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Journal Philosophy

The European Journal of Homelessness provides a critical analysis of policy and practice on homelessness in Europe for policy makers, practitioners, researchers and academics. The aim is to stimulate debate on homelessness and housing exclusion at the European level and to facilitate the development of a stronger evidential base for policy development and innovation. The journal seeks to give international exposure to significant national, regional and local developments and to provide a forum for comparative analysis of policy and practice in preventing and tackling homelessness in Europe. The journal also assesses the lessons for Europe, which can be derived from policy, practice and research from elsewhere.

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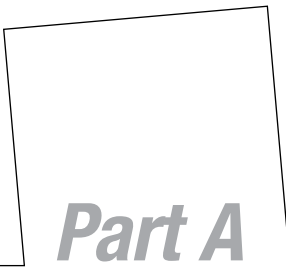
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Articles



Part A



Enhancing European Social and Healthcare Services for People Experiencing Homelessness: A Discussion Paper¹

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➤ **Abstract** *This paper explores evidence on effective delivery of health, mental health, addiction, and social (care) services² for people experiencing homelessness in Europe. The paper draws on a rapid evidence review conducted for a Mutual Learning Event in support of the European Platform on Combatting Homelessness in 2023. An overview of treatment, care, and support needs among people experiencing homelessness is followed by discussion of the barriers to mainstream services. The paper then considers the evidence on existing health and social services practice in relation to homelessness. It is argued that the case for creating integrated systems and strategies that fully incorporate health and social services working alongside homelessness and other services is becoming ever stronger in relation to both preventing and reducing homelessness. It is only through integrated housing-led/Housing First strategy, (with full collaboration among homelessness prevention and reduction services, housing providers, health, mental health, addiction, and social services, alongside criminal justice, welfare, and other relevant systems) that European homelessness can be effectively prevented and reduced. However, each EU Member State has variable resources and faces different challenges, so there is a need for guidance and support that has the ability to effectively support integrated homelessness strategies in different European contexts.*

¹ This article draws on work undertaken for a discussion paper prepared by the author for the European Commission. The views presented reflect the views of its **author only**. The European Commission is not liable for any consequences deriving from the reuse of material from the original discussion paper which is available at: <https://ec.europa.eu/social/BlobServlet?docId=27155&langId=en> §

² The term social services has been supplanted by 'social care' in some European countries, social services is used here to describe both social work and personal care services.

► **Keywords_** *Health, Mental Health, Social Care Services, Delivery of Social Care Services*

Introduction

This paper draws upon a rapid evidence review requested by the European Commission in support of the third Mutual Learning Event (MLE), involving Finland, France, the Netherlands, and Poland, in support of the goals of European Platform on Combatting Homelessness (EPOCH). The MLE was held in Brussels in March 2023.³

A rapid evidence review is both a broader and looser methodology than a systematic review, particularly in terms of encompassing qualitative, observational, and quasi-experimental evidence, rather than focusing on experimental trials reported in highly ranked peer reviewed journals. Much of the most highly rated peer reviewed research on health, social services, and homelessness is North American, rather than European. While similar peer reviewed evidence does exist for Europe, there is also significant 'grey' (non-peer reviewed) literature which has been produced by charities, NGOs, and governments that encompasses a wider range of European medical and social services for people experiencing homelessness. The limitation of the rapid evidence review approach, which in this instance was also a time constrained exercise, is that the evidence incorporated is not necessarily of the highest possible standard, nor is it necessarily consistent. In this instance, the decision was taken to include the widest possible array of evidence, rather than restrict the scope of the analysis, while working to ensure that the data that were included had been collected in replicable, methodologically robust ways.

The strength of the evidence base can be a wider issue with regard to European homelessness. For example, a number of randomised control trials (RCTs) on Housing First have been undertaken, including the evaluation of the French *Un chez-soi d'abord* programme (Aubry et al., 2021). However, the bulk of RCT evidence on Housing First is North American (Padgett et al., 2016) and there is a much larger, specifically European, evidence base on the effectiveness and operation of Housing First that includes many observational studies and a considerable 'grey' literature (Raitakari and Juhila, 2015).

The evidence around health, social services, and homelessness in Europe has some other limitations that are worth noting. The first point here is that, alongside broader patterns of evidence and data and homelessness at the EU level, research on health, social services, and homelessness is more commonplace in North

³ <https://ec.europa.eu/social/main.jsp?catId=1624&langId=en>

Western Europe and the Nordic countries than in the other EU Member states. The second point is that evidence tends to be focused on particular populations, i.e., people sleeping rough (street homeless) and in emergency shelters or other residential homelessness services (hostels/communal and congregate supported housing). Less attention has been paid to the health and wellbeing of children and families experiencing homelessness or to populations experiencing 'hidden' forms of homelessness.

Patterns of Treatment and Support Needs

Much of the global and European research on health and social care needs among people experiencing homelessness emphasises a high prevalence of severe, complex, and intersecting treatment, care, and support needs. Extremely high prevalence of mental illness, physically limiting illness, disability, and high rates of bloodborne (Hepatitis, HIV) and respiratory (tuberculosis) infection are reported, alongside very high rates of early mortality (Aldridge et al., 2018; 2018a; Beijer et al., 2012; Wolf et al., 2012). Studies also highlight high rates of autism (Churchard et al., 2019), attention deficit hyperactivity disorder, learning difficulties, and other forms of cognitive impairment (Stone et al., 2019) and brain injury (Gilchrist and Morrison, 2005). Addiction, both in the sense of problematic drug use and alcohol dependency, is reported at similarly high rates, often in association with mental illness and other health problems (Bowen et al., 2019; Fond et al., 2020; Greenwood et al., 2020). A 'mutually reinforcing' relationship between long-term and repeated homelessness and addiction, mental illness, and limiting illness and disability has been repeatedly reported (Kemp et al., 2006; O'Sullivan, 2022).

As has been noted elsewhere, a tendency to focus on people sleeping on the street and in emergency shelters has created some distorting effects in homelessness research, which has included some statistical errors (O'Sullivan et al., 2020). These errors centre on cross-sectional samples drawn only from specific subpopulations of people experiencing homelessness. One error is that people sleeping on the street and in emergency shelters are not a representative sample of 'homelessness', but of the extremes of homelessness, i.e., it omits the hidden homeless population and groups in temporary accommodation, like families experiencing homelessness. Another statistical error centres on the interrelationships between recurrent and sustained homelessness and health. People experiencing recurrent and sustained street-based sleeping and emergency shelter use have a very high prevalence of multiple, high, and complex treatment, care, and support needs. Health research has quite often *oversampled* people experiencing homelessness who have multiple and complex needs, because it inadvertently oversampled

people experiencing homelessness, living on the street, and in emergency shelters, who were long-term or repeatedly homeless (Culhane and Kuhn, 1998; O'Sullivan et al., 2020; O'Sullivan, 2022).

Women, children, people who identify as LGBTQI+, and migrant populations who are homeless are less likely to be present among people sleeping on the street and in emergency shelters and more likely to be experiencing hidden homelessness (Pleace and Hermans, 2020). There is evidence that lone women in situations of hidden homelessness can have multiple and complex needs, often associated with the trauma of domestic abuse and ongoing abuse. Lone women experiencing homelessness are also often parents who have lost contact with children because they have placed them with relatives or had them taken into social work care (Bretherton 2017; Bretherton and Mayock, 2021). Other groups experiencing hidden homelessness, like young people leaving care and people who identify as LGBTQI+, can also have high treatment, care, and support needs (Shelton and Bond, 2017; McCarthy and Parr, 2022). Lone women, LGBTQI+, and young people leaving care can have experienced stigmatisation, rejection, and abuse at high rates, and these sorts of experience can sometimes be the trigger for homelessness. Children experiencing homelessness in families, often headed by lone women parents, can face both increased risks to mental and physical health and barriers to health and social services. These children also experience or witness domestic abuse at high rates, which is often a trigger event for family homelessness, where many of the households containing children are headed by lone women parents who have had to leave the familial home (Bretherton and Mayock, 2021; Grant et al., 2007; Rosenthal et al., 2020). Certain groups, including young people leaving care, people leaving prison, people leaving institutional care, and people leaving psychiatric treatment, as well as groups like people identifying as LGBTQI+, some cultural and ethnic minorities, and some migrants, including undocumented people, can be at heightened risk of homelessness in Europe and relatively likely to present with treatment, care, and support needs (O'Sullivan, 2022; Mackie, 2023).

Populations experiencing hidden homelessness are overwhelmingly poor and do not appear to present with higher rates of addiction or severe mental illness than other low income populations. Not everyone experiencing homelessness in Europe has the same treatment and support needs as people experiencing long-term or recurrent street-based sleeping and emergency shelter use (Pleace and Hermans, 2020; O'Sullivan, 2022).

Patterns of European homelessness also appear to differ according to the nature and extent of public welfare, health, and social services. In much of Europe, homelessness is very strongly associated with poverty and destitution, with only quite small groups within the homeless population, who are overwhelmingly repeatedly/

long term homeless, appearing to have high, multiple, and complex treatment needs (O'Sullivan, 2022). However, in some Member States, like Denmark and Finland, relatively smaller homeless populations appear much more likely to have high and complex needs. The hypothesis here is that many people, who might otherwise be at risk of homelessness because of destitution, are protected by extensive social protection systems in EU Member States like Denmark and Finland. However, in those Member States with strong social protection systems, people with multiple and complex needs occasionally 'fall through' these various social safety nets and become homeless (Fitzpatrick and Stephens, 2014; Allen et al., 2020; O'Sullivan, 2022).

This means there are, in approximate terms, three sets of treatment, personal care, and support needs among people experiencing homelessness. The first is the group most frequently identified by health research, i.e., a predominantly lone, male population experiencing recurrent and sustained homelessness, centred on street-based sleeping and/or emergency shelter use. This group has very high prevalence of multiple treatment and support needs, including addiction, severe mental illness, blood borne and respiratory infections, limiting illness, and disability. The second encompasses groups of people who may be at heightened risk of homelessness due to their needs, characteristics, and experiences, so, for example, groups like ex-prisoners who can have high rates of mental illness and addiction (Filipovič Hrast et al., 2023), or people whose risk of homelessness and whose risks to health and wellbeing are linked to stigmatisation, rejection, or abuse, such as people identifying as LGBTQI+ or lone women and women with children experiencing homelessness. The third group is people whose homelessness has been triggered by destitution and poverty in EU Member States, a pattern which is also seen in comparable OECD countries (Bramley and Fitzpatrick, 2018; Colburn and Page Aldern, 2022; O'Flaherty, 2010; Johnson et al., 2019; Lohmann, 2021; O'Sullivan, 2020). Here, the issues around health and wellbeing are linked to the wider social gradient of health, i.e., low income and, particularly, destitute populations tend to have much poorer mental and physical health than more affluent people, which extends to people who essentially become homeless because of their precarious economic position (Marmot, 2018).

It has been argued elsewhere that it is important not to 'medicalise' homelessness, i.e., to present it as a problem of addiction and mental illness, because this artificially constrains and distorts analysis, discussion, and effective policy responses. Medical, care, and support needs exist across homeless populations, but those populations are not one group of addicted, mentally ill people sleeping on the street. People experiencing homelessness need treatment, personal social services care,

social workers, and other supports, just as any group of people do, but those needs are not a constant and, again, can often stem from being poor, rather than issues like addiction (Craig and Timms, 1992; Lyon-Callo, 2000; O'Sullivan et al., 2020).

European homelessness is caused by systemic failures exacerbating inequality, limitations within welfare systems, insufficient affordable housing supply, and inadequate coordination of services, as well as gaps and flaws in public health and social services. Associations with addiction and severe mental illness do exist among a specific group of people experiencing long-term and recurrent homelessness, but even here, there is evidence that these treatment needs can emerge *after* homelessness has occurred, rather than necessarily triggering it (Culhane et al., 2013). An unmet treatment need for severe mental illness might be presented as a trigger event for homelessness, but it is important to consider whether this is really an individual factor or systemic, because it is arguable that a properly functioning mental health system should never allow someone with a serious mental illness to potentially end up living on the street, in a shelter, or experience hidden homelessness.

Barriers to Health and Social Services

There is some evidence that people experiencing homelessness often expect to be rejected by health and social services. Sometimes this stems from experience of negative, judgemental behaviour by staff, but the *expectation* that they will be prevented from accessing services can stop people experiencing homelessness from even getting as far as seeking help (Pleace and Quilgars, 1996; Lester and Bradley, 2001; Canavan et al., 2012; Ha et al., 2015; Cernadas and Fernández, 2021). These attitudinal barriers are associated with late presentation, i.e., someone only seeking help when pain or other symptoms become unbearable (Lewer et al., 2019), which might mean treatment will be less effective, or even ineffective.

Homelessness often means frequent, unwanted moves, and this can create serious barriers to some treatment, care, and support when health and social services systems are organised on a municipal or regional basis that requires someone to demonstrate an administratively recognised local connection with that area, usually in the form of a fixed, recognised address (Baptista et al., 2015). Access to emergency treatment will generally still be accessible, because publicly funded hospital A&E/ERs will often be open services, but if access to something like outpatient treatment or social (care) services support requires a local connection, someone experiencing homelessness may be confronted with significant administrative barriers. Migrants experiencing homelessness may struggle with dealing

with bureaucratic systems using different logic, different assumptions, and a different language, or if they are undocumented, they will often be prohibited from using at least some health and social services (Mostowska, 2014).

There is longstanding evidence that stereotypical images of people experiencing homelessness as 'risky' individuals, who are expected to have high rates of addiction (with associated criminality) and severe mental illness, can be enough to block access to some health and social services (Pleace and Quilgars, 1996; Canavan et al., 2012; Pleace and Bretherton, 2020). Experience, training, and attitudes can all be important, as different bureaucrats in the same system may react differently when presented with someone experiencing homelessness. One worker may interpret service protocols more liberally than another, meaning that getting treatment, care, and support will sometimes be a matter of luck (Bretherton et al., 2013).

Maintaining continuity of treatment and support is difficult for people experiencing homelessness. Unwanted moves while homeless may cause disruption to treatment and care, because someone moves from one administrative area to another or further away from medical and social services and cannot afford transport. Routine screening and health checks tend to be organised on the basis of contacting someone at a (relatively) fixed address. Unmet treatment, care, and support needs may also disrupt someone's capacity to organise and reach appointments and engage with services, i.e., they may need help from medical and social services, or from services that provide case management like Housing First, in order to use those services in the first place (Pleace and Bretherton, 2020). The original US Housing First projects designed by Sam Tsemberis were built for people with severe mental illness who could not access treatment, care, and support because of their homelessness (Padgett et al., 2016).

Services for People Experiencing Homelessness

There are incentives for public health and social services systems to enhance access for people experiencing homelessness. The British NHS uses the slightly unfortunate term of 'frequent flyer' to describe homeless and other marginalised populations whose primary contact with health systems centres on sustained and repeated use of emergency services. This is costly at both a human and financial level because it ultimately does not provide lasting improvements to health, not least because their homelessness is not being resolved, and these emergency health services are highly expensive (Pleace and Bretherton, 2020). In the US, this pattern has been called the million dollar Murray phenomenon (Gladwell, 2006). Million dollar 'Murray' was a long-term, homeless individual, who eventually died on the street, after making repeated – expensive – use of emergency health,

addiction, mental health services, and having high frequency contact with the criminal justice system, none of which resolved their homelessness. The problem is that the drivers of poor mental and physical health are not being addressed, so treatment, care, and support needs persist or recur endlessly. One dimension of this is that the lack of residential stability can hamper access to mainstream, non-emergency health and social services, another is that homelessness itself presents ongoing risks to mental and physical health that will not cease until homelessness is brought to an end (Reilly et al., 2020; Lewer et al., 2019).

Probably the most common response to these challenges has been to build specific services to enhance access for people experiencing homelessness. Sometimes these services are improvised using little or no resources, but there can also be significant investment in specialist services. These services can range from enhancements to information systems and case management/navigator services to enable better access to mainstream health and social services through to specialist, separate health care provision targeted at people experiencing homelessness (Cream et al., 2020). Specialist provision can include different mixes of primary care, e.g., general practice (family) doctors and nurses as well as other services like dentistry, podiatry, occupational therapy, social work, and addiction (drug and alcohol) workers (Pleace, 2008; Pleace and Lloyd, 2020; Pottie et al., 2020; Magwood et al., 2020). Mobile services, like 'street medicine' models or peripatetic health and social work teams, that visit daycentres and other homelessness services are also used. Over time, street medicine and similar models have shifted from simply providing immediate treatment toward case management, adopting approaches that seek to provide lasting routes out of homelessness through coordinated, multiagency packages of support (Kertesz et al., 2021; Jago et al., 2018; Schiffler et al., 2023; Roche et al., 2018).

There are also hospital discharge services that are designed to prevent repeated, unnecessary, and expensive readmissions. Again, these services centre on creating interagency case-managed packages of treatment, care, and support, which can include settled, adequate, and affordable housing. While their development was led by medical professionals, these models that case manage the process of leaving hospital within a multidisciplinary, collaborative case management approach share their core characteristics with services like Housing First and Critical Time Intervention (CTI) (Cornes et al., 2021; Luchenski et al., 2018; Blackburn et al., 2017; Tinland et al., 2020; Tomita and Herman, 2012; Buchanan et al., 2006).

In the homeless sector, what were originally relatively basic services, such as daycentres that originally only offered food and shelter, have sometimes expanded into integrated healthcare provision. This might be in partnership with mobile services, like 'street medicine' models or through the direct employment of social

work, drug, and alcohol workers and nursing and other clinical staff. These adaptations to service design can also include importing models of treatment, care, and support from medical practice, such as psychologically informed environments (PIE) and trauma informed care (TIC), alongside other reflective practice designed to fully understand the emotional and psychological needs of people experiencing homelessness and the trauma they may have experienced (Homeless Link, 2017a; 2017b). Harm reduction is closely interlinked with Housing First (Tinland et al., 2020; Padgett et al., 2016), which has the approach at the core of its operational principles, but has long been mainstreamed across the entire homelessness systems of countries like Finland and the UK (Allen et al., 2020).

Evidence on these various clinical models and systems is skewed toward specialist services that focus on people sleeping on the street and in emergency shelters rather than hidden homelessness, and much of the data, in peer reviewed journals, is from North America and the UK (O'Sullivan et al., 2020). Research coverage is uneven within the EU itself, again because more complex and multifaceted responses to homelessness and health, including specific provision to meet treatment, care, and support needs, are more common in North Western Europe and the Nordic countries.

Reflecting the wider patterns within homelessness research, there is less work on meeting the treatment, care, and support needs of women experiencing homelessness. This includes data around meeting the needs of women experiencing homelessness around reproductive health, including access to contraception and period poverty (Poncet et al., 2019; Vora, 2020; Bretherton and Mayock, 2021). Research on services for children and families experiencing homelessness is also less common (Rosenthal et al., 2020; Lissauer et al., 1993). Bespoke services designed to meet specific needs such as dentistry (Paisi et al., 2019) and chiropody (podiatry) for people experiencing homelessness has also been conducted, generally reporting that access to these services is poor (To et al., 2016). There are some data on palliative, i.e., end of life, medical, care, and support services for people experiencing homelessness, but this field is in the early stages of development (Armstrong et al., 2021).

There are longstanding debates about the efficacy of building separate, specialist health and social services systems for people experiencing homelessness. Four limitations with the approach have been repeatedly identified for several decades (Pleace and Quilgars, 1996). The first is that there is only so much a specialist service can handle on its own, particularly for people experiencing homelessness who have high and complex treatment and support needs, and that there will very often be a need for mainstream health and social services to step in. Given that situation, enhancing access to the mainstream services, so the argument goes, is

better than trying to build expensive, separate systems that ultimately cannot cope on their own. The second argument is that separate, specialist provision reinforces the stigmatisation and marginalisation of homelessness, as rather than being treated and supported with everyone else, people experiencing homelessness are instead being kept separate from the rest of society. The third argument is that however accessible specialised, sensitive, and informed the care, support, and treatment on offer is, freestanding medical models are inherently limited, as you cannot provide effective treatment to someone living on the street or in a shelter, or experiencing hidden homelessness, because unless their homelessness is resolved, higher risks to mental and physical health will be ever present. The fourth argument is that specialist health and social services for people experiencing homelessness need a critical mass, i.e., they have to have enough patients and service users to justify their existence and the expenditure involved. This results in a marked tendency for specialist homelessness health services to be only be present in large urban areas in EU Member States and comparable countries, so they can never be rolled out on a truly comprehensive basis (Cream et al., 2020).

The counterargument to all this is that one cannot, from a human perspective, do nothing about widespread unmet treatment, care, and support needs among people experiencing homelessness. Where there is clear evidence of systemic failures blocking access to mainstream health and social services for people experiencing homelessness, developing a street medicine team or building a specialist clinic, while such approaches also arrive with a set of disadvantages, is still often seen as better than doing nothing.

Having said all this, the available evidence base does highlight a couple of important issues. There are, clearly, real logistical limits in public health policy which means that building an entirely separate *system* of healthcare for people experiencing homelessness is unlikely to be practical in any EU Member State. There cannot be shadow health systems for people experiencing homelessness, not least because the population experiencing homelessness is not large enough for that to make logistical sense. Even if there might be something far too close to 1 million people experiencing homelessness in the EU at any one point, that would be within a population of some 448 million, i.e., homelessness would be around 0.2% of the European population.⁴ This has driven medical models, like street medicine, to move toward increasingly integrated responses, still providing treatment, but also

⁴ This is *extremely* difficult to estimate with any accuracy at European level at the time of writing because data are often inconsistent between some Member States or do not exist in others, but there have been attempts, e.g. <https://www.feantsa.org/en/press-release/2023/09/05/?bcParent=27#:~:text=In%202022%2C%20at%20least%20895%2C000,street%20or%20in%20hidden%20homelessness.>

seeking to provide coordinated, multiagency exits from homelessness as the only effective way to help improve health and wellbeing on a sustained basis (Kopanitsa et al., 2023; Enich et al., 2022).

Lessons have also been learned over time. Attempts to address clinical need without also addressing homelessness have been found to replicate the ‘frequent flyer’ problem, i.e., rather than repeatedly turning up at A&E/ERs in hospitals without having their homelessness resolved, while their health continues to deteriorate over time, people experiencing homelessness instead repeatedly turn up at specialist medical services, because their homelessness is not being resolved. There has sometimes been evidence of outright, indeed catastrophic, policy failure, perhaps best exemplified in attempts to use abstinence-based models to end addiction among people sleeping on the street and in emergency accommodation, without doing anything at all to alleviate homelessness, which had the unfortunate distinction of being *totally* ineffective (Pleace, 2008). Again, clinician led models are increasingly based on ending homelessness through multiagency working within integrated strategies as the sine qua non for delivering effective health and social care for people experiencing homelessness.

European social work tends to take a different approach to homelessness. In some EU Member States, particularly in Southern, Central, and Eastern regions, social service departments have responsibility for people with treatment, care, and support needs experiencing homelessness, as part of their core duties. In these and other Member States, including countries like Denmark and Germany, trained social workers are the core staff for homelessness services (Pleace et al., 2018).

Debates in social work tend to focus on how services can most effectively support people experiencing, or at risk of, homelessness. Reflecting broader practices in social work training, there is a tendency to emphasise the intersectional nature of homelessness, i.e., how individual experience, needs, and systemic factors can contribute to homelessness, and to emphasise a need for holistic case management (OECD, 2015; Zufferey, 2016; Sen et al., 2022; Gerull, 2021; 2023; Watson et al., 2021). This means that homelessness is often being dealt with as part of the general social work role, rather than being regarded as something which requires specialised systems and approaches, unlike some European public health systems. Evidence on effective social work practice with people experiencing homelessness is less extensive than is the case for health services, and there are calls to increase awareness of effective practice (Gerull, 2023).

There is little data on the use of fixed-site social services, for example residential care and nursing facilities for people who become frail in later life, albeit that there is evidence that some long-term and repeatedly homeless populations are ageing in place (Crane and Warnes, 2007; Culhane et al., 2019). There are a few examples

of residential care facilities for people experiencing homelessness, such as the Danish Skæve Huse model, a form of small, sheltered congregate housing for formerly homeless people with high support needs (Allen et al., 2020). There is also some evidence of occupational therapy (which may be administered by social services and/or public health systems) making positive changes in the lives of people experiencing homelessness, but those working in the field say more research is needed (Thomas et al., 2011; Marshall et al., 2021).

New Strategic Responses

Responses to the treatment, care, and support needs of people experiencing homelessness are starting to coalesce around the idea of an integrated strategy. Housing First, both in terms of the North American service model (Padgett et al., 2016) and in terms of the uniquely Finnish housing-led approach to an integrated, preventative homelessness strategy, which is also called 'Housing First' (Allen et al., 2020), depends on joint working within an integrated strategy. The baseline model of North American Housing First, which centres on the variations on an intensive case management (ICM) model, is dependent on coordination with health and social services. The assertive community treatment (ACT) form of Housing First, where elements of clinical, mental health, and addiction support are baked into a Housing First service's own interdisciplinary team, is also still ultimately dependent on joint working with external health and social services (Padgett et al., 2016).

Clinicians and health researchers are also following similar approaches, in that there is the acceptance that a single form of service intervention, such as simply treating a health condition, cannot work if that intervention is happening without coordination with other services that will end homelessness. This reflects wider developments in public health that centre on dealing with 'the causes of the causes' of ill health. Evidence of a social gradient in health is now overwhelming (Marmot, 2018) and as homelessness represents the extreme of the socioeconomic marginalisation and destitution that is powerfully associated with poor mental and physical health, a holistic approach addressing the 'causes of the causes', i.e., ending homelessness, is seen as the logical direction to take (Clark et al., 2022; Luchenski et al., 2018; Blackburn et al., 2017). Alongside this, there is the increasing emphasis on patient involvement and patient centred care, i.e., treatment and support plans are a *collaboration* between patient and doctor, which tends to produce better outcomes, including for people experiencing homelessness (Finlayson et al., 2016). Again, this emphasis on consumer choice or coproduction in how services are designed and delivered closely mirrors Housing First and similar service models.

A model like the *Pathway* hospital discharge service, which began in London and now operates more widely in the UK⁵, has many similarities to Housing First, although it has been developed by clinicians rather than the homelessness sector. A *Pathway* team is led by specialist doctors and nursing staff and can include occupational therapists, social workers, and mental health clinicians. Care ‘Navigators’ have a case management function, assembling the package of housing, treatment, care, and support to enable someone to make a lasting exit from homelessness as they leave hospital (Cornes et al., 2021), and there is some evidence of effectiveness (Onapa et al., 2022; Stone et al., 2019; Luchenski et al., 2022). Again, it is the emphasis on cross-disciplinary and interagency working to end homelessness, which can equally be seen in the French Housing First programme (Tinland et al., 2020; Fond et al., 2020) or Danish Housing First and CTI services (Allen et al., 2020), that is the key feature of these sorts of services.

As has been noted elsewhere, the hurried policy responses to COVID-19 in relation to people sleeping on the street and in shared air (common/shared sleeping area) emergency shelters were not primarily motivated by a sudden wish to reduce the injustices of homelessness, but by fear that a population with poor overall health and many secondary conditions would increase strain on already hopelessly overtaxed hospitals (Parsell et al., 2022). However, rapidly improvised services that brought people sleeping on the street into hotels and established interagency working to support them saw some surprisingly rapid and positive results (Pleace et al., 2021; Neale et al., 2022). Again, even rapidly improvised attempts to use combinations of services to address complex needs, addressing the ‘causes of the causes’ of homelessness, generated positive outcomes.

Examples of effective practice, centred on interagency working within an integrated strategic response to homelessness, can be seen at local, regional, and national levels among EU Member States. Where these integrated systems include prevention, the last piece of the puzzle, capacity to anticipate and stop *potential* homelessness associated with ill health, as well as simply react to homelessness associated with unmet treatment, care, and support needs, is in place (Mackie, 2023).

However, it is also the case that much of Europe has not yet moved in the direction of greater strategic integration, including health and social services, in relation to preventing and reducing homelessness. One reason for this is an uneven access to resources, i.e., development of integrated multiagency services and strategies is limited by the variable resource levels available in different EU Member States. Another reason is that, while models like Housing First are becoming more widespread, they are far from universal. There is clear evidence that much older service models for people experiencing homelessness still predominate in much of Europe.

⁵ <https://www.pathway.org.uk>

This sometimes includes staircase/linear residential treatment approaches using abstinence-based approaches and requiring treatment compliance that predated Housing First, but more frequently, this means that homelessness services are primarily in the form of basic emergency shelters and daycentres. Nor is it the case that homelessness services and systems exist at a consistent level within individual Member States. Basic emergency shelters and daycentres, soup runs (food distribution for people sleeping on the street), and similar services, operated by charities and community groups, still exist even in countries with advanced, integrated, and well-resourced homelessness strategies (Pleace et al., 2018).

There are EU Member States whose social protection and public health systems are relatively under-resourced and who face pressures on public expenditure that mean homelessness is 'competing' against an array of other serious social problems for inherently limited funding. Telling these Member States to build integrated homelessness strategies is challenging, because it is likely to involve reorienting existing service provision and finding some additional money, just to enable a shift in direction and, in some instances, there will be very little expenditure to reorient and little or no additional money which can be secured.

The lessons from Finland are that building a broad consensus, including municipalities and the homeless sector, was at the core of delivering effective change, which ultimately did involve existing services being radically repurposed and redirection of existing expenditure, as well as new funding (Allen et al., 2020). Portugal has been pursuing these challenges in a less well-resourced policy environment, following a model like Finland, again building a more integrated strategic approach through creating a consensus, bringing agencies like social services and the homeless sector together in new ways and, as in Finland, shifting debate and expectation. There is a shift toward a housing-led/Housing First logic in which housing, health, social services, and other systems work together to prevent and alleviate homelessness in Portugal (Baptista, 2023).

In other EU Member States, there are excellent examples of integrated systems, but their coverage is partial. France possesses a highly developed national Housing First strategy which is proving effective in addressing long term and repeated homelessness associated with severe mental illness (Fond et al., 2020; Loubière et al., 2022). However, other elements of the homelessness system are not as well integrated as Housing First, such as the very heavy and sustained use of temporary accommodation in France (Pleace et al., 2022). Introducing ideas like Housing First can also be a slow and difficult process, as, for example, in Poland, where there is movement to adopt these ideas, but where resource levels around homelessness policy are not very high and where Housing First represents a significant cultural shift in responses to homelessness (Wygnańska, 2016). In essence, while there are

examples like Finland and Portugal, wholesale revision of strategic responses may not be an easily implemented option where resources are tight and when major shifts in mindset and administrative practice are needed to internalise the paradigm of integrated services, systems, and strategies.

One further point here is that homelessness may not be within national level political competency, i.e., political responsibility often lies partially or wholly at the regional or municipality/local authority level. In Finland, a devolved policy landscape was handled by building consensus and consistency among local actors, including the municipalities (Y Foundation, 2017). However, localism in political control can mean that while some local agencies and authorities accept the idea of an integrated, preventative homelessness strategy, others will not. In essence, there can be administrative barriers to these kinds of ideas where political control is variable at local or regional level and some municipalities, public health bodies, or social services departments refuse to sign up. Shifts in mindset can flow from new ideas and debates, with the obvious example being the increasingly widespread acceptance of Housing First at the European level, albeit that it still may be more talked about than actually implemented in many Member States at the time of writing (Pleace et al., 2022). Nevertheless, meeting the challenges in addressing the treatment, care, and support needs among people experiencing homelessness are not as simple as recommending that every Member State adopt an integrated, preventative homelessness strategy which is housing-led, as a lot of practical, political, cultural, administrative, and financial hurdles can stand in the way. Member States like Finland and Portugal show that progress can be achieved, in spite of these challenges, but even this is not guaranteed, as clouds are gathering around the sustained Finnish successes at the time of writing, following a change in government.

Ultimately, addressing treatment, care, and support needs must be framed as a strategic, not a service-level, question. There is no model of street medicine, specialist clinic, peripatetic medical, and social work team or other approach that can effectively improve health and wellbeing among people experiencing, or at risk of, homelessness in Europe on its own. This has been recognised by health professionals, through the logic of 'causes of the causes' approaches to public health and is seen in models like the *Pathway* and other multidimensional case managed responses to homelessness from clinicians that focus on ending homelessness as integral to effective treatment. That these clinical models mirror, indeed in many respects replicate, the ideas of Housing First and related models like CTI, while the homelessness sector in turn adopts approaches like trauma-informed care, is a very positive development. When the various elements that need to come together to improve the health and wellbeing of people experiencing homelessness are already thinking along similar lines, that momentum can be important in delivering lasting change.

We have been in this position of understanding the need for service and system integration, to respond to every dimension of treatment, care, support, and of course *housing* needs, to provide effective prevention and reduction of homelessness, for some considerable time. It was evident that standalone health-led services that were not integrated with other systems and services in ways that would provide lasting exits from homelessness were inherently ineffective decades ago (Pleace and Quilgars, 1996). Progress is being made at the time of writing, but it is important to recognise that the barriers to change cannot be overcome simply by issuing generic guidance, each EU Member State has to be encouraged, supported, and sometimes externally resourced to deliver the lasting change that is needed.

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Housing First or Last Resort? ¹

Managing the Dilemmatic Positions of People Experiencing Homelessness who Use Illicit Drugs in Social Service's Team Meetings

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► **Abstract_** *The current study adopts a bottom-up perspective to analyse how Housing First is implemented by street-level social workers within municipal social services in the context of Sweden's restrictive drug policy. The specific focus is on how social workers discuss and construct Housing First as an intervention for people who use drugs who do not want treatment for their drug use. The study draws on discursive psychology to analyse meaning-making processes in decision-oriented team meetings. The results show how a dilemma arises for social workers when the restrictive drug policy requires them to actively counter clients' drug use, while the rights-based philosophy of Housing First urges them to emphasise clients' choice and control. It is shown how the decision-oriented discussions are permeated by the idea of an obligation to work toward drug abstinence if clients are perceived as changeable, while Housing First is promoted only when clients are perceived as non-changeable. The idea of an obligation to work toward drug abstinence functions as a barrier to faithful implementation of Housing First. Consequently, Housing First is constructed as a kind of 'dispreferred intervention', only acceptable for clients where continued drug use is deemed something that needs to be accepted.*

¹ An early proceeding of this research was presented orally in 2021 at the IV ISA Forum of Sociology, Alegre, Brazil. The presentation was titled "Housing First or Last? On the Dilemmatic Representations of Homeless Drug Users in Swedish Social Work Discourse". An abstract of the presentation was published in the Book of Abstracts.

› **Keywords_** *Homelessness, substance use, Housing First, social services, team meetings, discursive psychology*

Introduction

In Sweden, homelessness is a growing challenge (Socialstyrelsen, 2021). Although the population of people experiencing homelessness is heterogeneous, a considerable number also have problems related to illicit drug use (Socialstyrelsen, 2017). People who use drugs (PWUD) pose a particular challenge for social work with homelessness. PWUDs have long been subject to society's typified characterisations, moral judgements, and interventions. Often, they are positioned in the crossfire between conflicting ideas linked to drug policy, legislation, science, morality, and common sense, that in turn justify society's responses. Sweden is characterised by a restrictive drug policy including a zero-tolerance approach to illicit drugs. An overarching goal is to achieve a society free from drugs (Skr. 2021/22: 213). In line with this, all handling of illicit drugs – including consumption – is criminalised. In accordance, the Social Services Act (SSA, SFS 2001: 453) prescribes an *imperative for action* (Lindwall, 2020) for public sector social workers in municipal social services, meaning that they are obliged by law to counteract drug use among citizens, and *actively* work to ensure that PWUDs get the help and support they are deemed to need to become drug-free. Within such a discursive frame, PWUDs are positioned as *objects for change*, and interventions aimed at abstinence are justified as first-hand interventions. But, at the same time, ideas linked to human rights, harm reduction, and public health are gaining ground in drug policy debate and practical social work with PWUDs internationally, but also in Sweden. Human rights and equal access to care are highlighted along with notions of user involvement and self-determination (Socialstyrelsen, 2011; 2013; SOU, 2021: 93). On an interventional level, Housing First (HF) is an example of this movement (Pleace et al., 2019). In social work with PWUDs experiencing homelessness, HF ideally offers clients a permanent and independent housing as a primary and unconditional intervention. A flexible and person-centred support is offered for as long as needed, but whether clients want treatment for their drug use is their own decision. Abstinence from drugs is not a requirement (Tsemberis and Eisenberg, 2000). Core principles in HF philosophy are housing as a human right, but there is also an emphasis on clients' choice and control (Tsemberis, 2010). Permanent housing is viewed as a prerequisite for integration, health, and recovery. Within such a discourse, PWUDs are positioned, not as objects for change, but as *right-bearing subjects* with the same rights of choice and control as others.

It's not hard to conclude that the HF philosophy may collide with the restrictive drug policy's goal of a drug-free society as well as the obligation imposed on social workers. This conflict causes a dilemma for social workers to handle; on one hand PWUDs experiencing homelessness are positioned as objects for society's interventions for individual change, on the other hand they are to be viewed as rights-bearing and sovereign subjects with the right of choice and control. The conflict becomes particularly apparent when HF comes to the fore as a potential intervention for PWUDs experiencing homelessness who show no preparedness to change their drug use. The focus in this study is on municipal social workers' approaches to this dilemma in decision-oriented team meetings when discussing HF as a potential intervention for clients who are considered to belong to this group, that is, in meetings where eligibility decisions for HF are made. It could be argued that this is an exceptional or particularly problematic group, and that social work with this group is a kind of special case work that is not representative of social work with homelessness. While it is true that the group is not representative of all people experiencing homelessness, it is still the case that many PWUDs who have contact with the social services need social services' help to exit homelessness, even if they do not want treatment for their drug use. As Juhila (2003) says, there is also a particular value in focusing on the 'problematic clients', as they are often the ones who make the institution and its rules visible.

The implementation of Housing First

HF was developed during the 1990s in the US, initially for people experiencing homelessness with psychiatric problems (Tsemberis, 2010). Soon, HF came to include other groups experiencing homelessness with complex problems, such as PWUDs. As a method to combat homelessness, HF has strong support in research (Busch-Geertsema, 2014; Padgett et al., 2016; Cherner et al., 2017; Pleace et al., 2019; Knutagård and Kristiansen, 2019). Today, HF is a recommended policy and often promoted as a first-hand intervention by supervisory authorities, including in the EU, and specifically in Sweden (Padgett et al., 2016; Folkhelseinstituttet, 2016; SBU, 2018; Baptista and Marlier, 2019; Socialstyrelsen, 2021; SOU, 2021: 93). The Swedish implementation and scaling up of HF, however, has not developed at a pace that is on par with the method's support (Knutagård and Kristiansen, 2013; Wirehag, 2019; Carlson Stylianides et al., 2022; SOU, 2023: 62). HF was introduced in Sweden in 2010, but by 2021, only 19% of the municipalities reported that they could offer HF (Socialstyrelsen, 2021). There are indications that the number of HF apartments is increasing in these municipalities (Socialstyrelsen, 2021), but many municipalities are deviating from the core principle of providing a first-hand contract upon moving in (Wirehag, 2019). Overall, the implementation varies significantly among different municipalities and fidelity to the core principles is low (Knutagård and Kristiansen, 2013; Uhnöo, 2019; Wirehag, 2019), even though high fidelity is

associated with positive outcomes (Rae et al., 2018). Carlsson Stylianides et al. (2022) note that interventions that are based on clients' preferences, choice, and control have generally been difficult to implement in Swedish welfare institutions. Research and evaluations on the implementation of HF have identified a number of barriers, such as a general shortage of housing (SOU, 2021: 93), property owners' high thresholds for who should be granted a housing contract (Boverket, 2010; Wirehag, 2021), the structure and organisation of the everyday work (Knutagård and Kristiansen, 2019), and multi-agency difficulties among the involved actors, linked to conflicting organisational logics (Carlson Stylianides et al., 2022). Knutagård and Kristiansen (2013) write about a 'path dependency' resulting in HF tending to be implemented according to already established housing models, such as the so-called 'staircase model'. The staircase model is based on the idea that clients should deserve increasingly independent housing by submitting to treatment or refraining from drugs. Despite HF's strong support in research, the staircase model is still the most common first-hand intervention for homeless users of illicit drugs (Knutagård and Kristiansen, 2013; Wirehag, 2022). At the local level, Hansen Ljöfstrand (2012) has shown how HF can be implemented as a last-resort solution, a way to provide special housing and palliative care for those deemed to be suffering from an 'incurable' condition, while those considered 'curable' are managed within the staircase model.

In two recent Government Official Reports (SOU, 2021: 93; 2023: 62), the importance of a public health perspective is emphasised, along with a need to accelerate the implementation of HF and harm reduction interventions. Simultaneously, the restrictive drug policy and the significance of countering drug use is underscored from a political standpoint, and the dilemmas that the two perspectives can give rise to continue to be disregarded in governmental policy documents or strategies.

While previous research to a high degree has focused on implementation barriers at a structural or organisational level, this study adopts a bottom-up perspective to highlight public sector social workers' struggles to implement HF as a concrete intervention in their daily practice. Leaning on Lipsky (2010), the study proposes that our understanding of social work interventions remains incomplete if only policy is studied as implemented 'from above'. Ultimately, policy is made when street-level social workers deal with contradictions and dilemmas permeating their everyday work. It is in street-level social workers' everyday struggles that policy becomes manifested as actual social work interventions.

Aim and Research Questions

At the centre of the study is municipal social workers' collective meaning making processes in decision-oriented team meetings. The aim is to contribute to knowledge about how social workers discuss and construct HF as an intervention for PWUDs who express no preparedness to change their drug use. The focus is on contradictory elements in social workers' client representations and on how they rhetorically proceed to arrive at agreement. How are arguments for and against HF designed to appear justified? How are clients represented, and which underlying ideals can be discerned in social workers' justifications? And lastly, how is HF – as consequence – constructed as a social work intervention for PWUDs experiencing homelessness who do not seek treatment for their drug use? Against the backdrop of these research questions, the implementation of HF is critically discussed from a bottom-up perspective. Even though the study is situated at three social service units (see Methods and Materials) in a Swedish restrictive drug policy context, and although differences in municipalities' access to and organisation of HF impact decision-making processes, it is arguable that the results have generalisability to other contexts at a higher level of abstraction as it addresses universal social work issues linked to perceptions of how clients' presumed needs for interventions should be balanced against central liberal core values such as integrity, autonomy, and choice.

The Organisational Context

The social services are responsible for both managing homelessness and substance use problems in Sweden. The Social Service Act (SSA), which regulates social work for all municipalities, is a framework law that leaves a relatively large space for local interpretation and social workers' discretion. Hence, the local social service's view and everyday handling of clients is crucial and, to a large extent, decisive for what help people get. Alongside the SSA, there is also the Care of Substance Abusers (Special Provisions) Act (SFS 1988: 870), which assigns a legal power and responsibility to social services to intervene with coercion against individuals' substance use if certain criteria are met. Social work with people experiencing homelessness, as with PWUDs, is usually organised under social services' individual and family care, which in turn falls under the responsibility of a politically appointed social welfare board. The organisation of the individual and family care can vary among municipalities, but often the work with PWUDs is carried out in special units which also manage housing issues for their clients. This means that it is often the same social worker, or the same team of social workers, who assess clients' rights to and needs for both substance use treatment and housing.

Social service's housing solutions for PWUDs experiencing homelessness have often been intertwined with – or even conditioned by – substance use interventions. The staircase model (Knutagård and Kristiansen, 2013) is an example of this. Clearly, in positioning the client as an object of society's interventions and for change, the staircase model stands in strong contrast to HF. On the other hand, the staircase model harmonises well with Sweden's restrictive drug policy and social service's obligation to counteract drug use.

Decision-oriented team meetings

The municipal social welfare committee can delegate decision-making rights concerning individuals to team leaders or social workers at the street-level within social services. Regardless of where the decision-making authority lies, social workers with direct contact with clients normally discuss the decisions that they want to propose with team leaders. Often, such discussions take place at the unit's team meetings. Team meetings are recurring meetings at social service units, where social workers and team leaders collectively discuss individual clients in the latter's absence. Previous research has described team meetings as central to how the practical social work is carried out within human service organisations (Niknander, 2003; Petersson, 2013; Lindwall, 2020). Although discussions at team meetings do not always lead to formal authority decisions, they are decision oriented. Often, discussions concern questions such as which responses or strategies of actions are appropriate in relation to clients' situations. Typically, a case worker initiates a team discussion by describing a client and his or her situation. Sometimes the case worker has a proposal for a decision, other times the case worker more openly seeks the guidance of the team. When the case worker has produced the initial description, other team participants usually ask clarifying questions, and a discussion takes place. The discussion often leads to a conclusion either on how to proceed with the client or alternatively that more information is needed to take a position on the matter.

Analytical Framework

Discursive psychology (DP) is used to analyse social workers' discussions. DP puts situated language use in focus, as well as the discursive resources and rhetorical devices speakers make use of (Potter and Wetherell, 1987). The focus is on what talk *accomplishes* in interactions. In this section, central DP-concepts will be introduced. Also, Emerson's (1981) concepts *first-resorts*, *dispreferred responses*, and *last-resorts* will be presented. These concepts will be used to analyse and discuss how HF is constructed as an intervention.

Justifying decisions in a dilemmatic context

Dilemmas, from a DP perspective, occur when “socially shared images, representations and values can be seen to conflict” (Billig et al., 1988, p.14). These shared elements in a society are considered the foundational components shaping our social world. Billig contends that they form a society’s *lived ideology*, representing the collective common sense and encompassing our everyday contradictory perceptions, values, and assumptions. To handle dilemmas in decision-making, a delicate rhetorical work is required. As both sides of a dilemma are considered true, they normally both need to be accounted for. Unilaterally advocating one side risks questioning and jeopardises the argument’s credibility, as the other side is also valid. *Rhetoric* plays a central role when dealing with dilemmas in decision-making. Rhetoric, in a DP perspective, encompasses all communication that promotes a certain view on a phenomenon (Potter, 1996). All descriptions of a phenomenon possess a rhetorical dimension, representing a stance on a version of reality that simultaneously conceals or challenges alternative versions. Therefore, rhetoric extends beyond persuasive speech, constituting an inherent aspect of language, or a “pervasive feature of the way people interact and arrive at understandings” (Potter, 1996, p.106).

For decisions to gain consensus in team meetings, they must appear *justifiable*. Previous research emphasises the centrality of client descriptions in justifying decisions in social work (Hall et al., 2003; Järvinen and Mik-Meyer, 2003; Petersson, 2013; Lindwall, 2020). Client descriptions concern the client’s identity. DP conceptualises identity in terms of *subject positions*. In talk, dynamic positions emerge for the speaker, the person being addressed, and for others the conversation concerns (Harré and van Langehove, 1999; Wetherell, 1998). Positions encompass moral and personal attributes, linked to rights, obligations, and responsibilities, and assumptions about the person. Attributes and expectations associated to positions are shaped by interactional rules, but also of culturally shared images, categorisations, and narratives (Wetherell, 1998).

A key concept in this context is *interpretative repertoires* (Potter and Wetherell, 1987). The concept denotes a recurrent way of talking about a phenomenon that creates a certain recognisable version. Interpretative repertoires can be defined as “a limited range of terms used in particular stylistic and grammatical constructions” that is often “organized around specific metaphors and figures of speech (tropes)” (Potter and Wetherell, 1987, p.149). Interpretative repertoires are shared discursive resources used to make sense of phenomenon, events, ourselves, and others, distributing certain subject positions. They function as “the common sense which organizes accountability and serve as a back-cloth for the realization of locally managed positions in social interaction” (Wetherell, 1998, pp.400-401). Since interpretative repertoires are shared resources, a mere allusion to a specific repertoire

leads others to draw certain conclusions. Hence, by drawing on certain interpretative repertoires, social workers dynamically create versions of clients in their descriptive practice. Rhetorically, interpretative repertoires can be said to *advocate* certain client versions, silencing alternatives and framing specific responses as preferable. Thus, interpretative repertoires are deeply involved in justifying decisions at team meetings. However, credible client descriptions require gradual construction in social workers' team meetings. Constructing credible client descriptions involves various linguistic practices, often addressing issues such as 'how much/how little', 'good/ bad' or 'normal/abnormal'. Potter (1996) writes in this context about *extremisation/minimisation devices* and *normalisation/abnormalisation devices*, highlighting how speakers strategically use rhetorical resources to convey a sense of normality, abnormality, danger, or deviation.

