Cause Area Report: Homelessness in the US and UK

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1 The problem

1.1 Motivation for this report

This report on homelessness in the UK and US was produced in response to member requests for impactful donation opportunities in high-income countries. The charities we recommend here are doing excellent work to advance evidence-based, cost-effective solutions to homelessness. Donors who are committed to supporting people experiencing homelessness in high-income countries can be confident that these are among the very best opportunities.

However, like most charitable causes in high-income countries, homelessness initiatives currently receive much more funding than comparable causes in low- and middle-income countries. For that reason, we continue to believe that donors who wish to reduce people's suffering as much as possible should look for opportunities in global health and development.

1.2 Effects of homelessness

Homelessness is defined broadly as being without safe and stable shelter. Three forms of homeslessness are commonly distinguished:

- **Sheltered homelessness**: An individual or family experiencing homelessness and staying in a form of emergency or temporary shelter.

- **Unsheltered homelessness**: Also known as 'rough sleeping', individuals and families experiencing homelessness that are sleeping in places not meant for human residence.

- **Chronic homelessness**: An individual or family that has been experiencing homelessness continuously for a defined period of time (e.g. 12 months) or experiencing bouts of homelessness repeatedly over a period of time.

People may experience homelessness for a long period of time (often called chronic homelessness) or may have short brushes with homelessness. Losing one's source of shelter is often the result of one or more adverse life events, such as loss of income, a relationship breakdown, or an episode of mental illness. The trauma of homelessness, whether for a short or long period of time, compounds the stress of these adverse life events.

Although homelessness is undoubtedly a negative experience, drawing causal connections to negative outcomes is difficult. Many factors that can contribute to experiencing homelessness (e.g. poverty, mental illness, substance use disorders) can also be exacerbated by homelessness, making it difficult to ascribe accurate causality. Homelessness is associated with:

- Higher mortality;[1]

- Greater likelihood of having a chronic physical and/or mental health condition;[2]

- Perceived discrimination when accessing healthcare services;[3,4]

- Increased likelihood of experiencing accidental injury or injury due to violence;[5,6]

- Various negative effects on children, including ill health,[7] poor nutrition,[8] worse educational outcomes,[9] and physical and emotional trauma.[10]

Homelessness does not just lead to negative outcomes for individuals; it also has societal costs. Current spending on temporary solutions like emergency shelters does not address the root causes of homelessness: lack of affordable housing, the need for effective and available mental health and

substance use treatment services, and efficient services that help keep individuals and families stably housed when faced with a crisis. One report finds that the societal cost of supporting individuals experiencing chronic homelessness can reach US$83,000 per year.[11] A survey of people experiencing homelessness for three months or longer in the UK found that public spending per person exceeded £8,630 (~US$10,700).[12] This means that interventions which effectively curb or prevent episodes of homelessness can have large societal benefits because they reduce costs to the health and justice systems.

1.3 Scale and neglectedness

1.3.1 Prevalence of homelessness in the US

According to point-in-time counts reported to the US Department of Housing and Urban Development, roughly 550,000 people are experiencing homelessness at any one time in the United States.[13] Among this population:

- Approximately 40% is in California or New York.[14]

- A third is estimated to be unsheltered.[15]

- Approximately 62% of those experiencing chronic homelessness are estimated to be unsheltered.[16]

- 77% of people experiencing sheltered homelessness are in emergency accommodation, with 23% in temporary accommodation and 1% in supportive housing.[17]

While the absolute number of people experiencing homelessness has declined over the last decade or so, Figure 1 shows that this decline has been slight and the count has been relatively stable since 2016.

The data appear to show that, at least at the national level, little progress is being made in reducing homelessness.

Figure 1: Housing and Urban Development point-in-time counts of people experiencing homelessness
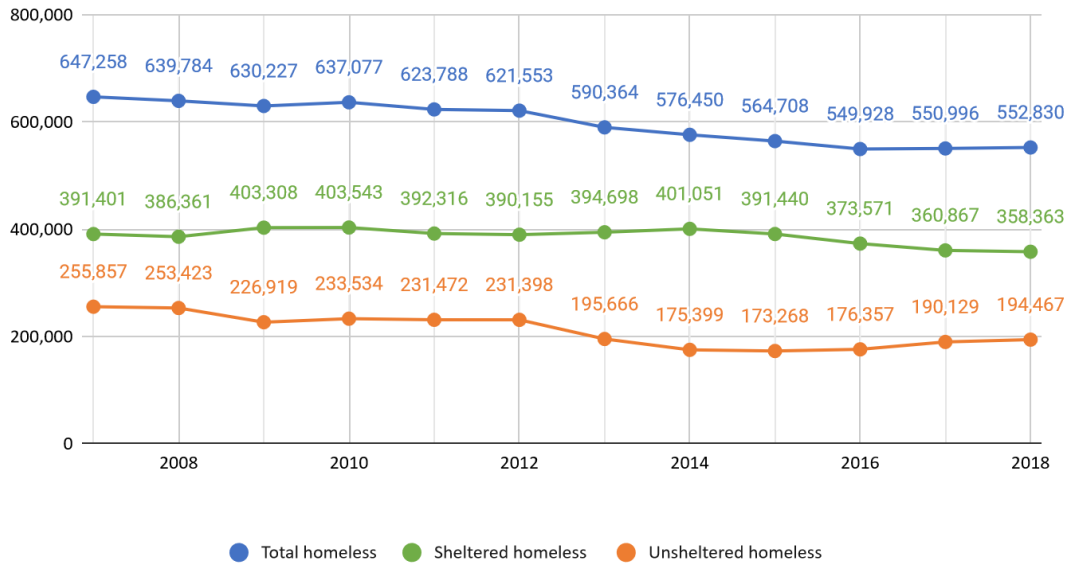
Source: Author's calculations using "AHAR Report," HUD Exchange, 2020, https://www.hudexchange.info/homelessness-assistance/ahar/#2019-reports.

Millions more low-income people in the US are at risk of homelessness due to shortfalls in affordable housing. The stock of low-rent housing, defined as units that cost US$800 or less per month, has shrunk each year since 2011 and now represents less than 45% of the total market.[18] A quarter of renter households in the US, about 11 million, pay more than 50% of their income in rent.[19] An estimated 34 percent of the 805,000 households threatened with eviction in 2017 would have to move in with family or friends if they lost access to their accommodation.[20]

1.3.2 Funding of homelessness initiatives in the US

Homelessness is a prominent social problem and multiple federal agencies have programmes devoted to fighting it. There are at least 10 homelessness programmes administered by seven agencies, with a

total annual budget of more than US$3 billion (Figure 2).[21] This underrepresents total public funding, likely by a significant degree, because it does not count spending by state and local governments.

Figure 2: Federal funding for targeted homelessness programmes (US)
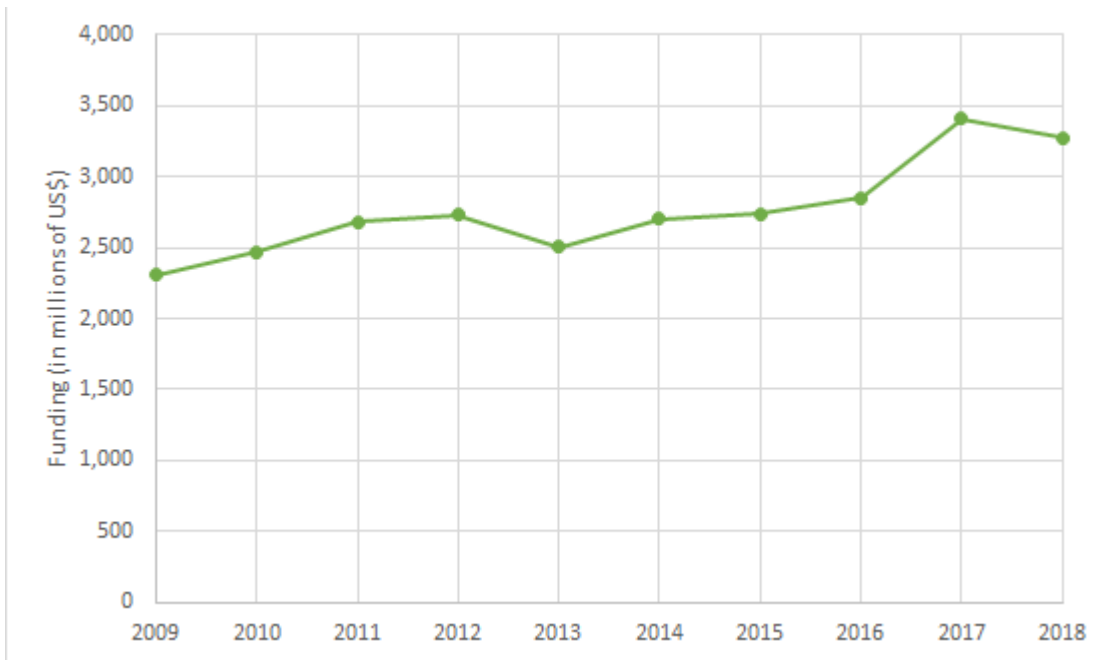
Source: Author's calculations using EveryCRSReport.com, "Homelessness: Targeted Federal Programs," October 18, 2018, https://www.everycrsreport.com/reports/RL30442.html.

