This review of two short American papers that are highly critical of Housing First and one British report that is, on the surface, highly supportive of the idea, will adopt a slightly unorthodox approach. The reason for this is that providing an accurate review of some of this material necessitates harsher criticism than is usual, even allowing for this piece appearing in the pages of an academic journal. I think it necessary to ground this criticism by explaining what my experience and perspective is, making it clear that, while an active advocate of Housing First, I would never present it as without limits and flaws and because before looking at these publications, it is useful to briefly review the state of the evidence.

My initial reactions to Housing First were mixed (Pleace, 2011). In the UK, there was some evidence of a small population with high and complex needs, experiencing long-term and recurrent homelessness. The UK data were limited, but suggested a situation broadly mirroring the picture in the USA, in which the bulk of homelessness was transitional and closely associated with the extremes of socioeconomic margin-
alisation, while a small high cost, high risk population, characterised by addiction, severe mental illness, and high contact with the criminal justice system experienced episodic (repeat) and chronic (sustained) homelessness (Culhane, 2018).

The realisation that homelessness existed in this form in the USA was crucial in the adoption of Housing First. The analysis of Culhane and others showed that only around 20% of the people experiencing homelessness were taking up a lot of capacity in homelessness services because they did not leave those services or kept coming back to them. If the needs of people experiencing sustained and repeat homelessness could be met, both the terrible human costs and the high public spending associated with these forms of homelessness could be reduced. Existing interventions for people experiencing homelessness with complex needs, centred on linear residential treatment (LRT) or ‘staircase’ services, which in North America were likely to be abstinence-based and set strict behavioural requirements on people using them, and had only achieved limited success, whereas Sam Tsemberis’s Housing First appeared to be far more efficient (Pleace, 2008; 2011).

While I was impressed by some of the North American evidence, I was also sceptical because there were inconsistencies in how Housing First was defined. Debates about fidelity were still developing, but in the early 2010s, looking at North American evidence, it was still difficult to be certain whether the success of one ‘Housing First’ service was really the same as the reported success of another ‘Housing First’ service, because those two services might be quite different.

I was also concerned by the apparent emphasis on individual characteristics, on a need to change sets of behaviours, through a process of ‘recovery’. This sounded like Housing First was doing the same thing as the services it was intended to replace, albeit with a greater emphasis on service user choice. This concern that was later expressed much more clearly and effectively by Hansen-Löfqård and Juhila in this journal, questioning whether Housing First was really just another intervention based on behavioural modification, treating homelessness as individual pathology, rather than as a more complex and at least a partly systemic social problem (2012).

One concern was that an emphasis on individual ‘recovery’ (an individual changing their behaviour) meant Housing First could be weaponised to support a longstanding Thatcherite narrative. In the UK, there was (and is) a longstanding political narrative which ‘explained’ homelessness as being only a few ‘rough sleepers’ who were (mentally) ill or had ‘chosen’ a life of criminality and addiction (Anderson, 1993).

While apparently very successful in ending homelessness among people with complex needs, it was also clear that Housing First did not work for everyone. While this gap in effectiveness was only around 10-20% (and quite often less), I was
worried that questions about where these people would go, which were really wider questions about where Housing First fitted into European homelessness strategies, were not being answered. Outcomes in mental and physical health and social integration also looked variable in the early 2010s. It was not clear that the ‘recovery’ was always being delivered by Housing First in the sense of consistent evidence of gains in economic and social integration, reductions in mental illness, addiction and offending, or improvements in physical health, the clear success was ending homelessness at a high rate, but questions were being asked about what else was being consistently achieved beyond that (Kertsez et al., 2009; Stanhope and Dunn, 2011; Johnson et al., 2012).

Housing First was also being presented as the reason why Finland was successfully reducing homelessness among people with complex needs, with broad talk of the Finns adopting Housing First as an approach. This was not what had happened. Finland developed a highly integrated, multiagency, housing-led approach using an array of homelessness services, emphasising prevention, and increasing social housing supply. The Finnish Housing First homelessness strategy clearly reflected Housing First in the North American sense, but also went way beyond it and, rather than being based on North American ideas, had come from a quite different starting point. Finnish Housing First was not a single type of service or a programme, but a housing-led, highly integrated national homelessness strategy with strongly developed preventative and social housing supply dimensions, alongside flexible, strength-based, housing-led services for people experiencing homelessness with high and complex needs (Pleace et al., 2015; Allen et al., 2020).

