

European Observatory on Homelessness

# European Journal of Homelessness

Volume 10, No. 1 \_ June 2016



## **EUROPEAN JOURNAL OF HOMELESSNESS**

### **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 will also assess the lessons for Europe, which can be derived from policy, practice and research from elsewhere.

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## **Contributors**

Roberto Bernad  
RAIS Fundación  
Madrid, Spain  
roberto.bernad@raisfundacion.org

Sandra N. Boersma  
Impuls: Netherlands Center for Social Care Research, Department of Primary  
and Community Care, Radboud University Medical Center  
The Netherlands  
boersma@fsw.leidenuniv.nl

Nienke Boesveldt  
Utrecht University  
The Netherlands  
N.F.Boesveldt@uu.nl

Scott R. Brown  
Vanderbilt University  
Nashville, Tennessee, USA  
scott.r.brown@vanderbilt.edu

Teresa Consoli  
Department of Social and Political Sciences  
University of Catania, Italy  
consoliteresa@gmail.com

Caterina Cortese  
fio.PSD, Italian Federation of Organizations Working with Homeless People  
caterina.cortese@fiopsd.org

Daniel Gubits  
Abt Associates  
USA  
Daniel\_Gubits@abtassoc.com

Guy Johnson  
Centre for Applied Social Research, RMIT University  
Melbourne, Australia  
guy.johnson@rmit.edu.au

Mark Jordan  
Southampton Law School  
University of Southampton, UK  
m.g.jordan@soton.ac.uk

Jorien Van der Laan  
Impuls: Netherlands Center for Social Care Research, Department of Primary and  
Community Care, Radboud University Medical Center, and Amsterdam University  
of Applied Sciences, The Netherlands  
j.van.der.laan2@hva.nl

Dike Van de Mheen  
Erasmus Medical Center, IVO Addiction Research Institute, Netherlands  
And Department of Health Promotion, Maastricht University, Maastricht, Belgium  
vandemheen@ivo.nl

Paolo Molinari  
Institute of Economic and Social Research  
of Friuli Venezia Giulia (IRES FVG), Italy  
molinari.p18@gmail.com

Sonia Panadero  
Faculty of Psychology, Universidad Complutense de Madrid  
Madrid, Spain  
spanadero@psi.ucm.es

Nicholas Pleace  
Centre for Housing Policy, The University of York  
York, UK  
nicholas.pleace@york.ac.uk

Gerda Rodenburg  
Erasmus Medical Center and IVO Addiction Research Institute  
Rotterdam, The Netherlands  
rodenburg@ivo.nl

Marybeth Shinn  
Vanderbilt University  
Nashville, Tennessee, USA  
beth.shinn@Vanderbilt.Edu

Michaela Smidova  
Center for Social and Economic Strategies, Charles University  
Prague, Czech Republic  
smidovamichaela@seznam.cz

Barbara Van Straaten  
Erasmus Medical Center and IVO Addiction Research Institute  
Rotterdam, The Netherlands  
straaten@ivo.nl

Martin Vavra  
Center for Social and Economic Strategies, Charles University  
Prague, Czech Republic  
martin.vavra@soc.cas.cz

Judith RLM Wolf  
Impuls: Netherlands Center for Social Care Research, Department of Primary  
and Community Care, Radboud University Medical Center  
The Netherlands  
judith.wolf@radboudumc.nl

Michelle Wood  
Abt Associates  
USA  
Michelle\_Wood@abtassoc.com

Rebeca Yuncal  
RAIS Fundación  
Madrid, Spain  
rebeca.yuncal@raisfundacion.org

Anna Zenarolla  
University of Padova, Italy  
anna.zenarolla@gmail.com

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## Editorial

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With this edition of the European Journal of Homelessness, we mark the 10<sup>th</sup> anniversary of the journal. The first edition was published in December 2007 and the editorial team are delighted that we have reached this milestone, and wish to thank the contributors, reviewers and readers for supporting the journal. To mark this anniversary, in addition to our usual two editions of the journal, we will also publish a special edition reflecting on research on homelessness in Europe over the past decade from a range of perspectives, and this will be published later in the year.

