
Choices, Consequences and Context: Housing First and its Critics

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Introduction

Hansen Löffstrand’s and Juhila’s (HL & J) thoughtful article (2012) offers an interesting perspective on a growing phenomenon in homeless services known as Housing First (HF). Their point of departure is the HF manual (Tsemberis, 2010), a guide for programs seeking to adopt this innovative approach to serving homeless adults with serious mental illness. The author of the manual, Dr. Sam Tsemberis, founded Pathways to Housing in New York City in 1992 as a real-world embodiment of the abstract notion of housing as a right for those suffering from mental illness and living on the streets. The Pathways version of HF (PHF) offers immediate access to independent housing and support services and does not require treatment or abstinence to remain housed.¹ As a tiny upstart, PHF managed—primarily through rigorous research showing positive outcomes—to capture high-level government endorsements in the U.S., Canada and other countries. Those research findings, coming from a randomized experiment comparing PHF with the dominant ‘staircase approach’, included higher rates of housing stability (Tsemberis *et al*, 2004), greater sense of choice (Greenwood *et al*, 2005), and reduced use of drugs and alcohol despite a more tolerant harm reduction approach (Padgett *et al*, 2011).

The rapid increase in popularity of PHF is evidenced by its widespread adoption and its powerful government proponents—the Veterans Administration in the United States, the national government in Canada, and the European Union. Not surprisingly, research on the model has expanded considerably beyond the original study

¹ The term ‘Housing First’ has come to be defined in different ways as the model has been disseminated widely. Thus, some programs self-identify as HF but do not conform to the tenets of the model (Tsemberis, 2010), e.g., they provide immediate access to housing but it is congregate and supervised.

by Tsemberis and colleagues to include tests of its applicability in different places and with different populations. Closer scrutiny of the basic tenets of PHF has been included as well as its varied forms of implementation.

Governing Homeless Subjects

In their article, HL & J apply Foucauldian discourse analysis to the PHF manual's portrayal of consumer choice, the latter a key element of the model's operating philosophy. Following Miller and Rose (2008), they connect PHF consumer choice to an "advanced liberal way of governing subjects" (p.49) in western societies characterized by a presumption of rational choice and individual agency. Their findings, presented as seven inter-related statements on how choice is configured for clients in PHF, offer a roadmap to understanding how a key aspect of the PHF philosophy is shaped by real-world impingements. The authors conclude that PHF -wittingly or unwittingly- reflects advanced liberalism's tenet that "subjects are governed to make them responsible choice makers" (p.47). As a consequence, wrong choices, e.g., violating tenant agreements, can lead to discharge from the program.

Absent the larger context in which the model operates, one can find little fault in calling out PHF for not fully practicing what it preaches – but that larger context beckons. Two points come to mind, both related to the massive homeless 'industry' that has dominated services within the United States for the past three decades, a complex system of services organized along a staircase approach to achieving 'housing worthiness' rather than offering immediate access to permanent independent housing (Sahlin, 2005). First, violating consumer choice via involuntary discharge (a key point made by HL & J) is quite rare since in the PHF model tenants are offered another apartment (or the same apartment) if evicted or institutionalized. Such an accommodating policy is virtually unknown outside of the PHF approach. This leads to a second point; close-up examinations of PHF are fine as far as they go, but a decontextualized critique offers a limited and somewhat misleading perspective.

PHF was established to counter a dominant approach predicated on behavioural restrictions deemed necessary for the personal reformation of mentally ill clients. Thus, access to housing and services is offered along an upward continuum of deservingness, in essence leveraged to ensure adherence to medication compliance, abstinence, curfews, and mandatory urine testing among other rules (Allen, 2003). In these programs, producing 'responsible choice makers' is *the* governing principle since moving up the staircase requires numerous and daily forms of behavioural adherence. Dropout rates as high as 54 percent have been observed compared to 11 percent for PHF clients (Padgett *et al*, 2011).

Consumer Choice and Harm Reduction

PHF’s rapid growth in popularity and high-level endorsements has lent it the appearance of a juggernaut, especially when viewed from the perspective of providers mandated to implement it despite any misgivings. Service providers working with homeless mentally ill clients, especially when those clients also abuse drugs and alcohol, express discomfort with the PHF tenet of choice (bad choices are considered responsible for the client’s predicament in the first place). A key element of the PHF model—harm reduction—heightens the opposition among those who believe that abstinence is necessary.