The government also spends about US$44 billion each year on rental assistance. With 10.4 million annual beneficiaries, that is approximately US$4,221 per person per year of assistance.[22]

1.3.3   Prevalence of homelessness in the UK

In 2018, official point-in-time counts from the Ministry of Housing, Communities & Local Government found that the total number of unsheltered people experiencing homelessness was about 4,677 at any one time in England.[23] In addition, from January to March 2019, 37,690 households were considered threatened with homelessness and 32,740 were considered homeless (Figure 3).[24] It is important to note that homelessness is defined and estimated differently by the UK and US governments, so data

are not easily comparable across countries. In this context, an individual is considered threatened with homelessness if they have applied to the local authority for assistance and the local authority has determined they are likely to become homeless within 56 days.[25] The legal definition is important because it determines what assistance the local authority is legally required to provide (usually a relief duty). Since a number of these households are assessed as legally threatened with homelessness, but not in priority need, or would have obtained housing without government support, not all of them would be considered homeless in the colloquial sense.

Figure 3. Decisions made by local authorities each quarter, Q1 1998 to Q3 2017, England.
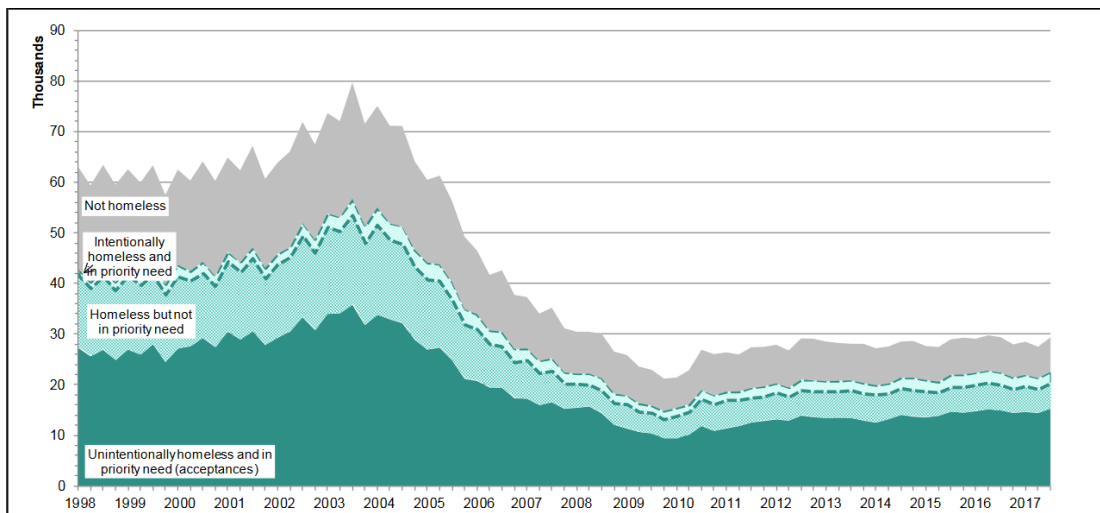
Source: "Statutory Homelessness, January to March (Q1) 2019: England," Experimental Statistical First Release (Ministry of Housing, Communities, and Local Government, September 12, 2019), 1.

About 5,000 people are estimated to be rough-sleeping, the equivalent of unsheltered homelessness, at any given time in England (Figure 4).[26] The Greater London Authority reports that a total of 8,855 people were seen rough-sleeping in London between 2018 and 2019, at least half of whom were seen rough-sleeping on just one occasion.[27]

Figure 4. Number of unsheltered homeless people in England
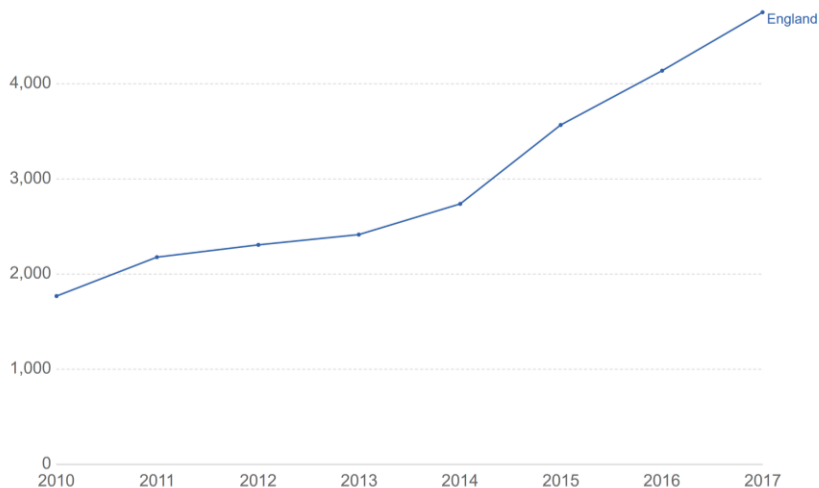
Source: Ritchie, Hannah. "Number of rough sleepers in England has increased more than 250% since 2010," *Our World in Data*, January 29, 2019, https://ourworldindata.org/homelessness-rise-england.

Compared to the United States, England has a more robust social housing market. However, the composition of the rental market has been shifting greatly from social to private and the proportion of the population living in social housing has declined from 32% in 1981 to 17% in 2019.[28] An analysis by Shelter found that in 67% of local authorities, market rent, but not social rent, exceeds 30% of the income of a typical low-wage family.[29] Nevertheless, the proportion of households whose rent is subsidised is higher in the UK than in any other OECD country included in the Affordable Housing Database.[30]

1.3.4   Funding for homelessness initiatives in the UK

National public funding for homelessness initiatives in the UK is about £1.2 billion per year.[31] Analysis from St. Mungo's finds that annual spending by local councils declined by about 50% between 2008/09 and 2017/18, although this decline was due to reduced funding for the "Supporting People" programme and spending on temporary accommodation increased over the same period.[32] This is potentially significant because Supporting People funding was not only used to prevent

homelessness, but also to help elderly people live independently outside of care homes. The St. Mungo's analysis was not able to separate these two uses of programme funds, so it's uncertain to what extent the elimination of the Supporting People programme truly affected overall funding for homelessness activities.[33]

Housing allowances for low-income households amounted to £21.9 billion[34] spent on 4,177,820 housing benefit claimant households.[35] This works out to approximately £5,242 per claimant household per year of assistance.

2 Prioritising solutions

2.1 Scope of this report

We have limited the charities we considered for this project to national organisations with multiple points of influence at sub-national levels. The outcome we are considering is cost per person-year in stable housing attributable to the work of the organisation. In order to compare homelessness interventions to opportunities in other areas, we also estimate their effect on outcomes like cost per averted loss of a disability adjusted life year (DALY) and cost per year of life saved.