The narratives in the mid to late 2010s about Finland having a Housing First strategy in the North American sense, something that Tsemberis (2011) himself saw was not the case, reflected a certain evangelicalism about Housing First that was sometimes evident. Housing First became a banner for reform, a way to ‘end homelessness’ with the older service models that Housing First was designed to replace increasingly being described as unequivocal failures, ineffective, costly, and dehumanising. The evidence suggested a more complex reality. LRT/staircase services were less successful, but they were not complete failures. Alongside this, the somewhat draconian imagery around how LRT/staircase services operated did not properly reflect what was actually a more diverse and rather more humanitarian sector in the US and beyond. In countries that included Finland and the UK, aspects of Housing First that were still controversial, even challenging in the US context, such as harm reduction and choice and control for people using homelessness services, had been mainstream for decades and many homelessness services bore little, if any, similarity to some of the LRT that Housing First had reportedly outperformed in the USA (Pleace, 2008; Rosenheck, 2010; Tsai and Rosenheck, 2012; Pleace, 2018).
Combinations of ordinary social housing, mobile case management, and support had been used in the UK since the 1980s, both in programmes to close down old, very large shelters (regarded as costly and inefficient) (Dant and Deacon, 1989) and in response to the realisation that lone homeless adults, rehoused under the homelessness laws, with high and complex needs required additional support beyond access to social housing (Pleace, 1995). I looked at these services and saw them work, but I also saw limitations linked to the relatively low level and limited duration of support that was offered, as well as variable effectiveness of interagency cooperation in case management (Pleace, 1995). In the early 2010s, this experience made me hesitant about the utility of Housing First for the UK, because Housing First meant higher and, particularly, more sustained spending than was typical of homelessness service design or commissioning practice among local authorities.

My conversion from sceptic to enthusiast and then, being honest about it, a transition to active advocacy for Housing First, happened over the course of 2013-14. With my colleagues at York, Joanne Bretherton and Deborah Quilgars, I have spent the best part of the last decade looking at Housing First services in England. Our research looked at the initial English pilot, Camden Housing First and then the next eight English services to go live. We then went on to conduct two longitudinal studies of small services in Manchester, one of which is focused on women with high and complex needs and, in cooperation with Canadian and UK colleagues, has looked at how to develop Housing First for vulnerable young people, alongside a project on how the strategic integration of Housing First might work (Pleace and Bretherton, 2013; Bretherton and Pleace, 2015; Blood et al., 2017; Quilgars and Pleace, 2018a; Quilgars and Pleace, 2018b; Pleace and Bretherton, 2019; Blood et al., 2020). At the time of writing, I will be contributing to two further evaluations of seven English Housing First services over the next three years and am involved in research on how to manage transitions when support, care, and treatment needs fall below, or rise above, the levels that Housing First is designed for.

Housing First in England is closer to Housing First in Italy (Lancione et al., 2018) than in some other North Western European countries, as resources are tight, often time-limited, and projects have, until quite recently, often been small scale. As in Italy, the homelessness sector itself, including Homeless Link, the national membership charity for homelessness organisations in England and the Housing First England network it developed, which has parallels with Housing First Italia, led by fio.PSD, was instrumental in advocating wider use of Housing First. The UK national homelessness charity, Crisis, has also become very active in promoting the develop-
opment and strategic integration of Housing First. Local housing authorities, the
elected local/municipal governments with responsibility for homelessness strategy,
and central English government were slightly late to the party but are now actively
commissioning and experimenting with Housing First services. England is still
developing national strategy in relation to Housing First and service provision
remains uneven, whereas Scotland has moved more definitely towards a national
programme and Housing First is integral to homelessness strategy in Wales and
Northern Ireland (Wilson and Loft, 2021).

Growth has been rapid, fuelled in part by the successes reported by research and
in part by the homeless sector and commissioners sharing positive experiences in
adopting Housing First. In 2017, according to Housing First England, there were
around 32 Housing First services operational in England (where around 80% of the
UK population live) compared to around 115 by early 2021.

