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Abstract

This article reviews institutional responses to adult homeless people, to argue that there is a contemporary flourishing of debates about complex needs across homelessness research and practice fields. These understand housing need as a mental and physical health issue and a care and support need, with foundations in biographical and societal events, issues and experiences, including trauma. Responses to complex needs are conceptualised as enterprising in scope; articulated as fresh, proactive, preventative and positive. The article suggests that there are a range of legislative, policy and funding drivers for these developments, from across homelessness, housing support and adult social care fields, which are distinctive to the English context. At the same time, debates about what complex needs are, and how best to respond to them, are evident in international debates about service delivery models with homeless service users in the Global Western North. 'Complex needs' is defined as a travelling concept, with affective qualities, which provides foundation for practice interventions, techniques and principles in different locations. The article conceptualises institutional machinations around the governance of complex needs as 'new markets of vulnerability'. This term theorises new markets and new marketising strategies around complex needs in the context of a much larger reconfiguring of the mixed economies of welfare around markets and market mimicking devices and practices. It is argued that the intensification of activities around complex needs give insight into processes of neoliberalisation in contemporary modernized welfare 'mixes'.

Key words: housing support, social care, interventions, markets, governance, affect

Introduction

Homelessness in England is rising. In 2017, annual statutory homelessness acceptances stood 44% above their 2010 low point (Fitzpatrick *et al.* 2017, p. 2). These numbers will not account for the problem of hidden homelessness, which affects around 380,000 people (Batty & Reeve, 2011). Advocates claim that ‘rough sleeping’ has doubled in some areas since 2010. Official estimates of up to 4000 people sleeping rough in England in a single night compete with reports from charity outreach workers that they saw 8,000 people on the streets in London alone through 2016 (McVeigh, 2016). Causes of this rise include dramatic reductions and changes to social welfare benefits, supported housing provision, adult social care and mental health services. Other explanations include reliance on, and eviction from, insecure private sector accommodation, the growth of in-work poverty, and a continued lack of meaningfully affordable housing options in areas of chronic housing shortage and expense (CHAIN, 2017; Crisis, 2016a). These contemporary issues penalise all social ‘groups’ with specific impacts for single adults and childless couples.

Beyond practical and administrative barriers to achieving and maintaining accommodation (Crane *et al.*, 2006), housing scholars have established that the causes of homelessness are overlapping, intersecting, agentic, social and structural (Fitzpatrick, 2005). Explanations for, and experiences of homelessness will vary for specific social ‘groups’, such as for women (Casey *et al.*, 2008), ex-military veterans (Johnsen, 2012), refugees and asylum seekers (Batty & Reeve, 2011), economic migrants (Fitzpatrick, Johnsen & Bramley, 2012) and young LGBTQ people (Dunne, Prendergast & Telford, 2002). International and cross-disciplinary debates about homelessness have offered deepened theoretical insight. Examples include anthropologist Robert Dejarlais’s (1999) institutional, relational and performative analysis of what it means to ‘be’ homeless, human geographer Catherine Robinson’s (2011) theorization of affect, pain and trauma as it relates to homelessness lived and felt, and psychosocial scholars Chris Scanlon and John Adlam’s analysis of social suffering, dismemberment and ‘unhoused minds’ (Scanlon & Adlam, 2011; Scanlon & Adlam, 2008).

Within these figures, findings and theories there is some consensus now about a social ‘group’ whose circumstances are explained by links between homelessness and other health and social care needs, which include mental and physical health, substance misuse and additional social problems such as for offending (Moreton *et al.*, 2016; Adamson *et al.*, 2015; Cornes *et al.*, 2013; McDonough, 2011). This is a type of homelessness that is supported, but not fully understood or resolved by, material-fiscal ‘bricks and mortar’ solutions alone. Its constellation of social and personal problems is presently defined as multiple or ‘complex needs’. Today, complex needs are claimed as an intensifying and increasing problem (Adamson *et al.*, 2015). In 2016, Howard Sinclair, chief executive of London-based homelessness charity St Mungo’s, explained in an interview with *The Guardian* newspaper that just as rough sleeping is increasing each year, ‘*so are the needs of those people, the complex issues, the range of problems ... The degree of need, is much, much higher than it was even three years ago*’ (McVeigh, 2016).

There is now a wealth of homelessness, social care and mental health research into homeless adults with complex needs. These demonstrate what complex needs are, and how institutional and legislative responses are inadequate and inconsistent (Moreton *et al.*, 2016; Adamson *et al.*, 2015; Cockersell, 2011; Cornes *et al.* 2014; Cornes *et al.*, 2013; Cornes *et al.*, 2011; Dwyer *et al.*, 2014; Fitzpatrick, Johnsen & White, 2011; Haigh *et al.*, 2012; Hopper, Bassuk & Olivet, 2010; Johnson, 2013a, 2013b; Johnsen & White, 2011; Keats *et al.*, 2012;

McDonaugh, 2011; Macias Balda, 2016; Rankin & Regan, 2004; Reupert & Maybery 2014; Seager, 2011). These researches are part of a broader pattern of interest across international locations in the Global Western North. For example, debates about homeless people, complex needs and service delivery models are evident in parts of western Europe (Cockersell, 2011), Australia (Johnson, 2012; Johnson & Chamberlain, 2008), Canada (Gaetz *et al.*, 2016), and North America (Hopper, Bassuk & Olivet, 2010; Miller & Najavits, 2012)¹.

In the face of this interest, a range of new approaches offer hopeful solutions through models of service delivery and practice principles that are enterprising in scope; articulated as fresh, proactive and preventative. Often resistant to ‘traditional’ conceptions of diagnosis and treatment, these models and principles have become part of what it means to develop and implement support practice in homelessness institutions across statutory and non-statutory bodies. These include central government departments (Ministry of Housing, Communities & Local Government, 2018), local government agencies and commissioning teams (City of Westminster, 2017), voluntary sector organisations (Moreton *et al.* 2016), and consultants and trainers (Pie link Net, 2018a). In order to contribute to debates about complex needs and responses to these, this article conceptualises these developments as ‘new markets of vulnerability’.

New Markets of Vulnerability

There is already considerable cross-disciplinary work, which takes as a starting point the social, cultural and political labelling of specific social ‘groups’ as vulnerable. Examples are found across housing studies (Hunter *et al.* 2016), social policy and welfare (Brown *et al.* 2017), socio-legal studies (Loveland, 2017), education policy (Ecclestone, 2017), social work (Garrett, 2017), disability studies (Burghardt, 2013), and psychology (Johnstone, 2018). Analyses are often couched in policy and legislation discourse and/or empirical research into the lived experiences of service users, practitioners or policy-makers. These can be seen as part of broader debates about the role of the emotions (Jupp *et al.* 2017) and role of neuroscience, ‘psy’ knowledge, and ‘therapeutic cultures’ (Rose & Abi-Rached, 2013; Pykett, 2013) in governing and state practices. Education policy theorist Kathryn Ecclestone, for example, observes the ‘*growing status of vulnerability as a powerful cultural and political resource and its role in policy and everyday images about the targets of human intervention*’ (Ecclestone, 2017, p. 50). These events are linked to a hybridisation of popular ‘psy’ knowledges in institutions of the welfare state, and their application by ‘therapeutic entrepreneurs’ (e.g., consultants, practitioners, policy-makers). For Ecclestone, this manifests in – and legitimates – interventions that construct school-aged children as anxious and inward-looking, offering a collapsed, disempowered and diminished sense of human agency.