2.2 Characteristics of effective homelessness interventions

There are multiple interventions that seek to prevent or address homelessness. To assess the various possible approaches, we used pre-existing literature reviews and considered the cost-effectiveness and strength of supporting evidence for each intervention. Due to data limitations, robust cost-effectiveness estimates are not available for some promising interventions. For this reason, we also considered whether an intervention showed the common features of effective interventions described by a review of studies by the Social Care Institute for Excellence and Crisis UK. These include "fidelity

to service models whilst allowing for flexibility; one to one support; multi-agency working and coproduction; relationships with landlords and access to the housing market."[36]

Homelessness tends to affect different populations in different ways. For instance, individuals experiencing chronic homelessness due to severe mental illness or substance use disorders require different support from a family who misses a rent payment due to unexpected bills. Prevention measures such as financial assistance may be particularly effective in the latter case. We considered both direct measures to assist people experiencing homelessness, and preventative measures that aim to prevent instances of homelessness before they occur.

Because the US and UK governments each spend billions of dollars per year on homelessness initiatives, we decided to recommend charities that are working to improve the effectiveness of funding by shifting it towards the most efficient programmes. For most proposed interventions, the evidence base is weak, but a few programmes, most notably Permanent Supportive Housing programmes like Housing First, seem promising. There is some evidence that funding the most effective homelessness programmes may prove to be cost-neutral. While such interventions might have high upfront costs, these can be outweighed by savings at different points in the system (e.g. emergency health care, criminal justice system) to produce better outcomes for both people experiencing homelessness and wider communities.[37] However, we are not certain that measures will be cost-neutral as we lack strong evidence. Further, as these gains may not be immediately visible, politicians and government bodies may be wary of public backlash.

For these reasons, we believe that effectively addressing homelessness requires a strong evidence base of cost-effective solutions that can be tailored to individual localities as well as adequate data on the prevalence of homelessness and the characteristics of those experiencing it to allow for the optimal mix of solutions to be implemented. It also requires effective advocacy to educate

policymakers, programme administrators, and the public on the argument in favour of funding the most effective solutions.

We therefore looked for organisations that:

- Develop, research, and/or scale evidence-based interventions to alleviate homelessness

- Operate or provide technical assistance at the sub-national level to ensure that homelessness strategies are responsive to the unique characteristics of cities and populations of people experiencing homelessness in order to maximise effectiveness

- Seek to effectively increase and allocate government funding for evidence-based solutions to homelessness

3 Charity recommendations

We are recommending two funding opportunities each for the US and UK. One of these funding opportunities, Community Solutions: Built for Zero, works in both countries. We have modelled the expected cost-effectiveness of these opportunities [here](#).

3.1 United States

3.1.1 J-PAL North America: Housing Stability Evaluation Incubator

What do they do? The J-PAL North American Housing Stability Evaluation Incubator provides technical support to government agencies, nonprofits, and other organisations working to combat homelessness to allow them to test interventions through RCTs. The aim of this work is to contribute to the evidence base on how best to structure and scale effective programmes to prevent and alleviate homelessness.

Why did we select this organisation? Federal, state, and local governments spend billions on homelessness and housing support programmes every year, yet half a million people still experience homelessness annually and millions more are highly rent-burdened. We believe that governments and other stakeholders urgently need a bigger toolbox of effective interventions to ensure that government dollars are allocated wisely and effectively.

What do we think the cost-per-outcome might be? Our best guess is that J-PAL's work will cost about US$20,000 per year of stable housing achieved, but this estimate is highly uncertain.

Are they a strong organisation? We are comfortable recommending J-PAL as they share our commitment to finding and supporting interventions that are backed up by rigorous evidence. They are transparent about what projects they are supporting and why, and publish the results of both successes and failures.

Is there room for funding? J-PAL is currently fundraising between US$ and US$5 million to support a full round of projects for the Housing Stability Evaluation Incubator in 2020-2021.

3.1.2   Community Solutions: Built for Zero

What do they do? The Community Solutions: Built For Zero project partners with cities and counties to help them create a holistic and data-driven strategy to end chronic and veteran homelessness in their communities. Community Solutions focuses on fostering collaboration and accountability between all stakeholders, developing real-time data systems to assess homelessness, using the data to implement rapid testing of new ideas, and shifting outcome measures from individual programmes to the level of homelessness in the community overall.

Why did we select this organisation? We believe that alleviating homelessness requires the coordinated implementation of a collection of effective and evidence-based solutions by government

agencies and other stakeholders. We also think that in many locations the existing funding to tackle homelessness is not allocated as effectively as it could be to reflect the nuances of different characteristics of homelessness in different communities. We think the Community Solutions model - which focuses on coordinated, data-driven decision-making to achieve meaningful reductions in chronic and veteran homelessness - can both address this need for specificity, while also using its national reach to help scale and test effective strategies.

What do we think the cost-per-outcome might be? Our best guess is that Community Solutions's work will cost about US$20,000 per year of stable housing achieved, but this estimate is highly uncertain.

Are they a strong organisation? We are comfortable recommending this organisation as we believe they prioritise generating evidence of programme impact. They have a history of measuring and publishing their impact in concrete numbers, have sought outside evaluation of previous programmes, and have published and reflected on successes and failures and taken those into account in designing new programmes and adapting ongoing ones.

Is there room for funding? Yes, the Built For Zero project currently needs to raise approximately US$2,000,000 each year to fill the shortfall between committed grant funding and the cost to run the programme.

3.2 United Kingdom

3.2.1 Crisis: Policy and Campaigns work

What do they do? The Crisis Policy and Campaigns team works to drive the policy agenda in the UK around homelessness to be holistic and based on the evidence of what interventions work and what the current situation regarding homelessness in the UK is. The team commissioned a report including an international evidence review, extensive stakeholder interviews across the UK, and a costing

analysis to document a comprehensive, costed, evidence-based plan on what it would take to make all forms of homelessness rare and brief in the UK. Crisis spearheaded the drafting and passage of the Homelessness Reduction Act 2017. They also commission research on the current state of homelessness in the UK, grow the evidence base on what works to alleviate homelessness and are helping to pilot Housing First in the UK.

Why did we select this organisation? We believe that the route taken by the Crisis Policy and Campaigns team to promote and advance holistic solutions to homelessness that are rooted in evidence is the most effective way to nudge existing government spending to more effective solutions to reduce homelessness. We were also drawn to the work to prevent homelessness, as we believe this is a fruitful path to developing effective and cost-effective solutions that can help reduce homelessness over the long term.

What do we think the cost-per-outcome might be? Our best guess is that Crisis's work will cost about US$20,000 per year of stable housing achieved, but this estimate is highly uncertain.

Are they a strong organisation? We are comfortable recommending this organisation as we believe they highly value promoting evidence-based policy and supporting research to inform future policy. We believe they have shown evidence of working effectively with the government and other stakeholders to promote and advance evidence-based solutions to homelessness.

Is there room for funding? Yes, there is ongoing room for funding to support this work. For instance, there is an immediate gap of approximately £210,000 needed to support the work to pilot and institutionalise Housing First in the UK in 2020.

3.2.2 Community Solutions: Built for Zero

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What do we think the cost-per-outcome might be? Our best guess is that Community Solutions will cost about US$10,000 per year of stable housing achieved, but this estimate is highly uncertain.

Are they a strong organisation? We are comfortable recommending this organisation as we believe they prioritise generating evidence of programme impact. They have a history of measuring and publishing their impact in concrete numbers, have sought outside evaluation of previous programmes, and have published and reflected on successes and failures and taken those into account in designing new programmes and adapting ongoing programmes.

Is there room for funding? Yes, the Built For Zero project is expanding internationally and is currently working with multiple communities in the UK. In particular, there is interest from a coalition of stakeholders from cities including Manchester and Glasgow who are interested in adopting the Built For Zero methodology. There is an immediate estimated funding gap for this project of US$250,000. There is also room to support other projects bringing Built for Zero to the UK once this funding gap is filled.

