

Houselessness Actually: Evidence for Housing First

**By Felicity Reynolds,
CEO, Mercy Foundation**

I have a confession to make. For more years than I care to remember I was a fully paid up member of the “it’s about homelessness, not about houselessness” club. I used to say it and write it all the time. I was wrong.

Chronic adult homelessness is about houselessness. It is not totally about houselessness, but it is certainly a large part of the problem.

Housing First Research

What has made me change my mind? Most importantly, the results and research evidence as well as the opinions of consumers. Housing first not only works, it is what consumers want. Here are just a few examples of the research.

- Barrow, et al. “Final Report on the Evaluation of the Closer to Home Initiative” Compares outcomes of supportive housing projects using the housing first model with shelter and programs.
- Martinez and Burt. “Impact of Permanent Supportive Housing on Chronically Homeless Disabled Adults’ Use of Acute Care Health Services in a Public Hospital” This evaluated the impact of two supportive housing projects in a city in the USA that use the housing first model.
- Meschede, “Moving Here Saved My Life: The Experience of Formerly Chronic Homeless Women and Men in Quincy’s Housing First Projects”.
- Rosenheck, et al. — Early outcomes from the Collaborative Initiative to Help End Chronic Homelessness (CICh). Outcomes in sites using the housing first model compared with programs using residential treatment before housing placement.
- Tsemberis, et al. “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis” Evaluation of the Pathways to Housing model in New York City. Used an experimental design (random assignment) with a control group that received service through the transitional models compared to housing first.

Sam Tsemberis and Housing First

In fact, it was Dr Sam Tsemberis who is considered the pioneer of housing first in

the USA. However, while I am fairly sure that Dr Tsemberis was not the first practitioner in the world to develop the model, he was certainly one of the first to document it and undertake some methodologically sound research studies.¹ Variations on the theme of housing and support have been around for many years. The Housing and Support Initiative (HASI), in NSW, has certainly shown it works very well for people with a mental illness.

In the USA, ‘housing first’ for adults who have experienced chronic homelessness is now considered an evidence based practice. Common Ground has effectively implemented housing first approaches. I have also witnessed its implementation in Canada — through the Streets to Home service in Toronto.

Social Exclusion and Other Problems

The reason I previously believed the issue was about homelessness rather than just houselessness was because I felt it wise not to ignore those very important factors implicit in chronic homelessness — social exclusion, mental health and health problems, addictions, family violence and family breakdown. All issues that cannot be dismissed when addressing chronic adult homelessness, all issues that may lie at the centre of a long episode or multiple episodes of homelessness.

Coming from a mental health and disability background, I couldn’t believe that it was just about the lack of a permanent place to live — it was more complicated than that — it was about treatment and accepting treatment, recovery, relationship building and the capacity to live independently. It was about not ‘setting people up to fail’. However, I have come to understand that the response to a complex problem does not itself have to be complex.

‘Housing ready’ Approaches

Inviting troubled and chronically homeless adults to graduate through a system of interventions — perhaps from long term relationship building with a street outreach service to crisis accommodation, then to medium term and transitional housing — then, finally, to permanent housing is in itself disconnected and disconnecting. It certainly isn’t normalising. At the same time people need to regularly prove their willingness to stay well, stay abstinent and meet any and all program rules. At each ‘step’ along the way people may stumble and fall out of the process and back onto the streets.

In fact, when Nan Roman² was recently in Australia she made the point that such systems are almost perfectly designed to weed out the most unwell, the most challenging and most vulnerable people before they can arrive in stable long term housing.

Our Homelessness Definition is about Houselessness

At the same time that I (and others) were busy arguing that the issue wasn’t about ‘houselessness’, the universally accepted definition of homelessness in Australia, that developed by Chris Chamberlain and David MacKenzie, speaks only to the lack or type of shelter. It references only accommodation types, it does not speak of social exclusion, support networks and connections with others. It is actually a definition of ‘houselessness’.

This was a point well made by a number of homeless consumers when I worked at the City of Sydney. After we wrote a first draft of our homelessness strategy we sought feedback from a range of community members, including service workers and homeless consumers. It was the consumers who drew our attention to the Chamberlain and MacKenzie definition which, they felt, did not reflect what they were experiencing. They suggested another definition — an explanation that spoke more of the impact of homelessness on self, on place, on community and their place (or lack thereof) within those realms.

