



## The curious case of Housing First: The limits of evidence based policy

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### ABSTRACT

Evidence Based Policy has been articulated and practiced in Europe, particularly under the 'New Labour' policies of the former Labour government in the United Kingdom. In the United States, the impact of research on policy has been inconsistent due to differing relationships between researchers and policy makers. This paper gives an overview of evidence based policy and presents critiques based on its reliance on positivist methods and technical approach to policy making. Using these critiques as a framework, the paper discusses the case of Housing First, a policy adopted by the Bush Administration in order to address the problem of chronic homelessness. The case is an example of research driven policy making but also resulted in a progressive policy being promoted by a conservative administration. In discussing the case, the paper elaborates on the relationship between evidence and policy, arguing that evidence based policy fails to integrate evidence and values into policy deliberations. The paper concludes with alternative models of policy decision making and their implications for research.

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### 1. Introduction

Although evidence based practice has now become prominent within social welfare systems due to demands for accountability and judicious use of public dollars (Dzeigielewski & Roberts, 2006), the idea of evidence based policy is still novel within the United States. The evidence based practice movement has engendered intense debate both in Europe and United States over what constitutes knowledge, the role of practitioner decision making, and how research is disseminated and translated into practice (Marsh & Fisher, 2008; Mullen & Streiner, 2006; Pollio, 2006; Webb, 2001). Shifting the debate from practice to policy carries with it some of the same concerns, but also adds another layer of considerations as evidence based policy moves beyond the implementation of specific practices to decisions made within the democratic arena.

In the United States, federal and state governments have tapped into social sciences to inform social problems to varying degrees (Wilensky, 1997). The notion of evidence based policy creates the expectation that research is instrumental and that policy making is a technical and rational process that can be determined by empirical data. This paper introduces the concept of evidence based policy and describes its emergence in the United Kingdom, where 'New Labour' made it a center piece of their governing philosophy. Building on responses to evidence based policy in the United Kingdom and ongoing scholarly debate over the relationship between policy and

research, this paper will consider the implications of evidence based policy in the U.S. context. The discussion will focus on the case of Housing First, a housing model which has been promoted as a policy solution to chronic homelessness (Tsemberis & Eisenberg, 2000). Due to the way the research was conducted and presented, a socially conservative government (the Bush Administration) adopted a socially progressive policy. The paper presents the case of Housing First to illustrate how empirical research is ultimately limited as an arbiter among social welfare policies.

"What matters is what works"

While there is no agreed on definition for evidence based policy (EBPol), the expectation is "that policy initiatives are to be supported by research evidence and that policies introduced on a trial basis are to be evaluated in as rigorous way as possible" (Plewis 2000, p. 96). Research can inform all aspects of the policy process including: problem identification, solution identification, arbitrating between alternative solutions, exploring implementation processes, and evaluating outcomes. As with evidence based practice, the stated purpose of research is both to increase the accountability of government policies in relation to effectiveness and also to identify areas of improvement. Underlying EBPol is the assumption that social problems are amenable to the scientific process and that the process of applying research to these problems can provide viable solutions. Research findings are presented as reliable and objective due to their reliance on positivist methods, which measure outcomes, provide generalizable results, and produce causal models to predict future outcomes (Fischer, 2003). The methods rely on abstracting and

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reducing aspects of the human condition to manageable measurable constructs so that alternative explanations or solutions can be compared objectively using statistical analysis. For EBPo's proponents, the search for "what works" is guided by survey research, experimental and quasi-experimental designs, cost-benefit analysis and system analysis.

Under the leadership of Tony Blair, the Labour Government promoted evidence based policy with the simple mantra "what matters is what works" (Davies, Nutley, & Smith, 2000). After their election in 1997, the Labour government sought to distance themselves from the image of old Labour, which had been perceived as resolutely ideological and beholden to the politics of the militant left. Instead, New Labour campaigned on an agenda of modernization that touted "the third way", meaning that policies would not be dictated by ideology but instead derived from decision making that would respond directly to the articulated needs of the citizens. This "post-ideological" approach embraced the use of social science to inform policy making. In a speech to the Economic and Social Research Council, Secretary of State for Education and Employment David Blunkett articulated Labour's position,

*This government has given a clear commitment that we will be guided not by dogma but by an open minded approach to understanding what works and why. This is central to our agenda for modernizing government: using information and knowledge much more effectively and creatively at the heart of policy-making and policy delivery (Blunkett, 2000).*

Although the Labour rhetoric presented an appealing sense that research can elucidate "what works" in order to fulfill the vision of a pragmatic government, there was some acknowledgment that policy making is more complex. The Modernizing Government White Paper (Cabinet Office, 1999) recognized that authority, tradition, the judgment of policy makers, values, ideology, and lobbying groups all play an inevitable part in the political arena. Nonetheless, Labour promoted the power of "A-B Knowledge" and posited that with such knowledge the government could make the hard decisions needed to address intractable social problems. Labour were also clear that the research they were envisioning was large scale studies, again to bolster the idea that research is offering generalizable and maybe even incontrovertible answers to questions of social policy (Parsons, 2002).

