

USING EVIDENCE TO END HOMELESSNESS

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Contrasting traditions in homelessness research between the UK and US

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You only need to take a quick glimpse at the Centre for Homelessness Impact's (CHI) Evidence Finder¹ to notice the contrast between the types of homelessness studies produced in the UK and the US. While in the US a large volume of quantitative 'impact' studies on homelessness has been generated over many years, homelessness researchers in the UK have tended to be concerned, at least until recently, with more qualitative and conceptual forms of exploration and evaluation. This has profound implications for our ability to answer pressing policy and practice questions, which often require mixed methods approaches that attain both breadth and depth of understanding.

This contrast between the US and UK extant homelessness literatures can be traced back to the different research traditions that have emerged over the years on opposite sides of the Atlantic (Fitzpatrick and Christian, 2006). In the UK, applied housing studies specialists have tended to dominate academic research on homelessness, with the important role played by domestic legislation in tackling homelessness in the UK also meaning that there is a strong tradition of socio-legal scholarship in this field (Cowan, 2019). More theoretical contributions in

the UK, as in the US, often emerge from urban geography or sociology perspectives (Lancione, 2013), although a sharply contrasting conceptual approach within the UK now sees mainstream moral philosophy applied to the ethical challenges and dilemmas that abound in homelessness policy and practice (Watts et al, 2017). Health-orientated research on homelessness has generally been relatively marginal to the policy debate in the UK, not least because it is often very narrowly focused (for example on oral health or blood-borne viruses among specific homeless subpopulations). That said, there is now increasing engagement from UK-based public health specialists in the ‘complex needs’ of homeless people who face compounding problems of substance misuse, mental ill-health and/or involvement in the criminal justice system (Aldridge et al, 2018; Luchenski et al, 2018).

In the US, by contrast, psychological, sociological and medical perspectives have long played a central role in homelessness research, along with significant contributions from social policy and economics scholars. The prominence of these clinical perspectives, and a more quantitative approach in the social sciences more generally, has engendered a research tradition heavily slanted toward statistical research and policy and programme evaluation. This is not to minimise the extent, rigour or quality of qualitative research in the US but, on balance, it is quantitative analyses that have dominated research and policy conversations. This is due in large part to pressure from government and private funders alike to prove the efficacy and financial efficiency of homelessness programming, with robust evidence of success often required to justify increased spending on homelessness and other social policy priorities.

Regardless of any country’s research traditions, a wide range of disciplinary perspectives have valid contributions to make in tackling homelessness, and more extensive engagement between scholars across the developed world in recent years has enriched our respective research traditions. One benefit of this international engagement has been to draw out ever more clearly the importance of striking a balance in research efforts such that we are able to stand back and identify the fundamental drivers of homelessness – and the broader societal and political

context that allows this extreme form of disadvantage to persist – while simultaneously engaging in robust evaluation of targeted, practical responses that seek to prevent or alleviate homelessness in the here and now. This balance requires attention to both the macro and the micro scale, and to both qualitative and quantitative methods of analysis.

In the UK, however, a preoccupation with more theoretical and political concerns on homelessness has, at least arguably, meant a relative neglect of robust evaluative research on targeted interventions. Such micro-level initiatives proliferate in the UK homelessness sector, but very few have undergone rigorous evaluation, with cost–benefit and other quantitative techniques a particular rarity. Given the ‘80 per cent rule’ – that most interventions when scrutinised closely turn out to be ineffective (White, this volume) – this is clearly a matter of concern.

In the US, on the other hand, the emphasis on quantitative impact evaluation has a tendency to limit the survival and proliferation of ineffective or financially inefficient programmes. Politicians and philanthropists alike boast about cost-savings and return-on-investment, and often require that grantees maintain an administrative database that allows the programme to report on utilisation and conduct – often through a third party – an outcome evaluation that may include comparison to a control group or incorporate some measure of cost–benefit analysis. Some funders, like the Robin Hood Foundation, have developed a reputation on this front, which includes collecting through primary or administrative records any data reasonably related to the programme being funded.