To contribute to these debates, the present article is necessarily selective in emphasis. While it evokes vulnerability, it does not seek to unpick this term as an analytic concept. Instead, there is focus on the changing organisation of the governance of complex needs. It is argued that the contemporary evolution of responses to homeless adults with complex needs creates and delimits new spaces, new dynamics, new relationships and new and desired behaviors at individual and institutional levels. ‘Welfare mixes’ at the local-level are shaped, developed

¹ This transatlantic link is especially powerful given the history of trauma as a concept originating out of the US (Leys, 1994), and the way links are drawn between adults’ formative experiences of trauma and their contemporary manifestations in complex needs across contemporary debates (Johnstone *et al.* 2018).

and constrained through an intensification of activity (talk, texts, feeling, action) around complex needs across different locations. There are new markets and new marketing strategies around complex needs, and these take place within the context of a much larger historical reconfiguring of the mixed economies of welfare around markets and market mimicking devices and practices².

In deploying the term ‘markets’ there is an instrumental connection to the tender, commissioning and delivery of services under neoliberal governance, in a field with a history of mixed economies of provision from across statutory, private, voluntary, charitable and community sectors (Mullins *et al.* 2012) including service user-led and ‘survivor’ projects (Johnsen, 2010) and social enterprises (Elkenberry and Kulver, 2004). However, the use of ‘markets’ here engages with the *enterprising zeal* with which some areas of the homelessness sector are conceptualising and responding to complex needs. This captures two interrelated elements. First, the way organisations combine social missions with pursuit of ‘innovative’ solutions to apparently intractable problems and new and emerging needs (Czische *et al.*, 2012). Second, the way narratives around these problems/needs convey the power of new ideas, which are enthusiastically communicated through statements of individual and institutional accomplishments and successes (Eikenberry, 2009). These elements demonstrate the development of new sets of norms, rules, practices and potentially new organizational forms (Skelcher, 2012; Teasdale, 2012). Such forms refer not just to material-entrepreneurial developments in the homelessness sector such as a growth in social enterprise agencies (Taneknov, Fitzpatrick & Johnsen, 2018; Czischke *et al.* 2012) but also to evolved socio-cultural, relational and affective practices around what it means to be a practitioner and work in contemporary institutional settings under neoliberal governance.

To explore these dynamics, this article provides an interpretive review of popular institutional policies and practices, which draws on academic research, organisational ‘grey’ literature and published comment from homelessness organisations and practitioners (Yanow, 1999). These were located through key-word and a ‘snowballing’ approach to searches. Although the discussion refers to ‘popular’ responses to complex needs, this is not necessarily reflected in the frequency of their application, but rather the presence of service delivery models across different locations and their attraction to ‘thought leaders’ and practitioners in voluntary sector and commissioning bodies (Moreton *et al.* 2016, p. 41).

In terms of structure, the article is divided into four sections. First, a methodology explains the article’s conceptual foundations in critical-cultural approaches to governance. The second section maps existing research into complex needs and tracks different influences for contemporary academic, policy and practice interest in this area. It explains that in the English context, a key driver for contemporary interest in complex needs is evidence that poor national policy and local authority agency coordination, across homelessness, housing support and social care fields, leads sometimes to duplication of effort but more often to adult service users ‘falling between the cracks’ and receiving no support. The third section outlines popular models of support. As noted, these are interpreted as enterprising efforts to bring about personal and social change in service users, via fresh positive, preventative and proactive approaches. It is demonstrated that responses to complex needs are not tied to singular bodies of occupational, clinical, professional and sector knowledge and indeed these may be rejected on the basis of past institutional failings to adequately respond to service users. The fourth section focuses on one model, ‘*Psychologically Informed Environments*’ to

² In conversation with Professor Emeritus John Clarke, September 2017.

consider the presence, reach and impact of debates about complex needs across different locations and scales. The article concludes by presenting considerations for future research in this area.

Methodology

Arguments developed in this article are underpinned by critical and cultural approaches to governance. This takes as a starting point that phenomena like institutional responses and neoliberalism are shifting and dynamic, enacted in the everyday through performative, relational, social, affective, cultural, material and symbolic actions and practices (here, talk, texts, conscious/unconscious feeling (Hunter, 2015). This approach means that institutional responses to complex needs are not regarded as an end-product of neoliberalism. Rather, institutional responses may be used to unpick processes of neoliberalisation by tracking and tracing 'its' multiple and shifting enactments. This methodology explains the application of this approach for the article.

Neoliberalism & Social Welfare

Broadly, neoliberalism is linked to free-market solutions, deregulation and privatization, and a minimal state, with the aim of boosting economic growth and corporate profits. Responses to social problems are grounded in market-based solutions; business principles/professionalism (e.g., efficiency, customer, profit), and cultures (e.g., contract culture, business jargon). Although there are histories of 'welfare mixes' in social welfare provision (Bode, 2006), today's mixed economies are underpinned by the 'modernisation' of social welfare. Modernisation emerged out of the fiscal and cultural reconstruction of different post-industrial nation states across the global Western North from the late 1970s, through the creation of formalised social welfare markets and principles of 'New Public Management'. These developments changed relationships between statutory and non-statutory social welfare institutions (Evans *et al.*, 2005). In contrast to mixed relations of service delivery by both state and non-profit sectors during the post-war Keynesian era (Bode, 2006), the state would now 'steer' by funding services and using managerialist techniques: efficiency savings, performance management, technologies, and a disciplined workforce (Pollitt, 1990). Meanwhile, non-statutory agencies would 'row' by delivering services underpinned by principles of competition, and be managed through practices of regulation and audit by the 'hollowed out' state.

Modernised services were conceived as an agile and flexible solution to the perceived failings of the bureaucratic and monolithic social welfare state; market-based principles would unleash innovation and empower the users of services. However, these ambitions are subject to sustained critique (Evans *et al.*, 2005). For example, while non-profit agencies are claimed as more innovative than their statutory counterparts, the maintenance of central and state power via practices of audit and regulation disciplines the independence of voluntary sector agencies and their practice frameworks (Buckingham, 2012). Additionally, claims to drive up standards through competition are undermined when economies of services reduce choice by limiting the range of providers for service user 'consumers' with no other options (Baines, 2004).