The rise of EBPo within New Labour was facilitated by the large increase in research being generated both by government bodies and independent "think tanks" (Davies et al., 2000). Under Thatcher, the emergence of the managerialist approach to public services relied heavily on performance evaluation and therefore, led to the expansion of performance indicators and evaluation research. Also, interest groups became increasingly sophisticated in influencing the policy agenda by producing targeted research. As evidence based practice permeated public services, particularly health care, organizations were created specifically to collect, synthesize and disseminate research, such as the National Institute for Clinical Excellence, the Cochrane Collaboration, the Centre for Evidence-Informed Education Policy and Practice and the ESRC Centre for Evidence Based Policy and Practice. Building on this ever increasing research infrastructure, the Labour government introduced a series of wide ranging "evidence based policies" including the New Deal for Communities, Sure Start and the Children's Fund.

### 1.1. The US Context

Evidence based policy has been described as "a peculiarly British affair" (Solesbury, 2001, p. 6) in the extent to which it has been articulated as a specific approach to policy making by the government. In the United States, the relationship between policy and research,

particularly social scientists and policy makers, has been more tenuous and uneven despite a growing research infrastructure, both public and private. Wilensky (1997) attributes this weak relationship to the fact that experts and social scientists are not within government but instead without, competing with advocacy groups, corporate interests and the media to have their voices heard. Governments in countries such as Sweden and Austria coordinate debate among politicians and researchers to inform long term planning, whereas the fragmented nature of social service policy making in the United States has given rise to single issue research designed to address social problems in the short-term (Wilensky, 1997). The focus has been on narrow research centered on specific programs, which are driven by separate funding streams, rather than looking across multiple programs, agencies and public service sectors and the broad array of impacts policy interventions engender (Culhane, 2008).

With the emergence of policy analysis as a profession in the United States in the 1950s, there was the expectation that social sciences could play a central role in the democratic process. Policy science, drawing from multidisciplinary expertise, has the task of both studying the policy making process, itself, and to improve the access policy makers have to research that can inform their policy making. Lasswell (1951) an early proponent of policy science, sought to create a discipline that would mediate between policy makers and researchers by producing objective solutions that would minimize "unproductive" political debate. However, he also argued that policy science should have a problem-oriented focus that was contextual in nature and an explicitly normative orientation. The vision for the policy analysis profession was as a democratic force that would assist the public to navigate the complex realities of techno-industrial society, big government, and corporate capitalism (Fischer, 2003). However, as the policy science profession developed, it became more focused on producing technically oriented information and less focused on normative concerns.

The impact of research utilization in the United States has been complex and difficult to assess. Weiss (1979) conceptualized the following models of research utilization: knowledge driven, problem solving, interactive, political, tactical, and enlightenment. Knowledge driven describes a linear relationship starting with knowledge generation and ending in application, whereas problem solving describes using research to provide solutions to a pre-existing policy problem. But Weiss (1979) argues that these linear models rely on the assumption that research will have an apparent and direct application to the problem and that the research will be communicated effectively to the decision makers. Alternatively, the interactive model describes researchers being one of many influences on policy making and that its effect is indirect and mediated through the consensus process. The political and tactical models describe a relationship where research more clearly serves political ends, being used and generated only to serve and defend pre-existing positions and interests rather than offering new perspectives and solutions. The enlightenment model posits a more diffuse relationship between researchers and policy makers with research "percolating" up through various sources such as journals and the media to shape, in some indirect way, the way policy makers understand and seek to intervene in social problems (Weiss, 1979). The relationship, therefore, between policy and research has not been consistent, sometimes directly influencing policy outcomes in the way envisaged by evidence based policy but at other times, its influence has been diffuse and mediated by political factors.

### 1.2. Positivism and policy making

As with evidence based practice, EBPo has been subject to considerable criticism, particularly in relation to its positivist foundation. Critics argue that: positivism oversimplifies a complex process; positivism is not as objective as it purports to be but instead

embeds values into policy making that are not stated; and that EBPoL disempowers the citizenry by placing policy decisions in the hands of technicians. In the debate over evidence based practice, [Webb \(2001\)](#) argues that a combination of scientism and managerialism drives evidence based practice to regulate practitioner activities to such an extent that its dictates become irreconcilable with the everyday reality of social services provision. When considering evidence based policy, the shift from individual clinician and client to policy makers and their constituents both intensifies and adds to the limitations evidence has in arbitrating decisions about the human condition, which are essentially normative and deeply complex.