Constructing Housing First as a social work intervention

How HF is constructed as a social work intervention concerns matters such as who it is considered to be for and what goals it is intended to achieve, but also whether it is a recommended response to a social problem or if it is advisable only in exceptional cases. Emerson (1981) distinguishes between three typical societal responses to undesirable social phenomena: *first-resorts*, *dispreferred responses*, and *last-resorts*. First-resorts are responses that are preferred and considered optimal for specific problems, while last-resorts, being a certain kind of dispreferred responses, are generally avoided because they are considered to bring negative consequences. Last-resorts are distinct from other dispreferred responses. While many dispreferred responses can be considered as one of several available options, and occasionally chosen for pragmatic or situational reasons, last-resorts are justified as the sole available option within an "idiom of *necessity*" (Emerson, 1981, p.4), positioning the response as necessary and the only available option against a backdrop of "normal remedies" (Emerson, 1981, p.5). The construction of an intervention is closely tied to its justifying decision logics. Emerson identifies two decision logics associated with last-resorts, each linked to distinctive justifying procedures. The first includes establishing that normal remedies are inappropriate, positioning the client as an unusually 'serious case'. The second includes creating a narrative that establishes a history of the client, asserting that all normal remedies have been tried and failed. Successful justification hinges on establishing that normal remedies were adequately attempted and failed, making necessary to resort to last-resort responses. Therefore, the justifying procedure serves as an account of the decision logic and the necessity, and last-resorts can be described as socially constructed *outcomes* achieved through these justifying procedures (Emerson, 1981).

Methods and Material

The article builds on material that is part of a larger corpus of data generated during an ethnographic fieldwork at three Swedish social service units in 2017.² One was located in a small town, the other two in metropolitan areas. The units worked with clients categorised as PWUDs. The social workers at the units were responsible both for providing substance use treatment and housing for their clients. The units included 12, 15, and 17 (n=44) social workers (33 women and 11 men) respectively, team leaders and managers included. Observations (about 250 hours) were carried out in a variety of settings, including the units' team meetings, meetings between single social workers and team leaders and between social workers and clients. In addition, in-depth interviews with staff (n=38), team leaders (n=7), as well as focus group interviews with staff (n=3), were carried out.³ All the material and its analysis underpin the findings in this study, but in focus in the current article is material collected from the units' team meetings. A total of 13 team meetings were observed (about 20.5 hours). From the position of an onlooking observer (Patton, 2015), the interactions and conversations of the social workers were documented through fieldnotes and audio recordings. Audio recordings enable transcription in high detail and allows the researcher to document non-verbal communication through field notes at the same time (Silverman, 2011; Fangen, 2005). The material was transcribed verbatim in high detail and read over and over again. Discussions that touched on PWUDs' right to housing, and discussions that regarded HF as an intervention, were selected and analysed in more detail. Using ideological dilemmas, positioning, interpretative repertoires, extremisation, and abnormalisation as analytical concepts, the selected material was analysed with a focus on dilemmatic elements in the discussions, how arguments for or against HF were formulated, how clients were represented, and how HF was constructed as an intervention in the discussions. In the latter, Emerson's concepts *first-resort*, *dispreferred responses*, and *last-resort*, was also used.

The study's research questions, as well as its theoretical and methodological approach, require detailed linguistic analysis. Attention is paid to communicative elements that often pass as trifles, such as word choice, small pauses, emphasis, and hesitations, which on closer analysis can turn out to be significant communicative acts. Some transcriptions markers, derived from Jefferson's (2004) list, therefore need explanation:

² The study was approved by the Regional Ethical Review Board of Gothenburg (892-16).

³ For a more detailed material and method discussion, see Lindwall (2020).

Underlining	Signals emphasis
(1.5)	Specifies pauses in seconds
Hyph-	Marks a cut-off
=	Indicate no gap between utterances
((text in double brackets))	Indicates clarifications inserted by the author
SW	Social worker
TL	Team leader

The study's analytical focus on interactional processes and details means saying 'a lot about little' rather than the other way around. Therefore, only a limited selection of the collected empirical material can be presented in the article. The presented material is selected because it represents recurring ways of reasoning when social workers in the collected material as a whole talk about or discuss HF in relation to PWUDs experiencing homelessness who are considered lacking a readiness to commit to treatment for their drug use.

Results

In this section, the study's results are presented and discussed. Two examples of excerpts from team discussions are presented and analysed. The first example is an excerpt from a discussion where a case worker argues against proposing HF for a client. The second example is an excerpt from a team discussion where a case worker promotes offering HF to a client.

Case 1: "We're not there yet"

In the following excerpts, justifying arguments for not offering HF to a client are produced. When we enter the conversation, a case worker (SW1) is in the process of describing a meeting that she and another social worker at the unit had with a client the day before: a woman experiencing homelessness who is relatively new to the unit. According to SW1, the woman told them that she has been homeless for a couple of years. Lately she has lived in a basement storage. She has also told SW1 that she suffers from anxiety and drug addiction. The reason for her contact with social services, however, is not the drug problems or her mental health, but her situation as homeless. According to what she told SW1, she has never received treatment for her drug addiction.

01 SW1: So (0,5) eh this woman that we met yesterday (1.2) she comes here because she has an illness, she says. Anxiety and a drug addiction. And what does she want? (1.5) An apartment.

02 SW2: To treat the--

|||||

03 SW1: =Yeah. And I tried to bring up like detox and discuss some sort of treatment plan, but she strongly rejected. She only wants an apartment.

In the first turn in the excerpt, SW1 produces a client description in which the client appears to position herself as ill (anxiety and a drug addiction). It is worth noting how homelessness is not included in this problem description. SW1 then describes what the client wants: an apartment. With the rhetorical question “and what does she want?”, the just-produced problem description is linked to the client’s application for an apartment, whereby an apartment appears as the client’s own (bad) proposal for a solution to her illness. In turn three, SW1 provides some clues as to what client position is normatively desirable of a client of this kind: someone who is prepared to detoxify and submit to a treatment plan. At the end of the turn, this is set in sharp contrast to what is described as the client’s actual position. In the description, SW1 makes use of a *narrative contrast structure* (Smith, 1978) as an abnormalising device (Potter, 1996), where a description of how the client is said to be is contrasted to hints of what is normatively desired. Through this, a notion of abnormality is added to the client description. Abnormalisation can be used rhetorically in conversations to justify arguments (Potter, 1996). Here it functions by countering arguments for HF by making such an idea seem abnormal, while at the same time justifying the idea that the client needs to work on her drug problems first. SW2 then asks a question:

04 SW2: So eh (0,7) so she had no substance problems or what? ((ironic tone))

05 SW1: Well, obviously, living in a basement storage room won’t help her, but she- well eh- she wasn’t prepared at all to do something about her problems. (0.7) And it’s not like we have a load of apartments just to hand out.

06 ALL: ((laughter))

In turn four, SW2 confirms the just-produced abnormality in wanting to solve an illness (now merely formulated as a drug problem) with an apartment, which shows that this is a recognised way of reasoning at the unit. But what happens next is of interest. In turn five, SW1 says that it doesn’t help the client to live in a basement storage, but then she quickly returns to the previous line of argumentation and emphasises the client’s unwillingness to do something about her substance use problems. As Billig et al. (1988) say, when reasoning concerns dilemmas, both sides of the dilemma must normally be addressed since they are both held to be true. By first addressing the other side of the issue, that an apartment can also be seen as helpful for people in vulnerable situations, she shows that she already has taken that side into account. By this, she avoids criticism for being unaware of that side of the issue or for being insensitive. SW1’s utterance functions as a disclaimer (Hewitt and Stokes, 1975) that makes it easier for her to proceed with the argument

that the client should express a will to do something about her drug use. The phrasing “do something about her problems” clearly shows that it is the drugs, not the homelessness, that should be considered the main problem in need to be solved first. Note also how *limited resources* is brought in as a rhetorical resource to back up the argument against HF. The wording “a load of apartments just to hand out” is formulated in an extreme way and as a truism hard to argue against. Truisms and extremisations (Potter, 1996) are commonly used as rhetorical devices to convince. At the same time the expression obscures the fact that there may be *some* apartments to hand out to *some* clients. However, despite the assent and affirmative laughter of several colleagues, SW3 picks up this obscured opportunity to carry on the discussion:

07 SW3: Well, that is only half true, isn't it? It is for a fact the housing first way of thinking, that=

08 SW1: =Yeah, but obviously we can't get to that point so quickly=

09 TL: =No.

10 SW3: No, of course. I'm just saying that's the housing first idea, that you need a stable ground before being prepared to engage in other things.

11 SW1: Yeah, but if we just gave an apartment to everyone who- (0,5) completely unconditional- (0,7) I mean, if the drug use doesn't have any consequences at all, and if we don't require anything in return, then how should they be motivated to do something about their drug use? Why change something that's okay? We might get there ((to HF)), but we have to try other things first. Or else I feel we let her down.

SW3's turn (turn seven) makes clear that there is another side of the issue to consider. SW1, however, interrupts before SW3 develops his reasoning. The interrupting utterance “Yeah, but obviously we can't get to that point so quickly” is interesting in several ways. The very fact that SW1 interrupts before SW3 has finished speaking, also with the word “yeah”, shows that SW1 already has a clear idea of how SW3 is going to develop his turn. In other words, SW3's way of looking at the matter is well known in the group. The fact that SW1 uses the word “obviously” is therefore also of interest. “Obviously” is an epistemic adverb that refers to shared knowledge, that is, something the other participants already are expected to know (Heinemann et al., 2011). By presenting the opinion that “we can't get to that point so quickly” as common knowledge, it becomes more difficult to argue for HF, since it epistemically positions the other team participants as expected to possess this “knowledge”. This is indicated by SW3's response (turn 10), where he explicitly confirms the correctness of SW1's reasoning and clarifies that his input in the discussion should not be regarded as a proposal on how to proceed, but rather as

a neutral account of "the housing first idea". SW1 then launches a relatively exhaustive justification in which the underlying logic becomes clear: If clients get an unconditional apartment, they will be deprived of reasons to work on their drug problems. This, in turn, would mean "giving up" on clients' individual changeability. Therefore, it is justified not to propose HF, and instead proceed with interventions aiming at abstinence.

A first thing to notice in SW1's justification is, again, the extremisations "to everyone", "completely unconditional" and "require anything in return". These *extreme case formulations* (Pomerantz, 1986) contribute to producing an extreme version of the apparently present idea of housing as an unconditional right. Rhetorically, the extremisations strengthen SW1's argument by having a convincing function (Potter, 1996), while at the same time they obscure the possibility that some clients may be offered HF as well as that more nuanced responses are possible. A second thing to notice is how the justification is grounded in an *interpretative repertoire of obligated abstinence*. This repertoire has a one-sided end-goal of achieving abstinence from drugs, and the social worker is obliged first and foremost to work toward this goal. The lines "we have to try other things first. Or else I feel we let her down" indicate that the work should primarily aim to get the client abstinent from drugs and that there is an obligation of 'help' from the social worker to the client – however, an obligation that the client has not signed up for. The client is positioned within the repertoire as 'someone not to give up on' while the social workers are positioned as 'facilitators of individual change'. Echoing the overarching Swedish restrictive drug policy discourse, the client's individual changeability is placed at the centre. The client position entails that the client is potentially changeable (cf. 'curable', Hansen Löffstrand, 2012), but – at the same time – an object for societal interventions rather than a rights-bearing subject.

HF is not constructed as a first-resort response in the team discussion. Wordings such as "we might get there ((to HF)), but we have to try other things first" indicate the presence of a set of local 'normal remedies' that would need to be established as inappropriate before turning to HF. This, in turn, indicates a construction of HF as a kind of dispreferred response. However, no explicit narrative that all normal remedies have been tried and failed is produced to justify HF in the discussion. So, while it can be ruled out that HF is constructed as a first-resort response in the team discussion, it cannot be concluded that the decision-making logic fully resembles that of last-resort procedures.

Case 2: "We have exhausted our resources"

In the following excerpts, arguments are developed to justify HF for a client. The team discussion concerns a man in his mid-50s, homeless with a well-documented long-term use of illicit drugs. The case worker (SW1), who has worked at the unit

for many years, has had long-standing contact with the client, even though the client has also “been absent” from social services intermittently. According to SW1, the client has submitted himself to treatment for his drug use several times over the years, however often without fully seeming to commit to or completing the treatments, and always without achieving abstinence from drugs. Today, he expresses no desire for more treatment according to SW1, and is currently residing in a communal housing shelter with other PWUDs experiencing homelessness. During SW1’s last meeting with the client, the possibility of the client obtaining more independent housing was raised, which is the reason why the client is being discussed at the team meeting. When we enter the discussion, SW1 is in the process of describing the client to the team:

01 SW1: He’s been homeless for- (0,3) well he has never had a home of his own as far as I know. Drug problems since he was a young teenager, in and out of treatment all his life. (1) Nothing has helped.

02 SW2: Mm.

First, it’s worth noting how SW1, just like the case worker in the previous team discussion, extremises the client description (Potter, 1996). With extreme case formulations (Pomerantz, 1986) such as “*never* had a home”, “in and out of treatment *all* his life” and “*nothing* has helped”, SW1 paints a convincing picture of a client that is particularly difficult to help which positions the client as exceptionally hard to change. The description implicitly counters the idea that they should keep pushing for treatment and lays a justifying foundation for a new course of action. SW2’s “mm” confirms the client description. Whether SW2 is familiar with the specific client is not known, but in either way, SW2’s response signals that this is a well-known way to describe a client category. The confirming “mm” encourages SW1 to proceed:

03 SW1: I think eh- (0,2) maybe it’s time we look at some other sort of solution, like a more long-term solution (0.7) like housing first or something like that.

In turn three, SW1 launches the idea of HF, but note the high prevalence of hesitations and softening hedges in the turn (“I think”, “eh”, “maybe”, “like”, “or something like that”). Promoting HF for a client who uses illicit drugs might implicitly mean accepting the drug use, which stands in sharp contrast to the drug-free ideal of the restrictive drug policy. The hesitations and softening hedges show that the launching of this idea is treated as a delicate matter (van Nijnatten and Suoninen, 2014). But by treating it as such, SW1 also signals an awareness of the deviance from the ideal of abstinence as well as having already seriously considered the

option of continuing to push for treatment. This signals the presence of two contradictory ideas which SW1 is balancing through delicate rhetorical work. The TL then takes the floor and formulates a request for an account:

04 TL: Mm. (2.5) Mm. What have we- what help has he received lately? (1.2) How have we worked with him?

05 SW1: Well, for the last couple of years we've helped him with different short-term housing solutions, and eh- (0,7) well you know (0.3) pushed for treatment. (2) But eh- (0,7) I don't think he- (0,5) maybe he's one of those people who just won't- maybe he will never commit fully to a treatment programme or never become free from drugs completely. I feel that (0.3) he has tried everything, and eh (0.7) to be honest eh- he's not getting any younger.

The lengthy paus after TL's first "mm" in turn four indicates that SW1's idea touches on a delicate matter (van Nijnatten and Suoninen, 2014), and the following request for an account of how SW1 has worked with the client shows that HF cannot be proposed too lightly for a client of this sort but requires a more developed justification. In turn five, SW1 responds to TL's request and describes the orientation of the work with the client the last couple of years. The description itself constitutes a strong argument for not pushing for further treatment, and thus implicitly promotes a change in strategy. Self-initiated, SW1 then develops the description of the client in which he is portrayed as someone who assumably might lack the potential to achieve abstinence from drugs. Some elements in the description are particularly worth noting. Again, SW1's language use indicates that the issue is being treated as very delicate, there are plenty of hesitations and softening hedges. Also, note the expression "one of those people" which implies that the client represents a well-known and established client category. The category is used as a discursive resource in the discussion to rhetorically construct the client as a special kind of client; one who most certainly belongs to a well-known category, but nevertheless deviates from the norm. This constitutes a solid argument for a change in strategy, as it both refers to an established way of thinking about clients and at the same time justifies handling the client as an exception. In a delicate way, SW1 can get the message through that it is time to give up the idea of abstinence without having to spell this out too explicitly. SW1's reasoning also constitutes a subtle move toward the last resort decision logic (Emerson, 1981).

Another thing to note is how the argument, just like in the team discussion in case 1, revolves around perceptions of the possibility of abstinence and the client's changeability. Here, however, the social workers make use of an *interpretative repertoire of abstinence as unachievable*. Wordings such as "pushed for treatment" and "tried everything" surely reflects both the restrictive Swedish drug policy discourse and the municipal social workers' obligation to counter drug use, but

here the client does not occupy a position as changeable but as *non-changeable*, and thus ‘someone to give up on’ when it comes to abstinence and individual change (cf. *incurable*, Hansen Löffstrand, 2012). This effectively counters the idea of pushing for more treatment. The position as non-changeable, and hence the built-up justification, is rhetorically strengthened, partly by the extremising formulation “he has tried *everything*”, partly by making the client’s (high) age relevant.

The team then continues to talk about the client in a similar way. No one challenges the produced client description. The discussion confirms and establishes the view that it is time for a change in the course of action and that HF might be an adequate intervention. After a while, TL takes the floor:

06 TL: Yeah (1.7) yeah, maybe that is the right way to go? (1.5) Maybe we have exhausted our resources (1.2) eh- maybe he should have one of our ((housing first)) apartments? (2) With good support, maybe it’ll give him a chance to achieve a fair standard of living. What do you say? ((turns to the other social workers in the team))

07 (2)

08 ALL: Mm.

TL seems to buy the built-up justification. With the utterance “exhausted our resources”, he strengthens the argument that it is time to change the strategy since “exhausted resources” implies that nothing more can be done to get the client abstinent from drugs. In the context of the discussion, this justifies HF. However, interestingly, once the client has been positioned as non-changeable, TL brings in “a fair standard of living” as a rhetorical resource to justify HF. This indicates a discursive shift. “A fair standard of living” as a discursive resource is rather linked to an *interpretative repertoire of basic rights*. However, it is worth noting that “a fair standard of living” is being used as a justifying resource only *after* the client has already been positioned as non-changeable. This indicates that the interpretative repertoire of obligated abstinence, supported by the overarching restrictive drug policy’s promoting of individual change, takes precedence in the discussion, while the interpretative repertoire of basic rights is only seriously invoked when change is represented as non-achievable.

Concluding Discussion

In this section, the results from the analysis of the two cases above are first summarised. In a concluding way it is then discussed how HF is constructed as a social work intervention for PWUDs who show no preparedness to undergo treatment. Finally, the implementation of HF is critically discussed from a bottom-up perspective.

In the two cases above, it has been analysed how social workers rhetorically handle a dilemma that arises when HF is considered as a potential intervention for PWUDs who show no preparedness to undergo treatment. The dilemma is related to two conflicting ways of representing and positioning clients; as objects for interventions and individual change, versus as rights-bearing subjects. It has been demonstrated how the team discussions are permeated by an *interpretative repertoire of obligated abstinence* in which clients' changeability becomes primary, but also how a repertoire of basic rights is present where clients' entitlement to a decent standard of living is made relevant. However, it has been shown how the latter repertoire is employed only after the client has been positioned as non-changeable, that is where abstinence is constructed as unachievable, which can then justify HF as an intervention for this type of client.

HF is not constructed as a first-resort in social workers discussions. Clearly, this is evident in the first case, but also in the second case. The decision-making logic that can be discerned produces anything but an image of HF as the best way to handle the type of problems associated with this group of clients. Instead, the analyses of the two cases indicate that HF is constructed as a kind of dispreferred response. However, the decision-making logic that can be discerned in social workers' discussions does not fully indicate that HF is constructed as a last-resort in an Emersonian sense. Indeed, it's evident that HF is justified against the background of "normal remedies" (Emerson, 1981, p.5), which in this case refer to interventions aimed at achieving drug abstinence. The decision-making logic also resembles that of last-resort procedures in that it involves producing a narrative that all normal remedies have been tried and failed, and that normal remedies no longer can be considered adequate. In the first case, this narrative is not produced (though it is indicated that "we might get there") and accordingly HF is not seen as adequate. In the second case, this narrative is produced and in line with this HF seems justified for the client. However, according to Emerson, the justifying decision logic associated with last-resorts also often involves the construction of an unusually 'serious case'. At this point, the decision logic that justifies HF for PWUDs who have no preparedness to undergo treatment differs in that the 'seriousness' is absent. Certainly, the client is constructed as a special case, but rather than a 'serious case' it is the positioning of the client as particularly *non-changeable* that is of importance. Mirroring the absence of seriousness, the related *idiom of necessity* that characterises the justifying procedure for last-resorts is also absent. Instead, here there is a discursive shift where the repertoire of basic rights enters the justification process. Consequently, HF cannot be said to be constructed either as a first-resort or last-resort response for PWUDs who show no preparedness to undergo treatment (cf. Hansen Löffstrand, 2012). Rather, the analysis suggest that it can be described as a *dispreferred resort of acceptance*. It should be noted that

this characterisation of HF is from the perspective of social work practice, which is what is analysed in the study. From the clients' perspective it might very well be described as a preferred resort of relief.

The results also demonstrate the importance of studying implementation processes from a bottom-up perspective. The study highlights social workers' struggles to implement HF in their everyday work with PWUDs and shows how not only organisational and structural barriers need to be addressed if we are to understand the implementation process of HF. We must also take into account what can be described as barriers linked to social workers' lived ideology in DP's terminology. Such barriers consist of the socially shared images, representations, and values that permeate social work. These are created and maintained – but can also be changed – in human interaction processes. The analyses have shown how the interpretative repertoire of obligated abstinence – that social work with PWUDs should primarily aim at abstinence and individual change – affects the implementation of HF. This repertoire's precedence over the notion that PWUDs experiencing homelessness have the right to independent housing, regardless of whether they request treatment, can be described as a concrete implementation barrier that has practical consequences for both clients and social workers.

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Perceptions of Participants and Stakeholders of a 'Sleepout' Event Held to Raise Money for, and Awareness of, Homelessness Charity Work

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- **Abstract_** *Fundraising events have become a dominant platform for charities in raising money to deliver services for vulnerable population groups. 'Sleepout' events are unique, whereby participants spend one night in a sleeping bag or cardboard shelter, raising awareness and money for homelessness charities. These events have become increasingly popular, particularly in the UK, US, Canada, and Australia. The present study documents evidence from, as far as can be ascertained, the first study to explore the perceptions of participants regarding sleepout events, including staff from housing and homelessness services, and people with lived experience of sleeping on the street. Whilst most participants had a favourable view of these events in raising awareness and funds for charity, there was, however, a degree of ambivalence about sleeping outside for one night as the vehicle for fundraising. Many recognised that a single, safely organised outdoor event does not replicate the experiences of street-based sleeping. Therefore, some support staff expressed a very strong and visceral dislike of these events as misleading and distasteful. Recommendations were made that more consideration should be given to education and awareness raising during the events to ensure participants understand more of the complexity of the issues surrounding homelessness, and the most effective evidence-based solutions.*
- **Key words_** *Charity, sponsorship, fundraising, sleepout, homelessness, street homelessness*

Introduction

Estimates of the numbers of individuals experiencing homelessness and of the costs to society of homelessness remain difficult to assess accurately. However, recent research, based on official statistics indicates at least 271 000 people are recorded as homeless in England, including 123 000 children, in 2023 (Shelter, 2023a). Findings suggest that one in 208 people in England are without a home. Of these, 2 400 people are sleeping on the street on any given night, 15 000 people are in hostels or supported accommodation, and nearly 250 000 people are living in temporary accommodation – most of whom are families. Costs associated with hospital admission for those with ‘no fixed abode’ are thought to be £18 million per year in England (McCormick and White, 2016). A 2015 report ‘At What Costs?’ estimated that a single person sleeping on the street in the UK typically costs the public purse £20 128 each per year (Crisis, 2015). These costs are largely attributed to the NHS and the criminal justice system and are reportedly higher for those with the greatest and most complex needs. Costs to the individuals and families are significant, and include poorer educational outcomes, physical, and mental health, including a significantly reduced average life expectancy of 45 years for men and 43 years for women experiencing homelessness in comparison to the wider population of 76 years for men and 81 years for women (Office for National Statistics, 2021). The same challenges, in terms of levels of street-based sleeping and homelessness, and lack of sufficient public service responses, are faced in many countries. In the past 10 years, homelessness in EU countries has risen dramatically with a 70% increase in the size of their homeless populations. Studies have revealed that at least 700 000 people are homeless on a given night across the EU (FEANTSA, 2019).

Despite shelter being an essential basic need, there is a paradox in the United Kingdom (UK), one of the richest societies in the world, which appears to be unable to provide an effective or efficient housing solution for many of its citizens. In 2021-2022, £2.186 billion was spent by local authorities in England, the largest of the UK nations, on ‘housing’, including £314 million on ‘homelessness’ prevention services (Department for Levelling Up Housing and Communities, 2022). Although not part of service expenditure, housing benefits are a large component of total local authority spending. Housing benefits are a means-tested benefit paid for by local councils to help support individuals currently on low incomes to pay for rents in both private and social housing, financed through subsidies from the Department for Work and Pensions. Housing benefits expenditure was £14 billion in 2021-2022.

O’Sullivan (2010) has suggested that the literature is clear that less generous welfare states have higher rates of homelessness. Many who work in or study the subject of housing and homelessness argue that addressing the issue via government

policy and government-led welfare is both the right thing to do and is also more effective at reducing homelessness (Local Government Association, 2020). However, the reality is that in many European countries, government welfare provision has been reduced in recent years. In the UK, an era of austerity has led to significant, and uneven, reductions in spending across many elements of the welfare state. The biggest cuts have been to budgets for local authorities (Gray and Barford, 2018), a key provider of housing solutions and support. Additionally, the data above shows that despite significant amounts continuing to be spent on elements of welfare which are designed to support individuals to access housing, homelessness remains a significant issue in the UK as in many other countries. O'Sullivan (2020) has more recently noted that most homelessness is not long-term and is not ultimately about individual issues such as mental health problems or substance use. He argues that we need to rethink homelessness as a pattern of residential instability and economic precariousness regularly experienced by marginal households.

In the UK, economic precarity and lack of affordable housing have been increasing perniciously in recent years. For example, the amount of 'social housing' available in England has been in steady decline for decades. In 2023, an estimate suggested that 200 000 of the most affordable social housing units had been lost in a decade (Chartered Institute of Housing, 2023). House building has increased somewhat in recent years but remains lower than at any point between the 1950s and the 1970s (Full Fact, 2023) and is nowhere near the level required to keep up with increasing populations and demographic changes. In terms of economic precarity. The UK Government's own figures show that almost one in 10 of the workforce (9.7%) are in precarious work (Gov.uk) and those on zero-hour contracts and other forms of unreliable or precarious work are much more likely to be in groups already marginalised in other ways, including migrants, women, and younger adults (Clark and Wenham, 2022). On top of those factors, the unexpected increase in inflation since 2022 has significantly increased already high housing costs for many of those already struggling with economic precarity.

These factors help to explain why welfare support is unlikely to be sufficient to prevent homelessness without affordable and secure housing and economic security.

Given all of the above, we are faced with the current reality that homelessness is increasing in the UK, state welfare provision is decreasing, and a significant source of support for many individuals and families experiencing homelessness is the charity, or third sector. The UK has the largest charitable giving market in Europe (StiftungSchweiz, 2021). In the UK, major charities such as Shelter, Crisis, Centrepont, and the Young Men's Christian Association (YMCA) provide services

and support for individuals and families experiencing housing crises and/or homelessness. Some of these organisations also carry out significant work in research and policy development in relation to housing issues (Crisis, 2023; Shelter, 2023b).

The sector relies heavily on fundraising from the public for a significant amount of its income. During the global COVID-19 pandemic (March 2020 – December 2021), charities faced unprecedented challenges, where many experienced negative impacts on their service delivery, financing, staffing, and access to volunteers (Charity Commission, 2021). Despite these challenges, charitable donations increased in the UK in 2020, linked to the pandemic and its aftermath; however, since then, people have reported giving less to charity (Charities Aid Foundation, 2022; 2023). Such a finding is perhaps unsurprising given the 2023 cost-of-living crisis, and further squeezed incomes for most people. Animal welfare remains the most popular cause that people donate to and raise money for. Twenty-eight percent of UK donors reported donations to such causes in the past four weeks, in 2022 (Charities Aid Foundation, 2022). Numbers donating to charities supporting people experiencing homelessness and/or housing and refuge shelters are also significant, but have seen a downward trajectory in recent years, falling from 20% in 2019 to 16% in 2022 (Charities Aid Foundation, 2022), even though homelessness continues to rise across the UK.

In contemporary societies, charities have had to adapt to a changing world and to become more market-oriented and entrepreneurial to survive and thrive (Buckingham, 2012). One aspect of this shift is a move toward sponsored fundraising events. Whilst more people donate money directly to charity, 5% of individuals report sponsoring someone for a charity event (Charities Aid Foundation, 2022). Fundraising events have now become a significant source of income generation for many charities. Sporting events, such as marathons and cycle rides, are the most popular fundraising vehicles and flagship activities for raising money via sponsored participation. Since the inception of the London Marathon in 1981, over £1 billion has been raised for charities, with a World Record achieved for a single event raising approximately £66 million in 2019, and in 2022 the amount was still £58 million.

In the case of housing and homelessness charities, sponsored charity ‘sleepout’ events have also become a significant fundraising event, unique to that sector. Participants spend one night outside, in a sleeping bag or constructed cardboard box shelter, seeking to raise awareness of homelessness. Whilst the exact known origins of these events are unclear, it is evident that such events have become increasingly popular, in the UK, US, Canada, and Australia (O’Sullivan, 2020). They are less common in Europe, although several European cities have taken part in ‘The World’s Big Sleepout’ (The World’s Big Sleepout, 2019). In the UK, events have

recruited high profile individuals, including Prince William, who took part in 2009 (Guardian, 2009). As well as raising money for charities, these events are aimed at raising awareness of homelessness. There is a logic to using such events for fundraising for housing and homelessness charities, because previous research has suggested that a person who has a desire to raise funds for a specific charity may be more attracted to an event that allows them to engage in a personally meaningful activity, and an activity which is directly linked to the work of the charity is therefore more likely to attract support (Wood et al., 2010; White et al., 2023).

Fundraising events do not take place without criticism and some counterproductive elements. Several authors have assessed in more detail the use of sports events for fundraising and the whole phenomenon of what has been termed 'fitness philanthropy' (Palmer et al., 2022). Building on a discourse which began at the turn of Millennium (Giroux, 2005), authors such as Nettleton and Hardy (2006) and Palmer and Dwyer (2019) have noted how the growth of charitable giving and fundraising via sports-based initiatives runs parallel with the retrenchment of the welfare state, and the winding back of government funding for health and social services across most Western, neoliberal countries (Eikenberry and Mirabella, 2018).

In relation to 'sleepout' events, a range of additional criticisms have also been noted. These events are often billed as being about raising awareness, as well as funds, where some participants report that these experiences give them a good insight into street-based sleeping (Day, 2022). However, a single night in a sleeping bag in the artificial environment created for a 'sleepout' event, with food, drink, security, and friendly company all provided, is demonstrably different to the realities of long-term entrenched street-based sleeping. As such, it may provide a false or incomplete understanding of the realities of sleeping on the street (Guardian, 2013a), both normalising and overstating the problem by promoting the notion that homelessness can, and does, happen to anyone (D'Abrera, 2018; 2019). The point has also been made that street-based sleeping is not the most significant aspect of homelessness, given that the numbers of people on the streets are a small fraction of those stuck in poor quality hostels, sofa surfing, or in insecure, temporary accommodation (Guardian, 2013a; 2013b). There have also been accounts of people experiencing homelessness who have been turned away (Inside Croydon, 2019), and in some cases, asked to leave by security guards at some of these events (Westminster World, 2019).

The increasing significance of these sleepout events, and the absence from the literature of any data or critical analysis about them, prompted the current study. The aim of this research was to explore the perceptions of participants and stakeholders of a 'sleepout' event held to raise money for, and awareness of, homelessness charity work.

The 'sleepout' event

An event in March 2023, in the East Midlands, England, UK, was chosen as the location to conduct the research. Permission was granted by the organisation involved in the specific charity fundraising sleepout event. Due to the severe cold weather (-5C), the sleepout event was forced to move venues due to safety for the participants involved (religious building to a charity building). Some participants chose to sleepout at the original location. A severe weather emergency protocol (SWEP) was activated by the local council that evening due to the extreme cold weather, providing emergency accommodation for street-based sleepers. Event registration was on a Friday at 6.30pm where participants were able to bring either their own cardboard boxes or acquire cardboard boxes at the sleepout event. Participants then constructed their cardboard shelters in the car park next to the charity building. At 7pm there was a welcome introduction to participants by the charity CEO and speeches by the local Mayor, High Sheriff, and the Diocese of a local church, including a poetry reading from a service user of the charity with lived experience. The event also hosted some live music by a local singer, including hot food and drinks, and access to indoor toilets. Most participants chose to sleep outside in the car park; however, some participants chose to sleep indoors due to the weather conditions. In the morning, from 5am, a Christian organisation provided a cooked breakfast (sausage/bacon rolls with coffee/tea). The participants left the sleepout event of their own accord.

Research Methods

Through a mixture of purposive and snowballing sampling (theoretical sampling approach), participants and stakeholders were recruited to this study. The data collection timeframe was between Friday 10th March – Monday 17th April 2023. Authors TG and IR conducted face-to-face participant interviews at the sleepout event on Friday 10th March 2023. TG conducted a mixture of face-to-face and online interviews (Microsoft Teams) with all other participants.

Semi-structured qualitative in-depth interviews were conducted with participants. Sets of questions were slightly different for participants (public/staff) on the night of the sleepout event and for other participants (charity, organisations, services, and people experiencing homelessness) (See Appendix 1). For participants who took part in the sleepout event, they were encouraged to record an audio diary throughout the night to talk about how they were feeling or participate in a follow-up interview. Five participants agreed to take part in a follow up interview with the author TG.

The total number of participants was 32 (nine males, 23 female participants). Participant profile was predominantly white, English, all aged 18 and over. Of the 32 participants, two were male and were experiencing homelessness (ages 25 and 30 respectively); 16 were the public, and one was a service user in a housing provider; three were staff from the sleepout event; 10 were from charities/organisations; and one was from the local authority. Six participants reported having engaged in a sponsored charity fundraising sleepout event before (one of these participants had participated in three events before). All individuals were residents of the county in which the event location was held. Other individuals involved in the sleepout event were business owners, CEOs, and local stakeholders. Overall, five people had openly disclosed they were or had experienced some form of homelessness (service user from housing provider, public, one charity/organisation, two people currently experiencing homelessness).

Interviews ranged from 10 to 50 minutes and were recorded using either a Dictaphone or online (MS Teams). All interviews were transcribed verbatim. Ethical approval was granted.

Data analysis

Braun and Clarke's (2006; 2022) thematic analysis framework was used to assess the total data set gathered from individual interviews and audio recordings. This approach is suited to questions relating to people's experiences and to the ways in which people construct meaning from their experiences. Its purpose is to identify patterns of meaning across a data set. We used the six steps advised by Braun and Clarke (2006; 2022), which include: First becoming familiar with the data set, then identifying initial codes, searching for themes in the data, reviewing those themes, and then settling on the final themes before writing up. To ensure the credibility and reliability of coding, transcriptions were independently reviewed and coded by at least two members of the research team, and discrepancies and key themes were discussed with the whole team. To ensure a degree of reflexivity, the researchers discussed pre-existing knowledge, perceptions, and biases in relation to the subject before assessing the data.

Author positionality

The author, TG, has participated in this sponsored charity fundraising sleepout event in 2019. All the authors have worked and continue to work with charities and organisations involved in homelessness and street-based sleeping. All authors have been on an outreach event. None of the authors have experienced prolonged homelessness or entrenched street-based sleeping. These personal experiences have both informed the line of enquiry and influenced the design of the study and the interpretation of findings.

Results

Five key themes were identified from the collected data: 1) Raising awareness; 2) Ambivalence; 3) Hostility; 4) "It's not really rough sleeping"; and 5) Exclusion and absence of people with lived experience.

Theme one: Raising awareness

The aims of charity sleepout events are generally to raise funds for the hosting organisation or charity, and to raise awareness. Participants in our selected event largely agreed that these aims were met. Members of the general public who took part commented on this aspect:

It makes people aware of what homeless people have to go through. We're doing it on one night... It makes you think about what they must go through... it really does open people's eyes. (Participant – Public)

It's a crazy thing to do. It's got everybody's attention. (Participant – Public)

It was clear that some participants not only increased their own understanding of and insight into the issue, but also had conversations with their social and professional networks about their participation in the event, and the reasons for it:

It has certainly raised our awareness in talking to people about our sponsorship. (Participant – Public)

It's got people's interests to do these events in the future. Some people have said "I would love to do that". (Participant – Public)

Some participants used the opportunity to engage in debate and challenge stigma and beliefs about street-based sleeping:

I have been posting on social media. I don't like the stigma around it [homelessness]... people go "well they're all on alcohol or drugs" and I say, "they might be... have you thought they might not have a support system... it's their way of getting away from it". (Participant – Public)

In alignment with this, organisers were keen that awareness raising was emphasised as much as fundraising:

Raising awareness was the main aim. Obviously, we wanted to raise funds... remove stigma... because that's ultimately how we will seek change. What also makes a massive difference is the way people treat them. Those perception opens doors, employment, housing. (Participant – Charity)

Additionally, several participants made the point that the experience increased their empathy for individuals who faced the realities of street-based sleeping:



I'm still talking about the event... Empathy is something that if you've experienced just a little bit of what somebody else is experiencing it's stronger... never experiencing it all (Participant – Public – Follow up)

Participants who work in the sector had far more mixed views about the utility and purpose of sleepout events. Some were circumspect and others had a very clear view that these events do not raise awareness or generate real understanding:

I use the word 'Do-gooders' [who say] "it's really important I did my bit". They're not fully aware of what they're doing... they're highlighting it but there's no response. They'll go for one night and go home the next morning. (Participant – Charity)

People look forward to it because it's a social... but you can do that anytime... it's tagged into doing some good as well... it's a social networking opportunity... There's no understanding. They're not there to talk about what they're there for. That's my biggest issue. There is no context behind it. (Participant – Charity)

Others took a pragmatic view, acknowledging that an initiative which raises both funds and awareness, whilst is not true homelessness, is generally a positive one and is valuable:

I've got mixed thoughts... Anything that raises awareness is a bonus. It's an opportunity for funding, let's face it, funding is hard to come by. Anything that puts pennies in the pot has got to be a good thing... The intention is great. (Participant – Local Authority)

Some of those working in the sector were very clear about the positive function that the events have in terms of awareness raising:

People have some quite short-sighted conceptions of homelessness. Sleepouts are about giving people an experience, although not the real thing... of what it's like [to be homeless]... There's a greater level of sympathy and understanding of the challenges... The role of sleepout isn't just about fundraising in and of itself it's an exercise in awareness... You wouldn't understand unless you've experienced it and it's hard to understand even if you've worked with people. (Participant – Staff)

One participant who worked in the sector shared their views of, and impact on, services users:

For most [service users] they're grateful we choose to do this. They understand perceptions are changing... The one thing they want more than anything... more than funds, they want humanity, respect... to be treated like everybody else. Some would say "I got spat onto today" or "I was asked to leave because of my appearance". Sleepout events go towards changing the conversation...

The impact for them is big, they feel excited that there are funds becoming available which are going to be provided for a better service and more resources.

(Participant – Charity)

Theme two: Ambivalence

As noted above, many participants agreed that the events do raise awareness, but some also expressed unease about the appropriateness of the events, and whether the awareness which is generated is accurate and/or helpful. Almost all the ambivalence was expressed by individuals working in the sector. Perhaps reflecting their experience and greater insight into the realities of street-based sleeping. Only one member of the public expressed any ambivalence:

It could come across as quite condescending, that people are gonna go and sleep out for the night and think they know what... they're on about. (Participant – Public)

For those who work in the sector ambivalence was much clearer:

I don't think it's an appropriate way of doing things, I think it probably does what they want it to do. (Participant – Charity)

As someone who works with people rough sleeping everyday, I feel very uncomfortable about it. It's patronizing their situation. People who go into it are in full good physical health... You start at 100%. You also have time to prepare, buy thermal clothes, a good sleeping bag. You could manage to get through [one night]. You're safe, there are other people around you... there will be food and toilets provided. It's just a completely unrealistic and sanitised reflection of what it's like on the streets. (Participant – Charity)

They're doing it for a reason. There's everything that comes as being part of an event that isn't there [rough sleeping]... it's almost like a team building event... I really struggle with the fact that it's making it out to be this friendly, warm, safe practice. It's not. It's an event for raising awareness. (Participant – Local Authority)

Some participants reflected on the consequences of the ways in which both individuals and organisations used publicity to raise the profile and fundraising power of the event:

I am not sure what they will think (about the photographs of the event). They would probably look at us and think "oh look they are sleeping inside. I don't get the chance to do that." There's a risk it will be seen as glorifying. You see people on social media giving food to homeless people... but they record themselves giving the food and post on social media. I understand why they're taking photos; people might think that is shoving it in their face. (Participant – Public)

For some, the ambivalence also came with some sense of guilt:

The only issue is you are out here to raise awareness... taking photos of the boxes (shelters), I feel bad. I know we're raising money... there is guilt attached... I am doing this for one night and going back to my house. (Participant – Housing Association)

Reflecting on their ambivalence, one participant had a clear suggestion for an alternative activity:

It's not an appropriate way to raise awareness. There are other events that you can... depict the challenges of someone sleeping rough. Real life case studies... I don't think you should capture an individual that's currently living on the streets. That's their life. You're almost using them as some kind of anti-advertising campaign... you can reflect on people that have been through that process and... are in a better place. (Participant – Charity)

Theme three: Hostility

For some staff working in the sector, there was no ambivalence, and they were very clear that these events are not a good idea. Some expressed clear hostility to the whole concept:

They make me feel uncomfortable. It's using something so inherently dangerous and life threatening, as a vehicle to raise funds. (Participant – Charity)

In the middle of a refugee crisis, do we all go and sit in a dingy in the middle of the English Channel for 36 hours with no food and water? (Participant – Charity)

Similar contentious analogies were made by several interviewees:

It's their fundraiser, they could do something else... you would be as well having a cake sale because trying to recreate something so horrific and not doing it, in a way that is real... just do something else. You don't raise money for... [Cancer Research UK] by sitting in a cancer ward, you don't raise money for a war-torn country by shooting at each other. (Participant – Charity)

In response to a discussion about participants at the sleepout event customising their shelters and having an internal competition, this elicited a visceral reaction from one interviewee: "I think it's distasteful" (Participant – Charity).

Theme four: “It’s not really rough sleeping”

As with the previous theme, negative views were more clearly and forcefully expressed by some of those working in the sector:

It doesn’t send the right message. For someone who doesn’t have a great understanding of rough sleeping, they see this event, and how individuals portray those people sleeping rough and think, it’s not great, but they’ve got boxes they look really warm... In reality individuals aren’t usually sleeping in a nice well-lit environment or conveniently moved... somewhere safer. (Participant – Charity)

If you’d of taken somebody [rough sleeper] to that event it would be shameful, its glamping... It’s supposed to represent a really gritty part of our society nobody wants to talk about. People give a bit of change but don’t look someone in the eye and... have a conversation. I want to do something good, but don’t want to get my hands dirty. This is a really good way of achieving that, in a classic British style, “Let’s keep this above board and not actually tackle any of the hard questions or root causes”. (Participant – Charity)

One participant, who works daily with street-based sleepers, explained why they thought sleepout events did not approximate to street-based sleeping:

I’m embarrassed people think that is what it’s like... It’s not like that when people are rough sleeping. To attempt to recreate that is impossible. (Participant – Charity)

If you’ve ever worked with somebody [rough sleeper] and it was a cold, dark, winters night. You’d done everything you could to get them into accommodation and couldn’t... had to pack that person with a bag of food, a sleeping bag and send them on their way and said “good luck” and then lock the office door and gone home. The feeling of having sent them into danger... I think it is absolutely horrific. I find these events difficult because it doesn’t replicate in any sensible way. (Participant – Charity)

If you talk to a homeless person, they wouldn’t “get a hot chocolate and lay down and go to sleep in a safe environment”. Throughout the night... they walk around to keep warm. If you sleep, you’ll get robbed. (Participant – Housing Association)

Another participant made an important point about understanding the reasons and causes for individuals resorting to sleeping on the street:

It completely avoids all the real issues to do with homelessness... you sleep in a box for a night, when the root of these issues are drugs and mental health issues... That conversation is completely missing. We’re avoiding all the complicated things. Everybody who doesn’t have those issues gets picked up [for housing], but the ones who are on the streets who’ve got real complex needs... that’s what’s missing from the conversation. (Participant – Charity)

The views expressed by those working in the sector contained several assumptions about how service users might react to these events. Generally, these followed the line that the events do not genuinely reflect the realities of homelessness, and that service users would be angry about others pretending to be sleeping on the street for one night whilst having a relatively cossetted experience.

Some interesting evidence emerged, however, about the actual views of people with lived experience of homelessness. That evidence suggests that service users themselves were far less cynical and did not share the views of some staff:

They raise a lot of money and awareness. When service users know we do it they get quite excited. I've had some people who have been worried about us... I was expecting them to think you're really taking the piss. Champagne socialists sort of thing... instead they were giving tips, "are you sure you want to do this? Where are you doing it? Is there anyone watching you? We will walk round and check you're, ok?" (Participant – Public [Probation])

Theme five: Exclusion of individuals with lived experience

Echoing a finding noted earlier from other similar events, some participants were aware that individuals who were experiencing homelessness were sometimes turned away from sleepout events:

The rough sleepers aren't allowed to sleep outside the [venue]. They do get moved on... It's condescending. We all sit here and pretend to be homeless, that's OK. But if you're actually homeless, you're not welcome. (Participant – Charity)

A number of participants also noted this absence:

Wouldn't it have been nice to talk to people and hear about their lived experiences of homelessness and engage with them? (Participant – Charity)

Maybe involve someone who has lived experience in the organisation [sleepout events]. (Participant – Person experiencing homelessness)

Some participants felt that perhaps people who were experiencing homelessness were unaware of these sleepout events:

I don't think the people on the streets even know it's happening. Whether that's intentionally or not, I don't know. (Participant – Housing Association)

I am not sure everyone [rough sleepers] know about these events? (Participant – Person experiencing homelessness)

The sleepout event in question did involve a service user with lived experience of homelessness who shared their experiences through poetry reading:

There was a guy [with lived experience] that wrote poems. That was very moving. It would have been nice... to have met more people [rough sleepers]. (Participant – Public – Follow up)

[Poetry reading] was so powerful. Hearing from people with lived experience could be really helpful. (Participant – Public – Follow up)

The individual in question is currently housed by the charity who organised the event, and no individuals who are currently homeless were at the event.

One staff member with previous lived experience of homelessness offered the following reflection:

For the most part, people are emotionally intelligent enough to get there [in their heads] regardless of how entirely authentic the experience is... That's kind of good enough for me... I think at the very least what it probably does do, for the chap who joined us... he will go away knowing 70 people feel better about helping him and people like him and the challenges they face... It's kind of bridging the gap because the whole homeless experience exists on the margins of society. [Sleepout events] kind of gets rid of that a little bit. It brings people closer together. (Participant – Staff)

Discussion

The aim of this research was to explore the perceptions of participants and stakeholders of a 'sleepout' event held to raise money for, and awareness of, homelessness charity work. It has been useful and instructive to hear the divergent views and perceptions of both participants and non-participants about the nature and value of charity sleepout events.

Members of the public who took part generally had very favourable views with regard to the structure and value of the sleepout event, and felt good about their participation. Farmer et al. (2020) have found that people with liberal views with a commitment to social justice are more likely to take part in a breadth of charitable activities, and to focus on events which are perceived as contributing to a reduction of inequality in society. Members of the public with such values are likely to be those who are drawn to a range of different initiatives to support persons experiencing homelessness. Also, those with liberal views have been found to have greater tendencies to empathy (Morris, 2020). Taking part in an event which allows them to have a sense of empathy for those who are forced to sleep on the street is likely to enhance the feel good factor and sense of doing good for such individuals (regardless of whether the event genuinely replicates street-based sleeping in any way or not, it allows people to feel that it does, and therefore to feel empathy).

