, that result from these services do significantly offset their running costs, but services like Pathways have relatively high running costs by EU standards. It is however, an error to assume that *effective* housing-led services are a 'low cost' option.
 - Many existing homelessness services in Ireland, such as those run by Simon Communities alongside other service providers, while they are not 'housing-led' in the sense of something like the Pathways model, are often close in philosophy and operation to housing-led models. This means that it **cannot be assumed existing services are less effective** than housing-led models.
 - Housing-led services, including those like the Pathways model with a strong evidence base showing success in sustainably ending long-term homelessness, are **not a total solution** to long-term homelessness and do not present themselves as such. There are some people who are long-term homeless whom these services are not able to work successfully with and housing-led services are often used in several forms, alongside other homelessness services, to deliver an integrated homelessness strategy.
 - Housing-led services require access to a sufficient supply of affordable, adequate and suitable housing in order to function well. A key reason for the success of some housing-led services, such as the Pathways approach, has been the role that these services take in securing a housing supply. **Access to suitable affordable housing is essential** if housing-led services are to work well.



“ My recovery plan, would be someday to be in a council or social tenancy, I'm working towards that goal, I'm getting there very, very slowly. **”**

(Male with experience of long term living rough, 43)

“ I’m an adult. I am capable of looking after myself...you know, the idea of getting your own key, closing your own door...”

(Woman, long term homeless, aged 53)

“ Just knowing you can make that phone call is enough to keep you off the street, knowing that support is there, knowing that if I do have a slip or whatever, have a bad situation and drink, knowing there is someone there you can phone and there is some help, that alone can be an incentive.”

(Male, long term rough sleeper, aged 51)

Background

Government has signalled an intention to seek to end long term homelessness and the 'need to sleep rough' by implementing a housing-led approach in Ireland combined with an increased focus on preventative services. Following the adoption of the 2008 strategy¹, 10 statutory Homeless Action Plans have been produced with the intention of highlighting homelessness as a core policy concern for housing authorities. Housing-led services are seen as integral to this policy strategy.

In line with our Comprehensive Spending Review, we will alleviate the problem of long term homelessness by introducing a 'housing-led' approach to accommodating homeless people. In this way we will be able to offer homeless people suitable, long term housing in the first instance and radically reduce the use of hostel accommodation and the associated costs for the Exchequer².

This research was designed to explore the potential effectiveness of housing-led services in meeting the needs of people who are homeless with support needs in Ireland. The work was undertaken by the Centre for Housing Policy for the Simon Communities in Ireland and was designed to help inform and critically assess the use of housing-led services as a response to homelessness at both national and local level.

The research was designed to gather the views of people who were homeless, front line and management staff delivering homelessness services within Simon Communities and the views of other homelessness service providers on the potential use of housing led services in Ireland.

The key questions for the research centred on whether housing-led services would represent an improvement on existing practice in service delivery in Ireland. The research was intended as a critical appraisal of the adoption of the housing-led approach in Ireland, looking at the international evidence, the opinions of people who were homeless and service providers and asking them to consider the merits and demerits of housing led responses in relation to existing homelessness service provision in Ireland. In summary, the research explored whether a homelessness service model that has at the time of writing been developed primarily in North America was a suitable and effective way to tackle homelessness among people with support needs in Ireland.

The aims of the research

The aims of the research were as follows:

- Explore the effectiveness of housing-led services as a means of meeting the needs of people who are homeless, including specific consideration of the capacity of housing-led services to house people who are long-term homeless (living in accommodation based services for more than six months and people characterised by sustained and/or repeated rough sleeping over several months or years)
- Explore the role of housing-led services in meeting the needs of people who are homeless with multiple support needs, i.e. severe mental illness/mental health problems and problematic use of drugs and/or alcohol.
- Examine access to affordable and adequate housing and the barriers to housing that can exist for people who are homeless, including people who are long-term homeless and those with high support needs.
- Look at the role of choice in enhancing service provision, considering consumer-led or consumer-orientated approaches including in housing support services, choice of housing tenure and choice of location.
- Look at how services can empower people who are homeless individually and collectively and enable people into education, training and employment.
- Examine harm minimisation approaches and how they can be employed in effectively tackling homelessness, across all groups of people who are homeless.
- Report on the cost effectiveness of various service options, again looking at services for people who are homeless with different levels of support need and varying levels of experience of homelessness.

1 *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008–2013* <http://www.environ.ie/en/Publications/DevelopmentandHousing/Housing/FileDownload,18192.en.pdf>. Nine regional Homeless Forums have been established on Statutory footing (see Housing (Miscellaneous Provision) Act 2009) and 34 city and county council regional homelessness forums.

2 Government for National Recovery 2011–2016 p.45.

Methodology

The research had four main methods:

- A review of existing research on housing-led service responses to homelessness.
- A consultation with a group of homelessness service providers in Ireland
- Interviews with people who were homeless and service providers working for Simon Communities in:
 - Cork
 - Dublin
 - Dundalk
 - Letterkenny and Sligo
- A consultative breakfast event held in Dublin with participants from across Government and the homelessness sector which discussed the emerging findings from the research (held in early October 2012).

The research team built on a recent evidence review on housing led services conducted for the French Government³ by conducting a Rapid Evidence Assessment (REA), which focused particularly on evidence applicable to Ireland. Based on the principles of a systematic review, an REA is intended to assess in a systematic and transparent manner the best available evidence to address specific research questions. This process can encompass relevant documentation from central and local government, reports from individual service providers and a range of other material that is of direct relevance.

The consultation with homelessness service providers in Ireland was focused on understanding the scope and nature of their existing service provision, asking them about their future plans and for their views on the use of housing-led services. Working in cooperation with research management and policy staff at the Simon Communities of Ireland, the research team were assisted in drawing up a contact list of people working in key homelessness agencies in Ireland. The research team and staff at Simon Communities of Ireland worked jointly to encourage agencies to respond and in total seven service providers took the time to respond to the detailed questionnaire that was circulated:

- COPE Galway
- Dublin Regional Homelessness Executive (DHRE)
- Focus Ireland

- Housing Association for Integrated Living (HAIL)
- Sophia Housing
- Society of Saint Vincent de Paul
- Stepping Stone
- The Midlands Simon Community⁴.

The fieldwork involved conducting a series of focus groups with people who were homeless, with an emphasis on trying to represent the following groups;

- people who were newly homeless in emergency accommodation,
- people who were homeless receiving or living within services offering support,
- people who used to be homeless who were now living in the Community,
- people with sustained experience of homelessness and rough sleeping, had long stays in accommodation-based services (six months or more) and,
- people who had high support needs, including severe mental illness and problematic drug and alcohol use.

The research team undertook focus groups with people experiencing homelessness or who had recently been homeless, in Cork (two groups), Dublin (one group), Dundalk (two groups), Letterkenny (one group) and Sligo (one group). The aim had been to secure a total of ten focus groups with up to five participants each, but the level of participation varied between areas. Eventually nine groups were conducted with the following representation of people who were homeless or who had recently been homeless:

- A total of 27 participants of whom 21 (81%) were male and six (19%) were women.
- Eight participants who were in their twenties and thirties (30%), eleven participants who were in their fifties (41%) with the remainder aged in their 40s or over sixty.
- Nineteen people who were or had been entrenched rough sleepers, i.e. people with high and multiple support needs who had sustained experience of living rough.
- Eight people who were more recently homeless, who tended to be younger and who tended to have lower support needs.
- Seventeen people working for the Simon Communities in Cork, Dublin, Dundalk, Letterkenny and Sligo, ranging from workers delivering support services through to management and chief executive level.

³ Pleace, N. (2012) *Housing First* FEANTSA/DIHAL Brussels.

⁴ The Midlands Simon Community did not participate directly in the fieldwork but did take part in the consultation.

People who were homeless were offered a small 'thank-you' shopping voucher worth €5 for participation.

The research was broadly successful in terms of recruitment of participants and the range of issues that it was able to cover. However, some caveats should be noted. First, while people with a wide ranging experience of homelessness, including a substantial group of people with sustained experience of homelessness and high needs, were interviewed, the numbers achieved were slightly lower than originally planned. In addition, within the time frame available for the research, not all the service providers who were invited to participate in the consultation were able to respond and some service providers also chose not to respond.

Finally, the research had originally been designed to consider evidence around the services that promoted participative representation of people who were homeless and also to look at provision of educational, training and employment services.

Three issues were encountered here, first the evidence base on such services is relatively limited⁵ and second, working examples of such services in Ireland were unusual. Third, and most importantly, housing-led service approaches, which were the main concern of this research, are not at present characterised by delivery of services to promote collective participation or the provision or arrangement of education, training and employment. As the main concern of the research was exploring the use of the housing-led approach in Ireland, the primary focus was on what these services did in practice and what lessons there might be for Ireland in how they worked.

5 For a discussion of the existing evidence base see: Jones, A. and Pleace, N. (2010) *A Review of Single Homelessness in the UK 2000-2010* London: Crisis.
http://www.crisis.org.uk/data/files/publications/ReviewOfSingleHomelessness_Final.pdf

Introduction

Housing-led services are best described as a group of approaches that are designed to sustainably end homelessness among people with support needs which share a common philosophy. This chapter of the report briefly describes the different types of housing-led service models in use, looking specifically at the Pathways Housing First model, Communal Housing First and finally at Housing First 'Light' services. Once the different models of housing-led service have been described, the chapter then moves on to review the existing international evidence base about each group of housing-led services.

What are housing-led services?

Comparing housing-led and supported housing service models

Housing-led services are 'housing-led' because the first thing they do is place a person who is homeless into permanent or settled accommodation and because the support they provide is mainly delivered within that accommodation. Most models of housing-led services are called 'Housing-First' because the *first* thing they do is provide permanent or settled accommodation to people who are homeless. A housing-led service is also characterised by following a specific philosophy that promotes choice and control for people who are homeless within a harm reduction framework.

Housing-led services are different from some other forms of homeless service because of how they work and where they work. It is common, not just in Ireland but throughout the EU, to use specially designed supported housing with on-site support staff in responding to homelessness. Supported housing⁶ services work by immediately providing emergency accommodation and then working to help people who are homeless to become 'housing ready', i.e. physically and mentally well enough and also capable of handling the practicalities of living independently, *before* resettling them into ordinary housing. These services exist in many forms, one model is sometimes called the staircase⁷ approach, which uses a series of 'steps', which involve moving from intensively supportive and supervised housing through two or more steps into less supportive and less supervised settings that become more 'housing-like' before eventually getting one's own home. Other supported housing services are more 'elevator'⁸ like, i.e. they use a key-worker or support worker system that seeks to support people who are homeless towards being 'housing ready' without moving them between steps or stages, again until the point when they are ready to live on their own.

Where housing-led services differ from supported housing is that they move someone straight into permanent or settled accommodation and then provide support to them in that accommodation. Whereas supported housing has two or more steps or stages, housing-led services are designed to just have *one* step, from homelessness *directly* into ordinary housing or permanent and settled accommodation.

Within housing-led services the support team can function in one of three ways, always within a framework that seeks to maximise choice for people who are homeless and which follows a harm reduction approach:

- *Directly* providing help, support and where required personal care and treatment to meet any support needs a person who is homeless has, including psychiatric and medical care and specialist drug and alcohol services. Alongside this support, providing practical help and advice to enable that person to live as independently as possible⁹.

6 The convention in many EU member states, including Ireland, is to refer to communal (shared living and sleeping spaces) or congregated (clusters of flats or apartments in the same block) housing with on site support staff as 'supported housing'. This differs from the way the term is used elsewhere as in the USA for example, 'supported housing' often refers to ordinary housing in which people who are homeless receive floating support services.