Experiencing the human dimensions of what Housing First can accomplish has left
a deep impression on me as an academic and as a policy researcher, who has now
spent the best part of 30 years working on ways to try to end and prevent homeless-
ness. In part, my ideas about Housing First have been influenced by how English
homelessness research generally tends to get done, i.e., usually pretty cheaply,
and reflecting practice in the homelessness sector itself, largely based on talking
to people about their experiences of using services, emphasising participant-led
and co-productive research techniques that are designed to enable them to talk
about what is important to them.

My views of Housing First were, therefore, primarily influenced by what the people
using the 11 English services I have looked at, so far, have told me. Working on
the ground, as I always have, I saw people with complex needs who were in their
40s, who had never held any sort of tenancy, being successfully housed, alongside
people who had been stuck in emergency and temporary supported housing for
years and years, or who had been kicked out of every homelessness service in
an area at one time or another, also being successfully rehoused. In talking to
around 120 people using Housing First services in England, over the course of
eight years or so, I found their opinions about Housing First were overwhelmingly
(if not exclusively) positive.

Over time, my initial doubts about the coherence of Housing First have started to
be addressed by ever increasing attention being paid to fidelity (see for example,
Issue 12(3) of this journal). The Canadian (Goering et al., 2014) and French (DIHAL,
2016; Estecahandy et al., 2018) experimental trials have also shown clear positive

solutions/chapter-9-the-role-of-housing-first-in-ending-homelessness/
impacts on health and wellbeing, alongside reductions in emergency health and mental health service use. These impacts were not uniform, but they were tangible, and in a smaller and more limited way, were echoed by our own research in England.

By the mid 2010s, the global evidence base, in relation to Housing First’s effectiveness in ending homelessness among people with complex needs, had reached a point where disputing it started to look irrational (Pleace, 2018). Fidelity was also more clearly on the agenda in the UK than I had worried would be the case, which meant that the idea of Housing First as a relatively intensive service, providing support for as long as was needed, was mainstream.

Housing First is not perfect. Some issues with fidelity, consistency of outcomes and some questions about service design remain. However, the weight of evidence, including that I have gathered myself and with colleagues, shows that Housing First very often presents a practical, effective solution to homelessness among people with high and complex needs. In the mid 2010s, I began to work with Homeless Link and Housing First England and, with support from Sam Tsemberis and colleagues across Europe, wrote the Housing First Guide Europe (2016), and thus my pivot from sceptic to active (albeit still not entirely uncritical) advocate was completed.

The first two papers on Housing First reviewed here, one by Eide and one by Rufo, were published, respectively, under the auspices of the Manhattan Institute and the Heritage Foundation. The Manhattan Institute dates from the late 1970s and has longstanding links with the Reaganite (or for Europeans, Thatcherite) Monetarist policy agenda. This means reducing the scale and scope of the state, cutting taxation, implementing drastic cuts to welfare/social protection spending, combined with deregulation of markets, and privatisation of state-run programmes and activities. Their website notes:

    The Manhattan Institute is a think tank whose mission is to develop and disseminate new ideas that foster greater economic choice and individual responsibility.5

The Heritage Foundation, dating from the early 1970s, has a broadly similar outlook, but there is a more explicit link to the American far-right conception of individual freedom, framed by an emphasis on minimising the role of government and extent of taxation. More explicit alignment with current Republican Party messaging is also evident, at the time of writing, the website notes:

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4 https://housingfirsteurope.eu/guide/
5 https://www.manhattan-institute.org/about
Our country is under attack from radical Leftists who have hijacked protests, created violence and division, and undermined the rule of law that ensures peace and security.\textsuperscript{6}

Eide’s paper begins by asserting that Housing First has been an unqualified failure in the USA. One of the arguments presented reflects earlier criticism of Housing First, that positive outcomes are largely confined to higher residential stability, with outcomes in terms of health, wellbeing, and socioeconomic integration being much weaker. The papers referred to do indeed record both variations in outcomes and limitations in effectiveness. Most are papers with which I am familiar and, in some instances, have authors who I know and have worked with. None of this work calls Housing First a simple, outright failure. Papers that suggest areas for improvement to, or better evidence on, different aspects of Housing First, an approach that frequently ends homelessness among people with complex needs, are presented as saying Housing First is nothing short of being a disastrous policy. Eide asserts that Housing First, while still effective on a case by case basis in terms of delivering residential stability, is inherently ineffective in reducing homelessness. He notes:

\textit{... no community has truly ended homelessness using Housing First, and certainly not any community facing crisis-level homelessness. We would not say that a community has ended murder based upon a qualitative analysis of its police department, but rather the absence of murder.}  (Eide, 2020, p.11)

Another argument, again drawn from earlier academic criticism of Housing First, is that cost savings fall away quite quickly if someone using Housing First was not a very high cost, high risk individual. This means that someone must be in the ‘Million Dollar Murray’ (Gladwell, 2006) group of people experiencing homelessness presenting with multiple needs and very high rates of contact with emergency health, mental health services, and the criminal justice system.

\textit{A $1 investment in Housing First may be offset by 30 cents in savings on other service systems, but that still means that the government is 70 cents larger.} (Eide, 2020, p.14)

Cost effectiveness in a wider sense, i.e., as public spending that represents a good return on investment because Housing First often ends a uniquely damaging form of human distress including mitigation, if not always removal, of the negative effects of homelessness on health and wellbeing, is not considered. Nothing about Housing First is described as effective, although at various points the paper records both success in residential stability (ending homelessness) and, albeit it argues that it is only in relation to high cost, high risk individuals, significant savings in public expenditure. Eide notes:

\textsuperscript{6} \url{https://www.heritage.org}
Housing First has not been demonstrated to be capable of saving costs for entire systems any more than it has been demonstrated to be capable of ending homelessness for entire communities. (Eide, 2020, p.15)

For Eide, solutions to homelessness must centre on correcting behaviours that are self-destructive, which means treatment, behavioural modification and labour market activation must all be prioritised:

Housing First is the dominant policy framework for homeless services. Yet, after years of implementation, communities are not close to ending homelessness. If homeless services systems can’t focus as much on substance abuse, unemployment, and other social ills as they do on residential stability, those challenges will simply be left to other social-services systems. In light of these facts, a certain reorientation is justified. (Eide, 2020, p.17)

Rufo (2020) mirrors these arguments. The scale of expenditure on Housing First and related services by Federal government is noted and, again, expenditure on these kinds of service is described as inherently ineffective.

Progressive political leaders have insisted that homelessness is caused by lack of affordable housing, but in Seattle, San Francisco, and Los Angeles, the number of people on the streets has increased year over year despite large-scale investments in subsidized and permanent supportive housing… In order to reduce homelessness, policymakers at all levels must understand that chronic and long-term homelessness is not primarily a housing problem – it is a human problem. (p.2)

The next step in this dance is easy to predict:

Housing First has housing-retention rates of 80 percent, but does not improve substance abuse, mental health, or employment outcomes. Treatment First has housing-retention rates of 40 percent, but significantly improves substance abuse, mental health, and employment outcomes – and moves many people into self-sufficiency and private-market housing. (p.7)

And:

While there is still a need for permanent supportive housing for the severely disabled and chronically homeless, the vast majority of the homeless would be better served in treatment and recovery programs that promote self-sufficiency. (p.8)

We are told that there is ‘devastating evidence’ from the Canadian RCT about the ineffectiveness of Housing First in Canada (there is not, on the contrary the programme was a success that has been expanded upon, see Goering et al., 2014), alongside an
assertion that Housing First has no impact on drug/alcohol use, mental health, or general well-being (also untrue). As the paper continues, we are told:

In Executive Order 13828, President Donald Trump recognized that the welfare system, which would include many Housing First programs, “still traps many recipients... in poverty and is in need of further reform and modernization in order to increase self-sufficiency, well-being, and economic mobility. (p.9)

Rufo also disputes data from Housing and Urban Development (HUD), the Federal department with responsibility for national homelessness strategy, suggesting that numbers of people experiencing long histories of homelessness have fallen because of a mix of Housing First, housing-led, and preventative strategies, by disputing the quality of the data. Eide takes a similar line with veteran homelessness, asserting that falls in homelessness associated with the use of Housing First/housing-led models by Veteran Affairs are a misrepresentation, because the ‘real’ cause is that the total number of veterans has fallen. A later paper (Rufo, 2021) offers more of the same:

Moreover, as a large body of evidence demonstrates, Housing First programs generally do not reduce substance abuse, psychiatric symptoms, and (in some studies) even the rate of death—the very human factors that are central to the experience of homelessness. Many Housing First programs simply transfer the dysfunction of the street to subsidized apartment complexes. (p.2)

These two papers are not works of systematic analysis, Eide’s runs to 24 pages including references and Rufo’s to only 14 pages, so in terms of actual material, there is not a great deal to review. Neither paper contains any original research but are instead put together via haphazard referencing to a mix of some academic research and some policy documents and reports. Neither paper employs a rapid evidence review or systematic review methodology nor presents any sort of framework for the analysis that is offered.