On a larger scale, the US Department of Housing and Urban Development (HUD) – far and away the largest funder of homelessness-related services – requires grantees to maintain and enter data into a Homeless Management Information System (HMIS), from which the federal government produces point-in-time and annual estimates of homelessness prevalence. Beginning this fiscal year, HUD is moving another step into the direction of national performance measurement, using a new longitudinal systems analysis (LSA) tool that will evaluate community-level performance in key homelessness metrics, such as number of placements into permanent housing and returns to

homelessness. The focus on outcomes and performance metrics, however, often overshadows qualitative research that offers extensive depth into the experience of the lives and service needs of those experiencing homelessness.

There is therefore significant opportunity for improving the effectiveness of efforts to address homelessness through closer collaboration between disciplines and countries, improved data and evidential techniques and, where necessary, via a rebalancing of research investments. Here we explore the UK and US traditions with a view to identifying how new opportunities presented by developments in the field might help forge a path to better homelessness research and, more importantly, better homelessness responses.

The importance of mixed methods: the need for a rebalance in the UK

Historically, a lack of rigour in much British homelessness research has been associated with the highly policy-driven nature of much of this work, dominated by a plethora of small-scale projects closely tied to the (short-term) political objectives of either government or their opponents (Fitzpatrick et al, 2000). A great deal of this applied research on homelessness has been commissioned or conducted by pressure groups on a ‘quick and dirty’ basis for overt lobbying purposes. Paradoxically, but predictably, it has often had little credibility with policy-makers for that very reason.

At the opposite end of the scholarship – but not ideological – spectrum has been intensely and self-consciously ‘academic’ research, generally of a highly esoteric and abstract nature, that uses the predicament of homeless people as a vehicle for positing some bigger claim about the evils of capitalism, neoliberalism, and so on. Such so-called ‘critical’ research, far from being ‘risky’ to undertake, is now firmly embedded as the orthodox, almost compulsory, perspective to adopt in certain UK (and indeed European) academic circles. The urban and cultural geography milieu spring to mind in this regard and, so too, some variants of anthropology, where a voyeuristic fascination and lionisation of street homeless people’s lifestyles seems to replace any urgency

about addressing the immiseration they face. Sensibly, policy-makers, in the UK at least, seem largely oblivious to this kind of scholarship and, when they do encounter it, recognise it for what it is: self-referential agitprop.

However, it is also important to appreciate that, between these extremes, there is a long history of insightful, practically orientated qualitative research on the experiences, perceptions and priorities of people who are homeless in the UK (Fitzpatrick et al, 2000; Mackie et al, 2017). The lacuna has rather tended to lie in more fundamental or ‘basic’ quantitative research about the prevalence of homelessness and its underlying causes and drivers. Respectable statistical work, that is both conceptually informed and empirically robust, has therefore tended to be hard to come by. In particular, and despite all the insistence in the British academic tradition about the predominance of ‘structural’ causes of homelessness (Fitzpatrick et al, 2011), until recently, very little attempt had been made to demonstrate or test this proposition empirically (Alma Economics, 2019a; though see Bramley (1988) for an early exception). This may in part reflect the sense that the structural causation of homelessness is an indisputable *a priori* article of faith among some in the British academic community (Fitzpatrick, 2005). More prosaically, the quantitative research skills required to model and test the influence of macro-level structural factors on trends in homelessness, and relationships at aggregate level, have traditionally been in short supply among homelessness researchers in the UK.

This is now changing, with a series of more serious quantitative treatments of the scale, nature and impacts of homelessness in the UK emerging, to complement the richness of the predominant qualitative tradition. The growing engagement of health-related disciplines is helping enormously in this rebalancing endeavour (see also Marshall and Bibby, this volume). For example, the strong association between poor health and homelessness was emphatically underlined by the findings of a recent administrative data linkage study in Scotland (Wagh et al, 2018). This revealed that a sizeable minority of the whole of Scotland’s population (at least 8 per cent) had been assessed as homeless or threatened with homelessness by local

authorities between 2001 and 2016. This homeless cohort were shown to have a roughly five times higher chance of dying than people of the same age and gender living in the least deprived fifth of areas in Scotland (see also Aldridge et al, 2018 on excess morbidity and mortality among homeless people and other very excluded groups).