7 Also sometimes referred to as Linear Residential Treatment (LRT) or a continuum approach.

8 Johnsen, S. and Teixeira, L. (2010) *Staircases, elevators and cycles of change: 'Housing First' and other housing models for homeless people with complex support needs* London: Crisis

9 For example help with ensuring their new home is suitable for their needs, help with running a home, e.g. ensuring someone can cook, knows how to pay bills, and help with maximising income, through welfare rights advice, debt management advice and help accessing education, training or paid work.

Using *case management* or service brokering to ensure someone who is homeless has all the support they need to live independently in their home. Rather than directly providing treatment, personal care, practical support or advice, this model functions by arranging access to services provided by *other* agencies to ensure a person who is homeless is supported in accessing all the treatment, support and practical help and assistance they may need to live as independently as possible.

Using a *combination* of direct provision of support services and case management to enable people who were formerly homeless to live as independently as possible in ordinary housing.

Some models of supported housing, for example staircase services, can be highly regulated environments. For example, staircase services can insist on total abstinence from drugs and alcohol and on treatment compliance for mental health problems and might prevent people who are homeless from progressing from one 'step' to another, and sometimes evict them, for breaking these rules. In these forms of supported housing, housing is a 'reward' for following rules, for behaving 'correctly' and for compliance with treatment¹⁰.

It is important to note that not all supported housing services work by setting expected standards of behaviour and goals for people who are homeless to comply with. The balance between seeking compliance with rules and providing flexible support that seeks to follow the preferences of people who are homeless can vary considerably across different forms of supported housing¹¹.

The Pathways approach

Housing-led services generally *follow* or at least *reflect* what can be referred to as a 'Housing First' approach. This approach is based on the ideas and philosophy of the 'Pathways Housing First' model of housing-led service which was originally developed in New York¹². Housing-led services that either entirely or broadly reflect this approach have the following characteristics:

Service users choose for themselves whether or not to use drug/alcohol and mental health services without it affecting either their *access* to permanent or settled accommodation or being allowed to *remain* in permanent or settled accommodation. This 'separation' of housing from support is central to the housing-led model.

Housing-led services follow a *harm reduction* approach with a *recovery orientation*, i.e. they seek to support an end to drug and alcohol use and encourage compliance with treatment for mental health problems through providing support within a framework that gives people choice and control over what services they use and when they use them, i.e. facilitating and encouraging rather than *requiring* treatment compliance.

Housing-led services *emphasize* treating people who are homeless with compassion, warmth and respect and on recognising that access to suitable housing is a human right.

Housing-led services seek to promote what can be termed 'ontological security' and social and economic engagement by rapidly re-housing people who are homeless into their own settled accommodation in which they can live as independently as possible. 'Ontological security' refers to the sense of safety, security and predictability that having somewhere you think of as your own home can give to people. In the housing-led model, a home both functions as a place of security and safety and also as the base on which to re-connect with society. A home means one can register to vote, sign up with a doctor, open a bank account and look for education, training or a job in the way anyone else would. Rapid housing is intended to move people away from the unique distress of homelessness and back into society, improving their well-being by restoring a sense of safety and predictability and enhancing life by giving them a secure base from which to engage with normal social and economic life¹³.

Housing-led services do however have an expectation that service users will have regular contact with a support worker or mobile support team who will work with them towards sustaining as independent a life as possible.

The importance of housing-led services

Housing-led services have become globally important. The reasons for this centre on a detailed longitudinal study that compared the outcomes of the New York Pathways model with those for staircase-based supported housing services and a series of subsequent studies. The Pathways model was found to be significantly more effective at delivering sustained exits from homelessness for people who are long-term homeless and who have multiple needs, including problematic drug and alcohol use and severe mental illness, than staircase models. The staircase models used in the US do have successes, but Pathways has stopped long-term homelessness at an unprecedentedly high rate, compared to other US service models¹⁴.

10 Tsemberis, S. (2010a) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Hazelden: Minnesota.

11 Pleace, N. (2008) *Effective interventions for homeless people with a history of substance abuse: Lessons from a review of the Global evidence base for Scotland* Edinburgh: Scottish Government.

12 Tsemberis, S. (2010a) *op cit*.

13 Padgett, D. (2007) 'There's no place like (a) home: Ontological security among persons with a serious mental illness in the United States' *Social Science and Medicine* 64, pp. 1925-1936; Johnson, G. and Wylie, N. (2010) *This is not living: The lived experience of chronic homelessness*, Sacred Heart Mission, St.Kilda.

14 Tsemberis, S. and Asmussen, S. (1999) 'From Streets to Homes: The Pathways to Housing Consumer Preference Supported Housing Model' *Alcoholism Treatment Quarterly* 17,1-2, pp.113-131; Tsemberis, S. (2010b) 'Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs' in I. Gould Ellen and B. O'Flaherty (eds) *How to House the Homeless* Russell Sage Foundation: New York.

Housing-led services have been adopted as Federal homelessness policy in the USA¹⁵ and an increasing number of OECD and EU countries are incorporating, piloting and developing housing-led services. Housing-led services are being tested in Australia, Austria, Belgium, Germany, the Netherlands, New Zealand, Portugal, Sweden and the UK. Meanwhile in Canada, Denmark, Finland, France, Norway, alongside the USA, housing-led approaches are at the core of national homelessness strategies. The 2010 EU Consensus Conference on Homelessness recommended the use of housing-led services following a housing-led approach at European level. While most countries and agencies refer to housing-led services as 'Housing First', the 2010 consensus conference argued in favour of the term 'housing-led' because 'Housing First' originally referred specifically to the Pathways model and other forms of housing-led service had arisen¹⁶. It is the global prominence of services following a housing-led philosophy as an effective response to homelessness that has led to policy attention being focused on housing-led models at the highest levels within Ireland (see Chapter 1).

Different types of housing-led services

There are three groups of housing-led services. The first of these groups of housing-led services, called Pathways Housing First, is a well-defined mobile support service model which has been extensively documented and researched. The second and third groups of services, which can be defined as Communal Housing First and as Housing First 'Light' services, both encompass ranges of services that share or reflect the Pathways philosophy and a common basic approach, but which *differ* in their operational details.

It is important to note these are *generalised* categorisations, not definitions of different types of housing-led service. Forms of housing-led service that do not strictly comply with the descriptions given below and hybrid services that combine different forms of housing-led services also exist.

Pathways Housing First

Pathways Housing First (PHF) is not a general homelessness service, it is specifically targeted on people with a severe mental illness who are homeless, including people experiencing long-term homelessness. PHF uses two forms of mobile support team which are an ACT (assertive community treatment) team and an ICM (intensive case management) team. The ACT team *directly supports* people with severe mental illness who are homeless who have the highest levels of need. A ten-person ACT team would have a case-load of 70 people and be comprised of:

- A Team Leader who coordinates the services provided (with support from an administrative assistant)
- A psychiatrist (usually a part-time post)
- A provider of primary medical care either a doctor or nurse-practitioner¹⁷ (usually a part-time post)

- A full time nurse
- A qualified social worker, usually with specialist knowledge of mental health
- A specialist in supported employment¹⁸
- A drug and alcohol specialist
- A 'peer specialist' who is a qualified team member who has been through the experience of chronic homelessness themselves.

Alongside providing practical support, the 'peer specialist' is also seen as a 'living illustration' that 'recovery' from chronic homelessness is possible¹⁹.

The ICM team has a case management role and works with people who are homeless who have high needs but require less intensive levels of support. The ICM enables someone to connect with services they need, including social work services, drug and alcohol services, mental health and medical services and the welfare systems. The ICM provides some direct support itself, though its main role is focused on case management. ICM team staff are each assigned up to 20 service users²⁰.

PHF provides 24-hour cover which means service users can telephone for assistance whenever they might need it. The model can provide intensive support, but it is not designed to provide a 24 hour staff presence in the home of someone using the service, as it is based on mobile support which has to be available to other service users. PHF also provides open-ended support services. The support is in place for as long as someone needing the PHF service requires and this can and does mean the provision of support that is effectively *permanent*.

The PHF philosophy is described in the follow terms²¹:

- Housing as a basic human right.
- Respect, warmth and compassion.
- A commitment to working with people for as long as they need.
- Scattered site housing, independent apartments²².

15 United States Interagency Council on Homelessness (2010) *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* 2010 USICH: Washington DC.

16 European Consensus Conference on Homelessness (2010) *European Consensus Conference on Homelessness: Policy Recommendations of the Jury* Brussels: FEANTSA.

17 A nurse practitioner shares some training with doctors and can prescribe some drugs.

18 The role of PHF in promoting employment has yet to be systematically investigated at the time of writing.

19 Some ACT teams also include a 'family specialist' a support worker whose role centres on positive reconnection with family. There may also be a 'wellness management and recovery specialist' designed to develop positive personal relationships and a healthy lifestyle among formerly chronically people who are homeless. Tsemberis, S. (2010a) op cit.

20 Tsemberis, S. (2010a) op cit.

21 Tsemberis, S. (2010a) op cit.

22 i.e. ordinary rented flats that are spread out across a city or community rather than concentrated into one or more blocks of flats.

- Separation of housing and services²³.
- Consumer choice and self-determination.
- Recovery orientation.
- Harm reduction.

PHF is often contrasted with supported housing models that extensively regulate the lives of people who are homeless, with the 'choice and control' (consumer choice and self-determination) provided by PHF being emphasized. However, people who are homeless using PHF do have to accept the following three conditions to access the service²⁴:

- A weekly home visit from PHF staff.
- Signing a tenancy or sub-tenancy, which gives them some housing rights alongside responsibilities for the apartment they living in.
- Sign an agreement guaranteeing that 30% of their available income will help pay the rent.

PHF works mainly with the private rented sector to secure housing for its service users. Private landlords are offered a full housing management service and guaranteed rent. The actual tenancy agreement is often being held by PHF itself, rather than a person who was formerly homeless. The private landlord thus has the reassurance that their tenancy is with PHF, that the ACT/ICM team will handle any housing management issues that might arise and that their rent will be paid. The use of sub-tenancy agreements also allows PHF to rapidly move people if any difficulties arise, as the person who was homeless does not hold the tenancy. A recent review of the possible use of housing-led services in Australia makes the important point that one of the key successes of PHF in tackling homelessness lies in how PHF secures and manages a stock of suitable private rented housing²⁵.

'Communal' Housing First models

Communal Housing First (CHF) services follow the same philosophy as PHF with one important difference. CHF services provide *permanent* accommodation in communal (single rooms) or congregate (self contained apartments) blocks of accommodation with on site staffing. Security of tenure is offered but there is no choice of where to live.

CHF can directly provide psychiatric, drug and alcohol services and medical services and may use case management to access to external services. CHF services follow a harm reduction approach, and, as with PHF, there is no requirement to stop drinking, taking drugs²⁶ or to comply with treatment in order to access and remain within the provided accommodation. The accommodation has the same sort of requirements attached to a normal tenancy or lease agreement i.e. agreeing not to behave in an anti-social way and to pay the rent, or make an agreed financial contribution towards the rent. CHF services are targeted in various ways, but are generally intended for people living rough and in emergency accommodation for sustained periods who have severe mental illness, problematic drug and alcohol

use, poor physical health and exhibit anti-social and criminal behaviour. People who are long-term homeless with very high needs who make heavy use of emergency medical services and who have high contact with criminal justice services may be specifically targeted by CHF services²⁷.

A CHF service is meant to provide a permanent, supportive home. There is *no* 'staircase' element to a CHF service. People using a CHF service can choose to move on and be supported in doing so, but the CHF model is designed to provide settled housing with open ended support.

CHF exists in several forms including:

- 'Project-based Housing-First' services developed in the USA for very high need groups of people who are long-term homeless and who present with severe mental illness, criminal and anti-social behaviour, very poor physical health, highly problematic drug and alcohol use²⁸.
- Services provided under the Finnish 'Name on the Door' Programme which has involved a large scale conversion of hostels and emergency accommodation into what is referred to as a 'Housing First' model using congregate self-contained flats with on-site staffing²⁹. Although it shared much of the core philosophy of PHF, the Finnish programme was originally developed without reference to PHF, though it began to draw on US ideas over time.
- Some examples of 'Common Ground' services in the USA and Australia can be interpreted as providing a form of CHF³⁰.