The portrayal of the evidence base around LRT is highly distorted, suggesting a lot more evidence and opinion in favour of treatment led models, over and above Housing First, than is actually the case. This is not to suggest that Housing First does not continue to have its critics in North America, including those who advocate greater use of LRT and who dispute the strength of the evidence, but those critics do not feel the need to pretend that Housing First is simply a disaster (Baxter et al., 2019; Tsai, 2020). As is the case in some other recent American criticism of Housing First, positive overseas evidence, including from the Canadian and French experimental trials, is ignored.
The point at which both papers really go off the map is in relation to the claims that Housing First is ineffective because homelessness still exists and has increased in some areas of the USA. To be clear, the argument is exactly the same as saying you should not keep spending money on a hospital because building one and funding it did not stop people getting ill, or to employ the criminal justice analogy used by Eide, it is pointless to spend any more money on a police department, because you already did, and yet crime is still happening.

Neither paper feels the need to engage with the possibility that someone might use the data on success in residential stability to argue that if there were less Housing First there might be rather more homelessness among people with complex needs, or, indeed, that more Housing First might reduce overall levels of long-term and recurrent homelessness in the US. Both papers start from the premise that Housing First is irredeemably, unquestionably bad, so no case can possibly be made for retaining or expanding it.

Tying themselves into illogical knots, where Housing First does reduce homelessness through enhancing residential stability, but also has no effect on homelessness levels, simply does not matter. If you are looking for logical, evidence based homelessness policy, you are not the constituency that is being appealed to, and, should this malign nonsense offend your ‘progressive’ sensibilities, then so much the better, as that is precisely the point.

These papers do not simply contain elements of deliberate misreading and misrepresentation of the existing evidence base, they are both comprised of deliberate misreading and misrepresentation of the evidence base. Almost nothing asserted in either paper is backed by any evidence in the unqualified way that the authors assert. When actual data and results are referred to, the results are taken out of context and their implications are distorted. These papers contain no real analysis, neither represents a well-informed or thoughtful Conservative critique of the limitations of Housing First, which it would be entirely possible to construct. Both papers are Trumpian agitprop.

The poor quality of the work and of the arguments employed are in some senses immaterial. The actual narrative is that all social problems are individual in nature, caused if not by illness, then by criminality and deviance; what Gowan (2010) calls the ‘sickness’ and ‘sin’ narratives about homelessness. The other goal is to constantly reinforce narratives that anyone who ‘fails’ in unregulated capitalism has only themselves to blame and that discipline and correction are the answer, that ‘big’ government, particularly liberal or socialist big government must, by its very nature, be inefficient and repressive. These ideas are not merely a smokescreen for
rapacious billionaires who want to live untaxed and unregulated lives, there is ideology, one might even say philosophy underpinning elements of the alt-right, particularly in relation to Neoreaction or NRx ideas (Burrows, 2019).

In what turned out to be one of the last gasps of Trumpism, for the time being at least, the U.S. Interagency Council on Homelessness, which had long advocated Housing First, began to move away from it. The Director, Robert Marbut, appointed in late 2019, described himself as an advocate of ‘housing fourth’, in which assistance must be ‘earned’ by people experiencing homelessness and advocated LRT.\footnote{https://nlihc.org/resource/robert-marbut-confirmed-head-us-interagency-council-homelessness}

It seems unlikely that Federal funding for Housing First would have survived a second Trump administration.

From a European perspective, this might all seem rather remote. Housing First appears to dominate European debates about what an effective homelessness strategy should look like and the shape that homelessness services should take. Housing First has shifted European discussions about how to end homelessness among people with high and complex needs from the best way to provide treatment followed by housing, to a dialogue about how to solve these forms of homelessness by providing Housing First.

