Evaluating homelessness services and strategies

A Review

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The views expressed in this review are not necessarily those of HABITACT members or FEANTSA, Responsibility for any errors lies with the author.

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Summary

This Review was a rapid evidence assessment designed to explore best practice in the evaluation of homelessness services and homelessness strategies. The Review was commissioned by HABITACT, the European exchange forum on local homelessness strategies and was written by Nicholas Pleace of the European Observatory on Homelessness and the University of York.

An evaluation is designed to understand whether homelessness services are being delivered as intended, what outcomes are being achieved – particularly in respect of the prevention and reduction of homelessness – and whether a service or strategy represents good value for money. A good evaluation aims to be neutral and also looks for any unintended effects generated by a service or strategy.

Quantitative evaluation, using statistical analysis, can provide a clear test of effectiveness, showing how better outcomes in homelessness prevention or homelessness reduction are associated with a strategy or specific services. Qualitative evaluation involves talking to homeless people using semi-structured interviews and focus groups. Qualitative work can be very effective in giving homeless people a ‘voice’ in how services are provided to them and also allows detailed exploration of why different outcomes are being achieved. If a service or strategy has a lasting positive impact, i.e. people do not become homeless once they stop using the services provided, that service or strategy is more effective than one which only temporarily stops homelessness. The lasting impacts of homelessness services and strategies can be looked at using a longitudinal evaluation. Evaluations which exploit the strengths of both quantitative and qualitative methods and which are longitudinal, are generally more robust, i.e. more ‘trustworthy’, than evaluations which just use one method or that are not longitudinal.

Evaluations should assess outcomes according to the following criteria:

- Improvements in housing sustainment for potentially and formerly homeless people (ending or preventing rooflessness and houselessness).
- Improvements in managing the support needs of formerly and potentially homeless people that might undermine housing sustainment (including mental health, problematic drug and alcohol use and access to social supports).
- Improvements in social integration to help prevent homelessness or repeat homelessness (including economic integration).
- Evidence of cost benefits from homelessness services or strategies (including cost offsets through generating savings for health, criminal justice and emergency accommodation services).

Evaluation can be ‘risky’ in the sense that it will show the limitations of a homelessness service or strategy. However, evaluation can also show that good outcomes are being delivered in a cost effective way, which can strengthen the case for retaining and expanding homelessness services or homelessness strategies.
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1 Introduction

The aims of this Review

This Review is intended to describe the state of knowledge on homelessness service and strategy evaluation in the European Union. The Review is also designed to act as a guide to good practice in homelessness service and strategy evaluation. The Review considers how best to measure the direct impact of homelessness services and strategies in preventing and reducing homelessness and in helping meet the other needs that homeless people have. The Review explores how to evaluate the role that homelessness services and strategies have in promoting housing sustainment, meeting support needs and in enabling social integration. The Review also looks at how to assess the cost benefits of homelessness services and strategies.

Methodology

The method used for this review was a rapid evidence assessment (REA). Based on the principles of a systematic review, an REA is intended to assess, in a systematic and transparent manner, the best available evidence to address specific research questions. An REA involves:

- Searching the electronic and print literature as comprehensively as possible within the timetable.
- Collating descriptive outlines of the available evidence on the evaluation of homelessness services and strategies.
- Critically appraising existing evaluations of homelessness services and strategies.
- Sifting out studies of poor quality, and providing an overview of what the evidence on evaluation is saying.

Where possible an effort has been made to focus reading and reviewing of evaluations of homelessness services and strategies on EU examples. However, there were some limitations to the searches that were conducted as the main emphasis had to be on work that had been written in, or translated into, English. Although a small amount of translation was also carried out specifically for this Review, it was not possible to incorporate all the examples of evaluations and evaluation tools that were not available in English.

It is also the case that some forms of service and strategic evaluation have not been widely used within the EU, but have been used in North America or Australia. This work can be enlightening and is often conducted to a high social scientific standard, but it is focused on societies that have important differences to many EU member countries. It is useful to refer to this work because it adds to a discussion of different evaluation approaches and what they can achieve, but it is nevertheless the case that these are not European examples of evaluation.

Research and evaluation focused on homelessness is also much more common in some EU member states than others. In particular there is a kind of ‘Northern’ tendency in the evidence base, with the UK in particular, but also the Scandinavian countries1, France and Germany producing relatively more evaluations and studies on homelessness than EU countries in the South and East2.

However, while the material that has been drawn upon for this Review does not evenly represent work that has taken place across all EU countries, the key lessons in evaluation methodology and the questions that an evaluation needs to explore, do not vary. Good practice from existing evaluations can be applied to evaluation in any context found within the EU.

About the review

The Review is divided into five chapters. Chapter 2 provides an overview of evaluation, describing what is involved and reviewing the strengths and limits of the methodologies which can be employed for evaluation. Chapter 3 presents a discussion of the key questions which evaluations of homelessness services and strategies need to answer. Chapter 4 presents a critical review of some of the existing homelessness service and strategy evaluation systems that are used in the EU. Chapter 5 concludes the report, discussing the case for undertaking evaluations of homelessness services and strategies and the benefits that evaluation can bring.

2 An Overview of Evaluation

Introduction

This chapter of the Review begins by looking at what is meant by ‘evaluation’ and why it can be important and useful to evaluate homelessness services and homelessness strategies. The chapter then reviews the key methodological issues that need to be considered by an evaluation and discusses the strengths and limits of different approaches to evaluation.

What is evaluation?

The evaluation of homelessness services and strategies refers to an objective – that is a fair and unbiased - process of understanding what services and strategies deliver, what effects a service or strategy has, on which people, and how and why those effects occurred. The effects that homelessness services and strategies can have can be both intentional and unintentional, i.e. producing effects that were not part of their design.

The Magenta Book, which informs evaluations undertaken by the UK government, makes a distinction between process evaluation (how efficiently the policy or service is delivered) and impact evaluation (what difference a policy or service makes). The Magenta Book adds a third set of questions, an economic evaluation, which centres on whether or not the benefits generated by a service or policy justify the costs involved. This can be summarised in three main questions.

- Was the homelessness service or policy delivered as intended?
- Did the outcomes achieved prevent and/or reduce homelessness?
- Did the outcomes achieved justify the costs involved?

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The evaluation of a homelessness service or strategy should include five main elements:

- Assessing the effectiveness of services or strategies in their own terms, i.e. the success a service or strategy has achieved in delivering the goals it has set for itself.
- Testing service and strategic outcomes by looking at whether homelessness is actually being prevented and/or reduced, i.e. looking at housing sustainment levels and whether known possible risk factors associated with failures in housing sustainment, including support needs and social and economic exclusion, are being well managed.
- Exploring the extent to which any unintended effects are generated by a homelessness service or strategy. Unintended effects can either be positive or negative.
- Understanding the wider context in order to allow for any external factors that may be influencing service or strategic outcomes.
- Looking at the cost and benefits of strategies and services.

**Key considerations in undertaking an evaluation**

Methodology is central to homeless service and strategy evaluation. If an evaluation is not conducted rigorously and fairly, it is not possible to be confident that the results are accurate and the outcomes that are delivered are being properly represented.

A number of methodological considerations need to be taken into account when undertaking an evaluation of a homelessness strategy or service. These can be summarised as:

- Neutrality
- Assessing quality
- Controlling for model drift and for context
- The need for longitudinal evaluation
- The strengths and limits of quantitative techniques
- The strengths and limits of qualitative techniques
- The strengths and limits of experimental, quasi-experimental and observational approaches
Neutrality

Homelessness is not seen in the same way, defined in the same terms, or subject to the same level of policy attention across different EU member states. Within the EU, homelessness services and strategies can be based on rigorous evidence about what is likely to be effective. However, homelessness services and strategies can also closely reflect cultural, mass media and ideological images of who homeless people are and what they need, rather than being based on strong evidence.

In some cases, such as in the Finnish ‘Name on the Door’ Programme, homelessness services are all working within a shared approach as part of an integrated homelessness strategy. However, homelessness services within other EU countries can be relatively uncoordinated and operate without a shared strategy, with different services having different views on what homelessness is and how it should be stopped.

Neutrality in evaluation is important in two senses. First, evaluators may get used to a specific way of ‘seeing’ homelessness, perhaps reflecting policy makers’ or cultural attitudes towards homelessness within their own countries. Evaluators must be aware that existing ‘images’ of homelessness are something that can, at least theoretically, be challenged by new evidence. There is the possibility that homelessness, or a specific type of homelessness, may be found to take a different form from what strategists, service providers and evaluators expect. Homeless people may not need all the help they are assumed to need, or may need different kinds of help. If homelessness does not take an expected form, this can have important implications for how effective a strategy or service will be.

Second, neutrality is important when looking at models of service provision or strategic design, because again, the evidence base with which evaluators are familiar can, theoretically, be changed by new evidence. Again, even if existing evidence suggests a service model or strategic approach works well, it cannot be assumed that the service or strategy will work well. An evaluation has to proceed on the basis that existing evidence can be questioned or proved wrong by new findings.

Who homeless people are, what they need and what works in terms of helping them may change in different circumstances, at different times and in different places. Assuming that homelessness, homeless strategies and services are already ‘understood’ raises the risk of bias, i.e. of not looking carefully at the questions being asked and how they are being asked. If an evaluation is not neutral, there is the risk that it will not consider the collection of information or the results properly and be inaccurate as a result.

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8 FEANTSA. (2012) op cit
Existing evidence is important in framing an evaluation and can be a valuable source of knowledge about how to conduct a specific evaluation, but the findings of previous work cannot be allowed to influence how an evaluation is conducted. A robust service evaluation has to be based solely on direct, unbiased, evidence collection and should never prejudge what the outcomes or effectiveness of what a service will be. A well-designed evaluation should assume that there is the potential for existing understanding of homelessness - and good practice in strategic planning and service delivery - to be modified or even entirely contradicted.

It is also rarely the case that evidence points entirely one way. The evidence around failures of staircase services for many homeless people have to be balanced against evidence of at least limited successes with homeless people with high needs\(^9\). Assumptions about what works, with whom and under what circumstances are always dangerous when conducting an evaluation, it should never be assumed that what was found last time will also be found this time.

It is difficult to entirely filter out individual bias. However, several techniques can be employed to help minimise bias, which include:

- The collection of statistically robust data and use of established tests of association. If the methodology and results of an evaluation are reported in detail it is possible to assess how accurate the data used to inform an evaluation are and the degree of confidence with which the results can be treated.

- Cross verification of results can be used which includes asking several questions on one subject to cross check whether the answers to one question are verified by the responses to another, differently phrased, question on the same subject. In addition, different approaches can be combined to cross check each other, for example by using both quantitative and qualitative methods in an evaluation (see below).

- The use of teams of evaluators, rather than one or two individuals, as a team is likely to contain different viewpoints. There may however be shared bias between similarly educated evaluators (e.g. trained in social scientific research in a similar way at degree level). Involving and consulting with homeless people, service providers and strategists in evaluation design can therefore be desirable as it provides a ‘check’ on how evaluators are seeing things. Consideration can also be given to using homeless people or formerly homeless people as part of an evaluation team.

- Peer and ‘subject’ review. Peer review is the standard academic model and tests work by exposing it to the critical scrutiny of other evaluators with similar qualifications and experience levels. ‘Subject’ review invites critical scrutiny from homeless people, strategists and service providers - people are the subject of the evaluation - asking them whether the results from an evaluation appear to reflect their own experiences and views.

- Reference to international experience and evaluations conducted in other countries. This can be very valuable as it can lead to evaluators posing questions and looking at strategies and services by drawing on the experience and skills of people who look at homelessness and homelessness services in different ways from themselves. It is a process that can lead to evaluators asking fundamental questions about the underlying logic of what is being done by a strategy or service.

- Using evaluators who do not have a vested interest in the results. This means that any positive results of an evaluation are not subject to dispute, which might be an issue if someone evaluating a service or strategy is also an advocate of that service or strategy.

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Being independent also makes it easier to report failings and limitations, because there is less risk of pressure to emphasise positive findings.

The results of evaluations can be used to predict the likely outcomes from adopting a specific service model or strategy. However, in aiming for neutrality, evaluators should always bear in mind that actually demonstrating that something either works well or fails to work well - which is what an evaluation does - is not the same as drawing on earlier work to predict what will happen.

**Assessing service quality**

Assessing service quality is not straightforward. One reason is that homelessness services can have different interpretations of what their ultimate goals should be. While there is a general concern to prevent and reduce homelessness, the other goals that services have may not be consistent.

A staircase service will seek to make homeless people with high support needs fully independent through changing their behaviour and meeting those support needs. By contrast, Housing First services and some forms of long stay supported housing will operate on an assumption that there will, in most instances, be an ongoing need for support. For a staircase service, needing to provide ongoing support may be seen as a ‘failure’, for the other service models it is simply a part of their day to day operation.

Equally, a Housing First service, on current evidence, is likely to be significantly more successful in delivering housing sustainment than a staircase approach. However, housing sustainment is delivered via ongoing support Housing First may be less than fully successful in meeting some support needs or in changing problematic behaviour, like drug and alcohol use. By contrast, while a staircase model may typically have a clearly lower rate of success with housing sustainment than Housing First models, those homeless people with high needs who do complete a staircase programme may be able to live independently. There are also discussions about whether Housing First services that provide communal accommodation are less successful at community integration, whereas those that use scattered housing might have more problems with isolation. It is a matter of debate as to which homelessness services deliver a better ‘quality’ service than others because they operate according to different assumptions and often with different goals. This makes applying one standard of ‘quality’ to all homelessness services difficult.

Quality can be successfully explored by seeking the opinions of people using homelessness services. Ultimately, a key measure of what the quality of a service is what people feel about that service and how they are treated by it.

However, different parties with an interest in a strategic or service evaluation can be concerned with different things, which can mean they have different definitions of success and therefore of ‘quality’. A service user is likely to be concerned with the extent, quality, availability and comprehensiveness of the support they receive. By contrast, while interested in service user experiences, governments will want to know what the benefits of services are relative to expenditure on those services and, like service providers and strategists, will want to know success rates in preventing and reducing homelessness.

People’s views of services can only be one measure of quality used by an evaluation. For example, homeless people might sometimes be positive about a service where they are very well

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treated by compassionate workers, but that service might ultimately fail to address their homelessness. However, it is equally the case that services that homeless people are unhappy with do not appear to work well.\textsuperscript{12}

There are potential lessons for homelessness service and strategic evaluation from measures of service quality which have been developed for health and social services. For example, the Dutch Consumer Quality Index health plan instrument looks at how people using health services rate the planning of their treatment, how they rate the behaviour of the health professionals treating them and what they think about the quality of information they are provided with about their treatment.\textsuperscript{13} Homelessness services can and do use feedback from service users and the opinions of homeless and formerly homeless people can also be sought as a part of strategic evaluation. However, the ‘consumer voice’ is arguably less developed than in some other service areas. Existing social and health care quality standards, focused on service user views, could be useful in giving homeless people more of a voice in how homelessness services are run, which in turn might improve results.

Measures of service quality are integral to evaluation because they are measures that can be strongly associated with service effectiveness and outcomes. However, the use of quality indicators can also be regulatory, i.e. concerned with development and enforcing minimum standards of service provision. While monitoring adherence to quality standards is one part of a service or strategic evaluation, it is not the sole concern. An evaluation could, for example, find that quality standards were followed but that service outcomes were not acceptable. The next chapter considers the questions that need to be asked when homelessness services and strategies are evaluated in more detail.