'Housing First Light' services

Housing First Light (HFL) services share the same basic philosophy as the PHF model, but they are a *lower intensity* service than that provided by PHF. These services are sometimes also referred to as 'housing support', 'tenancy support', 'case management' or 'housing-led' services³¹.

23 i.e. access to housing and the right to remain in housing is not conditional on treatment compliance.

24 PHF service users must also be eligible for welfare benefits to help pay their rent, these benefits are conditional on being diagnosed with a severe mental illness.

25 Johnson, G.; Parkinson, S. and Parsell, C. (2012) *Policy shift or program drift? Implementing Housing First in Australia* AHURI Final Report No. 184 AHURI: Melbourne.

26 CHF services would not in any way *facilitate* illegal drug use.

27 Larimer, M.E.; Malone, D.K.; Garner, M.D. et al (2009) 'Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems' *Journal of the American Medical Association* Vol. 301, Part 13, pp. 1349-1357.

28 Larimer, M.E et al (2009) *Ibid*.

29 Busch-Geertsema, V. (2010) *The Finnish National Programme to reduce long-term homelessness* (Synthesis Report for European Peer Review) OESB: Vienna.

30 It is only one type of Common Ground service the *permanent housing* might be seen as a form of CHF, some other Common Ground services do not follow a CHF approach, see: Jost, J.J; Levitt, A.J. and Porcu, L. (2011) 'Street to Home: The Experiences of Long-Term Unsheltered Homeless Individuals in an Outreach and Housing Placement Program' *Qualitative Social Work* 10, pp. 224-263; Parsell, C. and Jones, A. (2012) *Street to Home in Australia: New Approaches to Ending Rough Sleeping in Brisbane and Sydney* Institute for Social Science Research, University of Queensland

31 Pleace, N. (2012) *op cit*.

- HFL *only* uses case management to support people who were formerly homeless in ordinary housing. This case management is not an ICM model like that used by PHF services. This means that workers have a higher caseload and less contact with people who are homeless using the service (caseloads and contact hours vary between services).
- HFL services do *not* employ an ACT team and there is no direct provision of health care or personal care. Access to mental health, medical, drug and alcohol and other health and support services is only secured through case management.
- HFL are relatively low intensity services compared to PHF or CHF models. The main function is to case manage a package of services and ensure that sufficient supports are in place to facilitate tenancy sustainment, the team will provide little or no direct support to people who are homeless.
- HFL can be used to support people who are homeless who have various levels of need, this can include people who have lower levels of need or whose support needs may lessen over time. Some of these services operate on the assumption that they will become 'dormant' as independence grows and support needs lessen, though they do not set a timetable or have an expectation that this point will be reached by the people using the service³². By contrast, PHF and CHF services are only designed for people who are homeless who have very high needs who are very likely to have an *ongoing need* for significant levels of support.
- HFL services were originally developed *without reference* to the PHF model. These services reflect the wider philosophy of PHF but did not originally derive their ideas from PHF. The housing-led philosophy is sometimes not interpreted as presenting a 'new approach' to tackling homelessness in countries where HFL services, or something close to an HFL approach, already exists³³. By contrast, HFL services have been developed with explicit reference to the PHF model, sometimes in contexts where less resources were available than were necessary to fully operationalize the PHF approach³⁴.

HFL models are quite often used in European contexts where at least some social housing is available and may work closely with social landlords. Some HFL services will also work with the private rented sector, either using negotiation with PRS landlords or offering the kind of full housing management service, including guaranteed rent, which is employed by PHF to secure private rented housing.

Services which use mobile teams of workers who resettle people who are homeless in ordinary housing as the final 'step' within a staircase or as part of a supported housing service are *not* HFL models. Like PHF services, HFL services *immediately* provide housing with no requirement to be 'housing ready'.

Equally, to be regarded as a form of housing-led service, HFL services must also follow the pattern of providing *ongoing* support. Services that set a fixed ceiling on the amount or duration of support that is offered are not a form of housing-led service, though they may reflect the approach in other respects.

Similarly, a mobile support service that offers permanent ordinary housing but which requires *abstinence* or treatment *compliance* is not a form of housing-led service.

Table 2.1 (page 13) summarises the similarities and differences between different broad types of housing-led services.

The international evidence on housing-led services

The Pathways Housing First Model

Evidence of success

PHF has shown a very high success rate in delivering sustained exits from homelessness. In New York, 88% of formerly long term homeless people with very high support needs³⁶ who were supported by PHF stayed in settled housing over the course of five years, compared to 47% of people with the same characteristics using staircase services³⁷. An ongoing study of an Amsterdam-based housing-led service based on PHF reported a 77% housing sustainment rate, again among people with long term experience of homelessness with high needs³⁸.

Work in the USA shows comparative costs for PHF at contemporary prices are 28% less than maintaining a person with high support needs who is homeless in emergency accommodation (\$57 a night for PHF compared to \$71 a night in emergency accommodation)³⁹. There are also claimed to be significant cost offsets, centring on reductions in use of emergency medical services and mental health services and a reduction in arrests and short term imprisonment, producing significant savings for the criminal justice system. There is evidence of a broad 'stabilizing' effect on users of PHF linked

32 Lomax, D. and Netto, G. (2008) *Evaluation of Tenancy Sustainment Teams* London: Department of Communities and Local Government.

33 Johnsen, S. and Teixeira, L. (2010) *op cit*.

34 Pleace, N. (2012) *op cit*.

35 Pleace, N. (2012) *op cit*.

36 The USA does not have a concept of 'long-term' homelessness and services are instead targeted on what is termed the 'chronically homeless' population (who are characterized by long-term homelessness, a risk of long-term homelessness and high support needs). The US department of Housing and Urban Development (HUD) <http://portal.hud.gov/hudportal/HUD> defines a "chronically homeless person" as someone who has been continuously homeless for a year or who has had four episodes of homelessness in the last three years, who is unaccompanied (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with a disabling condition, including a diagnosable substance abuse disorder, a serious mental illness, a 'developmental disability' (learning difficulty) or a chronic physical illness or disability, including the co-occurrence of two or more of these conditions. The US definition of homelessness includes sleeping in a place not meant for human habitation or living in an emergency shelter.

37 Tsemberis, S. (2010b) *op cit*.

38 Wewerinke, D.; Wolf, J.; Maas, M. and Al Shamma, S. (2012) *'Discuss Amsterdam' Housing First: A Key Element of European Homelessness Strategies*, 23rd March 2012 Unpublished conference proceedings. French Permanent Representation, Brussels. <http://feantsa.horus.be/code/EN/pg.asp?Page=1409>

39 http://www.pathwaystohousing.org/content/our_model

Table 2.1: Broad Types of Housing-Led Services

Service offered	Pathways Housing First	Communal Housing First	Housing First Light
Housing with security of tenure in private rented sector or in social housing provided immediately or as soon as possible	Yes*	No	Yes
Offers communal housing (single rooms or apartments) with security of tenure provided immediately in a building only lived in by people who are homeless using the service	No	Yes	No
People who are homeless have to stop using drugs	No	No	No
People who are homeless have to stop drinking alcohol	No	No	No
People who are homeless have to use mental health services	No	No	No
Harm reduction approach	Yes	Yes	Yes
Recovery orientation	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	Yes**	Yes	Yes
Uses Assertive Community Treatment (ACT) team	Yes	Yes***	No
Provides support to promote housing stability	Yes	Yes	Yes .

Based on Pleace 2012³⁵ *Sub-tenancy arrangements are commonly used **Intensive Case Management ***Services are similar in scope but do not necessarily function the same way as an ACT team would work in the community.

to having their own housing, which tends to lessen use of drugs and alcohol and improve mental health, reducing overall use of detoxification and mental health services⁴⁰.

PHF is dependent on a supply of adequate, affordable housing which can offer security of tenure. Equally, the ICM component of PHF is dependent on good working relationships with and sufficient access to externally provided health, social work and other support and welfare services.

Evidence of limitations

Critics of PHF present four main arguments:

- PHF uses dispersed housing with mobile support workers and so may not always be able to meet the needs of people with the highest support needs who (arguably) need to be closely monitored. Alongside this, it is pointed out that while it is highly successful in ending long-term homelessness for people with high needs, PHF does not work for everyone who uses it⁴¹.
- PHF provides stable housing that helps enhance well-being. However, while support needs can lessen in both their extent and degree among PHF service users⁴², it is also the case that mental health problems, social and economic exclusion and problematic drug and alcohol use often *persist* among PHF service users, even after they have been rehoused for several years⁴³.

- Life in the community can be isolating, as people who have been homeless may have poor peer support, low self esteem, poor education and find it difficult to enter training, education or employment or undertake other productive activities. Although it ends homelessness for the majority of service users, PHF has been criticised for not doing more to counteract relative isolation, worklessness and a lack of productive activity⁴⁴.
- It can be argued that PHF has less 'ambition' than staircase models. This is because staircase models seek to fully address support needs in a drive to make people 'housing ready', i.e. the theoretical outcome of a staircase service is someone who can sustain independent housing without further assistance⁴⁵.

40 Pearson, C.; Montgomery, A.E.; Locke, G. (2009) 'Housing Stability among Homeless Individuals with Serious Mental Illness participating in Housing First programs' *Journal of Community Psychology* Vol. 37, Part 3, pp.404-417.

41 Kertesz, S.G.; Crouch, K.; Milby, J.B.; Cusimano, R.E. and Schumacher, J.E. (2009) 'Housing First for Homeless Persons with Active Addiction: Are we overreaching?' *The Milbank Quarterly* Vol. 87, Part 2, pp. 495-534.

42 Tsemberis, S. 2010b op cit.

43 Johnson *et al* (2012) op cit; Stanhope, V. and Dunn, K. (2011) 'The curious case of Housing First: the limits of evidence based policy' *International Journal of Law and Psychiatry* 32, pp. 275-282.

44 Pleace, N. (2011) 'The Ambiguities, Limits and Risks of Housing First from a European Perspective' *European Journal of Homelessness* 5(2), pp.113-127; McNaughton-Nicholls, C. and Atherton, I. (2011) 'Housing First: Considering Components for Successful Resettlement of Homeless People with Multiple Needs' *Housing Studies* 26(5) pp.767-777.

45 Edens, E.L.; Mares, A.S.; Tsai, J. and Rosenheck, R.A. (2011) 'Does Active Substance Use at Housing Entry Impair Outcomes in Supported Housing for Chronically Homeless Persons?' *Psychiatric Services* Vol. 62, Part 2, pp. 171-178.

Two counterarguments can be made in response to these criticisms. First, that other service models do not stop the unique distress of homelessness among vulnerable people, i.e. sustainably end physical homelessness, at the rate achieved by PHF. Second, expecting a homelessness service - of any sort - to fully address all support needs, end social isolation and end economic exclusion simply may not be realistic, given that no form of homelessness service has ever managed to completely address the poverty, worklessness, exclusion, poor health and low levels of well-being that are associated with long term homelessness, for the bulk of the people whom it works with⁴⁶.

'Communal' Housing First

Evidence of success

The evidence base for CHF services is less developed than for PHF, but there is American and Finnish evidence that this approach can sustainably end homelessness for people with long term experience of homelessness who have high support needs⁴⁷. Recent Finnish figures suggest a 32% fall in long-term homelessness⁴⁸ from 3,600 in 2008 to 2,730 in 2011, the result of a national programme using several forms of housing-led service, in which CHF services are particularly prominent⁴⁹.