D'Aloisio (2007) noted, in relation to fundraising for breast cancer charities, how the language of community and of self-care is invoked and used to persuade participants, particularly women, to raise money for breast cancer research, taking advantage of the empathy which is felt for women who have experienced that illness. She provides a critique of this growing fundraising movement which aligns with critique that we noted in the introduction of what has been called fitness philanthropy. Palmer et al. (2022) concluded that while fitness philanthropy can be conceptualised as a moral community, leveraging social capital to improve the charitable sector and provide space for everyday expressions of kindness and care, we need to be critical in locating such developments as part of the politics and subjectivities of neoliberalism and the rise of what has been called 'caring capitalism'. Essentially this suggests that 'care' is a subordinated, secondary value, where the primary value is to approach all aspects of life with a competitive mindset and financial goals (Barman, 2016). In this view, adults should be competitive to develop resources that enable independence and autonomy. Any dependence is seen as problematic. Such activities are also evident in sponsored sleepout events (Vinnies CEO sleepout, 2023) where social impact through active participation and cause marketing experiences has been explored (Montgomery and Khan, 2018; Montgomery, 2020; Vinnies CEO Sleepout, 2023).

We have found that, in relation to homelessness and street-based sleeping, the public can similarly be persuaded to take part in events which allow them to feel a sense of community and a sense of doing good. There is also critique of this, but it tends to come more from staff working in support agencies and from academics rather than from public participants. Views of those working in the sector, both those who took part in the sleepout event and those who did not, were more mixed and contained much more in the way of ambivalence, or in some of those who were non-participants, outright hostility. The scepticism about the nature and function of these events echoes that which has been articulated by a number of researchers and observers. For example, Parsell and colleagues (Parsell and Watts, 2017; Parsell, 2018; 2019) have systematically critiqued the efficacy of this type of what they call "caring and compassionate" responses to homelessness. Parsell (2019, p.15) argued that homelessness can only be ended through the provision of social and affordable housing, and that these charitable and compassionate responses are distractions that are "neither motivated by nor directed toward solving homelessness." Those authors argue for 'effective altruism' and a focus on evidence-based solutions to homelessness, particularly those based on a 'Housing First' model, which now has a substantial evidence base to support both its effectiveness and cost effectiveness in terms of reducing demand for street-based services and other public services. Parsell and Watts (2017) go further and suggest that some of the charity-based responses are not only ineffective and not evidence

based but may be actively harmful in taking attention and resources away from demonstrably evidence-based solutions, in favour of headline grabbing and emotive interventions which may be more about making the donor feel good than about offering real solutions for the individual experiencing homelessness.

One response to this critique is to note that street-based sleeping and homelessness in all of its forms shows no signs of disappearing and that the required policy changes to make that happen, particularly in terms of making sufficient affordable housing available, are not on anyone's horizon, at least not in the UK in 2023. To continue to campaign for the required policy changes is noble and necessary, but in the meantime, individuals continue to experience real hardship and to need support. We do not believe that initiatives which raise money for charity organisations working in the sector, and which initiate conversations about the underlying issues, are bad in themselves, nor do they undermine policy work directed at achieving housing solutions.

One other point which is relevant to this discussion. The critiques from Parsell and others are about street-based interventions such as soup kitchens and mobile laundries. Our focus in this small study was on a fundraising event. The charity organising the event, which will be the beneficiary of funds raised, does have Housing First policies and housing offers with Housing First support services in the region in which the event took place.

It may be that members of the public are less well informed about the complexities and realities of sleeping on the street and homelessness, and about the most effective solutions. In that sense, it is recommended that there is also a need for a better understanding of these issues and participants in our study also made the same point. As well as awareness raising, in terms of prompting some thought about the plight of the homeless, it would be useful to also provide education which increases understanding of the complexities of homelessness, and of what is 'effective altruism' in the sense of what are the most evidence based and effective solutions.

It is perhaps not surprising that most members of the public who chose to take part had more positive views of the event. As noted earlier, people choose charitable activities which are personally meaningful to them, and to some extent fit with their political ideologies (Farmer et al., 2020). When we are personally invested in something we are more likely to focus on the positive aspects of it. A broader population survey of public attitudes toward such events would be required to establish whether and how much participant views were different to those of the broader public.

For some staff working in the sector, there was no ambivalence, and they were very clear that these events are not a good idea. Some expressed clear hostility to the whole concept, which is reflected in the literature (D'Abrera, 2019). Equally, as hinted at in our study, there may be some assumptions and moral positions taken by some staff and commentators, with regard to sleepout events, which are at odds with not only the more positive framing given by public participants, but also the views of at least some of those with lived experience.

There was concern about the exclusion of those with lived experience from these kinds of events, both in terms of their absence at the planning stage, and their exclusion from the actual event. As noted earlier, some individuals were invited and included, and the views of some others were captured. Green (2022) has written eloquently about the ways in which lived experience needs to be considered for it to be meaningful, and the importance of consultation when planning initiatives, being careful with language, and ensuring that persons with lived experience are comfortable with the nature of their participation.

It would be instructive to canvass more in depth views from those with lived experience about sleepout events, as well as ensuring that they become involved in the planning of events, as well as taking part on the night, should they choose to and feel comfortable doing so.

Limitations

This small study has a number of limitations, which include the following. Firstly, we were able to engage with participants during the event, which provided for spontaneous reflections and direct feedback about their experiences. However, participants had no advance notice and were not able to have time to think about and prepare for a research interview, and therefore no time to offer in depth considered reflections. We also initially aimed to use audio diaries so that individuals could offer thoughts and reflections throughout the whole event, rather than in a snapshot interview. Although we were unable to capture audio diaries, five follow up interviews were conducted which considered in depth reflections and thinking about the event. Nonetheless, to our knowledge this is the first piece of research to explore participant's perspectives on charity fundraising sleepout events in the UK.

Conclusions and Recommendations

The research has shown that public participants in sponsored charity sleepout events are generally very positive about their experiences and genuinely believe that they are doing the twin goods of raising money for housing and homelessness charities, and raising awareness of the issues. Our research contributes to a gap in the literature by exploring the role of and perceptions of sponsored charity fundraising sleepout events through the voices of people taking part in these events, charities, and people experiencing homelessness.

Based on the recommendations provided by the participants in this study, it is evident that organisations responsible for delivering charity fundraising sleepout events could enhance their events by a number of additions to the structure and running of them. For example, in future there could be more and better co-ordinated publicity about the specific events, which would enhance both the fundraising and awareness functions. High-profile mainstream media could be utilised, including local television channels with a greater use of a range of social media platforms. Additionally, there could be increased educational content as part of the event, whether in the form of written resources, talks from staff in the sector and those with lived experience, or use of other multimedia channels to communicate information. More opportunity for conversation and interaction is also needed. Whilst cognisant of the need to remain inclusive, a higher registration fee may increase the fundraising power. Alternatively, other kinds of events might meet the needs without the more controversial aspect of asking people to simulate sleeping on the street for one night. For example, an indoor fundraising event which involves people with lived experiences and organisations and charities in the sector, with talks and educational aspects.

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Appendices

Appendix 1 – Questionnaires for participants

General public/ staff

- What do you think is the impact of Sleep Easy Events –
 - ... on raising public awareness?
 - ... on organisations supporting people who experience homelessness?
 - ... on people who experience homelessness?
- Any other impacts you think the event has?
- Are there any disadvantages (alongside advantages) of these sleepout events?
- Why did you choose to take part in this event?

Prompt: Give something back, lived experience of homelessness, know someone who has been homeless, other reasons.

- Have you taken part in this event before?
- What prompted you to take part again?
- What do you hope to gain (if anything) from taking part?
- What, if any are you aware of local services which support vulnerable people experiencing homelessness?
- Is there anything else you would like to tell us

Follow-up for general public/ staff

What was your experience of the event? Prompt – How did it make you feel; Did you have an opportunity to speak with other people participating in the event?

Do you think this event provides a ‘snapshot’ of what it is like to be homeless?

Would you take part in this event again? Why?

Would you recommend this experience to family and friends?

Is there anything else you would like to tell us?

Charities/ People experiencing homelessness

- Are you aware of charity fundraising sleepout events (such as the YMCA Lincolnshire 'Sleep Easy' event) which raises awareness of vulnerable people experiencing homelessness?
- What do you think is the impact of these charity fundraising sleepout events...
 - ... on raising public awareness?
 - ... on organisations supporting people who experience homelessness?
 - ... on people who experience homelessness?
- Any other impacts you think the events have?
- Are there any disadvantages (alongside advantages) of these sleepout events?
- Have you taken part in this event before?
- Would you take part in this event?
- Is there anything else you would like to tell us?

A Quasi-Experimental Evaluation of the Staying Put Intervention for Reducing Homelessness Among Care Leavers

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➤ **Abstract_** *The transition from foster care to independent housing is particularly challenging for young care leavers who often lack vital support and face an accelerated, rather than gradual, transition. While young care leavers experience unacceptable levels of homelessness, little is known about what works to prevent or address this. One promising approach, which has been adopted in various countries throughout Europe, is extended care policies. While promising, further evidence is needed to understand the impact of such policies. In the UK, Staying Put has been in place since 2014 to ensure that young people have the right to stay with their foster families upon turning 18, if both parties agree. In this study, we use a quasi-experimental evaluation (coarsened exact matching for pilot sites and a difference in differences analysis and triple-differences for the national roll-out) to evaluate the impact of Staying Put on housing outcomes for young care leavers in England. We find consistent evidence of the effects of Staying Put, particularly in the national rollout analysis. We thus recommend that further funding and support be directed to Staying Put, and that longer-term analysis be conducted to further enhance the evidence base for extended care policies.*

➤ **Keywords_** *Care leavers, evidence-based practice, homelessness, Staying Put, impact evaluation, quasi-experimental*

Introduction

Young people in care have often experienced significant trauma in their lives, including abuse and/or neglect, and are at risk of poor outcomes, particularly in areas such as education, health, well-being, and social exclusion (Stein and Munro, 2008; Mendes and Snow, 2016; Harder et al., 2020; Sacker et al., 2021; Parsons et al., 2022a). For example, they are less likely, than their peers, to be employed and/or attend higher education and more likely to be incarcerated, experience physical and mental health problems, be reliant on public assistance, and/or experience homelessness (Tarren-Sweeney and Vetere, 2013; Briheim-Crookall et al., 2020; Mendes and Rogers, 2020; ONS 2020; Sanders et al., 2021; Parsons et al., 2022a; Sanders and Whelan, 2022). The poor outcomes experienced by young care leavers often extend into older age, thus underscoring the vital importance of interventions aimed at assisting this cohort (Sacker et al., 2021; Parsons et al., 2022b). In this paper, we will focus on the evaluation of one intervention implemented by the Government in England which supported young care leavers in “Staying Put” with their foster carers and its impact on young care leavers’ experiences of homelessness.

Various factors may contribute to the poor outcomes experienced by young people in care, for example, pre-existing psychological and/or developmental problems, along with trauma experienced prior to or whilst in care. While in care, young people experience substantial instability, for example, one-third of young people in England experiencing more than one placement per year (Department for Education, 2022a). Those who have the most severe psychological difficulties often encounter the most placement breakdowns (Rock et al., 2015; Hiller and Clair, 2018). Consequently, the care system often inflicts further harm on an already vulnerable population, placing them at a severe detriment, particularly when they age out of the system and support is reduced further. Additionally, the poor outcomes may be linked to inadequate support, particularly at vital transition points, such as when transitioning to adulthood and independent living (Sanders et al., 2021; Sanders and Whelan, 2022).

Non-care leavers tend to be able to draw on support from their biological families beyond the age of 18, whereas for care leavers, the amount of support provided by the State is substantially reduced when a child turns 18, and further reduced when they turn 25 (Sanders et al., 2021). The transition out of care is often ‘accelerated and compressed’, despite the well-accepted need for a gradual transition (Stein, 2006; Butterworth et al., 2017; Bengtsson et al., 2018; van Breda et al., 2020). Thus, young care leavers are often inadequately prepared for the transition they need to make, and lack the gradual, flexible support often provided by biological families to their own children (Stein, 2008; Stein, 2012; Baker, 2017a; Baker, 2017b). The existing literature also highlights that the vast majority of care leavers report having

a small support network and higher levels of stress and chronic loneliness than their peers, thus suggesting that they are placed at a detriment and that further (extended, gradual) support must urgently be directed to this cohort, particularly at vital transition points (Briheim-Crookall et al., 2020).

A policy domain in which this lack of support contributes to poor outcomes is housing and homelessness. The transition from care into stable, independent living is known to be a particularly challenging area for policy and practice, in this context (Sacker et al., 2021). Having safe, secure, and affordable housing is vitally important for children and young people, yet often denied to care leavers who are required to live independently much earlier than their peers, often struggling to transition to independent living upon ageing out of the system (Mendes and Snow, 2016; Harder et al., 2020; Cross et al., 2022; Sanders and Whelan, 2022). While outcomes differ across a wide variety of outcomes, housing and homelessness is seen as particularly vital to address, given that housing outcomes significantly impact upon outcomes in other areas, such as health and employment (Cross et al., 2022).

Various approaches have been taken by governments to address the vulnerabilities and barriers highlighted above, with the introduction of a wide array of policies and interventions (Sanders et al., 2021). Examples include increasing the age of local responsibility for care leavers to 25, providing new packages of support, and introducing the Staying Put and staying close policies. Nonetheless, the evidence base remains severely underdeveloped, with a shortage of impact evaluations focused on evaluating the impact of interventions which may influence housing outcomes into adulthood (Sanders and Whelan, 2022). The quality of evaluations that have been conducted have been critiqued (Schwan et al., 2018). Consequently, although it is well-accepted that care-leavers fare poorly, compared to their peers, in transitioning to adulthood, there is little consensus on the factors which facilitate improved outcomes (van Breda et al., 2020). While the paucity of robust evaluations has made it particularly difficult to recommend one particular intervention type, extended care policies (i.e., extending the age to which young people can remain in care) have been identified as one promising approach (Taylor et al., 2021). However, more rigorous effectiveness research is required for this intervention type, a gap which this quasi-experimental evaluation aims to fill (van Breda et al., 2020).

What do we Know About Extended Care Policies?

It is well-accepted that many young care leavers experience serious difficulties in transitioning from the care system to independent living at 18, particularly in the absence of sufficient support (Stein and Munro, 2008; Mann-Feder and Goyette, 2019). Additionally, there is a clear and urgent need for innovative support measures which are tailored to the specific and varied needs of care-leavers, and which go beyond the care available to youth who have not experienced care (The Fostering Network, 2017). This reflects the fact that states have a responsibility as 'corporate parents' to care leavers who have spent many of their formative years in the care of the State (Munro et al., 2016). In this context, extended care policies have been introduced, in many European countries, to increase the level of support available to carers, addressing the 'care cliff' that many experience when turning 18 (van Breda et al., 2020). Contextual factors between countries, and even between jurisdictions within countries, significantly influence the approach taken and outcomes achieved. Nonetheless, extended care policies have become an increasingly popular topic among researchers, policy makers, service providers, and care-leavers, globally (Taylor et al., 2021).

Extended care policies typically refer to policies that allow eligible groups of care-leavers to voluntarily choose to remain in their placement until a later age (van Breda et al., 2020). Various studies have sought to analyse the landscape of extended care policies throughout Europe and have found that the conceptualisation and operationalisation of extended care varies by jurisdiction. For example, Montero (2016) conducted a study analysing the legal provisions across 14 countries for young people leaving care at the age of 18, concluding that in most EU countries, local councils are required to support young care leavers until the age of 21. In some of the jurisdictions analysed, care is even extended beyond the age of 21. For instance, in Romania, young people can remain in care until the age of 26 if they continue in education or are deemed to be vulnerable to marginalisation. Van Breda et al., (2020) also considered extended care policies in a range of countries, producing country narratives for the following jurisdictions: 1) Argentina; 2) Canada; 3) England; 4) Ireland; 5) Israel; 6) Netherlands; 7) Norway; 8) Romania; 9) South Africa; and 10) Switzerland. Their comparative work identified significant definitional ambiguity, with no universal construction of extended care, along with considerable diversity in the funding and administration of extended care arrangements, and inconsistencies in the implementation of extended care arrangements, both within and between jurisdictions. Also, several issues were raised regarding the limited evidence base. For example, in England, the evaluation of the pilot of Staying Put only explored early outcomes, with no further research having been conducted on the implementation of Staying Put (Munro et al., 2012; Van Breda et al., 2020).

The Introduction of Staying Put in the UK

Approximately 11 000 young people transition from care to adulthood each year in England (Department for Education, 2022a). Transitioning to independent, stable housing is particularly challenging for many in this cohort, for example, with the Ministry of Housing, Communities and Local Government (2018) (now the Department for Levelling Up, Housing and Communities) noting that approximately 10% of people sleeping on the street in London in 2018 were in care as a child. Additionally, the charity Centrepointhighlighted that 26% of young people leaving care had ‘sofa surfed’ and 14% had slept on the street (Gill and Daw, 2017). Consequently, legislation has been enacted, across many years, in England to strengthen the service provision duties that are placed upon local authorities for young care leavers.

One example of a policy response is Staying Put, which is a formal extended care scheme for former foster children (as opposed to children in residential care home settings). It was piloted between 2008 and 2011 in 11 local authorities; and in 2013, the Government advised local authorities that young people should be permitted to stay in a stable foster placement until they were 21, if they wished to do so (Munro et al., 2012). In May 2014, Staying Put was introduced on a statutory footing, with the enactment of the *Children and Families Act 2014*, following many years of lobbying by several children’s charities, such as the Fostering Network (Children and Families Act, 2014).

A Staying Put arrangement has a specific meaning in legislation and differs from a foster placement (The Fostering Network, 2017). It refers to situations in which a young person remains with the foster carer that they were placed with when turning 18. To be eligible, they must have been looked after for at least 13 weeks since the age of 14. The arrangement is based upon the wishes of both parties. While Staying Put, the young person is considered a young adult and care leaver, rather than a looked after child; they are entitled to receive care leaver support and are allocated a personal advisor. Similarly, the foster carer no longer acts as a foster carer for the young adult; they are their former foster carer, as the foster placement transitions to a ‘Staying Put arrangement’, which is not governed by fostering services regulations. This means that they may offer foster placements to looked after children, alongside the Staying Put arrangement.

Since 2014, Staying Put has provided extra grant funding to local authorities to assist with costs. However, funding constraints have been highlighted among the implementation issues, for instance, with the funding model having been based on 25% of eligible individuals opting to stay, even though uptake has been far higher in practice, effectively preventing some eligible young people from Staying Put (Mendes and Rogers, 2020; van Breda et al., 2020). Stakeholders such as the

Fostering Network and Action for Children have called for Staying Put to be fully funded and for the introduction of a minimum Staying Put allowance, to ensure that no foster carer is financially disadvantaged by agreeing to extend a placement (The Fostering Network, 2017; Action for Children, 2020). The Government committed an extra £10 million to support Staying Put from 2020 to 2021, although funding availability evidently remains an issue, for example, with some young people feeling under pressure to contribute to the household, given the reduced allowance offered (Mendes and Rogers, 2020).

Prior to Staying Put being legislated, it was piloted and evaluated, with the findings revealing that the majority of foster carers saw young people as 'part of the family' and were willing to offer extended care placements (Munro et al., 2012). It revealed that the young people who were most likely to stay put were those with a secure, stable base. Conversely, young people with more complex histories were more likely to move to independence earlier, with an inclination toward 'survivalist self-reliance'. The evaluation also found that those who Stayed Put were significantly more likely to be in full time education at 19 than their peers who did not Stay Put. This evaluation's scope was limited to the 11 local authorities involved in the initial pilots of Staying Put and used a combination of qualitative methods and analysis of data routinely produced by these local authorities. While promising, the evaluation did not consider long-term housing outcomes, thus leaving a gap to be filled with this quasi-experimental evaluation. This gap is important for a number of reasons, articulated by Sanders et al. (2021) – first, that we know that care leavers experience homelessness at much higher rates than their non-care experienced peers; second, that we know that homelessness itself can have material consequences for a range of other outcomes later in life; and third, that we know little about how to reduce homelessness for this group.

Methodology

Study design

This study uses a quasi-experimental design to evaluate the impact of Staying Put on housing outcomes for young care leavers. Given the complexity of the intervention, context, and outcomes, we use a combination of approaches. There are several complexities, specific to Staying Put, which had to be taken into account when designing our methodological approach. For example, the Staying Put pilot began prior to the beginning of the data available from Homelessness Case Level Information Collection (H-CLIC). H-CLIC is the household case level data collection, which was introduced in April 2018, to replace the P1E aggregated data return; it contains new information that was not formerly collected and includes information

on all individuals within the household, not solely the main applicant. Additionally, Staying Put has since been rolled out nationally, although with highly variable levels of take-up and wide variations in practices at the local authority level. To account for these complexities, we make use of different methods for evaluating the pilot sites and national roll out. In brief, we use a combination of coarsened exact matching (for pilot sites), and a difference in differences analysis in addition to triple-differences (for the national roll-out).

Data description

We generated our dataset using a combination of national and local datasets developed and designed during this project's protocolisation phase, as published on the Open Science Framework. This involved primarily using the detailed local level authority homelessness prevention and relief figures published by the Department for Levelling Up, Housing and Communities (formerly the Ministry of Housing, Communities and Local Government the Department for Communities and Local Government), including data on prevention or relief duties owed. While the data spans back to 2012, the main variables required for this study have only been included in the datasets from April 2016 onward, thus necessitating a later start date for our dataset.

Outcomes

Our main outcome measure is the number of young people in a local authority who are owed a prevention or relief duty and who are identified as being care leavers in a given local authority each year. A prevention duty is a duty placed on local authorities in England to take reasonable steps to prevent any eligible applicant from becoming homeless. It applies when a local authority deems that an individual is threatened with homelessness and eligible for assistance. Local authorities also have a duty to relieve homelessness; thus, a relief duty applies when a local authority is satisfied that an applicant is homeless and qualifies for assistance. Our primary outcome measure is a composite measure for care leavers aged under 21.

For evaluating the national rollout, we make use of the following three outcome measures: 1) the number of care leavers aged 18-20 who are owed a prevention or relief duty; 2) the number of older care leavers (aged 21-25) owed a prevention or relief duty; and 3) the total number of care leavers owed a prevention or relief duty. These variables are all derived from the H-CLIC data, which monitors statutory homelessness by local authorities in England.

Matching and counterfactual identification

1. Pilot sites

Within the pilot sites, it is not possible to use difference in differences analysis, due to the absence of data on pre-intervention period outcomes. This is because our data only begins in April 2016 and the intervention was already being used in pilot cities by then; pilots span back as early as July 2008, with Staying Put being introduced into law in May 2014. Consequently, we solely use coarsened exact matching (CEM) to evaluate impacts within the pilot sites. CEM provides an alternative to other techniques commonly used to control confounding (Iacus et al., 2012). It has many benefits, for instance, the fact that it requires fewer assumptions than techniques, such as Propensity Score Matching, and it increases the likelihood of finding suitable matches between treated and untreated units (King et al., 2011; King and Nielsen, 2019). The technique involves temporarily coarsening the data (i.e., grouping or aggregating similar or closely related levels of a covariate into fewer, distinct categories) and exact matching on these coarsened data, before then running the analysis on the uncoarsened, matched data (Iacus et al., 2012). Matching by a set of potential confounders that have been 'coarsened' reduces the number of potential matching values for a covariate, thereby increasing the number of matches achieved (Iacus et al., 2011; 2012). We adopt an iterative approach for matching, in which we balance for the trade-off faced in matching between the 'quality' of a match (i.e., the number of variables on which treated units are matched, and hence the level of similarity of the matched groups) and the number of matches that are possible. Prioritising the quality of a match increases the quality of causal identification. Conversely, prioritising the number of possible matches increases the statistical power of analysis.

Commonly used (non-coarsened exact matching) approaches typically require researchers to make decisions regarding the exclusion of values outside of the range of common support prior to conducting matching. This can be achieved using one of several well-established methods (e.g., Heckman et al., 1997). However, Iacus et al. (2012) note that this step is not undertaken in many published studies in this area. CEM does not require this initial step of 'trimming', as it instead automatically occurs within the matching process. Regardless, researchers must still select the number of variables and which variables to include when conducting a match.

Evidently, the more variables that are selected (conditional on the coarsening algorithm), the fewer, but better, matches there will be. In instances where we have a finite number of treated and counterfactual units, this trade off becomes particularly acute. Best practice, if, for example, using a propensity score match, necessitates that the researcher matches, tests for balance, and rematches (potentially several times), as recommended by Crump et al. (2009). The analysis of Iacus et al. (2012) provides two comparable 'best practice' approaches. Firstly, it

is possible to gradually increase the extent of coarsening as far as we feel ‘comfortable’; secondly, researchers can reduce the constraint imposed by a number of variables, also until arriving at a level of comfort. In this study, we take the latter approach, thus iterating the matching process to achieve the best possible match (conditional on our data quality) for each treated unit. It should be noted that CEM is not without its critics, as is the case for all forms of matching. Black et al. (2020), for example, find that CEM is particularly sensitive to the inclusion of matching variables that are not important predictors of the outcome, and recommend against the use of CEM as a sole means of balancing. Ripollone et al. (2020) find through simulation that it might be preferred over other forms of matching in the absence of rich data containing many variables, as is the case here, but that otherwise it risks lower quality matching than other approaches, such as propensity score matching. Given the data that we have, and the challenges associated with other approaches to matching, we nonetheless believe that CEM represents the best matching approach available.

To do so, we begin with the broadest set of variables for matching. We make use of indicators of housing and income deprivation (part of the Indexes of Multiple Deprivation), Income Deprivation Affecting Children (IDACI), and baseline experience of homelessness among older residents. This allows us to achieve the fewest, highest quality matches. We then gradually contract this set for the unmatched units, thereby allowing most, if not all, treated units to be matched, in a manner that does not compromise the match quality for those units for whom a better match is possible. In our second iteration we remove homelessness among older people, and general income deprivation in our third iteration. We are required to choose the optimum rounds of iteration. While largely an arbitrary decision, we select three as a number likely to yield many matches without reducing the quality of the matches too greatly. To ensure transparency, we provide the results of each matching stage and the overall matches in our protocol and in Table 1. We have also published our full code and analytical output as Stata Do Files and Log Files on GitHub.¹

Table 1: Matching of Staying Put Pilot Sites

Wave	Treated for Matching	Untreated for Matching	Treated matched	Untreated matched
1	27	282	14	38
2	13	282	8	38
3	5	282	4	64
Total			26	93
Unmatched Treated	1			

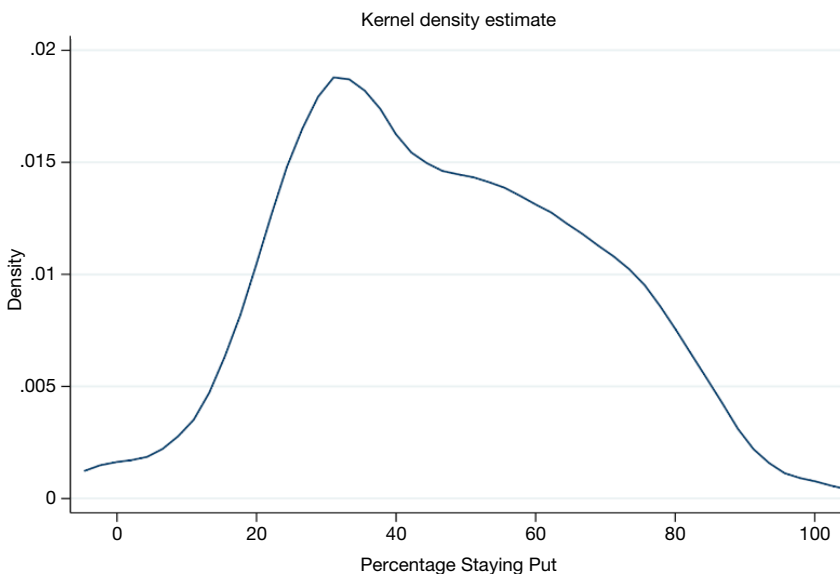
¹ <https://osf.io/6up2d/>

We compare outcomes for treated sites (i.e., local authorities) with those for whom we found matching untreated local authorities. In conducting our main analysis, we make use of the broadest possible match (i.e., the matching approach which yields matching for the largest number of the pilot sites). We also conduct robustness checks using the smaller samples yielded by more restrictive matching approaches.

2. National rollout

In addition to evaluating the impacts of Staying Put in pilot sites, we consider the effects of the national rollout of Staying Put. There are obvious challenges associated with evaluating a national roll-out, where the intervention is made available to all members of a particular cohort. In this context, Staying Put was, theoretically, made available to all care leavers, regardless of location. In practice, however, it is well-recognised that there was substantial heterogeneity in the take-up of Staying Put at local authority level (Figure 1). This was the case both among and within local authorities. As additional funding from the Department for Education has been made available over time, the general direction of travel in terms of the percentage of young people leaving care and Staying Put is upwards, although this is not monotonic. These changes and contextual factors have presented us with a valuable opportunity to quasi-experimentally evaluate the impacts of Staying Put's national rollout on care leaver outcomes.

Figure 1: Take-up of Staying Put at local authority level



Our approach differs from that taken for the pilot sites, as we are able to take a difference in differences approach, in which local authorities are compared with each other over multiple time periods, pre-and-post intervention. While not using a binary treatment indicator (which is common for difference in differences), our approach follows Callaway et al. (2021) and is implemented as a fixed effects panel regression, with fixed effects at the local authority level and a vector of fixed effects for post-treatment time periods. Additionally, we take a triple differences approach controlling for changes in the level of homelessness prevention or relief duty owed to people who are classed as 'old aged', and who are affected by local economic and housing trends within the local authority but are not affected by Staying Put. Because the decision to take up Staying Put at local authority level, or even to reduce this, is non-random, there remains a chance of confounding.

Results

Primary analysis – pilot sites

In our first analysis, we consider absolute changes in the number of young people owed a prevention or relief duty in a local authority who are also care leavers. We conduct this analysis as a linear regression using data at the level of the local authority. Table 2, below, reports the results of four models, conducted using data from the years 2016–2019. During this time period, Staying Put was being rolled out nationally, as its funding was gradually being increased. It is important to note that this approach is confounded, as described earlier; however, the reduced time period minimises the extent of the confounding. Below the table, we describe each of the four models in further detail.

Table 2: Coarsened exact matching regression models; effects of Staying Put on risk of homelessness duty being owed to young care leavers aged 18–20

	(1)	(2)	(3)	(4)
Staying Put (binary, pilot sites)	-0.120	-0.120	-0.165	-0.444
	[0.310]	[0.310]	[0.304]	[0.291]
Year 2		-0.261	-0.279	-0.284
		[0.249]	[0.244]	[0.231]
Old Age			0.188**	0.160*
			[0.0591]	[0.0627]
Care Leavers 21 plus				0.0817***
				[0.0142]
Constant	3.558***	3.949***	3.322***	2.944***
	[0.139]	[0.398]	[0.438]	[0.433]
R Squared	0.010	0.021	0.046	0.15
N	238	238	238	236

Standard errors in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

In model 1, we regress the outcome measure on whether or not Staying Put is active in a particular local authority in a given year. While this is the most parsimonious model, it does not account for the fact that there are trends over time and that Staying Put's embeddedness is thus correlated with time. Model 2 overcomes this limitation by controlling for a linear time trend. In model 3, we make use of a triple differences approach, through controlling for the number of people owed a prevention or relief duty for reasons of old age – who are affected by conditions in the local authority but could not benefit from Staying Put. Model 4 builds on the triple differences approach further through the inclusion of a variable which captures the rate at which care leavers aged 21 and over are owed a prevention or relief duty in the local authority. The inclusion of this covariate, although important, does pose some additional risks. For example, this increases the likelihood of spill overs between care leavers under 21 and those 21 and over (e.g., as those aged 21 and over may have benefited from Staying Put until 21, although no longer being eligible), meaning that inclusion of this variable could attenuate estimated treatment effects. Nonetheless, care leavers aged 21 and above arguably provide a closer comparator than people who are classed as old age, given that they are more likely to be experiencing the current labour and housing market, both of which are factors that affect their likelihood of being owed a prevention or relief duty. Thus, their prior experiences are likely to be more comparable than those of older adults.

The findings presented in Table 2 show a consistent pattern of reducing the outcome measure. However, this is highly insignificant ($p > 0.5$ in all models except for model 4). The findings from Model 4 (which has a p value of 0.128) are the most encouraging, yet as described earlier we anticipate that these findings have been impacted by potential confounding due to the inclusion of 21+ care leavers for whom there may be spill overs. If this confounding exists, however, it appears to be pushing in the opposite direction than anticipated, which suggests that any spill overs could be negative. Overall, these findings are neither particularly encouraging nor discouraging, especially in light of the potential confounding issues and the lack of statistical significance. We conducted various robustness checks, such as reducing the sample to the most closely matched local authorities and taking logs of the outcome measures; yet these checks did not alter the findings.

Primary analysis – national rollout

The remainder of our analysis focuses on considering the effects of the national rollout of Staying Put. As described earlier, we use a combination of difference in differences and triple differences, to quasi-experimentally evaluate the impacts of Staying Put's national rollout. In Table 3, we present the results of this main analysis, for three different outcome measures related to young people.

Table 3: Fixed Effects Regression of the impact of Staying Put on absolute number of care leavers at risk of homelessness, difference in differences (models 1-3) and triple differences (models 4-6)

	(1)	(2)	(3)	(4)	(5)	(6)
	Any Care Leavers	Aged 18-20	Aged 21-25	Any Care Leavers	Aged 18-20	Aged 21-25
2019	7.822***	3.086***	4.555***	7.534***	3.020***	4.337***
	[1.818]	[0.877]	[1.274]	[1.756]	[0.871]	[1.223]
2020	9.209***	3.325***	5.672***	10.46***	3.616***	6.628***
	[1.818]	[0.876]	[1.274]	[1.767]	[0.876]	[1.230]
2021	12.03***	4.755***	7.069***	11.89***	4.724***	6.967***
	[1.810]	[0.873]	[1.268]	[1.748]	[0.867]	[1.216]
Treatment Dose %	-0.140 [*]	-0.0666 [*]	-0.0895	-0.132 [*]	-0.0647 [*]	-0.0834
	[0.0653]	[0.0315]	[0.0456]	[0.0631]	[0.0313]	[0.0438]
Old Age				0.338***	0.0783 ^{**}	0.254***
				[0.0546]	[0.0271]	[0.0378]
_cons	32.04***	15.18***	18.10***	26.29***	13.84***	13.79***
	[3.155]	[1.522]	[2.206]	[3.185]	[1.579]	[2.210]
R Squared	0.079	0.054	0.058	0.142	0.068	0.152
N	902	902	894	902	902	894

Standard errors in brackets

^{*} $p < 0.05$, ^{**} $p < 0.01$, ^{***} $p < 0.001$

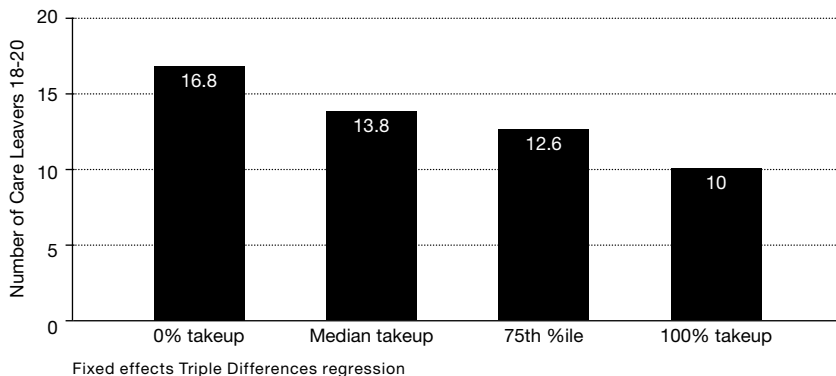
In model 1, we conduct the difference in differences analysis for the variable of any people classed as vulnerable as a result of being a care leaver. In model 2, we restrict the analysis to care leavers between 18-20 years old (i.e., those care leavers who can benefit directly from Staying Put). Model 3 considers care leavers aged 21 and above, while models 4 to 6 repeat these models, with the addition of our triple difference term, old age.

As identified in Table 3, we see significant reductions overall, both in the models considering all care leavers, as well as those that solely consider care leavers aged 18-20. In absolute terms, the effects on older care leavers are larger; yet they are not statistically significant at conventional levels. This can be understood by considering the fact that there are more care leavers aged 21-25 than 18-20, and more heterogeneity in their outcomes. Consequently, the absolute effect is larger, but the relative effect is likely smaller, and the variance in this model is higher. Our findings are robust to being conducted as fixed effects poisson regressions, with similar levels of statistical significance and magnitude of effects.

Regarding the magnitude of the effect, the coefficient on 18-20-year-olds in both relevant models is approximately 0.065. Thus, for a one-percentage point increase in the proportion of care leavers Staying Put, the number of care leavers at risk of homelessness falls by 0.065. Put differently, this means that a 13-percentage point increase in the rate of young people Staying Put causes one fewer care leaver to

be at risk of homelessness. Distributionally, moving local authorities from the median to the 75th percentile of Staying Put would reduce the number of care leavers at risk of homelessness by 321 in a given year.

Figure 2: graph presenting linear regression results – different take up rates



Discussion

In this study, we have used a quasi-experimental approach to investigate the effectiveness of the Department for Education’s Staying Put policy, on housing outcomes for young care leavers. Staying Put is one of many initiatives introduced by the Government to reduce the ‘care cliff’ that many young people experience when leaving care, thus ensuring a more gradual transition to adulthood. While Staying Put has been in place since 2014 in England and it is aligned with the extended care approach taken in many European countries, it is yet to be evaluated for its impact on housing outcomes. Thus, the housing impacts into adulthood have remained unknown. Our quasi-experimental evaluation contributes to filling this gap and also addresses broader calls in the literature, for studies focused on evaluating the impact of extended care policies (e.g., Taylor et al., 2021; van Breda et al., 2020).

Although homelessness is well-recognised as a vital issue to address for children’s social care in the UK and globally, there remains a paucity of evidence-based interventions (Schwan et al., 2018; Sanders et al., 2021). While most intervention types have little to no evidence of effectiveness, extended care policies have been highlighted as a promising approach, with some positive, although not yet conclusive, evidence emerging (Dworsky and Courtney, 2010; Munro et al., 2012; Courtney et al., 2018; Valset, 2018; Taylor et al., 2021). In many countries, efforts to analyse the impact of extended care policies have been significantly hampered by factors such as gaps in administrative data (van Breda et al., 2020). Consequently, the

findings have thus far been inconclusive, and questions have remained in regard to factors such as whether those with the most complex needs are eligible for and/or choose to take up extended care (van Breda et al., 2020). By exploiting administrative data, using quasi-experimental methods, we have been able to overcome the issues faced in many jurisdictions, thus generating important and timely insights about the benefits and impact of extending care.

In this study, we have presented two analyses of the effects of Staying Put on the risk of being owed a homelessness prevention or relief duty for care leavers. The first set of our analysis, which uses CEM, considers the impact of Staying Put on the original pilot sites. This is confounded by the national rollout of the programme commencing. The results in these analyses are not statistically significant, and so, by convention, we are unable to rule out the possibility that they are driven by change.

In our second set of analysis, we consider the impact of the national rollout of Staying Put. This involved exploiting both among and within local authority variation in the take-up of Staying Put, using a fixed effects regression model to achieve both difference and differences analysis and a triple differences analysis. We identify a stronger positive effect on housing outcomes for young care leavers, with consistent significant effects across the board. We find that local authorities who make more use of Staying Put see significant reductions in homelessness risk per our definition, compared both to their peers, and to their own historic trends. Specifically, we found that a 13-percentage point increase in the rate of young people Staying Put causes one fewer care leaver to be at risk of homelessness. The findings of the national analysis thus suggest that Staying Put has the effect of reducing the risk of homelessness for care leavers, and that increased local authority take-up, could safeguard a number of care leavers from becoming at risk of homelessness. With an associated estimated cost of approximately £24 500 (gross) per year and homeless individual, this would also equate to a substantial cost reduction by ways of investing in such a preventative measure. Compared to the previous evaluation of the discussed pilot in 11 local authorities, the present work adds valuable insight into the potential effects of a national rollout of Staying Put on long-term housing outcomes (Munro et al., 2012).

While we have identified positive findings, it must be noted that our results are not conclusive, particularly given the risk of confounding that we identified throughout the paper. The findings for the pilot sites offer the smallest sample and the most confounding. Nonetheless, we identify positive effects on the risk of homelessness (i.e., declined risk), although with low levels of confidence. It is the analysis of the national rollout which offers the strongest evidence. It provides more robustness and a larger sample and identifies consistent and stronger evidence of the effects of Staying Put. In light of this, we recommend that adequate funding be directed to

local authorities (to address the well-documented funding availability issues), and that further, longer term analysis be conducted to measure the longer-term benefits and to improve the robustness of the evaluation.

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The Evolution of Housing First: Perspectives of Experts from the United States, Canada, and Europe

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➤ **Abstract_** *Housing First is a housing intervention for people with serious mental illness who have experienced long-term homelessness. Since its introduction in the 1990s, it has amassed clear evidence of its effectiveness in rigorous research conducted in the United States, Canada, and across Europe. It has been identified as a preferred housing intervention in national, state, or provincial housing policy in the United States and Canada, and increasingly across Europe as well. This paper examines factors affecting the evolution and growth of Housing First from the perspectives of those who have been directly involved in practice, policy, and research. It reports on findings from qualitative interviews with 27 Housing First experts from the United States, Canada, and Europe. The analysis of these interviews found that, from the perspectives of these participants, the evolution of Housing First has been shaped by the differing contexts in which it was introduced, and by particular policy decisions. These differences may be linked to variability in perceptions of the future prospects of Housing First.*

➤ **Keywords_** *Housing First, Serious Mental Illness, Homelessness, Housing*

Introduction

Emerging in the early 1990s, Housing First (HF) challenged prevailing assumptions that people who had experienced serious mental illness and long-term homelessness could not be stably housed without first addressing their mental illnesses, substance use problems, or rehabilitation needs. Drawing from newer and emerging concepts of mental health recovery, psychosocial rehabilitation, harm reduction, and supported housing, Pathways to Housing in New York (i.e., the Pathways model) emphasised housing as a right by providing a rent subsidy with minimal preconditions to access scattered, independent apartments, along with wrap-around intensive, individualised supports (Tsemberis, 2010).

Following landmark research that demonstrated compelling housing outcomes (Padgett et al., 2006; Tsemberis and Eisenberg, 2000; Tsemberis et al., 2004), HF became the focus of attention from the United States Interagency Council on Homelessness (Kertesz et al., 2009; Padgett et al., 2016). Subsequently, HF was adopted as a key pillar and the preferred approach in efforts to reduce homelessness in the United States. In Canada, the At Home/Chez Soi national research demonstration project strengthened the evidence for HF, while also demonstrating flexibility in its implementation across five Canadian cities (Aubry et al., 2015; 2016; Goering et al., 2014; Stergiopoulos et al., 2019). HF was supported as an intervention for reducing homelessness in the national Canadian Homelessness Partnering Strategy from 2014 to 2019 (ESDC, 2018; Gaetz and Buchnea, 2023; Nelson, et al., 2020).

The adoption of HF by the Department of Veterans Affairs (VA) in the United States represented a continued evolution of the Pathways model. In 2012, the VA mandated that HF be used as the guiding model for its Housing and Urban Development–Veterans Affairs Supportive Housing (HUD-VASH) programmes (O’Connell and Rosenheck, 2018). A naturalistic demonstration project of 177 veterans experiencing homelessness showed that HF yielded significant reductions in time to housing placement and higher housing retention rates compared to the traditional HUD-VASH model (Montgomery et al., 2013). Despite some fidelity challenges in the implementation of HF by the VA (Kertesz et al., 2017), its use was credited with decreases in veteran homelessness at the national level. Between 2012 and 2022, veteran homelessness in the United States decreased approximately 45% (de Sousa et al., 2022). However, this increase has also been attributed to an overall decrease in the number of veterans (O’Flaherty, 2019). Notably, there remains little evidence that individually targeted interventions, on their own, can reduce homelessness in the aggregate (O’Flaherty, 2019; 2023).

The widespread interest in HF was not restricted to North America. Notably, Finland had independently developed its own HF approach to eliminate long-term homelessness (Allen et al., 2020; Juhila et al., 2022). In contrast to the Pathways model,

Finland's approach involved systems-level transformation, with the conversion of emergency shelters into housing and the development of a sufficient supply of social housing (Kaakinen and Turunen, 2021). Since 2008, homelessness has declined from slightly above 8000 people to approximately 3700 in Finland as of 2022 (The Housing Finance and Development Centre of Finland, 2023).

Across Europe, a number of HF programmes have been developed and implemented. Many of these programmes have shown good fidelity with the Pathways model (Greenwood et al., 2018) and European research has demonstrated positive housing outcomes that are similar to those in North America (Aubry et al., 2021; Busch-Geertsema, 2014). A French trial, *Un chez soi d'abord*, which had a similar design to the Canadian demonstration project, also generated rigorous evidence of long-term effectiveness up to four years, including some improvements in mental health status and quality of life that were higher among HF participants than the standard care group (Loubière et al., 2022).

The research completed over the past three decades in North America and Europe has led to HF being recognised as a best practice approach for stably housing people with serious mental illness and who have experienced long-term homelessness (Pottie et al., 2020). Despite its successes and widespread adoption, it may be at a crossroads. Although HF is still a prominent approach, it has been met with notable criticism from several perspectives. The sources of contention are varied. Some of the concerns are about its appropriateness for people with severe addictions or its application of harm reduction approaches (e.g., Kertesz et al., 2009; Schiff et al., 2019; Westermeyer et al., 2015), while others point to limited outcomes beyond housing stability (e.g., Kertesz and Johnson, 2017; McNaughton and Atherton, 2017). A number of commentators have identified the various ways in which HF can be defined or implemented (e.g., Baker and Evans, 2016; Kertesz and Johnson, 2017; Schiff and Schiff, 2014; Lancione et al., 2018; McNaughton and Atherton, 2017). Others have complained that the intervention is, at its root, a neoliberal response to homelessness, and susceptible to being used to justify sweeping people who are homeless from the streets (e.g., Baker and Evans, 2016; Klodawsky, 2009). HF has also received criticism from more right-wing commentators who argue that HF in the United States has been a policy failure, not producing the expected cost savings or reductions to homelessness, and not addressing the purported person level drivers of homelessness such as job loss, domestic violence, and more significantly, drug addiction and mental illness (e.g., Eide, 2020; Rufo, 2021a; 2021b).

Dissecting some of these arguments, Pleace (2021) noted that there is a propensity for evidence to be used selectively, if not deliberately misrepresented, and conclusions to be overdrawn for the purpose of shifting policy away from HF. Whatever their validity, these criticisms may be fostering misunderstandings about HF that

are having an insidious effect on policy development and implementation, especially in North America. For example, the mandate of HF was removed from Canada's national housing policy in 2019 (Gaetz and Buchnea, 2023). The continued evolution of HF may also be adding more confusion about what is HF and the extent to which the intervention's strong evidence base is applicable to the array of models and approaches that are now being labelled HF under its expansive umbrella. These issues may prevent the scaling-up of a best practice intervention for people with serious mental illness experiencing long-term homelessness, or worse, lead to the development of programmes labelled as HF that have no adherence to the core principles and are ineffective.

The current study aimed to take stock of the status of HF from the perspectives of those who have played important roles in its evolution in North America and Europe through their work as practitioners, researchers, evaluators, and policymakers. Achieving an understanding of how HF experts perceive the intervention will help to create more clarity on HF and identify key research and policy issues that need to be addressed moving forward. Specifically, in this paper, the following three questions were addressed:

1. What are HF experts' experiences and perceptions of the development and evolution of HF?
2. What are HF experts' understanding of the definition or meaning of HF?
3. What are HF experts' perceptions of the future of HF?