Another recent study has quantitatively tested the claim, or at least the implication, that homelessness risks are widely spread across the UK population – as encapsulated in the oft-repeated charity sector mantra that we are ‘all two pay cheques away from homelessness’ (Bramley and Fitzpatrick, 2017). Enabled by the existence of three large-scale survey datasets that contain questions about past experience of homelessness, this paper considered the inferences that can be reasonably drawn about the causes of homelessness from data on the characteristics and circumstances of people who have had this experience.

This work demonstrated that poverty, particularly childhood poverty, is by far the most powerful predictor of homelessness in early adulthood in the UK. Health and support needs, and adverse teenage experiences, also contribute to homelessness risks, but their explanatory power is less than that of childhood poverty. Social support networks are a key protective ‘buffer’, but again the link with homelessness is weaker than that with material poverty. The odds of becoming homeless are greatest in higher housing pressure areas, but these additional ‘area effects’ were considerably less important than individual and household-level variables. Two vignettes, drawn from either end of this risk spectrum, were presented to illustrate the point (see Figure 7.1).

Quantitative modelling of current and projected levels of homelessness in the UK, also developed by Glen Bramley (2017: 1), concluded that, alongside poverty, the other key drivers included:

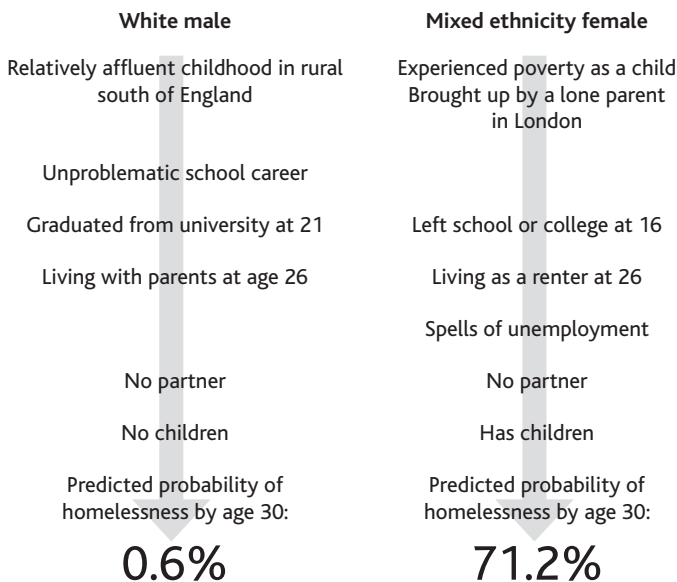
[the] availability and affordability of accommodation, the extent to which prevention measures are used, and the demographics of people experiencing homelessness. Using a series of ‘what if’ scenarios the model has shown that cessation of welfare cuts

and focused prevention activity can make an impact on levels of... homelessness but this is limited if not accompanied by investment in affordable and accessible housing supply.

UK government ministers do not necessarily accept this characterisation of the causation of rising homelessness in England, especially the link made with welfare reform. However, what is encouraging from an evidential perspective is that the Ministry of Housing, Communities and Local Government (MHCLG) and the Department for Work and Pensions have jointly commissioned a feasibility study to develop a new suite of quantitative, predictive models of homelessness and rough sleeping in England (Alma Economics 2019a, b, c; see also Aldridge, this volume).

There is, then, some progress with respect to this ‘big picture’ understanding of homelessness in the UK, but a major gap remains with respect to robust evaluations of targeted

Figure 7.1: Homelessness risks in the UK



Source: Bramley and Fitzpatrick (2017)

interventions (Mackie et al, 2017). CHI's Evidence and Gaps Maps work demonstrates that, while many qualitative evaluations of homelessness services exist in the UK, these tend to be small-scale and short-term in nature, and are very often conducted by those with a vested interest in demonstrating the value of a particular intervention (White et al, 2018). While these studies are generally characterised as 'process' or 'implementation' studies in systematic review exercises – in contradistinction to quantitative 'impact' or 'effectiveness' evaluations (White, this volume) – most do in fact make some attempt to analyse intervention effectiveness, even if these attempts frequently lack rigour. Qualitative evaluations conducted by independent researchers tend to have much greater integrity and robustness, for obvious reasons, and can provide rich insights into medium or longer-term outcomes when they contain a longitudinal component.