Some work on the cost effectiveness of CHF has been done in the USA. One study estimated that there was an annual gross saving of \$12 million for emergency and criminal justice services by stably housing 95 very 'high cost' people who were long term homeless and had very high support needs. The initial net saving was much less high, because the CHF project had cost close to \$11 million to develop, but there were also the benefits of having taken a very high need population away from the emergency shelters and streets⁵⁰. There is also some evidence that CHF services can reduce the level of problematic drinking among people who were formerly homeless who become resident within these services⁵¹, alongside the benefits to these individuals, this should over time reduce health service expenditure.

Evidence of limitations

Criticisms of the CHF model are threefold:

- It is possible to argue that CHF is not a clear and consistent model in the way that PHF is, i.e. CHF services vary in structure and operation, which means care has to be taken to understand what it is about a *specific* CHF model that makes it effective before a decision is made to replicate the approach and which also makes cross comparison of CHF service outcomes more difficult⁵².
- People using CHF services have no choice over where they live, whereas PHF and HFL services may offer at least a restricted choice. If someone cannot choose where to live and who to live alongside (at least to some degree) it might be argued that their capacity to exit homelessness may be undermined. By keeping people who were homeless in one block of clustered flats, CHF services also arguably isolate their residents from the wider community and again it can be argued that this might limit possibilities for reintegration into society⁵³.
- CHF places people who are long-term homeless and who have high support needs alongside one another. There are concerns that CHF services may be an environment in which many people use drugs and drink alcohol, and thus less than ideal places to overcome problematic drinking or drug use. CHF services might also be difficult places to manage⁵⁴.

It is possible to argue against these criticisms. The belief that inconsistency in the design of CHF services makes them difficult to replicate and compare can be balanced against evidence that it is the *general philosophy* of housing-led services not the specifics of their operation that makes them effective⁵⁵. The arguments against people who are formerly homeless with high support needs living together can be countered by looking at US evidence that people who are homeless do seem to choose to stay within CHF services, and while that choice may be constrained (i.e. there may be nowhere else to go), an apparently very similar population did tend to abandon staircase services at a high rate⁵⁶. Finally, it might be argued that if CHF services are correctly resourced there is no reason to assume they are inherently likely to make it more difficult to cease using drugs or alcohol or be difficult to manage environments. There is American evidence that CHF can manage groups of people with very high needs who are long-term homeless (chronically homeless people in US terms), though also some Finnish evidence suggesting that challenges can exist in managing a group of high need formerly long-term homeless individuals living together⁵⁷.

46 Busch-Geertsema, V. (2005) 'Does re-housing lead to reintegration? Follow-up studies of re-housed homeless people' *Innovation* Vol. 18, Part 2, pp. 202-226.

47 Larimer, M.E. *et al* (2009) *op cit*; Collins, S.E.; Malone, D.K.; Clifasefi, S.L. *et al* (2012) 'Project-Based Housing First for Chronically Homeless Individuals with Alcohol Problems: Within-Subjects Analyses of 2-year Alcohol Trajectories' *American Journal of Public Health* 102, 3, pp.511-518; Busch-Geertsema, V. (2010) *op cit*; Kaakinen, J (2012) 'Long term perspectives: From Housing First to Ending Homelessness' *Housing First: A Key Element of European Homelessness Strategies*, 23rd March 2012 Unpublished conference proceedings. French Permanent Representation, Brussels. <http://feantsa.horus.be/code/EN/pg.asp?Page=1409>

48 The Finnish definition of 'long term homeless' is a person whose homelessness has become prolonged and chronic, or is threatening to become chronic (chronic homelessness means over one year of homelessness or repeated homelessness during the last three years due to social and health problems).

49 Kaakinen, J (2012) *Ibid*.

50 Larimer, M.E. *et al* (2009) *op cit*

51 Collins, S.E. *et al* (2012) *op cit*.

52 Tabol, C.; Drebing, C. and Rosenheck, R. (2009) 'Studies of "supported" and "supportive" housing: A comprehensive review of model descriptions and measurement' *Evaluation and Program Planning* 33 pp. 446-456; Pleace, N. (2011) *op cit*.

53 Tsemberis, S. (2011) *Observations and Recommendations on Finland's "Name on the Door Project"* From a Housing First Perspective Housing First Finland www.asuntoensin.fi/files/1242/Tsemberis_2011_-_Observations_and_Recommendations.pdf

54 Kettunen, M. and Granfelt, R. (2011) *Observations from the first year of the Finnish Name on the door project: Recommendations for the long-term homelessness reduction programme for years 2012-2015* www.housingfirst.fi/en/housing_first/reading_room/general_reading/observations_and_conclusions/

55 Pleace, N. (2012) *op cit*.

56 Pleace, N. (2008) *op cit*.

57 Pleace, N. and Bretherton, J. (2012) 'Will paradigm drift stop Housing First from ending homelessness? Categorising and critically assessing the Housing First movement from a social policy perspective'. Paper given at 'Social Policy in an Unequal World' Joint annual conference of the East Asian Social Policy Research Network and the UK Social Policy Association, University of York 16-18 July. <http://cms.york.ac.uk/terminalfour/SiteManager?ctfn=download&fno=60&ceid=316902685>

Housing First Light services

Evidence of success

While there have been evaluations of individual HFL services, systematically collected evidence on the effectiveness of these services is quite unusual and some of what is available is rather out of date⁵⁸. The HFL approach, or services which are close to it, is quite widely used in the UK but research on these services tends to be small scale and not to monitor how sustained any successes are. In one systematic US study, an HFL model achieved a 65% housing sustainment rate⁵⁹ among military veterans with support needs who had become homeless, a level of housing sustainment that, while lower than that achieved by PHF and CHF services, was still higher than for staircase services.

Little work has been done on the costs of HFL services, although it is generally the case that these services, using a small, mobile support team to provide low intensity case management to people who were formerly homeless, are quite low cost. One difficulty lies in calculating the 'entire' cost of an HFL service, because these services do not cost that much in themselves, but bring together more expensive packages of support through case management. If HFL services work well, they have the potential to connect people who were homeless with support needs with health, personal care and welfare systems they may have not been previously using, even if at the same time HFL may reduce costs for emergency health services and the criminal justice system⁶⁰.

Evidence of limitations

There are four sets of criticisms of HFL services:

- When HFL is used by people who are homeless with lower level support needs, the 'savings' on health, personal care and criminal justice budgets may be less significant. This is because it is people who are homeless who have high support needs and sustained experience of homelessness that are likely to cost emergency medical and criminal justice services the most. There is a less obvious and extensive financial benefit when housing and supporting people who, while they were homeless, did not have very high support needs and were thus not making extensive use of expensive emergency services⁶¹.
- As is the case with CHF services, while HFL service models follow or reflect a broad housing-led philosophy, the operational detail of these services can vary significantly. As is the case with CHF, it can be argued that HFL services are inconsistent in design, which means care has to be taken to understand what it is about a *specific* HFL model that is effective, if this approach is to be successfully replicated. Again as with CHF cross comparison of service outcomes for HFL services is more difficult because of variations in the detail of the operation of services⁶².

- Questions have been raised about whether ongoing support from HFL services is actually necessary if this approach is used for lower need groups, i.e. whether people with lower support needs, for whom suitable housing has been arranged, might actually tend to be able to live sustainably and independently in the community without any further support⁶³.
- HFL service outcomes can also be questioned in some of the same ways in which PHF service outcomes can be questioned, i.e. homelessness may be stopped, but needs around isolation, boredom and productive/work related activity for service users may remain. The capacity of HFL services to support high risk individuals using mobile support might also be questioned⁶⁴.

Questions around the financial 'pay off' from using HFL services can be counteracted by considering the wider costs of homelessness to individuals and society. Costs and benefits are not simply about savings to emergency medical, criminal justice and emergency accommodation services. Keeping people who are vulnerable and homeless off the streets and out of emergency shelters and re-housing them is both a humanitarian policy response and also one that can change how a city like Dublin feels to its residents and presents itself to potential investors⁶⁵. While HFL is not a single, cohesive, approach like PHF, evidence suggests that, as with CHF services, following a 'housing-led' *philosophy* appears to make HFL services relatively more effective at ending homelessness than some other forms of homelessness service⁶⁶.

As with PHF, it is possible to criticise HFL services on the basis that they may not fully address other needs. The same response can be made to these criticisms about these services not addressing all needs as for PHF, which is that it is not realistic to expect any one homelessness service model to fully address all aspects of need associated with long-term or chronic homelessness. HFL services are primarily designed to sustainably address the unique distress of homelessness, which is lacking adequate and settled housing.

58 Pleace, N. (1997) 'Rehousing single homeless people' in Burrows, R.; Pleace, N. and Quilgars, D. (eds) *Homelessness and Social Policy* London: Routledge, pp. 159-171; Goldfinger, S. M., R. K. Schutt, et al. (1999). "Housing placement and subsequent days homeless among formerly homeless adults with mental illness." *Psychiatric Services* 50, 5 pp. 674-9; Lipton, F.R.; Siegel, C.; Hannigan, A.; Samuels, J. and Baker, S. (2000) 'Tenure in Supportive Housing for Homeless Persons with Severe Mental Illness' *Psychiatric Services* 51, 4, pp. 479-486

59 Based on a specific measure of staying in their housing for 65% of the nights covered by a longitudinal evaluation, a higher rate than for comparison groups getting time limited case management.

60 Culhane, D.P. (2008) 'The Cost of Homelessness: A Perspective from the United States' *European Journal of Homelessness*, Vol. 2, Part 1, pp. 97-114.

61 Kertesz, S.G. and Weiner, S.J. (2009) 'Housing the Chronically Homeless: High Hopes, Complex Realities' *Journal of the American Medical Association* 301, 17, pp. 1822-1824; Stanhope, V. and Dunn, K. (2011) op cit.

62 Tabol, C et al (2010) op cit; Pleace, N. (2011) op cit.

63 Rosenheck, R. (2010) 'Service Models and Mental Health Problems: Cost Effectiveness and Policy Relevance' in Ellen, I.G. and O'Flaherty, B. *How to House the Homeless* Russell Sage Foundation: New York, pp. 17-36.

64 Pleace, N. (2012) op cit.

65 Culhane, D.P. (2008) op cit.

66 Pleace, N. (2012) op cit.

Benefits of housing-led services in Ireland

Introduction

This chapter reviews the results of the fieldwork in Ireland, drawing on the consultations with people who were homeless, staff working in the Simon Communities and with other homelessness service providers. The chapter focuses on what were thought to be the likely benefits of housing-led approaches in Ireland and looks at the ways in which housing-led services' emphasis on independence, harm reduction and ongoing support were thought to be beneficial in tackling homelessness.

Overall views of housing-led services

Awareness of the housing-led concept was high among service providers. However, people who were homeless were not always aware of what was meant by housing-led services.

There was a broad consensus that simply providing housing, particularly when someone had been homeless for a long time and had high support needs, was unlikely to result in a good outcome. Both support and a settled home were thought to be needed together. Service providers and people who were homeless referred to the difficulties that someone with problematic drug and alcohol use and/or severe mental illness would have in maintaining their own home without support being available.

“ If they could get this support while they're in the house that would be brilliant – a great chance of them succeeding and getting on with their lives...but if you just put them into a house and then 'ok, see ya'. That's a very bad idea.

Male, long term rough sleeper, 40s.

The idea of housing-led services was popular among people who were homeless⁶⁷ with an emphasis being placed on the attractions of having a 'home', rather than just a roof over your head. One of the key arguments presented for housing-led services in the USA is that they offer vulnerable people who are homeless a tangible, immediate alternative of a real home to either living rough or what can be a sustained stay in temporary accommodation⁶⁸.

Housing-led services seemed an attractive idea to people who were homeless in Ireland because they offered them their 'own place'. Having a settled home of one's own makes the

World seem a safer, more predictable place where there is a sense of continuity and order⁶⁹. Having a home also reconnects someone with society, in the sense that everything from registering with a doctor, to vote or opening a bank account requires an address, both citizenship and economic participation are built around our all having our own home.