These observations about the administration of social welfare under neoliberal governance are important. However, modernisation is not just a market-driven systemic arrangement; it engenders new forms of socio-cultural knowledge and understanding about the role and

purpose of social welfare institutions, practitioners and the users of services (Clarke and Newman, 1997). For example, critics have argued that market-driven principles and systems generate impersonal, dehumanising, egotistic, antisocial, and self-interested cultures, which work against the public and social good (Eikenberry, 2009, p. 583). One implication is that under neoliberal governance, explanations for/responses to social problems are cast in individualising rather than collective terms. Social welfare users are then pathologised as ‘problem people’; they are constructed not just as empowered consumers of services, but also as risk to global competitiveness through their ‘dependence’ on the state (Williams, 1999). Following this, social welfare policies under neoliberal governance have become controlling (regulating, hostile, punitive) towards vulnerable and marginalised social ‘groups’ (Tyler, 2013).

In this context, institutional responses to complex needs could be analysed in two ways. First, given that responses are articulated by non-statutory advocates as progressively oriented to the care and support of vulnerable adults, they can be understood as a successful *acting-back* against neoliberalism. That if statutory institutions are taking up ideas about complex needs from homelessness advocates, this demonstrates how progressive knowledge is entering the ‘mainstream’; the state has finally caught up. With this new knowledge to hand, there is potential for the state to roll back on neoliberal policies that hamper vulnerable adults’ recovery from homelessness such as ill-informed competitive commissioning structures, and punitive street enforcement techniques (see Ministry of Housing, Communities & Local Government, 2018). Alternatively, the article’s interpretation of institutional responses to complex needs as ‘enterprising’ could be understood as evidence that good social intentions (e.g., care and support) have been *co-opted* by market principles (e.g., care and support *as* control). That type of analysis would highlight the omnipotent nature of neoliberalism; its capacity to morph and evolve to remain as *the* naturalised ‘common-sense’ socio-political regime.

Critical and cultural approaches to governance demonstrate that there are conceptual limits to these analyses. This is because neoliberalism is constructed as an essentialised entity, contained within the state, which colonises and thereby makes complicit those that come into contact with it (the *co-opted*), unless they resist (*acting-back*) (Prince, 2010, p. 139). These positionings are emotionally and ethically charged, resulting in a-social conceptions of human agency/social welfare institutions (Hunter, 2003; Hoggett, 2001). For example, resistance is associated with ‘good’ orientations (e.g., social justice politics), enacted by human agents/institutions who work against the state. In contrast, complicity is associated with acting as an agent of the neoliberal state because of conscious/unconscious ‘bad’ orientations (e.g., ignorance, helplessness, lack of empathy, apoliticism, punitiveness)³ (Author, B).

The task at hand is to deploy a conceptual approach that understands institutional responses to complex needs as part of a trajectory of neoliberal governance, while maintaining a critical and social understanding of social reality and human experience. In the present article, the idea of complex needs as a ‘travelling concept’ provides a helpful starting point.

Critical and Cultural Approaches to Governance

³ For an example see commentary on responses to rough sleepers by charity and state partnerships (Corporate Watch, 2017).

‘Complex needs’ is defined as a travelling concept that moves across different geographic locations and fields of expertise within homelessness policy and practice, and beyond to allied social welfare and criminal justice sectors. The travelling concept approach is derived from critiques of policy ‘transfer’. Broadly, policy transfer refers to the movement of policy from one local, national or international location to another. For critical and cultural governance theorists Clarke *et al.* (2015), policy ‘transfer’ is problematic. It lends a solidity to policy ideas, a linearity to their movement, a locatedness of agents and actors and a ‘container’ model of space (p. 193). In contrast, policy ‘translation’, and the theoretical ideas that underpin it, think differently about what policy is and how it travels.

Drawing on critical anthropology, Actor-Network-Theory, critical feminist, critical race, subaltern and postcolonial approaches, and theories of assemblage, Clarke *et al.* (2015) understand policy as a heterogeneous assemblage of “*objects, narratives, practices, families, gods, places, ancestors, ghosts, technologies, ambitions, temporalities and institutions*” (p. 160). This expansive reading is provocative and deliberate, capturing how policy is constantly undergoing dynamic processes of formation and assembly. This approach finds intellectual power in refusals to build temporal or spatial boundaries around space, place, scale, human agency and identity (Stubbs, 2005, p. 81). While abstracted, there is a fundamental empirical quality to policy translation, insofar as the task at hand is to track and trace processes of formation and assembly; to understand how policy moves and the ways that it is reworked and reformed through this movement. Disaggregating policy qualitatively and often anthropologically is not a benign exercise. Understanding how “*flows flow, how they are interrupted and how they come (differentially) to rest at particular places and times*” (Clarke *et al.* 2015, p. 25) foregrounds power in two interrelated ways, which have application for the present article.

First, it works firmly against a totalizing, ‘top-down’ and cynical view of power. This is because policy – understood as multiple practices, subjects and objects – does not exist a-priori and outside of the multiplicities and assemblages of human agency and governing practices at different scales (Stubbs, 2005). There is no stable, singular, generic anything; everything is done in practice, and it is done somewhere (de la Cadena & Lien, 2015, p. 445). This helps to explain the ubiquity and popularity of ‘complex needs’ as a policy problem, while also recognising that it is not universally understood, experienced and imposed. Rather, ‘complex needs’ becomes a type of reference point with ‘global form’ (Collier and Ong, 2005, in Prince, 2010, p. 135), taken up in different ways by different subjects/objects in their social worlds. A global form concept like complex needs is in a constant state of ‘becoming’ but it is given traction or ‘stick’ via the range of shared cultural, social, affective and material worlds of different local, national and international geographies and locations (Prince, 2010).

Second, the ‘taking up’ of complex needs is one way that institutions are enacted via everyday practices, and the emotions play an important role in these processes. Understanding how different individuals and groups generate new ‘affective repertoires’ around policy concepts like complex needs is important for grasping how the emotions are constitutive of new forms of socio-cultural knowledge and understanding about the role and purpose of social welfare institutions (Newman, 2012, p. 466, Clarke & Newman, 1997). This is particularly relevant to the article’s argument that institutional responses are conveyed in positive, enthusiastic, excited, desirous, and hopeful terms. Extending these insights, critical governance theorist Anna Durnova (2013) theorises how emotions are constitutive of institutional space - a Czech end-of-life care organisation - by conceptualising the emotions as dynamic elements of knowledge production through collective and shared meaning-

making. Durnova argues that dynamic elements structure conscious and unconscious relations of actors towards each other insofar as meanings develop along interactions that generate emotions; simultaneously, emotions are framed during these interactions by meanings (p. 496). Following this argument, shared meaning-making structures various institutional engagements in social welfare settings, such as interactions with service users, practitioner development and institutional orientations (p. 509). In that sense, the emotions are constituted by, and constitutive of, institutional space in a way that centres around everyday actions, relations and practices (Hunter, 2015, Albrow, 1992).