Housing First lies at the core of Danish, Dutch, and French policy, is prominent in debates about homelessness in Italy, Spain, and Portugal, is significant in Ireland and, increasingly, in the now politically distant, but still physically proximate, UK, particularly in Scotland.\footnote{https://homelessnetwork.scot/housing-first/}

Finland's version of ‘Housing First’ is and always was distinctly Finnish, a home-grown ethos and philosophy that has produced a uniquely strong, housing-led, integrated strategy that has greatly reduced long-term and recurrent homelessness. However, while the Finns did not copy the idea from America (Allen et al., 2020), they share the same direction of travel as is found across much of Northern Europe, i.e., the solution to long-term homelessness among people with complex needs is seen as being simultaneous provision of settled housing and intensive, integrated case management that combines housing, social, and health services. Even in those European countries where Housing First services are not yet operational, or where only a handful of services are functioning, the idea of Housing First is often being discussed, with a view to building services and programmes (Pleace et al., 2019).

On the surface, Close to Home: Delivering a national Housing First programme in England produced by the Centre for Social Justice (CSJ) (2021) seems very different indeed from the criticisms of Housing First examined above. CSJ is, like the Manhattan Institute and the Heritage Foundation, a ‘think-tank’ and was founded

\phantomsection\footnote{7 https://nlihc.org/resource/robert-marbut-confirmed-head-us-interagency-council-homelessness}

\footnote{8 https://homelessnetwork.scot/housing-first/}
by a Thatcherite member of parliament Ian Duncan Smith and associates in 2004. CSJ differs from the two American ‘think tanks’ in recognising structural disadvantage and social issues like racism and sexism as barriers to equality and social justice, does not present the same simplified narrative that all social problems are the result of ‘sin’ or ‘sickness’, nor does it reject government intervention out of hand. Rather, CSJ works within a narrative that presents social problems as people facing behavioural barriers, alongside some systemic barriers, to success within a low tax, low regulation free market system with limited social protection/welfare systems, never questioning the fundamental validity of this form of economic and social organisation.9

It is not an exaggeration to say that CSJ’s report on Housing First is extremely enthusiastic about the approach. Building on its earlier, equally positive report (Gousy, 2017), CSJ’s verdict on Housing First could not, on the surface, seem more different from that advanced by Eide (2020) and Rufo (2020; 2021):

The CSJ is therefore calling on Government to deliver a national Housing First programme and dramatically increase the number of Housing First places in England. Housing First should become the principal approach for people whose homelessness is compounded by multiple disadvantage. (CSJ, 2020, p.11)

Key recommendations include dedicated, sustained funding to facilitate a national programme in England, mirroring developments in Scotland and an increase in social housing so the right form of adequate, affordable housing with security of tenure is available to allow Housing First to operate well. Rather than criticise Housing First’s operation and ethos, the CSJ report presents a clear summary of how a service should operate, drawing on Housing First England’s guidance on fidelity, which in turn draws on the Housing First Guide Europe. The report notes that Housing First needs to be understood as a service model for people with high and complex needs, not as a homelessness strategy in and of itself, citing me (Pleace, 2018) as it does so, which at a quick count, it does around another 16 times.

Brexit notwithstanding, it is tempting to react with an element of European smugness to the differences between the attitudes of a right-wing British think-tank compared to some of the American versions. The disregard for evidence and illogic is absent and instead the political right is making an evidenced case for Housing First and is advocating significantly more government spending to get it into place. Of course, CSJ is hardly akin to the Rassemblement national, or even UKIP, and while those and other popular social and political movements are (arguably) skirting around the edges of Neoreaction, the political right within the European establishment, manifested in CSJ, is saying:

9 https://www.centreforsocialjustice.org.uk/about/the-five-pathways
... Government should build on the foundations laid by the Rough Sleeping Initiative and Housing First pilots and commit an annual budget of £150.3 million [€174.6m / $211.7m] for three years to deliver 16,450 Housing First places in England. (CSJ, 2020, p.12)

To put this into context, the Government had committed £28m to three national Housing First pilots in 2017, influenced in part by the first CSJ report on Housing First (Gousy, 2017). So, the argument was that there should be an almost fivefold increase in spending. The estimate of places needed was based on research commissioned by the homelessness sector, albeit at the lower end of a range of between 16,450 and 29,700 places (Blood et al., 2018). The CSJ report is also 115 pages long, contains original research and extensive referencing, compared to the 38 pages of the Eide and Rufo papers combined.