The success of positivist methods within social science relies on the ability to corral human behavior into manageable measurable constructs. As a result, social problems are decontextualized and simplified in order to generate unambiguous policy solutions. But in a given policy arena, there is rarely one stakeholder or an agreed upon outcome, but instead a myriad of competing demands on policy makers. Decisions about what needs or interests to focus on are ideological, value-based decisions. [Sanderson \(2002\)](#) argues that in EBPoL the role of values in arbitrating between competing interests, the defining feature of policy making, gets relegated to the “irrationalities of politics.” The reductionist imperative of modern policy analysis runs counter to Laswell’s belief that policy analysis must be contextual, which includes competing interests, ideology, values and electoral politics ([Torgerson, 1985](#)). This means taking rational analysis into, what Schoen termed, the “policy swamp” beyond the empirical into the realm of the interpretive and critical in order to provide a contextual orientation ([Parsons, 2002](#)).

EBPoL is especially problematic, charge its critics, because not only does it oversimplify a complex, value-laden process, but the values underpinning positivist EBPoL are covert and therefore become “givens” rather than being subject to debate. In the UK, the Labour Government promoted evidence based policy as a strategy to distance itself from its ideological past by making policy decisions based on facts derived from systematic inquiry. However, the positivist assumption that social phenomena can be abstracted, measured and compared is, itself, ideological. Positivist social science is based on a particular worldview, one in which outcomes are more important than process and outcomes can be extracted from their social and moral context ([Webb, 2001](#)). The approach values standardization, objectivity, and simplicity over ambiguity, subjective experience, meaning, and complexity. The methods assume that social phenomena are ‘real’ and not constructed, and therefore have observable cause and effect relationships that can be predicted. [Tribe \(1972\)](#) argues that the research process, therefore, defines and explores the problem within a particular framework of thought, but this framework is in Foucault’s sense “unthinkable” in that its underlying values and presumptions are not stated. The result, [Tribe \(1972\)](#) contends, is that “ideology has often sought to masquerade as analysis” (p. 66).

Research methods have also been influenced by larger political-economic forces, particularly the spread of market logics to the public sector. The trend towards neoliberalism both in the United States and Europe have placed the market as the organizing force for resource allocation ([Ramon, 2009](#)). For public services, this has meant increasing pressure to adhere to business principles and more overtly, the privatization of services. The resulting pervasive bias toward market solutions and the emergence of economic theory to inform research, has meant that economic models have shaped many aspects of research, but particularly evaluation research, including the question being asked, methodology being utilized and the outcomes measured. Problems are framed in terms of costs and benefits, reducing social problems to a common denominator in order to generate definitive “answers”. The questions that are not asked or answered by this type of research are value questions, i.e., is this the right thing to do?, and instead it focuses attention on more narrow issues of productivity and efficiency ([Judt, 2009](#)). It is not that this

type of knowledge is not important and instructive to the democratic process, but both the values embedded in cost-benefit analysis and the resulting limitations of such knowledge must be transparent and integrated into the debate.

Positivist policymaking has also been critiqued for being inherently undemocratic and disempowering ([Gavanta, 1999](#); [O’Connor, 2002](#); [Stringer, 1999](#)). Critics charge that “attempts to order people’s lives on the basis of scientific knowledge largely constitute an exercise in power” ([Stringer, 1999, p. 195](#)). When positivist knowledge is privileged over other ways of knowing, the voices and interests of those who cannot or do not want their experiences to be reduced to quantitative analysis are often ignored. Moreover, because EBPoL relies on experts with technical skill, those without that skill have less power to shape the debate. In a democratic process, policy making is the arbitration between ends and the role of evidence is ideally to inform us about possible means and ends. But because rational policy making “depends on an agreement about ends” ([Schoen, 1983, p. 40](#)), often these ends have been pre-determined by a small group of experts and embedded in the evidence before they can be subject to democratic debate. These dynamics have far-ranging effects. In reference to poverty research, [O’Connor \(2002\)](#) argues “The claim to objectivity rests on technical skills, methods, information, and professional networks that historically have excluded those groups most vulnerable to poverty: minorities, women, and especially the relatively less-educated working class, putting poverty knowledge in a position not just to reflect but to replicate the social inequities it means to investigate” (p. 11).

With these critiques as a framework, this paper discusses EBPoL in the current U.S. policy making context by focusing on the case of Housing First. Housing First, a policy adopted to address the problem of chronic homelessness, was noteworthy in the U.S. political arena for the way in which the research was utilized both to convince policy makers of the problem and the solution. Interestingly enough, the compelling nature of the research won over a politically conservative administration under President George W. Bush to adopt and promote a policy which was progressive and counters to many of the values that have served to limit the U.S. social welfare system throughout its difficult history. Therefore, despite being a victory for social justice advocates, the success of Housing First relied to a great extent on its ability to conform to rational policy making rather than on political debate about ends – namely, who has a right to housing and how resources should be allocated among people experiencing homelessness.