Nonetheless, rigorous quantitative evaluations are vital in enabling the sorts of research questions that require measurement – such as the cost-effectiveness or relative effectiveness of individual interventions – to be systematically addressed, and would allow the statistical generalisability of the existing qualitative findings to be tested. Yet, experimental and quasi-experimental approaches remain unusual in the UK homelessness sector, and even today it is rare for evaluations to include a comparison group or 'synthetic' controls (though there are some exceptions in recent evaluations of government-funded programmes, including the ongoing Rough Sleeping Initiative (MHCLG, 2019). Such comparison groups are essential in facilitating systematic assessment of the added value of homelessness interventions and the relative merits of different sorts of interventions. The outstanding example here is the tremendous international impact of the US-originating 'Housing First' model for addressing chronic homelessness, which can in large part be attributed to the robustness of the randomised controlled trial (RCT)-backed evidence base that supported this radical approach (Padgett et al, 2016).

The US tradition of homelessness research: balancing the methodological seesaw

Homelessness research in the US has found various disciplinary homes. Early research, from the tramp, Great Depression, and Skid Row eras from the 1890s through the post-Great Depression era, was largely the domain of sociologists (Lee et al, 2010). But as homelessness began to emerge as a public, and public health, concern in the 1980s, work on homelessness accelerated and spread and, with it, the methods used to understand its causes, demographics and solutions. In particular, as government became increasingly involved in the management and resolution of homelessness and required the systematic collection of data, homelessness research moved from a body of literature built on primary data to one built on the administrative data being collected in the course of business.

Anne Shlay and Peter Rossi's seminal 1992 article in *Annual Review* summarised the vast body of interdisciplinary homelessness research conducted through the 1980s and very early 1990s (Shlay and Rossi, 1992). This was, as Lee and colleagues wrote in 2010 and Shlay and Rossi wrote at the time, the 'new' research on homelessness – their summary included more than 60 empirical national and local studies of homelessness, all based on interviews with people in shelter and those on the streets. Within just a couple of years, it became clear that the nature of empirical homelessness research was fundamentally changing.

As managing and solving homelessness increasingly became the domain of local areas and the federal government, a better understanding of the scope of homelessness and characteristics of those experiencing it became increasingly necessary, spurring the development of HMIS (Poulin et al, 2008). New York City created the first such system of its own initiative in 1986 and the city of Philadelphia developed an HMIS as a way of tracking 'purchase of service' orders submitted by local shelters in 1990. Though this rolled out slowly – by 1999, HUD deemed only 12 jurisdictions as having adequate 'coverage' – the promise for operationally meaningful research became readily apparent (Culhane et al, 1994; Culhane et al, 1996; Poulin et al, 2008).

HUD, seeing the operational and research potential of this data, produced national HMIS data standards in the early and mid-2000s and by 2005, 93 per cent of jurisdictions receiving HUD homeless service funding had implemented, or were in implementation or planning stages of, an HMIS. HMIS is now required for funding by HUD.

The availability of data – largely a result of a metrics-driven performance management culture that became prevalent during the 1990s and 2000s – allows for a deeper understanding of the causes and dynamics of homelessness and provides information on how to end it. Research through the 1980s and 1990s on the impact of changes in the housing and labour markets on homelessness, among other macroeconomic forces, was largely speculative without an accurate accounting of flows through the shelter system. Precise measures of shelter utilisation in New York City in the 1990s and 2000s allowed Cragg and O’Flaherty (1999) and O’Flaherty and Wu (2006) to conduct time-series analyses tracking monthly shelter use rates in New York City against unemployment rates, broad-spectrum macroeconomic indicators, and shelter system policies. The collective findings of these two papers – that economic downturns, not the use of subsidised housing, result in net increases in homelessness – would not have been possible previously. O’Flaherty and Wu could even point to an uptick in shelter caseload in the immediate aftermath of the 11 September 2001 terrorist attacks (O’Flaherty and Wu, 2006; Poulin et al, 2008).