In summary, this article uses institutional responses to complex needs to theorise trajectories of neoliberalisation in contemporary homelessness welfare mixes. This approach is underpinned by critical and cultural approaches to governance, which understand neoliberalism as relationally enacted in the everyday, and as an always shifting, dynamic and incomplete 'project'. It is beyond the scope of the present review article to empirically or anthropologically track the way that institutional responses to complex needs are constituted by, and constitutive of, everyday relational, material, symbolic, social, cultural and affective practices via an infinitely shifting, aligning and changing subjects and objects operating at multiple scales. However, the approaches discussed here demonstrate the analytical significance of identifying a range of actors and institutions, and their investments and commitments, associated with these interventions.

Complex Needs

In the English context, findings from social justice foundation Lankelly Chase (Bramley *et al.*, 2016) and voluntary sector coalition Making Every Adult Matter (MEAM, 2016) describe the experiences of up to 58,000 people, largely white men aged 25-44, suffering from societal, systemic, biographical and personal problems (for considerations of gender and race see Johnstone *et al.* 2018; Adamson *et al.*, 2015). These include histories of economic and social marginalization and problems from early life such as for childhood trauma, difficult family relationships and poor educational experiences. They manifest in multiple problems such as for homelessness, substance mis-use, mental ill-health and offending patterns (Bramley *et al.* 2016; MEAM, 2016). Across the academic and practice-based research identified in the introduction, complex needs are conceptualised as interrelated past and present conditions, disorders and dysfunctions, which manifest in a range of interconnected, entrenched and self-destructive social problems and support needs. They are linked to poverty, multimorbidity, offending, homelessness, 'street culture' activities (e.g., begging, 'rough sleeping', sex work), drug and alcohol addictions, long-term unemployment, physical harm to self (self-harm, suicide) and others, and anti-social behaviour. Attendant medical problems and diagnoses include physical ill-health and mental disorders, multiple exclusion and disadvantage, poly-drug use, and dual-diagnosis (meaning, substance mis-use and mental ill-health) (Johnstone *et al.* 2018).

While linked to dynamic conditions, and the result of societal problems, contemporary research also attributes complex needs to a rather exhaustive list of traumatic formative experiences and painful feeling states. These include broken attachments to significant others (i.e., parents, carers), the effects of neglect in early years, witnessing and/or being a victim of psychological, physical or sexual abuse, victimization as child and/or adult, and time in institutions such as care, prisons and the armed forces. These experiences are claimed to result in a range of chaotic behaviours such as for withdrawal, disengagement, restlessness, defensiveness, irritability, aggression, hyper- and in-activity, impulsivity, hyperarousal,

disassociation and being hard to reach. These conditions are in turn said to result in negative feeling states such as being broken, scared, damaged, lonely, isolated, helpless and ashamed. As a result, complex needs are frequently understood as issues and experiences that delimit the potential for social functionality and personal change due to challenging behaviours. These may evoke regulatory or surveilling responses from different local authority agencies (Johnsen & Fitzpatrick, 2010) including homelessness organisations; the resident evicted for using drugs on-site in supported housing, for example (Parsell, 2015).

Practices of exclusion reinforce complex needs by compounding the already reactive and crisis-led nature of ‘revolving’ contact with services, with damaging effects for service users and financial cost to different institutions (Revolving Doors Agency, 2016). People with complex needs are described as having repeat and intermittent contact with a range of organisations operating at the level of the ‘local-state’: mental health services, drug and alcohol services, criminal justice systems, statutory and voluntary sector homelessness organisations, social services and adult safeguarding. Bramley *et al.*, (2016) describe the implications of ‘severe and multiple disadvantage’ or ‘SMD’. Single adults with poor quality of life, physical and mental ill-health problems and dislocation from societal norms are characterised by numerous and repeat contact with homelessness, substance mis-use and offending services, such that an average local authority might expect to have about 1,470 SMD ‘presentations’ over the course of a year (albeit with significant variations across the UK) on the basis of contact with up to 17 different agencies across welfare, health and criminal justice systems (Barclay, 2017; Bramley *et al.*, 2016). SMD presentations result in costly crisis-led responses, particularly from emergency shelter and healthcare settings, the police, courts and prisons, and child protection where children are involved (Revolving Doors Agency, 2016).

Significantly, people presenting at services will likely ‘fall through the cracks’ of available support because institutions and services do not respond adequately or appropriately to their needs and behaviours. This is attributed to poor commissioning practices at national and local levels, which result in complicated and ill-coordinated ‘pathways’ through available providers, and which silo complex needs (e.g., substance misuse, mental ill-health) so that they are responded to as separate rather than interlocking issues. There is also evidence of a defensive working practices on the part of statutory, and statutorily funded, practitioners and services. Examples include ‘gatekeeping’ practices that restrict access to services on the basis of practitioner discretion and inflexible access criteria to services for adults whose complicated needs will not fit with rigid agency settings (Moreton *et al.*, 2016). In the English context, these dynamics are compounded by a historically hostile legislative environment, and contemporary funding cuts, which reflect post-2008 financial-crash ‘austerity’ politics affecting social welfare provision across the UK and other Western nation states (Clarke & Newman, 2012). These drivers combine and result in specific impacts for homelessness, adult social care and supported housing services.

Responses to Complex Needs: Homelessness, Adult Social Care & Supported Housing

Despite having one of the more established legal frameworks for homelessness in Western Europe, single adults and childless couples with complex needs are often assessed as ineligible for services (Fitzpatrick & Pleace, 2012). This is because they may be assessed as having ‘intentionally’ caused their homelessness (due to imprisonment or eviction) and as not demonstrating sufficient ‘vulnerability’ (due to lack of evidence or formal diagnosis) (Loveland, 2017; Hunter *et al.*, 2016). The new *Homelessness Reduction Act 2018* responds

to these issues by introducing new duties and extending the timeframe for local authorities to prevent and relieve homelessness for all (eligible) people regardless of ‘intentionality’ and ‘vulnerability’ (House of Commons, 2016). Local authorities will be required to draw up a *Personalised Action Plan* and named public authorities will have a legal *Duty to Notify* a local authority if an eligible service user is homeless or threatened with homelessness (and gives consent for this). However, how far these changes will prove effective remains in doubt because of confusion and variation about how to interpret and implement these measures, and a lack of additional housing for already cash-strapped local authorities.

Given the limits of homelessness legislation, advocates have attempted to use adult social care legislation to develop provision. Specifically, the *Social Care Act 2014*’s three-step assessment of an adult’s ‘needs’, ‘outcomes’ and ‘wellbeing’ is argued to correspond well to the experiences of homeless adults with complex needs (Cornes *et al.* 2014). ‘Needs’ (step 1) must arise from or relate to a physical or mental impairment or illness as opposed to circumstantial factors, and a formal diagnosis is *not* required to establish entitlement to services. The outcomes of these needs (step 2) and ‘significant impact’ these have for an adult’s wellbeing (step 3) relate explicitly to housing related issues. Examples include ability to maintain ‘a habitable home environment’ and ‘make use of the home safely’ (two of ten ‘outcomes’ criteria), and ‘suitability of living accommodation’ (one of nine ‘wellbeing’ criteria) (Department of Health, 2014).