Practitioners’ doubts about consumer choice and harm reduction can be seen as natural resistance to a fundamental change in practice values that erodes their power and hard-won expertise. Such doubts have received support in a study of HF for adults with active cocaine abuse as their primary diagnosis (Kertesz *et al*, 2009). Interestingly, findings that PHF does not produce the same benefits for this population have been cited as refuting the effectiveness of the HF approach in general (Kertesz and Weiner, 2009). Meanwhile, applications of the model for clients with severe alcoholism in Seattle have yielded significant cost savings and housing stability favouring PHF (Larimer *et al*, 2009).

Other concerns have been raised about the applicability of the PHF approach to non-U.S. venues such as Western Europe (Pleace, 2011). A scarcity of apartments in tight housing markets, social norms of co-habiting rather than solo living, and resistance to harm reduction are a few of the objections that have been raised. The widespread existence of social housing outside of the U.S. (where subsidized housing is extremely limited by comparison) has been cited as a more desirable and culturally consonant alternative to HF, leading some to argue that they ‘are already doing it’ when asked why they have not adopted PHF (Johnsen and Teixeira, 2012).

Advanced Liberalism and Homelessness

HL & J critique comes from yet another place: The fertile plain of academic discourse where critiques of Western neo- (or advanced) liberalism are common. With its core values of individualism, free markets and limited government, neo- or advanced liberalism has been cited as the philosophical rationale for steep declines in social welfare spending. Others besides HL & J have registered similar concerns. Thus, noting a connection between PHF’s rational choice ethos and the political philosophy of its governmental early adopters, PHF is criticized for the powerful neo-liberal company it keeps (Klodawsky, 2009) and for its failure to achieve higher-order goals such as social integration (Hopper, 2012). Klodawsky points to a suspicious alignment of PHF’s cost-saving ‘street removal’ benefits with a conservative

political agenda, and warns that PHF's adoption undermines collective activism by and on behalf of the homeless. She cites the Toronto city government's 'aggressive' embrace of PHF as undermining homeless advocates' pursuit of their right to occupy public space (2009, p.591). PHF advocates also show a "worrisome disregard for the considerable benefits that some individuals reap from living in supportive, congregate, or group settings..." (2009, p.592). Similarly, Hopper faults supported housing programs (another term for HF) for failing to bring about social integration. Instead, they function as "abeyance mechanisms" (2012, p.461) that, along with jails and asylums, serve a repressive social agenda of isolating and marginalizing those deemed less worthy.

HL & J concede that there are empowering aspects of choice in PHF, from having immediate access to an apartment of one's own, to choosing whether to comply with medication prescriptions, to deciding whether to drink or use drugs. Their main argument, however, centers on limits to choice, violations of which can result in discharge from the program. Yet these are the same legal prohibitions confronting all renters such as dealing or using illicit drugs, damaging the premises, and acts of violence and as mentioned earlier, this typically results in moving to another PHF apartment rather than to the streets.

Other reasons for PHF's choice-limiting are less visible to critics unfamiliar with local funding strictures, i.e., strings attached to the state and local government contracts that keep PHF programs solvent. In order to obtain funding in New York State, for example, PHF staff are required to make regular apartment visits, the latter mandated as best practices and, in some circles, viewed as more respectful of the client than requiring office visits.

HL & J identify limits to choice in an avowed 'high choice' program and for that PHF can be held accountable, even if these limits are not the 'choice' of PHF but mandated by government contracts and socio-legal norms governing permissible behaviour for renters. However, expanding the context for scrutinizing PHF would be incomplete without mentioning two additional points: 1) the absence of research demonstrating effectiveness of non-PHF programs with far different philosophies (Parsell *et al*, 2013), and 2) the choices expressed by service users themselves. Here, there is little dispute. The continued dominance of non-PHF 'staircase' approaches to homeless services (at least in the United States) is predicated on a virtually non-existent research database. And, when considering the significance of choice as done by HL & J (2012), it is useful to note that the overwhelming majority of homeless adults prefer PHF over the alternative – clients in PHF also report having more choice in their daily lives (Greenwood *et al*, 2005).