**Controlling for model drift and context**

Model or ‘paradigm drift’ is very common in service delivery. This refers to the ways in which services are modified over time, to work more effectively with the specific groups of homeless people or within specific contexts. These changes to the original service design may be small, or they may be significant. At least some degree of modification is likely, because what works well in one city might need to be altered to work well in another and what works well in one country might need to be altered to work well in another.\textsuperscript{14}

Evaluations must be careful to take any model drift into account. Essentially this only involves being very clear what exactly a service is doing and whether this is different from the way it was originally designed to work. This is particularly important in relation to the dissemination of good practice. If a homelessness service has been modified in order to work well, it needs to be very clear how exactly this was done, if there is to be any chance of replicating the success. Model drift may also be very important in understanding why a service or strategy did not work, because if the explanation for failure is linked to incorrect or incomplete implementation of an original model, it needs to be clear that this happened. This is important in that a service model or strategy, which has not in fact been tested because it was not implemented properly, is not blamed for ‘failing’ when it had not actually been used properly in the first place.

During the 2000s, Sweden began a programme to replace hostel provision for long-term homeless people with staircase services. The evidence from existing evaluations in the EU was that the staircase model, which centres on a strictly enforced behaviour modification approach,
was unlikely to meet with a high degree of success\textsuperscript{15}. However, the implementation of the staircase model in Sweden was incomplete, with a strategic level commitment to its adoption not being matched by the actual practice in service delivery, which remained close to the old hostel system. The introduction of the staircase approach into Sweden to tackle long term homelessness could therefore not be evaluated, because existing hostel based service delivery had not really changed to follow the staircase model\textsuperscript{16}.

Finland has a national homelessness strategy based around a ‘Housing First’ approach\textsuperscript{17}. There was strong evidence from the USA that a Housing First model, developed by Pathways in New York and called the Pathways Housing First (PHF) model was being very successful in sustaining housing for homeless people with high needs. However, the Finnish Housing First approach, while it did include examples of PHF services, was mainly focused on a model of Housing First that was different from the PHF model. Finland had moved towards the use of a Housing First approach initially without knowledge of parallel developments in the USA, only later becoming aware of the US experiments and evaluations in Housing First\textsuperscript{18}.

Finnish services shared much of the PHF philosophy, but a major element of the Finnish strategy was the extensive conversion of existing hostel provision to what can be termed Communal Housing First (CHF). CHF was distinct from the PHF service that had been tested in New York, because it used communal accommodation rather than scattered housing\textsuperscript{19}. From an evaluators perspective, understanding commonalities and differences and being very clear that Finnish CHF models were very similar in philosophy, but differed in operation from American PHF models, would be very important. This is because differences in operation between service models that were both called ‘Housing First’ could be an explanation for any differences in outcomes or for any unintended effects.

Allowance for context is very important in service evaluation. Services and strategies can work in very different contexts and this has the potential to influence outcomes for homeless people. An integrated service that is at the heart of a well resourced, well-integrated homelessness strategy working alongside multiple partner agencies should have better outcomes than one that is effectively isolated from mainstream welfare systems and not part of an integrated homelessness strategy.

Similarly, a homelessness strategy or service that is working in a context where there is good access to affordable, adequate housing, may find it easier to promote housing sustenance among potentially and formerly homeless people than services or strategies in another context. Finding affordable, adequate housing for homeless people can be a real difficulty in some areas where private rented housing costs are very high and social housing supply is limited. More generally, contextual differences in access to externally provided health care, welfare benefits and support from social work services can make a difference to homelessness service outcomes. Other factors may be important too, such as the presence or absence of resettlement systems for people leaving prison or long stay hospitals and the availability of paid work in a labour market. A wide range of contextual factors can potentially have an impact on how effectively homelessness services and strategies can prevent or reduce homelessness.


\textsuperscript{17}Tainio, H. and Fredriksson, P. (2009) op cit; Kaakinen, J (2012) op cit.

\textsuperscript{18}Pleace, N. (2012) op cit.


Insofar as possible, it must be clear how the context in which a service is working may be influencing intended and any unintended outcomes. Looking at contextual factors that are external to the service or strategy being evaluated, may be central to understanding why and how successes or failures are occurring.

The need for longitudinal service evaluation

Longitudinal evaluation refers to monitoring the outcomes of a service or strategy over time in order to determine how effective it is. This approach to evaluation is useful in five ways:

- It is possible to determine the length of contact with a service that is necessary to prevent or reduce homelessness, including typical length of contact. At strategic level, typical patterns and duration of service use associated with preventing and ending homelessness can be reviewed using longitudinal evaluation.

- Homelessness services can work with a far larger number of households and individuals during the course of a year than their size might suggest. A short or medium term service with 30 places might see 90 individuals in one year. Looking at service users at only one point would only give a picture of 30 homeless people and exclude 60 homeless people. This might misrepresent the service, both in terms of what it does and in terms of who it helps.

- Repeated service use by the same individuals or households - an important indicator of effectiveness - can be monitored longitudinally. If many homeless people are repeatedly using the same service, the effectiveness of that service may be questionable. Widespread repeated use of homelessness services, without any move away from homelessness, is an indication that a strategy is not reaching some homeless people.

- Sustained use of services can be monitored. This is not an issue when a homelessness service is designed to be long term. However, sustained use of services can be a real operational problem for services that are designed to be short-term, such as emergency accommodation, because they are not designed to deliver sustained support or settled accommodation. At strategic level evidence that homeless people were being rapidly resettled into ordinary housing from emergency accommodation, rather than remaining in emergency accommodation for a long period, would be an indicator of success.

- Longitudinal analysis allows exploration of how sustained positive outcomes are. For example, if a formerly homeless household or individual has been housed by a service, a longitudinal evaluation can determine if they are still housed twelve months, two or even five years later. This approach can also be used to test whether positive outcomes achieved by services that only offer short and medium term support, rather than ongoing support, are enduring. A homelessness service that can achieve lasting positive effects is clearly more effective than one that only produces short term gains before people return to homelessness. Longitudinal evidence that homelessness is being prevented and reduced on a sustained basis is a good indicator of strategic effectiveness.

When longitudinal monitoring of emergency shelter (accommodation) activity began in the USA, it showed that previous research on homelessness and emergency accommodation was flawed. Up until that point, it had been thought that emergency shelters were working mainly with a population of people living rough who had very high support needs. Longitudinal analysis found this to be incorrect, what was actually happening was a small number of people with very high needs were staying in shelters for long periods and a much larger homeless population, with low support needs, was staying for shorter periods.

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Up until longitudinal techniques began to be used, ‘snapshot’ or ‘cross-sectional’ surveys and interviews had been used to evaluate and research emergency accommodation in the USA, with researchers or evaluators visiting emergency shelters for one or two days. Whenever evaluators or researchers visited, a small group with very high needs who were resident for long periods of time (later known as chronically homeless people) were the people who were most likely to be resident, making the odds they would be included in an evaluation or research higher, and thus introducing bias into statistical sampling21. For example, if someone who was chronically homeless stayed in emergency accommodation for 250 nights a year, compared to 10 homeless people with low support needs who only stayed a total of 20 nights between them during the course of the same year, the chances would be that on any one day that evaluators or researchers visited, the chronically homeless person would be more likely to be resident and be interviewed.

From an evaluative perspective, longitudinal data changed the image of what emergency accommodation was doing and who it was working with. It was evident that emergency accommodation was delivering short term accommodation to low need groups. There was also an operational problem because people with high support needs were not moving on from emergency accommodation, although emergency accommodation was also evidently helping temporarily homeless people with low support needs22.

Longitudinal data collection has been used in London for services working with street using homeless people for several years. The London-wide CHAIN database has shown that there is a small group of persistent, long-term rough sleepers whose needs were not being met and who were not exiting the homelessness system. This group was similar to the chronically homeless population found in the USA. CHAIN and other longitudinal research23 also shows that the needs among people living rough in London are varied, with differing support and service needs. The population using emergency accommodation is not simply made up of middle aged and older men with problematic drug and alcohol use, there are other groups, such as women, young people and, increasingly, migrant homeless people who have different sets of needs24. Longitudinal data from the Netherlands has reported similarly diverse patterns in the Groningen emergency accommodation system25.

Longitudinal evidence has been very powerful in making the case for Housing First in the USA and elsewhere. The Housing First approach is being explored in several EU countries as a result of longitudinal evidence that previously chronically homeless people were sustaining housing with ongoing support from Housing First services, after years of living rough and in emergency shelters. It was longitudinal evidence of sustained success in rehousing a group of people who were long term homeless that first generated interest in Housing First across the European Union26. Longitudinal evaluation has been also used in England to determine that another
housing-led model, the Tenancy Sustainment Teams (TSTs) used within the Rough Sleepers Initiative, was similarly successful in delivering housing sustainment27.

Longitudinal evidence is relatively expensive to collect. There are two reasons for this. First, the method involves talking to individuals and households who are or have been using homelessness services, or being helped via a homelessness strategy, at several points in time. Four or five interviews with the same person or household are clearly going to be more expensive that just one interview with that person or household. Second, and most importantly, considerable resources may be needed to keep track of people who are within a longitudinal group. Longitudinal evaluation can be a challenge when evaluations are looking at some groups of homeless people with high support needs, such as chronically homeless people28. Costs may be less of an issue when evaluating services for groups like homeless families, who do not tend to have high support needs and who lead more settled lives than high need groups like chronically homeless people29.

The roles of quantitative methods in service evaluation

Quantitative analysis, that is statistical analysis, can be extremely effective at asking a lot of short, clear, interrelated questions which can then be tested to look for associations between outcomes and service activity. Statistics do not provide proof of cause and effect, but by testing whether one variable (the answer to one question) is influenced by one or more other variables, statistics can give a strong indication as to whether something is, or is not, likely to be down to chance. Statistical analysis can also test how relatively important different variables are to influencing service outcomes. For example, having sufficient financial income to meet housing costs might be tested to see if it is a better predictor of housing sustainment than good physical health, or the presence, or absence, of problematic drug and alcohol use.

If different groups of homeless people are being supported by a strategy or services, a quite large random sample may be needed to accurately represent the range of needs among homeless people. In all statistical analysis, the cell count for any subgroup analysis should not be allowed to fall below 100. Methods like sample stratification can be used to ensure representation of specific groups, though this may be less representative than a random sample, where the chances of anyone being included in the sample are equal.

An alternative to sample-based methods is to monitor the entire population using a service or services. One way to do this is to introduce monitoring systems into services that periodically collect data on the homeless people using services. Administrative data from services can be a very valuable resource in service evaluation30. However, it should ideally be the case that evaluators have some input into the questions that are asked, as data collected by services for their own monitoring purposes may not include all the questions an evaluator would want to ask.

Statistical questions about services must be clearly understood by homeless people and service providers. Ideally questions should be cognitively tested, which essentially means asking groups of homeless people what they understand statistical questions to be asking them, to ensure that homeless people understand each question in the same way as the evaluators do. There must be consistency in how a statistical question is understood if statistical analysis is to work well.

Questions must also be precise. For example, a question might show that ‘help with running their own home’ was ‘important’ to homeless people when first re-housed, but if that question is one, simple, broad question on ‘help running your own home’, it will not generate precise data as to what help was given or how exactly it was helpful. By contrast, a series of short, precise questions that ask about specific types of help with every aspect of daily living, ranging from cooking healthy food, through to how to pay utility bills, would show much clearer data on what precise types of help were useful, who needed them under what circumstances, and whether different types of help running their own home were more or less useful to homeless people than others31.

Statistical evaluation can also employ what are sometimes called validated measures. A validated measure is a question or series of questions that has been used in previous evaluations, or research, and which has been tested in a number of different circumstances with different populations and found to produce consistent, accurate, answers. For example, an evaluation might employ a validated measure from clinical research, to test for changes in physical and mental health, or alternations in patterns of drug and alcohol use, which can then be statistically associated with what a homelessness service is doing. Using this kind of approach adds credibility to evaluation results, for example if an evaluation says a homelessness service is successfully improving depression levels among homeless people, the results will be more impressive if demonstrated by an established, validated measure on depression which is widely accepted32.

Overall, the case for statistical analysis with service evaluation is strong. Governments are quite often influenced by statistical data when taking policy and funding decisions, particularly where statistical analysis shows significant associations. A statistical association between homelessness service activity and good outcomes for homeless people in areas like housing sustainment or employment can be enough to convince policymakers33. However, there are four limits to statistical analysis in service evaluation that need to be borne in mind:

- Response rates are likely to be low and data may be unrepresentative unless the data collection is administered by trained interviewers, i.e. homeless and potentially homeless people are sampled, recruited and asked questions by trained professionals. Monitoring systems that collect data on everyone using services or strategies will need to also need to be administered by staff to ensure they are completed. The need to use specialist survey professionals, or service provider staff time, to collect data makes quantitative data collection quite expensive. Self-completion questionnaires are not a realistic option for data collection because response rates are almost always extremely low, even if large incentives are offered for responding34.

- Statistics can be used to explore complex issues to whatever extent those issues can be reduced to a series of clear, short, questions which can be tested against one another for associations. There are inherent limits to the capacity of statistics to detail highly complex issues and they tend to only be able to broadly represent nuanced and varied data such as personal opinions about services.

As noted, statistics do not provide a test cause and effect, they are a test of association. Statistics cannot directly prove that, for example, a homelessness service leads to successful housing sustainment, statistics instead show a homelessness service is very strongly associated with housing sustainment.

Statistical analysis requires specialist knowledge. Robust statistical research requires someone with university level qualifications, or equivalent skill, in statistical analysis. Importantly, specialist knowledge can also be required to read all advanced statistical analysis, which can make the clear presentation of complex analysis challenging.

The roles of qualitative research in service evaluation

Qualitative research involves the use of interviews and group discussions with homeless people and service providers and is an important method when conducting service evaluations. The widely preferred method in social science is semi-structured interviewing, which is designed to keep the discussion focused on covering key questions (those questions that the evaluators want answered) but which also allows individuals and groups enough freedom to raise any other issues that concern or interest them.

One advantage of qualitative techniques centres on a capacity to allow homeless people and service providers to ‘step outside’ the evaluation framework being used by evaluators. A statistical survey or monitoring can be a powerful evaluative method but to be robust, statistical data collection must generate consistent clearly defined answers, it cannot allow ‘open ended’ data collection that simply involves allowing people to talk. This is a limitation in statistical evaluation because it means, for the most part, that the only questions raised by an evaluation are those determined by the evaluators, rather than by homeless people using a service, service providers or strategists.

Qualitative research not only gives homeless people and service providers their own voice and chance to express themselves, it is also important from an evaluation perspective because it may identify successes, problems and issues within services that the evaluators have not anticipated. Statistical evaluation may show that something the evaluators thought would be an issue is not a concern, but it does not allow detailed exploration of why this was the case or whether there are other issues that the evaluators have not asked questions about.

Qualitative data can also be collected in other ways, for example by asking homeless and potentially homeless people to complete feedback forms that include open-ended questions, or including an open ended question in a survey. An open-ended question in a survey allows the respondent to talk about subjects that in a less structured way and can be as open as asking someone ‘is there anything else you would like to say or talk about?’