Methods

Sample, recruitment, and procedure

The sample included 27 people who had professional experiences with HF, drawn from Europe ($n=11$), Canada ($n=9$), and the United States ($n=7$). Participants from Europe included three from England, two from Spain, one each from Scotland, Ireland, France, Finland, and Germany, and one person representing a pan-European organisation supporting HF. We used a purposive sampling strategy based on region (Europe, Canada, and the United States) and type of involvement with HF (researcher or evaluator, policymaker, and practitioner), with integration of snowball sampling. To identify a sample for recruitment we relied on our own knowledge of the field of HF and the general field of housing for serious mental illness to develop an initial list of potential participants. In the United States, this list consisted of individuals who played key roles in the development or research of the Pathways model, had been involved in federal policy development on HF, or led research or the development of HF programmes not related to the Pathways model, such as in

the VA or cities outside of New York. In Canada, we identified individuals who had key roles in the At Home/Chez Soi study as researchers, programme developers, or trainers, had been involved in HF knowledge dissemination, or had developed and/or administered HF programmes unaffiliated with the At Home/Chez Soi study. For Europe, we began by identifying individuals from a variety of countries with HF programmes who had conducted research or were known to have roles in HF training, programme or policy development, or knowledge dissemination. We then asked individuals in the United States, Canada, and Europe to identify others who they considered HF experts who could be contacted for this study. New names, primarily from Europe, were added to our list. We note that the particular sampling approach in our study, focusing on those with investment in HF, and in North America on the Pathways model and the At Home/Chez Soi study, may limit our findings on its evolution.

In most cases, contact information for our participants was publically available via websites or were known to the authors. Occasionally, we contacted organisations requesting to speak to those knowledgeable about their HF programmes. All individuals we contacted agreed to participate in the study except in four cases where our emails were not returned. We used semi-structured interviews that began by asking participants the length and nature of their involvement with HF. We then asked about their initial impressions of HF, how they believe HF has changed or evolved in their experience, the significant achievements of HF, notable misunderstandings of HF, the greatest challenges or limitations of HF, and what they believed the future of HF held. Interviews were conducted virtually by the two authors from June 2021 to February 2022. All participants provided verbal consent prior to the start of the interview, and the study was reviewed and approved by the Research Ethics Board at the University of Ottawa.

Analysis

Interviews were audio-recorded and transcribed verbatim. Each transcript was then verified for accuracy. We used a pragmatic approach to data analysis informed by Miles et al. (2019). The analysis involved developing an initial start list of codes based on the interview protocol and a reading of two interviews. The start list included broad descriptive codes based on the interview questions. One coder applied the coding scheme to an initial set of interviews in NVivo, developing sub-codes as necessary within the larger codes. These coded interviews were then reviewed by a second coder to ensure accuracy and consistency. The first coder then coded the remaining interviews, with two other coders verifying the coding for accuracy and consistency. Discrepancies among coders throughout data analysis were resolved through discussion.

A second cycle of coding was initiated to identify major themes in the interviews and make comparisons across regions (Canada, United States, and Europe). This involved one coder writing summaries of participants' responses to the major interview questions. The summaries were reviewed by two other coders to ensure accuracy and completeness. In reviewing these summaries, the team observed regional differences among participants in their accounts of how HF evolved, how they defined the term, and their views on its future. These differences were further investigated by re-examining the coded transcripts, and writing cross-case comparisons, at the regional level.

Throughout the review process, the team members wrote and shared memos exploring themes as they were identified in the interviews and during the coding process, and questions to further explore in the data analysis.

Findings

A total of 26 interviews were conducted with 27 participants. Of the seven participants from the United States, two described involvement stretching back to the 1990s, with most having had their first experiences with HF from 2001 to 2010. Four of the seven had experience working at Pathways HF as practitioners and/or researchers. Others had experience as researchers, practitioners, or policymakers. Of the nine participants from Canada, seven had experience with HF via the At Home/Chez Soi study, with most having been members of the research team, and two with involvement as HF trainers. Two described experience as administrators in organisations offering HF programmes, and one in policy and knowledge mobilisation. In Europe, the majority of participants described experience as researchers, with six describing experience in training, programme funding, advocacy, policy, or knowledge mobilisation.

The findings presented below focus on the participants' perceptions of the evolution of HF, its definitions and meaning, and its future. Whereas there is overlap in their views, there were some notable variations that can be attributed to regional differences in the nature and timing of their exposure to HF. Despite the great regional variability among the European participants, there were important similarities in contrast to the perspectives of the American and Canadian participants. In addition to factors, such as the timing of exposure to HF, European perspectives were shaped not only by Pathways HF, but also by a national initiative from Finland, and the support of the European Housing First Hub, co-founded by the European Federation of National Organisations Working with the Homeless (FEANTSA) and the Finnish Y Foundation.

Context of the introduction and adoption of Housing First

Participants described the different contexts in which HF was introduced in their regions. In the United States, HF was described as a response to the burgeoning homelessness crisis, and the knitting together of various currents of thought and practices in community mental health. The recovery movement, the psychiatric consumer/survivor movement, principles of self-determination and choice, psychiatric rehabilitation, and supported housing were cited as key influences on the formation of HF. Equally important in the development and growth of HF was the context in which it was developed. One participant, for example, described the local homelessness crisis in New York as important to the support the programme gained:

The context was mayor [of New York] Ed Koch,... like many mayors, trying to make an impact on homelessness. A 62 year old woman had died.... It was late fall, early winter, the temperature dropped.... And Ed Koch had to do something.

Other important influences were the demands of the state mental health system and Medicaid, which increased administrative demands on the programme, as well as the adoption of particular practices. One participant suggested, for example, that Assertive Community Treatment (ACT) became part of the Pathways approach due to such demands:

... New York State said, "Hey, we're going to do Assertive Community Treatment and we're going to tie our funding to the specific things that we think drive its effectiveness." So they took it like quite literally, and built it into their like payment structure... and it became institutionalised in a way where you had to do it in a certain way, or, you know you weren't going to get paid.

Another participant described how increasing administrative demands conflicted with the individualised support approach advocated by Pathways HF:

The agency is kind of in this middle ground of trying to make sure they have a sustainable programme model that's fundable and also honouring this very individualised, creative, flexible practice approach. And that I think seeing Housing First shift from having a lot of flexibility, 'cause their funding mechanism was quite flexible in the beginning, to having many more restrictions on them and seeing how frontline providers tried to develop work arounds to juggle both of those mandates has always been something very interesting to me.

Some who encountered HF as it evolved were sceptical of its practice of directly housing people with serious mental illness and histories of long-term homelessness in private market housing with no preconditions: "My reaction to it was initial great scepticism because I had thought that people had to demonstrate a certain level of housing worthiness." Nonetheless, there was an openness to the programme

because of the people who were involved; the guiding principles and values; and experiences from observing, researching, or working in the programme. Another participant said:

I think, you know, what appealed to me was that there was a system that existed that didn't work very well, and there was a new way and a paradigm shift of thinking about it, and it seemed to work really well and the principles of that paradigm shift really stood out to me.

Canadian participants were intrigued by the research evidence coming from the Pathways HF programme, though some also expressed disbelief. Though some housing programmes with similar approaches preceded HF in Canada, they lacked the same research evidence, or were lacking in key programme elements, such as intensive individualised supports or rent supplements. The various programme elements and concepts weaved into Pathways HF, such as supported housing, recovery, individual choice, and harm reduction, were known to attentive Canadian audiences, and resonated with the values and perspectives of participants.

Well, I thought what Sam [Tsemberis] did well, that was particularly innovative, was he took up a bunch of sort of innovative trends, and he was able to package them into this Pathways model..... I thought, you know, like that's brilliant. You glued together a lot of bona fide approaches.

Another located her enthusiasm for HF in its promise of serving people who were homeless but who were poorly served, or unserved: "So, some of them is because they really need an independent apartment. Some is because that was the only model that would take them no matter what... People that nobody else would have, Housing First would take, and this is what attracted me to the model, because my patients, nobody would take them." Largely, the Canadian participants did not express much concern for the clarity of the programme model. Rather, these participants, many of whom were involved with the At Home/Chez Soi project, were welcoming of the opportunity to implement and study the programme in the Canadian context.

According to participants, Europe had a different starting point for HF. Most notably, it had two approaches from which to learn and build.

There are two origins of Housing First. There is an American origin, which is the official origin on which we have relied quite a bit, in particular in relation to recovery... And then we met with the European Federation of National Organisations, working with the Housing First Hub in Helsinki and we realised that there was another lineage of the programme that was in place and that we could work with. (Translated from French)

Although the Pathways programme impressed participants with its research evidence, they described resistance in the homeless sector in Europe, owing in part to the American origins: "Some were outright negative. Most were silent. Some were a bit sceptical, et cetera." In addition to its American origin, the unenthusiastic reception among some was due to perceptions that Pathways HF did not contribute much that was new. Across Europe, there was, generally, a strong social housing sector, portable support, and the use of harm reduction approaches.

These things were reasonably developed [in the U.K.] by the early 90s. They started providing floating support to people that had their own social housing tenancy because the law gave them the social housing tenancy.... the logical policy response was to send a worker to them. So, those services started to appear on a quite haphazard, sometimes quite thinly resourced basis, but it made sense to those social landlords because it stopped problems like nuisance, antisocial behavior, rent arrears. Housing First really starts to appear on the radar about 2010 in the U.K., at which point this stuff's been running for 30 years.

This view was echoed by a participant:

They argued we have talked about housing for homeless people for 30 years. This is in many aspects already practiced in Germany. It's not called Housing First, but we are doing all these campaigns.... So there was for a long time quite a resistance of this, and national organisations of NGOs saying that this is new for other European countries, but not for Germany, which I don't agree with that.

HF's main contribution, however, was in the intensity of the support offered to tenants, its duration, and its focus on recovery: "The real difference to be honest in terms of practice in the U.K. compared to the Housing First model was the caseloads.... And duration, because there had always been the logic... that the response to homelessness was time limited."

Importantly, however, there was a more systems oriented from Finland that shared elements of the Pathways HF approach, but which differed in key ways. This includes the use of single-site or congregate housing in which formerly homeless people may live in a number of units in a single building rather than apartment units that are scattered throughout a city.

I think it's also interesting to know that Finland is actually doing Housing First, before it was labeled Housing First. It also took a little bit of time to convince the Finns that fixing what they do as Housing First in a European context was useful... Like one of the early actions they took was to convert shelters into congregate Housing First,.... and that's of course, interesting for the homeless sector..... Thinking pragmatically of how you can involve them.

When comparing the different approaches to HF, this participant offered:

I think it's more in the way it is pitched. I think Pathways to Housing was pitched as a final product, that you could use, and the Housing First in Europe was pitched as a policy in development. And so it allowed a little bit more pragmatism....I think we were probably more open to say, well, there is stuff that we don't know.

Thus, the participants described three different introductions to HF. Whereas the participants from the United States described their experiences with an emerging programme model, the Canadian participants described their experience with a more developed approach, grounded in promising research evidence and built on concepts and practices with which they had some familiarity. The European participants described a context in which some of these practices were already present, but with two different approaches from which they could build.

The development and evolution of Housing First

In addition to differences in the introduction of HF, the participants also described different experiences of both bottom-up and top-down influences that shaped how HF evolved. In the United States, despite the emerging research evidence from the Pathways programme, the uptake of HF outside of New York was slow. Some pointed to the development of a HF programme in Seattle that represented, in some key respects, a deviation from HF Pathways.

The biggest thing that happened was... when Seattle kind of redefined Housing First to single-site rather than scatter-site. And you know, there's no Housing First term, copyright, or anything. So they called it Housing First and they practiced a lot of the Housing First philosophy of low threshold, client choice. All of those things. But it didn't follow the scatter-site.

A bigger risk of deviations from the Pathways model came with the endorsement of HF as a preferred response to homelessness by the Federal Government in the United States. At first, the support of the Federal Government was encouraging:

Then there was another culture shift in 2003-2004, where the federal government reactivated the United States Interagency Council and they appointed this guy, Philip Mangano, as the head of that council, and he was an advocate for ending homelessness.... He said, "We're going to abolish homelessness and we're going to do it using this thing called Housing First."

This endorsement, however, then led to federal policy prioritising HF to the exclusion of other possible responses.



Here in the States anyway, if you apply for [Housing and Urban Development] money, there's a box now that says 'Are you doing Housing First?' So, you could be a shelter. You could be a food programme. You could be anything. But if you want HUD money, you better say you're doing Housing First.

As this participant continued, there was no guidance provided about what counts as HF: "Housing First is not defined by the Government. The Government has given no criteria for fidelity other than some very vague notions, and there's no follow-up of, 'Are you actually doing it?'" Another participant characterised this development as a policy failure, stating that "the status quo started calling themselves Housing First, which meant that they had no idea what Housing First was. They knew the money was going to it. So they started calling everything that they were doing Housing First, even if they were doing the old school ideas."

This top-down mandate was perceived as tarnishing HF's reputation when funded programmes did not produce the expected outcomes: "That starts to eat away at Housing First, because there are many, many failures around the country of things that call themselves Housing First, that weren't Housing First." These developments also created confusion about what HF is: "what I hear when I talk to service providers and local policy folks is that they consider interventions such as rapid rehousing to be considered Housing First, and they use that term as sort of an umbrella to describe any sort of intervention that focuses on placing people in housing."

Canada experienced a rather rapid increase in HF programmes related to two developments, both of which were more top-down introductions of HF, rather than an organic evolution. The At Home/Chez Soi study promoted HF that had fidelity to Pathways HF, but with flexibility in light of different local contexts:

... there's recognition that, you know, you don't have a uniform programme, you have a general set of principles. And the principles provide some broad parameters for what the programme should look like, but not necessarily the specifics. So, I think we've seen the adaptations.

The participants were in agreement that the At Home/Chez Soi study represented the introduction of high quality HF programmes, with fidelity to the Pathways model, despite local adaptations. The second factor that led to the more rapid expansion of HF programmes in Canada was the Government of Canada's endorsement of HF, beginning with encouragement of its use in the *Homelessness Partnering Strategy* of 2007, and then more strongly mandating its use in the renewal of the strategy in 2015 (Gaetz and Buchnea, 2023; Trainor et al., 2017). For one participant, this development was seen positively:

So, at the end of At Home/Chez Soi the federal government was looking as to what to do... And you know they in the end decided that they were gonna call the programmes they funded Housing First and that 65% of the money that came from the federal government into those programmes was going to be dedicated to Housing First. That's pretty significant. I think that's a big policy win.

For another participant, however, the emphasis on HF yielded pessimism about the potential for success, in the absence of other complementary preventive interventions and systemic change. Still for others, the rapid expansion of HF came at the expense of programme fidelity and quality:

And both in terms of how much rent supplement was there and therefore what could be accessed, but also in terms of defining housing so any housing became good enough.... And the other, of course, is the rigour and the skill of the team, of the clinical team... And, and so that also sort of felt let's go cheap. Let any organisation do it, and they can do something, but it's, it's not the same thing as providing comprehensive healthcare.

Much like in the United States, participants from Canada were frustrated by government actions that did not provide clear guidelines on programme elements, and did not place HF within a complement of policy and programmatic responses, leading to confusion and resistance to HF.

According to participants from Europe, there was a mix of both top-down and bottom-up efforts in support of HF. Whereas in Finland and France there were examples of national government support for HF, in other jurisdictions the development owed more to the initiative of local non-governmental organisations (NGOs): "I think what you have to understand is that in Europe, in most countries in Europe, the homeless service provision, the actual policies for homeless people are delivered by NGOs almost entirely." Another participant, speaking about the growth of HF in the U.K., said:

It's becoming much more mainstream. I mean part of that, it was very much a grassroots movement directed by the homelessness sector itself... First of all, local government started to get persuaded. And once, say in London, one London borough saw it working, they, other London boroughs said, "Oh, that's that looks interesting. What are you doing there?" And it spread that way.

At the same time, support and guidance for the development of HF was provided by the Housing First Europe Hub, launched as a partnership between FEANTSA and the Finnish Y Foundation:



We set up the Housing First Hub, probably about six or seven years ago, or the idea at least is, is that old. And since then, like the sector has changed, and it's not only due to the work of FEANTSA or the Housing First Hub, but I think we have managed to sort of get the homeless sector a stick in the delivery of Housing First, and I think that's important.

With the support of a pan-European resource, along with local initiatives across several countries, HF experienced a slow, but steady, growth. The participants described this growth as, on the one hand, influenced by the Pathways model, and with a commitment to the principles of HF and to high-quality programming, but also with more openness to adaptations:

I think that there has been a trend that people have created different adaptations, like Housing First for youths, Housing First for families, Housing First for women, but they now think it's only one Housing First approach. It's a general concept and philosophy. And, you'll have to adapt these things to target groups... I think that we have contributed more to this general, general movement of Housing First, as you would say.

At the same time, others with a stronger commitment to the Pathways model have questioned the extent of these adaptations, particularly with respect to the use of congregate housing:

The Finnish model has co-opted Housing First and made it normative to agree that there is something called congregate Housing First.... what they do is they put a cap on the possibilities of Housing First in terms of recovery and destigmatising homeless people.

Despite the influence of the Finnish model, and owing to the largely grassroots approach of local agencies launching their own HF programmes, the systems-level change characteristic of the Finnish approach has not been replicated. As a number of participants have emphasised, HF has often been a series of projects, with many jurisdictions requiring their own pilot programmes:

At the moment we still have the problem that.... it's still pilot project here, pilot project there. City of Leipzig wants to know if it works in their city. City of Bremen wants to know if it works in their city. And in Cologne there will be a new project showing if in Cologne it might work.

Meaning and definition of Housing First

Across all participants, there was agreement on the importance of adherence to the core principles of HF, and that programmes should be of high quality. This was prominent among North American participants where there were perceived threats to the meaning of HF due to national funding for HF programmes that bore uncertain

relationships to Pathways HF. However, HF in its early days in the United States was an evolving model. For one participant, the lack of clarity was an early problem in the dissemination of the approach:

... even in the beginning there was starting to be talk about fidelity and, you know, lots of people were saying “Well, how do we define it exactly? What is it? We all know the name, you know, it’s all in the name. But, how is it actually implemented?”

Another participant agreed that the concept was easy to grasp, but that many missed the critical elements of the approach:

I think that the programme is quick to understand but very difficult to operate quickly. And I think that the reason that it’s been disseminated so widely is that the core principles are general enough that people can easily adopt them to their context.... everyone is able to focus, especially on the first two principles of like choice and separation of housing and services.... But it has missed the mark of the origin of the programme and which was all about helping people with mental illness have a better life.... most people have interpreted the programme as a homelessness ending programme rather than a recovery programme.

Notably, for most U.S. participants, many of whom had some involvement with Pathways HF, their view remained strongly tied to this particular model and tended to evaluate the quality of HF initiatives in terms of their resemblance to the Pathways model.

Canadian perspectives were similar, perhaps owing to the number of participants who were involved with the At Home/Chez Soi study. For these participants, the HF approach was well understood with a focus on a key set of general principles that can be implemented with some flexibility. As one participant stated: “Not to mutate it in such a direction that becomes a different sort of animal, but really to make it something that’s just more relevant to the particular group with whom you’re working.” Similar to the experience in the United States, national strategies to address homelessness led to funded programmes that did have fidelity to Pathways HF, leading to confusion:

... as Housing First was, became more and more, I guess, a favored approach by various governments, what happened was that everyone then decided to say that they are doing Housing First. And so to some extent, the term actually kind of began to lose its meaning.

Nonetheless, some participants still argued for a view of HF, not in opposition to or separate from other elements of the housing or community mental health systems, but as a partner. Moreover, some participants argued for a less categorical view of programmes as either HF or not HF. Instead, one participant advocated seeing HF

along a continuum: “I mean I’m a big fan of the whole fidelity thing and, you know, what’s in and what’s out, kind of to help you discern what you’re doing. But I’m starting to think of that along this continuum.” Another participant spoke of the importance of a continuum view so that programmes could see where they were in terms of fidelity and identify those programme elements they could work to implement to achieve higher fidelity and improved outcomes:

People feel like, for example, if I don’t have access to psychiatric services well then I can’t do Housing First. Where at least from my perspective I would say no, I don’t think that means you can’t do Housing First especially if your programme believes that psychiatric services are important and essential and that you’re doing whatever you can within your power to try to build that into your service delivery.

Among some European participants, there was a greater openness to innovation and experimentation in HF. It was clear that the focus for a number of participants was on fidelity to principles rather than a programme model. Some expressed great enthusiasm for adapting the model for different populations:

What does Housing First do? Right. So it gives a homeless person an independent tenancy, gives them the support they need, in whatever way they need for as long as they need, without making them jump through a whole lot of hoops to get there..... What about that wouldn’t work for everybody, and yet people go, “No, Housing First, it’s its only for complex cases.”

Another participant expressed concern that a strict adherence to fidelity and the evidence base would be limiting:

I think one of the problems with Housing First is that it’s so well evidenced that it is put in a box. So, this is the specific cohort it is for, and it’s never more than 15-20% of the homeless population... there is no evidence base for it to say it’s for anybody else than that.

Others, though, adopted a more conservative view, worrying about how the increasing popularity of HF might lead to challenges:

I worry about dilution and drift of the model in order to appease multiple different kinds of forces. The forces... of the NGOs that are bought into congregate housing, and they don’t want to reconfigure their services. The challenges involved in negotiating with governments that can’t or won’t supply adequate housing and so you have to capitulate to that and find compromises that are just not, you know for me, they’re not acceptable.

Another echoed about the challenges around promoting fidelity to HF principles:

And I think that, you know, from some of the critics of Housing First, there is that sense of, “Where’s the evidence to directly relate fidelity to tenancy sustainment?”... And, you know, there’s I think there’s almost a sense that you’re, you’re in a bit of a cult if you’re, you know advocate for really high fidelity Housing First.

Thus, in this section we see differing levels of tolerance for flexibility in the definition of HF, with participants in the United States, largely tied to the Pathways model, and Canadian participants still tied to the model, but with openness to flexibility in its implementation. In Europe, some participants pushed to see HF from a more expansive perspective, though with some concerned about the implications of doing so.

Perceptions of the Future of HF

There were notable differences among the regions in perceptions of the future of HF. Whereas North American participants tended to have more pessimistic views, attributable to their perceptions of the muddled and confused view of HF, participants in Europe held more cautiously optimistic views. Among U.S. participants, some expressed the need to disconnect HF from broader discussions about ending homelessness:

... the group of people who are homeless that we’re serving is only 15, 20, 30 percent of a population. So if you want to end homelessness, let’s not talk about Housing First. Let’s talk about Housing First as a programme that ends homelessness for people with mental health and addiction problems. We want to talk about ending homelessness big time, let’s talk about housing as a basic human right.

Another participant was concerned that HF had acquired a negative perception, such that it was perhaps not the time to continue to push it forward:

... there’s part of me that feels like, yeah, probably at some point Housing First needs to go away, right?... I mean, it’s like if you think of it in like branding terms, it’s like a good brand... but could it also become like, you know Critical Race Theory where it becomes this lightning rod where actually it doesn’t serve any good anymore.

Another participant wanted to still push HF forward, but with more of a grassroots approach, rather than attached to a broad policy movement:

... it's just so clear how far we have to go from really helping society understand how it is possible to house and, you know, support these folks and that political will just isn't there. So, I would just love to see Housing First continue to push the envelope on that and, and get us to a point where, the practice is so ubiquitous and we have enough funding for it and everything that we're really living the dream of what Housing First.

Other U.S. participants were focused on practical challenges. Some discussed the importance of ensuring that HF practice could better support people with diverse racial and gender identities, or support people as they age-in-place. Another participant pointed to opportunities to build on lessons from the COVID-19 pandemic, seeing it as a pivot point based on the demonstrated success of a number of communities in moving large numbers of people off the streets and into hotels.

Some Canadian participants expressed frustration and pessimism when considering the future of HF.

Well, I'm a little bit pessimistic in Canada... So, Canada seemed to make a move forward after At Home and I think now we're, now we're kind of stuck.... It seems like we were on a roll and like we've lost some momentum.

Some worried about regression toward older style approaches to managing homelessness, rather than trying to end it. For another participant, there was a perception of regression toward congregate housing due to the availability of earmarked government funding. For another participant, the loss of momentum for HF in Canada was contrasted with misplaced priorities, such as 10-year plans to end homelessness, by-name waitlists¹, and tiny homes: "... it's this wishful thinking and if we use by-name lists, you know, data is going to drive the change. That kind of thing and data is important, right? But there's an old saying from Newfoundland that nobody ever grew taller by being measured."

Canadian participants also pointed to specific practice and policy developments as issues to be confronted in the future. These included housing specialists attached to HF programmes, expanding harm reduction practices, working toward broadening outcomes from HF programmes, developing appropriate assessment measures, adapting HF for different populations, investing in and integrating HF in social housing, and investing in homelessness prevention.

In contrast, European participants tended to be more optimistic about the future of HF. One pointed to synergistic actions by the European Housing First Hub, and local efforts:

¹ By-Name lists are lists of all known people experiencing homelessness in a community (CAEH, 2021).

... my hope is that European dynamics will help to sustain the national dynamics. And I think in most countries will see growth, but it will be slow.... and also if you look at Finland, they in all honesty,... it took them 20, 25 years to get to, like, basically, functional zero... So, I think the time dimension is important, and I think it's something that we repeat and repeat to say, well, you cannot do it in a political mandate. It will take 10 15, 20 years, and I think if we can get that message and linked with the European dynamic, maybe we'll get there, but I might be wrong.

In the U.K., the outlook was also positive:

It's accelerating for the reasons we've talked about, which is it's attractive to commissioners. It's attractive to policymakers. It's attractive to the homelessness sector itself because they're in a context where they're having to constantly justify and bid for resources. So they want it to work.... Local authorities are attracted to it because it's a better return on investment for [people with] complex needs. Central government's attracted to it for the same reason. And they're all attracted to it, because it means fewer people in a very distressed state on the street.

A few participants also expressed reservations due to changing governments and shifting funding priorities: "I mean, for us in England it does feel on a bit of a knife edge at the moment. And it really does feel like it could go, you know, full throttle and people will really embrace it, or it could really start to fizzle out." One participant credited the success in growth to the slower, more grassroots development of HF:

The processes of winning hearts and minds, we're just bumping people off that weddedness to the treatment first philosophy... I would say that's, that's probably been a really key achievement and getting buy-in at central government level.

As in Canada and the United States, European participants also identified more specific improvements to HF that were needed, including adapting HF to other populations without straying from key principles, preparing for challenges that may come from increases in refugees and the climate crisis, improving outcomes from HF around social isolation, and continuing to emphasise the importance of housing-led systems.

Discussion

This study's findings suggest that the introduction and growth of HF in these regions has been different and that these differences are consequential for how HF is perceived, and its future. The United States and Canada saw rapid growth in HF due to government policies, and this growth sowed some confusion and disappointment. Whereas HF remains a robust intervention in both countries, study participants were uncertain about its future, focusing on how to position the intervention as a response to the homelessness crisis or on narrower improvements to the intervention. In both countries, participants were more likely to tie their view of HF to the foundational Pathways HF programme, with a recognition of the importance of adapting the approach to local contexts.

Despite the important differences in the European countries from which participants were sampled, there were some commonalities in experiences and perceptions of HF. This can be attributable to a number of factors. First, a number of the countries had some elements that were congruent with HF already in place, such as housing as a right, and harm reduction. Europeans also had access to an alternative HF approach, as well as a pan-European resource on which to rely. Further, most European participants described a slower, steadier development of HF, with a greater openness to experimentation. Despite this flexibility, the implementation of HF in Europe has shown good fidelity with the Pathways model (Greenwood, et al., 2018). Finally, in contrast to North America, the steady growth of HF was largely without national mandates. Whereas this has led to some frustration over the numerous evaluations of small pilot programmes, there is a greater sense of optimism that HF will continue its steady growth across the continent.

There was a general consensus among participants from all regions about the key principles of HF. Despite regional differences in experiences with HF, and varying perspectives on the extent to which HF can be used with different homeless populations, it was clear that study participants were evaluating the same intervention and had concerns over lower-quality programmes claiming to be HF. For those who are involved in HF research, evaluation, service delivery, training, and advocacy, there is little confusion, and the Pathways programme and Finnish system approaches are distinguishable. Further, there is an appreciation of the need for local adaptation, which does not render the term HF meaningless. The findings from this study suggest, nonetheless, that interventions that address such significant, complex, and inherently political issues as long-term homelessness are susceptible to misunderstanding and distortion when translated carelessly into policy. Despite the emergent evidence base in the United States, and the salient examples of high quality HF programmes in the At Home/Chez Soi programmes in

Canada, there was evident risk of the intervention being misinterpreted, and key elements being ignored by policymakers seeking simple solutions to pressing social problems (Pleace, 2021).

As we have noted, HF has been the focus of criticism. This is perhaps inevitable owing to its innovativeness, presenting an implicit challenge to existing practices, particularly in North America. Moreover, mental health and homelessness services are routinely underfunded and new practices risk drawing funding from established services, which can lead to resistance and backlash. National policies favouring HF are likely also sources of resistance. First, the focus on a programmatic response to homelessness without sufficient definition or guidelines, and without funding for complementary interventions such as prevention, was certain to create both confusion and suspicion. Second, government policies themselves are the focus of suspicion from those mistrustful of government intentions and goals. Notably, homelessness is an inherently political issue, frequently overlaid with moralising sentiment and entrenched perspectives on the value of individual level versus structural explanations. In its emphasis on housing as a right and the removal of barriers to housing, it appears that HF has reanimated assumptions of the unworthiness of people who are homeless for help; a view that many working in this field would have wished, if not assumed, had died out.

In terms of limitations to the current study, whereas the findings reflect the perspectives of the 27 participants, they do not represent an in-depth study of the implementation of HF. The findings provide suggestions for how implementation of HF has unfolded and its consequences, but, in the absence of a more thorough investigation, cannot be taken as full and verified accounts. Second, the findings in this study are tied to its sampling strategy. Most participants from the United States had some involvement with the Pathways programme, and most Canadian participants had involvement with the At Home/Chez Soi study. Moreover, our sampling of participants from Europe included few participants from each country. Greater sampling within the European countries may have led to a more nuanced understanding of regional differences in HF evolution. Additionally, a more diverse sampling of researchers, practitioners, and policymakers across the three countries, particularly those who hold greater scepticism about HF, would likely have produced different understandings of HF and its perceived challenges. Relatedly, experts from outside Europe and North America, and in particular from Australia and New Zealand, were not sampled. The development of HF in these countries warrants more examination.

Conclusion

HF is an evidence-based practice for ensuring that people with serious mental illness who have experienced long-term homelessness can become stably housed (Pottie et al., 2020). With the homelessness crisis worsening internationally, there are increasing calls upon governments to take action. The story of HF, as told by these participants, suggests that there are risks and opportunities for evidence-based practices when they are adopted in the context of pressing social problems. Clear definitions and criteria may prevent an established programme being reinterpreted in terms of a range of lower qualitative options. However, governments eager to appear ready to take action are under no obligation to follow the evidence, and ensure that public funds are well-invested in effective programmes. Despite the challenges experienced in North America, it is clear that HF remains a viable, replicable, and effective option for governments to consider. Whereas it cannot address the whole of the homelessness crisis, it remains one to be reinvigorated in North America, and to be further developed in Europe.

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Homeless Migrants and EU Mobile Citizens in Europe¹

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Introduction

Data from the EASPN-Report (Baptista and Marlier, 2019) on national policies against homelessness and housing exclusion in Europe showed that in more than half of the 35 European countries covered by this study “a majority of homeless people are nationals or belong to the national majority population, although in some of them there are reports of overrepresentation of some ethnic minority populations and/or of recent rising trends (e.g., DE, DK, FI, NL, SE)”. But on the other hand, “in several countries the available data show that the immigrant population and/or population from ethnic minority groups make up a majority among homeless people or, at least, among some sectors of the homeless population (e.g., people sleeping rough)” (Baptista and Marlier, 2019, p.43). The study mentions in particular Austria, Belgium (Brussels Region), France, Italy, and Luxemburg as examples for the latter.

Over the previous five years since the aforementioned EASPN-Report, the situation may well have changed again, and the numbers of migrants experiencing homelessness may have risen further in several countries. In Germany, for example, a national survey among persons who were homeless, but not sheltered by NGOs or municipalities, was undertaken in the first week of February 2022, in order to complement a point in time count about sheltered homelessness. It revealed that among the 38500 people who were sleeping on the street on at least one of the

¹ This article draws on work undertaken for a discussion paper prepared by the authors for the European Commission. The views presented reflect the views of its authors only. The European Commission is not liable for any consequences deriving from the reuse of material from the original discussion paper.

seven days of the first week of February, little more than one third (37%) were of foreign nationality or stateless, and about a quarter (26%) were among the 54 800 “hidden homeless” persons or “couch-surfers” (Brüchmann et al., 2022).²

Among the 178 100 people experiencing homelessness who were in temporary accommodation in Germany on the night of 31 January 2022, more than two thirds (69%) had a non-German nationality, including a large number who had finished their asylum seeker process and had been granted international protection (BMAS, 2022, p.42).³ Amongst all sheltered homeless households who lived as couples with children, 91% had a non-German nationality; among single parents the proportion was 79% (BMAS, 2022, p.43). This also means that in Germany, and also in many other countries, you cannot talk about families experiencing homelessness without talking about migration specific issues. The proportion of non-nationals might not be as high as in Germany, but there are limited data that support this, e.g., from Ireland, showing that 39% of people experiencing homelessness in temporary accommodation had non-Irish nationality in early 2023 (refugees experiencing homelessness are not included in the Irish homelessness statistics).⁴ In 2017, the European Observatory on Homelessness stated (based on research in 14 EU Member States) that “family homelessness cannot be dissociated from the flaws in migration policies of the European Union and the Member States. Migrant families are disproportionately affected by homelessness” (Baptista et al. 2017, p.5).

This paper is about homelessness of migrants and EU mobile citizens in Europe. While the main focus is on homelessness of EU mobile citizens, it also takes into account homelessness of third country migrants due to the reality in many Member States. As a large part of third country migrants come to European countries as asylum seekers and stay there after having completed the asylum seekers procedure as refugees (by definition those who have been granted international protection), this population will also be included in this report, insofar they have not succeeded to find a permanent home after being recognised as refugees. Finally, in some countries, national and local authorities are faced with the enormous challenge of providing temporary accommodation for Ukrainian war refugees (who have been granted international protection without having to pass through an asylum seekers process). Therefore, this group will also be included in this report.

² Total numbers provided here are extrapolated from the sample survey and include children, for whom nationality was not explicitly asked for.

³ Throughout the report, data from Germany are mentioned more frequently because very recent national data on homelessness allowing for the same depth of analysis are available only for very few EU countries.

⁴ Irish Times, from 24 February 2023, Homelessness in Ireland hits record peak of more than 11 700.

It should be noted that the various data sources often use different definitions of migrants. Some refer to nationality, while others to the place of birth. This can make a significant difference because quite a large proportion of persons born elsewhere may have the nationality of the country where they currently live, as is often the case in countries like France, the Netherlands, and also in Germany.

The Heterogeneity of Migration Inside and from Outside EU

Third-country migrants

Asylum seekers

According to the European Union Agency for Asylum (EUAA), in 2022 almost one million people (966 000) started an asylum application in the EU+ countries (the Member States plus Norway and Switzerland). The largest groups of asylum applicants were Syrians, Afghans, Turks, Venezuelans, and Colombians. Around 43 000 applicants claimed to be unaccompanied minors. In the same year, the EU+ recognition rate (decisions that granted refugee status and subsidiary protection) was 40%. Recognition rates were especially high for Syrians, Belarusians, Ukrainians, Eritreans, Yemenis, and Malians.⁵

Asylum seekers have a right to basic temporary accommodation until they are granted (or denied) international protection. In many – but not all – European countries this type of shelter is organised separately from homelessness services and is therefore not further elaborated in this report. A comparative study by the European Observatory on Homelessness, published in 2016, on “The Humanitarian Crisis and the Homelessness Sector in Europe” concluded that in most of those 12 EU countries which were selected for the study (Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Poland, Portugal, Sweden, and the United Kingdom), “asylum seekers, refugees and individuals who had not been granted asylum were not present in homelessness services in large numbers”, but also emphasised the different situation in France, Italy, and Greece, where the limited resources of formal systems for dealing with asylum seekers and increased pressure by rising numbers of applicants had led to increased numbers of them sleeping on the street and using homelessness services (Baptista et al., 2016, p.9). Meanwhile, the situation might have changed in a number of other countries, at least in relation to refugees experiencing homelessness.

⁵ See <https://euaa.europa.eu/latest-asylum-trends-annual-overview-2022>.

There are recent reports, for example from Ireland and Belgium, that – due to the pressure on reception centres – asylum seekers (especially single men) were sent to homeless shelters or on the street by the authorities (see, for example, the most recent report by EUAA, 2022).

Refugees

Refugees face obstacles in various Member States in accessing the labour market and thus becoming financially independent. In their report from 2021, the European Union Agency for Asylum stated that the COVID-19 pandemic had worsened the situation of refugees, making it more difficult for them to find jobs. The pandemic caused unemployment or lower wages and made refugees more vulnerable to homelessness (EUAA, 2021).

As mentioned in the introduction, homeless numbers in Germany include refugees if they were provided by municipalities or NGOs with temporary accommodation on the night of 31 January 2022 and have a clarified legal status, i.e., have already been granted international protection. More than one third (36%) of the 178 100 “sheltered” people experiencing homelessness came from the current ‘main’ countries of origin for asylum seekers (like Syria, Afghanistan, and Iraq; BMAS, 2022). So it can be estimated that a minimum of 64 000 refugees were homeless and “sheltered” in Germany on 31 January 2022 (probably much more, as refugees still living in accommodation for asylum seekers were not fully covered by the statistics and not all refugees come from the three countries mentioned).

This was before the war in the Ukraine started, and it is expected that numbers of foreign people experiencing homelessness will have risen sharply over the period January 2022 to 2023. This will in all probability also shape the household and gender structure of homelessness in Germany, as most of the Ukrainian refugees are women with children.

In the case of Ukrainian nationals fleeing the Russian war against their country, it is important to mention that since 4 March 2022 they do not have to undergo an asylum procedure, but can register for temporary protection in EU+ countries under the Temporary Protection Directive (DPT). By May 2023, the total number of refugees from Ukraine recorded across Europe was given by the UNHCR with over eight million.⁶ The reception process for Ukrainians is much quicker and smoother than the regular asylum procedure and under the DPT most people (mainly women and children) arriving in the EU have immediate access to the job market, social and health care services, and the education system in the country of their arrival. However, even with these clear advantages vis-a-vis asylum seekers, and despite remarkable efforts by governments as well as by civil society to help them with

⁶ See <https://data.unhcr.org/en/situations/ukraine>.

housing and job integration, many have only secured low paid employment and limited access to decent or long-term housing, resulting in many having to stay on in reception centres and other types of temporary accommodation.

Of the countries neighbouring the Ukraine, Poland, with 1.6 million refugees from Ukraine recorded in the country, and Czech Republic, with more than half a million people, were the countries recording the highest numbers. In other European countries, Germany, with over a million Ukrainian refugees, recorded the largest numbers, followed by Italy and Spain, with around 175 000, and France, with almost 120 000. How many of these refugees are currently living in temporary accommodation remains unknown and will also change considerably over time. Further, in many cities with tight housing markets, their risk to remain homeless after having lost their homes by fleeing the war remains high, despite their privileged position in comparison to many other third country migrants.

Irregular migrants

Another group of migrants experiencing homelessness are third-country migrants with an irregular status, who no longer have a legal residence status for various reasons (e.g., through overstaying their visa, divorce from a spouse with permanent residence without having acquired an independent residence status yet, unauthorised entry into the country). No reliable figures are available about this group and an estimate is problematic, as those without valid papers do not identify themselves anywhere in order to avoid becoming identified as irregular with the possibility of deportation. In 2008, 1.9 to 3.8 million migrants were estimated to be living irregularly in Europe – less than 1% of the EU27 population at the time. This group is diverse in many ways including country of origin, gender, age, and education. Just as most migrants live in urban regions, those with irregular status also tend to live in cities. Irregular migrants may be employed, living with family or friends, and have few support needs, others live in destitution (Delvino and Spencer, 2019). As research shows, “that insecure or irregular status creates an imbalance of power that puts people at greater risk of exploitation in the workplace, in personal relationships, and other settings” (PICUM, 2023, p.2). In general, legally and practically irregular migrants have the most limited access to social rights and services (Hombberger et al., 2022; Hermans et al., 2020).

EU mobile citizens

According to latest data from 2023, in 2021 10.2 million EU citizens have been residing in an EU country other than the country of their citizenship – usually because of work. Among them, Romanian citizens have been the largest group (24% or 3.1 million people), followed by Polish and Italian citizens (11% or 1.5 million people each), and Portuguese citizens (7% or one million people) (EC, 2023). There is no reliable data on the numbers of homeless mobile EU citizens available. Based

on the employment rate of mobile EU citizens, which stood at 72.7% in 2020, it can be assumed that only a small minority of this group has become homeless at some stage (Eurostat, 2021).

There are several local reports about homeless and destitute EU mobile citizens, but no European overview of their situation is available. In Barcelona, Arrels Foundation interviewed 99 EU mobile citizens sleeping on the street; looking for a job or joining family or friends were given as the main reasons for moving to Barcelona (Arrels, 2021). In Brussels, information about EU mobile citizens experiencing homelessness was collected from 314 people, more than a third of them living on the street. They also reported to having moved to Brussels mainly to find a job. Eighty five percent became homeless in Brussels; only five people had been homeless already in the country of their origin. The majority resided longer than five years in Brussels, and 25% longer than one year, but shorter than five years (Diogenes and FEANTSA 2022).

For Germany, some data about the extent of homelessness among EU mobile citizens exist from the aforementioned studies. Taking sheltered people experiencing homelessness, sleeping on the street, and couch surfers together, and taking into account some double counting, we can assume that around 262 600 persons in Germany were homeless at the end of January 2022. Of these, about 23 100, or 8.8%, were nationals of another EU Member State. The group most discussed by the public, because they are often especially disadvantaged, are people experiencing homelessness from Bulgaria, Poland, and Romania. Their number in Germany at the end of January 2022 was at 17 700, or 6.7% of the total. The majority of these EU citizens experiencing homelessness (around 10 700) were sheltered, but among those people experiencing homelessness who were not provided with a formal shelter from NGOs and municipalities, the proportion of EU mobile citizens was higher (8.3% instead of 6.7%; own calculation on the basis of Brüchmann et al., 2022 and BMAS, 2022).

Another particularly vulnerable group of migrants experiencing homelessness are people of Roma ethnic origin. Although no accurate data is available, anecdotal evidence of practitioners as well as the before mentioned report of Brussels suggest that a significant share of Roma experiencing homelessness living in the EU are EU citizens, but not all of them.

Migration-Specific Challenges

Challenges of migrants and EU mobile citizens

No matter the individual profiles, migrants and mobile EU citizens are more likely to be at risk of precarity compared to nationals experiencing homelessness within a given Member State. There are some migration-specific aspects, which make migrants and mobile EU citizens more vulnerable for homelessness and precarity and make it difficult to overcome destitution. These refer mainly to (a) residence status, (b) discrimination, (c) language barriers, and (d) transnational living.

(a) Residence status

As mentioned earlier in this paper, the legal status is highly intertwined with access of a migrant person to public social services. Both migration policies and social policies are with limited competencies at EU level as well at the level of Member States. Due to the special character of EU citizenship, which differentiates forms of mobility and legally hierarchises migrants within the EU as well as in the member states, the residence status is crucial to both excluding migrants and mobile EU citizens from social services or giving them access to those services and so to sustain or to overcome destitution (van der Mei, 2005). Asylum seekers, for example, in many Member States have a limited access to the labour market and therefore are not able to become financially independent. Also, their access to the regular housing market might be limited by law. Mobile EU citizens in turn are in some circumstances, as will be elaborated later in this paper, excluded from social benefits, and might not have built up sufficient rights for unemployment, thus running the risk of homelessness. On the other hand, for example in Belgium and likely in many Member States, housing, or at least an address, is a prerequisite for a regularised legal status, which then in turn allows access to social services (Striano, 2019).

(b) Discrimination

Another migration-specific aspect (not only) of homelessness is racism.⁷ Data on this topic is very rare still, though this highly sensitive issue is of great relevance for the everyday life of migrants experiencing homelessness and mobile EU citizens before and after migration. The available data suggest that when it comes to homelessness, racism goes beyond individual behaviour and is to be understood rather as a socially effective system of producing and demarcating 'others', which serves to clarify 'one's own' and preserve one's own privileges and adapts accordingly to the respective circumstance. Therefore, discrimination takes different forms in this field when it comes to mobile EU-citizens, especially

⁷ Another form of discrimination, that all people experiencing homelessness are faced with, is poverty, which means "discrimination on grounds of socioeconomic disadvantage" (UN, 2022, p.5).

anti-Roma discrimination and Anti-Slavic racism (e.g. Teodorescu and Molina, 2021; Westeson, 2022). People of Roma ethnic origin are the largest minority in Europe and have been persecuted and discriminated against for centuries. So far, none of the EU's inclusion frameworks and Roma action plans have been able to end this: In France, for example, Antigypsyism culminates in the eviction of informal settlements without offering the residents better alternative housing (cf. Cherief 2020; Kóczé 2018). Evictions are part of the everyday experience of Roma in Romania and Slovakia. And with regard to recent refugee movements from Ukraine, it should be noted that all over Europe Ukrainian Roma are not that openly welcomed like Non-Roma and non-white refugees (FEANTSA 2020; ERRC 2023). Racism against non-EU migrants is also a major challenge. It is important to keep in mind that discrimination does not refer to people's self-identification, but to all people that are identified as 'other' by the majority. Discrimination and racism in all forms manifests itself both overtly and subtly in every day-practices and discourses and excludes people. Last, but not least, the politically enforced discourse in the public about migrants becoming an "unreasonable burden on the social assistance system" (Wathelet 2014, n.p.) has some discriminatory, especially antigypsyist content (e.g., Ratzmann, 2022; Giansanti et al., 2022; Clahn and Guild, 2010). In the field of homelessness especially antigypsyism is a relevant factor all over Europe (FEANTSA, 2020; ERRC, 2023).

(c) Language barriers

According to the available data, another crucial barrier against accessing the formal labour market, regular housing, and social services is the lack of necessary language skills. As reports, e.g., for Germany, show, "many mobile EU citizens are not able to meet the requirements or provide the required documents due to language barriers and ignorance of bureaucratic procedures" (Bischof-Hermann-Stiftung, 2021, p.51). Even if there is a right to reimbursement of costs for interpreters and translation services, this is rarely taken up because it is not known, or the application is too complex. Consequently, migrants and mobile EU citizens are more likely to be excluded from social services and the housing market. Refugees, moreover, are not always entitled to attend language courses until their asylum procedure has been completed. Due to homelessness, it is often difficult for migrants and EU mobile citizens to quickly improve their language skills to the necessary level because the lack of a private and safe study space. Also, there is often a lack of time to acquire a certain level of language skills when migrants and mobile EU citizens have to work to ensure their income and/or to sustain their workers' status, or due to the lack of childcare in case of families. Finally, practice experience shows a hierarchisation of languages, by which some migrants are more marginalised than others because of their language.

(d) Transnational living

The available data show that a notable proportion of migrants experiencing homelessness and mobile EU citizens live a transnational life with a social net crossing borders. Some support their families financially in their country of origin or in another country and some travel back and forth between different countries to keep in touch with family members or friends. Transnational lifestyles are accompanied by the fact that, depending on the situation, it can be difficult for individuals to manage their current everyday life with the requisite level of attention (e.g., Durst and Nagy, 2018; Cherkezova, 2013). However, if migrants and EU mobile citizens stay (repeatedly) for only a short period of time in another Member State, their risk of precarious living conditions such as homelessness increases (Kovacheva and Vogel, 2012).

Heterogenous challenges for EU Member States

Migration varies from one Member State to another and also within one state. In many Member States, there is the tendency to refuse accommodation to mobile EU citizens and migrants. In Germany, for example, only 23% of 167 municipalities surveyed, reported sheltering EU citizens experiencing homelessness in 2019, with many more municipalities reporting EU citizens experiencing homelessness (Busch-Geertsema et al., 2019). Some of them accommodate them with lower standards than others. Even though the EU's Reception Conditions Directive for asylum seekers exists, which applies equally to all Member States, the directive is implemented very differently in Member States, although it is supposed to ensure a common standard of reception for refugees with a minimum of social rights. Therefore, migration and homelessness are in different forms highly interconnected within the EU. While the situation of mobile EU citizens and homelessness is elaborated in the following chapter, this paragraph focusses on the different ways to deal with migration of third-country nationals into the EU. On the one side of the current possible spectrum, refugees in the EU have been living in extreme destitute conditions for years, for example in camps on Moria and other Greek islands or in the forests of the Polish-Belarusian border. On the other side of the current possible spectrum, European municipalities welcome them within the framework of alliances of so-called solidarity cities and provide them with housing and various types of support.