4 Comparison to other funding opportunities

We are confident that the charities we recommend in section 3 are among the very best opportunities to fight homelessness. However, like many other social problems in high-income countries, homelessness is not as neglected as many opportunities to help people in low- and middle-income countries. The lower bound of direct spending on homelessness by the US and UK governments is at least US$4 billion. Tens of billions of dollars more is spent annually on rental assistance for low-income households.

In contrast, in 2017, total global spending on initiatives to fight malaria, which each year kills over 400,000 people, more than 250,000 of whom are children under 5 years old, was US$3.1 billion.[38]

We believe with high confidence that, due in part to this relative neglectedness, charitable causes in global health remain a much better bet for donors interested in using their donation to reduce the suffering of people alive today as much as possible. Our best guess is that the charities recommended in this report prevent a year of homelessness for about US$20,000. In order to compare interventions across different causes, we often consider the effects in terms of how many disability-adjusted life years (DALYs) are averted. DALYs are commonly used to measure the health and well-being burden of different conditions. The DALY weight of a condition accounts for both how many deaths it causes and

how it lowers an individual's well-being while they live with it. Disability weights range from 0 to 1, with more debilitating conditions having higher weights. One DALY can be thought of as one lost year of healthy life. We have not been able to find a clear assessment of the DALY burden one year of homelessness imposes. However, it is plausibly quite high. People experiencing homelessness seem to have much lower life expectancy[39] and are three to six times more likely to become ill than housed people.[40] Causality cannot be assumed from these correlations. However, it does not seem unreasonable to assign homelessness a high DALY burden between 0.5 and 1. That would imply these top homelessness charities can avert a DALY for between $20,000 and US$40,000.

In contrast, our research partner GiveWell estimates that the Against Malaria Foundation prevents the death of a child under 5 years old for US$1,690.[41] After converting to DALYs using the life expectancy and discount rate employed by Capriati and Hillebrandt [here](#), that works out to US$46 per DALY.[42] **This makes donations to the best global health interventions we know roughly 440 to 880 times more cost-effective than the best homelessness interventions we found.**

5 Appendix. Evidence of effectiveness of homelessness interventions

5.1 Interventions with strong evidence of effectiveness

5.1.1 Permanent Supportive Housing (including Housing First)

Permanent supportive housing is an approach that connects individuals and families experiencing homelessness who face significant obstacles to acquiring housing with affordable housing options, paired with services to help address their challenges to obtaining housing via other means. Permanent supportive housing models usually do not require participants to meet conditions in order to obtain this housing. This contrasts with programs that, for example, may require a person with a substance use disorder show that they are fully abstinent before obtaining this housing.

The Housing First model was developed in New York in the 1990s and has been replicated in a number of other contexts. People experiencing chronic homelessness often experience multiple problems (e.g. poverty and substance use and mental health disorders) that make remaining housed difficult. The Housing First model works to put people in housing without any preconditions and without time limits on how long they can stay. Housing First also tends to provide supportive services to tenants to help them resolve other issues after they have moved in. This means they aren't required to have a job or be unaffected by substance use disorders before moving in. An analysis of the first 'Housing First' program in New York found that "after five years, 88 percent of program clients remained housed compared to 47 percent in traditional programs."[43] Similar outcomes have been achieved in other Housing First and permanent supportive housing projects. Permanent supportive housing is a type of 'Housing First' model that "provides housing that is non-time-limited and low-barrier; further, it offers—but does not mandate—supportive services."[44] In PSH programs, residents will contribute to rent and must abide by certain residency conditions.

Housing First/permanent supportive housing models presuppose that addressing the constellation of issues that contribute to chronic homelessness will only be made easier by resolving the immediate issue of reducing the stress of being on the streets and not having a place to stay. Evidence backs up the idea that these model contribute to stably housing chronically homeless people:

- A review of studies by Social Care Institute for Excellence and Crisis UK found Housing First to be effective: "Housing First's common principles around sustained person-centred support result in supporting people to achieve stability in their housing-related outcomes. Our analysis also suggests that Housing First has been successful as a targeted service to support particular population groups (such as ethnically diverse groups and those with mental health illness), and that its success has been sustained when transferred beyond the United States of America."[45]

- The Campbell Collaboration Review found: "Housing First is the name of one specific non-abstinence-contingent housing program. When compared to usual services Housing First probably reduces the number of days spent homeless (MD=-62.5, 95%CI=-86.86 to -38.14) and increases the number of days in stable housing (MD=110.1, 95%CI=93.05 to 127.15) (moderate certainty evidence). In addition, it may increase the number of people placed in permanent housing after 20 months (low certainty evidence)."[46]

- A review sponsored by Crisis UK on what works to end unsheltered homelessness found that: "The evidence base on [Housing First] is exceptionally strong; far stronger than is true of any other housing-related intervention targeting rough sleepers in fact. The evidence includes a mix of large-scale Randomised Control Trials (RCTs) and smaller qualitative studies conducted in a range of international contexts. Further research is however needed to assess long-term impacts and effectiveness for subgroups. There is also scope to further understanding impacts on health and substance misuse, and influence of different programme structures on

outcomes. HF is best known for its excellent housing retention outcomes, which are especially impressive given that the intervention targets homeless people with complex needs. Retention figures (measured in variable ways over different timeframes) range between 60-90 per cent, and typically coalesce around the 80 per cent mark. This is markedly higher than rates reported for Treatment as Usual (TAU) comparison groups."[47]

- A review of the evidence from J-PAL found: "Subsequent randomized evaluations of Housing First strategies have found similar results in different settings and for slightly different populations. A randomized evaluation across five Canadian cities—the At Home/Chez Soi demonstration project—measured the impact of providing permanent, subsidized, community-based, independent housing to individuals experiencing homelessness with severe mental illness. In addition to providing housing with no preconditions, the program offered mental health and support services. After two years, those assigned to Housing First spent twice as much time stably housed as individuals assigned to usual care. The At Home/Chez Soi demonstration project also found that supportive housing improved non-housing outcomes, including reductions in emergency department use at the Vancouver site and in substance use at the Toronto site."[48]

There is limited evidence related to whether Housing First and permanent supportive housing improves outcomes other than housing stability, such as frequency of substance use, or mental or physical health outcomes. However, the evidence that does exist suggests that those receiving permanent supportive housing do not have worse mental health or substance use outcomes than those who receive treatment as usual approaches.

- A systematic review found that "[Housing First] resulted in large improvements in housing stability; with unclear short-term impact on health and well-being outcomes. For mental health,

quality of life and substance use, no clear differences were seen when compared with [treatment as usual]. [Housing First] participants showed a clear reduction in non-routine use of healthcare services, over [treatment as usual]. This may be an indicator of improvements in health."[49]

- Another systematic review found similarly mixed results for treatment for substance use: "HF participants who experience psychiatric symptoms and use methadone treatment as a replacement for opiate addiction have higher levels of treatment retention (Appel et al., 2012). In studying methadone treatment retention rates, Appel et al. (2012) found that HF participants had a much higher (51.6 per cent) retention rate than a control group (20 per cent). These findings suggest that although treatment participation rates are lower in the HF population, when they do participate in treatment, they may have higher retention rates."[50]

Permanent supportive housing and Housing First models require locales to have available housing and program investments to support the individuals and families served. Some costs ranges from the research are presented below:

- An evaluation of a permanent supportive housing program for families conducted by the Urban Institute found: "The average annual cost of supportive housing for families ranged from $20,956 in Cedar Rapids to $39,134 in San Francisco. This includes $13,549 to $26,885 per family for case management and services—excluding costs related to training, technical assistance, and evaluation that were not part of the core services provided to families in the demonstration—and $4,289 to $10,428 in estimated housing costs."[51]

- An assessment of Housing First costs from pilot programs in England found: "At median support costs and the median rent in the bottom third of the private rented sector in the North

East, a year of Housing First would cost £7,990. In London, assuming median support costs and median rent for the bottom third of the private rented sector, the cost would be £11,911."[52]

While the capital requirements and upfront costs of permanent supportive housing and Housing First approaches appear daunting, the existing evidence base suggests that in many - although not all - cases, these approaches may end up being cost neutral to governments (see bullet below). This is because those who need permanent supportive housing tend to be frequent users of emergency health services and social services and have contact with criminal justice systems. Proponents of these approaches argue that investing in permanent supportive housing achieves better outcomes for people experiencing homelessness and reduces unsheltered homelessness which benefits the wider community, which makes it a better way to invest government funds that are already being spent on services that are not achieving these outcomes.