However, the Act is under-utilised and evidence patchy as to how successful, appropriate or realistic it might be as a route to achieving support for homeless adults. Available empirical evidence from Mason *et al.* (2018) shows there are risks that service users, by the very nature of their complex needs, will disengage during a lengthy referral process. This is exacerbated where adult social care practitioners are less institutionally committed to the type of ‘assertive outreach’ advocated by voluntary sector homelessness practitioners working with rough sleepers. Narrowed resource constraints and welfare retrenchment across adult social care mean that provision is directed primarily towards more institutionally established ‘at-risk groups’, such as for children, older people, disabled people, adults with especially severe or long-term impairments and social and personal care needs. The evidence demonstrates that considerable work by a variety of agencies *across* voluntary and statutory sectors is needed to bring about successful implementation, with emphasis on ‘culture change’ across different agency settings to prioritise homeless adults as a social ‘group’ with care needs under legislation and in practice (Mason *et al.*, 2018).

Finally, the capacity of homelessness providers (night shelters, ‘hostels’) in the voluntary and charity sectors to ‘catch’ those who fall through gaps of statutory homelessness and adult care legislation is much diminished given the reduction and loss of a ring-fence of ‘Supporting People’ funding from 2009. Supporting People was administered from local authority commissioning teams from 2003, and it gave financial support for housing support services, primarily from voluntary sector organisations. It aimed to create improved services for homeless adults with support needs through effective coordination such as robust referral processes (including information sharing) and funding linked to successful outcomes, such as ‘move-on’ into independent living (Roche, 2004, pp. 762-3). While injecting much needed funding into a historically under-resourced voluntary homelessness sector (Buckingham, 2009), two interrelated problems show how the system fell short in responding effectively to adults with complex needs.

First, services were commissioned on a ‘pathways to resettlement’ model with services

funded to ‘move on’ a service user to increasingly independent accommodation. This inferred a ‘recovery’ approach, which was often at odds with voluntary sector organisations’ established aims to offer flexible, innovative, creative and non-bureaucratic and responsive support for the ‘hardest-to-reach’ through their proximity to service users in small-medium sized community-based agency settings (Buckingham, 2012; Bode 2006; Evans *et al.* 2005) and emphasis on ‘soft’ targets such as improving self-esteem and confidence (Renedo, 2014, 233). The pathways approach also worked against the cyclical and entrenched realities of complex needs, particularly mental ill-health and substance mis-use. Indeed, recent evidence suggests that substance mis-use in particular should be regarded as an end, rather than starting-point, of a service user’s engagement with support (Moreton *et al.*, 2016).

Second, some service users were denied access to services and labelled ‘too hard to help’ because the complexity of their needs did not match what an organisation was able to provide within the funded timeframe (Johnson 2013a, 2013b; Manthorpe *et al.*, 2013). This problem reflected not just a lack of knowledge about complex needs, but rather the demands of regulation and audit for homelessness organisations in contemporary welfare mixes (Buckingham, 2009; 2013). To reiterate, the imposition of ‘business’-like and managerialist practices like regulation and audit, which accompany receipt of statutory funding, may compromise voluntary sector organisations’ ethos and valued practices by imposing bureaucratic burdens, delimiting agencies’ creativity and capacities for professional discretion and diminishing their autonomy and advocacy function (Baines and van den Broek, 2017; Evans *et al.*, 2005). Today, targets are thought to represent a barrier to effective support practice in homelessness practice because they result in the routine exclusion of adults with complex needs from services (Moreton *et al.*, 2016).

In summary, complex needs are claimed as increasing and more complicated than in previous years, the results of cumulative and intersecting biographical and societal problems, which manifest in personal needs, issues and experiences. This in turn leads to increased burdens on local authority services. Ill-coordinated and defensive legal frameworks, commissioning and institutional practices, and a hostile funding environment, contribute to the entrenchment and worsening of complex needs. If complex services are required to reflect the intricacies and inter-locking nature of complex needs, these dynamics demonstrate that service users remain under-served; responded to in ways that decontextualize and compartmentalize their needs such that ‘*each problematic area is seen as the province of some specialist service or funding stream*’ and mean that they will continue to ‘fall through the cracks’ (Johnson, 2013b, p. 206). In this context, or perhaps because of it, a body of practice-based commentary has emerged, working at the intersections of research and advocacy, which calls for innovations in interventions with service users with complex needs. The next section outlines the most popular of these, before theorising their presence across different locations and platforms.

Responses to Complex Needs: Interventions

Effective responses to service users with complex needs are described as positive, preventative and proactive (Revolving Doors, 2015, p. 10). In practice, this means intensive, assertive and persistent interactions with individual service users (Adamson *et al.*, 2015). Systems include ‘Housing First’ (Tsemberis, 2010), and ‘Psychologically Informed Environments’, the latter informed by philosophies of Trauma Informed Care (Haigh *et al.*, 2012; Johnson, 2013a, 2013b; Keats *et al.*, 2012; Seager, 2011). ‘Housing First’ re-houses service users into independent living from the outset of their engagement with a support provider and delivers ‘floating support’ in situ. This contrasts to more established ‘staircase-

to-resettlement' models, which administer 'treatment first' to service users in temporary accommodation to ensure their 'readiness' for independent living (Cornes *et al.*, 2013; Greenwood & Manning, 2016; Johnson, 2012; Johnsen & Teixeira, 2010). As an intervention, Psychologically Informed Environments ('PIEs') aim to create a sense of environmental and emotional safety to generate emotional and personal change in service users. Five non-prescriptive principles for achieving this safety foreground the physical environment and social spaces, staff support and training, relationships, and psychological frameworks such as cognitive behavior therapies, motivational interviewing and strengths-based approaches (Homeless Link 2015b).

Strengths-based approaches also feature in support and assessing practices. Examples include 'Progression Pathways', which promote service user engagement with meaningful activities in paid employment, learning and training, volunteering and social enterprise schemes (Change Please, 2017; Clink, 2016; Crisis, 2011; Year Here, 2016). Strengths-based tools to assess service user need and build social functioning include the trademarked 'Outcomes Star', which identifies areas of life and goals that the service user completing it wishes to work on, and the 'New Directions Team assessment' (formerly known as the 'Chaos Index') (see Johnson, 2013b; Johnson & Pleace, 2016), which focuses on service users' behaviour and involvement with services to build up a holistic picture of need. In operational terms there are calls for 'integrated', 'whole-system', 'whole-person', 'wrap-around' and 'multi-systemic' approaches where one-stop/one-point delivery systems and lead-professionals and lead-partners help to broker service users' access to care and support provisions (Cornes *et al.*, 2013; Johnson, 2013b; Scullion *et al.*, 2014; Revolving Doors, 2015, 10). There are aspirations for IT systems that follow, capture and potentially coordinate service users' engagements with multiple services across allied fields through data sharing protocols (CHAIN, 2017). Front-line activity is regarded as central to the efficacy of these different approaches, with 'systems change' tools in development, which foreground service user and practitioner voice and experiences, to establish evidence-based practice and institutional progress in responses to complex needs (Adamson *et al.*, 2015, p. 43).