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This does not mean that there are some who do *not* prefer PHF, either wanting to live with others rather than alone in a scatter-site apartment or feeling a need for more structure and rules governing daily life. It is crucial to note, however, that those who do not want to live alone rarely if ever want what the staircase approach offers—sharing living quarters with other program enrollees. The importance of privacy and autonomy, especially for those having had so little of either, should not be overlooked.

From the lofty realm of academic criticism, PHF might well appear to be doing the dirty work of the state, sweeping the homeless off the streets and seducing them with a faux sense of empowerment while in fact concealing and co-opting them. Invoking the trope of neo-liberal (or advanced liberal) policies, PHF produces responsible choice-makers even as it falls short of its promise to honour their choices. The PHF approach is not a panacea. There is without doubt a small but troubled minority of consumers whose addiction, cognitive impairment, or previous traumas are too damaging to live safely on their own. PHF tenants do get lonely and they ask ‘what’s next?’ existential questions made possible by having a safe, secure and non-surveilled place to live (Padgett, 2007). This secure base is needed to pursue other life accomplishments, but it does not guarantee success in doing so. But having choice in many areas of one’s life—and having a home—can bring substantial benefits that alternative approaches have yet to demonstrate with rigorous research.

› References

- Allen, M. (2003) Waking Rip van Winkle: Why Developments in the Last 20 Years Should Teach the Mental Health System Not to Use Housing as a Tool of Coercion, *Behavioral Sciences and the Law* 21(4) pp.503-521.
- Greenwood, R., Schaefer-McDaniel, N., Winkle, G. and Tsemberis, S. (2005) Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness, *American Journal of Community Psychology* 36(3/4) pp.223-238.
- Hansen Löfstrand, C. and Juhila, K. (2012) The Discourse of Consumer Choice in the Pathways Housing First Model, *European Journal of Homelessness* 6(2) pp.47-68.
- Hopper, K. (2012) The Counter-Reformation that Failed? A Commentary on the Mixed Legacy of Supported Housing, *Psychiatric Services* 63(5) pp.461-463.
- 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.
- Kertesz, S. and Weiner, S. (2009) Housing the Chronically Homeless: High Hopes, Complex Realities, *Journal of the American Medical Association* 301(17) pp.1822-1824.
- Kertesz, S.G., Crouch, K., Milby, J.B., Cusimano, R.E. and Schumacher, J.E. (2009) Housing First for Persons with Active Addictions: Are We Over-Reaching?, *Milbank Memorial Quarterly* 87(2) pp.495-504.
- Klodawsky, F. (2009) Home Spaces and Rights to the City: Thinking Social Justice for Chronically Homeless Women, *Urban Geography* 30(6) pp.591-610.
- Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., Ginzler, J., Clifasefi, S.L., Hobson, W. G. and Marlatt, G.A. (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* 301(13) pp.1349-1357.
- Miller, P. and Rose, N. (2008) *Governing the Present: Administering Economic, Social and Personal Life* (Cambridge: Polity Press).
- Padgett, D.K. (2007) There's No Place Like (a) Home: Ontological Security in the Third Decade of the 'Homelessness Crisis' in the United States, *Social Science and Medicine* 64(5) pp.1925-1936.
- Padgett, D.K., Stanhope, V., Henwood, B.F. and Stefancic, A. (2011) Substance Use Outcomes in 'Housing First' and 'Treatment First' Consumers After One Year, *Community Mental Health Journal* 47(3) pp.227-232.

Parsell, C., Fitzpatrick, S. and Busch-Geertsema, V. (2013) Common Ground in Australia: An Object Lesson in Evidence Hierarchies and Policy Transfer, *Housing Studies* DOI: 10.1080/02673037.2013.824558

Pleace, N. (2011) The Ambiguities, Limits and Risks of Housing First from a European Perspective, *European Journal of Homelessness* 5(2) pp.113-127.

Sahlin, I. (2005) The Staircase of Transition: Survival Through Failure, *Innovation: European Journal of Social Science Research* 18(2) pp.115-35.

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

Tsemberis S., Gulcur L., and Nakae M. (2004) Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis, *American Journal of Public Health* 94(4) pp.651-656.