- One literature review of cost data on Housing First programs found: "Twelve published studies (4 randomized studies and 8 quasi-experimental) and 22 unpublished studies were retained. Shelter and emergency department costs decreased with HF, while impacts on hospitalization and justice costs are more ambiguous. Studies using a pre–post design reported a net decrease in overall costs with HF. In contrast, experimental studies reported a net increase in overall costs with HF. While our review casts doubt on whether HF programs can be expected to pay for themselves, the certainty of significant cost offsets, combined with their benefits for participants, means that they represent a more efficient allocation of resources than traditional services."[53]

5.1.2 Housing subsidies (including housing vouchers)

Housing subsidies and housing vouchers are provided to individuals from the government to help them meet the cost of private rent in their area. These subsidies are usually means-tested provisions of

aid to low-income individuals and families to prevent homelessness or regain housing stability. They may be offered in order of priority (e.g. families with children or veterans are given preference). Housing subsidies have been found to help prevent homelessness and help those who have experienced homelessness regain stability. Several different evidence reviews have singled out housing subsidies as an effective way to prevent homelessness.

- A review of studies by Social Care Institute for Excellence and Crisis UK found "the provision of housing vouchers to meet their housing costs or subsidies, either with or without other support can result in positive outcomes for a range of subgroups. It seems that subsidies provide valuable forms of financial assistance, which can provide people with peace of mind and the space to focus on the other challenging aspects of securing stable housing."[54]

- The Campbell Collaboration review found: "Housing vouchers is a housing allowance given to certain groups of people who qualify. The results showed that it may reduce homelessness and improve housing stability, compared with usual services or case management (low certainty evidence)."[55]

- A review of the evidence from J-PAL found: "Several randomized evaluations found that vouchers reduce homelessness and improve housing outcomes among low-income households at risk of homelessness. For example, the San Diego McKinney Homeless Research Demonstration Project found that access to a Housing Choice Voucher increased the likelihood of living in stable housing by 29 percentage points from an initial rate of 31 percent (a 93 percent increase) over a two-year period. Similarly, several randomized evaluations have demonstrated that Welfare to Work vouchers (housing choice vouchers intended to help families receiving public assistance connect with employment opportunities) reduced homelessness and reduced rates of overcrowding, defined as living with less than one 30 room

per person in the household. Housing vouchers are also effective in housing those currently experiencing homelessness. Evidence suggests that for unhoused families, access to long-term housing vouchers is particularly effective in promoting housing stability and in improving secondary outcomes related to family well-being and education. The Family Options Study found that access to the long-term voucher reduced the likelihood of being homeless or doubled up with family or friends in the past 6 months by 18 percentage points relative to an initial rate of 34 percent (a 53 percent decrease) and reduced the likelihood of having stayed in an emergency shelter during the past year by 14 percentage points from an initial rate of 19 percent (a 78 percent decrease)."[56]

Both the US and the UK governments put billions towards housing subsidies and social housing, although there are extensive waiting lists - even for those eligible - to receive access to these services.[57,58]

- According to 2018 data, there are 4,177,820 housing benefit claimant households[59] in the UK and about £21.9 billion spent on these claims.[60] This works out to approximately £5,242 per claimant household per year of assistance.

- In the United States, 10.4 million people receive some form of federal rental assistance, totally $43.9 billion dollars. This works out to approximately $4,221 per person per year of assistance.[61]

5.1.3 Critical time interventions

Critical Time Intervention is a model of support that aims to reach people at high-risk of becoming homelessness before it happens and connect them to a network of services and support to help prevent homelessness. Groups frequently targeted by Critical Time Intervention services include those being released from prison or other correctional settings, those being released from psychiatric treatment or other medical centers.

- A review of studies by Social Care Institute for Excellence and Crisis UK on Critical Time Intervention found: "Both services reported significant reductions in the number of nights spent homeless. Herman et al. (2011) report that mentally ill patients being discharged from hospitals over the course of the Critical Time Intervention service were associated with a five-fold reduction in the odds of spending nights homeless compared to the comparison group. Similarly, Kasprow and Rosenbeck (2007) report that, for a ninety-day period, their treatment group leaving psychiatric institutions receiving Critical Time Intervention had 19% more days housed than did those in their comparison group and that the treatment group also had significantly more days housed at the six, nine, and 12 month follow-up intervals. These findings suggest that Critical Time Intervention can be an effective rapid response service for people experiencing critical transitions in their lives, and has evidenced being effective with a range of target groups - including those with substance abuse issues, who have a mental illness, or who are military veterans. The findings also indicate that Critical Time Intervention services may work better when combined with Permanent Supportive Housing or Housing First as this provides a sense of longer-term security."[62]

- The Campbell Collaboration review found: "Critical time intervention compared to usual services may 1) have no effect on the number of people who experience homelessness, 2) lead to fewer days spent homeless, 3) lead to more days spent not homeless and, 4) reduce the amount of time it takes to move from shelter to independent housing (low certainty evidence).[63]

- A review of evidence from J-PAL found: "Evidence suggests that CTI improves housing stability and may improve other non-housing outcomes as well. One randomized evaluation in New York City found that individuals with severe mental illness with access to CTI were five times less

likely to experience homelessness eighteen months after discharge compared to those in the usual care group. Another randomized evaluation in Chicago found that providing case management during and after hospital discharge to individuals experiencing chronic medical illness increased housing stability; the intervention decreased days spent experiencing homelessness from 184 days in the usual care group to 121 days in the treatment group (a 34 percent decrease). The intervention also decreased hospitalizations, emergency room visits, and days spent in a nursing home. Lastly, two randomized evaluations in Westchester County, New York found that providing CTI to families improved measures of mental health, depressive symptoms, and behavior in school for children, but had no significant effect on the mental health of mothers."[64]

- An ICF review found that: "There is strong practice evidence that effective discharge planning can prevent homelessness, and avoid patients being considered 'fit for discharge' without their housing wider support needs being considered. Homelessness agencies felt that more should be done to involve them in post-discharge care or follow-up."[65]

A summary of the evidence from two studies on the Critical Time Intervention estimated the cost of to be $6,633 per participant.[66]

5.1.4   Comprehensive prevention programs

Comprehensive prevention programs aim to combine a number of services into one package in order to help individuals and families avoid homelessness. These comprehensive programs could involve providing emergency financial assistance, access to legal support, advice on saving and budgeting, as well as other services. These comprehensive programs will look different in different places, which is one methodological challenge in identifying what works and replicating and scaling those programs.

However, some evidence indicates that comprehensive programs may be successful in helping to avert homelessness.

- A review from J-PAL found: "There is strong evidence that comprehensive prevention programs can be effective in preventing homelessness among families at risk of losing their housing. One quasi-experimental study and one randomized evaluation of Homebase [a prevention program] found that the comprehensive prevention services reduced number of days spent in shelters, although they did not find a significant effect on receipt of public benefits such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and child care."[67]

- A review of prevention work in the UK found: "There is reasonably robust evidence on the effectiveness of early advice and assistance in helping residents retain existing accommodation. Evaluations of different forms of early advice and assistance (most notably holistic advice and assistance, debt advice and legal advice/representation) have reported lower rates of eviction and decreases in arrears amongst residents who receive it. There is more limited evidence on the outcomes of targeted provision, outreach services, referral procedures and landlord liaison."[68]

Costs of comprehensive prevention programs will vary significantly depending on what services are included.