There are some limitations in using feedback forms, because some homeless people may not be literate or can be sub-literate due to poor educational attainment and disrupted schooling. In some EU countries, some people whose first language is not the same as the national language will be present in the homeless population and they may not be able to complete a feedback form. The representativeness of data from self-completion feedback forms may be poor, because many people may choose not to use them. Surveys and service monitoring data do not have these disadvantages as they are administered, that is the homeless or potentially homeless person is asked the questions by an interviewer, but often the time available for a open-ended response is restricted.

A good example of the different strengths of qualitative and quantitative approaches can be found in the evaluation of staircase services. This is an area where there has been some European work, but it is necessary to look at North America to see how the two approaches to evaluation are useful. A series of statistical evaluations identified problems with staircase services for homeless people in the USA. These statistical evaluations showed chronically

homeless people were abandoning or being evicted from staircase services at a higher rate than they were being housed\textsuperscript{36}.

However, it was qualitative research on staircase services, talking to homeless people and service providers, that showed in detail why this failure was happening, identifying strict regimes, patronising and judgemental staff attitudes and a focus on behaviour modification that failed to take into account obstacles to housing sustenance like difficulties in securing paid work and housing affordability\textsuperscript{37}. While statistical analysis could identify issues with staircase service performance, it was the qualitative work with homeless people themselves that really clarified what the problems with some staircase services were.

Qualitative techniques are important because they give a voice to homeless people about their experiences and what they think about the services they are receiving. Homeless people are often characterised by being socially and politically marginalised\textsuperscript{38} and as rarely able to directly represent their own views. In this sense, anything that helps give homeless people a greater voice can be seen as positive. In addition, there is evidence that services and strategies that enable participation and present homeless people with real choices are the most effective in delivering housing sustenance\textsuperscript{39}.

Hearing the voices of homeless people is fundamentally important in understanding why services work well and do not work well, but it can also be useful in identifying gaps in service provision that need to be filled, such as aspects of need that have been overlooked. Qualitative methods can also identify areas in which services may be actively providing supports that are not needed by some homeless people, allowing resources to be redistributed to areas of greater need.

**Experimental, quasi-experimental and observational approaches to evaluation**

There are three main approaches for evaluating strategies and services. These can be summarised as:

- Experimental approaches
- Quasi-experimental approaches
- Observational approaches


Experimental evaluation

An experimental evaluation, or Randomised Control Trial (RCT), randomly assigns people to two or more ‘control’ groups using two or more homelessness services that are being compared. The control groups are matched in the sense that they have shared characteristics, needs and experiences. Whether or not they are referred to one service or another is random, which means the differences in service outcomes should only be associated with service performance. This approach can be used to compare services and can be used to test the different service elements within a homelessness strategy. Theoretically, experimental methods could be used to compare strategic responses between cities, municipalities, regions or countries.

The experimental approach is standard practice in establishing a clinical standard of proof for health research. Experimental research is often used to test whether one intervention or another is more effective in preventing, treating or curing disease. The experimental approach should, in theory, clearly determine whether one form of homelessness service is more effective than another, or which out of two examples of the same homelessness service model is the more effective.

Quasi-experimental approaches

Quasi-experimental evaluations use comparison groups to explore how well services or strategies work. Comparison groups can be made up of individuals or households using different homelessness services or being supported via different strategic frameworks. In a quasi-experimental approach, membership of one comparison group or another is determined by who happens to be using a service. The comparison groups are similar, but not matched in the same ways as for an experimental evaluation. There is no random assignment by the evaluators, which means that allocations and referral processes to the services being compared are outside the control of the evaluators. This means the results of a quasi-experimental evaluation may contain bias because some groups of homeless people may be more likely to use or be selected for one service than another.

Strengths and limits of experimental and quasi-experimental evaluation

The tests employed by quasi-experimental and experimental evaluations are statistical and longitudinal. These approaches use tests of statistical association to determine whether one service is consistently delivering better outcomes than another service, or whether one strategy is more effective than another. Keeping control of an experimental evaluation over a wide area is potentially quite difficult and resource intensive because of the longitudinal element, which can make it more practical to confine such evaluations to a single municipality or city.

The strength of experimental and quasi-experimental approaches is that they allow for direct comparison of similar groups of people receiving different forms of homelessness service at the same time and in the same context. If the policy makers in a city wish to know which forms of homelessness services are most effective, using one of these two approaches should give those policy makers a clear idea of which service models tend to work best.

The global influence of Housing First approaches is linked to a series of quasi-experimental and a few experimental evaluations. These evaluations showed better housing sustainment for homeless people who used Housing First than was the case for homeless people using staircase models\textsuperscript{40}.

Quasi-experimental and experimental approaches are not widely used in homelessness service evaluation\textsuperscript{41} for several reasons. One reason that these approaches are expensive to use. When a

\footnote{40 Tsemberis, S. (2010) op cit.}
health service or treatment is being evaluated, it can make financial sense to use experimental evaluation, because often a lot of money is being spent, or may potentially be spent, on services that will be used by a great many people.

However, homelessness services tend to be on a fairly small scale compared to health services. Experimental approaches to clinical evaluation that cost less than 1% of what is being, or may be, spent on the treatment being evaluated, are a different prospect from suggesting an experimental evaluation that costs the equivalent of 10%, or even rather more, of the total budget available for a homelessness service or strategy. Methodologically, an experimental evaluation may make sense, but politically, convincing policy makers, strategists or service providers of the need for that scale of investment in evaluation of a homelessness strategy or service may be very difficult.

Ethical issues also arise when making use of experimental methods. These ethical issues centre on using homeless people within what is effectively an experiment, denying one or more groups of homeless people access to a service that may be more effective than others being tested in order to observe differences. Denial of access to more effective services, for one or more control or comparison groups, for the sake of an evaluation, is widely seen as unethical.

Current evidence suggests that the more effective homelessness services use flexible approaches to reduce or prevent homelessness and that homeless people have variable needs. This can mean that a service or strategy working with homeless people is encountering multiple, inconsistent, needs that are being met in multiple, inconsistent ways for each household or individual. Even subgroups like chronically homeless people, or young people who are homeless, are not uniform in terms of their needs or characteristics or in how their needs should be met.

Experimental and quasi-experimental methods are essentially a clinical methodology, designed to test how well one specific intervention will work in tackling one specific need and comparing it with one or more other specific interventions. Here, both the ‘patients’ (that is homeless people and potentially homeless people) and the ‘treatments’ (the flexible homelessness services being provided) could be more varied than in some clinical evaluations. As the methodological challenges increase, so potentially do the financial costs for experimental and quasi-experimental methods, and these are methods that are not cheap to begin with.

The reliance on tests of statistical association in experimental and quasi-experimental evaluation brings with it both the advantages and disadvantages of statistical analysis discussed above. Precision and clarity in results has to be balanced against the capacity of statistical analysis to explore nuanced and complex issues. These risks can be countered by using a mixed methods approach, combining both qualitative and quantitative analysis as a way of both enriching and cross checking experimental or quasi-experimental data.

Costs are a deterrent to using experimental and quasi-experimental evaluations, but there are also arguments for looking at how evaluation and research funding is sometimes spent. In the UK for example, large amounts are spent on often not particularly robust evaluations. Some of


the budgets used for these evaluations and other research, if combined, might usefully fund some experimental evaluations that might give a clearer picture of service effectiveness. It is important to note that even evaluative evidence collected using experimental or quasi-experimental techniques is rarely indisputable. A quasi-experimental approach can be criticised for lacking the robustness of an experimental approach and an experimental approach must be precise to be regarded as robust.

While recognised globally as an effective homelessness service, there are those who question the evidence base for Housing First. Critics argue that experimental and quasi-experimental comparisons between Housing First and ‘staircase’ services are methodologically flawed, because ‘staircase’ services differ too much from Housing First in terms of who they work with, their goals and processes of service delivery to allow for direct comparisons. This point is important, because there is no evaluation methodology that will produce results that no-one will dispute. Experimental methods can, under the right circumstances, produce results that are harder to dispute than those from quasi-experimental and observational evaluations (see below), but even small flaws in methodology may be used to argue against the results of experimental evaluation.

**Observational evaluation**

Observational evaluation is cheaper to undertake and can focus on one service or strategy. An observational social scientific approach to evaluation looks in detail at whether service or strategic goals are being achieved and also applies an external, independent evaluation of effectiveness. It is possible to determine whether or not a homelessness service or strategy is working using this evaluative approach. The limitation with observational evaluation is that it is not possible to precisely test one service against another, or precisely compare two or more services of different types.

An observational approach should again be longitudinal. There is more flexibility in methods than is the case for experimental and quasi-experimental approaches and it is possible to conduct service evaluations that are largely or entirely qualitative. The focus on a single service or strategy means statistical tests of association are not required to rigorously test for differences between services or strategic approaches. Ideally a mixed methods approach, exploiting the strengths of both statistical and interview data should be employed.

Evaluations of the Discus Housing First service in Amsterdam and the Turning Point Housing First service in Glasgow are examples of what an observational evaluation can achieve. Both services are the subject of ongoing observational evaluations and both are able to report success in ending homelessness among long-term homeless people with high support needs. By contrast, the experimental and quasi-experimental studies conducted in the USA, which compared Pathways Housing First (PHF) with staircase services, showed that PHF approach was demonstrably more effective at generating housing sustainment.

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Different uses of evaluation methodology

No single method will provide a truly comprehensive evaluation of a service. A statistical analysis, which should be longitudinal if possible, to test the extent to which any benefits generated by a homelessness service endure is often very useful. However, statistics can also only go so far in explaining how and why a homelessness service is working in the way that it is. Real insights come from homeless people using the service and from the people providing it, making for strong arguments in favour of a qualitative element to service evaluation. Whatever overall approach is being used, there are good arguments in favour of using a combination of statistical data collection and interviewing, as qualitative and quantitative methods both cross-check one another and each also enriches the results of evaluation in their own way.

Experimental evaluations can only be undertaken quite sparingly and there is an argument that they primarily be used to test services which might markedly improve overall outcomes in preventing or reducing homelessness. Piloting a new service model using experimental methods can make real policy sense. Experimental evaluation to test a new service model is a good idea because it is better to run a relatively expensive experimental evaluation on a new service model and find out that it does not work well, than to commit to that model without having a clear evidence base. In the case of staircase services, widespread use of this poorly evidenced model, which has had only mixed success at best, has probably meant that scarce resources for tackling homelessness in the EU could sometimes have been better spent.

Experimental and quasi-experimental approaches are most useful when comparing services. Looking at whether a new approach is more effective than existing practice, or contrasting different ways of preventing or reducing homelessness in a fair and balanced way, is best done through an experimental or at least a quasi-experimental design. Observational evaluations are very useful and are also affordable. Providing that observational evaluations are longitudinal, use a mix of qualitative and quantitative methods and are carefully conducted with a reasonable effort to adopt a neutral approach, they can be very enlightening.

All evaluation methods must operate within practical and ethical constraints. The practical limits centre on both the time for which it is reasonable to expect someone to sit and answer questions and on the amount of time and resources that can be put into data collection. To be ethical, evaluation must always ensure it causes no harm or distress and that no negative consequences result for any homeless person or potentially homeless person from contributing to an evaluation. A key concern is that homeless people give informed consent to data collection, being clear what they are being asked to do and how any information they provide will be used. Ethical approval, from an independent body, may need to be sought for evaluations centred on particularly vulnerable homeless people.

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48 Ridgway, P. and A. M. Zipple (1990) ‘The paradigm shift in residential services: From the linear continuum to supported housing approaches’ Psychosocial Rehabilitation Journal 13, p.12
3 Answering Key Evaluation Questions

Introduction

This chapter of the Review looks at the key questions that evaluations of homelessness services and strategies need to answer. Each of the key evaluation questions are described and this is followed by a discussion of how evaluation can explore each question.

Key questions for homelessness service and strategy evaluation

The existing evaluation literature\(^{50}\) shows that broad goals of many homelessness services and strategies are similar, although not identical\(^{51}\). Drawing on the evidence base, it is possible to arrive at some standard questions that evaluations should cover. The core evaluation questions for homelessness services and strategies centre on four areas:

- Delivering housing sustainment
- Managing support needs that might threaten housing sustainment
- Social integration
- Cost benefits

Delivering housing sustainment

Key Question: Does the strategy or service enable potentially and formerly homeless people to sustain housing?

Answering questions about housing sustainment means asking about success and failure and a range of interrelated subjects that can be associated with that success or failure. This is because to ensure housing sustainment, a considerable number of other needs may have to be met.

The first requirement is to ensure access to housing for homeless and potentially homeless people. A homelessness service either has to have access to its own housing supply, be able to access social housing and/or private rented housing, or be within an integrated service network that enables access to other homelessness services that can provide housing. Alternatively, when delivering homelessness prevention, a service must have the resources to stop existing housing being lost through eviction or other causes such as a need to escape from gender based violence\(^{52}\), child/parent relationship breakdown or harassment\(^{53}\).

Not all positive housing sustainment outcomes will necessarily involve ordinary housing. Some services for chronically or long term homeless people offer supported, self-contained\(^{54}\), accommodation on an ongoing or permanent basis. This is not housing as such, but it does offer housing-like conditions, and a route away from a life living rough and in emergency accommodation. Examples of permanent supported accommodation of this sort for people living...

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51 See Chapter 5.

http://www.tcd.ie/childrensresearchcentre/assets/pdf/Publications/research_paper_one_women_and_homelessness_in_ireland.pdf


54 Studio apartments or apartments which are designed specifically for these groups of homeless people.
rough include the Danish Skaeve Huse and Finnish CHF models\(^55\). Evaluation can be used to compare outcomes for homeless people using these services compared to outcomes for homeless people using services that provide them with ordinary housing.

Existing evidence shows that homelessness services that are the most effective at promoting housing sustainment are also able to rapidly secure the right sort of settled housing and accommodation for homeless people\(^56\). Difficulties with rapid access to housing can be a major barrier to delivering housing sustainment. In contexts where housing supply is restricted, expensive and in which more affordable housing is often of low or very low quality, providing a route out of homelessness can be time consuming. Long stays in temporary accommodation for homeless families accepted for assistance under English homelessness law, have been a policy problem in London for decades, because affordable, adequate housing supply is so restricted\(^57\).

Rapid access to housing is the prerequisite to producing a lasting exit from homelessness. Housing has to meet certain basic standards if it is to offer a sustainable solution to homelessness. The existing evidence base suggests that housing should have the following characteristics:

- **Be affordable** for potentially and formerly homeless people, otherwise there is a risk to housing sustainment, as people are evicted if rents cannot be paid. Risks to the well-being also exist when living in unaffordable housing, if an individual or family do not have enough to spend on other essentials, such as food or heating, because of struggling to meet housing costs\(^58\).
- **Be available for a long period or on an ongoing basis.** Housing that is only available for a year or less, for example in the private rented sector in some EU countries, cannot provide a settled home and, by definition, cannot be sustained.
- **Be located in a neighbourhood where there are acceptable levels of risks in terms of crime and nuisance behaviour.** For example, a homeless family, which is part of a cultural or ethnic minority, cannot be successfully housed in an area where abuse and or even physical attacks from neighbouring households are likely\(^59\).
- **Be housing that is an acceptable state of repair and which offers acceptable space standards and basic amenities.** Very poor quality housing can mean the risks to health and well-being associated with homelessness remain present\(^60\).