While extraordinary pressure of asylum seekers is experienced by Southern Member States (especially Greece, Italy, and Spain), Member States in the North East and South East, like Bulgaria, Romania, Lithuania, and Latvia, are losing population as countries because of inter European movements (the so-called 'brain drain'). Some Member States in the East have been, for a long time, very critical against reception of asylum seekers, but now some of them are main recipient countries of refugees from Ukraine. Others are now restricting their access after several years of being more open to immigration. The various policies can lead – often unintentionally – to

homelessness and the exclusion from social participation of people who have found their way into the EU. On the one hand, this concerns those whose asylum application has been rejected and who therefore cannot formally show any prospects of staying vis-à-vis landlords, which disadvantage them compared to other housing applicants. But this also concerns people who gained a protection status and can, from a legal point of view, look for an apartment. But due to little experience in or knowledge about finding housing, as well as prejudices and language barriers, they are disadvantaged, especially in a tight housing market.

The different policies make it clear that the actual number of immigrants is not the only reason for governments and societies to be more open to migrants than others. While Member States are not limited by the EU in the maximum support they offer to migrants and mobile EU citizens, the debates on national and local level are mostly about providing no more than the minimum required by law.

Intra-EU-Migration and Homelessness

One of the freedoms enjoyed by EU citizens is the right to free movement, which is linked to further conditions, in particular to employment status. Free movement of workers allows EU citizens to move freely between and to reside and work in another EU country for an unlimited period. Consequently, regulating migration within the EU is hardly possible, if at all, within the framework of residence law. Some member states are therefore resorting to other legal areas in which the EU has so far had little competence, such as social law, and hope for indirect migration-controlling effects, e.g. by restricting on the national level access to minimum subsistence benefits for persons who are classified as not being part of the labour force. In this context, the notion of 'worker' is repeatedly negotiated as there is no concrete definition. Consequently, not all EU mobile citizens are exempt from basic rights, but a considerable proportion is.

EU mobile citizens experiencing homelessness – a special target group?

Although there is a lack of systematic comparative research, there are a few local studies on the profile of migrants experiencing homelessness (for example Striano, 2019; Bischof-Hermann-Stiftung, 2021; Arrels, 2021; Stockholms Stadsmission, 2021; Kastanje and Hoff, 2017). All of them show that migrants experiencing homelessness and mobile EU citizens experiencing homelessness are a heterogeneous group when it comes to nationality, age, gender, education, professional experiences, health, household type, etc.



It ranges from those who have good opportunities to find a job and therefore mainly need to be guided into the labour market, to those who have a high level of mental health, alcohol and drug abuse problems and therefore urgently need access to services that can help them to recover or at least to stabilise. [...] people who are working poor or experience precarious working conditions, people who had a job without a contract and had an accident, elderly people, people with disabilities or chronic illnesses, single parents, pregnant women, children, victims of domestic violence – to mention just a few. (FEANTSA, 2018, pp.1-2)

A few similarities can be stated: the majority are male and rather young, being a national of Central and Eastern European countries, with increasing numbers of EU mobile citizens from southern countries, especially Spain and Italy. EU mobile citizens predominantly move to another Member State aiming to improve their living situation by accessing the labour market, but also with the hope of finding better housing and healthcare conditions. Thus, the homeless population also reflects the diversity of society and it is not enough to speak of 'the' migrants experiencing homelessness, but the situation of homelessness is different for different people.

As mentioned earlier, families make up a considerable proportion of migrants experiencing homelessness. Homelessness is a particular risk for families, as it is a challenge both for parents who have responsibility for their children and for the children in particular. Often, the accommodation facilities for people experiencing homelessness are neither family friendly nor child friendly. There is often a lack of retreat possibilities and space for development and creation, as well as a lack of protection against assaults. It is reported from some countries that the child benefit, to which all EU citizens living in a Member State are entitled to in the same amount as nationals (ECJ, judgement of 07.02.2019, ref. C-322/17; ECJ case C-328/20), is repeatedly challenged politically, for example in Austria (EC, 2019). However, in practice, this family benefit is subject to attempts to regulate migration, even if not by law. For Romanian and Bulgarian nationals in Germany, for example, the access to the child benefit is significantly more difficult than for nationals and other foreigners because the family fund asks for a lot more documents and explanations than for other nationals. In consequence, Romanian and Bulgarian families sometimes wait many months for payment (BAGFW, 2021).

Ways of EU mobile citizens into homelessness

Regardless of the group, migrants are more likely to be at risk of precarity. As several studies have shown (e.g., Diakonisches Werk Hamburg, 2022; Riedner and Haj Ahmad, 2020; Striano, 2019), arriving and stabilising the living situation in a new country brings considerable challenges that have to be overcome. Mobile EU citizens experiencing homelessness often find themselves in a vicious circle and bureaucratic maze where various actors point to each other and from which it is

almost impossible to escape without external support and/or an authority taking ownership. The absence of employment, income, housing, address, and access to services and welfare benefits generates a vicious circle that often arises with arrival and may be resolved, or not, due to a legal framework. However, this framework excludes certain groups of people on the ground of their legal status and further hinders progress due to a lack of knowledge of one's rights and of knowledge about the system. Moreover, it takes time to escape this cycle, and the longer it takes, the more difficult it becomes to overcome it since more problems arise.

Therefore, to better understand homelessness of migrants, it is crucial to consider the interaction between individual migration decisions, structural factors like housing and labour market, migration policies, and social policies (Haj Ahmad, 2022; Hermans et al., 2020). As an effect of this complexity, migrants are more vulnerable to precarious living conditions, such as homelessness, labour exploitation, insufficient health care, etc. Systematic research on the emergence and course of homelessness of this target group is largely absent. Some ways into homelessness can be described prototypically:

- Entering the country with the promise of a job, but nobody there to pick up at the bus station as agreed before departure and nobody answering the phone, running out of money;
- Entering the country with the hope of profiting from a strong economy and finding a well-paid job quickly, which does not happen;
- Escaping from an exploitative employment relationship in which the job was linked to a place of residence and thus becoming homeless;
- Losing the job and therefore not being able to pay the rent for a long time;
- Not being entitled to social and/or unemployment benefits; and
- Fear of returning to country of origin after losing job/housing because of shame or not having any money to return, or worse, debts.

Often, EU mobile citizens experiencing homelessness at some point of time run out of financial resources to bridge the time without a job and housing, and due to a lack of local language understanding and insufficient knowledge of both one's rights and of the welfare system, they do not ask anywhere for support. Also, information about rights and bureaucratic procedures might be inaccessible. Others find their way to the authorities and apply for support and/or accommodation and are turned away due to a lack of language skills, or their application is rejected because they cannot show a residence status that qualifies for benefits. Thereafter, they are stuck in limbo and have to rely heavily on social networks and so-called 'humanitarian' support that is often – not least due to limited resources – based on the distinction

of ‘deserving’ and ‘non-deserving’ instead of an individual right to support (Willen and Cook, 2016). For many people this situation remains for years and precarity becomes chronic. Problems that could have been solved earlier lead people into extreme exclusion. From an economic point of view, it would save costs to support migrants and mobile EU citizens in their socioeconomic integration because when individual problems are entrenched, the costs for solving them is high.

Ways out of homelessness of EU mobile citizens

Migration is more complex than can be depicted in a simple push-pull model. Rather, many different aspects come together (Mezzadra/Neilson, 2013 Hermans et al, 2020) and many of the considerations at individual level can contribute to a migration decision. Also, in order to solve this social problem of homelessness, different aspects and stakeholders need to be taken into account. Migration poses new challenges for the homeless system and all actors involved need to question their own rules and practices.

In many cases, the homelessness systems with their various actors are still insufficiently adapted to the diversification of their clients, and migrants and mobile EU citizens are perceived as ‘challenges’. As an example, Slobodzian and Ketelsen (2023) note for Berlin, Germany, that the more complex the social legal situation, as well as the language barriers that require specific knowledge, the more tools and time it takes to resolve. This is often lacking both in counselling services and in services of state authorities. Furthermore, the contact of authorities with EU citizens are characterised by an attitude that leads to a restrictive interpretation of possible scopes of action (Slobodzian and Ketelsen, 2023). However, it is worthwhile to look away from the limits of what is possible and toward the options for action. Due to the complex causes of homelessness of mobile EU citizens, various stakeholders are involved in the emergence and existence of this social problem.

What should be done?

First of all, EU citizens experiencing homelessness should be offered humanitarian support, including emergency accommodation by the competent authorities, regardless of their residence or social status, unless they voluntarily sleep on the street. This contributes to the prevention of many subsequent problems. It also enables them to stabilise, and thus develop a viable perspective for the future. The argument of the ‘welfare magnet’ thesis – which is expressed again and again in conversations, when things are said like “when we offer mobile EU citizens more support than other municipalities, then they will all come to us” – must be countered by a compensation mechanism at national as well as at EU level. This could be a

financial compensation payment for those municipalities or Member States that invest in the integration of mobile EU citizens. It is also recommended that the standards of emergency accommodation be harmonised.

Furthermore, access to housing and the labour market should be created in cooperation with the stakeholders because integration into the labour market is crucial to overcome homelessness. This applies particularly to voluntary and state services and authorities for labour market integration as well as emergency housing assistance and the central stakeholders of the housing market. It is important to create new cooperation structures on the one hand, and on the other hand to use (legal) scopes by the authorities for the purpose of integration instead of interpreting it restrictively, since there is no reasonable alternative to integration. Finally, the attitude of all involved stakeholders (administration, policy makers, NGOs, media, public) that EU citizens experiencing homelessness are also potential workers who practice exactly what the EU freedom of movement promotes – the migration of labour – is crucial here.

Concerning the legal framework, national governments are to review their existing legislation with regard to (possibly unintended) exclusionary effects that lead people into homelessness and destitution, and change it. The extent to which mobile EU citizens are protected in their fundamental and social rights in the event of a migration decision should also be examined at EU level. Thus, at the EU level, the development of a legal framework of European social citizenship should be promoted in the frame of its competencies, e.g., by making Directive 883/2004 more inclusive.

At the level of individual support, a rights-based approach is needed that understands EU mobile citizens experiencing homelessness as rights-bearers and supports them in implementing their rights, if necessary, through legal action. This requires the appropriate legal know-how and cooperation with lawyers. In addition, services and facilities in the field of homelessness and related areas can make their services as open and inclusive as possible. This includes linguistic diversity as well as non-verbal communication and an inclusive culture of diversity.

Finally, effective measures against discrimination must be developed and implemented at all relevant levels of society. Regarding EU citizens experiencing homelessness, this concerns in particular measures to fight discrimination against Roma people. Roma action plans at local, national, and EU levels are a possible start, but due to its deep roots within European society, none of them have been able to end it yet.

All these recommendations do not refer exclusively to solving the situation of mobile EU citizens experiencing homelessness, but ultimately concern all migrants. In addition, the same measures for preventing and overcoming homelessness apply to migrants experiencing homelessness as to non-migrant persons: prevention, basic provision including emergency accommodation, access to (mental) health and social services, permanent housing, and housing support.

Good Practice

In practice, migrants experiencing homelessness and their support needs are dealt with in different ways. In many cases this is characterised by exclusion and limited access, but there are also examples of good practice. Some examples are presented here:

FEAD

The Fund for European Aid to the Most Deprived (FEAD) has been a fund on its own and is now part of the European Social Fund Plus (ESF+), which is a main instrument for implementing the European Pillar of Social Rights and for EU's engagement in social policies. The FEAD is intended to contribute to alleviating the worst forms of poverty in the EU. While most of the Member States decided to use FEAD funds for food programmes, Denmark, Germany, the Netherlands, and Sweden decided to offer non-material assistance to the most deprived. In these countries, FEAD projects intervene in a humanitarian way in situations of exclusion from further assistance that result from restricted access to national benefit systems, without fundamentally changing them. Guided by a rights-based approach, social workers, often multilingual and outreach-based, advise EU-citizens experiencing homelessness and support them in overcoming their social problems, e.g., in securing a livelihood, health care, childcare, etc. One example is MOCT – Berliner Brücke zur Teilhabe [MOCT – Berlin Bridge towards Participation] of GEBEWO GmbH, Berlin, Germany.⁸ In Denmark, Sweden, and the Netherlands, similar projects successfully support EU mobile citizens experiencing homelessness favouring a rights-based approach over humanitarian aid. Beyond this individual support, which in many places was only made possible by FEAD, the programme also contributes to making the effects of exclusions from national social benefits visible.

⁸ <https://www.gebewo.de/MOCT-berliner-bruecke-zur-teilhabe>

Multilingual counselling

One of the migration-specific challenges of migrants experiencing homelessness described above is overcoming language barriers. In many places, this practical problem is addressed by employing multilingual staff and/or bringing in interpreters. For example, KOMPASSET in Copenhagen, Denmark⁹, benefits from intra-EU migration and has employed multilingual staff to advise migrants experiencing homelessness.

However, the necessary translation services go beyond purely linguistic translations. Rather, in individual cases, an explanation of the systems, the circumstances, and the bureaucratic requirements is required, and thus an explanatory mediation between the migrants experiencing homelessness and the representatives of authorities and other institutions that are in contact with them. In this way, for example, the staff of the Brückenschlag of the Bischof-Hermann-Stiftung in Münster, Germany¹⁰, enables access to landlords, to medical care, and to schools and other educational institutions. When legally secure counselling is needed, they call in professional interpreters.

Medical care for everybody

There is evidence of a high prevalence, particularly among those experiencing long-term homelessness, of different mental and physical illnesses (Pleace, 2023). Due to legally restricted access to national social and health care systems, as well as non-needs-based and/or discriminatory structures of regular assistance systems, precarious migrants often do not receive the medical care they need. Human rights organisations such as Doctors of the World provide basic medical care for migrants in various European countries. In Sweden, the organisation provides primary care for, mainly, European citizens and undocumented migrants at several locations. The medical services are complemented by legal advice and psychosocial support. All services are provided in several languages.¹¹

In Vienna, Austria, the Neunerhaus Health Centre¹² offers free medical, ophthalmological, and dental care as well as social work support for people experiencing homelessness with and without health insurance coverage. The dental services cover the same spectrum as those insured people in Austria get covered by their medical insurance. In addition to medical care, social workers clarify the health insurance status of EU citizens and, if the result is positive, the treatment costs are reimbursed by the Vienna Regional Health Insurance Fund. Language barriers are

⁹ <https://kirkenskorshaer.dk/koebenhavn/the-compass>

¹⁰ <https://bischof-hermann-stiftung.de/unsere-taetigkeitsfelder/projekte/brueeckenschlag>

¹¹ <https://lakareivarlden.se/vart-arbete/>

¹² <https://www.neunerhaus.at/hilfe/arzt/>

bridged by video interpreting, which is financed by ESF funds. The work of the health centre is complemented by mobile doctors who provide medical care at 23 service centres for people experiencing homelessness in Vienna.

Social integration / access to social services

Inspired by the idea of shaping the urban community on the ground in a participatory and human rights-based way, as well as strengthening the local economy, municipalities around the world are joining forces to jointly develop ways toward inclusive urban communities. Such networks are also growing in Europe, for example Alliance Migration¹³, Moving Cities¹⁴, or Solidarity Cities.¹⁵ More and more cities from many Member States are engaged in one or more such networks, e.g., Palermo (Italy), Barcelona (Spain), Gdansk (Poland), Berlin (Germany), Grenoble (France), Thessaloniki (Greece), and Ljubljana (Slovenia). One measure among others is the conceptualisation of so-called Municipal ID cards, which are issued to all residents of a city regardless of their nationality and residence status. Such a card gives them access to social services and thus enables them to realise their social rights. Citizenship is thus complemented by urban citizenship. In Zurich, Switzerland, a municipal referendum decided that a proposal for the introduction of the so-called Züri City Card should be presented by 2024/2025 (Morawek, 2019).

Anti-discrimination

In order to counter the migration-specific aspect of discrimination on a structural level, a nationwide Reporting and Information Centre on discrimination of Roma and people identified as of Roma origin was created in Germany in 2022.¹⁶ It documents incidents against (presumed) Roma people in Germany, offers counselling to those affected, and informs the public. Among other things, physical attacks, threats, damage to property, graffiti, insults, hate comments, and propaganda material such as inflammatory writings, posters, or stickers are registered. In addition, awareness-raising and empowerment measures such as workshops and regional conferences for state actors, civil society organisations, and those affected are carried out.

The European Roma Rights Centre¹⁷ is a Roma-led international organisation that documents human rights compliance and the impact of discrimination on access to economic and social rights in different countries. To this end, it conducts research on specific topics such as hate speech against Roma, school segregation,

¹³ <https://alliance-migrations.fr>

¹⁴ <https://moving-cities.eu>

¹⁵ <https://solidaritycities.eu/about>

¹⁶ <https://www.antiziganismus-melden.de>

¹⁷ <http://www.errc.org>

forced evictions of Roma, and other topics. The main objective of the ERRC is to highlight discrimination against Roma people in its breadth and diversity and to empower Roma organisations and individuals to use a rights-based approach – especially litigation – to combat it. Therefore, in addition, they support proceedings before national courts in cases of discrimination and, in cases of doubt, proceedings before the European Court of Human Rights.

Transnational social work

In order to adequately support mobile EU-citizens who move within the EU for the purpose of employment within the framework of the EU free movement, the complex interconnections generated by transmigration practices must be taken into account. Within the framework of the ERASMUS+ project Transnational Social Services¹⁸ with German and Bulgarian participants, practical concepts for professional support of safe mobility in a transnational context were developed. Strategies for both an informed migration decision and support in the destination country are discussed to ensure, for example, that the legal requirements and restrictions are communicated before leaving the country or that legal claims are enforced after a return.

Conclusion

Homelessness in Europe is in many terms heterogenous in its composition. Migrants and mobile EU citizens are especially vulnerable to homelessness and destitution. To overcome it, it is important to better understand the mechanisms that lead them into such situations of extreme exclusion. A complex interplay of legal framework, political decisions, bureaucratic requirements, a lack of resources (such as emergency accommodation), and individual aspects (e.g., language proficiency, health, education) can lead to homelessness and make it difficult to overcome it. Although the situation is complex, there are scopes of action on the individual, local, national, and EU levels, which show that homelessness of migrants and EU citizens is solvable. To promote the debate about necessary steps toward a solution, both the possible scopes of action and limits of each stakeholder should be elaborated on concretely at each level. Despite the existing limitations, joint ways to reduce and end homelessness among this target group can be found.

¹⁸ <https://tss-net.eu/de/>

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Finnish Homelessness Deinstitutionalization Policy: Housing First and Frontline Perspectives

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► **Abstract** *Deinstitutionalisation (DI) is the process of transitioning from institutional care to community-based settings. We focus on DI policies targeting the homeless population, using the Finnish Housing First model as a successful example. We show that the model was guided by three premises – ethical, legal, and socio-economic – that are common to DI initiatives in other settings. The theoretical discussion is followed by a presentation of frontline workers' perspectives on the Finnish homelessness DI policy. We conducted 11 semi-structured interviews and analysed them using thematic analysis. The interviews revealed a strong link between the DI policy and human rights, with housing serving as a foundation for citizenship, self-determination, and dignity. The availability of community services, particularly health care and substance abuse support, was seen as critical to success. Critiques of the DI policy raised during the interviews often referred to gaps in community services rather than the policy itself. According to interviewees, the area where the DI policy has produced the weakest results is social inclusion, which is still seen as a challenge. Accessible services and meaningful activities can help, but the interviews emphasised the need to look beyond the individual and support changes that involve society at large. This study draws attention to the transformative potential of DI policies for the homeless when anchored in rights, community support, and systemic change, and offers valuable insights for policy development and frontline practice in addressing homelessness.*

► **Keywords** *deinstitutionalisation, Housing First, homelessness, frontline workers*

Introduction

Deinstitutionalisation (DI) is a process that aims to move the care of individuals out of long-term residential institutions and into community-based settings (Bachrach, 1976; 1978). Various studies have highlighted the advantages of community-based settings over institutional care in terms of outcomes (Kiesler and Sibulkin, 1987; Kim et al., 2001; van IJzendoorn et al., 2020) and costs (Knapp et al., 2011; Reinharz et al., 2000; Roberts et al., 2005). Some authors have emphasised the risks and negative consequences that arise when DI is not followed by an adequate development of support services in the community (Lamb and Weinberger, 1998; Loch, 2014; Mechanic and Rochefort, 1990). The European Union actively encourages DI processes of Member States and billions of funds have been allocated to reform care systems across Europe to support community living.¹ In Finland, the priority of home-based services is pursued in the organisation of welfare services and enshrined in the legislation (Raitakari and Juhila, 2022).

DI policies have taken various paths in relation to populations historically placed under care and control within large institutions, such as people with mental illness or developmental disabilities (see, for example, Segal and Jacobs, 2013). People experiencing homelessness have rarely been considered a target group for DI policies. However, people may live in shelters, hostels, and temporary accommodation for many years, even permanently, and they are often exposed to institutional culture characterised by “standard treatment, de-personalisation, rigidity of routine, and a lack of opportunities to make choices or participate in society” (FEANTSA, 2013, p.5). Living in shelters, dormitories, and temporary accommodations for a long time has been related to dysfunctional adaptation strategies (Grunberg and Eagle, 1990b; McMordie, 2021) and can have a negative impact on people’s mental and physical health (Fazel et al., 2014).

Shelterisation theory has been applied to the discussion of how the institutional environment affects the behavioural and psychosocial functioning of shelter residents. Shelterisation refers to the process by which individuals adapt to the routines and rules of shelter life, potentially leading to a loss of autonomy and independence (Grunberg and Eagle, 1990a). This concept has faced criticism. Some scholars have argued that shelterisation wrongly portrays shelters as ‘total institutions’ (Goffman, 1961), exaggerating their influence on behaviour (Marcus, 2003), and overlooking the ways in which residents challenge, negotiate, or reject institutional norms (Armeline, 2005; Hoffman and Coffey, 2008). Others have emphasised the role of shelters in shaping the behaviour of people experiencing

¹ For an overview, see “EU funds checklist to promote independent living and DI” by the European Expert Group on the transition from institutional to community-based care and Hope and Homes for Children (2021).

homelessness, while rejecting the idea of shelterisation as a self-imposed mindset or 'disease' (Gounis, 1992). What is undisputed is that the prevalent reality of shelters and, to a lesser extent, temporary accommodation is one in which clients are continuously subjected to strict regulations and routines, control, violence, intimidation, and the 'infantilising' attitudes of service providers (Gounis, 1992; Hoffman and Coffey, 2008; Ilmoniemi, 2023; Marcus, 2003; Watts and Blenkinsopp, 2022). Too often, consideration for the person and their dignity is lost.

In 2008, Finland launched a DI policy for the homeless, shifting its response from a system based on conditionality, where shelters and temporary accommodation were necessary steps to obtaining housing, to one based on Housing First, where people experiencing homelessness are offered immediate access to permanent housing with tailored support. The DI policy officially started with the "Program to reduce long-term homelessness 2008-2011", which was included in the Government's Housing Policy Program (Ympäristöministeriö, 2008) and has continued in the national programmes that followed. Since 2008, the number of people experiencing homelessness has decreased significantly (ARA, 2023) and positive outcomes have been associated with people who have experienced the community-based model of care (Pleace et al., 2015; Sillanpää, 2013). These findings are remarkable given that the number of people experiencing homelessness has increased in most European countries (where time series data is available) over the same period (O'Sullivan et al., 2023).

This research focuses on the theoretical premises that guided (and continue to guide; see Kaakinen, 2023) the Finnish homelessness DI policy and connects them to the voices of frontline workers who have been active in the field over the past 15 years. The starting point is the report "Nimi Ovessa" [Name on the Door] (2007), the document that first defined the Housing First principle in Finland and inspired the national programmes to combat homelessness since 2008. The report describes three premises – ethical, legal, and socio-economic – that motivated the DI policy in the homelessness sector and, interestingly, have similarities to the reasons underlying DI policy with other target populations. Through semi-structured interviews, we examined how frontline workers have interpreted and enacted these premises and the overarching Housing First principle. We interviewed 11 frontline workers who had worked in institutional units (shelters, hostels) or other homeless services before 2008 and then in DI services. We then analysed the interviews using thematic analysis and identified emerging patterns of meaning that inform policy and homelessness work.

The article is organised as follows. The next section presents the history of homelessness policy in Finland, focusing on the elements that set the stage for the DI policy. We then turn to the Name on the Door report and describe the Housing First

principle and the ethical, legal, and socio-economic premises that inspired the DI policy. We also briefly outline the development of the DI policy over the past 15 years. We then introduce the empirical analysis by describing the methodology and results. Finally, we discuss the themes that emerged from the interviews and provide implications for policymaking and homelessness practice.

History of Homelessness Policy in Finland

For decades, after the end of the Second World War, Finland addressed homelessness by supporting the production of affordable housing and building emergency shelters for people sleeping on the street (Malinen, 2018). At first, the shelter population included war veterans who had lost contact with their family or people evacuated from territories annexed by the Soviet Union. In the 1950s, many young people migrated to the city but had no job and ended up in shelters. For many, the use of alcohol became a coping mechanism. In newspapers, people living in shelters were portrayed as antisocial, deviant, or criminals and their condition was seen as the result of a 'lifestyle' choice (Malinen, 2018). A strong critique of the shelter system took place in the 1960s, when a radical civic rights movement – the November Movement – rallied against the poor quality of emergency shelters and demanded structural measures to reduce homelessness (Fredriksson, 2018a). The November Movement was also involved in a more general objection to the dehumanising conditions of 'total institutions' (Goffman, 1961) and played a fundamental role in the initiation of the DI policy in Finland in other fields, including mental health and the prison system (Alanko, 2017; Lappi-Seppälä, 2011).

In the 1980s, homelessness as a phenomenon and a social problem began to be understood in a more multidimensional way (Fredriksson, 2018b). Homelessness was no longer attributed to lifestyle choices and individual characteristics, but also to structural and systemic factors, such as unsuccessful housing policies and lack of support or services. People experiencing homelessness long-term and their situation were increasingly seen as a matter requiring close cooperation among housing, social, and health services at national, regional, and local levels (Fredriksson, 2018b). In 1987, the eradication of homelessness was included as a goal in the government programme for the first time. In the same year, homelessness was formally defined and started to be measured and the vagrancy law was repealed.

Around the same period, the provision and financing of housing and services for the homeless also underwent a fundamental change (Fredriksson, 2018b). The City of Helsinki launched a pilot project where hostel residents – who were considered able to live independently – were provided rental housing with support. The trial

showed that supported housing (i.e., a form of housing between care and independent living) can in many cases achieve positive results in the rehabilitation of people with substance use problems and other social disabilities (Fredriksson, 2018b). In addition, supported housing was shown to be significantly cheaper than, for example, residential care and nursing homes, in addition to reducing the need for shared accommodation (Fredriksson, 2018b).² The success of this project has opened the way for using rental housing where people experiencing homelessness could live privately, and the social sector has started to experiment with different housing solutions with different levels of support. The available stock of supported housing slowly started to increase, together with the development of public sector funding schemes (Doling, 1990; Y-Foundation, 2017). In 1999, the right to housing was included in Finnish legislation.

The 2000s were years of development and innovation in homelessness work and cooperation among many actors, including the Government, municipalities, researchers, NGOs, and housing providers. A prominent role was played by the Capital Region Homeless Services Development Unit project (2005-2007)³, whose main task was to develop client work (Granfelt et al., 2007). For example, some NGOs experimented with new ways of working where people experiencing homelessness long-term were given an apartment in small housing units where they were free to use intoxicants. Staff were trained in new ways of working based on respect for the client's right to self-determination and trust in the client's ability to cope. The Capital Region Homeless Services Development Unit project was linked to action research to evaluate the new methods and practices using a participatory approach, with the aim of improving the design of the projects and making them replicable. The research was also key to building a shared understanding of the causes of homelessness and the background of people experiencing long-term homelessness, and the importance of listening to the voices of residents in designing good services. Collaboration, development work and research provided fertile ground for the DI policy.

² Later studies corroborated the cost-effectiveness of supported housing unit using the Finnish Housing First approach (Sillanpää, 2013; Ympäristöministeriö, 2011).

³ The work was coordinated by SOCCA, The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area.

The Name on the Door Report and the Beginning of the DI of the Homelessness Sector

The Name on the Door report represents a milestone in the development of the Finnish homelessness DI policy. In October 2007, the Ministry of Environment (which in Finland is responsible for housing) appointed a working group of four experts (known as the ‘Four Wise’) representing different sectors of society to prepare a report on homelessness and to provide a basis for a new policy to reduce long-term homelessness. The members of the working group were Paavo Voutilainen, then Director of Helsinki Social Services, Eero Huovinen, Bishop of Helsinki, Hannu Puttonen, then CEO of Y-Foundation, and Ilkka Taipale, a psychiatrist, civil activist, and former politician. Juha Kaakinen, former CEO of the Y-Foundation, served as secretary, together with Anu Haapanen, former Director of Civic Work at the Finnish Federation of Settlement Houses.

The Four Wise provided a new theoretical perspective to the discussion around homelessness and how to combat it. First, they emphasised that homelessness is not a characteristic of the individual, but is intertwined with structural forces that interact with the individual in multidirectional ways. Second, they provided ethical, legal, and socio-economic arguments to motivate the reduction and elimination of homelessness (see next subsection)⁴ for whom housing is not enough and must be combined with support. Last but not least, the Four Wise proposed the adoption of the Housing First principle in the Finnish context, according to which housing is a human right and should be offered unconditionally and immediately to anyone experiencing homelessness.

The report signalled a move away from the conditionality approach and the goal of making people experiencing homelessness “housing ready”, an approach that was prevalent at the time even if increasingly criticised (Fredriksson, 2018c). After the initial statement contained in the Name on the Door report, the Housing First concept started to evolve and now includes an emphasis on the separation between housing and support, and specific client-work practices (e.g., non-coercive recovery orientation, harm reduction approach) (see, for example, Juhila et al., 2022; Y-Foundation, 2017). Unlike the Pathways Housing First developed in New York City in the early 1990s under the leadership of Sam Tsemberis (Tsemberis, 2010), the Finnish Housing First is not intended as a model to be followed with varying degrees of fidelity (Aubry et al., 2018). The Finnish Housing First is a set of principles that are intended to guide homelessness work on a large scale, with a strong emphasis on the right to housing, leaving room for adaptation to the local

⁴ The definition of long-term homelessness roughly corresponds to the categories of episodic and chronic homeless in Kuhn and Culhane (1998).

context and needs of the homeless population. The definition of the Finnish Housing First has evolved and continues to evolve through the work of experts and practitioners combining theory and practice (Asunto Ensin 2.0, 2020).

The ethical, legal, and socio-economic perspectives

The Name on the Door report was a turning point in homelessness policy, providing theoretical and practical guidance for the national programmes to combat homelessness that followed. This study focuses on the ethical, legal, and socio-economic aspects introduced by the report, which provide three perspectives for examining homelessness work in the context of the policy change.

- **Ethical perspective.** According to the Four Wise, the key argument for ending homelessness is the dignity of all human beings. Human dignity begins with having your own place to be and to live. Having a home is a sign of equal membership to the community and creates the conditions to be part of the society. A just society is a place where no one is pushed aside. In this sense, human dignity is a goal of both the single individual and society.
- **Legal perspective.** The report reminds that, according to the Finnish Constitution, “Those who cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care” (731/1999, 19.1 §). In addition, “The public authorities shall guarantee for everyone (...) adequate social, health and medical services and promote the health of the population” (731/1999, 19.3 §). Public authorities are also responsible to “promote the right of everyone to housing and the opportunity to arrange their own housing” (731/1999, 19.4 §). In addition, Finland has signed international treaties requiring it to take measures to eradicate homelessness.
- **Socio-economic perspective.** The Four Wise argue that ending homelessness has the potential to significantly reduce costs to society. Despite the poor evidence on this issue at the time of the report’s publication, the topic has now been thoroughly researched, with studies confirming the existence of cost offsets in community care programmes based on Housing First compared to a shelter-based system (Aubry et al., 2015; Lemoine et al., 2021; Sillanpää, 2013; Srebnik et al., 2013; Stergiopoulos et al., 2019; Ympäristöministeriö, 2011).

The ethical, legal, and socio-economic perspectives share many similarities with accounts of DI in other settings. First, the ethical concerns and the critique of the shelter-based systems can be related to the more general critiques of institutional settings. The public reports on the conditions of people living in shelters raised critical issues of social justice and ethical concerns, similar to what had happened in the case of mental health patients, for example (Kugel and Wolfensberger, 1969; Taylor, 2009). Compared to long-term institutional care, community living is

generally considered more dignified, offering a better quality of life, and greater prospects for social inclusion (Lamb and Bachrach, 2001). Second, the general improvement in living standards in most of the world's richest countries in the late 1960s led to the extension of rights to more marginalised groups in society. The protection of human rights has been a major driving force behind DI and the development of community care services for people with learning disabilities and mental health problems (e.g., Emerson and Hatton 2005; Keet et al. 2019; Slovenko and Luby 1974). DI was also the expression of a philosophy that emerged during an era of social and political reform that attached great importance to people's autonomy and their right to govern the factors that impact their lives (Hersch, 1972). Third, economic considerations were critical to gaining widespread support for the DI policy. For example, advocates of DI for people with learning disabilities relied on evidence that adults with learning disabilities could make a productive contribution to society at much lower costs than were realised in the institutions (Kiernan et al., 2011; Kiernan and Stark, 1986; O'Connor and Tizard, 1954). In the mental health field, many studies claimed the positive impact of DI on costs (Knapp et al., 2011; Reinhartz et al., 2000; Roberts et al., 2005).

The DI of homelessness

The Name on the Door report was endorsed by the Finnish Government and led to the adoption of a DI policy based on the Housing First principle. After 2008, most shelters throughout the country were converted into supported housing units, where people started to live in their own rented apartments. The shelters that remained in place were converted into service centres where people experiencing homelessness could find immediate guidance and support and a place to sleep in small, shared rooms. In addition, municipalities and NGOs built new supported housing units and devoted scattered apartments for Housing First work. The existence of different housing solutions – supported housing units (i.e., congregate housing where residents have their own apartment and support is present on site with varying degrees of intensity) and scattered-site apartments with floating support – is a typical feature of the Finnish Housing First approach which aims to address the different needs of people experiencing homelessness long-term.⁵ All Housing First residents use the mainstream social and health services (i.e., the same services that any other Finnish residents would use) and the tenancy is regulated by the Act on Residential Leases (481/1995).

The transition to the Housing First approach required those who worked in homelessness services to be trained and adopt new working practices. For municipal social services, the goal became to secure housing as soon as a person experi-

⁵ Typically, people with high support needs end up in supported housing units, while scattered housing is offered to people who have more skills to live independently.

encing homelessness entered the service system. In Housing First services, support work started to be based on housing social work (Granfelt, 2022), the main goal of which is to ensure housing stability and prevent homelessness from recurring while trying to contribute to the resident's rehabilitation.⁶ In some cases, frontline workers found it difficult to accept that residents were no longer required to abstain from drugs (Perälä and Jurvansuu, 2016; Y-Foundation, 2017).

The DI policy has also included a strong focus on prevention. The national programmes promoted the construction of housing and the provision of support services for risk groups and introduced the role of housing advisors to prevent evictions and assist with problems such as paying the rent, the potential threat of eviction, and applying for social support (Oosi et al., 2019). In addition, the availability of affordable housing for special groups (especially youth and ex-offenders) was recognised as a key factor in both reducing the risk of homelessness and ensuring rapid re-housing and exit from homelessness. The national programmes also supported the creation of multi-professional networks that have facilitated transitions from hospitals, substance abuse, and mental health facilities or prisons to permanent supported housing.

All in all, the DI policy has challenged homelessness work at all levels, and its implementation is the result of a multi-level cooperative strategy. Since 2008, the State has continued to actively direct homelessness work toward a model based on Housing First through subsequent national programmes. At the same time, it has supported the work financially. Fifteen years after the first programme to reduce long-term homelessness (Ympäristöministeriö, 2008), the DI process is still a work in progress. Despite the widespread adoption of the Housing First approach to homelessness, some shelters and temporary accommodations still exist, and new ones have been opened over the years. We know that in some cases, the Housing First principle is not followed, and housing remains conditional and difficult to get for many (Juhila et al., 2022). People may still end up living in temporary accommodation for years where they are deprived of privacy, safety, subject to strict rules, and with few prospects to move on to one's own independent housing (Ilmoniemi, 2023). The Finnish experience demonstrates the nonlinear nature of the DI process and emphasises the need for long-term political leadership, lifelong training for staff, and coordination of the various actors involved in the system change.

⁶ Housing social work often takes the form of an interaction between professionals and residents at the individual, group, or community level, but it can also be structural multi-professional network work targeting housing or service problems (Granfelt, 2013).

Perspectives from the ground on the DI policy

In the following sections, we explore how frontline workers have interpreted and implemented the Housing First principle in relation to the ethical, legal, and socio-economic perspectives that inspired the DI policy. First, we describe the methodology for data collection and analysis, and then we present the findings.

Methodology

We conducted 11 semi-structured interviews with frontline workers who, throughout their careers, have worked in institutional units (shelters, hostels) or other homelessness services before 2008 and then also in Housing First services – both in supported housing units and/or scattered apartments with floating support. All the interviewees have long experience in the field of homelessness and are currently still working in this field or are retired. Those who are still working are currently employed by NGOs or local administrations. The interviewees worked/have worked in different areas of Finland, but most were based in the metropolitan area.

The interviews were conducted in English and audio recorded. At the beginning of the interview, we explained the goal and methodology of the research. We introduced the concept of DI and linked its start to the Name on the Door report and the Housing First approach. We also briefly described the ethical, legal, and socio-economic perspectives. All the interviewees said they were familiar with the report, the Housing First approach, and the three perspectives. Then, the interview was divided into three stages. In the first, we asked a few questions on their background, especially education and work experience, and their views concerning homelessness in Finland. In the second, we explored the meaning of Housing First in homelessness work and the role played by the three perspectives. At the end of the interview, we asked about how they believed Finland is seen from abroad and we left some time for questions about the research and additional comments. In Appendix 1, we provide the interview guide and in Appendix 2 the research information sheet that was given to the participants. All the interviewees gave consent to use the data for the purpose of this research. The interviews lasted between 42 minutes and 1 hour and 35 minutes.

To analyse the data, we used thematic analysis (Braun and Clarke, 2006). First, we transcribed the interviews. Then, we coded the text using ATLAS. At first, we coded instances of DI throughout the material. Since the adoption of the DI policy was marked by the adoption of the Housing First principle, this initial coding was theory-driven as we looked for the core elements that characterise the Finnish Housing First approach (e.g., Y-Foundation, 2017). Within these elements, we then adopted a data-driven approach and looked for recurring themes related to the ethical, legal, and socio-economic perspectives. This two-step data analysis allowed us to

understand major themes connected to the DI policy and the homelessness work that has developed since the adoption of the Housing First principle. Finally, we connected the themes with the literature on DI, homelessness, and Housing First.

Results

The themes we identified from the interviews are presented in the following subsections and summarised in Table 1, grouped according to the three perspectives under analysis. When reporting quotations from the interviews, we use italics and identify the interviewee with the letter “I” followed by a number between 1 and 11 to preserve anonymity.

Table 1 – Summary of results

Perspective	Frontline workers' interpretation
Ethical	Dignity is associated with shelter, privacy, safety, stability, and the right to self-determination.
Ethical	Dignity can be provided when the level of support is appropriate to the need. Supported housing units and scattered-site apartments are associated with different levels of support and can meet different needs.
Ethical	Large housing units are difficult to manage. Smaller housing units should be preferred due to better community dynamics and safety concerns.
Ethical	Social inclusion is challenging, and feelings of loneliness can be common (especially in scattered-site housing). Feelings of shame and stigma can lead to isolation.
Ethical	Place-based community within housing units is important to address the lack of positive relationships in residents' lives but can hinder integration into the wider society.
Ethical	Integration with the wider society needs to be promoted by encouraging engagement in meaningful activities and access to mainstream services.
Legal	Tenancy agreements are crucial to ensure legal rights.
Legal	Positive effects of Housing First policy on access to services and civil rights, such as voting.
Legal	Housing First residents are empowered through legal counselling and training and by discussing the balance of rights and responsibilities.
Legal	Contradictions in service contracts in supported housing units can limit residents' privacy and self-determination.
Socio-economic	Facilitating access to benefits, social, and health services is the main goal of housing social work, and it is necessary to prevent homelessness and ensure the financial stability of Housing First residents.
Socio-economic	Desire for flexible support that is linked to individuals rather than to housing in order to meet changing support needs.
Socio-economic	Reliance on mainstream services can be a limitation due to the complexity of the service system and the lack of specialised services for addiction and mental health needs.

Ethical perspective

For ease of presentation, the ethical perspective is divided into individual and societal aspects.

Individual. Most interviewees connected dignity with the availability of shelter, privacy, safety, stability, and the right to self-determination and recognised that the feeling of home is subjective. These elements are reminiscent of the features of ontological security described by Padgett (2007) in a study involving people who have formerly experienced homelessness who made the transition from being homeless to having a home.

I think it's important that you have your own door and your own name on the door. And that gives some kind of independence for you. Also, you can make plans with your life if you have a place to stay. (I1)

I think it's because if you feel safe then you can start to build your own self-esteem and feel like you are a human being and that you have some dignity.... (I3)

Many interviewees stressed the importance of tailored support to help people experiencing homelessness maintain their apartment and prevent homelessness from recurring. The existence of different housing solutions (i.e., supported housing units and scattered-site apartments) was recognised as a positive aspect that enabled residents to receive different levels of support. This is particularly important in cases where safety is an issue, such as for active drug users or people that survived domestic violence. As shown by Parsell et al. (2015), tenants may associate the feeling of home with the security measures of congregate supportive housing – such as security cameras or visitors controls – which are not necessarily seen as a negative violation of one's privacy. Ranta et al. (2023) emphasised that the management of home boundaries and social relationships is critical to promoting the right to privacy and secure housing when illicit drug use is involved.

I believe that we need many kinds of solutions because we have many kinds of people who are homeless. So... some need more support and for some scattered housing is just not enough. Their behaviour is such that it's not tolerated in any normal housing company. (I2)

It's the control which makes housing units have their benefits... especially if you have drug users, people might still be attached to this kind of everyday "business" which includes that they or their friends may start to sell from the apartment. If you can't control that one if you don't have control all day long... so when people are actively using, housing units are usually the solution (I4)



Then you can be more yourself and you don't need to dress up or "sell" yourself to somebody because you need something, you need protection, or drugs from him. So, you don't need to do it here because it's only women here. (I3)

While supported units were generally viewed in positive terms, some interviewees criticised large units. One interviewee described instances where these units had become dangerous environments with a lot of disturbances, creating unsafe conditions for both the residents and the workers and compromising the dignity of the residents. Smaller units were considered to be better because it is easier to work toward positive community dynamics, a finding that was already highlighted by Hall et al. (2021). Other studies highlighted the risk of gathering a large number of people with troubled histories in congregate housing, describing the negative feelings some residents experience as a result of being exposed to violent, intimidating, inconsiderate, and rude behaviour from other tenants, often combined with alcohol intoxication and the influence of illicit substances (Parsell et al., 2015).

What is living life with dignity? Because some of the units, there's 100 residents and everybody's doing dope 24/7. And there's lots of violence, lots of disturbances and their environment is dangerous. People are scared, the residents are scared, so I don't know... I don't see the dignity in that. (I8)

Society. All but one of the interviewees mentioned that Housing First residents face challenges in terms of social inclusion. The themes that we identified largely reflect the points raised in the review by Hall et al. (2021) on the topic of social inclusion and DI policy.

Many interviewees recognised the importance of having a place-based community in supported housing units to address the lack of positive relationships in the lives of people with difficult experiences of homelessness. The main risk identified was the creation of place-based community bubbles with little connection to the wider society. This could be seen as the result of aspects related to housing social work, the background of the residents, and society's attitude toward them. The Finnish Housing First has put a lot of emphasis on building community within the housing units by involving residents in activities and group meetings (Y-Foundation, 2017). This work is considered to be very important because it increases opportunities to socialise, provides support, creates a safe space, and increases the sense of belonging to the local community. Some studies found evidence that promoting place-based community can support housing stability, sense of belonging, and solidarity (Stevenson, 2014) and meet the socialisation needs and desire of tenants (Parsell et al., 2015). However, some interviewees expressed concern that a strong place-based community may limit the opportunities for Housing First residents to integrate with the wider society and acknowledged that the risk of isolation should be considered by the support staff by encouraging residents

to take steps outside the units. In the quote below the interviewee recognises the importance of place-based community, but at the same time sees the risks and suggests positive actions:

When your situation is improving and we are thinking about, maybe you could move to single apartment with no support then it's difficult to say... is it the community that it's supporting the client, or can they manage? And it's really difficult to (...) discuss with the resident. They don't want to move because they are feeling so strongly and feeling that they belong to our community. Of course, that's like a basic need and important need, but it doesn't make our work any easier. So, what we know try to do, we try to find those communities in the services and places outside of our units because we have like those day services or peer support. (18)

One aspect mentioned by some of the interviewees is the feeling of shame among Housing First residents, which makes engagement in society challenging and favours connections with people who have had similar life experiences. According to the interviewees, most Housing First residents have lost contact with their families and tend to avoid “bad old companies” or prefer to focus on their own situation. Working or studying would greatly increase the possibilities of building networks outside the units, but this rarely happens. In addition, the neighbours were mostly described as unfriendly, when not openly hostile.

It's very hard and some of them are very ashamed because of their situation. They are ashamed to meet family members or children and so on. (16)

Work is many times really good. Even it's like “rehabilitative work”, you can have this supported work so that's good because it gives you something to do daily and it gives you the community. It gives you the social relationships and gives you also the feeling of success and managing things and doing things. (18)

There is still that so called NIMBY, not in my backyard. Everybody can have a home but about 50 kilometres from here. (19)

Many interviewees described a situation where Housing First residents only rely on communities made of clients and workers. They argued that support workers usually inform residents about the location of drug clinics and day centres and less about other services or hobbies that can be found in the area. This means that when residents do not hang out in the housing unit, they hang out in places where they interact with other people with a similar background in a ‘supervised’ environment. Some interviewees suggested that the most important connection to society happens through the use of mainstream services, as residents of Finnish Housing First use the same health and social services as any other person living in Finland.



I think in most cases the workers tell them where drug clinics or day centres for people with drug abuse are, but they don't tell what else you can do. So, I think it might be good to get to know the area where the people are going to move, what kind of services there are, what kind of hobbies, what kind of activities and where the buses go and so on. (I1)

I think it's better that people are entitled to have the same services than whoever living in this area because that keeps them connected more to the surrounding society and part of the society. Because if everything happens here in the bubble, and they don't have to leave this place.... It's not real life! (I3)

Most of the interviewees mentioned loneliness and the risk of being stigmatised as the greatest challenges in scattered housing. Loneliness can be so strong that one respondent described the case of a scattered housing resident who chose to return to the supported housing unit in which she had previously lived in order to avoid hanging out with the bad old company again. Other studies reported that tenancy in scattered housing is associated with feelings of isolation and loneliness (Padgett et al., 2008; Tsai et al., 2010).

... one woman who came back to live here because she said she was feeling so lonely. She was living here then she moved to scattered and then she moved back. She was maybe 1-2 years or something living and then she moved back because she said that she doesn't find the community and the only community what she finds is the people who she used to hang out before, which are not good company because then she ends up drinking and so... this healthier community. I think that loneliness can be a problem if you don't have any kind of network. (I3)

A few interviewees suggested that the local community around the scattered houses is at best indifferent and at worst openly stigmatising the residents. These points echo the idea of a toxic environment for Housing First tenants described in Pleace et al. (2015). Accounts concerning scattered housing seem to vary a lot and the interviewees also reported cases of people managing their lives quite well, especially when engaged in work activities or thanks to some family support.