“ Having your own home would give you a lot of confidence...It'd open a lot of other doors for you. You start respecting yourself, you start respecting your home and you respect your neighbours, because you've already been down and for people who have been there, a lot wouldn't want to go back I expect.

Woman experiencing homelessness, 30s.

Homelessness service providers tended to agree with several of the core ideas of housing-led services. The emphasis on promoting choice and control, respect for service users and the use of flexible, tolerant approaches when trying to meet the needs of people who were homeless were all widely seen as good practice. Two core elements of housing-led service philosophy were widely viewed as likely to increase the effectiveness of any form of homelessness service:

⁶⁷ This group included some people who had long term experience of being homeless but who had been rehoused at the point the interviews took place.

⁶⁸ Tsemberis, S. (2010a) op cit.

⁶⁹ Padgett, D. (2007) op cit; Johnson, G. and Wylie, N. (2010) op cit.

- Client-led services and/or approaches that maximised choices and control for people who were homeless using services.
- Harm reduction led approaches to drug and alcohol use, rather than abstinence based approaches.

The research was not a complete examination of the opinions and views of all the homelessness service providers in Ireland (see Chapter 1). It may have been the case that there were agencies and individuals who did not participate in this research who did not agree with how housing-led services viewed homeless people and how their needs should be met. For those service providers who did participate in the research, however, many of the assumptions and approaches of housing-led services were thought to be closely mirrored by their existing practice.

“ Responses need to be tailored to respond to individual needs, rather than expecting clients with multiple needs or diagnoses being expected to fit to a particular stationary model of service provision. Provision need to be dynamic and flexible...

Service Provider.

There was also a strong sense, as has also been reported among homelessness service providers in the UK⁷⁰, that housing-led services did *not* represent a major ‘leap forward’. The core arguments underpinning housing-led services in the US and elsewhere, i.e. that inflexible institutions with strict regimes do not provide effective and lasting solutions to homelessness and that a more human response is needed, were generally regarded by service providers as an argument which had long been concluded in Ireland. Service providers thought that the Irish homelessness sector, as they represented it, had long since moved away from strict, institutionalised responses to homelessness. This meant that the kinds of homelessness services, which US or Finnish housing-led services were designed to replace, had been replaced or were fading away in Ireland, albeit that some bad practice still remained⁷¹. Indeed, some service providers thought that the more innovative homelessness service provision in Ireland was a step or two *ahead* of housing-led approaches.

“ ...you could say [service] is not Housing First because we do provide emergency shelter, but if you took the housing support team in isolation, in terms of housing people without preconditions and without requiring engagement in health or mental health or addiction, we are already “Housing First” in that sense. Pathways have a minimum requirement of two visits with your key-worker per month and house visits and I’d say we’re probably more lenient than they are in terms of sticking with them for long periods of time, and in terms of requiring people to do this, this and that...we’ve never done that.

Service Provider.

Some service providers had visited US housing-led services or been to conferences and been to events where Sam Tsemberis, the founder of the PHF approach had spoken. The fieldwork for this research also included consultation with service providers working on the Housing First Demonstration Project (HFDP) in Dublin, which involves Stepping Stone with support from Business in the Community, Focus Ireland, Peter McVerry Trust, National Drug Treatment Centre and Dublin Simon Community⁷².

Those service providers with detailed knowledge of both the theory and practice of housing-led services understood they could exist in several forms. The HFDP in Dublin was described as closely reflecting the PHF model from New York⁷³ and thus as a service focusing on people who were long-term homeless and who had high support needs, i.e. what in the USA would be termed the ‘chronically homeless’ population⁷⁴. For this group of service providers, what was meant by housing-led services was a set of quite *specifically defined* services (see Chapter 2).

“ The simple kind of New York Pathways approach where you just put everyone in scatter flats and provide floating support with a multidisciplinary medical team, that may be fine in America, and certainly it’s one of the things that can be done in an Irish context. But I think you need a broader range of approaches suitable to people’s needs. So we have what we’ve called high support housing, but which would fit into what you and others have called Communal Housing First, for people who are on the older end of things, 40s, 50s, 60s, some of whom would have backgrounds in the industrial schools...you’ve guys who’ve been homeless for donkeys years who’ve been successfully accommodated in these small scale, high support houses...it is a place people can call home.

Service Provider.

70 Johnsen, S. and Teixeira, L. (2012) “‘Doing it Already?’: Stakeholder Perceptions of Housing First in the UK’ *International Journal of Housing Policy* 12, 2, pp. 183-203.

71 See: Mayock, P. and Sheridan, S. (2012a) *Women’s Homeless Journeys: Key Findings from a Biographical Study of Homeless Women in Ireland* (Research Briefing 1: Women and Homelessness in Ireland) Dublin: School of Social Work and Social Policy and Children’s Research Centre. http://www.tcd.ie/childrensresearchcentre/assets/pdf/Publications/research_paper_one_women_and_homelessness_in_ireland.pdf

72 <http://www.homelessagency.ie/Dublin-Homeless-Action-Plan/Housing-First.aspx>

73 The HFDP uses an Intensive Case Management (ICM) mobile support team, but unlike the PHF model in New York, does not employ an ACT team, in this sense it might be seen as a form of HFLservice, please see Chapter 2.

74 PHF is targeted on people who are homeless with severe mental illness, see Chapter 2.

“ The DRHE⁷⁵ initiated a Housing First demonstration project in 2011. The Housing First Demonstration Project is a significant development in the provision of services to long-term “entrenched” rough sleepers with significant support needs. HFDP is a strategically innovative project focused on developing an application of the Pathways Housing First model in a Dublin context. In this regard it is essentially proving, understanding and applying the principles of the Pathways Housing First model, as developed by Dr. Sam Tsemberis in New York.

Service Provider.

Among service providers with knowledge of either the theory or the practice of housing-led models of service delivery, support for these approaches was high. Many thought that the underlying logic was correct and that there were, at least, things to be learned from the way housing-led services worked, even if they also took the view that wholesale adoption of housing-led approaches might not be suitable or practical in Ireland (see Chapter 4).

“ I’ve been converted, working in a housing-led service, there was a time when I would have said, oh my God, like most of our service users need some kind of support, but now seeing what can work, I think it’s a small minority who wouldn’t survive in some kind of housing, but with quite intensive support when needed.

Service Provider.

Independence, choice and control

Housing-led services emphasize that people who are homeless should have a right to housing within which they should enjoy privacy and a sense that their housing is a home of their own. The housing-led approach also emphasizes the ‘normalisation’ that a home of one’s own produces, i.e. that being back in a home is the first step to being back in society and away from homelessness⁷⁶. People who were homeless often valued independence greatly and wanted to be in a situation where their degree of independent living was maximised as rapidly as possible, ideally in the shape of a home of their own. While it was thought a small group might prefer to live in communal supported housing (see Chapter 4), most people who were homeless wanted the independence of their own home.

The focus on independence, choice and control in housing-led services reflected the wishes of people who were homeless in Ireland. This links back to the attractiveness of housing-led services as an idea to people who were homeless, because housing-led services appear to offer them rapid access to their own home and the sense of independence, security, and also of ‘belonging’ to wider society that they associated with having their own home. An independent home was thus seen as a route to feeling safer and more secure, but it could also be seen as the first step away from homelessness and back to normal social and economic life.

“ I’m independent. I have a small bit of independence like you know, you’ve got to have a bit of independence, otherwise you might as well lie down and die, you know? Independence is everything. I know some people can do it and others cannot, everyone is different, you know. Come and go when you like.

Male, long term rough sleeper, aged 53.

“ I’m an adult. I am capable of looking after myself...you know, the idea of getting your own key, closing your own door...that’s why I’m getting my own place, getting on with my life.

Woman, long term homeless, aged 53.

⁷⁵ Dublin Region Homeless Executive <http://www.homelessagency.ie/>

⁷⁶ It is important to note – and this was emphasised in the discussions with people who were homeless and service providers – that while PHF and other housing-led models do not link housing with treatment compliance (i.e. someone does not have to stop drinking, taking drugs or use every service offered to get access to housing or to stay in that housing) housing-led services do apply some conditions to service users. PHF service users are for example expected to have regular meetings with the support team, often within a service users’ home (though it can happen elsewhere). In addition to complying with the normal terms of a tenancy, PHF service users are also expected to contribute to the rent (see Chapter 2).

“ Keep going while you can like, independence is a great thing. Some people can't, some people might not be able to look after themselves you know, but if you can, if you can look after yourself, better to be independent you know. Not have people tell you what to do.

Male, long term homeless, aged 52.

For service providers, promoting independence, choice and control for people who were homeless was a complicated area. This was because alongside seeking to maximise and facilitate independence, there was also a parallel concern with how well individuals with high support needs would cope on their own. Striking a balance between the need to ensure the maximum degree of independence while ensuring individual well-being was not being jeopardised by insufficient support or care, is a dilemma faced by all services working with vulnerable groups that want to maximise independence.

For service providers like the Simon Communities, a core element of their approach was to try to maximise independence by trying to ensure that service users had an individual and collective voice. This client-centred approach was also central to the way in which other service providers tried to address the questions around independence, choice and control.

“ Services are service user centred, which can be seen in the organisations' values and beliefs. Service user participation is a core objective of the organisation, where meaningful ways of consulting our service users are always encouraged and explored.

Service Provider.

“ Our work is underpinned by values which highlight the importance of the individual experiencing homelessness and emphasise the necessity for services to be flexible to meet individual and changing needs.

Service Provider.

Service providers supported the promotion of independence, choice and control which is core to housing-led approaches, but it was in a cautious support, balancing the need to maximise independence against the need of an individual for care and support. This approach is reflected in the operational reality of housing-led services in the US and elsewhere, which use person-centred approaches but which do still monitor and regulate the people receiving services⁷⁷.

Harm reduction

Most people who were homeless and the service providers who were interviewed and consulted for the research thought the harm reduction approach was more likely to be effective than insisting on abstinence from drugs and alcohol. Again, a harm reduction approach with a recovery orientation is integral to the housing-led philosophy and is effectively 'standard practice' across most homeless services in some comparable countries such as the UK⁷⁸.

“ If you're going to force people into a situation where the only way they are going to get a place to live is if they stop drinking, if you force people into that, you're setting them up to fail, you're setting that system up to fail.

Male, long term rough sleeper, aged 52.

“ To be honest with you harm reduction has to be the way, because if someone is totally addicted and you tell them 'stop', well then that's just a no-no, the shutters are going to fall down...the way has to be harm reduction and support.

Male, former long term rough sleeper, 40s.

“ It's more effective, the harm reduction, than being given an ultimatum, which I've been given through me life and I just left like, just one day you just leave and find yourself homeless again.

Male, former long term homeless, 40s.

⁷⁷ Pleace, N. (2012) op cit; Hansen-Löfstrand, C. and Juhila, K (forthcoming) 'The Discourse of Consumer Choice in the Pathways Housing First Model' *European Journal of Homelessness*.

⁷⁸ Pleace, N. (2008) op cit.

“ *The dictatorial approach, it would just simply not work, people are where they are at and there’s absolutely no progress unless that person decides to progress themselves, but there is so much dictatorship going on, and if the client makes a mistake and guess what people make mistakes, then that’s it ‘goodbye’, that kind of dictatorial approach does not work with people who have come through homelessness, or even with any of us in the room, that type of approach.*

Service provider.

These views corresponded closely with the existing international evidence base on homelessness services for people with problematic drug and alcohol use. A number of longitudinal experimental (control group) and quasi-experimental (comparison group) studies in North America have shown low or very low rates of success in tackling homelessness by services that insist on abstinence from people who were homeless. Higher rates of success in resettling and sustainably housing people are achieved by services following a harm reduction approach, quite often accompanied by reductions and stabilisation in drug and alcohol use, although total cessation of drug and alcohol use is not always achieved⁷⁹.