Shelter data have also been helpful for research and government-led efforts to describe the homeless population and how they use homeless services. The Annual Homelessness Assessment Report, produced annually for the US Congress since 2007, provides point-in-time and annual statistics on the extent of homelessness and the characteristics of those using homelessness assistance services. These national data have been critical in better understanding the disparities in homelessness risk. For example, African-American households are 4.7 times more likely to experience homelessness than a white household and women veterans are more than twice as likely to experience homelessness compared to other women (Montgomery, 2016; National Alliance to End Homelessness, 2019). This robust data

collection has pointed towards the growing problem of young adult homelessness and guided efforts to address it.

The precision inherent in databases tracking homeless system entries and exits are the basis for our current understanding of how people use shelter, on which the federal government is building new capabilities and platforms. The typology of single adult homelessness created by Kuhn and Culhane (Kuhn and Culhane, 1998) and expanded to families by Culhane and colleagues (Culhane et al, 2007) helped to define the field's understanding of shelter use by demonstrating that the vast majority (approximately 80 per cent) of shelter users are 'transitionally homeless' meaning that they are generally homeless for one spell of two months or less, while only 20 per cent have more intensive homeless service needs. The difference between longitudinal analyses collected through administrative versus primary data are apparent in two papers published in 1997 by social welfare scholar Irene Wong. Analyses of administrative shelter records in New York City allowed for regression-driven predictors of shelter exit and re-entry among thousands of shelter users, while her work using interview data in Alameda County, CA was more limited in its ability to draw statistically robust conclusions. Beyond leveraging the work of researchers working with local data to understand these patterns, the federal government is only now creating its own tools – the longitudinal systems analysis (LSA) report – through which it and local service providers can understand how people are using their system of care. By quantifying, for example, shelter exits, re-entries, and long-term stayers, the LSA creates an opportunity for systems analysis and real-time system monitoring, inconceivable even ten years ago.

These same tools have proven invaluable in the development and testing of interventions addressing homelessness. Culhane and colleagues (Culhane et al, 2002) linked HMIS and mainstream social welfare system data in their effectiveness and cost-benefit analysis of permanent supportive housing in New York City. Using administrative data from multiple social service systems, they derived a statistically developed control group, assessed programme efficacy and provided the first estimates of the relative costs and cost offsets of PSH. Their work showed

the promise of administrative data when fewer than 10 per cent of municipalities had functioning HMIS systems. These types of evaluations have become common within local and federal systems alike.

The Obama Administration expanded impact evaluations of federal homelessness programmes, particularly as part of efforts from the US Department of Veterans Affairs (VA) that reduced veteran homelessness by nearly 50 per cent (US Department of Housing and Urban Development, 2017). The Family Options Study, a multi-site RCT of four housing interventions for homeless families, was the largest and most comprehensive homeless programme evaluation commissioned by the federal government (Gubits et al, 2016). Despite their rigour and growth, efforts of this magnitude are still rare and it is now incumbent upon HUD and others to kickstart national-level evaluations using existing data; especially feasible with its recent movement toward longitudinal analysis.

All that said, the success and opportunities inherent in quantitative administrative data should not blind researchers to its limitations. Utilisation-based measures, by their very definition, exclude those who do not access services. Among other implications, it is important to consider how this impacts the US's annual point-in-time count. Only three jurisdictions – New York City, Washington, DC, and Massachusetts – have a right to shelter, meaning that estimates of sheltered homelessness are capped by capacity, and flaws in unsheltered homelessness estimates limit their utility. Building on analyses from Hopper et al (2008), Chris Glynn and colleagues convincingly argue to increase estimates of unsheltered homelessness by 40 per cent, moving current assessments of point-in-time homelessness from 550,000 to exceeding 600,000 (Glynn et al, 2018). More generally, utilisation-based measures muddy longitudinal measures of programme success, and increased visibility and outreach may bring more people to receive services regardless of programme efficacy. This was certainly true of evaluations of the VA's efforts to reduce homelessness. Efforts to improve identification and outreach to homeless veterans – ensuring that more people received greater access to evidence-based VA homeless services

– means that the 50 per cent reduction in veteran homelessness from 2010 to 2017 is a likely understatement of the efficacy of its expanded prevention, rapid rehousing, and supported housing programmes.