So, I have been seeing that in some cases, the neighbours are fine, but then there are some buildings that the neighbours have decided that "we don't want any poor people in this building" or something like that. (I1)

The struggles described by interviewees are reminiscent of the challenges reported by Padgett (2007) regarding the 'next step' faced by people who were formerly homeless once they have settled into their own homes. In her study, trauma, adversity, social stigma, and discrimination make it difficult to engage with others in the community.

For some, Housing First work in scattered housing should be enhanced so that it could become the prevalent (but not the only) housing solution, even for people with high support needs. It should be noted that in some parts of Finland there are no housing units, especially where housing is generally affordable, and few people experience homelessness. In these areas, support workers can provide a higher level of floating support, which is appropriate for most people's needs. Those who need 24/7 support remain in some form of transitional housing with intensive support or service centres. There, frontline workers help them to access services and provide social support so that the clients can move to scattered housing. The aim is to ensure a positive experience of independent living where the support that can be provided is appropriate to the client's needs.

We have one unit where we provide "step-by-step" housing. And I think that we have customers who are happy to go there, and they can test if they can move... because it's scary to move and I think that it doesn't help people, you know long term, if you get an eviction and another and another and another. So, in this unit (...) there's a much more support than in our Housing First model. (I10)

Legal perspective

Legal aspects are at the core of the DI policy. After 2008, residents of Housing First units and scattered housing sign a tenancy agreement, and this was recognised as a crucial aspect. We find particularly interesting the following story reported by one of the interviewees, which shows how Housing First has changed the lives of people in services to the point that the old institutional system is seen as something unbearable and to which it is unconceivable to return.

*Talking with one of the residents we asked, 'What would you think if we just closed all the doors, and you could get access to your own home just with the workers opening the door... and there was set times like when you have to come home?' And they're like, 'what are you talking about? Are you crazy? Have you lost your mind? This is not good! That sounds terrible. **You can't do that!**. But that was how it was... now more and more, I think that Housing First does empower and help people to understand their rights. (I3)*

Some interviewees mentioned positive effects of Housing First on the right to access to services and other civil rights such as voting. Having legal rights means that people are entitled to housing and services and do not have to rely on 'goodwill' or 'deserve' them. Society has a legal responsibility to provide housing and services because it is written into the law and support workers play a crucial role in ensuring that Housing First residents receive the services they are entitled to. This shift in perspective requires a transformation in the client-worker relationship which is not easy to achieve for either the client or the worker (Löfstrand and Juhila, 2021). In

the interviews, we found examples of workers struggling to rebalance their position of power, and clients still stuck in their 'old' identities (Löfstrand and Juhila, 2021) where they did not have the right to make choices.

Housing First has enabled people to live a life that looks like their own. Does it mean that your home is a mess and full of shit and you're full of shit and you got flies and ticks and whatever? and you're without medication... is that your way of living? Is that the way a person wants to live? Has he or she chosen? (15)

I think that many people who have been homeless, have been in such bad situations that they think they don't have any rights, or they don't claim them... (11)

Some interviewees suggested that it is the role of support workers to promote the empowerment of Housing First residents, both by providing legal advice and training, and by guiding people through the service system. A word that came up several times in the interviews was "possibilities": Housing First has given people experiencing homelessness the possibility to assert their rights, and this is a necessary condition for empowerment. But then, it is up to the Housing First residents and their support system to make use of these opportunities, while respecting freedom of choice. At the same time, some interviewees argued that rights should go hand-in-hand with responsibilities, an aspect they felt was sometimes overlooked.

I remember some service providers were planning or providing training for the tenants about their rights as tenants. Because many people were still thinking that they can be sent away for various reasons. (12)

Housing First has, of course, the rental which brings the awareness of their rights for the clients. And it's their own apartment and they don't have to let their employees in if they don't want them. It's like a private place, of course, yes. But it's also mixed of rights and responsibilities. And that's something most of the clients don't see and don't understand that they have also responsibilities living as a rental contract. (18)

The legal perspective revealed many contradictions, especially in relation to living in supported housing units where the service contract can sometimes include clauses that restrict the tenants' privacy or right to self-determination. In some units, the number of guests may be limited, or support workers may access the apartment in case they do not have contact with the residents for a few days. At the same time, the interviewees reported instances of great tolerance for rent arrears or nuisances that would not be accepted by 'normal' landlords. The restrictions on privacy and self-determination are among the reasons that have led many authors to criticise congregate supported units (see the discussion in Parsell et al., 2015). In addition, it was reported that housing units' residents are sometimes

encouraged to move on to more independent housing so that the services of the unit can be offered to someone more in need. This attitude stems from a support system that is place-based rather than person-based and can lead Housing First residents losing the ontological security (Padgett, 2007) mentioned earlier. Despite the contradictions, most of the interviewees did not question the system as a whole but saw themselves as agents capable of influencing its evolution in a positive way.

Also we are talking nowadays: those people who managed in their living in housing units well and they are very active in the working activities and so on, should they move on? Because the city wants them to move on and some of them are able to take that step, but some of them absolutely don't want to take that step. They are very afraid to be homeless again. (I7)

I think the system worked relatively well. Of course, there are other questions... like: if there we speak about normal rental contract and then there are limitations happening in these big units... for example... can you have guests? Can your wife move in? (I2)

Socio-economic perspective

The part of the interviews dealing with the socio-economic perspective focused mainly on access to services. The reason for this is that assessing cost-effectiveness requires complex data analysis that is beyond the expertise and experience of the interviewees. On the contrary, access to services is a crucial aspect of homelessness work and a core task of frontline workers.

In Finland, Housing First residents use the mainstream social and health services. Nevertheless, supplementary services are provided in some housing units, where – in addition to support workers – nurses and some medical services may be available on-site. Most interviewees mentioned the importance of having different housing solutions so that the level of support can match people's needs. However, some felt that the support was too rigidly tied to housing, so that residents had to move if their support needs changed. This was seen as a limitation, and there was a desire for more flexible solutions where the support is attached to the person rather than housing. This would also be a more effective use of resources as people would not be stuck in a place where the support available exceeded their needs. The risks involved in attaching the support to a place rather than a person were highlighted by Busch-Geertsema (2010).

And I think one question for me is that if a person gets a home in these big units in Helsinki, is there a way out from those? Because some people might need that kind of living for some time, but when they get their problems solved and are ready to go and leave? All their life situations change... they want to live with their partners or something. So, is the system flexible enough? (...)

people might feel that they are doomed to be there, and I think that's not very cost effective either if a person gets an expensive place and it's not able to go to more independent living. (12)

Once housing has been provided, facilitating access to services was seen as the main task of support workers while respecting the client's freedom of choice. Access to benefits, social, and health services can help prevent homelessness by ensuring the financial capacity to pay rent and keep any health problems or addictions under control. This type of support was seen as necessary because services may be high-threshold, or residents may need motivational support. Raitakari (2023)'s interviews with housing service workers suggested that experiences of rejection and stigma in the service system may lead adults experiencing homelessness to avoid social and health services, and that getting help often requires housing service workers to use their authority.

So the main thing that our workers help it's... they are like "side-by-side workers" to our customers... I don't know how else to say that... They are going with our customers to other services, and our workers speaks for our customers, on their behalf. (110)

Housing First is not Housing First only. We have to motivate people and try to help. If once they say 'No, I don't want to hear', maybe we try next week again and after next week again and again. (17)

Many people interviewed saw the reliance on mainstream services as a limitation, because the service system is complicated and does not meet actual demands and needs. The lack of addiction and mental health services was mentioned several times. Some interviewees suggested that support in housing units is sometimes misunderstood, as social and health workers may believe that residents receive all the social and health services they need on site. The same issue was raised in a paper by Granfelt and Turunen (2021) in relation to the gerontological needs of Housing First residents. It should be emphasised that the use of mainstream services contributes to the economic sustainability of the Finnish Housing First system by avoiding the costs of specialised health professionals associated with the programme.

... normal services don't have the expertise, they don't know life situations, they don't know how people behave, what kind of risks and problems there could be. Somebody knows but it's not a general knowledge when you go Health Centres. Long-term homeless people need specialised services. (14)

If we think about services like home care, they are thinking that here we have practical nurses working so... why can't they do the job that the home care does... and it's difficult for them to understand what we are doing here. (13)

Conclusion

The Finnish homelessness DI policy involved a cultural change. The political agenda shifted from managing homelessness to ending homelessness (Demos Helsinki, 2022) by means of a Housing First system based on permanent housing coupled with support and prevention. The DI has been pursued consistently through several national programmes, the premises of which were laid out in a report – Name on the Door – that clarified the theoretical background, motivations, and goals. The report has guided homelessness work at all levels, from policymaking to frontline work. This study traced the theoretical premises of the DI policy and gathered the view of experienced frontline workers on how their work has evolved in relation to ethical, legal, and socio-economic perspectives and the overarching Housing First principle. The interviews revealed a substantial consistency between policy and practice, with some variation across geographical areas. We identified some key aspects that have contributed to the success of the DI policy and provided insights into critical elements that would require further work and policy revision.

The results of the study highlighted the importance of a rights-based approach to homelessness DI policy. In the Finnish context, constitutional rights and the universal adoption of tenancy agreements – even in congregate housing – have provided the framework for supporting people experiencing homelessness to overcome institutional dependency and move towards empowerment. Having a home with a lease serves as proof of citizenship, membership in society, and provides a legal basis for privacy and self-determination. In addition, the availability of services in the community, especially health care and substance abuse services, appears to be critical to the success of DI policies. Some of the criticisms that emerged in the interviews appear to be related to a lack of community services rather than to the DI policy per se. Finally, the difficulties reported in the interviews with regard to the social inclusion of people who were formerly homeless point to the need to look beyond the individual to the systemic level. Services, opportunities for positive interactions, and meaningful activities should be accessible to all, but too often require the sustained intervention of support workers.

The main limitation of the study is the small number of interviewees on which the empirical analysis is based. This is due to the decision to focus on frontline workers with very long experience in the field of homelessness and proficiency in English, which limited our sample. Nevertheless, the available data was rich enough to clearly identify the themes presented in the results section. Some additional interviews may have added new themes but would not undermine the current findings. In addition, we acknowledge that the inclusion criteria may have introduced a selection bias to the extent that people who remained in the field throughout the policy change are likely to have a positive view of the process. Despite these limita-

tions, we believe that the pool of interviewees can offer a remarkable perspective on Finnish DI policy, given their experience with the old and new work orientation in homeless work. We believe that the interviews provide valuable material and interesting insights for policy makers and practitioners in the field.

The interviewees' opinions are largely consistent with the findings of studies based on interviews with clients of community care in relation to DI policy and Housing First programmes. This observation reflects the great expertise and experience of the interviewees and points to the importance of education and lifelong training as a key element for the success of a complex policy objective where frontline workers are promoters of system change. During the interviews, we observed a general sense of agency, and the interviewees did not simply describe the pros and cons of the DI policy, but rather analysed it, understood it from a macro perspective, and saw the current situation as part of an evolutionary process toward the goal of ending homelessness to which they can and must contribute. More research would be needed to explore the point of view of recently hired workers who do not have this rich historical perspective and how it affects their work practices.

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Appendix 1 – Interview guide

Interview with:

Date and place of the interview:

Before starting the interview

Purpose of the research: This research concerns the deinstitutionalization in homelessness work, i.e., the transition from emergency shelters and dormitories to Housing First-based services. The study aims to gather the perspectives of people who, throughout their careers, have worked in institutional units (emergency accommodations, dormitories) and then also in Housing First services. The goal is to draw comparisons between the Housing First-based system and traditional services for the homeless.

How the interview is conducted: The interview will be conducted in three stages. In the first stage, the interviewee will be asked to provide an introduction and answer some general questions. Following that, three statements will be given on a piece of paper. The interviewee will have time to read and reflect upon these statements. Once ready, the interviewee can proceed to explain the meaning of each statement in relation to their work. In the final stage, additional general questions will be asked, and the interviewee will have the opportunity to ask any questions they may have.

Additional information and collecting consent: Before starting, read the interviewee some additional information which can be found in the Research Information Sheet and collect consent for participation in the study.

- The interview material will be processed by the principal investigator and other members of the research team at xxx (erased for anonymity of peer review).
- Your personal data will be handled with confidentiality and without disclosing them to anyone outside the research team.
- The interview material will be used only for the purposes of the study and any further research that may be carried out in relation to it.
- Participation is voluntary and you can stop at any time or not answer to some questions without the need of giving any explanation.
- This interview is confidential, and the results of the study will be presented so that you cannot be identified by reading them.

- This interview will be destroyed after the end of the study in accordance with good scientific practice and in any case no later than five years after the end of the study.

The interviewer is available for questions and ask: “Do you give your consent to participation?” (Consent needs to be recorded)

Final instructions:

- Please provide your first-hand experience. Focus on how things actually were and are, rather than how they “should be.”
- Remember that there are no wrong or right answers. (“We are here to learn from you, so please feel free to share your point of view”).
- English may not be our first language. Take your time if you need to find the right words. Additionally, if you prefer to express something in Finnish, please do so. We have Finnish speakers in our research team who can assist with translation.

Stage 1

- Can you please introduce yourself?
 - Education and training
 - Employment history in homelessness services
- Why did you decide to work in the field?
- Why do you think people become homeless?
- What is a community? What types of communities do you think are important in people’s life?
- What does Housing First mean for you? And the staircase system?

Stage 2

Socio-economic perspective. Show the following sentence (in English and Finnish) and give time to think.

The Housing First-based system has helped people experiencing homelessness to access the services they need.

Asunto ensin -malli on auttanut asunnottomuutta kokeneita ihmisiä saamaan tarvitsemiaan palveluja.

Legal perspective. Show the following sentence (in English and Finnish) and give time to think.

The Housing First-based system empowers people experiencing homelessness to assert their rights.

Asunto ensin -malli on antanut asunnottomuutta kokeneille ihmisille mahdollisuuden puolustaa oikeuksiaan.

Ethical perspective. Show the following sentence (in English and Finnish) and give time to think.

The Housing First-based system has enabled people who experienced homelessness to live their life with dignity in a place to call home. Human dignity involves being part of the human community where the responsibility of care for those in need is shared.

Asunto ensin -malli on antanut asunnottomuutta kokeneille ihmisille mahdollisuuden elää ihmisarvoista elämää paikassa, jota voi kutsua kodiksi. Ihmisarvoon kuuluu kuuluminen ihmisyhteisöön, jossa vastuu apua tarvitsevista huolehtimisesta jaetaan.

Prompts: What does it mean for you? Can you compare the “old” and the “new” system? Can you think of examples? How was working before and after? What is the biggest difference? What was the most challenging aspect? What has helped you in the change? What characteristics of housing arrangements are important? Can you compare what happens in scattered-site apartments and supported housing unit?

Stage 3

- Finland is taken as an example internationally of what should be done to end homelessness, how do you see that from the inside?
- Anything that you want to add or ask?
- If you realize that you forgot to say something important, please feel free to write me.

Appendix 2 – Research information sheet

Research title: Homelessness deinstitutionalization policy in Finland: Housing First and perspectives from the ground.

Research purpose: This research concerns the deinstitutionalization in homelessness work, i.e. the transition from emergency shelters and dormitories to Housing First-based services. The study aims to gather the perspectives of people who, throughout their careers, have worked in institutional units (emergency accommodation, dormitories) and then also in Housing First services.

Research organization: xxx.

Principal investigator: xxx.

Research method: semi-structured interviews.

Data management and privacy notice

- The interview material will be processed by the principal investigator and other members of the research team at xxx.
- Your personal data will be handled with confidentiality and without disclosing them to anyone outside the research team of xxx.
- The interview material will be used only for the purposes of the study and any further research that may be carried out in relation to it.
- Participation is voluntary and you can stop at any time or not answer to some questions without the need of giving any explanation.
- This interview is confidential, and the results of the study will be presented so that you cannot be identified by reading them.
- This interview will be destroyed after the end of the study in accordance with good scientific practice and in any case no later than five years after the end of the study.

Contact of the principal investigator: xxx.

Toward a Harmonised Homelessness Data Collection and Monitoring Strategy at the EU-level¹

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➤ **Abstract** *Homelessness, an extreme manifestation of poverty and social exclusion, poses a complex challenge for both definition and measurement in Europe. At present, there is no consensus concerning the most valid and reliable methods to measure and monitor homelessness in Europe. Definitions and measurements vary significantly across Europe, making it difficult to assess the extent of the phenomenon in comparative terms. Monitoring refers to the systematic and continuous observation, measurement, or assessment of a particular phenomenon, process, system, or set of parameters over time. The primary objective of monitoring is to gather data and information to track changes, trends, or variations in the target subject. Monitoring homelessness is an ambitious goal that requires a well-developed toolkit, a clear, shared, and enforceable division of tasks between all actors involved, and sustainable funding.*

¹ This article draws on work undertaken for a discussion paper prepared by the author for the European Commission. The views presented reflect the views of its author only. The European Commission is not liable for any consequences deriving from the reuse of material from the original discussion which can be found at https://event5.homeless-platform-events.eu/media/k54diddf/eujus20a_mlc5_23-24-oct_final-paper_-final_231116.pdf.

Introduction

In June 2021 the EU Commission and the Portuguese Presidency of the EU launched the European Platform on Combatting Homelessness (EPOCH) at a Ministerial conference in Lisbon. Twenty-seven Member States, EU institutions, and a number of European stakeholders signed the Lisbon Declaration in which they committed to work together at the EU level on the issue of homelessness and to make substantial progress toward ending homelessness by 2030. The Lisbon Declaration underscores the importance of reliable data collection on homelessness, with the involvement of relevant stakeholders, allowing common understanding, systematic comparison, and monitoring at the EU level. In order to monitor homelessness and enable systematic comparison and monitoring at the EU level, we firstly have to define the phenomenon. Secondly, we have to choose the most valid, reliable method(s). Thirdly, we have to decide which profile characteristics need to be measured and monitored. Fourthly, we have to agree with all relevant stakeholders on the main guiding principles for data collection. In the final part of the paper, we formulate six recommendations to harmonise data collection on homelessness.

Definitions of Homelessness

Homelessness is perceived and tackled differently in the European Member States. The European Typology of Homelessness and Housing Exclusion (ETHOS) was developed through a review of existing definitions of homelessness and the realities of homelessness which service providers are faced with on a daily basis. Homelessness and housing exclusion refer to a variety of living situations, such as sleeping on the street, to situations that are less visible, such as temporarily staying with friends. However, this consensus is not reflected in the national and legal definitions of homelessness.

This paper considers the ETHOS typology as a common framework to understand this complex and multi-layered phenomenon and ETHOS Light as a measurement tool as a starting point for measuring and monitoring homelessness in Europe. It also discusses the various types of measurement methods and explores the concept of 'hidden homelessness' and its consequences for measurement strategies.

ETHOS and ETHOS light

At the 2010 European Consensus Conference on homelessness, stakeholders and the European Commission agreed that ETHOS is the common framework to understand and define homelessness. Conceptually, ETHOS starts from the three 'domains' of a home, namely adequate accommodation over which someone can exercise exclusive possession (spatial domain), in which there is control over

access, privacy, and space for social relationships (social domain) and which they have a legal right to occupy (legal domain) (Busch-Geertsema, 2010; Busch-Geertsema et al., 2014). Based on the score on these three domains of a home, ETHOS distinguishes between:

- Rooflessness: without a shelter of any kind (sleeping on the street)
- Houselessness (with a place to sleep but temporary in institutions or shelters)
- Living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence)
- Living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding)

These four categories are subdivided in 13 living situations. ETHOS has been important in advancing the debate about the nature and breadth of homelessness, shifting perceptions that it is just about street-based sleeping. Although ETHOS is seen as a consensus definition of homelessness, some of the categories remain contested. There might be different opinions as to whether people imminently threatened with homelessness should be classified as 'homeless'. Should people due to be released from institutions with no home to go to be defined as actually homeless or should they be classified as such only from the date of their release? The same question can be raised for people under threat of eviction or violence. While this might be controversial, there is a broad consensus that it is useful to have more information about these subgroups as the provision of support to them before they actually become homeless is essential for effective prevention. Another controversial category concerns people receiving longer term support (due to homelessness). In some countries whether they are 'counted in' as homeless might depend on the type of tenancy rights they have. Some see this type of provision as part of the solution rather than the problem and opt against including this group in a definition of homelessness. Immigrants in reception or short-term accommodation due to their status are also classified as homeless, which is not a definition any European government would accept.

Another challenge centres on ideas about minimum physical standards and what constitutes overcrowding reflects the different cultural and socioeconomic norms in different European countries. An example is intergenerational living in Europe. Several generations of the same family are, broadly speaking, more likely to live together under the same roof in some parts of Europe and less likely to do so in others. Can this be considered as 'overcrowding' or as a culturally acceptable form of living? In addition, different countries have different minimum standards in

relation to space, overcrowding, number and use of rooms, utilities, or thermal efficiency. Thus, ideas about what constitutes 'unacceptable' housing are not consistent across Europe.

In conclusion, the ETHOS typology provides an extremely useful reference frame and underlines that rooflessness, the category that is least controversial and receiving the greatest attention from the media and the general public, is only the 'tip of the iceberg' making visible a much wider phenomenon of various living situations in which the three domains of a home are not realised. Although ETHOS is considered as the common European framework to understand homelessness and housing exclusion, the operationalisation of these 13 living situations still requires an in-depth debate that constantly touches on cultural assumptions about what is and is not an acceptable form of housing and what types of services for people experiencing homelessness are included (such as centres for refugees or centres for victims of domestic violence).

ETHOS Light includes hidden forms of homelessness

In 2007, ETHOS Light was introduced by the European Observatory on Homelessness as a statistical instrument to measure homelessness. This is a version of the ETHOS typology developed in the context of a 2007 European Commission study: Measurement of Homelessness at European Union Level (Edgar et al., 2007). ETHOS Light focuses on homelessness (and not housing exclusion) and distinguishes between six living situations.

The ETHOS Light typology proposes to categorise homeless populations as follows:

1. People living/sleeping on the street: living on the streets or public spaces without a shelter that can be defined as living quarters (e.g., public spaces/external spaces)
2. People in emergency accommodation: people with no place of usual residence who move frequently between various types of accommodation (e.g., overnight shelters)
3. People living in accommodation for the homeless: people living in accommodations for the homeless, where the period of stay is time-limited and no long-term housing is provided (e.g., homeless hostels, temporary accommodation, transitional supported accommodation, women's shelter, or refuge accommodation)
4. People leaving institutions: people who stay longer than needed in health institutions needed due to lack of housing and people in penal institutions with no housing available prior to release

5. People living in non-conventional dwellings due to lack of housing: where accommodation is used due to a lack of housing and is not the person's usual place of residence (e.g., mobile homes, non-conventional buildings, or temporary structures)
6. People living temporarily with family and friends due to lack of housing

Remarkably, staying temporarily with friends and family or living in non-conventional housing (such as garages, garden houses) are considered as a form of homelessness, but specific reception centres for immigrants (meant for refugees and asylum seekers) are not mentioned as part of category 3 ('people living in accommodation for the homeless'). On the one hand, ETHOS Light adds two specific forms of instable and inadequate housing situations to homelessness, while on the other hand remains rather vague about refugees and asylum seekers. In other words, ETHOS Light takes into account hidden forms of homelessness but not the situation of refugees and asylum seekers.

Hidden homelessness refers to two specific realities. On the one hand, it refers to people experiencing homelessness that are not included in official statistics, counts, or administrative databases. Often, these statistics or databases are linked to specific services for people experiencing homelessness. If they do not make use of these services, they remain hidden. On the other hand, hidden homelessness is used to describe a state of lacking a dedicated physical living space (your own bedroom, bathroom, kitchen, living area), lacking the privacy of your own home, and having no legal rights to occupancy, i.e., no protection from eviction. Hidden homelessness includes people without their *own* address. This means people whose current address is not their own, settled home, but is housing they are unwillingly sharing, that is owned or rented by someone else, and which they have no legal right to occupy. Therefore hidden homelessness involves a state of housing *insecurity*. Housing is precarious, because households have no legal right to occupy the place they are living in. People in this situation *must* live in someone else's home because they have no other choice, there is not another housing option available. This definition of 'hidden homelessness' is used in countries like Denmark, Finland, the UK, and the US, where the term 'doubled-up' is employed (because two or more households are unwillingly sharing housing designed for one household).

Hidden homelessness may also be defined as people living in housing that is unfit for habitation. Housing can be 'unfit' because it lacks basic amenities (no electrical power, no heating, no bathroom, no kitchen) or because it is so overcrowded that living conditions are intolerable. Yet, definitions of whether housing is suitable for habitation are not universal. Some countries have laws that require housing to be of a certain basic standard, others may have less precise regulations or laws, or lack a single standard defining what constitutes as adequate housing.

Based on their qualitative research with professionals and people experiencing homelessness, Demaerschalk et al. (2019, p.113) state that “even though a lot of informal solidarity can be found, staying temporarily with family/friends and living in non-conventional housing is not that rosy.” The instability, lacking a home, the examples of abuse of trust, the negative effect on social relationships, and the general vulnerability and dependence often prove to be a serious burden. Peters (2012) concludes that sofa surfing is often stressful and demanding, since it may include having to vacate the accommodation during the day, providing services to the host, frequent moves, inadequate diets, and so on. Survival strategies to secure the sleeping place in the short term may hinder efforts to escape homelessness in the longer term (Deleu et al., 2023). Mayock and Parker (2019), who have conducted longitudinal research on homeless young people in Ireland, show that young adults move between housing and/or different types of homelessness and housing exclusion, and more specifically sofa surfing. Often this is an attempt to escape homeless services and a life in the margins. Including hidden forms of homelessness, it is also required to avoid ‘gender blindness’ in data collection (Mowstowska, 2021). Given the various survival strategies of men and women, additional attention has to be paid to persons staying temporarily with friends, since women more often make use of this strategy (Pleace, 2016; Hermans and Pleace, 2020; Bretherton and Mayock, 2021).

Legal and National Definitions of Homelessness

From a conceptual point of view, homelessness and housing exclusion refer to a variety of living situations, such as street-based sleeping to situations that are less visible (such as temporarily staying with friends), as can be derived from the typologies of ETHOS and ETHOS Light. However, this broad conceptualisation of homelessness is not always reflected in the national and legal definitions of homelessness of the European Member States. A report by ESPN (Baptista & Merlier, 2019) shows the diversity of legal definitions in the EU. This report also compares the national definitions of homelessness using the ETHOS-Light typology. The ETHOS Light typology has proved to be particularly useful for addressing comparability challenges. The ESPN-report shows that persons sleeping on the street, persons staying in emergency/temporary accommodation services, and those living in inadequate living spaces or in places which cannot be considered as ‘regular housing units’ are the most common references used in existing official definitions across Europe. The more hidden forms of homelessness are not always reflected explicitly in the national and legal definitions, such as staying temporarily with friends or family or staying longer than needed in an institution because of a lack of housing option. In other words, there is a potential conflict between how home-

lessness is conceptualised from a research point of view and how European Member States and policy makers define homelessness. When the aim is to harmonise data collection between Member States in order to produce comparable statistics, it also implies that Member States start from this encompassing conceptualisation of homelessness, including at least all six categories of ETHOS Light.

Measurement Methods

Progress has been made in measuring homelessness in Europe, although there is no golden standard yet. As a consequence, a broad array of methods has been developed, but in a rather uncoordinated way. Concerning the specific methods, we can distinguish broadly between the following approaches: (1) recurrent and one-off counts and surveys, (2) administrative databases, and (3) longitudinal studies. We describe these different methods and give a European example for each.

Recurrent and one-off counts and surveys

In a number of EU countries, recurrent national surveys on homelessness are conducted. Usually they are aiming at covering a complete picture of the homeless population at one point in time (or a specific week of the year), as a snapshot. Some of them are carried out every year, every second year, or at longer time spans. One of the positive effects of these surveys is that they allow us to monitor trends. One of the shortcomings is that they leave out those people experiencing homelessness who were not homeless on the day or during the week of the count, but at some other stage during the period in between. Short-term homelessness is therefore systematically underestimated and people experiencing homelessness long-term have a much higher probability of being captured. We can make a distinction between those recurrent national surveys, which are collecting individual data, and those which are collecting aggregate data. Moreover, it might sometimes be difficult to reach a national consensus on how to define and enumerate homelessness, especially in countries with a federal system.

Denmark has developed one of the most sophisticated monitoring strategies. In Denmark, a national biannual survey is organised. The first count was in February 2007 and was repeated in 2009, 2011, 2013 and 2015. The count is service-based including a wide range of local welfare services such as homeless shelters, street outreach teams, substance misuse treatment centres, psychiatric hospitals, municipal social centres, jobcentres, social drop-in cafés, etc. Each unit fills out a two-page questionnaire for every person experiencing homelessness they are in contact with or know about. This way a large group of people experiencing homelessness can be included: street-based sleepers, people in short-term transitional housing, and people staying with family or friends (who are of course in contact

with social services). These can be filled out by staff only or through interviews with those experiencing homelessness. Double counts are controlled through individual information “personal numbers”, birthdays, initials, or other information.

The German Government has been obliged by a new act in 2020 to collect data on sheltered homelessness for the night of 31st January 2022, and then each year for the same date. The National office of statistics collects data from all municipalities on people experiencing homelessness accommodated by municipalities or NGOs in night shelters, hostels, hotels, and/or supported accommodation (without rental contract). The municipalities collect data from NGO services for people experiencing homelessness and add to their own data of people experiencing homelessness in temporary accommodation or oblige NGO services to report data directly to the national statistical agency. DESTATIS data includes refugees with international protection to a large extent (but not completely), but women in refuge centres for victims of domestic violence are (yet) excluded.

The Act also stipulates that the National Government takes measures to ensure the collection of data regarding the extent and structure of homelessness exceeding the coverage of national statistics about occupied temporary accommodation. The Ministry of Employment and Social Affairs publishes bi-annually a report about the (1) persons that live temporarily in conventional housing, without it being their usual residence, or who are roofless / sleeping on the street. The survey is conducted in the week following 31 January, using individual questionnaires to be completed by people experiencing homelessness from the two target groups (with help of service staff if needed). Used definitions are:

- People experiencing homelessness without any (institutional) accommodation: people who spent at least one of the last seven nights, at the time of the survey, on the street or in makeshift accommodation (e.g., under bridges, in house entrances, basements, demolished houses, wrecked cars, tents, or parks).
- Hidden homeless: people who were neither institutionally housed nor street homeless for at least one of the last seven nights, at the time of the survey, and who, due to an emergency, do not have a secure (rental or own) home, and who have temporarily sought refuge with friends or family members without having their permanent residence there.

There are also some interesting examples of recurrent surveys in certain regions or at the local level, which provide relevant information on the extent and profiles of homelessness in those specific areas. A specific method to count street-based sleepers is a city or street count, which mainly focuses on the extent of street-based sleepers during a specific night. Drilling et al. (2020) analyse the city counts of Basel (Switzerland), Bratislava (Slovakia), Brussels (Belgium), and Budapest

(Hungary). Each city developed a tailor-made method using instruments based on local context. They involve a broad range of actors (street outreach workers, services for people experiencing homelessness, but also for other sectors with contact with people experiencing homelessness, like physical and mental health, youth, migration, and addiction, etc; also, public transport and street cleaning agencies, etc.) and a large number of volunteers and help raise awareness among the general public.

Since 2018, the *Nuit de la Solidarité* (NDLS) is an annual night-time count of the number of people experiencing homelessness, led by the **City of Paris** and involving more than 2000 volunteers and social work professionals every year. Its aim is to count the number of street-based sleepers at any given time, i.e., people who have nowhere to sleep for the night or who are sleeping in places unsuitable for sleeping (cars, tents, building lobbies, etc.), and to gain a better understanding of their profiles and needs, in order to help improve public policies on reception, accommodation, and integration. For each of its editions, the *Nuit* takes place between 10 at night and 1 in the morning. There are several reasons for the choice of this time slot. The aim is to limit double counting, as people are generally less mobile after their day-to-day activities (work, day centres, food distribution points, places to eat, etc.), but are not yet asleep. Next to the counting, a questionnaire is proposed to the street-based sleeper. During the *Nuit de la Solidarité* in March 2021, 2829 street-based sleepers were counted. Of this, 973 agreed to answer, in full or partially, to the questionnaire.

In the last three years, local and regional point-in-time counts have occurred in **Belgium**. This method builds on the Norwegian, Swedish, and Danish count methodology. It is based on a close collaboration with all the services that directly or indirectly come into contact with people experiencing homelessness. Homelessness is defined on the basis of ETHOS Light. A count is organised within a geographically defined area at a specific moment (a specific day). On the count day, the services complete a brief questionnaire for all individuals who are in an insecure housing situation (based on the six living situations of ETHOS Light) and who have a link to the region. The advantages of this method are:

- (1) the method encourages policy makers and non-profit organisations to develop more sophisticated policies
- (2) special attention is devoted to 'hidden homelessness' (people who are temporarily staying with friends or family, and people living in non-conventional housing)
- (3) the count is based on close collaboration among all the services involved in a region, which improves the basis of support for a common approach to the problem (capacity-building)

(4) services specifically targeting people experiencing homelessness and also low-threshold services are involved, such as neighbourhood centres, voluntary organisations, social restaurants, social services, youth care centres, mental health services, and prisons

A questionnaire is also completed for every single young person experiencing homelessness aged between 16 and 18 years who has a link with the region, but only if they are single, i.e., unaccompanied by a relative. If there is more than one adult in a household, a questionnaire is completed for each adult member of the household (including specific information about the children). It takes 10 minutes on average to complete the questionnaire. The questionnaire can be completed together with the person experiencing homelessness or by the person in contact with them.

A point-in-time count is an umbrella term since homelessness counts differ on several points. A first difference is the duration of the count. Some counts are done in one day, others on longer terms, such as a week (e.g., the count in Denmark). A second difference is the geographical coverage of the count. Some counts are realised at the national level (e.g., Denmark, Germany), whereas others are carried out at local authority level. A third difference is the frequency of the counts. Some European countries carried out one single survey, such as Italy and Portugal. Whereas other countries have been organising them on annual (e.g., Finland) or bi-annual (e.g., Denmark) basis. A fourth difference is the focus that can be merely on extent (e.g., Brussels) or also on profile and characteristics (e.g., Denmark). A fifth difference is to what extent attention is devoted to the inclusion of hard-to-reach groups (such as hidden homeless) in the count and the methods used to cover this.

Administrative data

Administrative data can be a potentially interesting source in order to collect information on homelessness. An advantage of administrative data is that these data are readily available in organisations and can be transferred to a centralised database, on the condition that the systems of different organisations are similar. However, using register data also has some disadvantages. A first one is the so called 'service paradox': providing services for people experiencing homelessness will lead to the use of these services, which in turn makes people experiencing homelessness more visible. Whereas providing no care or accommodation will give the idea that there are less people experiencing homelessness. This can make it difficult to compare European countries on this matter as it can reflect the level of social protection provided for poor and vulnerable people. A second disadvantage is that register data are confined to those in contact with services. This makes certain groups invisible, for example those people staying with family or friends and not using any services. A third disadvantage is that various systems exist, in various countries, but also in different parts of one country. In all these systems, concepts

are measured differently, with different variables and different response options. As a result, the collected data are not comparable. Although existing administrative data seem to be an efficient and easy to collect type of data, these data led often to comparability and interpretation issues.

Thomas and Mackie (2020) analyse 50 different administrative data collection systems. Most often, these systems have other purposes than measurement and are mainly used for operational purposes (such as accountability). They distinguish between six design characteristics that have to be taken into account when developing such systems, including function, data architecture, data quality, ethic-legal considerations, privacy preservation, and data access and accessibility. However, very few systems combine all elements because of the tension between operational and research goals. In addition, the current GDPR laws complicate the collection and re-use of this kind of data. Nevertheless, administrative data represent significant resources for research on homelessness and have the potential to be used for longitudinal analysis and to shed a light on the duration of homelessness for those groups that make use of services.

In **Denmark**, annual shelter statistics are collected and processed by The Social Appeals Board, through a client registration system on all homeless shelters (shelters operated under section 110 in the Social Assistance Act.) This data collection system operates continuously throughout every year (since 1999). Shelters collect the data locally (they use different IT-solutions locally), but send data to the responsible data collection authority – which from 2016 has been Statistics Denmark. Data are collected on an individual level with unique identifiers – (CPR-numbers – central personal register). Only quite limited information on users is gathered, such as length of the shelter stay and some information on the situation upon entry and discharge. However, the CPR-numbers enable linking of data to other databases from other parts of the welfare and health systems for statistical purposes.

In **Ireland**, an administrative bed and case management system, called PASS, records service user data from statutory and NGO services for people experiencing homelessness, funded by local authorities. Since April 2014, PASS provides national weekly point-in-time data each month on the use of emergency and other homeless services – it thus excludes those staying with families and friends. Data on the profile of households experiencing homelessness is provided by region, age, gender, and nature of accommodation provided, i.e., supported temporary accommodation, private emergency accommodation, and temporary emergency accommodation. In addition to the monthly/weekly point-in-time data. Local Authorities are required under their funding protocol with the Department of Housing, Planning, Community and Local Government to produce *Quarterly Performance Reports*. Commencing in the first quarter of 2014, these reports provide data on:

- The number of people experiencing homelessness who exited to secure tenancies each quarter
- The number of new presentations to homeless services each quarter
- The number of people experiencing homelessness in consecutively or continuously and non- consecutively or cumulatively in emergency accommodation for more than six months
- The number of people experiencing homelessness with a support plan
- The numbers leaving emergency accommodation per quarter
- The occupancy rate in emergency accommodation
- The numbers exiting to independent living with and without support
- The numbers sleeping on the street voluntarily and involuntarily

As above, the PASS system is utilised to provide this information and thus shares both the strengths and limitations of this administrative data.

Homelessness Trajectories: Longitudinal Studies

Most of the described methods result in a snapshot of homelessness. Over the past 20 years however, homelessness is more and more considered as a moving target (Lee et al., 2021), as a dynamic process instead of a stable state. Current measurement methodologies are often point-in-time, which leads to an overestimation of people experiencing homelessness repeatedly. However, homelessness manifests itself on a temporal continuum as situational, episodic, or chronic, as was shown by the ground-breaking study of Kuhn and Culhane (1998). Over time, individuals experiencing homelessness may experience changes in housing status that include being on the street, shared dwelling, emergency shelter, transitional housing, permanent housing, hospitalisation, and incarceration in correctional facilities. Episodes of homelessness result in individual and social consequences, which are commonly detrimental to individual wellbeing and negatively affect social interactions within the community (Nooe and Patterson, 2010). Different homeless pathways need different kinds of policy measures (Culhane and Metraux, 2008).

As shown by O'Sullivan et al. (2020), within the broad family of research into homeless trajectories, a number of distinctive traditions can be distinguished, such as an interactionist strand with an emphasis on qualitative and mostly ethnographic methods of research; a strand that starts with the concept of housing/homeless careers and reconstructs housing trajectories of people experiencing homelessness; and strands which utilise Randomised Control Trials to evaluate the efficacy

of Housing First approaches (Goering et al., 2011), interventions to end family homelessness (Gubits et al., 2017), and quantitative longitudinal studies to grasp the dynamic nature of homelessness. These longitudinal studies are based on the collection of survey data (for instance, the G4 CODA study in the Netherlands, Journeys Home in Australia), on the linkage of large-scale administrative databases consisting of information from social, health, and criminal justice services (Culhane, 2016; Benjaminsen and Andrade, 2015), or combining data sets from various household surveys (Bramley and Fitzpatrick, 2018). Based on an analysis of the evidence generated by these studies, O'Sullivan et al. (2020) conclude that the majority of those experiencing homelessness experience short term episodes, and that only a minority experience entrenched or long-term homelessness. In addition, these studies also show that persons with complex needs are not the majority of the total homeless population and that these persons can be successfully housed.

Different Methods Measure Different Aspects of Homelessness

Different methods bring into light various aspects of homelessness. Therefore, it is essential to specify whether what is being measured is the stock, the flow, the prevalence, or the incidence of homelessness (Benjaminsen et al., 2010):

- The stock of homelessness refers to the number of people or households who are homeless at any point in time. Survey data (e.g., counts of street-based sleepers) is point-in-time or stock data; equally, the specification of the supply capacity in terms of the number of bed spaces available is a stock figure.
- The flow of homelessness refers to the people who have become homeless, or ceased to be homeless, during any time period. The number of people entering and leaving a homeless accommodation service over time is an example of flow information.
- The prevalence of homelessness refers to the number of people who have experienced homelessness during a particular period of time (period prevalence or lifetime prevalence). The relevant time period will reflect both the data instrument and the policy purpose for which the data is collected. Thus, for example, a homeless module in EU-SILC (EU Survey on Income and Living Conditions) may ask if people have experienced an episode of homelessness in the previous 10 years.
- The incidence of homelessness refers to the number of people who became homeless during a particular time period.

Most data collection on homelessness is still focusing on stock data or point-in-time data. However, if point-in-time data collection is repeated at different times (yearly, bi-yearly,...), trends in the extent or the stock of homelessness can be discerned. However, point-in-time data collection methods are less designated to give information about the flow of homelessness, the prevalence of homelessness and the incidence of homelessness are not covered by this type of data collection.

Profile Characteristics of the Homeless Population

Methods can focus on the stock or extent of homelessness, the total amount of persons that experience homelessness on a specific moment or during a specific period. A monitoring strategy not only aims to monitor the number of people experiencing homelessness but will also aim at collecting and providing further information on their profile characteristics. In order to make meaningful comparisons between different methods and data on the local, regional, national and European level, it is feasible to agree on a certain minimum of variables which are collected in the same way. Even without full coverage of the homeless population, a set of harmonised core variables would enhance the understanding of homelessness and of the changing profile of the homeless population. The Mphasis Study (Edgar et al., 2009) developed a core data set with a restricted number of variables which should be collected all over Europe using the same definitions and which should provide the basis for information about the profile of people experiencing homelessness in Europe.

This core data set should inform about:

- Basic demographic characteristic (age and gender),
- Nationality and migration background (country of birth),
- Composition of homeless households,
- Their prior accommodation situation,
- The duration of (current) homelessness, and
- The reasons for (last) homelessness.

Of course, not only a consensus is needed about the variables, but also about the answer categories of these variables. As Edgar et al. (2009) stated, such a restricted list of core variables increases the feasibility of data harmonisation. These variables can be used in client registration systems or in surveys and counts. However, such a list needs to be reviewed regularly, since homelessness is a social phenomenon that can be linked to societal changes, such as changes in the housing markets or

social protection systems. Moreover, during the last 20 years, it became clear that migration is a new driver of homelessness (Hermans et al., 2020). This together with climate change and, as a consequence, natural disasters are probably the newest drivers of homelessness. Such changes need to be included in the core set of variables. For instance, the Mphasis named two specific variables that can be linked to migration: nationality (country of birth) and the reason of homelessness. However, it is rather peculiar that the core set does not mention legal permit to stay nor specific services for migrants as a specific type of previous accommodation as possible variables or answer categories. Information about the permit to stay is needed to track down which policy departments are responsible to find a solution for the specific situation and to explore social rights the person experiencing homelessness is assigned.

Principles for Data Collection on Homelessness

In addition to defining homelessness and determining the specific research method and the profile characteristics (variables), a monitoring strategy should include a set of principles for data collection. In a study by Demaerschalk et al. (2018), whose goal was to develop a Belgian homelessness monitoring strategy, those principles were established and validated together with representatives of the Government, of services working with people experiencing homelessness, and with representatives of the homeless population (see annex 1). In this paragraph, we summarise the main principles that need to be fulfilled.

First, the monitoring strategy should define clearly at which level the data are collected and that national data are needed. Second, policy makers need to clarify the goals of data collection. Homelessness data can be misused by policy makers in order to criminalise people experiencing homelessness. Third, data collection is not an end in itself. Since the data collection requires many efforts for all stakeholders, policy makers show a clear engagement. Ideally, the data collection is part of the national and regional action plans to combat homelessness. Fourth, the monitoring strategy is based on a co-creative process in which stakeholders such as field workers and poverty organisations are to be involved in every step of the monitoring strategy, namely from the design of the used methods to the discussion of first results, so that they share ownership and responsibility of the collected data. Fifth, and possibly the most important principle, is that the monitoring strategy avoids negative impact on people experiencing homelessness at any cost. A negative impact of data collection on the lives of people experiencing homelessness has to be avoided at all costs. Data collection should not (negatively) impact on contact with services nor the income situation of people experiencing homelessness and those close to them (for example a host for someone is temporarily staying

with family/friends). Strict procedures need to be developed to prevent unnecessary intrusiveness into the personal sphere. Sixth, the strategy recognises that a variety of methods is needed to measure and monitor the various types of living situations. For instance, measuring overcrowding requires another method than monitoring ETHOS Light. Seventh, a qualitative component is a crucial part of a monitoring strategy to give field workers, as well as people experiencing homelessness, the possibility to interpret and document the data collected. Eighth, data collection should be the responsibility of a non-governmental research institute in order to minimise political or policy intervention. This research institute needs strong links with services and practitioners and building trust relations with them is a necessary task. The interpretation of the numbers has to be an interactive process in which all relevant stakeholders have a voice.

Toward a Common Monitoring Strategy at the EU Level

Although homelessness is a complex and dynamic phenomenon that refers to very different living situations, comprehensive and recurrent national homelessness surveys are feasible, if the political will exist and the necessary resources are provided. In several countries and regions (e.g., in Ireland, Denmark, Germany, Belgium), promising examples of recurrent data collections can be found. In other countries, important steps toward progress have been made. In the next section we formulate six recommendations in order to harmonise data collection on homelessness in Europe.

Develop a common understanding of all ETHOS light categories

There are significant differences in the ways legislators define homelessness. This also means that any cooperation at the European level must be fully aware of this. Thus, despite the agreement reached at the European Consensus Conference on the use of the typology of ETHOS as a common framework to define homelessness, the harmonisation process of data collection on homelessness will have to pay attention to these differences on the one hand, but on the other hand also transcend these differences. We are convinced that ETHOS Light as a common measurement tool will provide a strong connection between Member States, regional and local authorities, and NGOs, since it also includes hidden forms of homelessness, which includes people who may not be officially counted in statistics but still lack secure and adequate housing because they stay temporarily with relatives or live in a specific dwelling not fit for housing. Data collection efforts should consider these hidden forms of homelessness. Although ETHOS Light is a hands-on tool, during the harmonisation process sufficient time should be foreseen in developing a common understanding of the different operational categories of homelessness

before setting up strategies to measure and monitor homelessness because of different interpretations between countries. The ETHOS Light framework allows us to transcend local and national legal differences and enables a common approach to monitor homelessness. ETHOS Light has proven to be the most effective measurement tool in European research on homelessness.

A point-in-time count is a valid, reliable, and pragmatic tool to measure and monitor homelessness

As shown by this short overview, there are a wide variety of methods available to measure homelessness. All methods capture different aspects of this social phenomenon. The choice of method is thus determined by the research questions and knowledge needs. Administrative data coming from specific services for the homeless are relatively easy to collect, but only capture those individuals who are in contact with such services. Counts allow counting the number of outdoor sleepers at a specific time, but the choice of day and period of the year strongly determines the results. Moreover, counts often focus on the number of people counted and it is much more difficult in the evening and at night to collect profile data as well. Surveys, in turn, require elaborate sampling to assess representativeness.

However, there seems to be a tension between measuring the extent and the profile of homelessness, especially in counts. To collect more in-depth information about people experiencing homelessness, such as their age, former housing situation, health issues, and cause of homelessness, the cooperation of the person experiencing homelessness is needed. If this person does not consent, the enumeration of the extent of people experiencing homelessness is threatened. However, when focusing on the extent of homelessness, street counts, which aim to cover the whole geographical area and are applied in cities such as Brussels or Paris, give a strong view on the number of people experiencing homelessness, but lack information on their characteristics. Especially when the results of the counts are used in policy debates, more detailed information on their profile characteristics could make a more sophisticated policy approach possible. Thus, since the term 'count' is currently subject to multiple interpretations, there is a need to build a uniform method that reflects upon, but also standardises, the different systems of European homelessness data collection.