Housing affordability, neighbourhood safety and housing meeting basic minimum standards of repair, space and amenities are all important because they represent potential threats to housing sustainment\(^61\). Homelessness may occur or reoccur because housing cannot be

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58 Affordable housing has been defined by Eurostat as housing costs not exceeding 40% of equivalised disposable income (net income)
afforded, feels physically unsafe or offers very poor living conditions. These measures are therefore tests of the sustainability of housing provided through strategies and services for homeless people, not simply tests of the quality of housing on offer.

The suitability of housing delivered via homelessness strategies and services can be assessed using validated measures. Surveys of housing conditions include EU wide datasets like the European Union Statistics on Income and Living Conditions (EU-SILC)\(^2\). Validated measures are available that cover everything from overcrowding and poor repair through to neighbourhood safety.

Another key measurement of the sustainability of housing is how formerly and potentially homeless people feel about their housing. Individual perception is very important, a rent that is defined as ‘affordable’ according to validated measures may not be seen as affordable by a formerly homeless person and therefore be a threat to housing sustainment.

Responses to housing are also emotional. Formerly and potentially homeless people may like or not like where they are for all sorts of emotional and practical reasons which are best explored through qualitative methods. Sometimes the emotional response to housing, having the experience of one’s own private space after years of homelessness, can be a major incentive to try to sustain housing\(^3\). The duration for which is housing is available can be an important issue here, as a sense of security, having a settled base and a ‘home’\(^4\) is quickly undermined if housing is only available for a relatively short period before a move is necessary.

Housing may also simply be in the wrong place. In some cases, affordable housing that is suitable may be located in areas that are some distance from where paid work, services, amenities and leisure facilities or community activities are available. This is a particular issue when public transport is poor or unaffordable. The wrong location may also undermine access to social support, risking isolation and boredom, which in turn may threaten well-being and perhaps ultimately pose a risk to housing sustainment. Equally, distance from old social networks may be desirable from the perspective of some formerly homeless people, for example if those social networks were built in part around problematic drug and alcohol use\(^5\). Again, these issues may be best explored through qualitative research, though basic data on issues like lack of amenities and social isolation, linked to location, can be gathered statistically.

An evaluation of a homelessness strategy or service looking at housing sustainment will need to explore:

- Housing supply
- Affordability
- Housing quality
- Space standards
- Neighbourhood conditions
- The opinions of formerly and potentially homeless people on housing provided or arranged through services or strategies.


\(^4\) Johnson, G. and Wylie, N. (2010) *This is not living: Chronic homelessness in Melbourne* Sacred Heart Mission, St. Kilda [http://www.sacredheartmission.org/Assets/Files/J2S1%20This%20is%20not%20living.pdf](http://www.sacredheartmission.org/Assets/Files/J2S1%20This%20is%20not%20living.pdf)

Managing support needs that may threaten housing sustainment

Key Question: Does the strategy or service enable formerly and potentially homeless people to successfully manage support needs that might threaten housing sustainment?

Unmet support needs can threaten housing sustainment. Mental health problems, problematic drug and alcohol use, or a simple lack of support in maximising and managing available income all represent risks to housing sustainment. The capacity to manage a home and ensure rent is paid, as well as living successfully alongside neighbouring households within a community can be undermined by unmet support needs that can range from lack of housing related daily living skills through to untreated severe mental illness.

Current evidence suggests that support needs that threaten a tenancy are not distributed evenly among homeless people in the EU. One group, of long-term or chronically homeless people with sustained or repeated experience of living rough and/or residence in emergency accommodation, tends to have very high support needs. Other groups, such as young homeless people and homeless people who have a history of offending, may also have relatively high support needs66.

However, homeless families, a high proportion of which are households headed by lone women, tend to have low support needs67. Some EU research suggests that there is a population of lone adults who experience homelessness for shorter periods, who in some countries at least, may significantly outnumber chronically or long-term homeless people68.

Specific groups of homeless people can have specific support needs. Homeless women can have support needs linked to the strong associations between female homelessness and gender based violence committed by men. There also is an overrepresentation of lone women parents among homeless families69. Women may require specialist services, such as refuges70 once homelessness has occurred and specialist preventative services, such as Sanctuary Schemes71, both of which offer physical security from violent men as well as support services. Family homelessness services will also often need to meet the specific needs of lone women parents72.

The evidence base on the support needs of homeless people is uneven across the EU. It can be argued that the needs, characteristics and experiences of chronically homeless people have long been well understood73. However, the evidence base on the support needs of some groups, particularly homeless and potentially homeless women74, remains insufficient. There is also less data on the needs of homeless people in the South and East of the EU than in the North.

Existing evidence indicates that support needs among homeless people that might threaten housing sustainment, can include, but are not confined to, the following areas:

- Help with maximising and managing income.
- Health and mental health.
- Social support.
- Problematic drug and alcohol use.

Service use and access to welfare benefits can be tested by asking whether a formerly or potentially homeless person has access to services and by exploring their eligibility for those services. Evaluations are able to record unmet support needs using this approach.

Evaluators might use validated statistical measures from clinical research to observe changes to the health of homeless people. For example, the SF-12 questionnaire, a validated set of 12 short questions that is widely used to gather data on well-being, might be used by an evaluation of a homelessness service or strategy. The SF-12 uses questions on general health, capacity to undertake different basic day-to-day tasks and emotional well-being.

The advantage of using something like SF-12, is that it is often used in surveys of the general population. This means that using something like SF-12 allows for direct comparison between homeless people and other citizens. The health of the homeless people can be looked at in comparison to that of people who are not homeless. From an evaluation perspective, measures like SF-12 can he used to explore what difference services or strategies may have made to the health of homeless people. In addition, evaluators might use qualitative methods to talk to homeless people about whether a homelessness strategy or service has improved their health and well-being.

Poor social supports can be associated with homelessness and increased risk of repeated or long term homelessness. Psychological research has identified four main types of social support:

- Esteem support, so a person feels esteemed and accepted.
- Informational support, help in defining, understanding and coping with problematic events.
- Social companionship, spending time with others in leisure or recreational activities.
- Instrumental support, the provision of financial aid, material resources and needed services.

Lacking any one of these forms of social support could constitute a potential risk to tenancy sustainment. Poor levels of social companionship and esteem support could pose an indirect risk to housing sustainment through undermining mental health. Lacking informational and instrumental social support could mean that there is nowhere to turn to when a risk to housing sustainment arises, perhaps leading to a loss of housing that could have been avoided.

Statistical analysis can draw on validated survey measures, which include survey questions that ask whether different forms of support are available. Qualitative interviews can explore access to social support in more detail, collecting detailed information on how homeless and potentially homeless people feel about the social supports they have available.

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77 For a research example see the 2005 survey of homeless families which explored using validated statistical general population survey questions from the British Household Panel Survey to check social support levels among homeless families: Pleace, N. et al (2008) [http://www.york.ac.uk/media/chp/documents/2008/Family%20Homelessness%20final%20report.pdf](http://www.york.ac.uk/media/chp/documents/2008/Family%20Homelessness%20final%20report.pdf)
There are a wide range of validated statistical measures used to assess problematic drug and alcohol use. There are short measures, such as the AUDIT questionnaire on alcohol use which uses 10 short questions in its interview version and like the SF-12 questionnaire on general health, is widely used in general population surveys. Again, AUDIT results among homeless people can be compared with the general population and the differences that homelessness services may make to alcohol use over time can be tested using a widely recognised measure like AUDIT. Like SF-12, AUDIT is a compact series of questions that might be incorporated into a wider homelessness service or strategic evaluation.

Social integration

Key Question: Does the homelessness strategy or service support the social and economic integration of formerly or potentially homeless people?

Social integration is not a precise concept, but it has links to ideas in French, English and American philosophy about the ‘social contract’ between a citizen and their society. Social integration refers to an individual being able to fully exercise their rights as a citizen and also to recognise and fulfil their responsibilities as a citizen, including economic and social participation in society. Being a socially integrated person implies:

- That an individual who can undertake paid work, be an economically productive member of society and make a financial contribution to society through taxation, can reasonably be expected to either be in paid work, to be seeking paid work, or engaged in activity that will help them secure paid work, such as education and training.

- That an individual should participate in their community in a political sense, including taking part in community activities, expressing their opinions and using their vote in local, national and European elections. Participation within community is sometimes referred to as adding to the ‘social capital’ of that community.

Participation in an economic and social sense is balanced by the rights of an individual. When someone loses their ability to fully participate in society, society then takes responsibility for that individual in return for their earlier contributions.

The objectives of homelessness services and strategies in promoting participation are twofold:

- The evidence base suggests that a lack of social integration may represent threats to housing sustainment. Participation in economic and social life have the potential to increase all the forms of social support to which someone has access. The relative poverty, isolation, boredom, low self-esteem and poor health that are associated with homelessness may be lessened, or removed, by economic and social participation. Positive activity might also help, alongside other support, in the management of problematic drug and alcohol use. The underlying logic is that, as homelessness is a state of disconnection between someone and society, promoting reconnection with society should lessen the risks of homelessness occurring or being sustained.

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79 The World Bank defines social capital in the following terms: “Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society’s social interactions. Increasing evidence shows that social cohesion is critical for societies to prosper economically and for development to be sustainable. Social capital is not just the sum of the institutions which underpin a society – it is the glue that holds them together” [http://web.worldbank.org/](http://web.worldbank.org/)

Homelessness can be seen as a threat to the social integration of society as a whole. Visible living rough, for example, can be seen as causing withdrawal from community as it makes outside space seem ‘unsafe’, something which can also affect economic activity and investment into cities. European cities are often concerned to reduce visible numbers of people living rough for these reasons. From an evaluation perspective, this question centres on whether a strategy or service is benefitting society, by reducing perceived ‘risks’ to social capital or wider social integration from people who are visibly living rough in city streets.

The idea that, in a broad sense, the ‘social contract’ between society and an ordinary citizen is broken, or threatened, by homelessness is an interesting one. However, some academic research disputes the true extent of social capital and social integration in economically developed societies. This work draws attention to affluent people choosing to physically separate themselves from poorer people and choosing not to exhibit the ‘community participation’ which is supposedly ‘lacking’ from the lives of groups like potentially or formerly homeless people. There is also evidence that wider society may not be very positive about inviting homeless people in to ‘participate’. Research shows resistance to housing formerly homeless people by both private and social landlords, alongside resistance from existing residents if it is proposed to house homeless people in their neighbourhood. Employers can be reluctant to recruit formerly homeless people.

It is possible to determine whether services and strategies are delivering social integration and, in turn, whether the presence or absence of social integration is associated with prevention or reduction of homelessness. The questions on social integration that need to be monitored are quite simple:

- Are formerly or potentially homeless people in paid work?
- Are formerly or potentially homeless people involved in education or training that can lead to paid work?
- Are formerly or potentially homeless people involved in work-related activity designed to help them become more ‘work ready’, for example volunteering or arts-based activities that teach cooperation and develop emotional literacy?
- Are formerly or potentially homeless people involved in community activities, for example, do they attend community meetings, participate in any community social events, vote in elections or attend local debates?

There are existing, validated, statistical measures of economic and social participation which are used in surveys of the general population, which can be applied to formerly and potentially homeless people. For example, the European Union Labour Force Survey (EU LFS) contains

validated questions on economic activity (paid work), work-related activity (education, training, volunteering, job-seeking) and on the barriers to work faced by individuals.

Measures of housing sustainment among potentially and formerly homeless people can be tested against measures of community and economic participation to look for positive associations. Again, this is an issue that can be explored in detail and perhaps more thoroughly through qualitative research. Potentially and formerly homeless people can be asked about community participation and paid work, how services may have helped them and whether this helped them to avoid becoming homeless or returning to homelessness.

There are a range of existing European homelessness services that promote social integration. Examples include the Emmaus Communities which are widespread in France and also present in other EU member states and the Skylight network established by the UK homelessness charity Crisis. Evaluation can be used to test the validity of the idea that enhancing social integration, or ‘social capital’, prevents and reduces homelessness.

Cost benefits

Key Question: Does the homelessness service or strategy reduce the economic costs of homelessness for society?

Budgets for homelessness services and strategies are being cut in many EU member countries and some of those countries with relatively extensive homelessness services are seeing significant reductions in spending. In the twenty years before the current recession, welfare, housing and health budgets had come under increasing scrutiny in the EU and greater attention was being paid to policies and service models that would reduce overall expenditure. In particular, more attention was being paid to maximising the efficiency of spending and getting better results for the same, or lower, expenditure. These pressures arose because the level of taxation needed to sustain existing welfare systems was seen as too high, particularly as lower wage economies, particularly China and India, began to present what may soon become the major source of economic competition to the EU.

Once the recession started, the pressures to maximise the efficiency of spending became greater and testing the cost benefits of spending on welfare systems became more common. Homelessness services and strategies will therefore be increasingly evaluated in terms of their cost benefits.

The evaluation of homelessness services in terms of their financial performance and the financial benefits that they generate for society might be thought to be in opposition to the underlying philosophy of many homelessness service providers. There is a powerful argument that homelessness is a uniquely damaging form of extreme poverty that no civilised society should tolerate, which can be used to argue in favour for services and strategies to prevent and reduce homelessness. However, the moral argument in favour of homelessness services is one of many moral arguments which can be made in favour for many services for many vulnerable groups, which like homelessness services, are at increasing risk of budget cuts in many EU countries.

86 http://epp.eurostat.ec.europa.eu/portal/page/portal/microdata/fs
87 http://www.emmaus.fr/
89 FEANTSA (2011) Impact of anti-crisis austerity measures on homeless services across the EU: Brussels: FEANTSA
It is possible to use evaluation to make a financial case for investment in homelessness strategies and services. The financial case centres on reducing the financial costs for society that can result from homelessness by using financially efficient services to prevent and reduce homelessness.

The cost benefits of homelessness services and strategies can be explored in three ways:

- **Cost offset** analysis, which tests whether homelessness services and strategies can reduce the financial costs that arise from homelessness for other services and for society as whole.
- **Lifetime cost** analysis, tests whether the financial costs for society that result from someone being homeless for a long period, or repeatedly homeless, are reduced by homelessness services and strategies.
- **Cost utility** analysis, which was developed by health economics and provides a way to test the financial efficiency of homelessness services and strategies, using tests based on maximising the well-being of homeless people.

**Cost offsets**

Cost offset analysis has mainly been used in Australia and the USA and the key methodological ideas and best quality analysis comes from these two countries. The central idea of cost offset analysis can be summarised through the example which has been widely drawn upon in the USA of ‘Million Dollar Murray’. ‘Murray’ had been living rough for years had never been given support to enable housing sustainment, yet while he remained homeless - without his basic housing need being met - he had cost the US taxpayers a large amount of money. This was because ‘Murray’ had frequently been arrested and frequently used emergency medical services. If ‘Murray’ had been provided with a homelessness service that had enabled housing sustainment and given him help with his support needs, he would have been far less expensive to American society and may not, as eventually happened, have died on the street.

Cost offsets are generated by homelessness services and strategies when they reduce the workload of other services that results directly from homelessness. The main potential for generating cost offsets is through homelessness services and strategies reducing costs for:

- Emergency medical services.
- Emergency mental health services.
- Drug and alcohol services.
- Criminal justice systems and public safety services.
- Emergency accommodation.