This limitation similarly confounds efforts to measure the success of programmes designed to prevent or end homelessness by tracking individuals through a single jurisdiction's records. A notable limitation of Byrne et al's (2015) effort to document the efficacy of the VA's prevention and rapid rehousing programme is that success is determined by whether or not a programme recipient appears in subsequent VA homeless programme records; someone who leaves the programme and seeks community-based shelter is incorrectly marked as successfully avoiding future homelessness. This is true more broadly as well, as local systems are unaware of homelessness after a programme exit if an individual uses shelter in another jurisdiction or even sleeps on the street down the block.

This remains true as administrative data are increasingly integrated across agencies and systems to understand the expanse and intersection of needs of people experiencing homelessness. As homelessness data are increasingly linked to records from other social service and healthcare providers, the absence of a matching record should not be conflated with absence of a condition. The absence of child welfare records does not equate to an absence of childhood adversity, for example, and just because a shelter user does not have a matching record in healthcare records does not mean that they do not have a diagnosable health condition, only that they have not received attention for that condition. Even for quantitative analyses, primary data allow researchers to collect data outside of the scope of administrative data, and Marybeth Shinn's iterative attempts at predicting homelessness among high-risk populations is an example of its value (Shinn et al, 2001; Shinn et al, 2013). By interviewing families and single adults seeking homelessness prevention services, she and her team have produced algorithms that combine existing agency records with self-reported data about household characteristics like residential instability, household discord and adverse childhood experiences that would not be apparent through any agency's system.

More broadly, quantitative analyses, particularly those reliant on administrative data exclusively, lack the depth provided by qualitative methods. Our understanding of the experiences of people affected by homelessness – the long-term and proximal causes, the trauma of homelessness itself and the quality of life post-homelessness – has been informed by interviews in which research subjects are valued as experts. The growth of quantitative analysis stemming from administrative data have neither ended nor reduced the value of these methods, although they may have stolen the spotlight. The qualitative analyses of the Family Options study offered nuance in the traumas imposed by homelessness and the trajectories created through the tested interventions, but those findings have been overshadowed by quantitative assessments of success and failure (Gubits et al, 2016). The proliferation and growing confidence in administrative data will undoubtedly produce quantitative analysis of growing complexity and value, but researchers and policy-makers alike must be attuned to its limitations and continue to invest in the qualitative tools that inform our understanding of homelessness's human experience.

Future priorities and shared opportunities

Despite these strong contrasts between the UK and US research and policy traditions and priorities, it is clear that there are also some common priorities and opportunities for future development, many of which are shared by other developed nations.

For example, while there is widespread agreement that 'prevention is better than cure' with respect to homelessness, and many other social harms (Coote, 2012), most countries across the developed world struggle to turn this aspiration into reality. A lack of credible data to focus preventative efforts is a major part of the problem. The sort of statistical and forecasting evidence that is now developing in the UK is especially important in developing tools for more 'universal' or 'upstream' forms of homelessness prevention, to identify the welfare, housing and other structural 'levers' that must be activated to lower overall population-level risks (Bramley, 2017). While such evidence on

its own is unlikely to drive policy reform, it can help to reset the parameters of public debate, providing useful ammunition for those seeking progressive change and guiding them on their key lobbying priorities. A clearer set of definitions and improved data to capture marginalised groups not currently well represented in conventional surveys and statistics is a necessary prerequisite to better monitoring, forecasting and policy impact assessments (Bramley et al, 2018).

US policy-makers have similarly struggled to move resources upstream. While some researchers have been pushing for a shift toward a prevention-centred approach since the early 1990s (Culhane, 1993), and Shinn and a series of colleagues wrote a series of papers over two decades fine-tuning targeting of prevention services, supporting research has largely lagged behind policy expansion (Shinn et al, 2001, 2013, 1998). Municipalities like Philadelphia and New York developed homelessness prevention efforts in 1998, and in 2009 the American Recovery and Reinvestment Act, more commonly known as President Obama's economic stimulus bill, pushed the nation as a whole in that direction (Culhane et al, 2011). The bill included \$1.5 billion for three years of funding for homelessness prevention and rapid rehousing and, while that funding ended in 2012, the federal government has continued that approach.