## 2. The Case of Housing First

### 2.1. Framing the problem

Much of the homelessness research in the United States has focused on homeless single adults, and particularly those with severe mental illnesses ([Toro, 2007](#)). The failure of deinstitutionalization to meet the needs of people with severe mental illnesses in the community drove researchers to focus their attention on this population ([Hopper, Jost, Hay, Welber, & Haugland, 1997](#); [Shinn & Weitzman, 1990](#)). Policy makers also responded to the marked increase in overall urban homelessness during the 1980s with legislation, most notably the 1987 Stewart B. McKinney Homeless Assistance Act which provided funds for Continuum of Care Housing programs.

People experiencing long-term homelessness who were suffering from mental illnesses were categorized as the “chronically” homeless, which was defined specifically as “an unaccompanied homeless adult with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years” ([United States Department of Housing & Urban Development, 2008](#)). Due to a series of landmark

studies that identified the service use patterns of this subgroup, their particular contribution to the problem of homelessness was shown in stark relief. Using cluster analysis, **Kuhn and Culhane (1998)** demonstrated that chronic users of shelters, as opposed to episodic or transitional, while only representing 11% of shelter users, accounted for 50% of the total shelter use. Once this group had been identified, researchers were able to examine their broader service use while living on the streets and, contrary to popular belief, the costs were alarmingly high in many major cities. Studies estimated the average annual per person cost of incarceration, crisis services, emergency room visits, acute hospitalization and shelter use to be \$40,500 in New York, \$112,967 in Minneapolis and \$133,333 in San Diego (**Culhane, Metraux, & Hadley, 2002; Culhane, Parker, Poppe, Gross, & Sykes, 2007**). These studies received public attention, in part, due to the incongruity of people living with nothing on the margins of society generating large bills for the taxpayer. In *The New Yorker* Malcolm Gladwell (2006) told the story of “Million Dollar Murray”, whose repeated hospital visits and arrests due to his mental illness and alcoholism cost the taxpayer \$100,000 per year, leading one police officer to say “it costs us one million dollars not to do something about Murray”. The problem, thus framed as chronic and expensive, was given priority on the policy agenda.

## 2.2. The solution

**Kuhn and Culhane (1998)** not only named the problem by highlighting this subgroup within people experiencing homelessness, but also suggested the solution by recommending that interventions should be “tailored and targeted by cluster”. In response, President Bush made ending chronic homelessness a top priority in his budget in 2003, increasing funding for homelessness programs by 35% (**Culhane, 2008**). He established the U.S. Interagency Council on Homelessness, headed up by homeless Czar Phil Mangano and launched the Collaborative Initiative to Help End Chronic Homelessness (CICH). The goal was to provide persons experiencing chronic homelessness with permanent housing funded by the Department of Housing and Urban Development and health and mental health services funded by the Health Resources Administration, Substance Abuse and Mental Health Services Administration and the Veterans Health Administration. With federal leadership and the prospect of funding, cities and states pledged to implement plans to end chronic homelessness in the next 10 years. To date, 234 communities have completed plans, which include improvements in discharge planning, outreach activities, and housing and community supports (**National Alliance to End Homelessness, 2009**). The CICH facilitated access for 150,000 supported housing units and increased federal funds to develop additional housing units (**O’Hara, 2007**).

While increasing the supply of housing to community programs was necessary, it was still not sufficient as many of these programs were failing to reach people experiencing chronic homelessness. After deinstitutionalization, the dominant model of housing for people with severe mental illnesses was the residential continuum, where people would graduate from more restricted housing models, such as group homes, to less restricted housing, such as independent apartments with supportive services (**Leff et al., 2009**). This graduated model essentially tied housing to services, as the type of housing was dependent upon sobriety and engagement in treatment, and the rejection of or failure to adhere to these requirements was often what drove people back onto the streets. However, in the 1990s the supported housing model emerged, articulated by consumer advocates, which instead called for housing that fostered community integration, honored consumer choice, and gave people immediate access to permanent independent scatter-site housing (**Ridgeway & Zippel, 1990**).

Building on the supported housing approach, Sam Tsemberis founded Pathways to Housing in New York City in 1992, based on his

belief borne out by experience doing homeless outreach that stable housing needed to be the priority in addressing the needs and preferences of people living on the streets. With a mission to engage those who had consistently been the hardest to reach, Pathways offered people immediate access to independent housing, with a market lease, which was neither contingent on sobriety nor engagement in treatment. The service model evolved into Assertive Community Treatment, an intense wrap around service model. Participants had to agree to pay rents and bills with their benefits, while other funds came from HUD vouchers for housing, Medicaid reimbursement for Assertive Community Treatment services and supplemental state and local funds. Participants were provided access to an array of treatment and social services, but the residents choose their level of participation. Consistent with this approach, the program adhered to the principle of harm reduction, i.e., providers help to minimize adverse consequences of substance use if consumers choose to continue using substances. The program was presented as a “radical” departure from supportive housing programs because it reversed the housing continuum, made service users “experts” in their own treatment, provided a right to housing, incorporated a harm reduction approach, and also integrated research and program delivery (**Greenwood, Stefancic, & Tsemberis, in press**). The first four of these are radical in the sense that they represent socially progressive values that had not been present in other programs; however, the last is more radical in the sense that other programs had not integrated research into their service delivery.

