

# Staircases, Elevators and Cycles of Change

## 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs

Summary, July 2010

*This research examined the evidence base regarding the effectiveness of 'orthodox' and 'innovative' models of housing for homeless people with complex support needs. This summary highlights the key findings of the study, which was funded by the Economic and Social Research Council.*



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### Key points

- The prevailing approach to housing homeless people in the US, Europe and Australia can be described as 'linear' in nature. This essentially involves 'progressing' homeless people through a series of separate residential services.
- It is founded on a 'treatment first' philosophy, with homeless people typically only placed into 'normal' housing when they exhibit evidence of 'housing readiness' (e.g., basic living skills, sobriety, commitment to engage in treatment).
- Linear models have been criticised in some contexts because of their high attrition rates (i.e., the loss of clients between stages) and emerging evidence of much better housing outcomes associated with an alternative, 'housing first', model.
- The Housing First model bypasses transitional accommodation by placing the most vulnerable homeless people directly from the street into independent tenancies with tailored support, without insisting that they engage in treatment.
- Housing First projects tend to report better housing retention than linear programmes. Evaluations in the US indicate that 80% of chronically homeless Housing First clients sustained housing over a two year period, for example.
- Such outcomes fundamentally challenge widespread assumptions that chronically homeless people with co-occurring mental health problems and/or substance dependencies are incapable of maintaining an independent tenancy.
- In the UK, the linear model is implemented more flexibly than elsewhere, but a 'treatment first' philosophy still prevails – with most support agencies requiring evidence of 'housing readiness' before placing clients into independent settled accommodation.
- The view that existing hostels do not necessarily 'work' for this group is increasingly common in the UK. Some recent developments have elements of 'Housing First-ness', but these are outnumbered by new specialist transitional housing schemes.
- Some stakeholders doubt that Housing First outcomes reported in the US would be reproduced to the same extent in the UK, but most believe the model would be a valuable complement to existing provision, especially for the 'hardest to reach' and most 'service resistant' rough sleepers.
- The 2012 target to end rough sleeping in London, and similar albeit less formalised ambitions to reduce street homelessness elsewhere, represent a key window of opportunity for innovation in the development of effective solutions for this highly vulnerable group.
- Going forward, there is a clear need for further research with respect to the effectiveness of different interventions for homeless people with complex support needs.

## Background

Homeless people with complex support needs, together with other groups suffering from 'deep and persistent exclusion' (Cabinet Office, 2007) or 'multiple disadvantage' (DWP, 2010), have become a policy priority in the UK because they are often failed by and/or resistant to existing service interventions.

The recent *No One Left Out* rough sleeping strategy in England calls for the development of more effective approaches to housing this group. The previous Government's ambitious target of ending rough sleeping in England by 2012 acted as a significant driver for developments in this area. It seems the new Coalition Government is unlikely to support this goal at the national level, but will nevertheless encourage local authorities to set their own targets for reducing rough sleeping. The Coalition Government has also set up an inter-Ministerial Working Group to address the issue. In London the Mayor has promised that by the end of 2012 no one will be living on the city's streets, and no one ending up there will sleep out a second night. To drive this process, he set up the London Delivery Board – the first action of which was to work with the 205 most 'entrenched' rough sleepers in the capital.

Many providers are thus looking to different models, including those developed overseas, when adapting their own services to better meet the needs of this often difficult to engage group. To inform this process, the Centre for Housing Policy (University of York) and Crisis reviewed existing evidence regarding the effectiveness of both orthodox and innovative models of housing for homeless people with complex support needs, that is, those with moderate-to-severe mental health and/or substance misuse problems. This review drew together 'lessons learned' here and in other developed countries.

## The international evidence base

Existing evidence on interventions for this group is limited and varies greatly in terms of its methodological rigour. When considering evidence drawn from other countries, it is important to avoid over-generalising results from studies in contexts with different welfare regimes, scales of homelessness, housing stock and tenure structures.

### Linear models

The dominant approach to housing homeless people in developed countries can be described as linear in nature. The most well known is the continuum of care which has historically been predominant in the US. It essentially entails 'progressing' homeless people through a series of separate residential services – typically emergency shelter programmes, transitional housing and supportive housing. Similarly, in Europe the 'staircase' metaphor is often used to describe shelter/housing systems where an individual's housing becomes progressively more 'normal'.