5.2   Interventions with uncertain impact

5.2.1   Rapid rehousing

Rapid rehousing is a framework that provides short-term rental subsidies and other forms of assistance (e.g. security deposits, housing location assistance) to quickly place individuals and

families who have become homeless in permanent housing to allow them to regain stability. For instance, rapid rehousing could involve connecting a family being evicted with new housing and providing them with the cash to pay for moving, security deposit and some rental subsidy, with the aim that this brief infusion of cash will be enough to re-stabilize the family in housing and avoid another brush with homelessness. While there is some enthusiasm for this approach among governments and other stakeholders, the evidence base to support it is limited as this is a relatively new approach.

The J-PAL review of the evidence for homelessness alleviation programs found: "There is limited rigorous evidence on the impact of rapid re-housing on reducing homelessness and improving other outcomes such as health and education outcomes. The Family Options Study randomly assigned more than 2,200 US families experiencing homelessness priority to receive either a permanent housing subsidy with no support services, a temporary rapid re-housing voucher renewable up to 18 months, transitional housing for up to 24 months with intensive support services, or usual care. The study was not able to detect any differences in housing outcomes between the usual care group and the rapid re-housing group. However, due to a limited number of study participants who actually received rapid-rehousing and a large variation in housing outcomes among the study population, it is difficult to draw definitive conclusions on the impact of rapid re-housing based solely on this study."[69]

There is hope that rapid rehousing might prove to be a cost-effective way to prevent extended homelessness.

- "In the Family Options Study, the average monthly cost of rapid re-housing, including financial assistance, staffing, and overhead, was $880, significantly lower than transitional housing ($2,706) or emergency shelter ($4,819)."[70]

5.2.2 High-intensity case management

High-intensity case management – like some of these other services – is not necessarily well-defined but usually refers to connecting chronically homeless individuals with case managers to help coordinate and connect them with the necessary treatment and access services to become stably housed. High-intensity case management can be offered in conjunction with Housing First/permanent supportive housing approaches.

- The Campbell Collaboration review of evidence found that high-intensity case management may help people find stable housing, but the evidence is limited and it may not be better than low-intensity case management: "High intensity case management compared to usual services has generally more positive effects: It probably reduces the number of individuals who are homeless after 12-18 months by almost half (RR=0.59, 95%CI=0.41 to 0.87) (moderate certainty evidence); It may increase the number of people living in stable housing after 12-18 months and reduce the number of days an individual spends homeless (low certainty evidence)...When compared to low intensity case management, it may have little or no effect on time spent in stable housing (low certainty evidence)."[71]

5.2.3 Emergency financial assistance

Emergency financial assistance programs are generally designed to help individuals or families who need a single or short-term payment to avert homelessness. These programs are best targeted at individuals and families who have an unexpected event (e.g. job loss, unexpected bill) that temporarily prevents them from being able to expend the money necessary to remain housed.

- A review of the evidence from J-PAL found: "Two quasi-experimental studies suggest that financial assistance decreases homelessness and reduces violent crime. Researchers used quasi-random funding availability at the Homelessness Prevention Call Center in Chicago to

compare outcomes between people who called when funding was available and people who called when funding was not available. The study found that access to limited financial assistance, usually no greater than $1,000 per household, reduced shelter entry rates within three months by 1.4 percentage points, from an initial rate of 1.6 percent (an 88 percent decrease). Using a similar method, a second study found that financial assistance reduced arrest rates for violent crime over three years by 0.86 percentage points relative to a control group rate of 3.7 percent (a 23 percent decrease). The study also found that among single individuals, financial assistance reduced the chance of being arrested for crimes related to homelessness, such as trespassing and panhandling."[72]

- Another review of emergency financial assistance to prevent homelessness in the UK found: "There is limited evaluative evidence on the individual effectiveness of these different measures. Nevertheless, the available evidence indicates that financial assistance increases the likelihood of clients in arrears maintaining their tenancy over the short-medium term, and that landlord protocols can be effective as part of wider landlord engagement and liaison."[73]

The cost of this type of intervention will vary dramatically depending on the targeting and the context, but would most likely be in the range of a few hundred to a thousand USD or GBP per recipient.

5.2.4 Legal assistance at time of eviction

Eviction from housing is a risk factor for experiencing homelessness. This makes eviction a prime intervention point to prevent homelessness. Organizations in the US and UK are testing different interventions, such as legal assistance, to prevent unnecessary or illegal evictions and reduce the risk of homelessness. These services may also assist tenants in recovering deposits or other forms of restitution owed by landlords. As these methods are being trialled, the evidence base is still growing.

- A review from J-PAL found: "A more recent randomized evaluation in Boston in 2010 found that compared to less intensive, "unbundled" legal assistance [for tenants facing eviction], providing full legal services increased the likelihood that tenants remained in their units by 28 percentage points relative to an initial rate of 38 percent (a 74 percent increase). Full legal services also increased the payments directed to tenants from 1.9 months' worth of rent per case in the unbundled services group to 9.4 months of rent per case in the full legal services group However, a similar randomized evaluation by the same research team on the North Shore of Massachusetts showed conflicting results, finding that full legal services were no more effective at improving housing outcomes compared to unbundled legal services. The authors suggest that the difference in findings may be due to the more assertive legal tactics used by attorneys in the Boston study compared to those in the North Shore study. Additional research on the impact of specific legal tactics on housing outcomes is needed."[74]

Again, costs will look different for different programs in different places.

5.2.5 Innovative finance models

One challenge highlighted by stakeholders working to alleviate homelessness is that the success of many of the above interventions described above is predicated on the availability of affordable housing. However, in both the US and the UK, there are shortages of affordable housing in many markets. Given this constraint, governments and organizations working to combat homelessness have been exploring whether leveraging non-traditional financing models to construct affordable housing can help address this challenge and provide the needed housing stock to help these interventions succeed.

For instance, some jurisdictions have been exploring using social impact bonds to support the construction of permanent supportive housing. Social impact bonds leverage private and

philanthropic funding to provide the initial capital to support a project considered high-risk (either due to uncertain evidence or high costs), which, if the project achieves the promised outcomes, the government then repays the initial investment. Given that one of the touted benefits of permanent supportive housing is that it can help reduce government expenditures in other arenas and can theoretically achieve cost-neutrality (or potentially cost-savings), some in the homelessness sector believe that social impact bonds can be an effective way of making the case to governments that permanent supportive housing is a beneficial investment.

- One review of evidence by Crisis UK found: "The limited evidence shows that [social impact bonds] can be an effective funding mechanism, but complex agreements need to be put in place around the outcomes to be reached, and financial returns for different success rates."[75]

5.2.6 No Second Night Out

No Second Night Out is a technique piloted in the UK that aims to use street outreach to identify people experiencing unsheltered homelessness (ideally on their first night of unsheltered homelessness as implied by the name) and provide referrals and reconnection to their home community in an attempt to end their stint of being unsheltered as soon as possible. This approach prioritizes reconnecting individuals with friends or families who may be able to help them return to being stably housed. There are also elements of case management included to help connect individuals with support services to help them acquire housing.

- An initial evaluation of the concept found that: "Two thirds (63%) of new rough sleepers attending the hub were assisted to find an alternative to rough sleeping and had a positive departure from the hub into some form of accommodation. The comparable figure over the period for new rough sleepers who did not attend the hub was 15%."[76]

However, other researchers have noted that assessments of the success of NSNO focus on short-term impacts and NSNO programs are not designed to address longer-term problems.