To address these limitations of censuses and surveys and to overcome the tension between the extent and the profile of people experiencing homelessness, Norway, Sweden, and Denmark have developed an 'extended service-based count' at the national level, involving services for people experiencing homelessness, low threshold services, neighbourhood centres, regular social services, social housing providers, hospitals, and mental health services. This method has since also been successfully applied in local and regional counts in Belgium and in the Netherlands.

The method includes ETHOS Light 1-6, and people still housed but at the immediate risk of eviction, and collects the information about the profile characteristics in the same way, i.e., the same questionnaire, the same questions, and the same response options, building on the recommendations from the Mphasis study. The Danish, Belgian, Norwegian, and Dutch point-in-time count methodology is very promising, since it covers all categories of ETHOS Light, is based on a cooperation between a very broad network of services, and makes use of a questionnaire to collect profile data in a uniform way.

Capacity building and awareness raising as a fundamental part of the count

In addition, a broad network of all very different types of services that are in contact with people experiencing homelessness are engaged to take part in the data collection. All these services fill in a specific questionnaire on a specific day for all the people experiencing homelessness they are in contact with. Specific strategies are used to reach out to street-based sleepers. By means of collaborating in data collection, the links between these services become stronger and, consequently, awareness on the different forms of homelessness increases.

Data collection is not an end in itself, but contributes to a more integrated approach to combat homelessness. However, homelessness figures are a necessary but not sufficient condition to achieve such an integrated approach. Counts can contribute to this integrated approach if they are organised in a specific way, together with all actors and policymakers involved. It is therefore essential to involve all relevant stakeholders in the collection and the analysis of the data. By involving them in the whole process of the count from the beginning, the support for the results is a considerably larger. Involvement of a broad array of services is an important driver for a successful count. More specifically, a strong cooperation between national authorities, the local public services, and the NGOs leads to a more valid data collection and contributes to a stronger network of services that is needed to combat homelessness.

Collect data about adults AND children

Most data collection strategies are not fully considering the situation of children experiencing homelessness. Therefore, we propose not only to collect data on adults, but also on children, in line with the European Child Guarantee. A recent literature review revealed several severe negative impacts of homelessness for children, such as developmental and learning delays, behavioural difficulties, increased levels of anxiety and depression, poorer performance in school testing, and increased levels of aggression (D'Sa et al., 2021). A recent study on homelessness among families with dependent children in Europe (Baptista et al., 2017) shows that the existing data on family homelessness (and consequently on children) is often

incomplete and unreliable, namely because families may experience high rates of hidden homelessness. The peer review on homelessness from a child's perspective argues to disentangle the invisibility of children experiencing homelessness and to consider them as 'subjects' in data collection. Due to GDPR and sensitivity issues, at least for counting children, we must develop an ethical and politically supported solution so that data collection will not harm children's interests.

Define ethical and privacy-related guidelines for data collection

Data collection, and especially homelessness counts, are vulnerable to personal and political interests, claims, and demands. Because figures on homelessness legitimise or question social policy decisions, they are susceptible to criticism and misinterpretation (Drilling et al., 2020). Moreover, data collection can harm individuals experiencing homelessness. For example, a count may reveal sleeping places, which could be a reason for cities to act against them. Data collection should preferably be done by an independent agency. This is always the case in countries with a more developed data collection infrastructure. Collaborating with researchers is a great asset, as researchers must not only respect GDPR in any form of data collection, but also submit and justify their methods to their ethics committee.

Data ownership and access is also a particularly important topic. It is often assumed that homelessness services themselves can set up and coordinate data collection. The experience with counts shows that there can be a great reluctance of volunteers and NGOs to participate in this if the data gets into the hands of the cities. For instance, services tend to not to want to share data that criminal justice agencies would want to know because as soon as they are seen as collaborating with the police (or immigration service), that can mean at least some people experiencing homelessness will not go there. By engaging an independent (research) institution to collect and analyse the data, volunteers and services will be more willing to cooperate. This also means that this project should consider these issues. But it also shows that developing a methodology, the goal of this project, must also clarify how ownership of the data is collected so as not harm people experiencing homelessness, and that access to the data is clearly legally regulated. Data collection requires thorough ethical reflection on a few guiding principles. First, it must always be avoided that data collection affects individuals experiencing homelessness adversely. Second, it is recommended that an independent research-oriented institution is responsible for data collection.

Align with existing national data collection strategies

In some Member States, there are already extensive counts of homelessness taking place. In particular in the Nordic countries, national homelessness counts have been conducted for several years. In Denmark and Sweden, national counts are

conducted every second and fifth year, respectively, based on a similar counting methodology and with a timeframe of one week. In Finland, a one-day enumeration takes place every year, following a different methodology as in Denmark and Sweden. As shown earlier, Germany has also developed its own monitoring strategy. The recent homelessness counts in Belgian cities and regions were widely inspired by the methodology applied in the Nordic counts. When conducting homelessness counts, it is therefore an important element that the methodology applied will be widely compatible with the existing data collection in the relatively few Member States that already have extensive data collection strategies and that an alignment process is set up with these Member States in order to harmonise data collection. An alignment process is needed with these Member States that already have extensive data collection strategies.

Data Collection in Member States and Ethos Light: points for discussion

ETHOS Light

During the EPOCH meeting in Brussels in October 2024, the participating members raised three issues: the use of ETHOS Light, strengths and weaknesses of different methods and goals of data collection.

ETHOS is considered as the guiding framework to understand and conceptualise homelessness. Participants stress the importance of ETHOS light as a common measurement tool. It is based on a broad conceptualisation of homelessness that also takes into account the more hidden forms of homelessness. At the same time, participants point out that data collection in their Member States mainly focuses on ETHOS 1-3. ETHOS 4-6 requires different data collection strategies and the involvement of other organisations and services that do not focus specifically on people experiencing homelessness, such as youth clubs or general social services. In those areas with less services, alternatives need to be identified, such as general practitioners or post officers. In addition, although a common understanding of the various ETHOS light categories is available, the operationalisation of these categories at the level of the Member States remains a challenge since the supply of services is widely divergent in the EU. For instance, are youth hostels or hotels considered as ETHOS 3 living situations, do we take specific shelters for refugees into account, are women's refuges included?

Strengths and weaknesses of different methods

The OECD is currently conducting a study that maps the current measurement strategies in OECD-countries that develops a monitoring framework and a policy toolkit. The mapping of different measurement methods shows that service-based counts and street counts are the most applied methods. However, as already mentioned in the position paper, behind these terms there are very different interpretations. During the discussion, several advantages and challenges of service-based counts and street counts were discussed.

	Advantages	Challenges
Service-based count	<ul style="list-style-type: none"> • Capacity building and networking among organisations • Building on existing data of services • Profile information leads to better solutions 	<ul style="list-style-type: none"> • How to count hard to reach groups such as young people and invisible women who are couch surfing • Operationalisation of the categories (for instance, temporarily living with friends) • Impact of homelessness Service Paradox • ETHOS 2 and 3: how to expand the amount of participating services (e.g., hospitals, day centres) • Staff shortages leads to less data collection
Street count	<ul style="list-style-type: none"> • Awareness raising as a consequence of involving volunteers and the broader public • Data is collected about the most urgent categories, namely, those sleeping on the street • Street count helps to identify people experiencing homelessness which are not in contact with services 	<ul style="list-style-type: none"> • The quality of the data strongly depends on the training of the volunteers • Very sensitive information on sleeping locations is collected and needs to be treated in an ethical way

Thus, each method has strengths and weaknesses and measures other aspects of homelessness. A national homelessness monitoring strategy is preferable based on various methods that deliver additional information. Specific attention needs to be paid to the coverage of more rural areas since homelessness is also a reality in those areas, although other ETHOS categories dominate, such as staying temporarily with friends.

A strong focus on the extent of homelessness (which refers to the identification of the exact number of people experiencing homelessness) can also distract attention from the specific profile characteristics of people experiencing homelessness. If less information about profile characteristics is collected, then stereotypical ideas about the composition of the homeless populations are likely to be reproduced.

When measuring and studying homelessness, it is crucial to consider not only the technical aspects of the chosen method but also reflect upon the individuals who may be implicitly or explicitly excluded in the process. Homelessness is a complex and multifaceted issue that affects a diverse range of groups and persons in various

ways. Specific groups that are not always taken into account in data collection are children, women, young people, victims of domestic violence, and migrants. Therefore, researchers, policymakers, and service providers must reflect upon the inclusion of all people experiencing homelessness in data collection and consider how measurement choices influence our ideas about homelessness, and in the end, also policy decisions.

The timing of data collection in the context of homelessness measurement is also a critical point to take into consideration. While annual figures may seem necessary for keeping attention on the issue, there are important trade-offs to be considered. It is essential to strike a balance between collecting data and taking action. A high frequency of data collection, such as annual counts, can be valuable for tracking trends. However, it may also divert resources and attention away from the actual implementation of policies and interventions to address homelessness. Frequent data collection can even lead to data fatigue, where policymakers and the public become desensitised to the issue due to the constant reporting of statistics. This can hinder the urgency and impact of policy initiatives. That is, policy makers need sufficient time to work with the data, analyse it, and translate the numbers into effective policy objectives. In some cases, more extended intervals between counts (e.g., biennial or triennial) may allow for a more in-depth analysis of the data's implications. In addition, regular data collection requires resources, including manpower and funding. It is crucial to evaluate whether the resources allocated to frequent counts are available. In summary, while frequent data collection is essential for tracking and addressing homelessness, it is equally important to consider the potential drawbacks of too-frequent counts. Striking the right balance between data collection and policy implementation is crucial to ensure that resources are effectively utilised and homelessness solutions are developed and implemented based on a deep understanding of the issue.

Goals of data collection

The goals of data collection in monitoring homelessness are indeed crucial and should be well-defined to ensure that data collection serves a meaningful purpose and contributes to more sophisticated policies. Data collection should not be an end in itself but a means to inform and to guide policy development. The primary goal is to generate insights that can lead to more effective strategies for preventing and addressing homelessness. Ideally, data collection is an integral part of a comprehensive national action plan to combat homelessness. This ensures that the data collection process aligns with broader policy objectives.

At the same time, we have to be aware of the fact that data collection can serve two distinct purposes: (1) giving insight into the scope and nature of the homelessness as a social problem, and (2) monitoring the effectiveness of policies aimed at

reducing homelessness. As for the latter, specific data collection is needed that shed light on specific outcome measures, such as stable housing, improved access to support services, and reductions in recidivism into homelessness. Next to outcomes measures, monitoring policy goals should offer insights into the underlying causes and drivers of homelessness. This information is essential for developing policies that address root issues. For instance, at the EU level, specific housing indicators are available, such as:

- **Housing Cost Overburden Rate:** most Member States report housing cost overburden rates between 2-10% of total income, although Greece stands out with a higher rate of 30-45%. Some Member States have seen an increase in this rate.
- **Housing Deprivation:** various Member States have reported an increase in housing deprivation, with different deprivation items such as leaking roofs and inadequate facilities.
- **Overcrowding Rate:** the overcrowding rate remains relatively stable across Member States.
- **Severe Housing Deprivation:** data on severe housing deprivation is available up to 2020 and varies between 3-12%, with stability in most countries.

The Annual Report of the Social Protection Committee (SPC) monitors the main trends, identifies key issues, and uses the housing cost overburden rate as a central housing indicator. The Joint Employment Report (JER) classifies countries into performance categories and assesses the changes in the most recent years. In addition, the SPC organised additional data collection focused on energy poverty, including measures to combat energy poverty, to ensure access to energy, and to cushion the impact of energy costs. All this information is available on the EU level and gives insight into some of the drivers of homelessness.

Effective data collection and analysis require collaboration between different government agencies, non-profit organisations, and researchers. In other words, cross-sector partnerships can facilitate a more comprehensive and holistic approach to addressing homelessness and data collection. In order to achieve the necessary trust to build such partnerships, the goals of data collection need to be made explicit. In other words, building trust between government agencies, non-profit organisations, and user organisations is an essential precondition for data collection.

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Annex 1. Principles for a Belgian monitoring strategy

The monitoring strategy is a national strategy

The aim of the monitoring strategy is to provide data on homelessness on a national level.

The monitoring strategy has clear goals

The (political) goals of collecting data have to be made explicit and communicated to all relevant stakeholders.

The monitoring strategy is part of the national and regional action plans to combat homelessness

Ideally, the monitoring strategy has to be linked to national and regional action plans to combat poverty and homelessness, and to be explicit on which government is responsible for what kind of data collection. In other words, the data collection needs to be part of national and regional action plan to reduce poverty and to fight homelessness. Since data collection requires additional efforts by practitioners, services and other actors, clear policy goals concerning homelessness will motivate them to do the extra work.

The monitoring strategy shows clear engagement from policy makers

Different government levels are responsible for different building blocks. Some building blocks are the responsibility of the federal government, for others the different local governments should be addressed. Linked to the Cooperation agreement of 2014, it should be clear who has to take the lead in developing next steps.

The monitoring strategy uses ETHOS as a common definition of homelessness

As the European typology shows, a broad conceptualisation of homelessness is needed to grasp all those living situations which are characterised as housing instability. This implies a comprehensive strategy consisting of different methods to cover all living situations. Data collection requires collaboration with different types of services. In order to include vulnerable groups in the count, a cooperation is needed with all organisations working with these persons. ETHOS light requires specific attention needs for hidden homelessness: (1) staying temporarily with friend or family (because of no other housing solution) or (2) staying in inadequate housing (car, garage, squat).

The monitoring strategy is based on shared ownership and shared responsibility

Different stakeholders such as field workers and poverty organisations are to be involved in every step of the monitoring strategy from the design of the used methods to the discussion of first results so that they share ownership and responsibility of the collected data.

The monitoring strategy aims to create a win-win situation

The data collected in a monitoring strategy has to be useful for field workers so that it can help them in their work.

The monitoring strategy avoids negative impact on homeless persons at any cost

A negative impact of data collection on the lives of homeless persons has to be avoided at all costs. Data collection should not (negatively) impact on contact with services nor the income situation of homeless persons and those close to them (for example a host whenever someone is temporarily staying with family/friends). Strict procedures need to be developed to prevent unnecessary intrusiveness into the personal sphere.

The monitoring strategy is based on a mixed method approach

There is a broad consensus to gather information concerning the numbers, the profiles and the trajectories of homeless persons. However, different strategies are needed to implement these three types of data collection. Concerning an additional (point-in-time) count, the stronger the focus on profile, the higher the risk that homeless persons and services will want to avoid the additional data collection. More sophisticated data collection is necessary to grasp the dynamics of homelessness.

The monitoring strategy... has a focus on prevention

Setting up strategies aimed at preventing homelessness should always be taking into consideration in a monitoring strategy. This means that also persons at risk for homelessness need to be measured and monitored.

The monitoring strategy... includes narratives

A qualitative component is a crucial part of a monitoring strategy to give field workers as well as homeless persons the possibility to interpret and document the data collected. For this purpose, innovative as well as visual methods should be used.

The monitoring strategy gives feedback

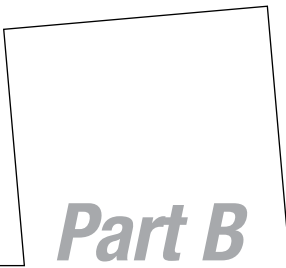
Feedback on the collected data should be provided to all participants involved in the collection. Not only on federal and regional level but also feedback on local level in a way that the data can be used by local services and policy makers.

The monitoring strategy... is coordinated

Data collection should be the responsibility of a non-governmental research institute in order to minimise political or policy intervention. This research-oriented institute needs strong links with services and practitioners and building trust relations with them is a necessary task. The interpretation of the numbers has to be an interactive process in which all relevant stakeholders have a voice.



Research Note



Part B



Intra-Cluster Correlation Estimates for the Statistical Design of Trials in Household Homelessness

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➤ **Abstract_** *Randomised controlled trials investigating homelessness have been utilised more frequently in the last few years to help evaluate, understand, and ultimately reduce the number of homeless households in the UK. During the designing stage of any trial, power calculations are used to help determine the required sample size and the minimum detectable effect of interest. These calculations, however, require a number of assumptions to be made regarding the structure and size of the data to be used. In order to support researchers looking to conduct trials in this field, we estimate intra-cluster-correlation-rate values that are essential in the design of such trials. We estimated ICCs for the incidence of households threatened/experiencing homelessness through time, categorised by region and by support needs. Intracluster correlation estimates ranged between 0.1 and 0.2 categorised at region level, reaching values up to 0.5 when further subcategorised by support needs. The existence of clustering of households threatened/experiencing homelessness emphasises the need for the provision of ICC values to researchers in order to facilitate the successful implementation of future randomised controlled trials.*

➤ **Keywords_** *RCT, power calculations, ICC, household homelessness*

Introduction

Situations such as being a young parent, having a history of abuse, or a history of mental health problems are all important determinants of homelessness. A number of trials have investigated these, as well as other related factors, in an attempt to better understand and ultimately help toward reducing the incidence of homelessness among families (Fowler et al., 2018; Vallesi et al., 2019; Yakubovich et al., 2022). However, the total number of trials in homelessness is small, with even fewer in the UK, despite a policy commitment to end homelessness, and the creation of the Centre for Homelessness Impact, a UK Government recognised “What Works Centre” dedicated to ending homelessness with evidence (Teixeira and Cartwright, 2020).

Canonical randomised controlled trials require randomisation at the individual level, with each individual randomised to receive either the intervention to be tested, or into a control group who will typically receive ‘business as usual’ support. In many, or perhaps most, cases, randomisation at that level may not be possible due to factors such as within-group non-independence of outcomes or the risk of intervention contamination. This is also true for people experiencing homelessness, with particular districts exhibiting a higher incidence as a result of area level factors. For example, areas with a higher level of unemployment, crime rate, and poverty will often be correlated with higher numbers of households experiencing homelessness (Fargo et al., 2013; Mabhala et al., 2020). Current UK based studies that aim to reduce homelessness, including Sanders and Picker (2023a), Sanders and Picker (2023b), and EDIT (2022), all rely, to some extent, on assignment of interventions at the level of a cluster, typically a geographical unit.

The effects of this clustering should be considered when deciding what the necessary sample size should be for a trial. Higher homogeneity of homelessness within each cluster would in turn imply the need for a higher sample size to achieve the required power.

Unlike quasi-experimental approaches or other designs that make use of secondary data, in which researchers are given a sample, designing a trial allows for a higher degree of freedom in calculating what the required sample size needs to be, given ethical or practical considerations. This involves determining how large a study must be relative to the desired minimum detectable effect size, reducing the chances of type II errors, increasing efficiency, and promoting ethical planning. These calculations are commonly referred to as power, or sample size calculations, and are one of the most important components in the design stage of an RCT.

Given that these calculations can make the difference between a robust trial and one from which nothing can be learned, it is integral that they are conducted well, and using accurate information. This is particularly challenging in the case of cluster randomised trials, in which the effect of clustering must often be guessed or approximated without adequate information. In this paper, we seek to support researchers in conducting these calculations by providing information on the statistical values to be used.

Materials and Methods

During the designing stage of a cluster randomised trial, there are certain parameters that play an important role in the size of the required sample. One of the most important ones is the intra-cluster correlation or ICC. This parameter is derived as a ratio of the relative magnitude of within- and between cluster variances of the outcome of interest. A large amount of within cluster homogeneity, or low variance, suggests that outcomes of subjects nested in clusters are very alike, reducing the amount of information provided from each cluster. This in turn would suggest the need of a higher sample size to achieve the required power. Contrarily, a study in which there is substantial variation within clusters, the per subject information available is higher.

The ratio of the sample size needed in an individually randomised trial to a cluster randomised trial is given by the ‘design effect’, which Kerry and Bland (1998), define as;

$$D = 1 + (m - 1)\rho$$

Where D is the design effect, m is the number of observations in the average cluster, and ρ is the ICC.

As an example, assuming we are interested in detecting an effect of 0.3 standard deviations, with a probability of 80%. Our average cluster size is 50, and our ρ is 0.07. Using rudimentary power calculations conducted in the statistical software R with package ‘pwr’, we find that in an individually randomised trial, we will require 175 observations per arm. Using this we can then calculate our design effect as:

$$D = 1 + (50 - 1)0.07 = 4.4$$

Applying our design effect of 4.4 to our 175 observations implies we would need roughly 770 observations per arm in our cluster randomised trial to achieve the desired level of power. Assuming a higher ICC of 0.1 would in turn raise the required sample size per arm by approximately 250 observations, to a total of more than 1 000.

From this example, it is salient that clustering makes a substantial difference to the required sample, and that this difference depends heavily on the ICC. Overestimating the ICC will lead to unnecessarily large trials, leading to higher costs or barriers to conducting the trial due to lack of resources. Similarly, underestimating the ICC will lead to 'underpowered' trials suggesting a higher probability of a type II error (false negative).

Notwithstanding the importance of the ICC, many researchers resort to using rules of thumb or educated guesses during the designing stage of the trial, which is often their only option in the absence of empirical evidence. In order to help trialists in designing of trials in homelessness, we produce results of ICCs for the incidence of households threatened by or experiencing homelessness through time, categorised by region, as well as ICCs for the number of households experiencing homelessness categorised by support needs.

The dataset used was of the detailed local authority level homelessness tables (DLUHC, 2023), which provide, among other statistics, the number of households threatened with homelessness and the number of households owed a homelessness duty. For the latter, numbers are also categorised by number of households owed a duty by the following support needs:

- Young person Aged 16-17 years
- Aged 18-25 years requiring support to manage independently
- Young parent requiring support to manage independently
- Care leaver aged 18-20 years
- Care leaver aged 21+ years
- Physical ill health and disability
- History of mental health problems
- Learning disability
- At risk of / has experienced sexual abuse / exploitation
- At risk of / has experienced domestic abuse
- At risk of / has experienced abuse (non-domestic abuse)
- Drug dependency needs
- Alcohol dependency needs
- Offending history

- History of repeat homelessness
- History of rough sleeping
- Former asylum seeker
- Old age
- Served in HM Forces
- Access to education, employment, or training

In order to estimate ICCs of homelessness at local authority level, we use the frequency of homeless households as a basis to generate pseudo-individualised units within each local authority. This allows us to estimate clustering effects on household-level data nested within local authorities without the risk of identifying households.

The model estimated is a binomial generalised linear mixed effects model of the form:

$$Prob(y_{ij} = 1) = \Lambda(\beta_{00} + u_{0j}) \text{ with } u_{0j} \sim N(0, \sigma_u^2)$$

Where $Prob(y_{ij} = 1)$ is the conditional probability that the outcome variable equals one for household i in district j , and $\Lambda(x)$ is the logistic 'link' function $\frac{e^x}{1+e^x}$. Using this model, the ICC can then be calculated using the following formula:

$$ICC = \frac{\sigma_u^2}{\sigma_u^2 + \frac{\pi^2}{3}}$$

Where σ_u^2 is the (level-2) random intercept variance and $\frac{\pi^2}{3}$ the (level-1) residual variance of the logistic distribution.

Results

Estimated ICCs are shown in the tables below, calculated for each region by year for households threatened with homelessness (Table 1) and households experiencing homelessness (Table 2).

Table 1. ICCs by region and year of households threatened with homelessness

	2022-2021	2021-2020	2020-2019	2019-2018
All	0.090	0.134	0.084	0.100
East Midlands	0.084	0.089	0.070	0.090
East of England	0.076	0.104	0.079	0.091
London	0.127	0.131	0.096	0.096
North East	0.077	0.128	0.134	0.104
North West	0.094	0.170	0.111	0.080
South East	0.062	0.134	0.058	0.112
South West	0.075	0.189	0.064	0.094
West Midlands	0.108	0.112	0.071	0.142
Yorkshire and The Humber	0.077	0.108	0.073	0.047

Table 2. ICCs by region and year of households experiencing homelessness

	2022-2021	2021-2020	2020-2019	2019-2018
All	0.120	0.105	0.102	0.096
East Midlands	0.097	0.119	0.118	0.096
East of England	0.070	0.077	0.082	0.069
London	0.274	0.115	0.077	0.076
North East	0.070	0.085	0.072	0.065
North West	0.091	0.118	0.119	0.120
South East	0.111	0.089	0.105	0.098
South West	0.116	0.123	0.103	0.098
West Midlands	0.149	0.102	0.091	0.095
Yorkshire and The Humber	0.093	0.101	0.097	0.102

Overall, estimates range around an ICC of 0.1 to 0.2, with the largest values observed for the region of London followed by the North and South West, suggesting stronger clustering effects compared to other regions. There is a faint indication of some increase in the estimates as we move toward the more recent dates, with 2020-21 year exhibiting the highest estimates over all regions for households threatened with or experiencing homelessness.

Tables 3 and 4 contain ICCs by support needs and region, estimated for the most recent years of 2022-2021 and 2021-2020.

Table 3. Household homelessness ICCs by support needs and region (2022-21)

	All	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire and The Humber
Aged 16-17 years	0.231	0.246	0.156	0.286	0.191	0.138	0.211	0.214	0.288	0.204
Aged 18-25 years requiring support	0.161	0.126	0.134	0.254	0.091	0.188	0.097	0.152	0.131	0.167
Young parent requiring support	0.187	0.160	0.142	0.174	0.127	0.185	0.135	0.227	0.234	0.312
Care leaver 18-20 years	0.160	0.103	0.233	0.188	0.133	0.064	0.112	0.202	0.151	0.140
Care leaver aged 21+ years	0.221	0.136	0.127	0.253	0.387	0.168	0.236	0.218	0.112	0.231
Physical ill health/disability	0.141	0.106	0.078	0.182	0.174	0.099	0.149	0.146	0.155	0.105
Mental health problems	0.149	0.112	0.079	0.158	0.184	0.096	0.183	0.122	0.178	0.125
Learning disability	0.206	0.174	0.162	0.168	0.241	0.156	0.190	0.306	0.153	0.244
sexual abuse / exploitation	0.240	0.167	0.208	0.237	0.435	0.194	0.214	0.241	0.173	0.226
domestic abuse	0.122	0.073	0.082	0.144	0.147	0.097	0.148	0.111	0.118	0.107
abuse (non-domestic abuse)	0.208	0.206	0.202	0.248	0.235	0.172	0.187	0.184	0.153	0.212
Drug dependency needs	0.178	0.220	0.116	0.165	0.214	0.122	0.139	0.168	0.089	0.190
Alcohol dependency needs	0.156	0.136	0.138	0.151	0.173	0.134	0.103	0.180	0.094	0.142
Offending history	0.226	0.228	0.132	0.225	0.259	0.190	0.176	0.214	0.181	0.325
Repeat homelessness	0.301	0.286	0.230	0.229	0.352	0.349	0.264	0.363	0.199	0.295
History of rough sleeping	0.269	0.264	0.184	0.249	0.378	0.232	0.203	0.313	0.253	0.316
Former asylum seeker	0.305	0.293	0.191	0.290	0.393	0.161	0.269	0.209	0.078	0.443
Old age	0.124	0.058	0.102	0.165	0.122	0.171	0.077	0.152	0.157	0.086
Served in HM Forces	0.222	0.109	0.163	0.305	0.219	0.209	0.095	0.211	0.192	0.234
Access to education, employment or training	0.374	0.464	0.376	0.381	0.338	0.331	0.330	0.424	0.193	0.318

Table 4. Household homelessness ICCs by support needs and region (2021-20)

	All	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire and The Humber
Aged 16-17 years	0.247	0.177	0.217	0.286	0.255	0.260	0.115	0.247	0.172	0.226
Aged 18-25 years requiring support	0.167	0.256	0.142	0.150	0.165	0.181	0.078	0.133	0.150	0.254
Young parent requiring support	0.200	0.153	0.192	0.250	0.198	0.288	0.103	0.194	0.074	0.297
Care leaver 18-20 years	0.137	0.197	0.138	0.139	0.141	0.086	0.115	0.143	0.067	0.046
Care leaver aged 21+ years	0.182	0.127	0.168	0.134	0.165	0.132	0.185	0.219	0.142	0.174
Physical ill health/disability	0.144	0.137	0.095	0.131	0.181	0.145	0.134	0.131	0.147	0.105
Mental health problems	0.149	0.140	0.117	0.105	0.170	0.221	0.117	0.116	0.165	0.131
Learning disability	0.207	0.168	0.187	0.165	0.206	0.231	0.185	0.202	0.215	0.227
sexual abuse / exploitation	0.250	0.233	0.214	0.204	0.250	0.303	0.243	0.320	0.117	0.208
domestic abuse	0.150	0.088	0.133	0.115	0.096	0.149	0.201	0.137	0.128	0.100
abuse (non-domestic abuse)	0.231	0.246	0.233	0.219	0.277	0.189	0.203	0.257	0.213	0.211
Drug dependency needs	0.197	0.235	0.150	0.195	0.178	0.150	0.211	0.153	0.126	0.177
Alcohol dependency needs	0.151	0.187	0.103	0.140	0.129	0.089	0.137	0.188	0.119	0.117
Offending history	0.212	0.224	0.159	0.254	0.238	0.193	0.178	0.212	0.138	0.201
Repeat homelessness	0.283	0.282	0.243	0.251	0.421	0.245	0.235	0.394	0.160	0.333
History of rough sleeping	0.276	0.325	0.257	0.239	0.354	0.344	0.234	0.252	0.177	0.307
Former asylum seeker	0.316	0.376	0.208	0.199	0.322	0.198	0.329	0.303	0.280	0.279
Old age	0.145	0.113	0.160	0.135	0.103	0.126	0.093	0.165	0.221	0.060
Served in HM Forces	0.237	0.146	0.172	0.307	0.228	0.118	0.211	0.204	0.148	0.162
Access to education, employment or training	0.351	0.391	0.302	0.366	0.538	0.386	0.223	0.366	0.179	0.567

Results of ICCs by support needs indicate a higher level of heterogeneity among estimates among regions for both years. Values for all categories and regions, for the period of 2021-20, range between 0.05 and 0.57, while for the period of 2022-21, estimated ICCs are slightly lower, ranging between 0.06 and 0.46. This observation also reflects the observed difference in estimated ICCs through time. When comparing estimates between tables 3 and 4, it is evident that values have generally fallen as we move from the previous period to the next. Contrary to the above, the region of London is the most notable exception to this rule, where values have instead mostly risen. Contrary to the variation observed for regions through time, when considering aggregate estimates for all of England (see column "All"), values seem to remain relatively stable.

Higher-than-average ICC values were estimated for the following categories:

- Care leavers,
- People at risk of/experienced abuse,
- People with a history of repeat homelessness/rough sleeping,
- Former asylum seekers, and
- People in need of education, employment, or training.

The reasons for the higher observed ICCs for these categories could be related to area-level effects, which these groups may be particularly sensitive to. We would thus expect a larger design effect as a result of the higher estimated ICCs in these cases, and thus larger sample size requirements.

As these estimates are specific to England, ICC values of the categories explored may be characterised by some variation in other countries, particularly given the importance of country-specific policies targeted at vulnerable groups experiencing homelessness; conservatism is therefore warranted when considering these values for trials outside of England. However, given the literature's severe lack in availability of ICC estimates for household homelessness and homelessness in general, we believe that the aggregate estimates provided in this paper could serve, at the very least, as a useful starting point for researchers when considering the required power for trials in other countries.

Discussion

This paper introduced calculations of ICC parameters that can aid in the implementation of randomised controlled trials targeted at household homelessness. This was performed by creating pseudo-individualised respondents within each local authority, allowing for the investigation of clustering of outcomes. Results suggested low-to-moderate levels of clustering with ICCs ranging from 0.05 to 0.5. Predictably, certain categories exhibited higher ICC values, particularly for vulnerable groups such as people at risk of/experienced abuse, people with a history of homelessness, and former asylum seekers.

Disclosure Statement

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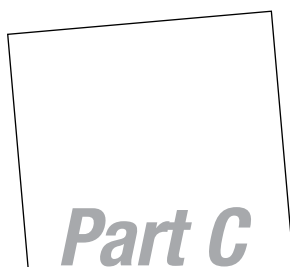
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Think Piece



Part C



Homelessness Amongst Students in UK Higher Education: Time for a New Research Agenda?

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Introduction

The extent and causes of poverty and homelessness among students in UK Higher Education (HE) urgently require investigation and solutions, because the legacies of COVID-19 and the cost of living crisis have exacerbated pressures on students that have been growing for many years. The Higher Education Policy Institute (Hanna, 2023) reports that, in a website audit of the 140 Universities in the UK, 27% are operating a food bank, 11% are giving out vouchers, and over 50% offering discounts on food in recognition of rising poverty. A third of Russell Group universities – some of the most prestigious UK institutions – were found to be operating a food bank, compared with 26% of other universities. At their National Conference 2023, the NUS reiterated that there is a housing crisis for students across the UK who struggle to find affordable or suitable accommodation. While prices of rent and food have risen rapidly, student loans have remained the same. This means that more students are working long hours alongside their degrees, with international students, care leavers, and those estranged from family proving particularly vulnerable. Additionally, university study may be more challenging for students schooled during COVID-19, a greater number of whom are now reporting mental health difficulties. The impact of these conditions on students' health and academic performance has not yet been examined. Since this demographic will make up a significant proportion of our country's future workforce, their wellbeing, experiences, and abilities have far-reaching implications.

The Context of Homelessness in Higher Education

While there has been considerable research into homelessness since the 1980s, Mulrenan (2018, p.1) reports that “student homelessness [remains] a significant and an under-researched” problem. Although Buckner (2008) discovered 33 039 university students in the US who categorised themselves as homeless, Bader (2004, p.1) comments that data on the homeless student population is insufficient “because nobody thinks they are a priority”. At the time of writing, we are only aware of limited US and Australian literature on this topic, and a study in Germany and the Netherlands, where the Evict Project (2022) reported student homelessness in Utrecht, Maastricht, and Amsterdam, thought to be due to housing shortages and an influx of international students. In Scotland, a NUS (2023) survey of 1 281 international students found that they are significantly more likely to experience homelessness than domestic students. Homelessness among students in England and Wales has not yet been investigated.

A Changing Landscape for Higher Education

The HE landscape has changed significantly in the last 30 years, and greater understanding of the impact on students is required. HE in England has been dramatically altered by the 1998 introduction of – and subsequent rises in – tuition fees, which transformed students into anxious consumers, conscious of the debt they are amassing. The pedagogical relationship has become strained: the customer model is not in fact appropriate to the HE environment, since a product is not being bought, but students expect good customer service and results for their money.

Hillman (2018) argues that while rising fees have led to lower ‘value for money’ perceptions among students, the problems in HE are in fact,

[M]ore to do with the extra students that have been recruited in recent years. There are more students from disadvantaged backgrounds, with non-standard qualifications, and some Universities have lowered their entry standards. Some of these changes are welcome but students from underrepresented groups do need more support than others and they may not always be getting it in full. (Hillman, 2018, p.53)

Widening participation initiatives – a term first used following the 1997 Dearing report – had the laudable aim of improving access to HE for students from disadvantaged backgrounds and with disabilities, but the policies have had unforeseen consequences. In his 2013 Autumn Statement, George Osborne announced that the cap on student recruitment would be lifted entirely from 2015, meaning that thousands of students who used to fail to get a place each year would now be able

to go to university. This has led to a staff body who must secure good TEF, REF, and NSS¹ results, while under constant pressure to over-recruit and teach greater numbers of anxious students with a wider range of needs and higher expectations.

In 2018, the Higher Education Statistics Agency reported that drop-out rates amongst university students within the first 12 months had risen for the third year in a row, meaning that 26 000 students studying for their first degree in 2015 did not make it beyond their first year. Drops in retention, attainment, and outcomes – issues that are doubtless impacted by widening participation and the increasingly difficult economic and social conditions for students – have led, not to attempts to improve finance or housing for students, but to new OFS benchmarks for universities to meet. On 3 October 2022, OFS published Condition B3, which will make universities responsible for their students' attainment, progression, and graduate outcomes. In other words, from September 2024 universities must ensure that 85% of students on a course make it to their second year, 75% complete their course, and 60% secure a graduate job or go on to further study – or face regulatory action (Office for Students, 2022). These measures are designed to identify poor quality courses (commonly referred to as Mickey Mouse courses) that lead to weak outcomes (meaning lower-paid jobs). Such benchmarks can prompt positive institutional changes, but they can also increase workload and reduce the time staff have to support struggling students. They also place extra pressures on staff teaching newer subjects and/or in new universities, where retention, progression, attainment, and outcomes can be lower because they serve students arriving with lower grades, from non-traditional pathways, and more deprived backgrounds. On the other hand, this new benchmark means that universities now have a vested interest – beyond receiving tuition fees for three full years – in understanding and solving barriers to student engagement, attainment, and completion. This means that universities are now likely to welcome research that can help them to tackle problems, such as poverty and homelessness, that impact their metrics for Condition B3.

Whilst Collini (2018) and Fleming (2021) have analysed the problems in 21st century HE from the perspective of university staff, who struggle with increasing workloads due to over-recruitment and students requiring greater support, we have found no comparable discussion of the effect on students. Internal metrics from UK universities show that students recruited from disadvantaged backgrounds – numbers of which have increased in the wake of widening participation initiatives – are more

¹ The Teaching Excellence Framework (TEF) is a national scheme run by the Office for Students that aims to encourage higher education providers to deliver excellence in teaching, learning and achieving positive outcomes.

The Research Excellence Framework (REF) is the UK's system for assessing the excellence of research in UK higher education institutions.

The National Student Survey (NSS) gathers students' opinions on the quality of their courses.

likely to struggle academically and financially, and therefore more likely to become homeless. Many students were also pushed into poverty during the COVID-19 pandemic. According to a 2021 NUS report, as COVID-19 restrictions were being lifted, over a fifth of students struggled to pay rent in the short term and 70% had concerns about paying rent in the coming year.

As job insecurity, rents, and living costs rise, greater numbers of HE students could find themselves homeless in future. Measuring homelessness among students and documenting their experiences is, therefore, one way that the most severe ramifications of the changing economic and HE landscape (including widening participation, rising tuition fees, stagnating maintenance loans) can be measured and better understood. So far in the UK, only one small unpublished pilot study has been carried out by the authors, supported by the British Academy (Moss et al., 2020). Prior to this, the only other investigation in one London university was carried out by Mulrenan et al. (2018, p.1) who reports that “the impact of [student homelessness] is far-reaching in terms of their emotional wellbeing and ability to fully participate in university life, including pressure on time and financial resources, inability to fully focus on studies, and limited engagement with fellow students and the wider university experience.” The scale of homelessness and street-based sleeping amongst students in HE is largely hidden, and thus absent from organisational attention. There is currently no research or data known to the authors on the prevalence, causation, duration, and experiences of homelessness amongst students in the UK, so it is more important than ever to understand both the extent of student homelessness and the importance of engaging with students who have experienced it to determine what actions could help alleviate the problem.

Definitions of Student Homelessness

It will likely prove useful to arrive at a working definition of homelessness or street-based sleeping among students as we seek to learn more about the problem since no formal definition yet exists in the UK. In the US where – as in Britain – there are high tuition fees and high levels of student debt, research in 2018 showed that in a survey of 86 000 students, between 14-18% were affected by homelessness (Jones, 2019). Student homelessness has been legally defined in the US since 1987 by the McKinney-Vento Homeless Assistance Act (section 725). A useful starting point toward a definition in the UK could perhaps be informed by Kushel and Haas (2006, p.1), who describe differing forms of housing instability including “difficulty paying rent, moving frequently or living in overcrowded or unsuitable conditions.” Although there is some evidence of the phenomenon of student homelessness in both the US and Australia (Spencer, 2020; Conroy et al., 2021; Koziol, 2018), Pleace (2016, p.1)

has warned against imbuing this data with too much significance, since “European academics have relied too heavily on American research and evidence, and... there are dangers in using these ideas and data to interpret European homelessness.”

Although some understandings of homelessness have moved away from taxonomic, structuralist, and pathological explanations, challenges still remain in recognising individual agency and the importance of the *context* of homelessness. There is still a need for research that challenges negative preconceptions and stereotypes about people who become homeless. Moss and Singh (2015) have commented that homelessness is not necessarily the result of negative stereotypes (people experiencing homelessness are lazy or choose to be homeless), but can happen to anyone. Pleace (2016) shows that negative preconceptions still exist in relation to who becomes homeless and why. Most recently of course the former UK Home Secretary commented on X (formerly Twitter) that homelessness was a ‘lifestyle choice’ (Otte, 2023).

Research that contributes to understanding homelessness within its social context is acknowledged to be critically important. People who become homeless find themselves marginalised, and in order to overcome negative stereotypes, it is crucial to acknowledge the interlocking systems of power that contribute to this social problem. Research would do well to be informed by pioneers such as Kimberlé Crenshaw, who, in 1989, coined the term ‘intersectionality’ to describe the complexity of individual identities, acknowledging how age, race, gender, sexuality, economic background, education, and more need to be taken into account to understand an individual’s experience of the world, and how they are acted upon by social forces, which can work to privilege or denigrate different aspects of each person’s complex identity. Peoples’ multifaceted identities contribute to how they are treated by others and shape their experiences of the world, from their experiences during education to their job prospects, pay, and housing. While research into homelessness in HE needs to approach students as a population likely to share some experiences, such research also needs to understand the complexity of identities and lived experiences if it is to produce practical, specific, and appropriately targeted recommendations for change.

Traditionalist conceptions of homelessness ought to be challenged in yet more ways. It is not just the backgrounds and behaviours of students that need to be considered, but the social and economic environments they are contending with, as well as the practices of universities. For example, Hills (2010, p.1) explains that “despite the elimination and even reversal of the differences in educational qualifications that often explain employment rates and relative pay, significant differences remain between men and women and between ethnic groups.” Hills also highlights that women and people of colour continue to experience lower

employment and lower pay, despite frequently having higher qualifications. This data indicates that difficulties experienced by individuals when engaging with institutions, such as the workplace or universities, are not always due to an individual's incapacity, but the result of complex social forces prohibiting their success. Further, inequality is cumulative over an individual's lifetime, and is often carried from one generation to the next.

As such, the material and ideological environments of universities and their practices need to be investigated to fully understand homelessness among students. Theories of cumulative disadvantage and inequality could prove useful for predicting the life course trajectories of HE students, and how such factors shape their experiences at university and beyond. Further research is necessary and would be timely: the impact of university fees, housing costs, and the growth of the private sector rental market, which Clapham et al. (2014) suggest is having an effect on the aspirations of young people, should also be considered.

Research should also consider the context of changes in the rental market in England and Wales, and the impact of widening participation. Homelessness, poverty, and housing insecurity – which undoubtedly impact achievement for those students affected – are being contributed to by successive governments who have reduced social housing and encouraged the private rental sector. Such moves disproportionately impact students, whose short-term rental arrangements, often in popular areas and cities, leave them particularly exposed to the vicissitudes of the market. Widening participation initiatives, meanwhile, have led to greater recruitment of students without domestic or financial support – and with lower grades, meaning they find the work more difficult as well as having to support themselves financially. Students experiencing such difficulties will find challenging rental markets more difficult to contend with, putting them at greater risk of poverty and homelessness. This, in turn, negatively impacts their chances of progression and their graduate outcomes.

The Need for Further Research

More in-depth research is needed in this area, and a more ambitious study of the issue is warranted, given that it may affect graduate careers for those least familiar with and resourced to deal with the problems attendant upon university life. Current policies regarding higher student fees and the recruitment of students from diverse backgrounds who are sometimes ill equipped for study at university level, or who do not have the necessary support at either a domestic or institution level, are

resulting in students experiencing homelessness and that in turn impacts upon their chances of progression and retention together with the attendant problems associated with that.

Research is needed to document the extent, and better understand the context, of homelessness among students, so that appropriate responses to the problem can be developed. Useful research could, for example, clarify in greater detail the dimensions and occasions of personal vulnerability, and how this vulnerability in the particular context of university students maps onto existent literature on vulnerability more generally (Leiberwitz, 2021; Ecclestone, 2016). This would facilitate policy and practice recommendations for universities. The outcome of research into student homelessness, whether it revealed a major or a limited problem, would help students, HE institutions, policy makers, and service providers to improve and strengthen knowledge and the evidence base in a field where there is currently no data. It would also provide a clearer picture of the extent of the issue of student homelessness and the specific issues students experience to provide a well-developed body of knowledge about how best to assist students and the extent of coherence of policies, multi-agency working, and sharing of best practices between HE and other organisations. Such research might illuminate the need for a holistic approach that includes adequate prevention and support strategies, as well as preventive education that aims to empower students who are increasingly at risk of homelessness.

There is potential to flag up the need for greater political commitment and greater acceptance by policy makers that this is a problem that has partly been influenced by high tuition fees, withdrawal of maintenance grants, poor housing stock, and lack of affordable accommodation especially in student towns and cities near higher education institutions. Further awareness raising about the need for organisations to work together toward changing perceptions and values in relation to removing preconceptions about who becomes homeless and why, as well the removal of negative stigmas of homelessness, may also be helpful.

For universities experiencing changes in the profile of their student intake, challenges remain in ensuring the retention and performance of students from increasingly common demographics. Whilst universities can claim some success in attracting greater numbers of 'non-traditional' students, there are significant challenges for many students in their journey through HE. Pleace (2016, p.37) suggests, "our challenge as researchers and as social scientists is to fully acknowledge, respect and understand the human beings at the heart of homelessness and to understand as much as possible about the environment in which homelessness occurs." One of the questions this importantly raises is how further research should position student homelessness itself: to what extent is it an HE problem, largely

contingent on the policies of HEIs, to be remedied by their actions; and to what extent is it the result of wider social inequalities and requiring broader social and political action? In US studies, agencies that provide grant assistance to students reflect the provision of welfare through 3rd sector routes in that country. In the UK, where students are positioned as a 'market' by policy, the emphasis on student fee loans has perhaps overshadowed the weakness of maintenance grants and other welfare provision in supporting student subsistence.

A Structural Issue?

Homelessness should be seen as a structural problem for which structural, institutional, and legal solutions should be sought. Homelessness is a form of precarity, which Butler (2009, p.25) describes as “the politically induced condition in which certain populations suffer from failing social and economic networks [...] becoming differentially exposed to injury, violence, and death.” Homelessness is consequently dangerous for individuals and has far-reaching social consequences. Structural issues affecting homelessness across the UK will affect students – such as insecure employment, low wages, challenging rental markets, housing shortages, and government cuts to mental health services and domestic abuse shelters. A 2020 NUS study in the UK, for example, reported that in a survey of over 4 100 students, 21% were unable to pay bills in full over the past four months, while 19% were unable to pay their rent. It would be interesting to know whether students in universities across Europe are experiencing similar issues.

Specific factors affecting HE students and young people who are becoming homeless need to be acknowledged. Examples of student-specific factors may include the declining value of maintenance loans and grants against inflation, the prices and conditions of the student rental market, problems with university-managed accommodation, difficulties experienced at university that affect physical or mental health, being away from home for the first time, lack of knowledge about services and support, difficulties with academic work, difficulties managing academic workload with part time employment, or feeling lost, lonely, or disenfranchised in the HE environment. Further information gathered about student-specific factors would help to identify additional agents, actors, and stakeholders who have the power to create change (such as student letting agencies, private landlords, social services and charities, Student Finance, banks, university accommodation offices, student wellbeing services, or schools), as well as identify possible solutions and barriers to change.

Further studies in this area could situate student homelessness in the broader context of the operations of, and recent changes within, UK HE. These changes are not singular to the UK and are likely to be relevant across Europe in the current economic climate, meaning that datasets compiled would be useful beyond their UK context. One example addresses the BAME² attainment gap, with non-white and international students reporting feeling isolated and disenfranchised in HE environments (Leslie, 2019; Bunce et al., 2019). Informed by Crenshaw's intersectionality theory (1989) that acknowledges the variety of ways individuals with complex, multifaceted identities can be marginalised, further research could also help to document the experiences and demographics of students experiencing homelessness to increase understanding of how race, age, sex, class, gender, sexuality, disability, and mental health interact with the HE environment and issues connected to student homelessness. This would increase understanding of the social, political, and institutional factors affecting the marginalised, precarious, homeless student population, and identify what mitigation measures are being taken by HE providers both within and outside of the UK, particularly through equality, diversity, and inclusion strategies, and other stakeholders identified as relevant.

What Could Further Research Look Like?

One of the most effective ways to examine the extent and causes of homelessness among students would be a mixed-methods, national, multi-wave survey of students across England and Wales in one academic year. This type of survey methodology would facilitate the collection of large-scale data on the populations' demographic profile, the extent, temporality, and nature of the problem, factors impacting students being homeless, and descriptions of individual experiences. The results of such a survey would be suitable for communicating messages to a wide audience, drawing on the interface between findings and policy recommendations to make a 'real-world' difference.