## 2.3. Proving Housing First works

It was the progressive nature of the program that drove the need for research. Although appealing to some for its emphasis on a right to housing and community integration, Tsemberis realized the program would be vulnerable to conservative critique unless he could demonstrate empirically that Pathways to Housing was “what works”. By this time, randomized control experimental design had become the gold standard for program evaluation in social welfare settings. Therefore, in evaluating the program, the researchers “used experimental program evaluation as the foundation of its efforts” (**Greenwood et al., in press, p. 8**).

The New York Housing Study (NYHS) was a four-year experiment in which 225 homeless mentally ill persons in New York City were randomly assigned to the Pathways to Housing or to linear programs. After five years, 88% of Housing First tenants were stably housed, compared with only 47% of the participants in the linear programs (**Tsemberis & Eisenberg, 2000**). Subsequent studies of Housing First programs have confirmed the positive findings of the New York Housing Study (**Bendixen, 2008**). Seven of the eleven cities funded by CIHC used some variation of the Housing First model and achieved 85% housing retention rates after 12 months (**Mares & Rosenheck, 2010**). The Department of Housing and Urban Development published the outcomes of their three city, 12-month study of Housing First programs (one of which was Pathways to Housing) reporting an 84% housing retention rate for 12 months, with 43% spending the entire year in program housing and 41% experiencing at least one departure but returning to the program (**U.S. Department of Housing & Urban Development, 2007**).

Reductions in service use have also been consistent across Housing First programs. In the NYHS study, utilization of substance abuse treatment services was greater for the continuum programs but group differences for alcohol and drug use were not significant (**Tsemberis, Gulcur, & Nakae, 2004**). In Chicago, Housing First clients were nearly two times less likely to be hospitalized or use emergency rooms as compared to a usual care group (**Bendixen, 2008**). In Denver, clients decreased emergency room use by 73%, inpatient stays by 66%, detoxification use by 82%, and incarceration by 76% (**Perlman & Parvensky, 2006**). Another important finding from the NYHS study,

was that consumers in Housing First reported more perceived choice than those in continuum programs throughout the study (Tsemberis et al., 2004).

The findings related to housing stability and reductions in service have translated into considerable cost savings. The NYHS study demonstrated that Housing First consumers generated less housing and service costs than those in continuum programs (Gulcur, Stefancic, Shinn, Tsemberis & Fischer, 2003). Culhane et al. (2007) estimated that Housing First costs ranged from \$17,000 to \$24,000 per year as opposed to the \$40,500 that was the combined cost of living on the streets in New York City. Another study in Seattle calculated that 95 Housing First clients reduced their service costs by a total of \$4 million compared to the year prior to their enrollment (Larimer et al., 2009). As cost effectiveness research drove funding for these programs, cities used this methodology to justify their continuing receipt of funds. Over 40 cities have now demonstrated cost savings using Housing First and other permanent supported housing programs to serve the chronically homeless (Culhane, 2008). The fact that Housing First has consistently demonstrated cost savings provided continued support for the argument “not only that Housing First works, but that it is also fiscally smart” (Greenwood et al., in press).

However, the research on Housing First has not been limited to quantitative designs. The National Institutes of Mental Health has funded two concurrent R01 studies comparing Housing First to traditional Continuum of Care housing programs and exploring the recovery trajectories of people in these programs (Padgett, 2010). Despite extensive published findings documenting the experiences and giving voice to the service users and providers in these programs (i.e., Padgett, 2007; Padgett, Henwood, Abrams, & Davis, 2008; Stanhope, Henwood, & Padgett, 2009), this research has not been prominent in the promotion of Housing First (Greenwood et al., in press) indicating the dominance of the positivist paradigm within policy making.

#### 2.4. Policy implementation

With the problem and solution thus framed and supported by research that included a randomized controlled trial and cost analysis, researchers were well equipped to present their case to policy makers. When presenting the research to the New York State Office of Mental Health, Shinn (2007) describes how the finding that Housing First reduced psychiatric hospitalization compared to the control was key in their decision to fund the program. The federal government officially endorsed Housing First, stating in a housing report issued by the New Freedom Commission on Mental Health “consumers prefer a Housing First approach that houses the individual or family immediately” (New Freedom Commission on Mental Health, 2004, p. 7). Mangano, himself, had in-depth meetings with Pathways to Housing and became a convert to the program convinced by its documented effectiveness, cost savings and its emphasis on consumer choice (Greenwood et al., in press). Mangano took to the road to convince cities that Housing First was an important arrow in their quiver in their fight against chronic homelessness.