Costs offsets are net of the cost of homelessness service provision or the total cost of a strategy. This can be expressed in the following terms:

\[
(\text{average annual cost of use of services by homeless people} - \text{cost of average annual use by population}) - (\text{average annual cost of homelessness service})
\]

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94 Gladwell, M. ‘Million Dollar Murray: Why problems like homelessness may be easier to solve than Manager’ The New Yorker 2006-02-13
For example, if the average annual use of mental health services by people living rough in an EU country is €10,000 and the average annual use of mental health services by the general population is €1,000, this means people living rough are on average costing 10 times as much as ordinary citizens in terms of their rate of use of mental health services per year, i.e. €9,000 a year more on average. If a homeless service for people living rough, that costs €4,000 per person per year, can be shown to reduce average mental health service use among people living rough to the same as for the general population, the average annual cost offset, per person living rough, would be €5,000:

\[
\text{(average annual cost of use of mental health services by people living rough,}
\text{ }\€10,000) - \text{(cost of average annual mental health service use by general}
\text{population, }\€1,000) - \text{(average annual cost of homelessness service, }\€4,000)
\text{= }\€5,000
\]

This theoretical example represents an average saving of €5,000 per person living rough. The same logic can be applied to reducing use of accident and emergency or hospital emergency rooms or to reducing the arrest rates for people living rough. If homelessness services or strategies can reduce the rates of contact - or even stop contact - with these services, savings will be generated for those services.

There are three ways in which cost offsets can be measured:

- Looking at administrative data across all services to see if access to homelessness services reduces the use of emergency medical and criminal justice services. This is possible in the US\textsuperscript{96} and some EU member states, but something which data protection law would make difficult in some EU countries\textsuperscript{97}. Costs offsets can be calculated - assuming homelessness services have an effect in reducing other service use because the typical costs of emergency accommodation, emergency medical services and criminal justice activity like arresting someone are known.

- Generating ‘vignettes’ based on known costs rather than actual data on service use. This approach can be used when it is difficult to collect or access data on all service use by homeless people. Using limited data collection, or informed estimates, evaluators assume what a typical pattern of service use during homelessness will be, estimate how that pattern will change during and after using a homelessness service and then estimate total cost offsets\textsuperscript{98}. This approach has limited accuracy because it is not based on systematic collection or analysis of representative data, it is best described as a way of illustrating possible cost offsets rather an actual evaluation.

- Asking homeless people themselves about their pattern of health service use, contact with criminal justice systems (if applicable) prior to, during and following homelessness service use. This approach has the advantage of being based on actual data collection from homeless people. However, this technique relies on people’s memories, which will not be precise, particularly if asking them about patterns of service use several weeks or months ago.

\textsuperscript{97} Pleace, N. and Bretherton, J. (2006) Sharing and matching local and national data on adults of working age facing multiple barriers to employment London: DWP \url{http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_387.asp}
Cost offsets cannot be assumed to result from using homelessness services or from a wider homelessness strategy. Several conditions need to be in place for a financial saving to be made. A homeless person has to be making significant use of services they would otherwise not be using, or making less use of, if they were not homeless.

Ending chronic or long-term homelessness is the most likely way to produce cost offsets. This is because this group of homeless people is most likely to be making higher than average use of emergency medical services, to have relatively high contact with criminal justice systems, and because their homelessness is not being resolved, making long or repeated stays in emergency accommodation.

Cost offsets for other homeless populations will not always be as clear, or may not be present. For homeless people not in contact with criminal justice systems, not using emergency accommodation, or not using it for long or repeatedly, and whose use of emergency health services is low, there may be little or no cost offset being offered by homelessness services.

Equally, homelessness can restrict access to general health, social care, welfare systems and social housing, because the barriers to those services faced by homeless people can be significant. Homeless people may not be able to access a family doctor or general practitioner because they cannot get past the receptionist or are refused a service because they are homeless, using emergency medical services at a hospital because they have no choice. In the UK, analysis of the re-housing of homeless families under the homelessness law in England in the mid-2000s, suggested costs to society may have at least temporarily increased. This was because support systems brought those homeless families into contact with other mainstream welfare services they had not previously been accessing.

Homelessness services and strategies do not actually have to produce a cost offset for there to be a financial argument in their favour. As long as the cost offsets being generated for other services wholly, or mainly, pay for the cost of a clearly effective homelessness strategy or service, there is still a clear financial benefit for society. This is because while the same amount of money is being spent, homelessness is now being prevented and reduced, rather than not being addressed as a social problem.

Lifetime costs

Homelessness is associated with poor physical and mental health, with economic exclusion and social isolation and, in the case of chronically or long-term homeless people, can also be linked to severe mental illness, repeated, low level, criminality and problematic drug and alcohol use. If a homelessness service or strategy can demonstrate it is effectively preventing or reducing homelessness, it can be argued that the ‘lifetime’ costs of homelessness are being reduced. The key measures of reduction in the lifetime costs of homelessness are as follows:

- Becoming economically productive due to securing and sustaining paid work. If a formerly or potentially homeless people is financially contributing to society rather than relying in welfare benefits, as a result of homelessness service or strategy, there is a clear cost benefit.
- Sustained reductions in the use of health, welfare and support services linked to gains in health and well-being, compared to when experiencing homeless or at risk of homelessness. Again, if these are associated with a homelessness service or strategy there is a clear cost benefit.
- An end to any use of homelessness related services.

This kind of analysis is unusual and because it requires longitudinal tracking of homeless and potentially homeless people, it is also relatively expensive. Some econometric work in the UK on highly excluded young people who are at heightened risk of homelessness has estimated that if they remain ‘NEET’ (not in education, training or employment) from age 21 onwards, they would cost the UK taxpayer upwards of £75,000 (approx. €92,000) over the course of their lives, rather than being net financial contributors to society.

Ongoing, extensive, Australian research into the costs of homelessness has estimated year-on-year cost offsets of between some AU$7,600 and AU$40,000 from ending homelessness, based on reductions in contact with health and criminal justice services, with lifetime reductions, based on the same cost offsets, of some AU$189,000 to AU$1.1 million (varying by support needs). At current exchange rates this would be equivalent to lifetime costs being reduced (based on these cost offsets) by between €152,000 to €885,343, though the Australian figures are from 2006 and would now be somewhat higher.

The Australian work covers a range of homeless people, including homeless families and women at risk of homelessness due to gender based violence, rather than focusing simply on chronic homelessness. The Australian work suggests that reductions in the lifetime costs of homelessness may be achieved by homelessness services when working with groups of homeless people with lower support needs, though cost structures may not be directly comparable with the EU.

Cost Utility analysis

Health economics has developed the concept of Quality Adjusted Life Years (QALYs) which are used to measure cost benefits of interventions in health care. QALYs are a way of comparing the financial efficiency of services based on measuring how much those services improve the well-being of the people who they support.

Essentially, QALYs are a measure of the extent that someone lives a good quality of life, focusing on their mental and physical well-being. The more ‘good quality life’ years a health service or treatment generates, the more cost effective it is. Ultimately, this is a way of measuring services in terms of the direct benefits they generate for the people that use them and in this sense it is a less ‘financial’ way of assessing services, even though it is still fundamentally an economic evaluation.

Unlike the cost offset approaches, cost utility analysis does not directly calculate any nominal financial savings for society or for other services. Cost utility analysis instead tests which services deliver the best outcomes for service users, tested against the financial cost of those services. This allows financial choices about which services to invest in to be based on service user outcomes.

Within the cost utility approach there is still a broad financial assessment of the costs to society. People who are healthier for longer cost society less and are more likely to be economically productive. Investment in services that are demonstrated by cost utility analysis to be the most effective should therefore reduce the health, welfare and social costs for society as a whole.

In the UK, which has pioneered health economics, the EQ-5D is the instrument that is recommended by the National Institute of Clinical Excellence (NICE) to measure and value QALYs.


105 i.e. being economically productive and adding to the UK’s economic output and paying more in tax than they receive in support and welfare services from the State.


To measure the benefits of an intervention/service using QALYs, groups of patients complete the EQ-5D. This allows an evaluator to calculate the benefits of an intervention by comparing the average QALY gains by patients receiving one treatment with a matched group of patients not receiving the same treatment in an experimental evaluation.

The QALY questionnaire asks a series of very short questions on mobility (walking about), looking after oneself (washing and dressing), doing activities (including sport, hobbies and doing things with family and friends), whether someone is in pain and discomfort and whether they are feeling worried, sad or unhappy. This is combined with a scale where people are asked to rate their health, from 0, which is the worst they ever felt to 100, which is the best they have ever felt. Clearly, a health based model like QALYs is too specific to health to be used to explore homelessness service effectiveness. However, QALYs could be incorporated into evaluations that are concerned with the gains in health and well-being generated by homelessness services. The logic of a QALY type cost utility approach could also be extended to look at issues like housing sustainment, social support and economic and social participation to compare homelessness services and strategies.

However, reliance on experimental approaches for cost utility evaluation does mean that costs are high. It is also the case that QALYs are a hard, economic, measure, designed to inform decisions that are fundamentally financial. When used to test one homelessness service model against another, cost utility analysis would be designed to enable policymakers and service commissioners to make a decision about which service should be funded. The cost utility approach is as much a test of what should not be funded as what should be funded.

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4 Existing evaluation systems

Introduction
This chapter describes and reviews some of the existing systems of homelessness strategy and service evaluation which are used within the European Union. The first section looks at the system used to evaluate and monitor the Danish homelessness strategy. The second section looks at the evaluation of the Finnish ‘Name on the Door’ programme which has used various methods rather than a single approach. Section three explores and discusses the 2008 evaluation of homeless services conducted in Dublin. Section four looks at the ‘Homelessness Star’ outcomes measure used by homelessness services in the UK and section five examines the Self-Sufficiency Matrix used in the Netherlands.

Example 1: Evaluating the Homelessness Strategy in Denmark

Role and focus
The Danish Government developed a national homelessness strategy covering the period 2009-13 which has four main goals:

- No person should live on the streets.
- Young people (under 25) should not stay at homeless hostels.
- No person should have to stay in a homelessness hostel for more than 120 days.
- Better accommodation solutions should be in place for people leaving prison and institutional care.

The evaluation of the Danish national homelessness strategy, which was developed by Rambøll management and the Danish National Centre for Social Research (SFI), is an example of strategic evaluation. The evaluation focuses on a) overall reductions in homelessness and on achievement of the four core goals of the strategy and b) the development of effective service interventions to bring individuals out of homelessness. Monitoring took place at the municipality level throughout the duration of the strategy and quarterly and annual status reports were produced. Interim and final evaluation reports will be produced during 2013.

The Danish national strategy employed three main methods to prevent and reduce homelessness:

- **Critical Time Intervention** (CTI) a model with US origins that was originally developed for people with severe mental illness. CTI provides intensive, time-limited, support to manage the transition from institutional care into sustainable housing for groups of people thought to be at heightened risk of living rough. This includes groups like people with severe mental illness leaving hospital or prison and formerly chronically homeless people leaving supported accommodation. In the Danish strategy CTI is mainly aimed at supporting homeless individuals in the transition from shelter to own housing. CTI is designed to both support and enable homeless people, solving problems while simultaneously developing the capacity of groups like formerly chronically homeless people to solve problems for themselves.

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110 Key evaluation documentation was translated from Danish to English for this Review.
111 http://www.ramboll-management.com
112 http://www.sfi.dk/english-2631.aspx
113 http://www.criticaltime.org
• **Case management** is a widely used approach across many welfare systems. Case management is primarily designed to *arrange* access to a necessary support from different service providers. A case manager will work with various service providers to develop a ‘package’ of support that might include social housing, health care, welfare benefits and access to any other required services, ranging from education and training through to support with problematic drug use. In the Danish model, the case manager also provides practical support with everyday life.

• **Assertive Community Treatment** (ACT) was first developed in the USA for resettling people with severe mental illness and is now used to support chronically homeless people, including within Housing First services. ACT direct provides medical, psychiatric, drug and alcohol and other necessary support services from a multidisciplinary team using intensive mobile support delivered to the home of the formerly homeless person. There is an emphasis on harm reduction and promoting service user choice.

**Methods**

For monitoring whether the overall goals were being achieved the Danish evaluation used repeated counts of homeless people at national and municipal level combined with data from the national client registration system in homeless shelters. The effectiveness of the service interventions was evaluated using a monitoring system at individual level for all homeless people receiving support under the strategy. Registrations are completed by social workers in the services provided through the programme. In addition, the evaluation includes qualitative interviews with local municipal civil servants, social support workers, and homeless people who receive the services.

Finally, and in addition to the main evaluation, a cost-effectiveness analysis is being carried out on the three service methods (CTI, ICM and ACT). This cost effectiveness element is a relatively recent addition to the evaluation. The cost effectiveness study is monitoring the effect of homelessness services on the use of other services such as social services, drug and alcohol services, prisons, welfare systems and hospitals through exploring administrative data from the Danish general register and looking for potential cost offsets. The cost effectiveness evaluation also explores the use of a wide range of social and health services for individuals who have received CTI, ICM and ACT services compared to matched control groups who are not receiving these homelessness services.

**Monitoring goals on national and municipal level**

National homelessness counts are carried out by asking homelessness service providers and municipalities across Denmark to complete individual questionnaires for each homeless person they are in contact with during a week which is selected as a ‘counting week’. Sometimes these are completed with the homeless person present and sometimes in their absence.

There are some limitations to this kind of homeless count. Such a count could not capture the extent of homelessness that is experienced transitonally in Denmark. All those people and households who are not homeless during the ‘counting week’ were not present in the data.

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115 [http://www.pathwaysotohousing.org](http://www.pathwaysotohousing.org)


Equally, high need groups, such as long term or chronically homeless people, who spend a significant amount of time in homelessness services over sustained periods, might be over-represented in the count data (see Chapter 2). In the Danish case, this is less of a problem, as the additional use of extensive service monitoring data helped counteract the risk that the nature of homelessness would be misrepresented (see below). In addition, data from the national client registration system in homeless shelters are used to measure the goals on length of shelter stays and the number of young people in shelters.

**Monitoring the effectiveness of interventions**

The evaluation uses a standard questionnaire that covered all CTI, case management and ACT services. This standardisation allowed outcomes between the main service types to be compared within the overall evaluation of the Danish homelessness strategy. Data are entered online for each potentially and formerly homeless person at the following points:

- At referral to a service.
- During the time they are receiving the service, at three month intervals
- At the point they stop receiving a service.

The evaluation was quantitative and longitudinal. Short, focused questions were asked at each of the three points by staff working for homelessness services. Each stage of data collection included between 24 to 32 short questions. Only one question was asked on most subjects.

At referral to the service, data were collected on the experience of the staff member who was completing the questionnaire, including their education and training and their time in their job. These data could be used to check whether any specific groups of workers showed any shared tendencies in how they completed the questionnaire and also to look at who was working with homeless and potentially homeless people.

Previous contact with other services by the homeless or potentially homeless person was noted, data which could be later used to control for any effect that previous service contact might have had, and to look at the extent to which people were making recurring use of services. Alongside this, demographic data were collected with data on current housing situation and recent experience of institutional living, homelessness, income levels and employment situation, health status and contact with medical and other services. The questions on health and addiction asked workers completing the questionnaire for their own judgement as to whether or not the homeless person had a drug, alcohol, physical and mental health problems or lacked social support. This enabled the evaluation to test whether different outcomes were associated with different support needs or with patterns of use of various services, including health services.