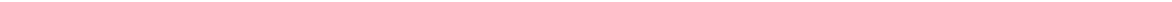
In this edition of the journal, the ongoing flourishing of Housing First projects in EU member states is reflected in articles from Spain and Italy. Documenting and evaluating specific Housing First projects, the articles contribute a perspective from Southern Europe to the now substantial research literature that demonstrate the success of this approach to housing homeless people. Access to secure housing and ongoing affordability and support are central to the Housing First approach. The central role that housing affordability plays in ending homelessness is outlined by Beth Shinn and colleagues in their contribution to the journal based on the keynote presentation at the European Homelessness Research Conference held in Dublin in September 2015. Their paper provides clear evidence that permanent housing subsidies, which allowed families to pay market rents but ensure that they spend only 30 percent of their income on rent with the subsidy paying the balance, were most successful at ending homelessness and promoting housing stability, rather than project based transitional housing or temporary 'rapid re-housing.' The authors also found that permanent housing subsidies had further positive impacts on family preservation and adult and child well-being. The authors conclude that homelessness among families in the United States is centrally a problem of housing affordability.

Evaluating the outcomes of the various practices that aim to end homelessness is crucial. Indeed, the diffusion of interventions such as Housing First is largely built on the compelling research evidence of the efficacy of this approach. However, how interventions that aim to end homelessness are measured and the appropriateness of the measurement tools should also be the subject of critical scrutiny. Guy Johnson and Nicholas Place apply such critical scrutiny to a very popular measurement tool in homelessness services, the Homeless Outcome Star. They argue that the theoretical assumption underpinning the tool, that homelessness is largely a matter of personal pathology is not supported by research evidence, and methodo-

logical issues in relation to the quality, meaning and comparability of the data collected, suggest that considerable caution should be exercised with its use. Methodological issues are also the subject of the research paper by Van Straaten and colleagues. They discuss in detail the methodology deployed in an observational, longitudinal multi-site cohort study which followed over 500 homeless people for a period of 2 and a half years in the Netherlands. The view that homelessness is a consequence of individual deviance is explored in the contribution by Smidova and Vavra by analyzing public attitudes to homelessness in the Czech Republic. Collectively the papers in this edition of the European Journal of Homelessness contribute to enhancing our understanding of what works to end homelessness and the importance of having robust methodological tools to evaluate the range of interventions that are deployed in homelessness services across the European Union.



# Articles





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# Housing and Service Interventions for Families Experiencing Homelessness in the United States: An Experimental Evaluation<sup>1</sup>

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Marybeth Shinn, Scott R. Brown

Vanderbilt University

Michelle Wood and Daniel Gubits

Abt Associates

› **Abstract** *This paper examines the housing and service interventions that work best to end family homelessness and to promote housing stability, adult and child well-being, family preservation and self-sufficiency in the United States. It is based on the short-term (20-month) results of the Family Options Study, which recruited 2,282 families in emergency homeless shelters across 12 sites and randomized them to one of three housing and service interventions or to usual care in their communities. The approaches test both theoretical propositions about the nature of family homelessness and practical efforts to end it. Permanent housing subsidies were most successful at ending homelessness and promoting housing stability and had radiating impacts on all the other domains, suggesting that homelessness among families in the United States is centrally a problem of housing affordability. Project-based transitional housing, which attempts to address families' psychosocial needs in supervised settings, and temporary 'rapid re-housing' subsidies had little effect.*

› **Keywords** *Family homelessness, Family Options Study, housing affordability*

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<sup>1</sup> Funding for this paper was provided by the U.S. Department of Housing and Urban Development, Contract DU206SF-13-T-00005 to Abt Associates, Inc., and the National Institute of Child Health and Human Development grant R01HD666082 to Vanderbilt University.

## Introduction

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What kind of housing and service interventions work best to end homelessness for families? The Family Options study is a large-scale experiment that provides some answers to that question for families in the United States. Before describing the different approaches used in the study and the theories behind them, it is helpful to say something about ways that the social context of homelessness among families in the United States differs from parallel contexts in Europe.

## The U.S. Context of Family Homelessness

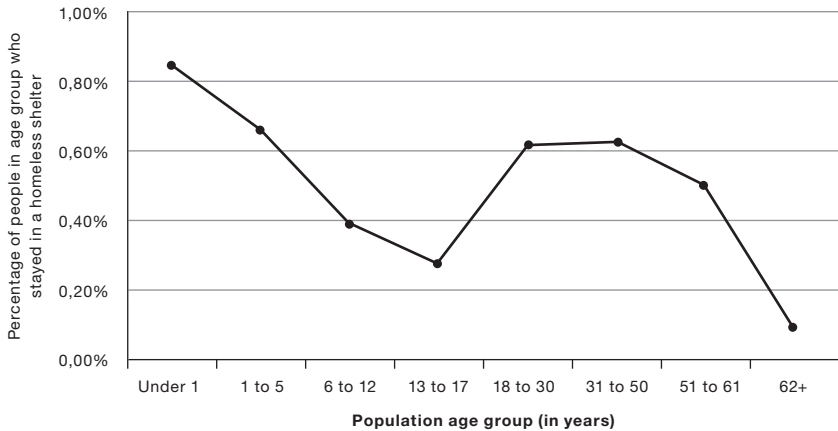
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Families constitute a larger portion of people who become homeless in the United States than in most European countries. According to the *Annual Homelessness Assessment Report to Congress* (U.S. Department of Housing and Urban Development, 2015), over a third of people who are homeless at a given time in the United States are homeless with their families. Families with young children are at special risk, arguably because the United States spends much less on safety net programmes (Smeeding, 2005; Jusko, 2016) and on assistance to families in particular (Gornick and Jäntti, 2012; 2016) than does Europe. Indeed, although more adults than children experience homelessness, a person in the United States is most likely to spend a night in a homeless assistance programme during infancy (see Figure 1). Rates of homelessness remain high during the preschool years and fall off when children enter school, probably because parents must pay for most preschool programmes but what Americans call 'public school' is free. Rates of stays in homeless programmes then rise again in early adulthood, at which point some of the affected adults are the parents of young children. Rates remain high throughout middle age, although not as high as for young children, before falling off for older adults.