The large majority of cities have now included Housing First in their local plans to end homelessness (cite). California has implemented over 100 Housing First programs funded by Bill 2034, Integrated Services for the Homeless Mentally Ill. Housing First's reach has not been confined to the United States, with Australia, Japan and Ireland considering implementation of Housing First and Canada has recently funded a \$110 million initiative to examine the effectiveness of Housing First across five cities. In terms of impact, the number of chronically homeless people living in the nation's streets and shelters had dropped by about 30% – to 123,833 from 175,914 – between 2005 and 2007, which policy makers attributed in part to the effectiveness of Housing First (Swarns, 2008).

### 3. Discussion

The story of Housing First, therefore, is ostensibly a heartening one and to some extent a surprising one, with the adoption of what is considered by many progressives to be a socially just policy by a conservative government that has expressed deep skepticism about social welfare. The role of research was central to this adoption, making it more akin to the evidence based policy making in the United Kingdom versus the more chaotic relationship between research and policy that usually prevails in the United States. MacLennan and More (1999) set out the following criteria for evidence influencing housing policy in the United Kingdom: implies policy expenditure reductions; addresses a major phase of policy rethinking; concerns a single government agency; addresses a specific policy question; is funded by the government; is effectively communicated; and is reintroduced by persistent researchers. Many of these criteria, it can be argued, applied to Housing First.

A compelling feature of the evidence leading to Housing First rested on the narrowness of its claims. The research winnowed down the problem to that of the chronic homelessness and set the question as how to convince this group of people to come off the streets. An example of single issue research, the problem was defined in terms of a particular group of single adults and their service patterns. Culhane et al. (2002) demonstrated how this group's problems were unique and therefore, deserving of targeted solutions. Correspondingly, the government responded by an initiative specifically to target that one problem – the plan to end chronic homelessness led by Philip Mangano. The solution did reflect a paradigm shift in housing, the movement away from emphasizing “housing readiness” to offering low demand permanent housing solutions (U.S. Department of Housing & Urban Development, 2007). Housing First, the solution, was presented in a similarly narrow way, with the effectiveness of the program communicated largely in terms of residential stability, cost savings, and consumer choice.

Interestingly enough, Housing First has been criticized on its failure to address broader service outcomes, namely substance abuse or that in fact, the only reason that its substance abuse outcomes were no worse was that the residents were not severely addicted (Kertesz & Weiner, 2009). These criticisms have been rebutted on the grounds that Housing First is a program to end homelessness not to reduce substance abuse, though more recent research indicates it is more effective than traditional approaches in this regard as well (Padgett, Stanhope, Henwood, & Stefancic, 2011). This exchange highlights the way in which the selection of outcomes sets the terms of the debate and set the parameters of “what works”. Embedded in that mantra are a priori decisions about what constitutes working and for who; in this case it was stable housing for the chronic homeless.

The case of Housing First illustrates the essential reductionist nature of positivist research, how it is most compelling when it is narrow and decontextualizes to produce a “clean” problem and solution. The narrowness also reflects and serves a residual approach to social welfare that defines both United States and the United Kingdom welfare systems (Esping-Anderson, 1990). Welfare policies are targeted and selective rather than universal, encouraging researchers to adopt methods to advance this particular ideological approach, identifying individual decontextualized areas of need that are not taken care of by the market. In this case, not only were the long term street homeless marginalized from the market, but also their actions were having a deleterious effect on the market. The research, therefore, served the residual agenda by categorization through cluster analysis, identification of their specific needs and how they could be met, and by calculating financial costs of not addressing these needs.

Given the weak relationship of research and policy in the US, the numbers alone were not enough to elevate Housing First to EBPol. It is clear that the combined personalities and coordinated efforts of

Dennis Culhane, a researcher with close ties to policy makers and an unusual adeptness at translating research findings to policy imperatives, and the charismatic champions Sam Tsemberis, the founder of Pathways to Housing, and policy maker Phil Mangano all served to cut through the noise and chaos of competing policy interests. Shinn (2007) argues that individual political leaders play an integral part in research influencing policy and that Phil Mangano, with his commitment to social science research and advocacy skills was central to the success of Housing First. The influence of these champions then, in turn, commanded key support of prominent figures in the homeless advocacy community at national and local levels (Greenwood et al., *in press*). Therefore, the way the research was presented by its champions was appealing and ensured that the media brought the story to public attention (Eckholm, 2006; Gladwell, 2006; Salmon, 2004; Wentz, 2006).