Providing ongoing support

Views on the provision of open-ended or ongoing support which is a core element of the housing-led approach also tended to be uniform. Both people who were homeless and service providers thought that ongoing support was a good idea because it countered the risk of recurrent homelessness among people who had settled and were living independently, and who had seen their support withdrawn only to then experience a crisis with no-one to turn to.

“ *Just knowing you can make that phone call is enough to keep you off the street, knowing that support is there, knowing that if I do have a slip or whatever, have a bad situation and drink, knowing there is someone there you can phone and there is some help, that alone can be an incentive.*

Male, long term rough sleeper, aged 51.

Service providers were not opposed to the idea of ongoing support in principle and generally supported this as an approach, but this was an area where they thought there would be practical difficulties around resourcing. Ongoing support from a service provider perspective was desirable, but also seen as costly. The issue of resources in the delivery of housing-led services is discussed in detail in the next chapter.

⁷⁹ Pleace, N. (2008) op cit and see Chapter 2.

Limits to housing-led services in Ireland

Introduction

This section of the report looks at the limitations in using housing-led services to respond to homelessness in Ireland. As with Chapter 3, this section of the report draws on the consultations with people who were homeless, staff working in the Simon Communities and other homelessness service providers. The chapter looks at issues around housing supply and access to housing, isolation and activity, joint working and changes to the welfare system. The chapter then reviews some concerns that were raised about housing-led being 'diluted' when it is implemented in Ireland and concludes by reviewing opinions on the mix of services that should be used in tackling homelessness in Ireland.

Access to adequate and affordable housing

The most often repeated concern, among both service providers and people who were homeless, was that there was not a sufficient supply of adequate and affordable housing in Ireland for housing-led services to work well. Two broad issues were identified as constricting the supply of adequate and affordable housing for people who were homeless.

The first issue was difficulty in accessing social housing in Ireland, a problem that was seen as having two dimensions, a lack of new supply and barriers in allocation processes faced by people with a history of homelessness, who were seen as 'risky' tenants. Service providers also commented that the allocation processes of some social landlords could be very slow and opaque. Recent research across the EU, including Ireland, has shown social landlords are often reluctant to house formerly homeless people because they have limited housing supply in relation to demand and also because people who are homeless are perceived as likely to present with housing management problems, such as not paying the rent or anti-social behaviour⁸⁰.

“ Shortage of available housing in general. Provision of new social housing is at a virtual stand-still, and there are long waiting lists for 'general needs' applicants seeking any available housing.

Service Provider.

“ People are excluded from the housing list on a very, very arbitrary basis...

Service Provider.

“ I've lost that many flats and houses it's a joke, but the flipside of that after dealing with my addiction, two years now is it? I can't get a place from the council or anyone else, because of who I was...there's no 'he's been clean two years give him a chance', it's just 'he's an addict, don't give him a chance'.

Male with long term experience of living rough, 50s.

⁸⁰ Pleace, N.; Teller, N. and Quilgars, D. (2011) *Social Housing Allocation and Homelessness* EOH Comparative Studies on Homelessness, Brussels: Feantsa

“ People on housing lists for years, who just haven't been offered anything, and there doesn't seem to be direct answers or reasons as to why that's happened. And we would have a number of people who, you know would benefit...where they would move into a decent property and have the floating service, but it's often impossible to get that, it's rare if ever.

Service Provider.

“ If someone talks to the council, asks them 'where exactly do I stand at the moment', they're given a vague answer. So if somebody asks how much longer they will be on the list, they can't tell them. So, it's very, very difficult for people to plan. So for example, if they were given a very, very clear message, some people, they may decide to opt for private rented.

Service Provider.

For both service providers and some people who were homeless, the barriers to social housing were a cause for concern because social housing was seen as the one (theoretically) available housing option that was likely to be adequate, affordable and, importantly, secure. The idea that social housing was a 'better alternative' for people who were homeless compared to what could be rented privately for the same, or often significantly more, money was quite widespread.

“ The lack of social now, they're not building anymore now, they've made that quite clear, that social housing from the local authority is a thing of the past. So what we're finding anyway...we kind of knew it was going to happen because we've lots of experience in resettlement. We're working with people in very unstable and unsuitable private rented accommodation, more often than not the fact that it's private rented, straight off, means it's insecure and we just find people moving in and out of it...social housing on the other hand it's near impossible to be evicted, once you have a social housing tenancy and so they will work with you...they'll allow rent arrears to creep up to a certain extent, so that's stability, but once you're in private rented and you hit problems, that's it.

Service Provider.

“ I'm renting at the moment, I've no house from the council or anything like that, which is nearly €70 a week I'm paying, you know rent, that's without ESB, gas or putting something in the fridge. You know that's a lot of money when you're on social welfare. Very difficult to get a council house in [location]. What I'm looking for a council house really, which is only €25, €30 a week and they look after you...

Male with experience of long term homelessness, 48.

“ My recovery plan, would be someday to be in a council or social tenancy, I'm working towards that goal, I'm getting there very, very slowly.

Male with experience of long term living rough, 43.

The second issue with housing supply centred on access to private rented sector and the affordability of private rented housing. Standards were often perceived as poor in the lower end of the private rented sector and rents were high in relation to what people who had been homeless were likely to be able to afford. Of particular importance within these concerns were restrictions in welfare benefit allowances for rent⁸¹ that were widely seen as requiring people who had been homeless to 'top up' their rent payments.

“ Actually the lack of private rental accommodation that's under the rent cap is our major problem.

Service Provider.

“ Rent Allowance maximum thresholds are too low for housing of adequate standards to be sources readily. This can result in households having to (illegally) top-up their rent payments, and so put themselves under financial pressure in other areas. The low standards of some rented accommodation makes it harder for people to sustain their tenancies.

Service Provider.

81 i.e. Rent or Mortgage Interest Supplements <http://www.welfare.ie/EN/Publications/SW54/Pages/1WhatIsSupplementaryWelfareAllowance.aspx>

“ Obviously we need financial help because these places are very expensive like, you know what I mean, you have to put down a deposit, if you want a room of your own or even a bedsit, a deposit has to go down. It could be up to five hundred euros like, which is a lot of money.

Male with prolonged experience of homelessness and living rough, 52.

“ A single man is entitled to €475 a month, but you have to pay €30 Euros out of your own dole. So I went for a bedsit which was €105 a week, which was €420 a month, which was under the €475, I still have to pay €30 out of my dole.

Male long term experience of living rough, 43.

Access to private rented housing was also viewed as restricted because of the reluctance of some private landlords to let to people with a history of homelessness, on the assumption that they would be difficult tenants. Demand for private rented housing was high in many areas and this allowed landlords to follow their preferences in terms of the kinds of tenants they let their housing to.

“ They look at you, they read the book wrongly, judging by the cover and they say someone else got the flat. So I always got like a nice looking fella and sent him forwards with the deposit...

Male with experience of long term homelessness, 40s.

“ Because nobody is buying housing at the moment, yet families are forming all the time and people leaving home and families breaking up, that stimulates demand in the private rented sector and obviously it goes to people with cash in hand first, then to people who are on rent allowance who don't have the stigma of homelessness attached to them or anything like that, so it's quite challenging.

Service Provider.

“ They've made it quite clear...because they are liaising with these kind of mainstream landlords, they can't take risks around non-payment of rent, they can't take risks around damage to property, they can't take risks around, you know, anti-social behaviour that's going to upset the neighbours, hygiene issues, environmental issues, all those kinds of things...people in our apartments all come with those issues, and we're kind of geared to help them work through those issues or be a bit flexible around them...obviously private landlords who are being liaised with by private rented access schemes are not going to be as forgiving of those things.

Service Provider.

Both the PHF and HFL models are dependent on immediate, or near-immediate, provision of a settled home in the community. While housing supply is not an issue for CHF models, which use purpose-built or converted accommodation (see Chapter 2), it is a fundamental operational requirement of housing-led services that use mobile support teams and ordinary housing to have a sufficient supply of affordable, adequate and secure housing. As was noted in Chapter 2, a core reason for the success of the PHF model has been the effective mechanisms it has for securing sufficient private rented housing of adequate quality⁸². From the perspective of some people who were homeless and from service providers, housing-led services sounded good in principle, but questions about where the housing was going to come from and how it would be afforded were seen as a fundamental limit to using these approaches in Ireland.

“ If they did put you in a place – and you were paying less money – and they did visit you to make sure everything is going alright, this that and the other, you know your bills are being paid, you're doing your ESB you're doing your gas, the likes of that, you know, you're looking after the place, you know, you're doing well with yourself. That's what you do want you know, someone to visit you and make sure everything's ok.

Male with experience of long term homelessness, 48.

82 Johnson, G. et al, (2012) op cit.

Independence, choice and control

There was a widespread belief among people who were homeless and service providers that while most of the people with support needs who became long-term homeless wanted to live independently in their own home and could do so with the right support, housing-led was not the answer for everyone. housing-led services were not always thought suitable for people with the highest needs. One reason why housing-led was not thought to suit everyone was because there were too many risks to some people's well-being in a situation where they were not closely and continuously monitored, a criticism that has also been made of some housing-led models in the USA (see Chapter 2).

“ I think there will always be a need for supported housing, because we have people who go into supported housing who couldn't then take up a housing-led style apartment or place to live. I think it will depend on the individual, on the assessment, on what they want from us.

Service Provider.

“ There are people with more complex needs than others. Like if you get someone whose been heavily entrenched in homelessness for the last six years and put him into an apartment somewhere and have a floating support worker, it might not be enough for that individual, because they might need more contact.

Male with long term experience of living rough, 43.

There were also thought to be some people who were long-term homeless who would not want to live independently. Sometimes there were thought to be issues of institutionalisation that could not be overcome, such as with some people who were homeless who had grown up in the industrial schools⁸³ or had spent significant time in prison. This group was thought to be so conditioned to institutional living that they found it difficult to exist in live in another context and this need had to be recognised. For others, it was more a question of choice, a choice that was often discussed in terms of not wishing to be 'isolated' by living alone in ordinary housing in the community, a point which is further discussed below.

“ If you were asking me and homelessness was only starting tomorrow, because some of our clients, it's institutionalisation, that's it, they came from industrial schools, but if it were only starting tomorrow and you were asking me which model to introduce, all the way I'd be like housing-led and housing-led, don't create shelters very bad idea, it's an institution.

Service Provider.

“ I mean the whole consumer choice issue is a big part of the Pathways model, but there doesn't seem to be an acceptance of the fact that people may not choose to live alone, I mean most of us don't live alone, don't choose to live alone and if you've lost contact with your family it is also normal for people to live in house shares, people do it all the time...and that's before you get to the fact that so many of the people in our houses come from an institutional background...yes, it's wrong, and it's due to damage that was done... but it's still the case that they may never feel comfortable living in their own space and meeting their own needs...to say people shouldn't have that choice is not consumer choice.

Service Provider.

“ I suppose it [housing-led] would be handy for some people, but there are a number of people I suppose would struggle in the [supported housing], I suppose people would feel on their own, like, you know. I'd say most people would like to be independent but there's a few who'd be much happier in the [supported housing]

Male with history of long term homelessness, 50s.

83 Rafferty, M. and O'Sullivan, E. (1999) *Suffer the Little Children: The Inside Story of Ireland's Industrial Schools* Dublin: New Island Books

Isolation and activity

Boredom, loneliness and activity were often thought to be among the greatest risks to someone with high support needs who had been formally homeless but now living alone in the community in ordinary housing. People who had been homeless often thought the combination of isolation and boredom were potential risks because of their association with mental illness and also because they could also restart, or exacerbate, problematic drinking and drug use.