Another important contextual fact is that there is no State in the United States where a full-time worker who works year round at the minimum wage (federal minimum or state minimum where that is higher) can afford the Fair Market Rent for even a one-bedroom apartment (National Low Income Housing Coalition, 2015). The Fair Market Rent is a low-average rent, set at the 40<sup>th</sup> percentile for units coming onto the market in the geographic locale. Affordability is defined here by the federal standard that households should spend no more than 30 percent of their pre-tax income on housing. Among the seven jurisdictions where the largest numbers of families experience homelessness, the number of hours a person would have to work at the local minimum wage in order to afford a two-bedroom apartment (suitable for a small family) ranges from 115 hours per week in Seattle (on the West

Coast) to 151 hours per week in Nassau/Suffolk (outside New York City).<sup>2</sup> The United States is thus a country in which large numbers of poor families are potentially vulnerable to homelessness.

**Figure 1. Homelessness by Age Group in the United States (annual estimates)**



Sources: Population by age group calculated by authors from U.S. Census Bureau (2014) *Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States: April 1, 2010 to July 1, 2013*.

Numbers experiencing an emergency shelter stay by age obtained from U.S. Department of Housing and Urban Development (2014) *Demographic Characteristics of Sheltered Homeless Persons by Household Type, October 2012 – 2013*. HMIS Estimates from the 2013 *Annual Homeless Assessment Report to Congress*.

## Interventions under Study

The Family Options study compared three housing and service interventions to one another and to usual care in twelve sites in the United States. The interventions have different conceptual rationales, and proponents make different predictions about their relative effects.

The first intervention was *permanent housing subsidies*, typically provided by vouchers, which enabled families to rent market-rate housing from private landlords, paying only 30 percent of their income for rent: the voucher paid the rest. That is, the central intervention was to make housing affordable. Some families got help with finding housing but no other assistance from the homeless service system.

<sup>2</sup> Ranks for family homelessness are from the U.S. Department of Housing and Urban Development (2015) point-in-time counts, Exhibit 3.1. Housing costs and local minimum wages are from the National Low Income Housing Coalition (2015) figures for each jurisdiction.

They were, of course, free to find and use whatever additional services were generally available in their communities. The theory behind permanent subsidies is that homelessness for families in the United States is primarily a problem of housing affordability, a problem that vouchers can solve. Stabilizing families in housing removes a major stressor from their lives, allows more family income to be spent on goods other than housing, and provides a platform on which families can build to address any other problems on their own. Proponents thus expect subsidies to reduce homelessness and other measures of residential instability, and perhaps to have salutary impacts in the four other domains we studied: adult well-being, family preservation, child well-being and self-sufficiency. A previous experiment found that giving housing vouchers to poor families receiving public assistance (welfare) prevented homelessness (Wood *et al.*, 2008), and quasi-experimental work has shown that housing subsidies can prevent homelessness (Shinn, 1992), end it (Culhane, 1992; Wong *et al.*, 1997; Zlotnick *et al.*, 1999), and promote residential stability (Shinn *et al.*, 1998).

Housing subsidies are not part of the usual homeless service system; there are long waiting lists in most communities, and many fewer subsidies available than eligible households. We arranged with the federal Department of Housing and Urban Development to provide incentives to local Public Housing Authorities that control subsidies to make them available to the study. This infusion of resources made participation in the study attractive to both families and service providers in participating communities.