Most broadly, the 2009 HEARTH Act changed the Emergency Shelter Grant programme to the Emergency Solutions Grant programme, through which prevention is an allowable expense. In addition, the VA's Supportive Services for Veteran Families programme – which grew from \$60 million in 62 per cent of communities in its pilot year to \$414 million in 98 per cent of communities in fiscal year 2017 – is the largest single homelessness prevention and rapid rehousing programme (US Department of Veterans Affairs, 2018). The evidence supporting homelessness prevention is still relatively scant. Byrne and colleagues demonstrated strong housing stability rates among veteran households served by prevention services and the quasi-experimental and RCT of New York City's Homebase homelessness prevention programme showed that those who received services enter shelter less frequently, and spent less time

in shelter, than a control group (Byrne et al, 2015; Goodmany et al, 2016; Rolston et al, 2013).

International evaluations and comparative research also has a potentially major role to play in identifying the policy and structural factors that drive homelessness, particularly at national level. It has been hypothesised by a range of authors that countries with benign social and economic conditions – well functioning housing and labour markets and generous social security policies – will have a low overall prevalence of homelessness, but that a high proportion of their (relatively) small homeless populations will have complex personal problems (Stephens and Fitzpatrick, 2007; Shinn, 2007). The reverse has been posited to hold true (high prevalence/lower proportion with support needs) in countries with a more difficult structural context. The available comparative evidence is limited but tends to support this hypothesis (Toro, 2007; Stephens et al, 2010). For example, Benjaminsen and Bastholm Andrade (2015) found that Denmark, with its robust welfare state, had levels of shelter use that were substantially lower than those in the US, but also that the ‘transitionally homeless’ in Denmark were more likely than those in the US to suffer from mental illness and substance misuse. But systematic cross-national research such as this is all too rare in the homelessness sector.

Another fruitful way forward may be to exploit the ‘natural experiment’ conditions that now pertain in the UK, with homelessness law and policy diverging strongly across the four UK nations in the post-devolution period. Testing and comparing approaches and outcomes systematically across these home jurisdictions could reveal the homelessness impacts of housing, welfare and associated policies and build a more informed reform agenda. An especially exciting comparative opportunity now presents itself in the shape of the significant innovations in homelessness prevention legislation across Great Britain in the past few years, albeit that inter-jurisdictional data diversity makes direct comparison of the outcomes challenging (Fitzpatrick et al, 2019). The US, with its disparate governance structures, holds similar promise for natural experiments. Unlike most social policy experimentation in the US, in which the concentration of power at the state level has been used to assess

relative impacts of changes in cash assistance and Medicaid eligibility policies, for example, issues of homelessness often bypass the state and sit largely between the US Department of Housing and Urban Development and the more than 400 continuums of care (CoC) representing geographies as small as a city or as large as a state. While variation in CoC characteristics like size, rurality, climate, political and demographic landscape can make comparisons difficult, Byrne and colleagues (2014) and Corinth (2017) have assessed relationships between local investment in permanent supportive housing and homeless populations, and opportunities exist for others to follow suit.

Another common thread is the potential contribution of administrative data linkage for understanding and addressing the complex, cross-system needs of people who experience homelessness. The US, with its richer history of administrative data linkage in the social service sector, has a head start on its British counterpart. Among the first studies using administrative records, examining the shelter use among Medicaid-reimbursed users of behavioural healthcare, relied on linking disparate data sets (Culhane et al, 1998), and linked records have been integral in establishing the high rate of institution use among homeless adults, particularly focused on hospitals, jails, cash assistance rolls and psychiatric institutions. They have also been integral in programme evaluation as policy-makers seek to understand the full impacts of permanent supportive housing and prevention programmes on related systems and conduct cost-benefit analyses that include all related costs (Culhane et al, 2002; Rolston et al, 2013).

Increasingly, data are being linked in real-time programme administration, allowing shelter caseworkers to coordinate and track healthcare appointments. All told, though, researchers, policy-makers, and practitioners have been slow to capture the potential for cross-system linkages, as these data-sharing projects are confined to agencies with entrepreneurial leaders. Improved data governance guidance, particularly focused on data sharing, is critical to expanding these cross-system collaborations that we know open our eyes to the myriad causes and effects of homelessness and lower the costs of rigorous evaluation. For programme coordination, technology

is no longer the barrier, and additional use cases spurred on by entrepreneurial leaders will be required before these arrangements become the norm.