During the course of contact with a service, data were collected on the level and nature of service contact, i.e. how often the homeless person saw specific professionals, and their housing status. Income, health, social support and well-being were also monitored, again using worker judgements as to what the needs of the potentially homeless or homeless person were. This allowed the evaluation to look at how patterns of service use were related to different outcomes.

At the end of service use the final questionnaire asked questions on why support had been stopped and reviewed the levels and nature of support provided in the last three months. Data on housing status, income, employment status, social support and well-being were again collected, with worker judgements being asked for on health, social support, economic integration and drug and alcohol use. Finally a brief question on overall success was followed by a longer, open ended question on outcomes.
The areas covered by the monitoring included:

- Age, gender and nationality.
- Current accommodation or housing, including temporary accommodation, service provision and settled housing.
- Reasons why not in their own housing (including eviction, awaiting suitable housing, social and psychological problems, trouble paying rent and not wishing to live independently).
- Experience of homelessness and living rough in last three months.
- Current patterns of service use, including whether receiving an action plan to end their homelessness and use of health care, social care, drug and alcohol, mental health, probation.
- Income sources, including welfare benefits.
- Employment status.
- Whether someone has drug and alcohol problems, mental health problems, physical health problems or a disability.
- Strength of existing social supports.
- Financial problems.
- Patterns, extent and nature of service use, including homelessness and other services, such as health and mental health services.
- Housing outcomes at the end of service delivery, including reasons for someone not being in their own housing where they were not rehoused (loss of housing, support needs, financial problems) and patterns of any recent homelessness or rough sleeping.
- An overview of the process of providing support and the outcomes.

About 40 qualitative in-depth interviews have been carried out with key actors and staff. These included interviews with municipal civil servants in charge of local programmes, managers in selected homelessness shelters and social support workers working in each of the three methods of service delivery, i.e. CTI, ICM and ACT. In addition, 30 qualitative interviews have been completed with homeless people who receive the services, with a more or less even division between people receiving CTI, ICM and ACT services.

**Strengths and limitations**

The strengths of the Danish approach were:

- The data collection was longitudinal and covered all service types. This allowed comparison of outcomes between types of services and across different groups of homeless people. Being able to compare the situation of potentially and formerly homeless people at the point at which they were referred to a service, were using a service and when service use came to an end, allowed analysis of change over time, overall service outcomes, unintended positive and negative effects.
- Many key variables that might influence what the outcomes for different homeless people and different services were included in the evaluation, including health and well-being, social support, economic activity, age, gender, ethnicity and other characteristics.
• The evaluation was comprehensive, collecting monitoring data on all services supported by the strategy, this reduced the risk of bias arising because results were based on a sample rather than an entire population.

• A separate cost effectiveness exercise is ongoing. Denmark’s civil registration system enables the tracking of individuals as they make use of publicly funded services, potentially enabling high quality, longitudinal, cost and cost offset data to be assembled on a very similar basis to cost effectiveness studies on homelessness conducted in the USA. The use of an experimental approach, comparing control groups using CTI, ICM and ACT services with homeless people not receiving those services will add to the robustness of the results reported by this study.

There were some limitations in the Danish approach:

• Data collection stopped following service exit, making it difficult to judge how sustainable service outcomes were. However, some evidence was collected in the first stage referral question about previous service contact. This meant the evaluation provided some data on whether people were repeatedly using services rather than making a lasting exit from homelessness.

• There was no use of validated measures in respect of health and well-being or circumstances. Instead the situation of each person in terms of social support, paid work, mental health and physical health was based on worker judgement. Without the use of validated questions on these areas there is a risk that the interpretation of needs and situations by workers will be inconsistent. Homeless people have not been directly questioned about their needs.

• The data collected were not extensive. This has to be balanced against the need for questionnaires to be of a practical length.

• Qualitative data collection was not extensive. Although there was representation of service providers, policymakers and homeless people themselves through qualitative interviewing, the bulk of data on programme progress and outcomes was statistical. More qualitative evidence would have potentially provided a more thorough cross check on the statistical results and may have helped explain any findings that could not be fully understood through statistical analysis.

Example 2: The Finnish Name on the Door Programme

Role and focus

The Finnish ‘Name on the Door’ programme is designed to end ‘long-term’ homelessness. Long term homelessness is broadly equivalent to chronic homelessness, i.e. people with high needs centred on problematic drug and alcohol use, severe mental illness and who have sustained experience of living rough and/or in emergency accommodation. The goals of the ‘Name on the Door’ programme were, initially, to reduce long-term homelessness in Finland by one half by 2011 and, more recently, to end long-term homelessness altogether by 2015.

The Finnish approach uses a mix of Housing First models\(^\text{118}\), with a Communal Housing First (CHF) model being widely used. The Finnish CHF approach converted all existing emergency accommodation into congregate self-contained flats with onsite support which is open ended, flexible and follows a harm reduction approach\(^\text{119}\). Evaluation sought to explore the success in meeting the targets and the effectiveness of the ‘Housing First’ response adopted in Finland.

\(^{118}\) Pleace, N. (2012) op cit.

\(^{119}\) Kaakinen, J. (2012) op cit.
Methods

The Name on the Door programme has been assessed in two ways. First, counts are conducted on the level and nature of homelessness within the country. These counts indicated a fall in long term homelessness resulting from the Name on the Door strategy, from 3,600 people in 2008 to 2,730 in 2011, a fall of some 31\%.\(^{120}\)

Annual homelessness counts have been in place in Finland since 1987 and rely partially on estimated data as well as reports from homelessness services. Owing to some estimation and inconsistencies in counting methods between municipalities, uncertainties exist about the exact effectiveness of the Name on the Door Programme. However, there is a general consensus that very significant reductions in long-term homelessness are being achieved\(^{121}\).

The second way in which the Name on the Door on the strategy has been assessed is through a peer review process involving several other EU member states. The Peer Review Programme in social protection and social inclusion supported by the DG for Employment, Social Affairs and Inclusion under the PROGRESS programme\(^{122}\). Peer reviews are designed to identify and promote good practice in social inclusion through the EU\(^{123}\).

The peer review process works by selecting a homelessness strategy in one country and commissioning a series of assessments from experts in other countries to critically review that policy, the process being completed with a synthesis report. The Name on the Door programme was subject to peer review in 2010, with nine reviews from specialists in other countries, Eurocities\(^{124}\) and FEANTSA\(^{125}\). Peer reviews have also been carried out homelessness strategies in Denmark, Norway, Portugal, the UK and Vienna.

What the peer review process does is test both the policy or strategy in question against the knowledge base and experience in other EU member states. This provides the following types of assessment of what a strategy is doing:

- Experts test the underlying logic of a strategy against the evidence on good practice in their own countries, subjecting the strategy to ‘external’ viewpoints.
- The quality of the evidence base on the service or strategy and the outcomes it is achieving is subjected to critical review. The peer review assesses the evaluation of the service or strategy.
- Evidence of success is critically assessed to determine how effective a service or strategy is being in preventing and/or tackling homelessness.

Agreeing to an external peer review is a brave step. Strategies being used in an attempt to prevent or reduce homelessness and the evaluation of those strategies are subjected to external international scrutiny which could potentially report serious criticism. In the case of Finland, a decision was taken not merely to undertake a European peer review but to effectively expand international peer review. The Finns asked Sam Tsemberis, the creator of the original Housing First service - the Pathways Housing First (PHF) approach developed in New York - to critically review their Name on the Door programme\(^{126}\). Both these peer review processes identified shortfalls in definition of ‘long-term’ homelessness, which meant there were issues with the targeting of services, as well as shortfalls in monitoring and evaluation, centred on the reliance on counts of long term homeless people to assess strategic effectiveness.

\(^{120}\) Ibid.
\(^{121}\) Busch-Geertsma, V. (2010) op cit.
\(^{123}\) Peer Reviews can also include EFTA/EEA countries, e.g. Norway.
\(^{124}\) [http://www.eurocities.eu](http://www.eurocities.eu)
The Peer Review process is not an evaluation. However, peer review can provide a further test both of the underlying logic of a service model or strategy and also provides a potentially very valuable cross-check on whether the evaluation processes being used to monitor a service or strategy are effective.

Strengths and limitations

The Finnish Name on the Door programme has been widely assessed but in some senses has not actually been evaluated. There is some evidence of success and a general sense across Finland that the policy has worked well in reducing long-term homelessness. However, more comprehensive monitoring of service activity and outcomes and a comprehensive, mixed methods, evaluation that included longitudinal tracking, cost benefit analysis and qualitative data collection on the opinions of long-term homeless people would have enhanced the evidence base. A more detailed evaluation might have made the case for the Name on the Door programme still clearer.

Example 3: The 2008 Evaluation of Homelessness Services In Dublin

Role and focus

The 2008 evaluation of homelessness services was undertaken in Dublin by Simon Brooke and Associates, under commission from the Homeless Agency Partnership. The evaluation involved a critique of the existing responses to homelessness in the Dublin area, covering strategic level responses and the effectiveness of homeless services. The evaluation had a theoretical framework, that is a way of understanding homelessness, based around the idea that homelessness is best understood in terms of a ‘housing pathway’. For example, an ordinary person’s housing pathway might be that they leave school or higher education, secure work, move into a small private rented apartment or house, meet someone who becomes their partner and then move on to owner occupation, or a bigger private rented home, which becomes affordable through having two incomes.

By contrast, the housing pathway of a homeless person, or homeless family, is either interrupted or does not begin correctly. For example, housing and labour markets might make housing too expensive to rent or buy for some people, either because the paid work they can get does not pay enough, or because they may not be able to secure paid work. In some EU countries, reliance on welfare benefits to meet private rented housing costs, or social housing, might provide an alternative for people who cannot afford full market price housing. However, even if affordable housing is available, that housing may not be accessible or sustainable for homeless people. For example, a chronically homeless person, or another person with high support needs, may not be able to sustain housing without care and support services. Social and private landlords may also be reluctant to house someone with high support needs as they be viewed as likely to go into rent arrears or be involved in nuisance behaviour.

For a homeless strategy and services to be effective in preventing and reducing homelessness, the risk factors that might cause a housing pathway to fail to start properly, or be interrupted, have to minimised. The evaluation tested the homelessness strategy and services in Dublin using this as the key evaluation question. The evaluation sought to determine whether Dublin’s response to homelessness returned people to a stable housing pathway, by minimising the various risks to housing sustainment they were facing.

Methods

The evaluation used a mix of qualitative and quantitative methodology, employing qualitative interviews, focus groups\textsuperscript{130}, detailed service provider questionnaires, the collection of statistical data and an international review of relevant policy and academic research and evaluation. The evaluation also included an annual needs survey focused on homeless people using homelessness services.

Interviews were conducted with 101 formerly homeless households, of whom 85 were lone homeless people, 15 were homeless families and one was a couple without children. In addition, 35 interviews were conducted with management level staff within homelessness service providers throughout the Dublin area and six focus groups were held with workers from 29 service providers. Finally, policy level interviews were held with national and city level government departments and agencies and the network of homelessness service providers. Detailed questionnaires, based around recommendations for good practice in homelessness service delivery developed in 1999, were circulated among service providers to explore the quality of existing homelessness services.

A ‘service activity’ report was collected from homelessness services, monitoring the number of households using each service, household types, their previous accommodation and their housing situation on leaving each service. These data covered three months of service activity. Separate questionnaires were employed for emergency and communal or long stay supported housing, outreach\textsuperscript{131} services, advice and information services and services providing homeless people with food. Most of the services in the Dublin area supplied the requested data.

The annual needs survey was based on a series of statistical questions that emergency accommodation and supported housing providers were asked to complete on behalf of their service users. An additional survey focused on people living rough. The survey looked at:

- Household type (whether lone person, couple, family, lone parent)
- Age
- Length of time homeless
- Length of time using homelessness service
- Whether someone had a history of nuisance behaviour
- Whether someone had been evicted for rent arrears
- A range of needs recorded under the Holistic Needs Assessment system used by the Homelessness Agency in Dublin, including questions on:
  - Accommodation and homelessness
  - Family and current relationships
  - Early life experiences
  - Education
  - Work and job training
  - Legal issues and offending behaviour
  - Income and finance
  - General physical health
  - Mental health
  - Alcohol use
  - Drug use
  - Independent living skills\textsuperscript{132}

\textsuperscript{130} Like a qualitative interview, focus groups use a semi-structured approach, which allows participants to raise their own concerns, ideas and opinions within a broad framework determined by the evaluators. Unlike a qualitative interview, the evaluator functions as a ‘moderator’, ensuring that everyone who wishes to express an opinion is allowed to and setting ground rules such as ensuring participants in a focus group do not interrupt one another. Typical group sizes might range from 6-10 people, larger groups tend to be avoided because it is harder to enable a general discussion between a group.

\textsuperscript{131} Mobile services designed to engage with people living rough that are designed to enable and encourage them to use daycentres, supported housing and services that can help them resettle into ordinary housing.

\textsuperscript{132} Practical skills in running their own independent home in the community.
Finally, a review of existing good practice from comparable countries was commissioned. This review employed two EU academics who provided an overview of housing and support in Europe, with a view to informing the future homelessness strategy in Dublin and across Ireland.

Strengths and limitations

The evaluation employed a mixed methods approach that covered the most of the homelessness services in the Dublin area. The existing operation of these homelessness services was considered and explored from the perspectives of policy makers, service managers, staff involved in service delivery and different groups of homeless people. Alongside this a cross-sectional survey was conducted, supplemented by a three month longitudinal data collection on service operation. Extensive, detailed and varied data were collected, ranging from the nuanced information collected by qualitative face to face interviews through to sets of statistical survey and monitoring data.

Other service and strategic evaluations are often centred on homelessness prevention and the reduction of homelessness, which may, as in Denmark and Finland, include specific targets for specific groups. Unlike those evaluations, the 2008 Dublin evaluation sought to answer a specific question, which was how far existing policy and services were enabling homeless people to return to a stable housing pathway. This was an interesting perspective, because it enabled the evaluation to assess risks to housing sustainment from several angles, including everything from housing affordability through to the adequacy of existing mental health services.

Unlike the Danish and Finnish evaluations, the 2008 Dublin evaluation sought to understand if the risk factors associated with homelessness were being reduced, rather than focusing attention mainly on numbers of homeless people. This was a more comprehensive way of evaluating how well the existing strategy and services were working. The 2008 evaluation assessed whether known risk factors for homelessness were being managed and reduced across society, as well as looking at how well services were doing in preventing and reducing homelessness.

The 2008 evaluation was critical of the existing strategy in the Dublin area. There was evidence of repeated and sustained use of homelessness services and barriers to housing sustainment centred on the affordability of private renting, access to social housing and unmet support needs, which the 2008 evaluation reported were not being adequately addressed. Alongside issues with access to housing, particular shortfalls in access to mental health and drug and alcohol services were reported for people living rough and lone homeless people.

The evaluation also noted the results of the review of international best practice, highlighting the growing evidence base on the success of person-centred responses to homelessness, including the Housing First model. The international evidence that the combination of adequate, affordable housing with a range of directly provided and case managed support services could deliver high levels of housing sustainment, even among chronically homeless people, was reported by the evaluation.

