
Some Additional Thoughts on Housing and Services for Adults with Histories of Homelessness

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Introduction

Crane *et al* (2012) report an interesting study of the relationships of pre-resettlement services and length of time in transitional housing to participant outcomes. Their research did not yield a clear pattern of associations between pre-resettlement services and post-resettlement outcomes, but longer stays in transitional housing did predict tenancy retention. Based on these findings, the authors seem to favour the conclusion that longer stays in transitional housing cause longer independent tenancies (p.38). In this reflection piece, some additional aspects of their results are highlighted and some of their results are reinterpreted.

A Reflection on Client Outcomes

Perhaps the most striking finding is that, at the final time point, 78 percent of participants were still in their original accommodation post-resettlement, while another 7 percent were stably housed in another post-resettlement tenancy. Only 15 percent (55 people) had no tenancy (p.31). Although the authors understate this success, the finding that fully 85 percent of the sample remained stably housed at the final time point is an impressive result for the resettlement initiatives that were involved in this research. Second, these findings indicate that clients have a great deal of insight into their own ‘readiness’ for independent housing. Importantly, 84 percent of clients judged themselves ‘definitely’ ready to move, compared to only 65 percent assessed by staff as ready to move. The fact that clients’ readiness assessments more closely matched the retention outcome than did staff assessments certainly merits additional

attention. However, overall, staff were optimistic in their predictions: In addition to the 65 percent of clients staff judged as 'definitely' ready to move on, another 30 percent were judged as 'probably' ready to move on; staff were 'doubtful' about only 5 percent (p.30), suggesting that the authors' support for longer transitional housing stays of up to three years (p.34) is a conservative assessment of people's abilities, and seems to fall short of the providers' expectations for clients. Third, the finding that neither mental health nor alcohol problems predicted housing outcomes (p.33) should be highlighted. Participants were able to sustain their tenancies, even in the context of active mental health or alcohol problems.

Some Alternative Interpretations

Of the five participants who were resettled directly from the streets, three became homeless again. This could be expected, given that participants appeared to receive very few, if any, support services post-resettlement. Perhaps individuals with chronic homelessness experiences are likely to need service supports upon resettlement in order to sustain tenancies. However, since this conclusion is based on only 2 percent of the sample, care should be taken not to go too far beyond these data in interpretations and recommendations.

Participants who spent more time in transitional housing (either hostels or 'semi-independent living') were more likely to retain their tenancies than those with shorter stays or who intermittently slept rough. The authors concluded, "shorter stays in temporary accommodation will lead to poorer resettlement outcomes" (p.17). However, this result should be interpreted with caution. Although the authors' hypotheses include post-resettlement services as a predictor (p.21), no post-resettlement services, other than Education, Work Training and Employment (ETE), were reported in their measures or results. This is important because participants simultaneously resided in temporary accommodation *and* received a range of types and intensities of services *prior to* resettlement. Then, they simultaneously experienced a move to independent housing *and* an apparent withdrawal or reduction in services (what services, if any, were received post-resettlement are not described). It cannot be ruled out that it is the withdrawal of support, rather than shorter length of tenure, that caused tenancy outcomes. Other unmeasured variables may explain the relationship between transitional housing and tenancy retention, such as clients' own skills, which they brought with them to the transitional accommodation, or that they acquired *despite* the conditions of the transitional accommodation.

The sample is described as representative of single adults who depart from hostels and temporary supported housing into independent housing (p.23). The authors cite Broadway's (2012) finding that single adults who move from hostels to inde-

pendent living comprise only 20 percent of the hostel population. In contrast, 39 percent of those who left hostels and temporary supported housing either were evicted or abandoned their housing. These numbers indicate that more people are dissatisfied with, cannot, or will not comply with hostels' rules and regulations, than graduate into independent housing, and suggest that conditions of hostel life are not acceptable to nearly two-fifths of the single adult homeless population.