- A review sponsored by Crisis UK on what works to end unsheltered homelessness found that: "The evidence base on NSNO is limited, consisting of small-scale evaluations of NSNO services in particular localities, together with a broader review of 20 projects. With one notable exception, these focus primarily on short-term housing outcomes and draw on interview, administrative and survey data."[77]

- An assessment of the evidence of interventions to end unsheltered homelessness concluded that: "No Second Night Out is not aiming at medium-term outcomes, and so all but one report focuses on the short term. The evidence suggests that the vast majority of service users are found temporary accommodation. However, swift action alone is not sufficient; No Second Night Out faced multiple challenges in relation to the lack of suitable move-on accommodation and problematic single-offers of reconnection."[78]

Endnotes

[1] "The average age at death of a homeless male was 56.27 years old (SD 10.38), and 52.00 years old (SD 9.85) of a homeless female. The most frequent causes of death were circulatory system diseases (33.80%). A large number of deaths were attributable to smoking (47.18%), whereas a small number was caused by infectious diseases, while a relatively large proportion of deaths were due to tuberculosis (2.15%). Most deaths occurred in the conditions of cold stress (of different intensity). Deaths caused by hypothermia were thirteen-fold more frequently recorded among the homeless than for the general population" Jerzy Romaszko et al., "Mortality among the Homeless: Causes and Meteorological Relationships," ed. Jeffrey Shaman, *PLOS ONE* 12, no. 12 (December 21, 2017): 1, https://doi.org/10.1371/journal.pone.0189938.

[2] "41% of homeless people reported a long-term physical health problem (compared to just 28% of the general population). 45% had been diagnosed with a mental health problem ([compared to] 25%)" "The Unhealthy State of Homelessness: Health Audit Results 2014" (Homeless Link, 2014), https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf.

[3] "Perceived discrimination related to homelessness/poverty (30.4%) and mental illness/alcohol/substance use (32.5%) is prevalent among ethnically diverse homeless adults with mental illness in healthcare settings" Anna Skosireva et al., "Different Faces of Discrimination: Perceived Discrimination among Homeless Adults with Mental Illness in Healthcare Settings," *BMC Health Services Research* 14, no. 1 (December 2014): 1, https://doi.org/10.1186/1472-6963-14-376.

[4] "Homelessness challenges rigid approaches to hospital-based care [and] (2) Stigma impedes healthcare for people who are homeless" Elizabeth Grech and Toby Raeburn, "Experiences of Hospitalised Homeless Adults and Their Health Care Providers in OECD Nations: A Literature Review," *Collegian* 26, no. 1 (February 2019): 104, https://doi.org/10.1016/j.colegn.2018.04.004.

[5] "Compared to the general population of Rotterdam, the homeless had an excess risk of death for all causes. The largest mortality differences with Rotterdam citizens were observed for unnatural death (SMR 14.8, CI 11.5–18.7), infectious diseases (SMR 10.0, CI 5.2–17.5) and psychiatric disorders (SMR 7.7, CI 4.0–13.5)" Marcel T Slockers et al., "Unnatural Death: A Major but Largely Preventable Cause-of-Death among Homeless People?," *European Journal of Public Health* 28, no. 2 (April 1, 2018): 248, https://doi.org/10.1093/eurpub/cky002.

[6] "Multivariate logistic regression analyses revealed that homeless patients had a higher odds of presenting with injuries related to unintentional (odds ratio [OR]=1.4. 95% confidence interval [CI]=1.1 to 1.9), self-inflicted (OR=6.0,95% CI=3.7 to 9.5), and assault (OR=3.0, 95% CI=1.5 to 5.9) injuries" Bart Hammig, Kristen Jozkowski, and Ches Jones, "Injury-Related Visits and Comorbid Conditions Among Homeless Persons Presenting to Emergency Departments," ed. Rebecca M. Cunningham, *Academic Emergency Medicine* 21, no. 4 (April 2014): 449, https://doi.org/10.1111/acem.12343.

[7] "With the inadequacy of temporary shelter, homeless children are at increased risk for asthma, lead poisoning, and recurrent infections" Ivy Dwomoh and Elaine A. Dinolfo, "Effects of Homelessness on Children," *Pediatrics in Review* 39, no. 10 (October 2018): 531, https://doi.org/10.1542/pir.2018-0047.

[8] "Compared with children living in stable homes, homeless children are more than twice as likely to have health problems and 3 timesmore likely to experience severe medical problems. They are more likely to miss meals and to worry about when they next will eat. Their diets, low in nutritional quality and high in fat content, contribute to high rates of malnutrition, poor linear growth, and obesity" Dwomoh and Dinolfo, 531.

[9] "Children without a stable home are more than twice as likely as their peers to repeat a school grade, have high rates of absenteeism, be cited for behavioral issues, drop out of school, or be expelled or suspended. Of homeless adoles-cents who receive

crisis services while in a homeless shelter,only approximately one-third attain a high school diploma or general equivalency diploma by 18 years of age" Dwomoh and Dinolfo, 531.

[10] "Homeless children are more likely than their peers to experience abuse, witness and experience violence, and have emotional trauma" Dwomoh and Dinolfo, 531.

[11] "individuals experiencing chronic homelessness can cost taxpayers around $83,000 or more per person per year in shelter, medical, and criminal justice expenses. Individuals experiencing chronic homelessness are the most vulnerable, so services provided to that group can comprise 50 percent of society's homelessness costs although the group is only a small subset of the overall homeless population" Lavena Staten and Sara Rankin, "Penny Wise But Pound Foolish: How Permanent Supportive Housing Can Prevent a World of Hurt," *SSRN Electronic Journal*, 2019, https://doi.org/10.2139/ssrn.3419187.

[12] "This research asked 86 people who had been homeless for at least 90 days about the services they had used. The research also asked them to describe any forms of support that would have prevented their current homelessness. Estimated public spending on the 86 people for 90 days was £742,141 in total and £8,630 on average [...] On average, it was estimated that preventing homelessness for one year would result in a reduction in public expenditure of £9,266 per person. The potential saving could be estimated as being as high as £796 thousand." Nicholas Pleace and Dennis P. Culhane, "Better than Cure? Testing the Case for Enhancing Prevention of Single Homelessness in England" (London: Crisis, 2016), https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/cost-of-homelessness/better-than-cure-2016/.

[13] Author's calculations using "AHAR Reports," HUD Exchange, 2020, https://www.hudexchange.info/homelessness-assistance/ahar/#2019-reports.

[14] Author's calculations using "AHAR Reports."

[15] Author's calculations using "AHAR Reports."

[16] Author's calculations using "AHAR Reports."

[17] Author's calculations using "AHAR Reports."

[18] "The number of units renting for under $800 fell by 1.0 million in 2017 alone, bringing the total drop in 2011–2017 to 4.0 million. Half of all metros posted declines of more than 10 percent over this period" "The State of the Nation's Housing 2019" (Joint Center for Housing Studies of Harvard University, 2019), 4, https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_State_of_the_Nations_Housing_2019.pdf.

[19] "The number of cost-burdened renter households stood at 20.5 million in 2017, just 770,000 below the peak in 2014 and 5.7 million above the level in 2001...About a quarter of all renters—some 10.7 million households— faced severe housing cost burdens in 2017" "The State of the Nation's Housing 2019," 31.

[20] "Over 805,000 renter households were threatened with eviction in 2017, according to American Housing Survey data. When all renter respondents were asked where they would go if evicted, 60 percent said that they would move to a new home, but 34 percent said they would have to move in with family or friends. Another 5 percent said that they would either have to split up their households and move to different places or go to a homeless shelter" "The State of the Nation's Housing 2019," 34.

[21] "Homelessness: Targeted Federal Programs," EveryCRSReport.com, October 18, 2018, https://www.everycrsreport.com/reports/RL30442.html.

[22] "Federal Rental Assistance Fact Sheets," Center on Budget and Policy Priorities, December 10, 2019, https://www.cbpp.org/research/housing/federal-rental-assistance-fact-sheets#US.

[23] "Rough Sleeping Statistics Autumn 2018, England (Revised)," Statistical Release (Ministry of Housing, Communities, and Local Government, February 25, 2019), 1.

[24] "Statutory Homelessness, January to March (Q1) 2019: England," Experimental Statistical First Release (Ministry of Housing, Communities, and Local Government, September 12, 2019), 1.

[25] "Threatened Homelessness," Shelter Legal, July 3, 2018, https://england.shelter.org.uk/legal/homelessness_applications/defining_homelessness/threatened_homelessness.

[26] "4,677 rough sleepers recorded as sleeping rough on a single night in England in 2018" "Rough Sleeping Statistics Autumn 2018, England (Revised)," 11.