In all, the report detailed 26 recommendations to improve the strategic and service response to homelessness and potential homelessness in the Dublin area. The evaluation had a direct influence on the future direction of homelessness policy in Ireland, centred on the development of the Pathway to Home person-centred approach to preventing and reducing homelessness. There were also specific recommendations around improving access to affordable housing for homeless groups. Overall, the 2008 evaluation was a strong piece of work. Multiple methods were used and an extensive array of qualitative and quantitative material was collected. The evaluation also looked at the effectiveness of existing services and policy in a wider sense and provided a critique of the underlying logic of homelessness policy.

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The limitations of the 2008 evaluation were methodological. The evaluation was, quite understandably, focused on existing service provision, which meant it focused on homeless people using that provision. Much of the service provision in the Dublin area was focused on lone male homeless people and people living rough, whilst there were fewer services for homeless families or homeless women. This meant the extent and needs of some groups of homeless people and the adequacy of the strategic and service response in meeting those needs may not have been fully explored by the evaluation. Data could have been more robust, for example the evaluation could have included experimental evaluations comparing different types of service provision, a larger longitudinal data collection exercise on the people using homelessness services that took place over a year or more and might have sought stronger representation from groups like homeless families in the qualitative interviewing. However, these limitations have to be viewed in the context of this having been a comprehensive attempt at evaluation that sought to answer a range of truly strategic questions using mixed methods. The enhanced robustness that would result from using more robust methods also has to be balanced against the cost of those methods (see Chapter 2).

Example 4: The Homelessness Star

Role and focus

The Homelessness Star was the first of what became a series of ‘outcome star’ evaluation tools for housing support services in the UK. Housing support services include a range of specialist supported accommodation and mobile support services designed to deliver housing sustainment and independent living for groups of people with medium to high support needs. The star was developed by Triangle Consulting on commission from the homelessness service provider St Mungo’s and the London Housing Foundation.

The Homelessness Star is focused on chronic or long term homelessness and homeless groups like vulnerable young people and former offenders, i.e. those groups of homeless people who tend to have high support needs. The Homelessness Star centres on individual ‘progress’ on 10 measures, one of which is housing sustainment (described as ‘managing tenancy and accommodation’). The Homelessness Star is a longitudinal measure, that similarly to the Danish homelessness strategy evaluation monitoring, tracks the progress of individual homeless and potentially homeless people as they are referred to, use and leave homelessness services.

Methods

The Homelessness Star is, again like the Danish approach, a flexible measure that centres on the individual ‘progress’ rather than the specific goals of a particular service. This allows the star to be used to cross compare different services. The ten areas that are monitored are (see Figure 4.1):

- Motivation and taking responsibility
- Self-care and living skills
- Managing money and personal administration
- Social networks and relationships
- Drug and alcohol misuse
- Physical health
- Emotional and mental health
- Meaningful use of time
- Managing tenancy and accommodation
- Offending

136 http://www.outcomesstar.org.uk
A homeless or potentially homeless person is assessed, or assesses themselves, in terms of their position on what is called a ‘ladder of change’ on each of these 10 areas. The bottom of this ladder is described as ‘stuck’, i.e. ‘not making any progress’ and the top of the ladder is described as ‘self-reliance’, i.e. able to manage without any support from services. The ladder of change has 10 points on it, two points relating to each of five stages of ‘progress’ (see Figure 4.1):

- The ‘stuck’ position (score of 1 or 2) which is also described as a homeless or potentially homeless person demanding to be ‘left alone’.
- The ‘accepting help’ position (score of 3 or 4), which is also described as ‘wanting someone else to sort things out’ (i.e. wanting help but not feeling able or wanting to help address their situation).
- The ‘believing’ position (score of 5 or 6) which is described as a stage where a homeless or potentially homeless person starts to want to ‘change’ their lives.
- The ‘learning’ position (score of 7 or 8) where a homeless or potentially homeless person starts to want to learn how to cope on their own.
- The ‘self-reliance’ position (score of 9 or 10) where an individual can cope with living independently without support.

Strengths and limitations

The strengths of the Homelessness Star centre on the capacity to be used across a wide range of services and the capacity to monitor progress on various measures over time. There is a clear focus on a range of behaviours and support needs that have long been associated with chronic or long term homelessness in the UK, rather than a focus on just one measure, such as housing sustainment.

A particular advantage of the Homelessness Star is that it allows progress, or what in the UK is sometimes referred to as ‘distance travelled’ to be measured. One criticism that has been levelled at using simple indicators of success sometimes used in homelessness service
evaluation in the UK is that they under-report what homelessness services achieve. This has been argued to be a particular problem when services are working with people who have very high support needs. For chronically homeless people, for example, the process of achieving real housing sustainment and social and economic participation might take a very long time. If tested simply in terms of whether or not someone is sustainably housed, is in paid work, is active in the community, is no longer using drugs and alcohol (where applicable) and is not offending or exhibiting nuisance behaviour (where applicable), homelessness services might appear to have a low success rate with groups like chronically homeless people, especially in the short term.

Using the Homelessness Star, this picture can be changed, as alongside showing ‘complete’ successes, the Star can also show if the situation of formerly and potentially homeless people is improving through their contact with services. A homelessness service can use the Homelessness Star to show both what it has achieved in terms of ‘complete’ housing sustainment, social and economic integration, social support, health and wellbeing. A service can also show what it is achieving in terms of the progress of all the homeless people it works with are making towards housing sustainment, well-being and social integration, even where they have not yet reached the point of independent living.

The limitations of the Homelessness Star centre on data collection methods and operational assumptions. The Star is based on worker and homeless persons’ judgements as to their progress on the ten measures. As with the Danish evaluation system, a reliance on interpretation rather than validated measures means that the exact meaning of a score of, for example, 7 or 8, on ‘managing tenancy and accommodation’ (or any other measure) might mean one thing for one individual and another for another individual. The scores are judgements, not consistent measurements based on validated scales.

The Star is, as noted, a monitoring and evaluation tool designed for homeless people with high support needs. The Star focuses on behaviours and support needs that are not present at high rates in some homeless populations in the UK, including homeless families or lone adults with low needs who make only short term use of homelessness services. The Star is not an evaluation tool that could be used for all homelessness services or which is suitable for monitoring progress among all groups of homeless people.

Homelessness services for high need groups, particularly long term or chronically homeless people, tend to work towards minimising support needs and behavioural modification to reduce known risks to housing sustainment. In many ways, a staircase service broadly seeks to achieve what a Housing First service seeks to achieve, but arguably goes about it in a very different way. Yet where a staircase seeks fully independent living, a minimisation or an end to support needs and social integration, a Housing First service does not necessarily aim for ‘total’ success in these areas, even as it seeks to promote independence, health and social integration.

Housing-led services like US and Finnish Housing First models, or the Tenancy Sustainment Teams (TSTs) or personalisation pilots for people living rough in the UK, demonstrably end living rough and sustained use of emergency accommodation through delivering high rates of housing sustainment for chronically homeless people. Yet, in terms of the Homelessness Star indicators, none of these services would routinely score the maximum of 9 or 10 on the

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‘managing tenancy and accommodation’. This is because most of the people they work with, while no longer homeless, are not ‘fully’ independent.

There is an inbuilt assumption in the Homelessness Star, as in staircase service models, that behavioural issues and support needs that might threaten housing sustainment can be entirely overcome. There is also an assumption that the risks of homelessness centre entirely around support needs and behaviour. This leads to some limitations:

- Areas of service activity that are not centred on behavioural modification and support needs are not recorded. For example, what may be a key reason for the success of Housing First models - the provision of adequate and affordable housing to service users - would not be a part of what the Homelessness Star monitors.

- The maximum score on the Homelessness Star means an effective end to support needs and entirely normalised behaviour. While the Star can be used to record progression towards, for example, a total end to drug use and a totally independent life, this goal may only be rarely achieved by staircase, Housing First and other services. Indeed, some highly successful services like Housing First, while seeking this goal, are modelled on an assumption that it will not be achievable for most service users. While it can show progress, the Homelessness Star risks under-representing the achievements of successful service models, because of inbuilt assumptions about the nature of homelessness and what services should be able to achieve.

Example 5: The Netherlands Self-Sufficiency Matrix

Role and focus

The Self-Sufficiency Matrix (SSM) was developed via a collaboration involving universities and public health services in the four major cities of the Netherlands, The Hague, Utrecht, Rotterdam and Amsterdam, commonly known as the G4. The SSM is both a method for evaluating service outcomes and a way in which service providers can set goals and monitor progress towards those goals.

The SSM approach was originally developed in America and it is a version of the SSM that is used in Utah that forms the basis for the Netherlands SSM, which is known officially as the SSM-NL. The SSM is designed to assess the capacity of someone with support needs to live independently. This means the focus of the SSM is on someone’s capacity to undertake a range of housing-related tasks, many of which relate directly, or indirectly, to housing sustainment.

The SSM is not designed specifically for homelessness. It is intended to monitor levels of self-sufficiency among several groups of people with support needs. Alongside groups like chronically homeless people, the SSM might also be used to look at the situation and well-being of people with severe mental illness, or problematic drug and alcohol use, who have not experienced homelessness.

The SSM is intended to be used to monitor service outcomes, in terms of promoting self-sufficiency or independence, across a range of people with support needs and across a range of services. The SSM could theoretically be used as part of a strategic evaluation, but the main intention was to produce a useable, clear and standardised way of measuring progress in service delivery and monitoring service outcomes.

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141 http://grotevier.nl/
142 http://www.zelfredzaamheidmatrix.nl/English/Background.aspx
Method

The SSM covers 11 ‘domains’, i.e. types, of self-sufficiency, with the intention being that each of the 11 domains cover different aspects of what someone needs to be able to do in order to live independently and successfully in the community. The domains covered by the SSM are:

- **Income** – whether the person or household has sufficient money to meet basic needs and successful debt management (where applicable).
- **Daytime activities** – education, training or paid work and related activities, also records any nuisance behaviour associated with lack of daytime activities.
- **Housing** – housing quality and likely duration of stay in current housing.
- **Domestic relations** – an indicator for families and other multiple person households, covering factors like abusive or potentially violent behaviour.
- **Mental health** – the presence of mental health problems and severe mental illness.
- **Physical health** – any existing health problems.
- **Addiction** – covering drugs and alcohol.
- **Daily life skills** – the capacity of someone to dress, wash, feed and toilet themselves and more complex skills such as caring for others (e.g. where children are present) and organising a household of several people.
- **Social network** – the quality of friendships, family relationships and partnerships (where present). Some social connections, such as relationships between someone who is a problematic drug user with other people who are problematic drug users are viewed as negative, or ‘toxic’ by the SSM.
- **Community participation** – participation in community activities and organisations which can range from sporting activities through to social clubs or neighbourhood committees.
- **Judiciary** – contact with the criminal justice system.

There are various levels of need within the SSM. Each of the 11 domains can be scored between one and five, where the scores mean as follows:

1. ‘Acute’ need which requires more support immediately.
2. ‘Not self-sufficient’, which means an existing situation will deteriorate unless support is quickly provided.
3. ‘Barely self-sufficient’, which means that while stable, someone’s situation is not really acceptable because support needs are only being partially met.
4. ‘Adequately self-sufficient’, which means support is adequate and someone is self-sufficient.
5. ‘Completely self-sufficient’, which means that no support is necessary.

There are similarities between the SSM and the Homelessness Star, as both of these tools measure progress towards independence, or self-sufficiency, in similar ways using similar criteria. Like the Homelessness Star, the SSM is a longitudinal measure designed to be used at the point at which someone starts to use a service, during service use to monitor progress and at the point at which someone ceases to use a service. Also, like the Homelessness Star, it is possible to record someone, or in the case of the SSM, a family or couple, as scoring far better on some areas than on others, thus giving a picture of their overall pattern of need.

There are some differences with the Homelessness Star which centre on the detail of information recorded by the SSM. Health service access in the Netherlands depends to a considerable degree on having health insurance and when someone does not have health insurance, the SSM is ‘weighted’ to allow for the likelihood that being self-sufficient in terms of mental and physical health will be more difficult. Similarly, the SSM scores are adjusted when someone cannot be expected to organise everything for themselves, for example, because they have learning difficulties or are not a native Dutch speaker. Conversely, the SSM sets a higher

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144 Lauriks, S. et al (undated) op cit.
145 Lauriks, S. et al (undated) op cit
standard of ‘self-sufficiency’ for households containing children, the logic being that the adult or adults must be self-sufficient if the children are to be cared for properly.

The SSM also provides quite detailed guidance on the assignment of a specific score to a specific domain. For example, the reporting of self-sufficiency in terms of housing includes the following categories of housing situation:

- ‘Homeless’, i.e. living rough.
- Living in a night shelter or emergency accommodation.
- Living in housing that is unsafe, unstable or not suited for permanent accommodation.
- Marginally adequate housing, which is stable and safe in the short term and which has basic amenities, i.e. furniture, heating, water supply, electricity.
- Non-autonomous housing, i.e. housing that is provided, paid for, furnished and arranged on behalf of someone, they are housed, but not responsible in any way for that housing.
- Housing with rental contract with clauses, i.e. housing which is conditional on someone following rules about their behaviour or which is dependent on financial guarantees. This may include housing for which the contract or tenancy is held by a service provider.
- Partially autonomous housing, i.e. housing for which someone is partially responsible for, but where support is provided with some aspects of the day to day running of a home.
- Safe housing, where physical and mental health are not ‘endangered by the characteristics/aspects of the accommodation itself’.
- Stable housing, which has a lease or availability for at least 90 days.

On the SSM, someone has an ‘acute problem’ in housing if they are homeless or in emergency accommodation (a score of one). The maximum self-sufficiency score of five can only be achieved if someone is in housing that is safe, adequate, fully ‘autonomous’ and with a standard rental contract or tenancy. To achieve the maximum SSM score on housing, a person or household has to be entirely responsible for all aspects of running their own home, including paying the rent, and the contract or tenancy has to be directly between that person or household and the landlord.

The full SSM and supporting guidance can be viewed online at:

http://www.zelfredzaamheidmatrix.nl/English/Home.aspx

Strengths and limitations

The SSM has a number of strengths. These centre on the SSM being a standardised approach that can be used across a wide range of services for people with various support needs who may not be able, at least initially, to live independently. Like the Homelessness Star, the SSM monitors the progress of individuals and families towards self-sufficiency in a standardised way, allowing the progress and outcomes achieved by different models of service to be compared.

The domains identified by the SSM are also, again like the Homelessness Star, those characteristics and needs that have been identified by the existing evidence base as potential risks to housing sustainment. While not designed just for homelessness, the SSM collects data on those personal characteristics and support needs that are associated with a heightened risk of becoming homeless and of experiencing repeated or long-term homelessness. The SSM also recognises and gives equal weight to a range of risk factors, ranging from health and well-being through to housing affordability and adequacy.

The SSM is also a relatively detailed measure, providing descriptions of various situations and relating those to the score for each of the 11 domains. What is meant by each score for each domain is also described in the SSM, thus for example the housing situation, the income level

146 Lauriks, S. et al (undated) op cit.
and the social supports that should result in a specific score are summarised. The description of what is meant by each score and also the weighting of the results also reduces the potential margin for error or risk of inconsistency in reporting results.