The second approach, called *community-based rapid re-housing*, offered short-term housing subsidies lasting up to a potential 18 months, though lasting typically less than half that time in practice. Again, families used the subsidies, which were structured differently in different communities, to rent in the private rental market. Families had to be re-certified (typically on the basis of both income and progress on a case plan) every three months for continued receipt of subsidies. Participants also received low-intensity case management that focused on housing and employment. The rationale for rapid re-housing is that in tight housing markets, various events can push poor families into homelessness. The central role of the homeless service system is to help families resolve the immediate crisis and get back into ordinary housing as quickly as possible, with the lightest touch necessary, so as to offer help efficiently to the largest number of families. Proponents' predictions are much the same as for permanent subsidies, with a focus on reduced use of the homeless service system.

Rapid re-housing is a relatively new approach in the United States. Although it has received a good deal of interest, advocacy and funding, as yet there has been little rigorous empirical research. Of the veterans with families that received rapid



re-housing services, 9.4 percent had a repeat episode of homelessness recorded in the veteran system in the first year and 15.5 percent had a repeat episode by the end of the second year after exiting from rapid re-housing services; rates were lower for families than for adults without children, but there was no comparison made with households that received other services (Byrne *et al.*, 2016). Summarizing several unpublished studies, Cunningham *et al.* (2015) reported that returns to homelessness for households (sometimes including single adults) that received rapid re-housing were generally low, but that residential instability was often high. Without well-matched comparison groups it is hard to know what would have happened had households received other interventions.

The third approach was *project-based transitional housing* – temporary housing lasting up to two years in a supervised facility with other homeless families, combined with intensive case management. Case managers assessed families' needs at programme entry, and either provided or arranged for the provision of services to address those needs. The theory behind transitional housing is that families who experience homelessness are experiencing a number of challenges – from a lack of job skills or poor credit to substance dependence and domestic violence – that they need to address in order to lay the foundation for later housing stability. Thus, transitional housing is a housing readiness rather than a housing first approach. To differentiate transitional housing from rapid re-housing, we excluded programmes called 'transition in place' that place families in scattered units where they can take over the lease at the end of the programme. Proponents expect transitional housing to improve adult well-being and family self-sufficiency, which in turn should reduce homelessness and improve additional outcomes, such as family preservation and child well-being. Previous studies of transitional housing often describe the successes of programme graduates (Northwest Institute for Children and Families, 2007; Burt, 2010) without any comparison group or reference to others who left before graduation. As for rapid re-housing, it is difficult to know what would have happened had families been offered other interventions.

We compared these options to usual care in participating communities. From a research-design perspective, one might want to compare the active interventions to shelter only, but for ethical reasons, we did not want to take any options away from vulnerable families. Usual care consisted of whatever combination of services families could find on their own or with whatever help they could secure. All families were recruited to the study from emergency shelters, so families in this group typically started with a longer stay in shelters that provide relatively intense case management services. Some families then found their way into a variety of programmes, including each of the three special interventions. The usual care condition shows how the homeless service system works in the absence of priority

offers to specific intervention programmes. No family was made worse off by participating in the study and, collectively, families received access to additional housing and service options.

The experiment was not a demonstration programme, where researchers design and implement interventions with high fidelity to an ideal model; rather, the study examined nearly 150 existing programmes in 12 communities with different characteristics spread throughout the United States. More detail about the communities and the programmes representing each of the interventions may be found in Gubits *et al.* (2013).

## Methods

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### *Participants*

The study enrolled 2,282 families who consented to participate after they had stayed in emergency homeless shelters for at least a week. The typical family was a woman with a median age of 29, along with one or two children. Over a quarter (27.4 percent) had a spouse or partner with them in the shelter, and an additional one tenth (10.1 percent) had a partner who was not in the shelter. Qualitative data (Mayberry *et al.*, 2014) suggest that shelters in the United States still exclude men, and families with configurations other than one or two parents with children under 18. Although most families who become homeless in the United States are homeless only once and fairly briefly (Culhane *et al.*, 2007), a cross-sectional sample such as ours includes more families with longer or repeated stays in shelters. In addition, the fact that we enrolled families only after they had spent at least seven days in shelter probably led to a relatively needy group (we did not want to offer expensive programmes to families who could resolve their homelessness quickly without special intervention). Families had a median annual household income of \$7,400 – far too low to afford housing in the private rental market. Three-fifths (63 percent) had been homeless previously, and 30 percent had symptoms of psychological distress or post-traumatic stress disorder (PTSD). One in seven families (14 percent) reported drug abuse and an overlapping one in nine (11 percent) reported alcohol dependence. Almost half (48.9 percent) had experienced domestic violence as an adult.