Trumpian attacks on Housing First seem remote, because the European – or at least European adjacent – mainstream political right is a fan, not an enemy of Housing First. On the surface, even if the American Right is trying to get rid of Housing First, indeed is openly attacking it, it might not look like this is something that should concern us from a European perspective.

Hansen-Löfstrand and Juhila (2012) criticised Housing First from a Nordic perspective because they saw the same emphasis on individual pathology, the same emphasis on behavioural change, albeit through a decidedly more relaxed and harm reduction based model of ‘recovery orientation’ and ‘active engagement’, as characterised LRT services and their European equivalents. Rather than representing something truly progressive, Housing First was posited on the same logic as earlier services, there was something wrong with people experiencing homelessness, something they had at least to some extent brought upon themselves, and it was their behaviour that needed to be changed.

Asked to comment on the Hansen-Löfstrand and Juhila paper, I criticised it, not for the central thesis, which I thought had substance, but because I thought Housing First was, at its heart, progressive. I argued that in the cultural and political context of the USA, completing a paradigmatic shift away from the idea of the individual and individual responsibility had been too big a step to make. This meant that while elements of language and practice remained, Housing First was not centred on behavioural ‘correction’ in the way some earlier services had been, it recognised the human rights and humanity of the people it was working to support (Pleace, 2013).

In the early 2010s, I was worried about a Thatcherite weaponization of Housing First to portray homelessness as individual pathology. These concerns were rooted in the decades-long approach of successive governments to present homelessness as street based homelessness and to highlight the high and complex needs of
people living on the street, including behaviours that could be portrayed as individual choice, particularly addiction and mental illness (Anderson, 1993). Thus, in the 2010s, 2,000 or 5,000 or so people experiencing street homelessness in England would be presented as ‘homelessness’ and relatively large (and often very expensive) programmes mounted to meet their complex needs (Wilson and Barton, 2021), while the 120,000 statutorily homeless children in emergency accommodation at any one point (whose parents tended to be poor, but neither mentally ill or addicted to anything), would not be the subject of any press conferences or announcements about special programmes (Barton and Wilson, 2020).

By the mid 2010s, these worries about distorted use of Housing First had started to fade. There was evidence that the ideas and ethos behind the original Housing First, and the ways it was being implemented in Europe, were progressive and had quite a degree of fidelity to the original American model (Greenwood et al., 2013).

The CSJ report presents a progressive front, but it focuses on Housing First as a solution to street based homelessness in England among people with high and complex needs in England, not to long-term and recurrent homelessness in a broader sense. In this, it reinforces longstanding narratives that homelessness is, or is largely accounted for, by people sleeping on the streets. This is an unusual position because it adopts a narrower definition not only of homelessness, but of the population of people who experience long-term and recurrent homelessness. For example, this does not include women with complex needs who may often avoid sleeping on the street and services instead making their own, precarious arrangements with friends, relatives, or acquaintances (Bretherton, 2017). Nor does it explicitly encompass populations with high and complex needs ‘stuck’ in homelessness services, who do not sleep on the street, a population for whom one of the first UK pilots, Camden Housing First, was designed for (Pleace and Bretherton, 2013). Specific targeting of Housing First is not unique, for example, the Canadian and French national programmes are designed for people experiencing homelessness with a psychiatric diagnosis, but nowhere else in the world that I am aware of uses Housing First as a service only for people experiencing street based homelessness. A chapter is also devoted to the high and complex needs of people experiencing street based homelessness. Focusing on reflecting narratives around homelessness as ‘sin’ and ‘sickness’, the wider, generally structural, and social causation of the (much larger) issue of family homelessness is not mentioned, although Housing First models can be used where a parent or parents have high support needs. Notwithstanding, lone women (experiencing street based homelessness) with support needs linked to domestic abuse are mentioned. Through individual vignettes and across a wider narrative, the nature of homelessness is repeatedly presented within the same framework:
The lives of the most entrenched rough sleepers are frequently marked by early experiences of trauma, as well as substance dependency, family breakdown, poor health and sometimes criminality. For this group, the path to stability is a steep and often treacherous hill to climb. (CSJ, 2020, p.6)

