
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 agencies and across sectors. The article also identifies seven reasons why

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

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

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

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

'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

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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





Conclusion

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