
Ending Street Homelessness: What Works and Why We Don't Do It

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- **Abstract** *Vast human and financial resources have been spent in efforts to understand and address street homelessness. Yet, the problem persists. This think piece summarises the findings of a major review exploring the international evidence base on what works to end street homelessness (Mackie et al., 2017). It also reflects on the question: 'if we know what works, why don't we do it?' Informed by more than 500 literature sources and interviews with 11 international experts, it identifies the key principles which appear to improve the likelihood of interventions ending street homelessness. These include: be housing-led, offer person-centred support and choice, take swift action, employ assertive outreach leading to a suitable accommodation offer, ensure services address wider support needs, and collaborate effectively between agencies and across sectors. The article also identifies seven reasons why those responding don't always do what is known to work. If street homelessness is to be ended then we must address: the lack of settled accommodation, funding challenges, ineffective collaboration and commissioning, the needs of different subgroups, ineligibility of some people for publicly funded support, overly bureaucratic processes, and the need for stronger political will.*
- **Keywords** *Rough sleeping, street homelessness, evidence review, interventions, service effectiveness*

Introduction

The ongoing need for people to sleep rough is indicative of an unacceptable societal failure and it is a problem that persists globally. However, society has not sat idly by and watched homelessness proliferate, as vast human and financial resources have been spent in efforts to understand and address the issue. Yet, the problem persists. This think piece summarises the findings of a major review undertaken for Crisis — a United Kingdom (UK) homelessness charity — exploring the international evidence base on what works to end street homelessness (Mackie *et al.*, 2017). It briefly discusses the evidence review methodology before moving on to respond to three core questions. What works? What does not work? And, if we know what works, why don't we do it? The final section then reflects on the evidence base and identifies key areas for improvement.

Evidence Review Methodology

The evidence review combined two valuable traditions in assessing 'what works': the literature/systematic review and the expert panel. Literature was identified through four main sources: academic databases (Scopus and Google Scholar), Grey literature websites (Crisis, Shelter, The Canadian Observatory on Homelessness, the Australian Housing and Urban Research Institute), references within reviewed literature, and key informant interviews. Evidence was only selected for inclusion if it focussed on rough sleepers and assessed the impacts of a housing intervention. Moreover, studies were limited to those focussed on people already street homeless (i.e. homelessness prevention was excluded). Relevant studies from 1990 onwards were included, regardless of their methodology.

Ultimately, more than 500 sources informed the review (the bibliography) and just over 200 were cited (the reference list) in the report. The expert panel consisted of interviews with 11 key informants — identified as experts in relation to their knowledge on particular interventions or a particular country context — from the UK, United States (US), Canada, Australia, Finland, Denmark, Germany, and France.

The research examined the evidence base on nine interventions, including: hostels and shelters; Housing First, Common Ground, Social Impact Bonds, Residential Communities, No Second Night Out, Reconnection, Personalised Budgets, and street outreach.

What works?

The evidence review points towards several clear messages about what works in meeting the housing needs of rough sleepers. In some instances, the review endorses wholesale adoption of an intervention, while in other cases it highlights key principles and characteristics of a particular approach that might valuably be employed more widely.

Housing-led solutions work. Having swift access to settled housing has very positive impacts on housing outcomes when compared to the staircase approach. There is a particularly strong evidence base on Housing First, far stronger than is true of any other housing-related intervention targeting rough sleepers, and we know Housing First works when the key principles are adhered to. Housing First provides permanent housing to rough sleepers without preconditions regarding recovery from (or participation in treatment for) substance misuse or mental health problems. Person-centered support is provided on a flexible basis for as long as individuals need it. Housing First was initially developed in the US and is being increasingly replicated in Canada, Europe and Australia, where it marks a significant departure from the traditional ‘treatment first’ or staircase approach. Housing First has particularly good housing retention outcomes, which are especially impressive given that the intervention targets homeless people with complex needs. Retention figures typically coalesce around 80 per cent (Tsemberis, 2010; Aubry *et al.*, 2015). Housing First is not a low cost option, but it does create potential for savings in the long term given cost offsets in the health and criminal justice systems in particular. As yet, there is limited evidence on the effectiveness of Housing First with other subgroups of homeless people.