The SSM also provides a means of monitoring and recording progress, the ‘distance travelled’ by an individual or household, as well as the final outcome of service delivery. This enables services to show that they are making a positive difference even if the final intended goals have not yet been achieved. As the SSM is not designed primarily for single homeless people, it is able to cope with various groups of homeless people with support needs. For example, the SSM could be used for services working with homeless families with support needs, whereas something like the Homelessness Star is really intended only for lone homeless people with support needs.

The limitations of the SSM reflect those of the Homelessness Star. Like the Star, there is something close to an inbuilt assumption that full independence, i.e. full self-sufficiency, is both achievable and desirable. Housing First and other personalised, client led services that provide ongoing support are unlikely to achieve the maximum scores according to the SSM. Housing First services may deliver housing sustainment amongst groups of chronically homeless people who have been repeatedly homeless or homeless for long periods, but it rarely delivers total autonomy. How far this is a limitation with SSM is really linked to how ‘success’ is defined and what goals a homeless service sets itself. For the moment at least, staircase models that promote full independence via behavioural modification do appear to meet with less success in housing sustainment than the various forms of Housing First achieve with a greater emphasis on personalisation. Like the Homelessness Star, the SSM might be setting goals that are not always compatible with what some homelessness services aim to achieve.

The SSM is also quite focused on support needs and behaviour, which means that it is best suited to the evaluation of services for chronically homeless people and other groups of homeless people with high support needs. The SSM is not something that would be particularly useful in evaluating service success when working with homeless people with low or very low support needs, such as many homeless families, because those groups of homeless people would already score highly on most of the measures except ‘housing’ and ‘income’, even at the point of homelessness.

The last point is linked to another potential criticism, which is that while the SSM does make some allowances for context, the basis on which it determines success is so strongly linked to individual characteristics that it is difficult for services to describe or allow for their circumstances. Whereas, for example, the Dublin 2008 evaluation of homelessness services looked at affordable housing supply, the SSM does not, meaning that difficulties in securing suitable housing linked to poor supply of adequate and affordable housing are not allowed for. Two homelessness services, one in a relatively low cost housing market with good quality housing and another in a highly stressed housing market with very high costs and poor quality, might perform very differently mainly because of the differences in those housing markets, but this is not something the SSM could detect.
5 Making the Case for Evaluation

Introduction
This review has discussed homelessness service and strategy evaluation, looking at how evaluations can be conducted, what questions evaluations should ask and also considering how to answer those questions. In addition, some examples of homelessness service and strategic evaluation have been reviewed. This final chapter looks at the case for undertaking evaluations.

Variation and evaluation
There is a challenge to be faced when talking about evaluation of homelessness services and strategies in the European Union. The challenge centres on how evaluation can deal with the diversity of homelessness service provision and the variations in strategic planning that exists across the EU.

At one extreme, there are highly integrated, well-resourced homelessness strategies actively drawing on evidence of good practice from around the economically developed world. At the other extreme – and this can be true within individual EU countries as well as in terms of differences between EU countries – there are services that are not part of any strategy, that are barely, if at all, integrated with other services and which can do little more than provide temporary shelter and food147. The recent FEANTSA homelessness monitoring report makes a useful distinction between those EU member states with well-resourced integrated homelessness strategies (e.g. Denmark, Finland), those with established and relatively well-resourced homelessness systems that lack long-term planning (e.g. Germany, Spain) and those which have a homeless system in a ‘period of development’ (e.g. Greece, Romania)148.

Variations in strategies and service provision are associated with significant differences in how homelessness is defined and the extent to which it is seen as a social problem. If defined simply in terms of people living rough and (usually within the EU but not always) as people in emergency accommodation, homelessness is a relatively small social problem, largely experienced on a short term basis, but containing a group of chronically homeless people who have very high support needs. A country that defines homelessness in terms of these groups and, for example, also regards two or more families living in housing designed for one family as ‘homeless’, has a wider operational definition of homelessness and therefore a much bigger social problem, which may then lead to more services and a wider strategic focus on homelessness149.

Describing ‘homelessness services’ within the EU, means including basic emergency accommodation providing shelter and food in large, shared dormitories, through to Finnish ‘Name on the Door’ Communal Housing First services that offer purpose built, secure, affordable one person apartments with dedicated on-site support. Preventative services can be as simple as a rent deposit scheme that provides people with a bond or the financial means to secure a private rented home. Yet prevention also includes ‘Sanctuary’ schemes for women who are at risk of homelessness due to gender based violence, which enable women to remain in their own homes by making them safe and secure150. Homelessness services can also include social

enterprises such as the French Emmaus service model\textsuperscript{151} or services focused on economic and social integration like Crisis Skylight\textsuperscript{152}.

Questions that might be asked about evaluation across the EU centre on issues of fairness and the logic of comparisons. Using the criteria that might be applied to a full evaluation of, for example, a well-resourced and integrated service when evaluating a basic service, might seem unfair to the point of being illogical.

The more basic, under-resourced and less integrated a service or strategy is, the harsher the judgement of evaluators is likely to be. Basic emergency accommodation can at least temporarily stop people living rough and may, for people with low support needs, provide emergency accommodation while they gather resources to self-exit from homelessness\textsuperscript{153}. Yet clearly, basic emergency accommodation does not prevent homelessness and does not address the needs of chronically homeless people who are resident within it for long periods. Emergency accommodation is a humanitarian response but existing evidence suggests it is only a partial response to homelessness at best.

An evaluation that effectively simply condemns basic emergency accommodation for not being Housing First or another, well-resourced and highly strategically integrated service, is ultimately not very useful. However, an evaluation that looks positively at what services like basic emergency accommodation are able to achieve, but then draws upon evidence about good practice elsewhere to look at how responses to homelessness can be enhanced, is able to be positive while also drawing attention to limits in existing responses to homelessness.

Evaluation should ideally seek to adopt a formative approach which seeks to improve existing service provision rather than conduct a harsh audit of deficiencies. In this way, evaluations of partially successful services and strategies can present results that emphasize existing achievements but which also positively suggest how still better outcomes might be achieved.

Of course, some services and service models may be outright failures or be eclipsed by more effective services that deliver much better outcomes. There will be situations in which an evaluation has to conclude that an existing service or strategy is not a good use of resources and the best option is replacement with a more viable alternative. This is never an easy process, because it can lead to abolition of established services and job losses among people who were working towards preventing or reducing homelessness. However, what is ultimately important is that EU countries have the best means at their disposal to prevent and reduce homelessness, which is the worst and most damaging form of poverty that exists anywhere in Europe.

Neutrality is always fundamentally important in evaluation and never more so when an evaluation might lead to the abolition of some services or an existing strategy and their replacement with another approach. It is particularly important that evidence of good practice from effective strategies and services in other countries is not simply assumed to mean those services are ‘better’ than existing homelessness services and strategies in another country. This is because there may be important differences in context, what works in one country with a specific welfare system, housing and labour markets and culture may not work in another country in which welfare systems, labour markets and the culture are very different.

Evaluation should never stop challenging and questioning the findings and assumptions of earlier work. For example, the current evidence base indicates that chronically or long term homeless people tend to not be able to sustain housing if they are simply given it and left on their own. This

\textsuperscript{151} http://www.emmaus-international.org/
\textsuperscript{152} http://www.crisis.org.uk/pages/what-we-do-crisis-skylight-centres-61897.html
http://works.bepress.com/dennis_culhane/57
is thought to be because their support needs and behaviour may present too many risks to tenancy sustainment\textsuperscript{154}. Services are built around this assumption.

However, some homeless people like most homeless families appear to have their homelessness ended simply though someone providing adequate, suitable and affordable housing and the means to meet housing and other basic living costs\textsuperscript{155}.

One question an evaluation might explore is whether low intensity services, that primarily ensure affordable, adequate and suitable housing is in place, might sometimes be effective at ending chronic homelessness. The likely answer, because the UK effectively tested the idea of a housing-only response to homelessness among high need groups through its statutory homelessness and found problems with it, is probably that this would not work for everyone, or even most of the people, in the chronically homeless population\textsuperscript{156}. However, the most successful Housing First service offers different levels of support\textsuperscript{157} and it may be that at least some chronically homeless people can actually sustain an exit from homelessness just through access to the right housing and that they might want this option to be available\textsuperscript{158}.

**Managing the opportunities and risks of evaluation**

The opportunities presented by evaluation centre the potential for improvement to strategies and services. Evaluation represents the chance to critically review what is being done and look for ways to deliver better outcomes.

As noted, the results of an evaluation will sometimes be very challenging, sometimes going as far as effectively recommending the partial or complete replacement of existing services and strategies. Yet while this can be interpreted as a risk, it is also an opportunity to reconsider existing approaches to homelessness and look towards improving services and strategies. An evaluation may also recommend small changes to existing practices that might significantly improve outcomes.

Opportunities exist through evaluation demonstrating the value of services and strategies, not simply in respect of preventing and reducing homelessness, but increasingly in terms of cost benefits. With a good evidence base behind it, a service or strategy can not only potentially be in a situation where it can be defended from cuts in funding, it may also be possible to make the case for expansion. Evaluations can:

- Demonstrate overall effectiveness in homelessness prevention and/or reduction.
- Show specific successes in housing sustainment, managing needs that might risk housing sustainment and in respect of social integration.
- Show cost offsets and potentially present other measures of cost benefits, for example via cost utility analysis.
- Present strengths in preventing and reducing homelessness that can result from integrated and joint working and service coordination.

\textsuperscript{157} Tsemberis, S. (2010) op cit.
Evaluation can also raise awareness of good and effective practice in homelessness strategies and services, something that can help improve standards across the EU as whole. The importance of this role is difficult to overstate, because it can greatly add to the value of an evaluation if the results can be used to inform the development of strategies and services elsewhere. Dissemination of results, particularly of larger and more robust evaluations, is essential if evaluations are to be of general benefit and attention should be paid to:

- Providing clear and accessible summaries of the results and key lessons that are of potential use to service providers and policy makers.
- Providing summaries in several EU languages.
- Ensuring that evaluators discuss and talk about the results at events for service providers and policymakers and that presentations and discussions are accessible via the Web.

Evaluations can also add positively to general debates about homelessness within the EU, debates which can inform and influence the range and nature of strategic and service level responses towards homelessness. A well conducted evaluation is able to say quite a lot about homeless people, reporting the needs, characteristics, experiences of homeless people alongside with their views on services and strategies. Evaluations can inform and extend debates about the nature of homelessness and what needs to be done in order to prevent and reduce homelessness.

For example, evaluations are increasingly indicating that services that recognise homeless people as fellow human beings, respect them and give them choices in their lives tend to be much more effective in delivering housing sustainment. The results of these evaluations can be used to discuss and explore attitudes about homeless people and may cause policymakers and some service providers to reconsider their use of some existing service provision159.

The risks of evaluating and the risks of not evaluating

A major reason to undertake evaluation is to make a clear case for service or strategic effectiveness and cost benefits. This is not achieved if an evaluation is too weak to produce good quality, defensible results about how effective a homelessness strategy or service is160. There are also risks because the results of a badly designed evaluation may misdirect limited resources towards a service or a strategy that is not very effective, when the money could actually be better spent elsewhere. If one is going to evaluate something, there is little point in doing it unless it is done properly. This does not just mean experimental evaluation, a well conducted, affordable observational evaluation is also very useful.

Another risk is essentially political. There is the possibility that a strategy or service model that has been advocated by politicians, policymakers or by service providers will be shown to be less effective than was thought or hoped for. Deciding to undertake a robust evaluation is a risky decision in this sense, because a good evaluation is quite likely to find at least some faults and limitations within any strategy or service model. No policy is ever perfect161. While it an evaluation is perhaps unlikely to report a near-total failure, the conclusion that an approach is partially effective, or less effective than an alternative, might be enough to shorten the life of an existing, or new, homelessness strategy or service model.

These are also risks attached to setting targets in advance of introducing a strategy or service model and using an evaluation to monitor progress towards those targets. There is far less risk in having a general goal to show demonstrable success in preventing and reducing homelessness, than in having to meet a specific target by a specific date.

The Finnish strategy seeks to end long term homelessness by 2015 and the Danish strategy sought to end temporary accommodation use by young people. London’s ‘No second night out’ strategy for people living rough has pledged that no-one should ever spend more than one night on the streets and to end living rough. The risk in setting specific targets like these is that shortfall on a particular target can quickly become portrayed by mass media or hostile politicians as a ‘failure’. In this situation, all the progress made by a strategy and service can be lost to sight. Say for example there was a goal to reduce living rough in a city by 50% over the course of three years, if a 47% reduction were achieved, this would be a ‘failure’, perhaps jeopardising services or a strategy that were, actually, basically successful. By contrast, without a set target, an evaluation could report the 47% reduction as the considerable success that it would actually represent.

One way to manage the risks of evaluation is simply not to evaluate services or strategies. This is an understandable reaction given an evaluation might have negative results, but may now, in the harsh light of ongoing austerity and budget cuts, actually be an increasingly dangerous strategy.

Without robust and clear evaluation data that show the value of an existing homelessness strategy or service model, both in terms of preventing and reducing homelessness and in terms of cost benefits, it may prove difficult to defend strategies and services from budget cuts. For the foreseeable future, welfare budgets in general, and homelessness budgets in particular, are very likely to significantly contract across much of the EU and, in many cases, the cuts to homelessness budgets are likely to often be severe.

As the recession continues, national, regional and municipal governments within the EU will not stop asking questions about the cost benefits and effectiveness of homelessness services and strategies, even going to the point of asking whether they are cheaper than not doing anything about homelessness. For example, the ‘Green Book’, produced by HM Treasury in the UK as guidance for central government programme evaluation, notes (p. 4, emphasis added):

"The first step is to carry out an overview to ensure that two prerequisites are met: firstly, that there is a clearly identified need; and secondly, that any proposed intervention is likely to be worth the cost. This overview must include an analysis of the negative consequences of intervention, as well as the results of not intervening, both of which must be outweighed to justify action."

An absence of robust, externally verifiable, evidence of effectiveness and cost benefits leaves a strategy or service potentially politically vulnerable. This is because there is no evidence – at least no robust evidence that is difficult to dispute – that says an approach works well, produces few if any undesirable side effects and is cost effective. Evaluation can also be used as a powerful lobbying tool within government structures. For example a municipality can make a well-evidenced case in favour of continued funding for a homelessness strategy to a regional or national government that helps fund that strategy.

There is, of course, a very obvious example of what robust evaluation can achieve and that is Housing First, a service that began in one city and which is now spreading across homelessness service sectors and homelessness strategies throughout the developed world. The evaluations of Housing First showed a service model that was politically attractive, i.e. more effective and cheaper or at least no more expensive to run. The political attractiveness of the model is important in explaining the spread of Housing First. However, without the evaluations, Housing

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162 http://www.nosecondnightout.org.uk/
First would not have had the means to show successes in housing sustainment or to become what is effectively a global phenomenon\textsuperscript{165}.

Not all homelessness service providers are in a position where they need to make the case for their services to governments. This means evaluation does not need to be undertaken to allow defence against cuts or to make the case for further investments in a particular service. However, there is still the strong case for undertaking evaluation to check that services are working well, to explore the potential for improvement and to ensure that resources are being utilised as successfully and efficiently as possible in preventing and reducing homelessness.

\textsuperscript{165} Pleace, N. (2012) op cit.