Now, this kind of stuff is problematic on several levels. First, while there are limitations in UK evidence, the global evidence base raises severe doubts about how ‘sin’ and/or ‘sickness’ leads to homelessness (again presented as street based homelessness) narratives. The work of Culhane and others in the US is interesting here, because it disputes the narrative that addiction and mental illness are the precursor and/or trigger for homelessness despite clear evidence that they can arise after homelessness occurs. Culhane and others also noticed something else about long term and repeated homelessness, which was everyone was a similar sort of age (Culhane et al., 2013). Long-term and recurrent homelessness associated with high cost, high risk populations was divided into similarly aged cohorts, cohorts who would have been in early adulthood during major recessions, if these forms of homelessness were being consistently triggered by individual characteristics, needs, experiences, and choices, the flow would be steady. But it was not, other factors were at play and one of them was what happened to mental and physical health, social connections, and life chances when poor people fell into homelessness and could not get quickly out of it. Over time, the ageing nature of homelessness among people with high and complex needs in the US has created new challenges (Culhane et al., 2019).

Beyond this, the terminology is a narrative construct, not something based on evidence. ‘Most entrenched rough sleepers’ is not defined, but the idea that there is a group of somehow deliberately persistent long term people experiencing street homelessness in the UK is not supported by data. Taking the example of the CHAIN database, which provides longitudinal data on service contact by homeless and street using populations, including outreach, shelter, and supported housing services, the chief characteristics is churn with people moving in and out of street based homelessness. Government initiatives including No Second Night Out have reduced the time people spending more than one or two nights on the streets (Wilson and Barton, 2021). ‘Entrenched’ people experiencing street homelessness are pretty difficult to find, and always have been (Fitzpatrick et al., 2004), because the reality was always that people generally try to get a roof of some sort over their head, or at least get into shelter, whenever they can. The idea, however, of the ‘entrenched’, the deviant, addicted, mentally ill individual is crucial to right wing narratives of homelessness, that homelessness is about sin and sickness, not systems. The realities of British homelessness are quite different, most of it is not street based sleeping and the common characteristic is not mental illness or addiction, but poverty (Bramley and Fitzpatrick, 2018).
One point here is that the Devil hath power to assume a pleasing shape, that the hard right might, figuratively speaking, be sipping a cocktail on the terrace, rather than wandering about with a shotgun and its MAGA hat on the wrong way around. Housing First has been processed and presented in a very different way, in a rather more subtle way, as a compassionate, respectful, as well as economically and socially efficient, policy, very different from the tendency to discipline and punish, which was the British response until well into the twentieth century, and which is still mainstream in some parts of the USA:

*Houston, Texas, is the untold homelessness success story. Democratic mayor Sylvester Turner has argued that the city must balance the provision of services with enforcement of the law against street camping—a combination he refers to as “tough love.” This approach has paid dividends. Between 2011 and 2019, the city reduced homelessness by a remarkable 54 percent as it continued to skyrocket in cities like Los Angeles, San Francisco, and Seattle. The mayor consistently enforced the law against camping and drug consumption, even fighting and winning a lawsuit against the American Civil Liberties Union, which had attempted to hamstring enforcement efforts.* (Rufo, 2021, p.3)

One will not find the CSJ advancing Houston’s (alleged) homelessness policy as the way to end street based homelessness in England. It advocates the antithesis of this, or its European equivalent of Hungary effectively seeking to make homelessness illegal. CSJ instead commends Housing First. The narratives, however, that homelessness is addiction and mental illness, bad parenting, poor choices, and an unwillingness or incapacity to make positive personal changes, are in essence the same. Housing First is being used to present homelessness in a certain way, to downplay the systemic causes, to downplay the responsibility of the State and, above all, to create a disconnect between the idea that homelessness could – at least in part – be not about sin or sickness, but instead be linked to systems and to what the consequences of a deregulated, highly unequal, free market society with limited social protection actually are.

**References**


Tsemberis, S. (2011) *Observations and Recommendations on Finland’s ‘Name on the Door Project’ From a Housing First Perspective* (Finland: Housing First).