Across several interventions, but particularly Personalised Budgets, **person-centred support including choice for the individual** has proven to be effective in supporting entrenched rough sleepers into accommodation. In Personalised Budget interventions, support workers have access to a budget for each rough sleeper (typically £2,000-£3,000) which they can spend on a wide variety of items (from a caravan to clothing) in order to help secure and maintain accommodation. Importantly, rough sleepers identify their own needs and help to shape their support plan. Personalised Budgets have only been implemented with homeless people in the UK and the evidence base is limited to a relatively small number of pilot project evaluations. However, housing outcomes are fairly well documented, with pilot projects generally securing and maintaining accommodation in around 40-60 per cent of cases (Hough and Rice, 2010; Brown, 2013; Blackender and Prestige, 2014). The Personalised Budget approach is yet to be trialed with the wider homeless population but interviewees advocated wider implementation of this person-centred approach.

Interventions such as No Second Night Out have highlighted the effectiveness of **swift action** in order to prevent or quickly end street homelessness. Currently operating in England only, No Second Night Out aims to assist those new to street homelessness by providing an offer that means they do not have to sleep rough for a second night. There is widespread variation in the way No Second Night Out principles are practiced, but it typically consists of some combination of assertive outreach, public engagement, support to access temporary accommodation and/or reconnection. Service users' needs are assessed in No Second Night Out 'hubs'.

It should be noted that No Second Night Out is not aiming at medium-term outcomes, and so all but one (Jones *et al.*, 2013) report focuses on the short term. The evidence suggests that the vast majority of service users are found temporary accommodation (Homeless Link, 2014). However, swift action alone is not sufficient; No Second Night Out faced multiple challenges in relation to the lack of suitable move-on accommodation and problematic single-offers of reconnection.

Assertive Outreach leading to a suitable accommodation offer emerges as an effective component of several interventions, particularly those targeted at people with complex needs and entrenched rough sleepers. For example, No Second Night Out, Personalised Budgets and Housing First all employ Assertive Outreach. In very broad terms, street outreach is the delivery of services to homeless people on the street (Phillips *et al.*, 2011). Traditional street outreach programmes offer a huge range of services, from food provision to substance misuse support, but these services rarely have the primary objective of ending homelessness. Indeed, Parsell and Watts (2017) problematised traditional street outreach in a previous think piece for this journal. Assertive Outreach is a particular approach that targets the most disengaged rough sleepers with chronic support needs and seeks to end their homelessness. It can be defined by three distinctive facets: 1] The primary aim is to end homelessness (Phillips and Parsell, 2012; Coleman *et al.*, 2013; Wilson, 2015); 2] Multi-disciplinary support; and 3] Persistent, purposeful, assertive support (Phillips *et al.*, 2011). In some contexts, enforcement is used alongside assertive outreach.

The primary measure of success in assertive outreach services in the UK has been the impact on numbers of rough sleepers and the evaluations of major programmes in both England and Scotland suggest the approach has had a significant impact, reducing numbers dramatically (Randall and Brown, 2002; Fitzpatrick *et al.*, 2005). An additional measure of housing impacts is the proportion of households assisted who go on to sustain their accommodation. Two issues can be identified within the literature. First, where permanent accommodation is provided, as opposed to temporary accommodation, tenancy sustainment rates are far greater (Randall and Brown, 2002). Assertive Outreach alone is insufficient, indeed potentially unethical,

if it is not accompanied by a meaningful and suitable accommodation offer. The second issue is the form of housing provided to rough sleepers, with problems (such as high tenancy failure rates and property turnovers) being reported in both major English and Australian programmes when rough sleepers were accommodated in shared or congregate forms of housing.