“ It is a problem like, because if you are a drinker, I’m a drinker...if your hands are empty, you say ah I’ll go for one and then you go for two, you know what I mean, it’s a trap in that sense.

Male, long term rough sleeper, 52.

“ Isolation is the thing, isolation is the key. If you’re in isolation you don’t stand a chance, you’ve got to have support, but it needs to be 24 hours a day, it’s no good having a key-worker who visits ten minutes a day and is fecking off.

Male, history of long term rough sleeping, 51.

People who were homeless repeatedly emphasised that alongside a roof over their heads, help with support needs and sufficient financial support to be able to meet basic housing and living costs, the need for something to do was also very important. Many reported wanting some kind of work or something productive to do during the day and linked activity to counteracting boredom and isolation. Some people who had recently been homeless and been rehoused reported making heavy use of the daycentres and other services provided by Simon Communities and other service providers that gave them somewhere to go and something to do during the day.

“ I moved out of here about a year ago...it can be lonesome on your own, it’s nice to have the daycentre to go up to, it’s handy being able to come over here. You don’t want to be sitting there on your own. Like I did suffer from drink in the past and I know that if I got bored with myself I’d be back to it, but I don’t want that.

Male, history of long term homelessness, 51.

“ I do Simon events, three four times a week, if that wasn’t there I’d go off my head, even if you are back living with family, you still need that support, you need that backup.

Male with long term experience of living rough, 43.

Service providers tended to share this view and discussed both the provision of services that would give people something to do during the day and also the prospect of providing education, training and employment related activity, such as volunteer work to try to help those who could work into paid employment. Existing employment related services were often thought to be relatively thinly provided and operating in a difficult context due to the ongoing recession and paid work had become scarce. Needs for a greater provision of education, training, support with securing paid work when it was available and in providing structure and meaning to each day were quite widely reported by service providers.

Concerns about PHF and HFL services leaving people ‘isolated’ in ordinary housing have been raised in the USA and elsewhere. Some housing-led services place considerable emphasis on community integration, but an evidence base on how successful these services are at countering isolation, boredom and worklessness is yet to be developed (see Chapter 2).

Joint working

Service providers had a concern that access to the welfare system and access to health, personal care and specialist drug/alcohol and mental health services was becoming more restricted for people who were homeless. It was widely thought that the capacity of all forms of homelessness service to function well was being impaired by a context where it was harder for people who were homeless to claim benefits and access health care.

The two specific issues were cuts to health and other services and changing rules on the level and eligibility for welfare benefits. Cuts to health services were reported as making it harder to secure support for people who were homeless when they were being resettled or were trying to live independently in the community.

“Very much depending on the areas, you just can’t get the extra help in that you need, so, if we looked at our role as being assessment and referring, getting people linked into the area, that there just wasn’t the meals on wheels, all of that, the GPs, everything was booked out, so there’s just not the resources, they weren’t there.”

Service Provider.

“There’s an assumption like, and it’s quite prevalent, particularly in some meetings that we go to...that structurally the services are there like and the gap is with the individual as such like and with the problems of the individual, of which there is many, but it’s an assumption through these models that structurally everything is in place, it’s just a matter of organisation and coordination, which it quite simply isn’t.”

Service Provider.

Concerns about changes to the welfare system that were thought to be undermining the capacity of people who are homeless to live independently were restrictions to rent related allowances in relation to what the levels of private rents were, which was discussed above, and also the impact of the Habitual Residence Condition (HRC)⁸⁴. Non-Irish migrants were in the same position⁸⁵. The HRC was seen as creating barriers to the welfare system for returning Irish citizens who had been working abroad for several years, this resulted in ‘pools’ of people, who are homeless and could not claim benefits, forming in emergency accommodation.

“On any given night over half the beds are occupied by someone who is long term homeless, as the government defines it, you know six months and half those beds are occupied by people who are HRC affected.”

Service Provider.

The greater concern from the perspective of some service providers was what was termed HRC ‘light’. This referred to local authorities following a policy of applying a residence to test to people who had recently been resident in other areas.

“Where people who have been living and working and claiming welfare in Limerick or Dublin, if they come to [area], [area] council says they should not be in [area]...and therefore should go back to Limerick or Dublin, they won’t be approved for the housing list and are not entitled to rent allowance, so we can’t move them on. So therefore the biggest barrier for us, in terms of moving people on, is people falling under either the HRC or the centre of interest, which means they have no option for housing.”

Service Provider.

“I’m only on a hundred quid, I’m only out of prison, like I came out of prison and stayed rough on the streets in Dublin and then came back here because I lived back here before I went to prison. And when I came back – before I was renting a house up here, I was getting my dole no problems – but when I come back up here they were telling me I can’t get me dole because I’m not from the area.”

Male, recently homeless, 20.

Service providers also reported that structural and administrative barriers existed to some services. While it is a longstanding and often reported problem, the issue of mental health services not working with people with drug and alcohol problems and drug and alcohol services not working with people with mental health problems was again reported. This is not something unique to Ireland and has been reported as a barrier to meeting the needs of people living rough with severe mental illness and problematic drug and alcohol use in the UK for the last quarter of a century⁸⁶.

84 <http://www.welfare.ie/EN/OperationalGuidelines/Pages/habres.aspx>

85 See: Mayock, P. and Sheridan, A. (2012b) *Migrant Women and Homelessness: Key Findings from a Biographical Study of Homeless Women in Ireland* (Research Paper 2. Women and Homelessness in Ireland) Dublin: School of Social Work and Social Policy and Children’s Research Centre. http://www.tcd.ie/childrensresearchcentre/assets/pdf/Publications/research_paper_two_women_and_homelessness_in_ireland.pdf

86 Pleace, N. and Quilgars, D. (1996) *Health and Homelessness in London* London: The Kings Fund.

“ If you want to get somebody into residential or any other type of facility like that, there are long waiting lists, there are complications around it, like if you’ve got benzo [Benzodiazepines] addiction you are not eligible, or if you are multi-addicted, lots of issues around trying to get them that kind of help.

Service Provider.

“ The mental end of it, well rough, it’s very difficult to get proper sort of help for people with mental health problems. A lot of it because a lot of our clients would have mental health difficulties and also would have an addiction...it’s a real problem for our clients, a real difficulty, even trying to get them assessed, ‘oh well they have an alcohol addiction problem or another addiction problem’ it’s in no way effective.

Service Provider.

All forms of housing-led services are reliant to at least some degree on joint working with the welfare systems and health, social care and mental health services in whichever country they are operating. Some service models are less reliant on external services than others, but while PHF and CHF services directly provide extensive services, PHF and to some extent CHF models rely on case management which brings in external services (see Chapter 2). For the HFL services reliance on case management is total, these services function by using case management to create packages of support from other service providers (see Chapter 2).

Concerns about the implementation of a ‘housing-led’ policy in Ireland

Service providers reported a concern that the model of housing-led services that was being suggested by Government was based on a narrow conception of what these services were. In essence, the concern was that what was being referred to when housing-led services were discussed was a (very) low intensity floating support service that devoted only very limited time to any individual and which was based on an assumption that support needs among people who were long-term homeless were short-term, i.e. that the new ‘housing-led’ services would be both low intensity and time-limited.

These views do have to be contrasted with the operation of the HFDP in Dublin, which while it does not fully replicate the Pathways model on which it is based⁸⁷, does follow PHF in most respects, including offering open-ended support. The HFDP continues to work with people who are long term homeless and who have support needs even if a tenancy cannot be sustained by them and remains with them until they can be re-housed on an open ended basis and may form the basis on which subsequent housing-led services are developed.

The idea that housing-led services could provide a lower cost, shorter term, less intensive solution to long-term homelessness and that these services could wholly ‘replace’ more expensive systems with a lower cost and more ‘efficient’ response was a particular concern for some service providers. Some service providers reported a sense that Government thought housing-led policies were inherently cheaper to run than existing services, but could be safely introduced because this model also had better outcomes. This was thought to be a flawed perception of the cost effectiveness of housing-led approaches by some service providers.

“ I think the government has a fantasy of a cheap solution. I would worry about that...we have a model that works relatively well, but it’s not cheap, we have staff on site and quite a lot of cost for our high support housing. It’s probably still, you know, cheaper because it leads to savings elsewhere, people are less likely to present to A&E, less likely to end up in prison and so on, so probably makes savings in that way, but on its own terms it is an expensive form and provision and we’d be worried about the government wanting to cut that back.

Service Provider.

⁸⁷ The HFDP does not include an ACT team (see Chapter 2).

“Housing First by itself is not going to cure the ills of homeless people, it will suit some people, of course it will, I mean we move people out of hostels into independent accommodation all the time, that’s not the issue. I think to be honest the bottom line of this new strategy is cost cutting, I think that’s really the reason for it.

Service Provider.

Another concern was simply that housing-led services would be under-resourced. Service providers were concerned that the reality of housing-led approaches in Ireland might be one in which services were not well enough resourced to provide sufficient support.

“If you [are] bringing in people who are high support and putting them in the Housing First model, I mean like some of our residents, they require daily support...if you were to have a lighter touch...I’d be concerned that they’d survive, let alone hold a tenancy.

Service Provider.

“I think that the Pathways model as it’s employed in New York, Philadelphia and wherever else is great, but I think that the danger in Ireland is that the support side of it will be watered down...you have the mental health expert and the drugs expert, where here, the goal seems to be to have one key-worker support maybe 15 people, doing everything and what’s lost is the Assertive Community Treatment teams which are so specialist...

Service Provider.

The need for a service mix

There is growing evidence that homelessness does not exist in a single form⁸⁸. While a relatively *small* group of entrenched or long term rough sleepers with high support needs, a group increasingly known as people who are ‘chronically homeless’, is present as the ‘long-term’ homeless population of Ireland and in comparable countries, there is also a larger group of ‘transitionally’ or short-term homeless people. The larger transitional group is comprised of poorer households who live in precarious or insecure arrangements and includes what is sometimes called the ‘hidden homeless’ population.

The transitional group do not have the high rates of problematic drug and alcohol use or severe mental illness found among people who are chronically homeless. There is also evidence of specific subgroups within the homeless population that can have specific needs, such as young people who are homeless and care leavers, women experiencing homelessness⁸⁹, lone parents who are homeless and people who are migrants who become homeless⁹⁰.

Service providers often took the view that a mix of service provision was needed to respond to homelessness in Ireland. Housing-led services were generally seen as a potentially effective response to long term homelessness, but it was often thought that it should not be the sole response to long-term homelessness, because it might not suit everyone in that position. This was a view advanced by both people who are homeless and service providers. Secondly, there was a concern that too much attention was being focused on housing-led services to the neglect of other areas of wider homelessness policy.

“Well that’s the thing, it [housing-led services] is a good model – and we do it in essence really – but it’s only one approach...it’s the multitude of approaches that’s required, it’s the emphasis on it that would be my fear, the emphasis on that alone, on the housing-led approach, with the main funding going towards that.

Service provider.

“So it’s fine to say ‘we’ll do away with all the shelters’ but what about the fifteen per cent, where are they in that? I think there is no city in the United States where Pathways exists or Housing First exists, where there is not also some emergency option, but it’s not run by Pathways and it doesn’t come into their figures.

Service provider.

88 Busch-Geertsema, V., Edgar, W., O’Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons From Research* Brussels: European Commission.

89 Mayock, P. and Sheridan, A. (2012a and 2012b) op cit.

90 Ibid.

“ What we’ve said around Housing First is that you have to assess the individual, not everyone out of high support would be suitable for the Housing First model in whatever way you see it. But certainly some would. The same around medium support...there are a huge amount of people where because of fear of isolation they are not moving out of those services, so you can adapt the Housing First to suit those people as well, which creates the vacancies and which provides a route for the high support to come down.

Service provider.