In the meantime, in the UK, there are myriad as yet unrealised opportunities for administrative data linkage to support longitudinal evaluations of homelessness and related interventions at much lower cost than repeat large-scale surveys. The use of data-matching methods on the Troubled Families evaluation described by Aldridge (this volume) illustrates what can be achieved, yet Waugh et al's (2018) study linking health and homelessness data in Scotland remains an exceedingly rare example in our field, certainly at national level. Ideally, one would want such data linkage exercises to include benefits, tax, education, criminal justice and other public systems in tracking relevant outcomes over time. The barriers seem more political and bureaucratic than technical in nature and, frustratingly, persist despite major government investment in 'administrative data research centres' (ADRCs) throughout the UK.

At a local level, growing interest in 'predictive analytics', that enable the identification of 'at-risk' groups, is facilitating more small-scale but nonetheless illuminating administrative data linkage exercises (Watts et al, 2019). This approach may be especially fruitful in the UK where administrative datasets underpinning the statutory homelessness system – including HL1 in Scotland, and H-CLIC in England – potentially capture a large proportion of all those experiencing even 'hidden' forms of homelessness, and can technically be linked to a wide variety of other administrative datasets managed by public authorities. However, data protection-related barriers may prove challenging, so it would be extremely helpful if all such common data systems could have built-in consent for bona fide research using anonymised linkage.

Conclusion

This review of the contrasting homelessness research traditions in the UK and US demonstrates that there is already much to build on, as well as challenges ahead, with some of these challenges apparent on both sides of the Atlantic. But we must

not lose sight of the importance of evidence in shaping the way forward in improving homelessness prevention and alleviation.

One key reason why evidence is so important is to overcome inertia and innovation barriers associated with ‘path dependency’ among existing homelessness policies and services. In other words, once people, resources and organisations are invested in a particular model of intervention, it is very difficult to change tack, even if there is little sign that the intended outcomes are being achieved. Good evidence can assist in a constructive change management process that empowers people and institutions to move in a different, more effective direction without engaging in a blame culture. It is critical to enable, as well as challenge, both statutory and third-sector organisations to move away from their ‘institutional stake’ in existing ineffective approaches.

The contribution that robust evidence can make to bringing about sometimes radical change, even in the face of strong path dependency, is demonstrated by the remarkable speed with which Housing First has taken root across the developed world in recent years, as noted previously in this chapter (Padgett et al, 2016). However, a contrasting example of a very ‘political’ policy process can be found in the ready embrace of the very different, but also US-originating, ‘common ground’ model of homeless accommodation across Australia. Federal backing of this approach proceeded in the face of a complete absence of supporting evaluative evidence, but with the enthusiastic backing of an ‘advocacy coalition’ that enjoyed high level political support (from the Australian prime minister’s wife) (Parsell et al, 2013).

Good evidence is also vital in dispelling falsehoods such as the idea that ‘any of us can become homeless’ (Bramley and Fitzpatrick, 2017). While such ‘inclusive’ narratives may appear progressive on the surface, they do serious damage by distracting attention from the structural inequalities that in reality drive homelessness risks. They also play to self-serving ideological agendas on the part of politicians far more comfortable with the notion of complexity and heterogeneity in homelessness than the reality of identifiable and preventable risk, amenable to public policy interventions. Evidence is likewise crucial in

challenging public misconceptions that charitable efforts to help people experiencing homelessness, whatever form they take, are necessarily a good thing, or at least can do no harm. The practical consequences of all such voluntary actions should instead be subject to critical, evidence-based scrutiny (Parsell and Watts, 2017).

One final point to acknowledge is that systematic reviews and meta-analyses potentially have much to offer in the homelessness field, as in so many others, in determining and championing ‘what works’ (White, this volume). But the necessary underlying empirical evidence base – which is currently underdeveloped in homelessness – must exist for these synthesising methods to deliver maximum value. Leaving aside Housing First and certain health-specific interventions, quantitative evaluations that would meet the usual ‘gold standard’ evidence thresholds for systematic reviews are rare in the homelessness field outside the US. Thus, investment in more robust primary evaluations – both quantitative (‘experimental’) and qualitative (‘realistic’) in nature – needs to be a priority in the UK and elsewhere.

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Note

¹ <https://www.homelessnessimpact.org/evidence-finder>.

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