### *Research design*

The Family Options study was designed as an experiment. We would have liked simply to assign families to the different interventions randomly, but many programmes for people experiencing homelessness have eligibility requirements and we did not want to send families to programmes that we knew would turn them

down. Nor did we want to ask programmes to distort their service models by taking families that they did not feel equipped to serve. Thus, we asked families questions to determine whether they met the eligibility criteria specified by programmes for each programme that had an opening at the time the family enrolled in the study. Then we randomized families among the interventions for which there was at least one programme with a current opening for which they appeared eligible. All families were eligible for usual care by definition. To preserve the integrity of the experiment, in comparing families offered an intervention with families in usual care, we included only those usual care families who were eligible for the intervention but did not receive any special offer. That means that we compared a slightly different group of usual care families with each of the interventions. Similarly, in comparing interventions with one another, we included only families eligible for both. In essence, we have six mini-experiments comparing pairs of interventions for well-matched groups of families. This article summarizes the three comparisons of active interventions with usual care. Additional detail and comparisons of interventions with one another can be found in Gubits *et al.* (2015).

Families assigned to an intervention did not have to take it up. Rather, they received a priority offer to a specific programme that had a vacancy reserved for them. Families assigned to each intervention could and did find their way into a variety of programmes. Nevertheless, families were more likely to use the intervention where they got a priority offer. For example, 84 percent of families assigned to permanent subsidies took up offers of subsidized housing compared to 12 percent of comparable usual care families (25 percent of usual care families if we include all forms of permanent subsidy). For rapid re-housing, 60 percent of families assigned to the intervention took up rapid re-housing compared to 20 percent of comparable usual care families; for project-based transitional housing, it was 54 percent vs. 29 percent. Families also used their assigned interventions for longer periods (Gubits *et al.*, 2015).

At the 20 month follow-up point, we re-interviewed respondents in 1,857 families – 81.4 percent of the original sample. We also randomly selected up to two children from each family, we directly assessed 876 children between 3½ and 7 years of age and we interviewed 945 older children. Because families who took up offers likely differed from those who did not take them up, we examined all families who received priority offers of each intervention with the well-matched group of families in usual care who were eligible for the offer but did not receive it. (This analysis strategy is known as Intent-to-Treat.)

## Measures

We focus here on 18 outcomes – three or four in each of the domains of housing stability, adult well-being, family preservation, child well-being and self-sufficiency (as listed in Table 1). We pre-selected these 18 outcomes (prior to seeing results) for presentation in the Executive Summary of the project report. Pre-selection guards against over-interpreting scattered effects among a much larger number of measures. The full report (Gubits *et al.*, 2015) includes a full description of the measures, and also outcomes for a larger set of 73 measures.

Most measures were self-reports, with the exception of any stay in emergency shelter in months 7 to 18, which were obtained largely from records of the local Homelessness Management Information System, which records contacts with the homeless service system. Other outcomes in the housing stability domain were self-reports of homelessness (defined as living in a homeless shelter, temporarily in an institution, or in a place not typically used for sleeping) or doubling up (defined as living with a friend or relative because you could not find or afford a place of your own), and the number of places lived in the last six months.

Adult well-being included two single-item reports of fair or poor health (on a five-point scale) and experience of being physically abused or threatened with violence by a romantic partner. Psychological distress was measured with the Kessler-6 index of symptoms (Kessler *et al.*, 2003) transformed to z-scores; alcohol dependence with the Rapid Alcohol Problems Screen (RAPS4: Cherpitel, 2000); and drug abuse with the Drug Abuse Screening Test (DAST-10: Skinner, 1982).

To assess family preservation we conducted family rosters, with information about each family member with the respondent in the shelter at the outset of the study (the baseline interview), and then information about the whereabouts of those family members 20 months later. Separations and reunifications involved changes from the family in the shelter at the baseline.

Child well-being included parent reports of three one-item measures of the number of schools the child had attended since the baseline interview, the number of absences from school in the past month (the last month that school was in session if over the summer), and physical health, as for adults. The last measure was the average of four parent reports on questions in four domains of problem behaviour on the 'Strengths and Difficulties' questionnaire, standardized for age and gender to a national sample (Goodman, 1997).