Services that specifically focus on addressing wider support needs are effective in meeting non-housing needs. The impacts of interventions such as Housing First on wider support needs such as physical and mental health, substance misuse, and criminal activity are often documented, although outcomes are frequently not significantly different from Treatment as Usual comparison groups (Woodhall-Melnik *et al.*, 2015; Kertesz and Johnson, 2017). Interventions such as residential communities appear to offer better outcomes on employment and substance misuse (Liberty *et al.*, 1997; Nuttbrook *et al.*, 1998; De Leon *et al.*, 2000; Egelko *et al.*, 2002; Skinner, 2005; Magor-Blatch *et al.*, 2014) but their housing outcomes are often unreported. The term residential community covers a range of configurations which accommodate homeless people in a congregate (and usually geographically isolated) environment, wherein the primary focus is not resolving street homelessness per se but rather providing support relating to other areas of residents' lives. Two key models include: a) residential Therapeutic Communities which are based on a well-established therapy model that supports clients to recover from substance misuse; and b) Emmaus communities which are described as self-financing mutually supportive communities where residents live and work together.

Many interventions, including Common Ground, Personalised Budgets and Housing First, point towards the importance of developing **effective collaborations between agencies and across sectors** (e.g. housing, health, substance misuse, policing). This collaborative approach appears to be key to providing the correct type and level of support for rough sleepers but is rarely achieved in practice.

What does not work?

The review identifies relatively few types of intervention that evidence indicates are ineffective. That said, these interventions are frequently adopted as a response to homelessness across the globe.

Unsuitable hostels and shelters are ineffective. Hostels and shelters are intended to fulfil an emergency or temporary function and they are the predominant accommodation-based response to street homelessness in most Western countries. They vary substantially in terms of size, client group, type of building, levels and nature of support, behavioural expectations, nature and enforcement of rules, level of

‘professionalisation’, and seasonal availability. A substantial literature documenting homeless peoples’ experiences in and perceptions of hostels and shelters exists, but there is a major dearth of research evaluating their effectiveness as an intervention. The most comprehensive evidence on outcomes derives from Randomised Control Trials undertaken in North America which compare ‘treatment as usual’ provisions (which typically involve some form of hostel or shelter) with Housing First. These indicate that a significantly greater proportion of Housing First tenants remains stably housed than those in Treatment as Usual provision (Aubry *et al.*, 2015). Evidence indicates consistently that many (and perhaps the majority of) homeless people find hostels and shelters intimidating or unpleasant environments (May *et al.*, 2006; Thorpe, 2008; Busch-Geertsema *et al.*, 2010) and some choose not to use them due to fears around personal safety and/or pessimistic views regarding their helpfulness in terms of offering a route out of homelessness (Littlewood *et al.*, 2017). Significantly, a lack of move on housing stymies the system, preventing hostels and shelters from fulfilling their intended emergency or temporary functions and forcing them to operate as longer-term but unsustainable solutions to street homelessness.

Unsuitable, absent or inadequate support is also ineffective, yet commonplace. Providing the right support is a considerable challenge for homelessness services and the evidence review revealed multiple examples where support arrangements did not work effectively. First, over-intrusive support in accommodation settings can undermine service effectiveness – this was a particular issue within the Common Ground approach (Whittaker, 2017). Second, interventions such as No Second Night Out and reconnection often lack adequate levels and suitable types of support. In some areas, concerns have been raised about the ethicality and potential harmful impacts of single service offers, particularly the potential denial of key services to individuals with no local connection who refuse ‘poor’ single service offers of support (such as a poorly devised reconnection plan) (Hough and Jones, 2011; Johnsen *et al.*, 2016).

We know what works: why don’t we do it?

Existing evidence provides a clear indication of which housing-related interventions work to end street homelessness and yet mainstream responses continue to be centred on hostels and shelters. We here draw upon literature, the perspectives of key informants and our own reflections to identify seven reasons why those working to end rough sleeping do not always do what works:

1. **Lack of settled accommodation.** One of the recurring barriers across all interventions is the lack of affordable and suitable settled accommodation for rough sleepers to move on to.
2. **Funding.** Three potential barriers exist: 1] Increased investment is required in the short-term – Effective interventions such as Housing First and Personalised Budgets are not low-cost options but they do create potential for savings in the long term. 2] Cross-sector funding – Given that savings are often accrued outside of housing, effective intervention may require funds to be released from health, criminal justice, and other sectors. 3] Long-term/secure funding – Time-limited funding has been a key barrier to sustained implementation of many interventions.
3. **Effective collaboration and commissioning.** Effective approaches are often dependent on the availability of high quality, flexible, multi-disciplinary and intensive support. Some projects have not performed effectively due to this lack of support and collaboration. Ensuring effective collaboration between sectors is a key challenge in contexts where ‘silo’ commissioning arrangements predominate.
4. **Addressing the needs of different subgroups.** There has been little research on how well interventions such as Housing First or Personalised Budgets work or might work with different subgroups. For example, to date Housing First has been employed almost entirely with those with complex needs. There is no reason to believe that the principles would not ‘work’ with others but it is likely that the same level of resourcing will be unnecessary. Research is needed before widespread roll-out of any alternative approach.
5. **Eligibility.** Effective and sustainable solutions require rough sleepers to be eligible for public funds. Where rough sleepers are ineligible to access public funds, alternative approaches may be necessary. Relatedly, some rough sleepers are denied services because they lack a local connection. Restrictions in entitlements to those with a connection to the area are understandable but have proven to be detrimental to the wellbeing of many rough sleepers.
6. **Bureaucracy.** Some interventions, particularly those that encourage personalised support, can be hampered by overly bureaucratic processes and requirements.
7. **Political will.** Achieving a significant shift in responses to homelessness, often with high upfront investment and an upheaval of prevailing systems, requires considerable political will. Its absence at any level of government can be a key barrier to the delivery of interventions that work. In her address to the 2018 National Conference on Ending Homelessness in Canada, the UN Special

Rapporteur on the Right to Adequate Housing, poignantly captured this challenge; 'If we're going to solve homelessness we need governments to show up. All levels of government.'

Improving the evidence base

Over 500 sources informed the evidence review underpinning this think piece. The evidence provides a clear indication of what works, however it is also apparent that there are considerable deficiencies in the evidence base which we must seek to address.

There is scope for **greater research rigour**. Research, particularly outside of the US (and to a lesser extent Canada and Australia), often consists of small-scale, project-specific studies. There is an opportunity for a step-change in homelessness research. Small-scale and qualitative research has an important role to play but this should be complemented by larger-scale Randomised-Control-Trial-type experimental studies. We should also aim to address **evidence gaps for common interventions**. There is a serious lack of data on the effectiveness of a number of widely used interventions in the UK. It is particularly concerning that the outcomes of interventions as common as hostels and shelters, supported accommodation, and reconnections have hardly been examined. Additionally, further evidence is needed on many smaller scale innovations such as Personalised Budgets.

Longer-term impacts also need to be explored. Across all interventions there is a dearth of evidence on longer-term impacts and yet information on longer-term outcomes is key to assessing the strengths and limitations of different approaches. **Effectiveness with subgroups is also under researched.** There is scope to significantly improve our understanding of the effectiveness of interventions with different subgroups of the homeless population as differentiated by age, gender, ethnicity, level/type of support needs etc. There is a notable absence of evidence on what works with migrants and in particular those with No Recourse to Public Funds.

Studies of the impacts of **different programme structures** would fill an important gap. Across most interventions there was great heterogeneity in implementation models but only limited knowledge regarding the consequences of these differences. Finally, studies often fail to **quantify non-housing impacts**. While the evidence review focused on interventions targeted at addressing the housing needs of rough sleepers, most also impact to at least some extent on wider support needs and these can be crucial to longer term housing sustainment. Beyond the robust Housing First and Common Ground studies, there are few attempts to quantify the impacts of interventions on wider support needs (e.g. Personalised Budgets).

Conclusion

There is an opportunity and a need for change in the way rough sleepers are assisted. The study upon which this article is based synthesises the evidence base on what works to meet the housing needs of rough sleepers, and it points towards the key underpinning principles which appear to improve the likelihood of success: be housing-led, offer person-centred support and choice, take swift action, employ assertive outreach leading to a suitable accommodation offer, ensure services address wider support needs, and collaborate effectively between agencies and across sectors. We recommend that these principles should underpin strategies to address homelessness across the developed world. However, we also identified seven reasons why those responding to street homelessness so often fail to adopt interventions that work. If we are to end homelessness then we must address: the lack of settled accommodation, funding challenges, ineffective collaboration and commissioning, the needs of different subgroups, ineligibility of some people for publicly funded support, overly bureaucratic processes, and perhaps most importantly, a lack of political will at different levels of government.

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