The implementation of housing-led services across many of the World’s most developed economies is still in the early stages. Major evaluations are underway in Canada and in the European Union as housing-led services start to be rolled out at strategic level, but staircase and supported housing services still predominate in the USA even though housing-led services have become Federal policy. Only Finland, which has made extensive use of the CHF model alongside other forms of housing-led service has what might be regarded as relatively well established, although still quite recent, national homelessness strategy that has actually operationalized housing-led services at national level⁹¹.

The strategic implementation of housing-led services across different countries tends to have two common features, which are that they do not use a single model of housing-led service, nor are housing-led services the sole response to long term homelessness. In the USA, for example, emergency shelters still operate and there are attempts at prevention aimed at transitional homelessness, such as the *Homelessness Prevention and Rapid Re-Housing Program*⁹² being pursued for other elements of the homeless population. In Finland, housing-led services are used in various ways to tackle long-term homelessness among people with high support needs⁹³ within a wider attempt to reduce total homelessness. No national homelessness strategy is based only on one model of housing-led service, because no single approach suits all people who are long term homeless.

91 Pleace, N. (2012) op cit.

92 Culhane, D.P. ; Metraux, S. and Byrne, T. ‘A Prevention-Centred Approach to Homelessness Assistance: A Paradigm Shift?’ *Housing Policy Debate* 21,2, pp 295-315.
http://works.bepress.com/dennis_culhane/103

93 http://www.housingfirst.fi/en/housing_first/

Introduction

The final chapter of this report draws together the findings and considers the implications of the research for the implementation of housing-led services in Ireland.

Seeing the strengths of housing-led services in context

Housing-led services are not a ‘revolution’ in quite the same way in Ireland or Western Europe as they were in the USA, because Ireland and similar countries have relatively more consistent and comprehensive social policies and already have an array of homelessness services that tend to follow a not dissimilar logic to housing-led services. The Irish and Western European context is one in which, there is an ever increasing, emphasis on community-based services recognising personal choice, respect for individual rights and deinstitutionalisation. All of which are integral to the housing-led philosophy, dating back for a quarter of a century or more⁹⁴. From an Irish standpoint, housing-led services look less radical than in America⁹⁵ because some aspects of how housing-led services work are already standard practice across some homelessness services in Ireland. This includes following a harm reduction approach and providing user-led services that emphasise individual choice.

It is not however the case that housing led services are ‘in effect’ already being widely used in Ireland. To be a form of housing-led service, provision must:

- include ongoing support,
- not set conditions on service users to access and retain housing/settled accommodation, other than compliance with a tenancy or licence agreement, i.e. no insistence on abstinence or treatment compliance or other requirements,
- cannot include a supported housing stage to get people ‘housing ready’ as part of a staircase or similar approach,
- must emphasise choice and control for individual service users in personalised support plans (as distinct from consulting with service users as a group) .

This is not to suggest that housing-led services cannot be used in various ways and take various forms, because that is the reality of operational practice across the USA and wider world.

However, to be a ‘housing-led’ service, service provision must *closely* reflect the housing-led philosophy in more than just one or two respects (see Chapter 2).

Direct experience of a full ‘Housing First’ model in Ireland is currently focused on the ongoing HFDP project in Dublin which is the subject of an ongoing three-year evaluation⁹⁶. Examples of such services that directly follow PHF, CHF or HFL approaches remain unusual in Ireland.

The global evidence base strongly indicates that housing-led services are very capable of ending sustained homelessness among people with high support needs (see Chapter 2). However, this research sought to explore the extent to which the global evidence base is applicable to Ireland. After conducting the research two important questions about the use of housing-led models in Ireland need to be raised:

- How far is the evidence of the success of housing-led services in delivering sustained exits from long term or chronic homelessness in other contexts *relevant* to Ireland?
- Housing-led services cover a wide range of approaches, but to work well and effectively, it needs to take a fairly specific form in terms of *fidelity* to the Pathways philosophy and also requires a specific operational *context*. Are these considerations reflected in how housing-led services will be implemented in Ireland?

94 Miller, P. and Rose, N. (2008) *Governing the Present: Administering Economic, Social and Personal Life* Cambridge: Polity Press.

95 Johnsen, S. and Teixeira, L. (2012) op cit.

96 <http://thehomelessagency.newsweaver.co.uk/newsletter/1w3fun2l4iv?opc=false&s=>

In looking at the evidence of the success of housing-led services in ending chronic homelessness in the USA, it is always important to bear in mind the points of comparison. Some of the staircase services with which housing-led services were being compared in the USA were strict, abstinence-based approaches that were already being found to fail many people who were homeless *before* PHF started to make a significant impact⁹⁷. Ireland is very different from the USA in terms of the context in which housing-led services are going to be implemented. Existing homelessness services in Ireland reflect and share ideas about homelessness that are integral to the housing-led philosophy. Irish homelessness services, while they are not for the most part actually housing-led are nevertheless often far *closer* in operational approach and assumptions to housing-led services than is the case for the US staircase services. It is also arguable that the Finnish services that CHF models replaced, which were emergency hostels, were a more basic form of homelessness service provision than is delivered by many homelessness service providers in Ireland, meaning that the Finnish situation into which housing-led services were introduced was not a close parallel with Ireland either.

Two points are important here. The first is that it cannot simply be assumed that what is already being provided to people who are homeless in Ireland, by the Simon Community and other homelessness service providers, is actually significantly less effective than a housing-led approach. There are sufficient parallels between how many existing homelessness services work in Ireland and core elements of the housing-led approach to make this question worth asking. It cannot simply be assumed that housing-led services would necessarily be more effective than some existing homelessness services in Ireland, because some of those existing services - while they are not housing-led - do already reflect the logic of the housing-led approach in several respects.

Second, the evidence on housing-led does not suggest it is always effective for all long-term or people who are chronically homeless. While housing-led services successfully house most of the people experiencing homelessness they work with, housing-led services are not a panacea, they are very effective at tackling long-term homelessness but cannot solve all the support needs associated with long-term homelessness and nor will they necessarily work for all people experiencing long term homelessness⁹⁸.

The limits of housing-led services need to be recognised along with their strengths. Pathways, for example, claims and demonstrates sustained exits from homelessness for highly vulnerable people with severe mental illness and sustained histories of homelessness for the PHF service. Pathways does *not* claim that drug and alcohol problems or mental health problems are always being successfully treated and entirely overcome, or that isolation, boredom and worklessness do not persist for at least some of the people using PHF, or that PHF is always successful with everyone it is targeted on⁹⁹ and nor is it the case that total success in tackling long-term homelessness

is being claimed for the CHF-led strategy in Finland¹⁰⁰. The consensus of the academic research is broadly similar, housing-led services are very effective at ending homelessness among people with high needs and sustained experience of homelessness, but that while some other gains in well-being are being achieved, these services are not necessarily fully meeting all associated support needs or successful with everyone they try to work with¹⁰¹ (see Chapter 2). This research and the current evidence base both indicate that housing-led approaches should be part of a *mix* of service responses to long term homelessness, because these services cannot do everything and do not suit everyone.

There are risks in 'diluting' the housing-led approach when it is deployed in Ireland. While HFL services can be relatively low cost because of their emphasis on case management, these services are predicated on a case manager being able to orchestrate a package of health, social care and mental health and drug and alcohol services. This means the *total* cost of HFL services can be considerable. The HFL component is low cost, but the package of services it assembles through case management may be far from cheap. PHF and CHF models are, in Irish and Western European terms, an *expensive* service model, they use dedicated ACT teams or equivalent services, and the range of support they provide, from trained peer support workers through to dedicated teams of psychiatrists and intensive case management means they are not low intensity, low cost services. Housing-led services, effective as they may be at ending long term homelessness, are not necessarily always cheaper than other homelessness services¹⁰².

A key message in the existing global evidence base on housing-led services is that, either directly or indirectly, housing-led services require fairly significant resources to work well. Housing-led services, except CHF models, need to be in a context where they can secure suitable housing that is available long term and which people who are homeless can afford. Housing-led approaches also need to be able to directly provide psychiatric, drug and alcohol and other health and care services or to reliably arrange access to those services. Getting housing-led models to work and work well is not simply a matter of replacing supported housing with low intensity floating support services and should never be seen in these terms. It is not unreasonable for people who are homeless and service providers in Ireland to ask just where the adequate and affordable housing for a housing-led response to long term homelessness will come from.

97 Pleace, N. (2008) *op cit*.

98 Pleace, N. (2012) *op cit*.

99 Tsemberis, S. (2010a) *op cit*.

100 Pleace, N. and Bretherton, J. (2012) *op cit*.

101 Pleace, N. (2012) *op cit* and see Chapter 2.

102 Culhane, D.P. (2008) *op cit*.

Should housing-led services be employed in Ireland to tackle long term homelessness? The answer is probably yes, but it is a qualified yes. There is certainly enough evidence from around the World to suggest that housing-led services may have real applicability to Ireland and that it may help - indeed is *likely to* - improve housing outcomes for people with high support needs who are long term homeless. This was a view that the research found was shared by most service providers and people who were homeless. However, while there are good reasons to explore using housing-led services in Ireland, there are also good reasons not to rush into a wholesale adoption of the housing-led approach under what may be a false assumption that it will necessarily be dramatically more cost effective than existing services, or to assume it can solve long term homelessness entirely on its own.

The lessons from Finland may be particularly useful to the implementation of a housing-led approach in Ireland¹⁰³. The Finnish approach has been one not of replacement of existing homelessness services by one housing-led model but instead a managed modification of homelessness service provision alongside the development of some new services. Existing hostels and emergency accommodation have been modified to a CHF model, with a mix of PHF and HFL services also being used, the ideas of housing-led services being used to both modify existing services and to develop a *range* of housing-led approaches.

Drawing on the positive lessons from housing-led services, both as a philosophy and as a practical model of service delivery, the Finnish example shows how a national homelessness strategy can be a positive process of managed cooperative change involving homelessness service providers. Working jointly with the homelessness sector to draw upon the known advantages of housing-led approaches and modifying rather than replacing existing homelessness services would seem a logical and perhaps more affordable course for Ireland than seeking to replace one set of existing services with another, particularly when the differences between existing services and housing-led services may not always be that great.

103 Busch-Geertsema, V. (2010) op cit; Kaakinen, J. (2012) op cit.

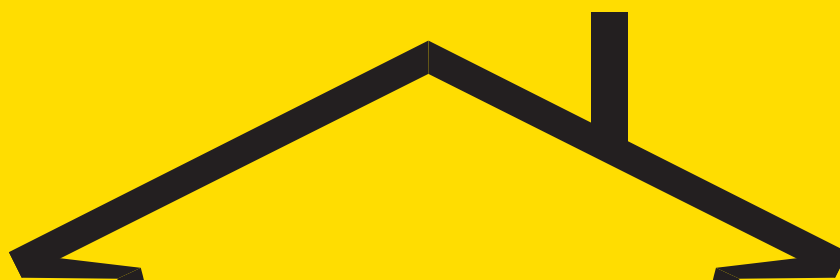
The Simon Community in Ireland

The Simon Communities throughout Ireland provide the best possible care, accommodation and support for people experiencing homelessness and those at risk. Together, with people who are homeless, we tackle the root causes, promote innovative responses and urge the government to fulfill their commitments. Simon delivers support and service to between 4,500 and 5,000 individuals and families throughout Ireland who experience – or are at risk of – homelessness every year. The Simon Communities of Ireland is an affiliation of local Communities in Cork, Dublin, Dundalk, Galway, the Midlands, the Mid West, the North West and the South East.

Services range from

- Housing provision, tenancy sustainment & settlement services, housing advice & information services helping people to make the move out of homelessness & working with households at risk;
- Specialist health & treatment services addressing some of the issues which may have contributed to homeless occurring or may be a consequence;
- Emergency accommodation & support providing people with a place of welcome, warmth & safety;
- Soup runs & rough sleeper teams who are often the first point of contact for people sleeping rough.

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