[27] "a total of 8,855 people were seen rough sleeping in London during 2018/19, which is an 18% increase compared to the total of 7,484 people seen in 2017/18. Of these people, 5,529 were new rough sleepers, who had never been seen rough sleeping in London prior to April 2018. Amongst the new rough sleepers, 4,036 (73%) were seen rough sleeping on just a single occasion during the year" "CHAIN Annual Report: Greater London: April 2018 - March 2019" (Greater London Authority, June 2019), 5, https://data.london.gov.uk/dataset/chain-reports.

[28] "the supply of social housing has drastically declined as a proportion of England's housing makeup. Where it housed 32% of the population in 1981, only 17% live in social housing today. Despite this,demand remains high" Deborah Mattinson et al., "Social Housing in England after Grenfell" (BritainThinks, January 2019), 4.

[29] "Our analysis shows that two thirds (67%) of local authorities are unaffordable to typical low-wage families, when modelled by region. Conversely, the same modelled wages are sufficient to cover social rents and remain within the 30% of wage rule" "Private Rents and Family Wages: Affordability in the Private Rental Sector" (Shelter, July 2019), 10, https://england.shelter.org.uk/__data/assets/pdf_file/0004/1792561/affordability_research_note.pdf.

[30] "HM1.3 Housing Tenures," OECD Affordable Housing Database (Organisation for Economic Cooperation and Development - Social Policy Division - Directorate of Employment, Labour and Social Affairs, December 16, 2019), http://oe.cd/ahd.

[31] "This latest funding – the third round from the government's Flexible Homelessness Support Grant programme – brings the total government investment to tackle homelessness and rough sleeping to over £1.2 billion through to 2020" "£215 Million Boost for Council Homelessness Services" (Ministry of Housing, Communities & Local Government, March 22, 2018), https://www.gov.uk/government/news/215-million-boost-for-council-homelessness-services.

[32] "In 2017/18, nearly £1bn less was spent on single homelessness than was spent in 2008/9 – a fall of more than 50%. This was entirely accounted for by reduced spending for Supporting People activity – which includes a wide range of types of support to help people maintain tenancies and keep their lives on track. Overall, more than £5bn less has been spent on single homelessness between 2008/9 and 2017/18 than would have been spent had funding continued at 2008/9 levels" Jamie Thunder and Christina Bovill Rose, "Local Authority Spending on Homelessness: Understanding Recent Trends and Their Impact" (WPI Economics, 2019), 5, http://wpieconomics.com/site/wp-content/uploads/2019/04/Local-authority-spending-on-homelessness-FULL-FINAL.pdf.

[33] "Not all Supporting People expenditure directly affects homelessness, as it can also be used to support older people to remain in their homes rather than enter residential care. However, from the published data we have not been able to break this down further" Thunder and Rose, 11.

[34] "Welfare Spending: Housing Benefit," Office for Budget Responsibility, 2020, https://obr.uk/forecasts-in-depth/tax-by-tax-spend-by-spend/welfare-spending-housing-benefit/.

[35] "Housing Benefit Caseload Statistics: Data to May 2018" (Department for Work and Pensions, August 14, 2018), https://www.gov.uk/government/statistics/housing-benefit-caseload-statistics.

[36] Sanah Sheikh and David Teeman, "A Rapid Evidence Assessment of What Works in Homelessness Services" (Social Care Institute for Excellence, 2018).

[37] "Providing permanent affordable housing to individuals with chronic patterns of homelessness has also proven to significantly reduce use of expensive acute care services such as emergency shelters, hospital emergency rooms, and detoxification and sobering centers. As a result, PSH can lead to substantial savings and, among the heaviest service users, may even be a cost-neutral investment, with the cost of housing subsidies and services offset by reductions in other spending for public services" "Chronic Homelessness," Center for Evidence-based Solutions to Homelessness, April 2018, http://www.evidenceonhomelessness.com/topic/chronic-homelessness/.

[38] "This Year's World Malaria Report at a Glance" (World Health Organization, November 19, 2018), https://www.who.int/malaria/media/world-malaria-report-2018/en/.

[39] "Whereas the average U.S. life expectancy is 78.8 years, individual adults who used homeless shelters in Boston, New York City, and Philadelphia were found to have an average life expectancy of between 42 and 52 years" National Academies of Sciences, Engineering, and Medicine, "Evidence of Effect of Permanent Supportive Housing on Health," in *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness* (Washington (DC): National Academies Press, 2018), https://www.ncbi.nlm.nih.gov/books/NBK519591/.

[40] "Aside from a higher mortality rate, persons experiencing homelessness are three to six times more likely to become ill than housed persons" National Academies of Sciences, Engineering, and Medicine.

[41] "GiveWell's Cost-Effectiveness Analyses," GiveWell, December 2019, https://www.givewell.org/how-we-work/our-criteria/cost-effectiveness/cost-effectiveness-models.

[42] Marinella Capriati and Hauke Hillebrandt, "Against Malaria Foundation" (Giving What We Can, April 25, 2018), https://www.givingwhatwecan.org/report/against-malaria-foundation/#2-cost-effectiveness.

[43] Staten and Rankin, "Penny Wise But Pound Foolish."

[44] Staten and Rankin.

[45] Sheikh and Teeman, "A Rapid Evidence Assessment of What Works in Homelessness Services."

[46] Heather Menzies Munthe-Kaas, Rigmor C Berg, and Nora Blaasvær, "Effectiveness of Interventions to Reduce Homelessness: A Systematic Review and Meta-analysis," *Campbell Systematic Reviews* 14, no. 1 (January 2018): 1–281, https://doi.org/10.4073/csr.2018.3.

[47] Peter Mackie, Sarah Johnsen, and Jenny Wood, "Ending Street Homelessness: What Works and Why We Don't Do It" 13, no. 1 (2019): 12.

[48] "Reducing and Preventing Homelessness: Lessons from Randomized Evaluations," J-PAL Evidence Review (Cambridge, MA: Abdul Latif Jameel Poverty Action Lab, 2019).

[49] Andrew J Baxter et al., "Effects of Housing First Approaches on Health and Well-Being of Adults Who Are Homeless or at Risk of Homelessness: Systematic Review and Meta-Analysis of Randomised Controlled Trials," *Journal of Epidemiology and Community Health* 73, no. 5 (May 2019): 379–87, https://doi.org/10.1136/jech-2018-210981.

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[52] Nicholas Pleace and Joanne Bretherton, "The Cost Effectiveness of Housing First in England," Research Report (London: Homeless Link, 2019).

[53] Angela Ly and Eric Latimer, "Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature," *The Canadian Journal of Psychiatry* 60, no. 11 (November 2015): 475–87, https://doi.org/10.1177/070674371506001103.

[54] Sheikh and Teeman, "A Rapid Evidence Assessment of What Works in Homelessness Services."

[55] Munthe-Kaas, Berg, and Blaasvær, "Effectiveness of Interventions to Reduce Homelessness."

[56] "Reducing and Preventing Homelessness: Lessons from Randomized Evaluations."

[57] "The State of the Nation's Housing 2019."

[58] Nicholas Pleace, "Using Housing First in Integrated Homelessness Strategies: A Reviewof the Evidence" (University of York Centre for Housing Policy, 2018).

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[60] "Welfare Spending: Housing Benefit."

[61] "Federal Rental Assistance Fact Sheets."

[62] Sheikh and Teeman, "A Rapid Evidence Assessment of What Works in Homelessness Services."

[63] Munthe-Kaas, Berg, and Blaasvær, "Effectiveness of Interventions to Reduce Homelessness."

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[70] Mary Cunningham and Samantha Batko, "Rapid Re-Housing's Role in Responding to Homelessness: What the Evidence Says" (Urban Institute, 2018), https://www.urban.org/sites/default/files/publication/99153/rapid_re-housings_role_in_responding_to_homelessness_2.pdf.

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[72] "Reducing and Preventing Homelessness: Lessons from Randomized Evaluations."

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