These different techniques and models are established in third sector policy, practitioner training and consultancy activity (Pie link Net, 2018a; Snook, 2018; uscreates, 2018; Adamson, 2015; Homeless Link, 2015a), with a strong digital presence in webinars, websites and social media (Homeless Link, 2018; Pie link Net, 2018b). Until recently, they have had more limited presence across statutory agenda and commissioning frameworks (Solutions Ltd, 2015; Keats *et al.*, 2012). However, this is growing in policy and practice. Both the *Homelessness Reduction Act 2018* and government *Rough Sleepers' Strategy 2018* refer to complex needs, with the strategy branded as '*prevention, intervention and recovery*'. Both back specific models of intervention, drawing on homelessness advocacy and research to discuss benefits of PIEs and commit £28 million to piloting Housing First in three metro mayor regions (Ministry of Housing, Communities & Local Government, 2018). Models now feature in the statutory commissioning of homelessness services (see Westminster local authority's take-up of PIEs (City of Westminster, 2017)). Models are also a central feature of voluntary sector-led partnerships of statutory and third sector agencies by *Making Every Adult Matter*⁴, a coalition of three organisations representing three components of complex

⁴ Following funding from the UK *Big Lottery* in 2014, the coalition granted between £5-10 million to 12 partnerships of statutory and non-statutory providers in different areas, to target individuals with between 3-4 multiple needs (homelessness, reoffending, substance misuse and mental ill health). Lasting between 5-8 years, each partnership is founded on the idea that

needs: criminal justice, (*Clinks*) homelessness (*Homeless Link*), and mental health (*Mind*) sectors⁵ (Moreton *et al.*, 2016; Adamson *et al.* 2015).

It is beyond the scope of the present article to explain the detail of all interventions, so there is focus on one; Psychologically Informed Environments (PIEs). PIEs are chosen for three reasons. First, articulations of complex needs are fundamental to the model's structure, organization and operationalisation. Second, the PIEs approach is not just restricted to homelessness services, with evidence of its application across a range of services that come into contact with adults with complex needs, such as medical and treatment services, and criminal justice systems. Third, PIEs' transatlantic roots in Trauma Informed Care are relevant to the present article's focus on complex needs as a travelling concept (National Alliance to End Homelessness, 2015). Taken together, a focus on PIEs offers a way in to theorising interventions in broader terms.

Theorising Interventions

Psychoanalytic psychotherapist and PIEs advocate Peter Cockersell (2011) explains that the approach understands the users of services, especially 'rough sleepers', as having experienced long-term compound trauma and multiple social deprivation, a result of early childhood events. He contrasts the approach with traditional client management and resettlement practices which emphasise social functioning and *behavior* management to the cost of *relations* management. Behaviour management is claimed to result in over-emphasis on regulating 'challenging' behaviors, and therefore contributes to cycles of homelessness as service users are repeatedly evicted, banned, and subsequently disengage from services. In contrast, PIEs' emphasis on generating emotional and personal internal change means that service users have potential to become, '*re-related to a world that is not aggressive and abusive, and that contains the possibilities self-expression, kindness, respect and even love*' (Cockersell, 2011, p. 48). In operational terms, PIEs are described as non-prescriptive and non-formulaic in approach, intended to enable the sorts of growth and healing, self-realized recovery and self-actualized capacities for personal possibility, opportunity and aspiration considered necessary for personal and social change, and which may lead on to positive outcomes such as for improved health, wellbeing and tenancy sustainment, and reduced antisocial behavior (Cockersell, 2011).

A key component to PIEs is that they suggest that complex needs are better known and understood as compared to previous years, and that this knowledge and understanding has given rise to more sophisticated responses. The 'psy' approaches that inform PIEs include: psycho-dynamic, group relations, attachment theory, neurobiology, clinical psychotherapy, recovery-oriented practice, and change management theory (the latter is also applied to organizational change dynamics) (Cockersell, 2011). However, staff working in PIEs are not

no person is too 'hard to help', and deploys a selection of intensive, positive, preventative and proactive techniques and interventions outlined in the previous section (see Adamson *et al.* 2015). While projects remain subject to ongoing evaluation, early findings demonstrate some success (Moreton *et al.* 2016). There are low rates of disengagement (given the needs of the service user group), a general movement out of 'rough sleeping', high levels of demand, and development of improved responses to other service user groups with multiple needs less well featured in the available data, such as for women and black and minority ethnic groups (Moreton *et al.*, 2016).

⁵ Substance misuse organisation *Drugscope* left the coalition upon its closure in 2009.

expected to be clinically trained or behave as psychologists (Homeless Link 2015b). Where resources are available, staff and clients are supported to relate to themselves and each other by trained, qualified and experienced psychotherapists, clinical or counselling psychologists who are tasked with the challenging work of facilitating spaces for reflective practice and team development (Scanlon and Adlam, 2012).

Three observations can be made at this stage, which broaden the discussion out from a singular focus on PIEs. First, there is a sense that services be more flexibly designed around the ‘realities’ of complex needs. This particular point resonates with other popular approaches like Housing First and the variety of integrated practice models outlined above. For example, Housing First accepts that service users may continue to use substances while in accommodation; activity that could result in rule-breaking, warning and eviction in ‘mainstream’ supported housing. And integrated operational systems do not require that service users approach and meet individually with different service providers; instead a lead professional/partner coordinates provision and engages a service user via ‘assertive outreach’ (Adamson *et al.* 2015). Second, responses to complex needs are not tied down to or conditional upon specific bodies of clinical, institutional and professional knowledge. Rather, organisational and legislative requirement for medical diagnosis, and expectation that service users be medically treated, are seen as barriers for service users accessing and receiving support (Moretone *et al.*, 2016). This particular point is consistent with a broader set of debates about diagnostic models. For example, the Division of Clinical Psychology of the British Psychology Society has recently argued that ‘mainstream’ medical-models of assessment are unable to diagnose the psycho-societal nature of mental ill-health (Johnstone *et al.* 2018).

Third, there is a sense of institutional vigour and excitement at the prospect of improving responses to complex needs. Returning to Peter Cockersell, these are defined as relational, positive, proactive and creative:

The aim is to use the tools we have – our buildings, our relationships with our clients, their relationships with each other and staff relationships with management – as instruments for creative and positive learning experiences. With their creativity liberated, it is amazing what our clients (and our staff) can achieve. (Cockersell, 2011, p. 47)

Thus, complex needs can be responded to via individual and correctly trained and supported talent, who are (as for service users) capable of realizing their own power via drive and determination to ‘do things differently’ (see Adamson *et al.* 2015, p. 20 for further examples). Taken together, the realities of complex needs are represented as messy, multi-layered and hard to define. However, in the face of this, institutional desires to bring about change appear galvanized on the basis that service users are potentially transformable via the ‘right’ type of intervention, institutional culture, and practitioner actions.