**Table 1. Intervention Impacts at 20 Months Following Random Assignment (RA)**

Outcome	Mean Usual Care	Permanent Subsidy vs. Usual Care	Rapid Re-housing vs. Usual Care	Transitional Housing vs. Usual Care
<b>Housing Stability</b>				
A. At least one night homeless or doubled up in past 6 months (percent)	40,2	-24,9***	-3,0	-4,6
B. Any stay in emergency shelter months 7 to 18 (percent)	27,8	-12,9***	-2,1	-8,2**
Either A or B above ( percent) (confirmatory) <sup>a</sup>	50,1	-28,0***	-3,5	-7,7*
Number of places lived past 6 months	1,76	-0,37***	-0,09	-0,09
<b>Adult Well-Being</b>				
Fair or poor health ( percent)	31,5	0,1	-3,8	1,9
Psychological distress (z)	0,00	-0,15***	-0,07	0,01
Alcohol dependence or drug abuse (percent)	14,5	-4,5*	-3,1	-0,5
Intimate partner violence in past 6 months ( percent)	11,6	-6,7***	-1,1	-1,1
<b>Family Preservation</b>				
At least one child separated in past 6 months ( percent)	15,4	-7,1***	-2,0	-0,6
Spouse/partner separated in past 6 months ( percent) (base: those with partner present at RA)	36,5	0,7	9,4	1,2
Child reunified ( percent) (base: those with child separated at RA)	27,1	5,0	6,1	1,9
<b>Child Well-Being</b>				
Number of schools since RA	1,96	-0,21***	-0,05	-0,07
Child care/school absences in past month	0,95	-0,15*	-0,13*	0,06
Fair or poor health ( percent)	4,6	0,5	-0,1	2,5
Behaviour problems (z)	0,58	-0,12	-0,13	-0,13
<b>Self Sufficiency</b>				
Work for pay week before survey (percent)	31,3	-5,7**	-0,1	3,1
Total family income (\$)	9067	-460	1128**	818
Household is food secure ( percent)	64,5	9,9***	6,1*	2,7
<b>Number of families</b>	578	944	906	556

Source: Family Options Study (Gubits et al., 2015)

\* p &lt; .10, \*\* p &lt; .05, \*\*\* p &lt; .01

<sup>a</sup> After adjustment for multiple comparisons, the confirmatory outcome remains significant at  $p < .01$  for permanent subsidy vs. usual care, but it is not significant for transitional housing vs. usual care.

Self-sufficiency included whether the respondent had worked for pay in the week before the survey, and two multi-item measures. The first series of questions attempted to estimate income from all sources in the most recently completed calendar year. The second assessed food insecurity using standard questions from the U.S. Department of Agriculture (Nord *et al.*, 2005).

We also assessed the costs of the interventions in two ways: the average monthly cost of actually using a typical programme that provided each intervention, and the total cost of all the housing programmes used by families assigned to each intervention group. The latter depended both on the mix of programmes that families used and the length of time they used them for.

## Results

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### *The Service System*

The first lessons from the study were about the service system. We initially screened 2,490 families, but excluded 183<sup>3</sup> because they were not eligible for available slots in at least two of the interventions (later, at least one) in their community in addition to usual care. Some families lost interventions because they were temporarily or permanently unavailable in their communities at the time they applied. Further, many families lost interventions because they did not pass eligibility screenings. Over a quarter of families were deemed ineligible for any transitional housing programme in their community on the basis of the screening prior to random assignment, and only a little over half of those who received a priority offer of transitional housing moved in. (We cannot tell to what extent families rejected programmes and to what extent programmes conducted additional screening and turned down families.) Rapid re-housing programmes excluded far fewer families up front – under 10 percent – but only three-fifths of those with priority offers found and leased a unit. Thus, the mainstay programmes in the homeless service system either excluded or were unattractive to many homeless families. By contrast, the housing subsidy programmes, which typically have long waiting lists so that they are not ordinarily available to families at the time they become homeless, screened out less than 5 percent of families, and 84 percent of families who got a priority offer found a landlord who would accept a voucher and moved in (a far higher proportion than in many studies of voucher take-up).

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<sup>3</sup> A few additional families without children aged 15 or under were later excluded from analysis.

### ***Intervention Impacts***

The central lessons of the study concern the impact of receiving a priority offer of one of the interventions compared to not receiving any special offer. Table 1 shows results comparing families in each intervention group with comparable usual care families for the 18 outcomes that were pre-selected for presentation in the Executive Summary of the project report. We also chose one outcome (the ‘confirmatory outcome’) and adjusted statistical significance levels for multiple comparisons for this outcome only. All other results are deemed exploratory, although the consistency of the patterns suggests more than chance findings. We pre-specified both the methods of analysis and a significance level of .10. The full report (Gubits *et al.*, 2015) describes the statistical analysis in detail, including weighting for non-response and control variables.

Column 1 of Table 1 shows the percentage of families who experienced an outcome for dichotomous measures (or the mean for continuous variables such as number of moves and psychological distress) for the entire usual care sample. This allows us to understand how families who got no special offer of assistance fared 20 months after a stay in emergency homeless shelters. The remaining columns in Table 1 show comparisons of the three interventions to usual care, where only the usual care families eligible for the named intervention are included in each comparison. So, for example, the first row shows that 40.2 percent of families who received no special offer of assistance reported being homeless or doubled up with another household in the six months prior to the follow-up survey. Assignment to a priority offer of a housing subsidy reduced that number by 24.9 percentage points – over half – a result that was highly statistically significant. Assignment to priority offers of the other interventions had small and non-significant effects.