Therefore, one might see Housing First as a gratifying example of dismantling the master's house with the master's tools (Lorde & Clarke, 2007). But one must also consider what was absent from the policy making discussions of Housing First and what the implications of these omissions are for the democratic process. The policy making process for ending homelessness rarely engendered an overt discussion of values in terms of the moral implications of a capitalist society having people live long-term on the streets. However, it is not that values were absent from the debate but, as some have argued about evidence based policy, these values were embedded in the research methodologies and the ways in which Housing First was communicated to policy makers. And it was these more covert values that aligned the policy with the Bush Administration agenda, namely generating cost savings, facilitating the market, and minimizing perceived risk in the community. The translation of life on the streets to public dollars and cents was powerful and gained the attention of mayors throughout the country. The deliberate avoidance of framing Housing First in terms of the need to alleviate the misery of the people on the streets was a tactic articulated by Phil Mangano, who stated, "Cost-benefit analysis may be the new compassion in our communities" (Eckholm, 2006). Market values take on a hegemonic quality replacing all other values. In a way, Mangano was articulating Foucault's "unthinkable" by openly stating that compassionate outcomes must be both congruent with and stated in terms of market needs.

Another compelling issue particular to this group was their visibility. Unlike those in shelters and doubling up in homes, the chronic homelessness were on the streets for all to see and sometimes displaying behaviors that made the public feel uncomfortable and even unsafe (Corrigan, 2000). The consequences of this visibility again, could also be translated into market needs in terms of lost revenue to urban business. Also, there may have been a deeper concern about communicating a message that capitalism had somehow failed, that in the richest country in the world, people were seen openly living in abject poverty. In his visits to city mayors, Mangano (2008) described pointing out the people sleeping in city parks and indicating that he had a solution for this problem. And that the solution relied on a consumer choice model and not coercive measures also sat well with policy makers. A fundamental market principle is that people have the freedom to choose how they live and what services they receive, even people who are poor. The adoption of the term "consumer" for service users illustrates this attempt to bring market incentives and freedoms into the public health sector as a strategy to improve quality (Grace, 1991). So while consumer choice is embraced by progressive social forces, the value is also congruent with those of individualism and liberty that underpin capitalism.

While conservative values drove the adoption of Housing First as EBPoI, the model is based on progressive values. Probably the most progressive aspect of Housing First is that the program asserts a right to housing. Such a material right is an anathema to neoliberal ideology and challenges deeply held beliefs that have shaped US welfare from

its inception: That no one has a right to a government benefit unless they have proved themselves to be deserving or worthy (i.e., TANF), or have earned it (i.e., social insurance) (Trattner, 1999). Housing First rejected the concept of housing readiness, that a program must bestow housing on the basis of merit, measured by sobriety and treatment adherence. The concept of worthiness underpins traditional housing programs and speaks to the fundamental tensions over individual pathology and structural barriers that have been the battlefield of social policy (Dordick, 2002; Schneider, 2009). The view that those with mental illness or psychiatric disabilities are worthy has been a hard road for advocates, hence the continuing lack of public support for mental health services. However, probably more surprising was that Housing First established a right to housing for active drug and alcohol users, where the perceptions that there is choice involved in such behaviors is far more likely to engender moral judgments. Housing First takes a harm reduction approach and was at the vanguard of shifts towards "low demand", "wet" or even "damp" housing that is being widely adopted to address the problem of chronic homelessness. In a government report on Housing First (U.S. Department of Housing & Urban Development, 2007), there is brief mention of the fact that harm reduction sits uneasily with other government policies, "However, tensions do exist between a low demand approach to substance use...and widely-shared governmental concerns about any criminal activity in HUD-supported housing" (page 103). However, for the most part, the ways in which Housing First challenged deeply held beliefs about the allocation of social welfare benefits was absent from the policy making process. Instead, the right to housing and harm reduction was argued largely in terms of cost savings and effectiveness rather than in terms of underlying values.

Ironically, the role of values in mental health service delivery has subsequently become much more explicit with the recovery movement. With its roots in the consumer movement and psychiatric rehabilitation, recovery has set out a value framework to guide mental health service delivery that encompasses the hope of recovery, consumer choice, community integration and empowerment. Moving away from the medical model of managing symptoms, recovery demands that services honor each consumer's unique path to recovery (Anthony, 2000). Moreover, the Bush's New Freedom Commission on Mental Health endorsed recovery as the key to mental health reform (Department of Health & Human Services, 2003). Although Pathways to Housing was not founded or adopted based upon recovery principles, the congruity of the program's approach with these principles, specifically consumer choice and consumer integration, has enabled Housing First advocates to integrate the recovery approach into the program philosophy and therefore, make more explicit its value approach (Tsemberis & Eisenberg, 2000). And there is no doubt that now traditional programs are incorporating elements of the Housing First approach into their programs because of the emphasis on consumer choice and that Housing First illustrated how it can be done (Greenwood et al., *in press*). The question remains, however, that by framing the argument for Housing First largely on the evidence versus values, what was lost from the debate and what does it reveal about the nature of policy making in the United States?