The authors conclude that “the current policy priority in England to shorten stays in temporary accommodation (at least for those requiring ‘low intensity’ support) is misguided and could increase the likelihood of resettlement failures” (pp.37-38). This is precisely the mechanism through which higher functioning individuals who can tolerate hostel dwelling have become stuck in more restrictive housing services. They appear to benefit from congregate housing because they have fewer needs, a potentially larger array of life skills, and less challenging behavioural issues. Consequently, they may have greater capacity to effectively cope with hostel life, rules, and regulations, and ironically be less likely to move to independent accommodation, as well as less likely to experience eviction from temporary accommodation.

Research has demonstrated that those who have more severe needs can succeed with direct placement in independent housing with supports (Greenwood *et al*, 2005; Stefancic and Tsemberis, 2007; Tsai *et al*, 2014; Tsai *et al*, 2010). For example, Tsai and colleagues (2010) found that there were no clinical advantages to residential treatment or transitional housing, but there were higher service costs. Taken together with our reinterpretation of Crane and colleagues' findings, it remains unclear why individuals with lower or fewer support needs should spend more time in transitional housing. If, as the authors seem to agree, housing configuration is less important than intensity of services (p.38; see also, Locke *et al*, 2007), choice of housing can be determined by tenant preference; in most cases, individuals choose immediate placement in permanent, independent housing (social, subsidized, or private), with lower intensity supports as their number one priority.

It appears that Crane and colleagues argue against providing housing without adequate supports, which accords with the Housing First model. However, it is unclear why they do not also argue that participants should be resettled into permanent scatter-site housing – social, subsidized, or private – and concurrently provided with support services. In the Pathways Housing First model providers arrange permanent scatter-site housing in the community and provide support services with the goal of flexibly tailoring support intensity to the participant's needs and goals, and continue support services until the person no longer needs them. The advantage of the Pathways approach is that services can withdraw while the person stays in their home; this allows individuals to settle into their community

and minimizes housing disruptions, while support intensity can vary with need – including “walking away” when no longer needed. Thus, a viable alternative to extending stays in temporary accommodation may be to provide enhanced community-based supports in permanent housing, such as the housing in which participants in Crane and colleagues’ study were resettled.

Extended time in transitional housing is not likely to resolve some of the issues people faced in independent tenancies. Length of stay in transitional housing was not related to drug use (drug use was one of the few factors associated with housing outcomes post-resettlement), and so longer periods of temporary housing would not be likely to solve the problems drug misuse caused in independent tenancies. Additionally, those who went into independent housing with debts were more likely to lose their tenancies than were those with little or no debt. It is not evident that extending stays in hostels or semi-independent arrangements would alleviate individuals’ debt problems, and thus improve tenancy retention. Employment problems are also unlikely to be solved while residing in a hostel, especially in a system that takes away crucial grant monies upon employment. Indeed, Crane and colleagues quote one hostel dweller who stated, “I’d have been better off if I’d not got a job until after I was re-housed” (p.29).

In hostels services are provided for residents, who become increasingly deskilled with length of stay. The authors acknowledge that hostels offer few opportunities to learn daily living skills and individuals are more likely to develop or regain skills for daily living in semi-independent accommodation. It is unsurprising that the only pre-resettlement services that predicted client outcomes were budgeting and ETE. ETE is the only service that would occur outside one’s residence, and it is the only service that the authors explicitly described as continuing after resettlement (p.29). In contrast, a Housing First approach provides a full array of time-unlimited supports that are not tied to housing and that fall away as the client no longer needs them.

Conclusion

Crane and colleagues’ research demonstrates that adults with histories of homelessness are settling very successfully into independent accommodation across England, and that they do so even in the context of active mental health or alcohol problems. The pattern of findings for pre-resettlement services is more mixed; only ETE predicted tenancy sustainment. Taken together, these findings suggest that formerly homeless adults are able to sustain their new accommodations, and that only a small percentage need continued post-resettlement supports, such as for problem-related drug misuse. But housing retention is not the only challenge faced by formerly homeless adults. As the authors note, many clients reported various



challenges and difficulties in housing-related domains, and the evidence base suggests they would benefit from time-unlimited supports. It is important that European homeless services continue to provide services to individuals to address these challenges, even once independently housed. Housing First models, which provide community-based, time-unlimited, tailored, and flexible support services that gradually “fall away” without requiring the disruption of resettlement, are viable alternatives that would effectively resolve homelessness and housing-related problems for all.

› References

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