In both the continuum of care and staircase models, clients are only placed in independent housing when they exhibit sufficient evidence of 'housing readiness'. They are founded on a 'treatment first' philosophy which assumes that sobriety and/or psychiatric stability are necessary preconditions for independent living.

Whilst linear approaches can work well with people who are willing to engage with rehabilitation programmes and are able to cope with shared accommodation arrangements, the evidence base regarding the effectiveness of transitional supported housing for homeless people with complex support needs and other vulnerable groups is actually very weak.

The linear model has been criticised for its high attrition rate, i.e., loss of clients between stages. Many homeless people with complex support needs are unable

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to meet the demands of such programmes. When applied rigidly, the model makes little allowance for the complex realities of many individuals' lives, especially as they negotiate the often 'haphazard' (non-linear) process of recovery from addiction or mental illness. Academics have also objected to the rhetoric of social improvement and emphasis on the deficiencies of homeless people underpinning linear approaches.

Linear approaches have thus been looked upon less favourably in recent years given emerging evidence of the better potentially housing outcomes associated with an alternative, 'Housing First', model.

#### **Housing First**

The first and most well-known Housing First programme is run by Pathways to Housing in New York City. This model is founded upon a 'housing first' rather than 'treatment first' philosophy, thus marking a paradigm shift in the approach to housing vulnerable people. It offers chronically homeless people immediate access to scattered-site permanent apartments with no sobriety or treatment prerequisites. Comprehensive floating support is delivered by a multi-disciplinary staff team. Support is not time-limited and the programme employs a harm reduction approach to substance misuse. Significantly, clients can choose whether or not to engage in treatment for drug/alcohol or mental health problems; they may refuse either without compromising their housing.

The Housing First model's housing retention rates have been described as excellent in comparison to those of linear approaches. The Pathways programme sustained 80% housing retention of chronically homeless people over two years, for example. Such outcomes fundamentally challenge the widespread assumption that homeless people with complex needs are incapable of maintaining an independent tenancy.

Clinical outcomes in terms of physical health, mental health, and substance misuse have been more mixed, but are generally positive on balance. Many studies conclude that Housing First is highly cost-effective, with costs offset via the reduction in clients' use of expensive emergency services.

The model has been increasingly embraced in recent years in the US due, in part, to the Federal Government's endorsement of and provision of funding for Housing First approaches. This led to the reorientation and 'rechristening' of many existing services, such that a wide range of projects following some, but not all, of the operational principles of the Pathways model are branded as Housing First. Programme comparisons indicate that those most closely aligned with the Pathways model tend to report the best housing retention outcomes.

#### **Permanent supportive housing models**

A range of other permanent supported/supportive housing models for homeless people exist in the US and elsewhere. Of those accommodating homeless people with complex support needs, the 'Street to Home' programme developed by Common Ground is one of the better known.

What makes Street to Home unique from other projects is the destination housing – this being 'mixed community' housing which accommodates both chronically homeless people and working people with low incomes within the same buildings. The aim is to foster respectful and supportive relationships among community members and provide services to help residents maintain their housing, restore their health and (re)gain economic independence.

There is a lack of robust evidence regarding the effectiveness of such models as they have not yet been subject to robust evaluation, despite their growing popularity internationally.

## Developments in the UK

### Linear approaches dominant

As in many other developed countries, in the UK the predominant approach to housing non-statutory homeless people is linear. A treatment first philosophy prevails, with individuals typically only placed in independent tenancies when they are deemed 'housing ready'.

The linear model is however implemented more flexibly here than in many other countries – with some homeless people bypassing generic hostels by being moved directly into specialist projects after initial assessment, for example. The metaphor of an 'elevator' is thus perhaps more appropriate in the UK than is the 'staircase' commonly associated with the model elsewhere.

However, given the lack of formal evaluation of service interventions in the UK, there is very little evidence regarding the effectiveness of the types of transitional housing used in pathways for homeless people with complex needs. Many stakeholders acknowledge that current hostel provisions are not necessarily conducive to the 'recovery' of this client group.

A number of providers have therefore begun to consider alternative forms of provision, developing innovative programmes of housing and support targeting, for example, so-called 'serial evictees' or 'recidivist rough sleepers'.

### Deliberations regarding Housing First

UK stakeholder interviewees held mixed views regarding the potential effectiveness of Housing First for homeless people with complex needs in the UK. Most acknowledged the potential, significant, benefits of bypassing the hostel system for this group. Some nevertheless suspected that if the model were to be replicated here, service user outcomes and cost savings may not be as dramatic as those documented in

the US because of the very different nature and quality of other provision.