### ***Housing stability***

Families who got no special offer of intervention remained residentially unstable 20 months after entering shelter. Half of the usual care families had either stayed in emergency shelters recently or been doubled up. (This outcome encompasses the ETHOS Typology of Homelessness and Social Exclusion categories 1, 2, 3.1 and 4 for homelessness, and 8.1 for doubling up: FEANTSA, undated). Priority offers of permanent housing subsidies reduced self-reported homelessness and doubling up in the past six months by more than half and shelter stays in the past year by almost half. All families had to have stayed in at least one place in the past six months; assignment to permanent subsidies reduced additional places by almost half. Project-based transitional housing had more modest effects on homelessness, but not on doubling up or residential mobility. Rapid re-housing was equiva-

lent to usual care in this domain. Although not a pre-selected outcome, initial shelter stays were shortened by about the same amount – half a month – by priority access to each of the three interventions.

### ***Adult well-being***

One in seven adults in usual care reported alcohol or drug dependency, and one in eight reported intimate partner violence in the past six months. Levels of psychological distress were high (here reported as standard scores so that the mean in the usual care group is 0). Priority offers of permanent subsidies reduced dependence on alcohol or drugs by almost a third and intimate partner violence by almost half. It also reduced psychological distress but did not affect physical health. Assignment to rapid re-housing and transitional housing had no impacts on these measures.

### ***Family preservation***

Fifteen percent of usual care families had a child separated from the family in the past six months and (although not a pre-selected outcome) 4 percent had a child placed in foster care. Priority access to housing subsidies reduced child separations by two fifths and foster care placements by three fifths. Assignment to rapid re-housing and transitional housing had no impact on either outcome. None of the interventions affected separations from spouses or partners, or reunifications (albeit for a much smaller sample of families who had a child living elsewhere at the time of the initial interview in shelter).

### ***Child well-being.***

Child well-being outcomes were assessed only for children who remained with their families. Because subsidies reduced separations, there was a broader group of children for the subsidy intervention than for usual care. Children in families offered subsidies moved among schools less often – about one fewer move for every five children. Offers of both permanent subsidies and temporary rapid re-housing subsidies reduced school absences by equivalent amounts. Priority offers of transitional housing had no impact on these outcomes. None of the interventions affected child health or behaviour. There were relatively few effects on the broader set of outcomes in this domain that were not pre-selected for inclusion in the executive summary.

### ***Self-sufficiency***

Fewer than a third of respondents in usual care worked for pay in the week before the follow-up survey. Family incomes averaged \$9,067 per year – higher than at study entry but still too low to rent unsubsidized units in the private rental market. Priority offers of permanent subsidies reduced the number of families who worked



for pay by a fifth; this and other work-related outcomes not included in the Executive Summary were the only adverse impacts of the subsidy intervention. Interestingly, incomes were not affected. Assignment to both permanent subsidies and to temporary rapid re-housing subsidies increased the proportion of families who reported having secure access to food from two thirds to three quarters of families. Priority offers of rapid re-housing resulted in a \$1,128 increase in family income – still too low for private rentals. Priority offers of transitional housing had no impact on self-sufficiency.

### ***Lack of differential effects based on family needs***

An important question is whether all families need permanent housing subsidies or whether some families could do as well with a shorter intervention. Similarly, although transitional housing was not very effective in this study, might the services it provides be important for allowing some families to succeed? We attempted to understand whether the interventions were differentially effective for families with lower and higher needs, defined in two ways. The first was the number of psychosocial challenges, such as interpersonal violence, substance abuse or mental health problems that families reported at the outset of the study before random assignment. The second was the number of housing barriers, such as lack of money to pay rent, lack of employment or poor credit history that families reported at the same time. To examine whether interventions worked better for families with greater or lesser levels of needs, we tested the statistical interactions of each index (separately) with each of the interventions used in the prediction of the outcomes listed in Table 1. The number and pattern of findings did not exceed what would be expected by chance alone.

