

## **Literature Review: Single-Site and Scattered-Site Housing Compared**

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**Date:** September 26, 2016

**Objectives:** The purpose of this review is to describe and compare single site housing and scattered site housing..

**Definition:** Scattered-site Housing First programs offer residents an option to select individual housing units located throughout the community. In addition to housing, residents are also offered a variety of supportive services such as case management services, substance use counseling, and/or, medical services. Some scattered-site Housing First programs use assertive community treatment (ACT) teams to deliver supportive services or an assertive community treatment model (Collins, et. al, 2013). Single-site Housing First programs offer residents housing units that are centralized within a single housing project and these programs provide onsite supportive services, and case management services.

**Research Summary:** The development and implementation of supportive housing programs are becoming a key component in governments efforts to curtail homelessness in communities. Two primary models are used to address homelessness: scattered-site, and single-site. As previously described both housing models share the Housing First philosophy, but differ in the nature of housing, and accessibility of services. These differences lead to differences in retention rates, service procurement, and community structure (i.e. community supports) (Collins, et. al, 2013).

**The Housing First Model:** The Housing First model differs from other housing models because the Housing First program models are not based on residents meeting milestones for housing attainment or maintenance (Collins, et. al, 2013). Other housing models require residents to exhibit clinical stability, abstinence from substances, treatment attendance, and service participation to attain and maintain housing. Housing programs that have specific stages to measure progress are often referred to as the Linear model (Johnson and Teixeira, 2010). The Housing First model developed as an alternative and is built upon the theme that homelessness is “first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing”. Such models also provide support services to residents in order to engage and ensure housing stability. Unlike Linear models of housing, support services in the Housing First model are voluntary, but are proactively offered to residents to help maintain and sustain independent lifestyles. The Housing First model has shown promising results in terms of housing retention.

The distinguishing characteristics of the Housing First model are:

- Placement of homeless individuals into housing that is considered permanent.
- No requirement regarding housing readiness.
- No requirement that individuals use supportive services, although the services are made readily available. Focus is on harm reduction and not simply abstinence.
- The use of assertive outreach to engage homeless individuals with the goal of offering housing.
- On-going efforts to provide supportive services.
- Targeting of the most vulnerable individuals.

Table 1: Support Services offered by a Case Manager (HUD, 2013)

- Provide support
- Assist residents identify and achieve goals
- Offer educational and vocational services
- Counseling
- Support recovery
- Assist with socialization and recreational activities
- Manage crisis
- Build activities of daily living (ADL) skills
- Assist with medication management
- Help build community

**Support Services and Case Management:** There are numerous definitions of case management services, the Department of Housing and Urban Development (HUD, 2003) defines case management services as a “single point of accountability for coordination of services” (HUD, 2003). In the case of supportive housing, a case manager is responsible for offering the resident support in living independently, and maintaining residential stability (HUD, 2003). As mentioned in the previous section, support services in Housing First models are voluntary, meaning the resident has the option of receiving services from case managers. Table 1 provides types of support services offered to residents by case managers as stated by HUD (HUD, 2013).

One study conducted in 2013 to measure the retention rates of participants admitted to a single-site housing program, provided on-site supportive services that were tailored to each resident’s specific needs. Such services included 24-hour housing project staffing, intensive case

management, nursing or medical care, access to external referrals, and assistance with basic needs (Collins, et. al, 2013). Other models that incorporate support services utilize techniques such as harm reduction and motivational interviewing. Both are used to help resolve internal issues through non-judgmental communication approaches, such as using harm reduction methods to confront and mitigate drug and alcohol use.

**Compared:** There is very little research directly comparing single site and scattered site housing and no research comparing the effectiveness of the two models. Several studies have described the advantages and disadvantages of each housing type (Johnson and Teixeira, 2010, Kresky-Wolff et al, 2010). Supporters of scattered site housing stress this form of housing has a “normalizing” influence and the ability of scattered site housing to help client recovery by helping grow a sense of responsibility and stability. Kresky-Wolff et al. (2010) also note sometimes scattered site housing can be associated with social isolation and were costly in terms of the time and resources required for travel to meet and provide services to clients. Kresky-Wolff et al. (2010) also notes staff associated with single site housing valued opportunities for routine and regular informal contacts with clients which were helpful in promoting trust-building and a sense of community. Goldfinger et al. (1999) noted that individual preferences should be considered in determining the type of intervention but that other factors should be considered. This is also implied in the study by Pearson, Montgomery and Locke (2009) which found housing outcomes varied by scattered site and single site housing and this appeared to be partly dependent on the type of client served by the program. Further, Lipton (2000) provides evidence that greater consumer control and choice in the type of housing can have a positive impact for some clients, particularly those that are resistant to receiving services.

A study by Brown et al. (2015) of tenant satisfaction with a single site Housing First program found residents were satisfied with their living situations and that single site housing providers need to attend to housed individual’s perceptions of the housing environment (i.e. housing location) and broader challenges (i.e. drug activity). Henwood et al. (2015) in his study of scattered site Housing First programs for chronically homeless individuals with severe alcohol use disorders, suggested that scattered sites models, like single site models, result in significant reductions in behavioral health service use and noted more research is needed to compare the effectiveness of the two approaches.

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