These dynamics resonate with events in social work, social care and prisons practice in the UK and beyond. Specifically, there is evidence of a growth of non-statutory providers that position themselves as enterprisingly committed to bringing about social change via a claimed departure from ‘mainstream’ approaches. In social work and child protection for example, market share is increasingly taken by global third sector players (e.g., ‘Serco’, ‘G4s’, ‘VirginCare’) and national-local agencies (e.g., ‘Morning Star’, ‘Firstlane’) (Jones,

2014). Back to the UK and appealing to graduates, ‘Year Here’ welcomes people to ‘do something about’ society’s toughest problems through experiential learning and support from ‘faculty’ with real-world expertise in social entrepreneurship, as opposed to traditional academic or sector-based professional learning (Year Here, 2016). US-based researchers have cited evidence of a ‘Treatment Industrial Complex’ (with roots in the ‘Prison Industrial Complex’), which works for the benefit of global and private-corporate interests and vicarious indulgence of welfare professionals (Simmonds, 2014). An example is found in criticism of Care UK’s recruitment practices for health professionals in prisons (Care UK is the largest independent provider of health and social care services in the UK). These promoted the ‘excitement’ of health practice in prison with chaotic and challenging offenders – at a time of their record high suicide and self-harm rates (Allison, 2016).

Across these examples, service users with complex needs are constructed as a knowable social ‘group’ who will benefit from enterprising institutions and practitioners with capacities to problem solve and change lives. Of course, interventions are not new to homelessness practice. There are histories of user-led and relationally driven therapeutic practice in non-statutory organisations and progressive clinical settings, such as for community and mental health services (Froggett, 2002) and therapeutic communities within the homelessness sector (Scanlon & Adlam, 2011; Saegar 2011; Johnsen, 2010). These practice models are reflected in contemporary emphasis on professional care and human and social relations as guiding missions for practice (Scanlon & Adlam, 2011), and techniques that incorporate service-user involvement in service design, self-determination and personal agency (Greenwood & Manning, 2016). However, responses to complex needs discussed so far are analytically significant because they are legitimated on the basis of apparently new knowledge and certainties about intractable problems and ‘problem’ adults. This takes place in a context of similar surety/intractability dynamics in other social welfare fields (Valentine, 2015).

For example, in England the application of ‘psy’ and neuroscientific approaches to ‘troubled families’ - another social ‘group’ with complex needs - highlights strategies for intervention and modes of subjectification that resonate with contemporary responses to homeless adults. Edwards *et al.* (2015) argue that the appeal and language of neuroscience is deployed within early-years policy to produce a logic that legitimates professional and state interventions with ‘problem’ families. Here, ‘psy’ rationales are taken up and produce a deterministic and classed orthodoxy whereby poor parents are constructed as underdeveloped; there is something missing in their brains, they do not experience normal emotions, meaning that they do not love their children like ‘we’ do (p. 183).

Elsewhere, McVarish *et al.* (2015) theorise the coupling of neuroscience and parenting (‘neuroparenting’) as creating the basis for a new governmental oversight of parents. This is because the child is spoken of in political and cultural terms as permanently neurologically vulnerable to parental influence. Popular, professional and political anxiety to secure the functional infant brain is then founded in certainties that this will resolve a range of interlocking social problems experienced by the child later on in adulthood, such as inequality, poverty, violence, lack of educational achievement, mental and physical ill-health (p. 253). McVarish *et al.* argue that these certainties/anxieties produce a sense of dramatic urgency that cements expectations about what interventions can achieve. This manifests in different institutional actions: reparative impulses, desires to manage the inner worlds of human subjects, and expectations to achieve endogenous change in human and gendered subjects (here, mothers and their children) (McVarish *et al.*, 2015).

Extending these arguments, human geographer and critical policy theorist Jessica Pykett (2013) has developed the concept ‘neuroliberalism’ to describe trends towards neuroscientific rationales and ‘soft-paternalist’, ‘nudge’ cultures of intervention. These interventions blend popular psychology, affect and behavioural economics to construct the human subject as irrational. This construction produces governing practices that cultivate particular emotional responses through the logic that irrational human subjects lack ability to make effective decisions for themselves. As for early-years interventions, this is supported by claims that the brain becomes ‘set’ from an early age - even though neuroscientific research in fact highlights that the brain is defined instead by its plasticity and capacity for change (Johnstone *et al.*, 2018; Pykett, 2013). Taken together, the human subject is reimagined in neuro-biological and deterministic terms, with decision making and character traits confined to proto-biological categories and bodily parts such as the ‘anti-social’ brain or the ‘responsible’ brain (p. 20) . Through this process, questions about the social and material conditions of social identity (e.g., gender, class) are stripped from discussion (Pykett, 2012). For Pykett, this represents maintenance of the classic rational liberal subject, and continuities in neoliberal governance.

Returning to the focus of the present article, there is not yet explicit talk about the ‘complex needs’ brain regarding homeless adults. Despite claims about the effects of formative trauma, social and material conditions are still embedded into debates. For example, social deprivation is understood as a feature of complex needs, and models like Housing First prioritise bricks and mortar housing. However, institutional responses to complex needs project optimistic desires to create personal change in homeless people's’ lives in ways that displace focus on the realities of that practice in an everyday, institutional sense.

Institutional realities & homelessness practice

That some homelessness organisations are growing, becoming slicker and more integrated and responsive in their structure and operations⁶ in the name of complex needs (Scullion *et al.*, 2013; Mason *et al.* 2018) is interesting given the sector’s institutional variation and its historically ‘Cinderella’ status, as compared to mainstream welfare sectors. While recognising the continued popular and political undermining and de-professionalisation of social welfare sectors like social work and mental health for example, in homelessness practice there has never been an overarching professional certification, qualification or experiences that mediate access to employment in the myriad roles and differently organized and sized providers that operate with diverse missions and ethos (see Cloke *et al.*, 2010). Although social work now contains a range of positions that require varying degrees of training and professional expertise, and global third sector players are seeking to take ‘market share’ as social work providers (Jones, 2014), there is still not the mix of providers (charities, faith-based, voluntary sector, community sector, statutory, private), and variation in employee skills and experiences, which are characteristic of the homelessness sector.

Contemporary financial cuts to social welfare have arguably intensified variation across homelessness organisations and their capacities to respond effectively to complex needs (Buckingham, 2013; Scullion *et al.*, 2014). After a decade-long injection of statutory funding into supported housing especially, there is evidence of increased employment of lower paid

⁶ These developments are not without dispute. For industrial relations see Spurr, 2014b; for challenging relations between regional organisations and within non-profit sectors see Barclay, 2016, p. 25.

staff and return to reliance on unpaid volunteers (Homeless Link, 2013). Back in 2014, industry publication *Inside Housing* reported that more than half of local authorities scrapped the Quality Assessment Framework (QAF⁷) that governed housing support organisations in receipt of statutory funding, because cuts restricted authorities' abilities to carry out assessments of agency settings. There is evidence of tensions at the local level due to competition for scarce resources (Milbourne, 2011; Bode, 2006). As well as historically difficult relations across voluntary sector providers and statutory services because of disagreement about who is to take responsibility for a homeless adult with complex needs (Adamson *et al.*, 2015), there is evidence of tensions between voluntary sector homelessness organisations as some thrive while others struggle to survive the present austere fiscal climate (Scullion *et al.*, 2014, Adamson *et al.*, 2015).