A few also questioned the comparability of US Housing First tenants with the client group of interest here – particularly with respect to the scale and pattern of substance misuse. UK interviewees suspected that the scale of drug abuse may be greater and the 'substances of choice' different, thus making it difficult to infer what the likely outcomes of Housing First for drug users here might be.

Related to this, interviewees were concerned that vulnerable clients placed in independent accommodation without on-site support would be at risk of exploitation or harassment; or conversely, that they may have a negative impact on neighbours by behaving in an anti-social manner.

More generally, a number of stakeholders felt that the lack of conditionality regarding consumer engagement under Housing First stands in contradistinction to the increasing interventionism evident in UK homelessness policy, whereby eligibility for some programmes is becoming more conditional on service user compliance.

Despite such reservations, there is clear evidence of a will within the homelessness sector to 'do whatever it takes' to accommodate and support homeless people with complex needs, especially so-called 'hard to reach' or 'service resistant' rough sleepers. The majority of interviewees agreed that Housing First could potentially play a valuable role as 'part of the mix' of provision for this group.

Implementation of Housing First in the UK would not represent anything akin to the paradigm shift in either practice or philosophy as did its inception in the US. The UK already has experience of placing rough sleepers directly into independent tenancies (albeit usually those with low support needs),

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floating support provision is mainstream, harm minimisation approaches are well established, and client-centred approaches are strongly endorsed by central government and local providers alike.

#### **Specialist transitional accommodation and long-term supportive housing**

Some recent developments in interventions for homeless people in the UK have elements of 'Housing First-ness', but these tend to be used with clients who have low or medium support needs. Such developments are paralleled, and possibly outnumbered, by the creation of specialist transitional housing targeting long-term rough sleepers with complex support needs. These are rarely, if ever, formally evaluated.

Whilst they are rarely branded 'permanent', some supported housing schemes that do not have limits on lengths of stay do exist in the UK, and providers admit to sometimes flexing length of stay rules in time-limited programmes for this particular client group.

There was a virtually unanimous call amongst UK stakeholders for the relaxation of time-limitations associated with transitional supported housing schemes for homeless people with complex needs, especially the two-year limit on stays in projects assigned 'temporary' accommodation under Supporting People.

Echoing debates in international literature, there was also widespread consensus that permanent supported accommodation may be the only realistic option for some homeless people with complex needs.

UK stakeholders called for more provision of long-term supported housing schemes for this client group. They emphasised that units should be small, of very high quality physically, and staffed by professionally trained workers who understand fully the complexities of addiction and mental health problems. They also expressed a general

preference for a 'core and cluster' model consisting of self-contained units located around, or in close proximity to, staffed offices and communal living areas.

#### **Conclusions**

Providers in the UK and elsewhere are adapting their services in an attempt to better meet the needs of this often difficult to engage group. Some new developments – especially Housing First – fundamentally challenge prevailing assumptions that homeless people with complex support needs (defined as those with moderate-to-severe mental health problems and/or substance dependencies) are incapable of maintaining an independent tenancy.

A willingness to trial Housing First, and other models offering different accommodation types and levels of user choice and service conditionality, clearly exists. The 2012 target to end rough sleeping in London, and similar albeit less formalised ambitions to reduce street homelessness elsewhere, represent key windows of opportunity for innovation in the development of solutions for this group.

Evidence regarding which housing models 'work best for whom' is nevertheless far from definitive. Further co-ordinated context-sensitive research which assesses interventions critically will enable stakeholders to make more informed decisions regarding how to deliver services most effectively for this highly vulnerable group.

### **About this project**

The report was written by Sarah Johnsen (University of York) and Lígia Teixeira (Crisis). The research involved a review of international literature and a series of interviews with 19 key stakeholders in the UK, US and Australia. The UK-based interviewees included policy makers, commissioners, and practitioners working in the homelessness, mental health and substance misuse fields. The overseas participants included homelessness service providers and researchers who had reviewed the efficacy of different housing models in those countries.

The study was funded by the Economic and Social Research Council.

### **For more information**

The full report, *Staircases, Elevators and Cycles of Change: 'Housing First' and Other Housing Models for Homeless People with Complex Support Needs*, by Sarah Johnsen and Ligia Teixeira, is published by Crisis. It is available as a free download from [www.crisis.org.uk](http://www.crisis.org.uk).

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