Homelessness — Result of Not enough Low Cost Housing in Australia

I now feel as if I was some kind of flunky or spokesperson for the housing industry in Australia. A housing system that, supported by government and tax incentives, has become an investment tool or outcome. The home no longer represents a place to live and a place of refuge; it is a place to grow money. Poor people (regardless of any health conditions they may also have) are locked out of the mortgage, and increasingly, the rental market. There simply are not enough affordable housing options to go around.³

Through our collusion we have allowed this system to continue. We have reinforced in the minds of many that chronic homelessness is about personal failure, it is about mental health and addictions and all the other problems regularly cited. That it is not about systemic housing and support

systems failure. Thanks to the research of Dr Guy Johnson in Victoria, we now have some evidence that a significant number of homeless people acquire mental health problems and addictions after (not before) they become homeless. Homelessness can make people sick. So it is probably not an unreasonable conclusion to make that housing might help to make people well.

No Longer a Temporary Homelessness Crisis — Time to Change Tack

I can see how our 'housing ready' system came about. Forty years ago when we began to see higher numbers of people becoming homeless, we obviously thought it was a temporary glitch in an otherwise well functioning system. A temporary glitch that only required a temporary solution. People were offered crisis shelter until they could move back into a home. Homes that may have been more affordable and available than they are today in many urban areas of Australia.

As the homeless situation worsened it became apparent that some other solutions were needed. Transitional housing was always in short supply and so in order to make sure as many people as possible were able to benefit from it, it had to be rationed; rationed via a time limit. However, in the end, all anyone ever wanted from a homelessness response system was a place to call home. If there were no exits from crisis or transitional housing — especially for those with more challenging behaviours and conditions, then falling back into homelessness was a pre-determined outcome.

More troubling is that the general public as well as some workers in the homelessness field then interpreted this result as people making a clear choice to 'remain homeless'. No. Research on 'housing first' now tells us that they may have been making a clear choice not to participate in the treatment oriented, graduated, often abstinence based, hoop jumping, housing ready programs on offer.

Housing is Stabilising and Ongoing Support is Crucial

Housing first works. It makes few demands on people who are provided with a permanent home as soon as possible. In many programs all they need to do is accept a visit from a treatment team. The stabilising effect of permanent housing then has its own impact and many people continue to accept support on their own terms and at their own pace.

And no, there is no additional evidence to support the notion that people in 'housing first' programs destroy, wreck or burn down their homes at any rate greater than the general public. Quite the contrary, the majority of formerly chronically homeless adults in housing first programs prosper and retain their housing. However, the



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ongoing support provided by a service or worker is essential to the equation. Housing, by itself, is not the solution.

So, how does all this relate to the *NSW Homelessness Action Plan*?

The *NSW Homelessness Action Plan* makes a number of references to responding more effectively to homelessness and to ensuring appropriate responses to different target groups. I would suggest that the evidence based effectiveness of 'housing first' approaches makes it an obvious choice for wider implementation under the plan.

We have already seen results from HASI as well as some current excellent results from pilot housing first programs in inner city Sydney and the Nepean. These should be expanded under the *Action Plan* and through the regional plans that will also be put in place.

Current services and workers will still be needed. Instead of providing support (and case management) to people in a congregate care environment such as a hostel, support can be provided directly to people in their homes. I suspect the only additional expenditure might be on cars and transport costs for workers. These extra costs will be well and truly covered by the

savings made through fewer people needing to have their problems met via emergency departments, acute hospital stays, intoxicated persons units, police and court interventions, gaols and other institutions. ■

Footnotes

1. Examples see:
Stefancic, A., Tsemberis, S. (2007) Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention. *J. Primary Prevention*, 28, 265-279
Tsemberis, S., Gulcur, L., Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651-656.
Tsemberis, S., Asmussen, S. (1999) From streets to homes: the Pathways to housing consumer preference supported housing model. *Alcoholism Treatment Quarterly*, 17(1/2), 113-131.
Tsemberis, S. (2004). "Housing First". In *Encyclopedia of Homelessness*. London: Sage Publications, 277-280.
2. CEO of the National Alliance to End Homelessness, USA.
3. It is great to see the Federal Government addressing this situation with the housing stimulus funds.