In light of the occupational position that the homelessness sector takes up, and in the context of financial cuts, developments around complex needs and enthusiasm for interventions can be read as evidence of a professionalizing sector (Crane *et al.*, 2006), demanding recognition for its evolved activities in, and contributions to, changing welfare systems in a recent history of financialisation and then swingeing cutbacks. The intensification of responses to adults with complex needs can be understood as struggles for professional legitimacy (Baines, 2004) coupled with the confidence of a formerly under-resourced and under-professionalised sector to now stake its claim and status within a broader field of providers responding to multidimensional and interconnected social need, in a politically motivated austere climate (Roche, 2004).

Responses to complex needs can be read as type of push-back to the excesses of neoliberal governance found in agency-settings commissioned to deliver services to homeless adults with complex needs. Relational and integrated interventions reflect refusals to compartmentalise service users and their needs into chunks of depersonalized activities, tasks and outcomes. Those sorts of approaches are associated with commissioned provision, which are argued to break support practice down into 'assembly line' conceptions of support with segmented, simplified and deskilling tasks, which have alienating effects for both practitioners and the users of services (Baines and van den Broek, 2017, p. 132, Author, A). Relatedly, advocating for interventions that do not insist upon recovery prior, or as central, to the receipt of goods and services, can be understood as a sector insisting on more inclusive and deliberative techniques that respond practically and less moralistically to the demands of homeless adults with complex needs (Cornes *et al.*, 2013; Maciver *et al.*, 2016; Midgley, 2016).

Taken together, assertions about the complexity of interventions in responses to complex needs therefore have a unifying and cohering effect for homelessness services, which belies their historical and contemporary heterogeneity with regards to resourcing, mission and aims (Roche, 2004). For example, Renedo's (2013) empirical research with voluntary sector homelessness practitioners observes the construction of service users in contradictory terms, with clients described as both equal partner and participatory voice, as well as alienated from society. The author regards this as evidence of attempts to assert the intricacy of practitioners' job (e.g. clients' chaotic life cycles) and to protect their community identity as

⁷ The QAF was the only nationally recognised form of regulation of hostels and sheltered housing. It was set up in 2003 to regulate providers that receive Supporting People funding on the basis of annual performance measures like health and safety, security, and protection from abuse and empowerment (Spurr, 2014a).

a group of professionals who play a key role in tackling the complexities of homelessness (p. 227).

Elsewhere, Ackroyd *et al.*, (2007) note that neoliberal governance (e.g., modernised structures and decision-making systems) has been most successfully applied in the housing sector, with practitioners engaging positively with change as compared to colleagues in social work and medical health fields; sectors understood as professionalised with greater capacities to resist ‘top-down’ demands. This is because the historical under-resourcing of the sector (here, third sector Housing Associations) generates opportunistic orientations such that organisations evolve and achieve collective advancement via partnership and alliance building and exploration of new territories of activity (Ackroyd *et al.*, 2007, p. 22). The authors are rather uncritical in approach, celebrating the openness of the housing sector to languages and practices of customer focus, continuous improvement, competition and performance measurement, as compared to the apparent intransigence of social work and medical health.

Overall, the enterprising drive to develop interventions with subjects who are constructed as biologically and socially frail and fallible deserves further consideration. The coupling of modernising impulses under neoliberal governance, and intense desires for interventions with ‘problem people’, remains under-explored in the context of homelessness institutions with explicit care and support missions.

Conclusion

This article has offered a review of conceptions of and responses to complex needs in England. It has been preoccupied with actors, practices and entities associated with seats of state and institutional power, and their responses to complex needs. It has tracked popular and contemporary models of intervention, thought about complex needs as a travelling and affective concept distinctive to the global Western North, and linked this to institutional and international developments in different locations. Interventions are theorised as consistent with developments across different welfare and intellectual fields around a backlash to traditional and mainstream approaches to diagnosis and treatment, alongside biopolitical and disciplining orientations. The institutional and policy climate surrounding homelessness organisations are also addressed. Desires and reparative impulses to respond well to adults with complex needs are connected to contemporary welfare mixes, struggles for professional legitimacy and status claims by a traditionally under-resourced and under-recognised sector. In this climate, intensification in activities around complex needs, and the development of enterprising responses, can be read as a contemporary iteration of modernising social welfare services and processes of neoliberalisation.

Indeed, in a climate of modern political cuts and competition for scarce resources, enthusiastic engagement with complex needs may represent a form of ‘push-back’ as organisations reinvent themselves and adapt in terms of structure and purpose to survive and thrive in contemporary marketised welfare regimes, resulting in the latest iteration of ‘disorganised welfare mixes’ with emphasis on opportunistic and innovative positions, as organisations enter states of ‘permanent creativity’ (Bode, 2006, p. 354). In this context, reparative impulses traditionally associated with voluntary sector homelessness practice, meaning, a strong sense of emotional commitment, rooted towards the issues or people that organisations work with (Hoggett, 2006) becomes enmeshed with a powerful cultural, policy and institutional climate, which is reflective of unequal social orders and power relations. For

example, psychosocial and group relations theorists Scanlon and Adlam (2008; 2011) describe a type of cultural and sympathetic hand-wringing about service users with complex needs who, despite their multiple problems, refuse to be included (i.e., are unresponsive to institutional help and assistance). This situation results in both their entrenched problematization ('*why* won't they be helped') and the development of more elaborate, expansive and regulatory forms of intervention in order that they be 're-membered'. To take this analysis forward, this article concludes with four questions, which this review has been unable to unpick in a fulsome way because of their need for empirical exploration.

First, how far do desires for human and social change, which appear on the surface to engage with realities of complex needs and intractable social problems, also do the work of smoothing over realities of substantive variation in 'what it takes' to do the job, to engage and respond to complex needs? What do models that embrace complexity delimit and restrict as well as enable for practitioners in their day-to-day thinking about social problems, human experiences and support practice? Second, how are practices of diagnosis and treatment (re)constituted over time (Jutel & Nettleton, 2011)? For example, what kind of spatial and temporal orderings take place between the relational, social, psychological and emotional in contemporary therapeutic practices in homelessness and housing support settings (Harrison, 2012)? Third, what kind of human intimacies and spatial proximities are imagined and played out in the relations between different subjects-objects that make up the everyday governance and enactment of interventions with complex needs? Examples of these subjects-objects include local authorities, institutions, commissioners, organisations, practitioners, service users, social media, systems and technologies (CHAIN, 2017). Fourth, how are institutional memories and knowledges positioned when they represent evidence of past failings of what it means to support? For example, how do developments in homelessness and housing support fields connect to evidence of an appetite for thinking about complex needs as they relate to apparently 'alternative' institutional structures within the UK and beyond. These questions represent future considerations of new markets of vulnerability.

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