To be successful, this type of multi-wave national study of both undergraduates and postgraduates would need the facilitation and buy-in of the National Union of Students Insight Team. Given the current level of saturation for students in terms of filling in forms, it would probably also be advantageous to employ a targeted social media campaign with incentive payments for student participants in respect of their time and economic circumstances to ensure a good response rate.

The survey data could be supplemented with case studies based on emerging evidence from the multi-wave national study based on geographic locations, types of university, and student populations. This type of qualitative investigation could

² Black and Minority Ethnic.

be supported by a statistical profile of the region to provide relevant contextual information – such as ONS data on statutory homelessness and applications to local authorities for relief to prevent homelessness. In each case study region, further in-depth interviews with HE administrators – for example, estates, accommodation, or those managing student wellbeing and financial services – local service providers, and other relevant stakeholders. This would elicit information about the assessment of local student homelessness and housing insecurity and relevant in-house procedures and challenges or opportunities relating to student homelessness in the region.

It would also be important to conduct focus groups with students who have experienced homelessness across the academic year. Participants could be recruited from the national survey based on being enrolled at an HE institution in the respective case-study region. Carrying out this type of study would provide important data and qualitative information not just on student experiences of homelessness, but also on student homelessness, housing, and welfare provision.

It would be possible to analyse and compare data from the quantitative and qualitative work to identify trends connected to institutional and structural variables and student homelessness and put this information into dialogue with students' accounts of their experiences in order to identify and articulate solutions to student homelessness and consider what factors may assist in the early prevention of student homelessness.

Conclusion

The impact of student homelessness is considerable for both students and HE providers, and is symptomatic of complex problems in UK Universities. It has never been more imperative for universities to understand the factors affecting student wellbeing and achievement, as progression, retention, attainment and graduate outcomes are set to be monitored by the Office for Students. As of academic year 2024, Universities will be required to meet the Condition B3 targets – for 85% of students to continue into their second year, for 75% of students to complete their qualification, and for 60% to go into professional employment or further study (Advance HE, 2022; Office for Students, 2022) – or face regulatory action. At the same time, the pressure on Universities to attract and retain fee-paying students can lead to drops in entry requirements, and increased opportunities for students to re-take failed assessments and or entire academic years. This can result in students struggling on courses for which they are unsuited, and in a tough economic climate, at the expense of their financial, mental and physical health.

Further research is required, and has the potential for a range of positive impacts on students and HE providers by increasing understanding of the problems facing students, providing data and case studies to inform the development of solutions, and by illuminating University and Government policies that might be impacting students. Such research could help Universities to make policy decisions that help them to meet the targets set by the OfS, while also benefitting students and empowering them to succeed.

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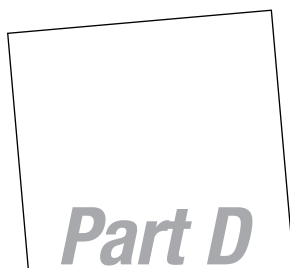
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Review Essay



Part D



In search of good data. But do we understand homeless mortality better? A review of two Irish reports on the deaths of people experiencing homelessness

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Interim Report on Mortality in Single Homelessness Population 2020, by O'Carroll, A. (2021) Dublin: Dublin Region Homeless Executive
<https://www.homelessdublin.ie/content/files/Interim-Report-on-Mortality-in-Single-Homeless-Population-2020-Dr-Austin-OCarroll.pdf>

Deaths among people who were homeless at time of death in Ireland, 2019, by Lynn, E., Devin, J., Craig, S. and Lyons, S. (2023) Dublin: Health Research Board.
https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2023_Publications/12726_HRB_Deaths_among_homeless_people_Statlink_11_FA_WEB.pdf

(since writing of this review, a new report with figures from the 2020, was published by the HRB and these data will be published annually going forward)

Introduction

Deaths of people experiencing homelessness usually remain hidden from the public view. If they appear in the news, it's most probably some shocking case or a single figure that was tallied by some grass-roots initiative. Homeless mortality is an under researched subject both in health and in social sciences. This comes as a result of the fact that there are no systematically collected data in most high-income countries. This search for data that wasn't there, was captured in the UK, for instance, by an investigative journalist Maeve McClenaghan a few years back (2020). A large part of the knowledge about homeless mortality, usually from the public health perspective, is based on some linking of administrative databases,

which is not always possible. And we still don't know enough and there are many studies that collect own data, hand sift through cemetery records (Olech et al. 2021), interview people queued to the soup kitchen (Cheung and Hwang 2004), hand-check shelters' postcodes (Thomas 2012) and rely on data crowding (Homeless Deaths Count).

Ireland has some of the most interesting data on homelessness. Thanks to the PASS system, longitudinal data about individuals and families accessing "homeless" accommodation is collected. Also, the Health Research Board is undertaking systematic annual data collection concerning the deaths of people experiencing homelessness. Hardly any constituency in the high-income world is doing that. Recently two reports on homeless mortality in Ireland were published. This is a review of these two studies. Additionally, the aim of this piece is to show some of the challenges of quantitative research in that field and to reflect on researching homeless mortality in general.

There is an increasing number of people accessing emergency accommodation in Ireland (see monthly government reports: Homelessness Data 2023). Both studies under review here were commissioned and conducted following a concern that the number of homeless deaths in Ireland may be increasing, that it is not a well-understood phenomenon, and that it is crucial to identify what can be done in order to prevent deaths of people who experience homelessness.

First, there is a report requested by the Dublin Region Homeless Executive (DRHE), Dublin City Council's authority, and conducted by Austin O'Carroll published in 2021 (from now on O'Carroll's report). Second, a study commissioned by the Department of Health and conducted by the Health Research Board, which was published in 2023 (here HRB report) and authored by Ena Lynn, Joan Devin, Sarah Craig, and Suzi Lyons. The HRB is a government agency responsible for funding, co-ordination, and oversight of health research. O'Carroll's study is called "interim" due to unavailability of some data at the time of writing. The HRB report is called a "feasibility study", as I understand it, to also explore the future possibilities of ongoing systematic data collection and which has been agreed from 2020 onwards. Although there were some previous efforts to map homeless mortality in Ireland, present studies show, that this task is still in its initial stage.

O'Carroll's study

O'Carroll's report was an attempt to gather robust data about deaths occurring while people were experiencing homelessness. Data on people accessing Temporary Emergency Accommodation (TEA), Supported Temporary Accommodation (STA), and Private Emergency Accommodation (PEA) in Dublin were taken into account, as well as on rough sleepers registered by the DRHE. Calculations were made for the year 2020 but also for 2016-2019 by ways of comparison. O'Carroll does an excellent job presenting the data, explaining why certain cases are excluded, how indicators are calculated and what they mean.

In total 47 cases were identified. Data on age, sex, type of accommodation, duration of homelessness, and location of death was available. Since the data came from DRHE, no causes of deaths were reported. Crude Mortality Rates (CMR) were calculated and compared (more on that further below). Findings are in line with what we know from literature and previous Irish studies – people experiencing homelessness die young and prolonged homelessness leads to increased risk of death.

O'Carroll sets several recommendations that are based more on literature and the general knowledge about Irish homelessness, and less on the data that was analyzed here. For instance, interventions that could reduce mortality include: adopting a multi-agency response, improving access to care, mental health services and overdose prevention programs. With regards to research, O'Carroll suggests activities on different levels of analysis: aggregate data reporting, individual death analysis, and a critical incident review that could be used to put the mortality data to better use. It is implied, in my opinion, that none of this was really happening in the Irish context at the time of writing this report.

HRB report

The HRB report was published in 2023 used the 2019 deaths data. Data was drawn from coronial files, which pertains to all sudden and unexpected deaths which occur, including violent deaths caused by accidents, suicide, overdose etc. From these the deaths of all individuals that occurred in 2019 while experiencing homelessness were selected. The definition of homelessness was assigned by HRB researchers from the information available in the coronial files and classified into one the four categories: (1) without accommodation, e.g., rough sleepers, (2) temporary or crisis accommodation, (3) severely substandard or highly insecure accommodation, and (4) homeless in an unknown situation. Data was collected using the National Drug-Related Deaths Index (NDRDI) methodology.

More variables were available here than in O'Carroll's report. Crucially, cause of death was reported. Thanks to the NDRDI, also other variables concerning addictions and mental health problems were accessible. They especially concerned history of addictions, data from toxicology reports, contact with treatment and mental health services, records of other illnesses and some socio-demographic data as well.

There were 84 deaths identified in 2019. Most individuals had a history of substance abuse. More than 38% had mental health problems. A proportion were known to have epilepsy, some were not following treatment. Fifty deaths took place in Dublin, thirty four in a public space.

The authors call for more research, they see potential in linking existing data sets, especially linking homelessness data bases, such as PASS, with the NDRDI. Also, a number of policy recommendations conclude the report: increase provision of addiction services, trauma-informed and sex-specific mental health services, more focus on epilepsy; provide better harm reduction measures such as supervised injection facilities, naloxone training etc.

Is a comparison even possible?

If I wanted to learn more about the deaths of people experiencing homelessness in Ireland, I would obviously take both reports into account. On the face of it, some findings are similar – the total numbers of deaths (47 in Dublin, 84 in the whole country), very low mean (or median) age of death (respectively: 43 and 40 years).

There are differences in numbers between these two reports and data that come from the same year (2019). Of course, the HRB looked at the whole of Ireland while O'Carroll at Dublin. O'Carroll finds 3 rough sleepers who died in 2019 and 8 people who died outdoors (not the same cases, however an overlap possible). Fifty out of 84 deaths in the HRB report occurred in Dublin, 40.5% of all deaths occurred in a public space, public building etc. There is no way to tell from the report how many deaths occurred "outdoors" in Dublin, but likely more than 8; there were 18 deaths of people categorized as "rough sleepers". As different methodologies were used and crucially the HRB report had access to the final coronial record then clearly comparisons may be difficult.

Table 1. A comparison of crucial elements of the two studies

	<i>O'Carroll 2021</i>	<i>HRB 2023</i>
<i>Location</i>	Dublin region	Ireland
<i>Year</i>	2020 (2016-2019)	2019
<i>Data about deaths</i>	Reported to the DRHE, in TEA, SEA, PEA and rough sleeping	Reported to the coroner and classified as homeless in one of 4 situations
<i>Estimation of the population of PEH</i>	DRHE January 2020, in TEA, SEA, PEA	Not applicable
<i>Causes of deaths</i>	No data on causes of deaths	Coronial files include violent, overdose etc. deaths
<i>Main comparison</i>	CMR by accommodation type and duration of homelessness	Focus on causes of deaths, especially poisoning and mental health problems

PEH people experiencing homelessness

CMR crude mortality rate

TEA, SEA, PEA Temporary Emergency, Supported Temporary and Private Emergency Accommodation

DRHE Dublin Region Homeless Executive

First of all, the reports draw data from two different sources. While O'Carroll uses "homelessness data" from the DRHE, HRB uses "deaths" data from the coroner's office (see Mostowska 2023). O'Carroll calculates mortality rates (CMR thus number of deaths in a year/size of the population x 1000). As a denominator he uses the number of individuals in TEA, SEA, PEA in January 2020 as reported by the DRHE. Is that the "right" denominator? There is no one way to say how large the "homeless population" is and it is a choice often constricted by the availability of data. Crude Mortality Rates are a principal outcome of O'Carroll's report. He concludes that the CMR is higher for single people (in comparison with those in family accommodation), higher for people experiencing long-term homelessness (especially longer than 18 months), higher for people living in long-term accommodation. These indicators, however, remain "crude", they could not have been adjusted for age or sex, and we know that health criteria impact placement in different types of accommodation.

In the HRB study, data came from coronial files which by definition means that all deaths were sudden or unexpected caused by poisoning etc. A set of those deaths was selected, namely those that occurred in "homeless" people. The overlap with the DRHE population is hard to estimate. Twenty six out of 84 cases were in substandard or insecure accommodation, and unknown types of homelessness. These cases are extra on top of the narrower definition used in O'Carroll's study. Apart from a cross table of poisoning/non-poisoning death with a type of homelessness, no further analysis by type of homelessness was presented. Some descriptive statistics were calculated for the whole set of 84 cases. For instance, 55% of deaths occurred due to poisoning. Since data was not available at the time, this was not compared with all poisoning deaths that the coroner investigated. Now we know that there were 371 poisoning deaths in Ireland in total, which means 1 in 8 occurred to people experiencing homelessness (HRB 2023).

In the HRB study, we look at the outcome (death) first and then see who was homeless. Actually, it's hard to tell what the cause and effect is. Was homelessness caused by addictions and mental health problems? Or the other way around? In the O'Carroll type of study, we look at the condition (homelessness) first, and then see who has died. Here we potentially have a better way of controlling the independent variable that interests us (types of homelessness, duration of homelessness) but we would have to look at the whole population as well. And to understand the impact of homelessness, a more in-depth study reconstructing homelessness history for each person would be required. This type of study is beyond the scope of the coronial data which is not collected for primary research purposes but to ascertain the manner of death.

As a result of those limitations, both reports contribute to the same bias. By focusing on those who died they paint a very sombre picture but with little room for context. What does the situation look like in a vulnerable group as a whole? How does it compare to other (vulnerable or privileged) groups?

The two Irish reports are symptomatic of the subject. The focus and conclusions are driven by the data that was available. The studies provide some findings, but they seem incomplete, insufficient, and with some limitations. Authors acknowledge these limitations, but justify that data was not available, that there will be a follow up and call for more research. What we are left with is data, which is hardly comparable, and not easy to interpret beyond their "shocking value".

As researchers, we would like to have more comparative data that would put homeless mortality in context. There were some comprehensive studies published that used longitudinal data and linked data from various registers (health, housing, social support) (Morrison 2009, Meyer et al. 2023). Large samples and long observation periods make it possible to calculate robust Standardized Mortality Ratios (SMR) and conduct an even more detailed and refined statistical analysis. Using such data, can speak on various intersecting vulnerabilities and inequalities over lifetime; search for patterns of housing insecurity (and not only homelessness at the time of death) and analyse what is the impact of it on health and death. Unfortunately, these studies are few and one-off, not a part of a systematic data collection over longer periods of time. As researchers, we would like to have an annual study following the same methodology to identify potential trends. Encouragingly, the HRB study will do just this from 2020 onwards.

As practitioners, we would find these SMRs perhaps not that important. We know pretty well that these ratios will indicate mortality rates several times higher than in the general population. And we know what to do: prevent homelessness, reduce health (and other) inequalities. On the one hand, the data from these studies are not statistically robust enough, concern too few cases. On the other hand, for

critical incidents reviews for instance, this data is not complete enough. Here we would like to see more detailed individual stories to understand how the system has failed and how these deaths could have been prevented. Sometimes it seems to me that journalists and reporters are doing a better job finding the way to catch that meso-level of analysis. Take for instance a story of people who died in dumpsters (Gee 2017) or a story on how lonely these deaths are, that they often happen without anyone present, that the diseased remain on the street for hours, that bodies are not claimed for weeks (Fuller 2022).

Finally, as critical researchers, we should ask, why there is only such data? Why our conclusions have to be so limited? Authors of these two reports have done what they could, but it begs a question why aren't there more systematic efforts to collect this data. There are fundamental methodological problems obviously (how to define the population!), but as Cooper and McCulloch (2023) argue, there is a general invisibility of homelessness experiences in life and in death. Bhandar (2022) calls it an "organized abandonment" of state responsibilities to citizens and residents to provide basic levels of safety and security. In relation to homelessness Cooper and McCulloch (2023, p.222) understand it as "a pervasive way of governing and organising homeless people in ways that lead to their exclusion, prolong their suffering and amplify the risk of premature death". Of course, it's not a complete neglect. Some data is made available, some hypotheses are confirmed, some conclusions are drawn. These reports are two valuable contributions. But do we understand better to what extent is this a case of an organized abandonment? And why? And are we getting closer to understanding the impact of homelessness on health and to preventing those deaths?

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Book Reviews



Part E

Stephanie Southworth and Sara Brallier (2023)

Homelessness in the 21st Century: Living the Impossible American Dream

New York: Routledge

Homelessness is a growing social and political problem in both the United States and in Europe. The growing prevalence—particularly the visible prevalence—of homelessness in many cities has driven increased attention to this issue. This focus invites, and demands, a public response that, too often, remains inadequate and elusive. For the scholarly community, the challenge of homelessness invites researchers from many fields and disciplines to wrestle with numerous knotty questions about this phenomenon. There has been a proliferation of scholarship that considers causes and consequences of, and solutions to, homelessness. A stronger evidence base combined with increased public attention creates an environment in which meaningful progress is—at least in theory—more possible than it would be without these more favourable conditions.

In *Homelessness in the 21st Century*, Stephanie Southworth and Sara Brallier make a thought-provoking contribution to this body of literature as they tackle the issue from both a national (United States) and local perspective. The first half of the book provides an overview of homelessness in the United States and includes a brief history, the role of neoliberal ideology in producing the crisis of homelessness, the causes of homelessness, and how theory helps us understand homelessness. In the second half of the book, the authors summarise their research conducted in Myrtle Beach, South Carolina. Over six chapters, the authors share the results of their qualitative research—which included many interviews with people experiencing homelessness—on topics related to health, stigma, policing, and local interventions. Part II of the book also includes what I consider to be the most interesting and material contribution of the book: Chapter 6 entitled, “Work, Effort, and the American Dream.” The authors highlight how the ethos of the American Dream—that hard work will produce life success—is highly prevalent even among their respondents who are experiencing homelessness. Intuition might suggest that faith in this core American ideology would fall for people who no longer have stable housing, but that is not what Southworth and Brallier found. Rather, the ideology persists even in the face of life circumstances that might understandably cause people to question the validity of the American Dream.

One challenge with homelessness is that it is highly regional. Existing research highlights that the prevalence and manifestation of homelessness varies widely throughout the United States. Therefore, a key question for research that is based on one location is whether such findings can be applied to other settings; in other words, is the research generalisable. There is a healthy scholarly debate about the challenges of generalisability in qualitative research. Some argue that generalisability is not the focus of qualitative research, but rather it is to provide deep meaning and understanding about a specific case or context. But generalisability is possible in qualitative research if broader applicability is one of the foundational goals of the study (Carminati, 2018). A question for readers of this book might be whether the empirical results of this study based in South Carolina can be applied to the experiences of the unhoused in large cities such as New York and Los Angeles. I would argue that even if the results are not generalisable, the meaning and understanding about homelessness in this particular context is a significant contribution that is worthy of our attention.

Currently, in the United States, there are hotly contested debates about homelessness that are falling along political lines. The subjects of these debates frequently involve the Housing First intervention and the non-profit service sector that provides housing and services to people experiencing homelessness. My one critique of this book is that on both of these important topics, the authors provide somewhat misleading or ambiguous impressions of Housing First and the non-profit sector. In their discussion of Housing First, the authors suggest that “because it [Housing First] is a profit-seeking strategy, there is little investment in finding structural solutions to homelessness” (p.26). Abundant research highlights that Housing First is an effective intervention for ending homelessness, especially among those experiencing long-term homelessness. A greater application of the Housing First model is a credible response to homelessness that should be expanded, not limited. The authors also have strong words for what they describe as the ‘non-profit industrial complex’. A critique that is commonly voiced of the homeless response system is that non-profit organisations tasked with ending homelessness are not motivated to end homelessness because their funding streams are dependent on an ongoing flow of unhoused clients. A quick Google search produces numerous references to the ‘Homeless Industrial Complex’ from observers who critique the current response to the crisis of homelessness. Clearly, our societal response to homelessness can, and should, be stronger and more efficient. Until our response is commensurate to the scale of the crisis, our systems will be open to such critiques. But, I am wary to level this claim in a blanket fashion toward the non-profit service providers that often work tenaciously to be strong advocates and accessible sources of support, many of whom commonly say that they would like to work themselves out of a job. Southworth and Brallier’s argument that these funds

should instead be given directly to people experiencing homelessness is sound advice, and one that is supported by the success of recent basic income experiments. But even if we expand direct payments, a robust and compassionate response to a complex problem like homelessness will continue to require the important work of the people and organisations that currently constitute the crisis response system.

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Review Symposium

Cameron Parsell

Homelessness: A Critical Introduction

Polity Press, 2023.

This is the book I have been waiting for, although I didn't know it before delving into it. *Homelessness* by Cameron Parsell is an impressive achievement in many ways. Rarely have I come across a book that gives such a comprehensive introduction to homelessness as a phenomenon and its wider societal implications and, at the same time, provides new insights. Parsell could have built his main arguments solely on his own extensive empirical and theoretical work, but he goes well beyond that by utilising not only the work of established homelessness researchers, but also research from sociology and political science. The list of references has around 600 titles.

Whether it was his intention or not, Parsell manages as a byproduct also to provide a critical introduction to the history of modern homelessness research. Parsell pays homage to several researchers whose work deserves to be better known in the homelessness sector. An example par excellence is the influential work of Joan Tronto on care.

Parsell sets the tone of his book right from the beginning by pointing out that we cannot address homelessness simply by tweaking existing systems and leaving unjust institutional arrangements in place. We must also meaningfully engage with the experiences and insights of those who are homeless who can themselves contribute to driving an agenda of social change. Even in his versatile discussion on the definitions of homelessness, Parsell refers to this red thread of his narrative: "Definitions of homelessness are not benign categories that are merely used to enumerate and allocate resources; they are conceptualized in a way to prescribe a proper way of living and of judging people as lacking when they do not meet the criteria set out in the definition. The *other people* need to be at the table when definitions about *their* lives are constructed."

When discussing homelessness as a societal problem, Parsell takes the realistic framework developed by Suzanne Fitzpatrick as his starting point. The framework analyses the causes of homelessness with reference to layered social reality and

considers multidirectional relationships and feedback loops between individual and structural forces. According to Parsell, the realistic framework emphasises the importance of examining whether people have control over actions that are assumed to cause their homelessness. The causes of homelessness need to be substantiated empirically, rather than it being assumed that either structural or individual conditions are pre-eminent.

Housing is obviously a fundamental issue both as a producer of homelessness and as a solution for it. But as Parsell points out “housing matters, but it matters in relation to other things”, especially in relation to other institutions in society. Homelessness and poverty go very much hand in hand, and this is the point where policies and state interventions can make a huge difference.

Each chapter in this book would deserve a specific handling of its own, but in particular Parsell’s subtle analysis of homelessness as the experience of violence, the dependency and autonomy of a homeless service user, and the identity and identification of people experiencing homelessness should be compulsory reading for everyone working to end homelessness.

In the daily lives of people who are homeless, violence, or the threat of violence, is all-pervasive. As Parsell says: “Homelessness means living in the shadow of danger”. Parsell provides a thorough analysis of different facets of violence and of different, always fragile, survival strategies people in homelessness are using. Parsell points out the gender disparities of violence. For women, domestic violence can be the reason for homelessness. For women who are homeless, relationships can be a way to avoid overt violence, but at the same time they may expose them again to violence, including sexual violence. In addition, different forms of informal accommodation can expose tenants to exploitative conditions. It is paradoxical that people who are homeless avoid services that should protect them from violence, like day centers or shelters, in fear of violence. Speaking about violence, once again Parsell’s conclusion is crystal clear: “It is the provision of housing that reduces crime and violence”.

For people who are homeless, home means a place of safety and security. In his own study of permanent supportive housing, Parsell found out that people with experiences of homelessness not only tolerated, but also appreciated the surveillance in the form of CCTV or concierge. After exiting homelessness, surveillance was the only time they felt safe. So, before condemning something as irretrievably old-fashioned and institutionalizing, it would be wise to ask first from the people who have experienced homelessness.

Parsell presents a wealth of material, both theoretical and empirical, on autonomy. He shows that for people who are homeless, receiving both voluntary and professional modes of help are experienced similarly in a way that replicates the experi-

ence of homelessness a subverted autonomy. These experiences of subverted autonomy are similar to those endured by people who are poor. The public perception of homelessness is still very much based on the stigmatised identity imposed upon people who are homeless, which assumes that homelessness is the defining attribute of the person who is homeless. As Parsell points out, research illustrates that people who are homeless construct their identities in ways that have deep and personal meaning, like family relations.

Parsell shows the huge spectrum of homelessness responses in different societies, including suppositions that people who are homeless “need to be moved, cared for, and sheltered, and even that they need to be changed”. What is common to all these different approaches, including criminalization and different punitive and coercive measures, is that they are paternalistic ways to manage homelessness. It also looks like the shelter model is still seen as the default response to homelessness even in many countries claiming to be implementing the Housing First model. This means that the staircase model with conditionality and the aim to get people who are homeless “housing ready” still persists despite all the criticism. Parsell nails this criticism spot on: “People generally do not want to be changed; they want housing. They may be willing and able to consider changes after they are securely housed”.

Parsell has some well-argued poignant criticism also on Housing First. The original Pathways Housing First Model developed by Dr. Sam Tsemberis was revolutionary in its own time and its merits on an individual level, especially with people with diagnosed psychiatric disabilities, are unchallenged and confirmed by extensive research. But its role in ending homelessness is more complicated. Parsell is especially critical of the cost-effectiveness rationales of Housing First. When ending homelessness is framed as a cost-saving endeavor it may have some unintended negative consequences. The focus on chronic homelessness, the sickest in the homelessness population who are the heaviest users of public services, excludes most of the homeless population. As Parsell formulates the dilemma: “The question is not whether people who are homeless are sick enough to house, it is a question of whether they are sick enough yet to house”.

So, the perverse logic of the staircase model persists, but in Housing First in a reversed form: you descend the stairs and, on your way, collect diagnoses and other burdens of life until you become chronically homeless and eligible for a Housing First programme. There’s a growing risk that Housing First in this fidelity form becomes part of the management of homelessness as a perfect, good quality, but restricted model for ending long-term, chronic homelessness, which eventually makes ending all forms of homelessness an even more distant goal. It is illuminating that after years of lobbying

and convincing, Housing First has finally entered the official EU liturgy. Still, it is hard to tell whether there is a reason to celebrate a breakthrough or lament the fact that Housing First has now become part of the management of homelessness.

In the last chapter, Parsell provides his bucket list for ending homelessness. It is not an easy list. Nothing less than transforming the way our societies are organised is needed. This may sound flamboyantly utopian, but Parsell has a very coherent logic in his argumentation. Before these final conclusions, Parsell presents a critical analysis of some recent initiatives: “what works” -initiative, the Vanguard Cities Initiative, and built for zero -initiative by Community Solutions. All these have their merits, but in Parsell’s thinking they present advocacy and work to improve our responses and systems of operation, but they say nothing, or even less do anything, about the structures within society that produce homelessness.

For Parsell, the experiences of Finland and Scotland represent something the transformation might look like. It would mean targeting Housing First at large scale homelessness rather than at individuals, with a strong emphasis on affordable housing stock. To end and prevent homelessness, society needs to be transformed so that we have significantly more affordable housing and significantly less poverty. It is also a question of reframing the problem. When homelessness is understood more in terms of society not producing a sufficient supply of affordable housing, it becomes a problem we, including decision makers, understand how it could be solved.

According to Parsell, providing significantly more affordable housing must fit within the social, cultural, and political reality of a country. For Parsell, this solution could be collaborative housing. Collaborative housing is an umbrella term including co-housing, residents cooperatives, self-help, self-build, community-asset ownership, and community land trusts. As Parsell points out, collaborative housing can also contribute to the reconceptualisation of supporting fellow citizens.

Parsell ends on an optimistic note. For Parsell, ending homelessness could be something unifying. It is about bringing society together rather than splintering it further, based on wealth and identity claims. Parsell refers to Marion Young’s concept of a community of difference where we come together for the collective good, but in a way that recognises and celebrates our differences.

Idealistic? Certainly, but in the current world this kind of idealism is a much needed and rare currency.

I read Parsell’s message as an encouragement and inspiration for the homelessness sector to break the boundaries and to create alliances with other bottom-up civil movements like the climate activists, the human rights advocates, and, should I

add, the democracy and peace activists. After all, it is a question of a common fight against profound and growing inequality and injustice. Yes, we need state interventions, but without the bottom-up pressure they tend to remain feeble and insufficient.

As not a single book is perfect, it should be necessary at this point to also say something critical. With this book it is difficult. So, I phrase my criticism by saying that I would have liked to read more about migration and its impact on homelessness services and policies. I also find other forms of homelessness than street homelessness extremely important to better understand the dynamic nature of homelessness and to develop more effective prevention. But that's probably another story.

All said, *Homelessness* by Cameron Parsell is a landmark achievement, a summary of his research and thinking, so far. It will be interesting to see where he goes next. This is a must read to all who are genuinely interested in ending homelessness, whether activists, researchers, or decisions makers. This book will also be an important reference point for all serious future homelessness research.

I have, at the same time, been reading Matthew Desmond's *Poverty, by America*. Sometimes this kind of parallel reading has unexpected consequences. I noticed that at some point these texts started to discuss and intertwine with each other so that in the end it was almost impossible to remember which text was from which book. How I wish that these two books were together in one book! I take the liberty to end with a quote from Desmond. This fits as well with homelessness as with poverty, but Desmond says this credo with stronger words, as can be expected from a Pulitzer Prize winner:

The end of poverty is something to stand for, to march for, to sacrifice for. Because poverty is the dream killer, the capability destroyer, the great waster of human potential. It is a misery and a national disgrace, one that belies any claim to our greatness. The citizens of the richest nation in the world can and should finally put an end to it. We don't need to outsmart this problem. We need to outdate it.

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Homelessness: a critical introduction by Professor Cameron Parsell is a book that does what it says on the tin. It provides a clear and comprehensive introduction to what is known about homelessness and what can be done to address it. It does so, moreover, from a critical perspective: one that foregrounds the lived experiences of people who are homeless and interrogates the social and political contexts that produce those experiences. Perhaps most impressively, it does all this in a clear and accessible style that will appeal to both scholarly and non-scholarly (policy, practitioner) audiences, but without sacrificing nuance and complexity or shying away from big ideas.

The book provides an impressive synthesis of the research on homelessness and distils this into some clear and powerful conclusions about the nature of the problem and what it will take to solve it. The central argument is that homelessness is a product of how we chose to organise our societies and that addressing homelessness thus requires nothing less than deep social-structural transformation. This is established in Chapter 2, which reviews the literature on the causes of homelessness, highlighting the fundamental role played by shortages of affordable housing and persistent poverty, and describing how these interact with individual/household vulnerabilities to trigger homelessness for individual households. This insight is then mobilised throughout the book to make sense of different aspects of homelessness, ranging from the experiences and identities of people who are homeless to the interventions and systems developed to respond to it.

Whilst the idea that homelessness is a collective choice raises questions about differential access to power and decision making (which I will return to below), this argument is nevertheless a welcome pivot from the dominant technocratic framings of homelessness which treat it as an isolated problem facing discrete populations in an otherwise well-functioning market system. As shown in Chapter 8, these technocratic framings, which are common in policy making and policy-oriented research, tend to reduce homelessness to individual/group deficiencies that can be addressed through practice and service system innovations and better data. They thus fail to confront the deep structural drivers of homelessness outlined by Parsell in earlier parts of the book.

Against this technocratic conception, the book offers what Wacquant (2012) calls a 'thick' sociological conception of homelessness that connects individual problems and experiences to the design and operation of social institutions, which include everything from housing systems to the welfare state structures to the patriarchal and racialized organisation of everyday social relations (class is somewhat absent from the account). Pleasingly, it does this without an overreliance on overly vague or

morally-charged theoretical abstractions, which the critical scholarship on homelessness is sometimes prone to, and instead keeps its theoretical claims grounded in the lived realities and empirical regularities of homelessness.

The middle chapters of the book focus on the experience of homelessness, including accessing homelessness services, and the social relations and identities it produces (Chapters 3-5). The experience of homelessness is described as one of pervasive violence, both received and perpetrated, which arises from people being denied the security and control that home typically provides (Chapter 3). The experience of accessing homelessness services (Chapter 4), including both temporary/supported accommodation and grass-roots charity, is one of 'subverted autonomy', as people are forced to depend on others to meet basic needs that housed populations can provide for themselves (shelter, food, personal hygiene, etcetera), leaving them susceptible to the scrutiny and control of those ostensibly supporting them. Being without housing thus (re)configures people's relationships with others in society, positioning them as deficient and in need of 'fixing'. A distinct homelessness identity thus emerges—the homeless 'Other'—that is premised on presumed inherent differences that are in fact the product of housing deprivation and poverty (Chapter 5).

The final chapters of the book are dedicated to what can and should be done to address homelessness (Chapters 6-8). After reviewing a range of existing responses and debates thereover (Chapters 6 and 7), Parsell returns to his argument that addressing homelessness requires nothing less than social structural transformation (noting that, even when evidence-based and housing-led, discrete policies and interventions alone are unable to address homelessness' structural causes). He provides some concrete suggestions as to what this might entail in the second half of Chapter 8.

After first making the case that we must 'chang[e] the way we think about homelessness' (p188) to enable greater structural intervention, Parsell contends that the expansion of the 'collaborative housing' sector is the most practicable way of achieving the transformations required. Central to his reasoning here is the idea that collaborative housing—which can involve anything from cohousing to cooperatives to community land trusts—can appeal to both progressive (collectivist) and conservative (communitarian, anti-statist) constituencies. Its effectiveness is purported to lie in its ability to break with the deepening commodification that is driving the shortages and unaffordability of housing and, by extension, contributing to homelessness. It is also seen as enabling lower-income or otherwise marginalised groups greater autonomy through enhanced participation and control over their housing circumstances. Whilst this section can at times feel a little ungrounded and even utopian (which is perhaps inevitable when discussing transformative

change), its arguments do resonate with the historic experience of some European nations, where community/NGO led approaches to social housing provision has made for more resilient and democratic controlled decommodified housing sectors than in more state-centred models (e.g. Blackwell & Bengtsson, 2023).

Overall, there is much to recommend this book to readers with various interests and backgrounds. The linking of lived experiences with structural causes, the nuance review of multiple research literatures, and the ambitious proposals all make for compelling reading and even optimism and hope for change. However, no book this ambitious and wide ranging is without its limitations.

One possible criticism of the book is that the argument that homelessness is the product of collective choices about how we organise society risks eliding important inequalities in the power of different groups to influence (and benefit from) those choices. There are large numbers of people disadvantaged by existing modes of housing and welfare provision who would likely choose to rearrange these systems if given the opportunity, and there are indeed many activists and reformers actively trying to do so. Yet, these efforts are actively resisted by those who benefit from how these systems currently operate. One only needs to think of the resistance to housing reforms in societies where high rates of homeownership produce large (if diminishing) constituencies and powerful institutions (especially financial institutions) who benefit from the treatment of housing as a commodity.

Acknowledging these inequalities in power is important to both understanding and challenging the structural processes that produce social problems like homelessness. This raises some challenges for the approach to addressing homelessness proposed in the book, which seeks ways of framing and addressing the problem that 'don't pit one group against another' (p. 198). Collaborative housing may help to address some of these challenges, insofar as it can enable genuine shared decision-making and, as claimed in the book, a means of aligning the interests of diverse stakeholders including 'central and municipal governments, lending institutions, local communities, and housing providers' (p. 193). However, the fact that actors like financial institutions have a significant interest in the perpetuation of prevailing system (which they have played a central role in creating; Aalbers, 2016), this may prove challenging to realise in practice.

Notwithstanding this, the broader thrust of Parsell's argument—that homelessness cannot be addressed without transforming the societies that produce it—remains highly compelling, as does his nuanced and balanced critique of existing policy and practice responses. Ultimately, *Homelessness: A Critical Introduction* is an accessible and authoritative statement on one of today's most pressing social problems.

Its wide-ranging synthesis of the research literature, coupled with its deep critical insights, means that this book is essential reading for anyone interested in homelessness, whether they be policy makers, practitioners, researchers, or students.

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Wacquant, L. (2012) Three Steps to a Historical Anthropology of Actually Existing Neoliberalism, *Social Anthropology* 20(1) pp.66-79.

I tend to dislike books billed as “introductions.” As a scholar, if I want to familiarize myself with a body of scholarship I turn to annual review articles in top academic journals. They are almost always more nuanced and on the cutting edge than introductory volumes. As a teacher, I avoid assigning them. They typically lack depth and interpretive range. They rarely provide the spark for generative discussion provided in primary texts. And while I sometimes might suggest them to practitioners, policymakers, or general readers trying to wrap their heads around an issue, I also hesitate. Even if introductory books provide a stellar overview of empirical studies on a given subject, they are often void of critique, skate over scholarly disputes, and are frequently unmoored from broader constitutive social and political contexts.

Homelessness: a critical introduction by Cameron Parsell, however, is a refreshing break to this genre. As with any good introductory text, it is comprehensive and clearly written with accessible analysis. Yet, the volume doesn't shy away from nuance and complexity, dives more deeply into specific case studies, brings readers right up to the latest research, and integrates the lived experiences of the unhoused that are so often lacking.

Furthermore, the book is critical from start to finish. Chapter one interrogates the varied state, scholarly, and folk classifications of “homelessness.” The conclusion takes on the “myth of solving homelessness through more evidence and better practices” widely circulating among many homeless industry consultants and technocrats (which I return to below). Rather than tying itself to a narrow coverage of homelessness, Parsell's analysis, pushes readers to see homelessness not only as a form of exclusion in and of itself, but a state that reinforces broader social exclusions of race, ethnicity, citizenship; a key site where citizens exercise their voluntary care and compassion; and “a bellwether for how society is travelling” (p.9).

The book's central argument is that homelessness in the Global North is a societal problem, punishing to those who experience it, and only solvable through deep structural transformations. This is established in the book's first section, which elaborates the fundamental roles played by affordable housing shortages, poverty, lack of citizenship, and racism and how these interact with individual vulnerabilities that trigger homelessness. The book then moves out from this foundation to make sense of (a) how people experience homelessness with its associated violence and stigma (b) how it is states respond to homelessness through the welfare and penal state and (c) what societies can do to better address and ultimately abolish homelessness.

While more extensive summaries of the book, its chapters, and key arguments have been published in the first set of reviews in this symposium (see Clarke, 2024 and Kaakinen, 2024) and elsewhere (Lindsay, 2024), I'll focus here on three key merits of Parsell's exceptional contribution from a US perspective. I also consider where it might help us push future research, policy, and politics on solutions.

Internationalizing Homelessness Research

The book brings together research from across the Global North and wealthy democracies including Canada, the US, Australia, New Zealand, UK, countries across Europe, and a select cases from Asia, namely Japan and Singapore. Compared to other introductory volumes I appreciate, such as the recently published *In Midst of Plenty* by Khadurri and Shinn (2021), that focus more exclusively on the US, Parsell's international perspective not only expands the empirical scope of findings but denaturalizes many taken for granted aspects of homelessness as perceived by US based scholars and practitioners.

For instance, Parsell begins the first chapter examining the state definitions of homelessness. In the US, homelessness is most frequently defined as being sheltered and unsheltered, Canada includes those provisionally accommodated, Japan only those sleeping rough, while the European typology defines homelessness through physical, social, and legal domains. Parsell pushes readers to think about these definitions not merely as technocratic census tools, but political techniques used by politicians trying to project that the homeless problem is contained, activists trying to broaden the issue in public importance, and social and cultural norms around home, kinship, and property.

Most of the book's curation of international sources aims at bringing together "a vast international knowledge base that offers insights that may transcend national and cultural contexts to advance societal change to better deal with and ideally prevent homelessness" as Parsell puts it (p.10). But sometimes Parsell's reach for transcendence is muddled, when international comparisons might have instead been leveraged towards analytic clarity. For instance, the section on "Race" and homelessness brings together an impressive collection of demographic trends, but lumps disparities of race, ethnicity, nationality, and caste all together. And although the book doesn't encompass areas outside of the Global North, it might have still considered theories and frameworks from research in the Global south to understand the dynamics of homelessness under investigation in wealthy democracies as done by scholars such as Ananya Roy and Jessie Speer.

Bridging a Fractured Field

Over the last 20 years, and especially the last decade, research on homelessness has increased exponentially across the social sciences. It has also become more siloed. Parsell's book is exemplary in its comprehensiveness, covering over 600 titles, including many published in just the last 5 years. More impressive though is its synthesis in threading these works together and bridging what has become an increasingly fractured field of study.

First is the bridge between quantitative and qualitative research. Many sections begin with a thorough review of survey data. For instance, tracking the disproportionate rates of racial and ethnic minorities, migrants, and indigenous groups experiencing homelessness; the disproportionate experience of violence; the prevalence of those relying on charity; or survey findings showing those objectively defined as homeless by the state, do not actually identify themselves as homeless. Parsell then goes on to explain these statistical trends through in-depth qualitative studies and illuminating vignettes excerpted from several studies, including his own.

Second, the book brings together an analysis of penal and welfare state responses to homelessness into a unified frame of analysis. Chapter 6 on "responses to homelessness" synthesizes studies typically kept separate – namely those of charity and shelters by scholars of social welfare and those of policing public space by criminal legal scholars. Though not explicitly citing Wacquant, Parsell follows his prescription of the need to "reconnect social policies and penal policies and treat them as two modalities of poverty policy to grasp the new politics of urban marginality" (2009).

Most significantly, in this chapter and others, is the book's focus on the homeless experience that is present throughout. As Parsell puts it, "The experience of homelessness throws life into an unpredictable chaos that whereby one becomes reliant on the care, and subject to the control, of others: often on both." He goes on to elaborate how different forms of charity and policing can "subvert aspects of basic human life and dignity that we take for granted." Parsell's research round-up and critiques in this chapter are particularly urgent and useful for policymakers and advocates in the US. With the recent Supreme Court recently repealing the most basic protections against criminalizing those sleeping in public space with nowhere else to go, and public debates continue to center around definitions of "involuntary homelessness" in relation to "adequate shelter," the book's overview of the ineffectiveness of criminalization and shortcomings of shelter are more important than ever.

Third, the book takes us further than most in bridging studies homelessness and housing. In a 2018 essay, sociologist Mathew Desmond lamented that the study of homelessness has become “something quite distinct from the study of housing. “As scholars became more interested in describing the subculture and survival techniques of street people.” Desmond writes, “the link between homelessness and housing dynamics evaded serious treatment.”

The book’s initial chapter examines research showing the fundamental role of the lack of housing affordability in causing homelessness and the critical role of state interventions in housing markets in preventing it. But it also shows how housing matters in relation to other things – including institutions of employment, welfare, other social conditions such as lack of family support and familial conflict, subjective identities and social labels.

The final two chapters cover housing research and policies as solutions to homelessness, is also more robust than existing primers on the topic. Chapter 7 on “supportive housing model” concisely dismantles the emerging populist and political critiques of housing first. Parsell does this by taking on the recent book of Stephen Eide, a political philosopher turned “homelessness expert” at the US based Manhattan Institute, a right-wing think tank. Eide’s critiques of housing first’s harm reduction approach and calls for the return to “treatment-first” and “shelter-first” models may sound surprising to European readers. However, it has become the blueprint of many conservative leaders, including governors of states like Florida and Texas, as well as former, and perhaps future, President Trump.

Nonetheless, Parsell also draws critiques from the existing research. Rationing a select pool of housing towards the sickest “chronically homeless” based on short-term cost-benefit analyses, means depriving housing to others who must wait, decline, suffer and become costly enough in terms of medical, carceral, and social services to be awarded housing. According to Parsell, “the cost motivations mean that housing is not considered a resource and entitlement that citizens deserve, but something government’s give for clinical or health economic reasons,” furthering the pathologizing of poverty (p.172). The book goes further, spotlighting the emerging critical work in this area that shows how cost offsets that overwhelm housing as a right can in turn undermine the permanency and quality of this housing. However, unlike Eide who argues for the roll-back of supportive housing, Parsell asserts we must continue and improve it, while expanding broader forms of universal social and cooperative housing.

Critical and Solution-Oriented Scholarship

The “critical” streak running throughout this Introduction to homelessness should already be clear from this review. Unlike so many introductions that simply spoon feed readers lessons and key takeaways from social scientific research, Parsell pushes readers to grapple with the tensions, limits, and challenges that this research presents, albeit with impressive clarity and accessibility. The chapters are largely organized dialogically: presenting evidence, critique, and then a concluding synthesis. Many mirror the sorts of seminar discussions I hold with students at UCLA, but also reflect the debates and discussions I’ve observed and participated in with activists and policymakers across the globe regarding the “wicked problems” of homelessness.

Yet readers should not misread the “critical” subtitle as an engagement with “critical urban theory.” The works of critical urbanists such as Don Mitchell, Neil Smith, and Michele Lancione are referenced in specific chapters. However, the book does not draw on their works to link contemporary homelessness and its regulation to the broader transformations of financialized real estate, inter-urban capitalist competition, post-colonial migration management, advanced marginality, or racial capitalism. It may have been wise to steer clear of some of these texts riddled with overly vague and morally charged abstractions for a general readership. But in arguing for the need for deep structural societal transformation, these works seem especially relevant, and their omissions unfortunate.

Unlike much of the critical scholarship and social science introductions to homelessness more generally the book’s conclusion focuses extensively on solutions. Parsell’s central critique is aimed at the philosophy and practices addressing homelessness by a range of actors across the globe such as UK’s Centre for Homelessness Impact, the Vanguard Cities Initiative, and the Macarthur Foundation funded Community Solutions “Built for zero initiative.” Exemplifying this framework is Linda Gibbs of Bloomberg Associates and colleagues who examined homelessness in ten global cities (2021). They assert what is needed to end unsheltered homelessness is a concerted move toward “a coordinate system of care whereby clients rationally receive the most appropriate services through a shared system of assessment and intake, with a commitment to measuring impact backed up with rigorous evaluations” (2021, p.33). This can be mainly accomplished through a technocratic brand of urban governance, marked by strong mayoral leadership with the assistance of professional consultants sharing best practices.

According to Parsell these organizations present “work to improve our responses and systems of operation – often based on evidence – even as they say nothing, much less do anything, about the structures within society that produce homeless-

ness and make sustainable exit for the majority impossible.” He also sees the call for better evidence as ignoring the deeply embedded ideological ideas about the role of individual vs. collective responsibility.

In contrast to tweaking policies toward optimization, Parsell argues for “nothing short of societal transformation.” The book provides a vision of what this might look like. It points to studies demonstrating benefits of regulating corporate rental investments and state interventions in subsidizing affordable housing. Finland and Scotland are detailed as cases that have made measurable progress towards societal transformation to end and prevent homelessness. Most compelling is Parsell’s elaboration of de-commodified “collaborative housing.” Drawing on the work of Darinka Czischke (2018) and others, collaborative housing centers on tenant agency, where groups collectively organize to take land and housing stock of the market to instead be managed and delivered affordably by collectives.

But how do we reach these solutions? While the book is strong on presenting alternatives and solutions, it is much weaker in identifying what actions, organizing, and politics might help us get there. It is in many ways similar to sociologist Mathew Desmond’s latest book “Poverty, by America,” a similarly synthetic introduction to the topic of poverty, both strong in its diagnoses of the problem of, and, unlike his first book *Evicted*, exceptionally strong on policies that would abolish it. Parsell and Desmond make clear that wealthy democracies have both the means and state authority to abolish homelessness and poverty, we simply lack the political will.

Parsell and Desmond also put forward clear moral arguments and reframing’s of the problems of homelessness and poverty. Parsell concludes “To activate this political will, not only can we frame homelessness as the systematic exclusion of people in multiple ways, we can also highlight what their compound deprivation means for how they live and how this contrasts with our values for society.” While I agree with Parsell that “evidence-based research” does not always, or even most the time, activate political will, moral arguments alone also don’t have very strong records in inciting social transformation

While the book provides progressive policies and visions in addressing homelessness, we also urgently need guidance on building the sort of political coalitions and strategies that might deliver them. Since the 2008 global financial crises, the US has seen a resurgence of housing rights movement organizations, tenant unions, and political demands of increased affordable and social housing. Since 2020, housing has re-emerged to appear on political platforms beyond local government, in state and presidential politics for the first time since the 1970s.

During this same time housing movements and organizations across European cities have reconfigured municipal, state, and even national politics from Berlin to Barcelona. The questions as to what coalitions and tactics work and why in some places and not others is also something the book's international comparative scope would have been especially helpful. I hope another scholar will take on this task, but Parsell provides us not only a new standard foundation to build from, but also a novel and compelling vision of homelessness' abolition.

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