The reliance on the argument that a problem is costly and visible creates strange incentives within policy making, implying that less costly and less visible problems will not make it onto the policy agenda, whatever their moral magnitude. One could argue that there has been less focus on homeless families because they are less visible, sleeping in shelters or doubling up rather than on the streets, and that permanent housing solutions for this group are most costly (da Costa Nunez, 2010). By setting the debate in terms of costs rather than other interests and values, advocates are vulnerable when the cost analysis does not come out in their favor. A recent study demonstrated that people with substance abuse disorders without mental health

treatment histories generate less services costs than those with mental health treatment histories, leading the researchers to conclude this group need less intense services and fewer subsidies (Poulin, Maguire, Metraux, & Culhane, 2010). Kertesz and Weiner (2009) have contended that in cities where the costs of emergency services and incarceration are lower, Housing First is not a good strategy. A possible implication is that the solution to chronic homelessness, therefore, is just to minimize the costs of street homelessness by cutting crisis services. Clearly, Housing First and other policies would not be so vulnerable to such critiques if they could be argued for on other terms, namely values.

Culhane (2008) himself, has consistently acknowledged the limits of the “cost accounting” approach,

*Researchers should be careful to consider (and explicitly observe) that the services utilization cost of homelessness is only one dimension of the moral issues raised by the problem. Other moral dimensions of homelessness include dehumanization, diminished capacity to actualize basic societal rights and privileges, and susceptibility to victimization, including violence (pg. 109).*

He goes on to argue that not only are there the dangers of neglecting moral concerns but also that this type of research has been too narrow. Only with analyses that can look broadly at homelessness, not just by group, and its impacts across service sectors and broader society will we have better understanding of the implications homelessness has for society. Even by increasing the scope of our research, while providing valuable insights into the nature of the problem, this evidence cannot determine the complex, contextual and ultimate value based decision making that should be a part of the democratic policy process. In the case of housing policy, the larger issues at stake included; who receives the scarce resources within the groups that experience homelessness; are the problems understood as structural issues related to poverty and limitations of the housing market or in terms of individual pathology; and what are the moral implications of a harm reduction approach.

#### 4. Conclusion

The curious case of Housing First offers an opportunity to think through the relationship between research and policy and where values should be positioned. Policy debates should not be restricted to values only as empirical knowledge is important and instructive to the democratic process, but there must be the acknowledgement that research informs but does not answer value questions. Moreover, the particular way of understanding of the world embedded in methods used to gather and analyze evidence must be transparent and integrated into the debate. In an ideal policy making setting, empirical knowledge shares the floor with experiential knowledge, values, ethics and the multiple interests, needs, and desires stakeholders bring to the table. Proposals for alternative researcher–public–policymaker relationships come from a variety of disciplines, including public sociology (Burawoy, 2005), public interest anthropology (Sanday, 1975), planning (Forester, 1999), public policy (Dryzek, 1982; Fischer, 2003) and law (Tribe, 1972). In these models, the researcher moves away from the role of expert to become a facilitator of dialog among stakeholders.

Lasswell (1971) himself, stressed the importance of contextual orientation in policy inquiry and reflexivity on the part of the policy analyst. This act of positioning oneself within the debate, acknowledging one’s own standpoint in the post-positivist tradition, is the first step in relinquishing the power of expert with knowledge that stands outside and above the political fray. While not giving up the notion that the policy analysis brings a particular type of knowledge to the debate, their contribution should be viewed as “mixed counsel”, having both objective and subjective elements and most importantly,

being one perspective among many (Tribe, 1972). More recent models have placed the policy analyst not simply as an equal player with other voices, but moreover as the facilitator of inclusive policy making where the production of knowledge is accessible to all participants. Fischer (2003) proposes two strategies: discursive policy analysis and citizen inquiry. Using tools from rhetoric and communications theory, the discursive policy analyst deciphers the construction of arguments in the policy arena to uncover relationships of power. Citizen inquiry, or participatory research, involves participation of citizens in the research process itself. The two strategies come together in the deliberative policy analyst, a policy analyst who facilitates a deliberative process in which citizens identify their interests, reframe arguments, and make their own decisions.

These alternative models would have profound political implications requiring a major restructuring of the policy related research, including the socialization of professionals into a more egalitarian relationship with nonprofessionals. In terms of the political arena, John Maynard Keynes once said “there is nothing a politician likes so little as to be well informed; it makes decision-making so complex and difficult”. Evidence based policy may, in fact, be a strategy to simplify decision-making, but the result is that politicians are not well-informed in the broader sense. Whereas, by being informed by a democratic process and from an inclusive knowledge base, policy makers can then genuinely grapple with decisions that are about sharing limited resources and improving the human condition which are, and always will be, complex and difficult.

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