### ***Costs***

The costs per month of actually using a service were lowest for rapid re-housing (\$878), intermediate for subsidized housing (\$1,162) and highest for transitional housing (\$2,706) and emergency shelters (\$4,819), with considerable variation across sites and programmes. Families in all intervention arms used a variety of programmes, and so the cost for families given priority offers of different interventions varied by only about 10 percent over the course of the follow-up period. The cost estimates showed clearly that usual care cost far more than no treatment: the total cost of the housing and service programmes used by the usual care group was about \$30,000 over 20 months. Surprisingly, the permanent subsidies cost about the same over 20 months as usual care. This was because families in usual care used more shelter and transitional housing, which are both expensive. Rapid re-housing cost less than usual care over 20 months, and transitional housing cost more.

## Discussion

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Priority offers of housing subsidies, when compared to usual care, had salutary effects in each of the five outcome domains over the 20-month follow-up period, with positive impacts on 10 of the 18 pre-selected outcomes, and a negative impact on one. Subsidies, without any psychosocial services, not only had strong effects on housing outcomes but also had radiating impacts in other domains, consistent with the theory that homelessness for families in the United States is a housing affordability problem that subsidies can solve, and that secure housing provides a platform for families to deal with other problems on their own. Subsidies remove a major stressor in families' lives and allow them to focus on other issues.

Priority offers of transitional housing had more modest effects on homelessness (but not on doubling up) relative to usual care, perhaps because transitional housing can last up to 24 months and a number of families were still in transitional housing programmes at the time of the follow-up survey. This intervention did not have effects on other outcomes. In particular, the psychosocial services in transitional housing did not affect well-being or self-sufficiency. The study provides little support for the housing readiness approach of transitional housing, where services leading to changes in these outcomes are theorized to lay the foundation for later success in housing.

Priority access to rapid re-housing increased incomes and food security and reduced children's absenteeism from school, but had no effect on housing outcomes, family separation or adult well-being relative to usual care. Although three quarters of families in usual care avoided shelter in the months leading up to the follow-up interview, the temporary subsidies provided by rapid re-housing programmes were simply not enough to help families do better. The primary selling points for rapid re-housing are its lower costs and its positive effects on family income. If incomes continue to grow, they may enable more families to rent housing in the private market in the future. If the homeless service system is unable to gain access to additional permanent subsidies, then using resources for rapid re-housing, which attains slightly better results than usual care at lower cost, would be advantageous.

None of the interventions had any impact for families with greater or lesser levels of need defined in terms of psychosocial challenges or housing barriers. The study's best guidance for policy and practice is reflected in the average findings across all families.

The idea that permanent housing subsidies would reduce homelessness is not a radical one. Nor is the idea that subsidies reduce work effort, whether because the subsidies reduce the need for work, or because reducing housing costs to 30 percent

of income effectively imposed a 30 percent marginal tax on income (in addition to other taxes a family pays). Another large experimental study of offering housing vouchers to families receiving public assistance (welfare benefits) also found a short-term diminution of work effort that dissipated after five years (Mills *et al.*, 2006).

Other findings of the study are more novel. The radiating benefits of permanent subsidies for family preservation, adult and child well-being, and food security have not been shown previously. The fact that offering families subsidies costs about the same as not giving them any special offer over a 20-month period is also surprising. The study is continuing to follow families for three years, and we will determine whether these impacts hold up over the longer period, and whether costs diverge if families continue to use permanent subsidies while families without specific offers use fewer.

Our results are at odds with observational studies of rapid re-housing in the United States. Differences could be due to the selection of families in the observational studies (the enrolment phase showed that only a little more than half of families screened for rapid re-housing passed the screening and also took up the intervention). Families in our study had all spent at least a week in a shelter and three-fifths had been homeless previously; rapid re-housing subsidies often go to families in their first episode of homelessness, sometimes even before a shelter stay; temporary subsidies may be sufficient for individuals or families with lower levels of need. Lack of take-up could have diluted programme effects, or programmes in different sites could be differentially successful due to either programme characteristics or site characteristics; our draw of a dozen sites had little overlap with sites studied previously.

Generalizations from different countries with different social systems should always be approached with caution. In the United States, our results suggest the importance of housing subsidies in reducing family homelessness, but the international lesson may be more about the relative importance of focusing on housing affordability in comparison to psychosocial issues in addressing family homelessness. The United States is clearly an outlier among wealthy countries in relative poverty because of its anaemic tax and transfer programmes; child poverty in the United States is particularly high (Gornick and Jäntti, 2016), but conversations with service providers in Dublin and Melbourne suggest that homelessness among families is on the rise in both of those cities, as housing costs outstrip incomes at the bottom of the distribution chain. Paradoxically, improvements in the labour market may make this situation worse, as middle class workers bid up rents beyond what poor people can afford (O'Flaherty, 1996). Homeless advocates may want to consider the role that housing affordability plays in countries where family homelessness is on the rise, and what policy levers can be used to raise incomes or lower costs to make housing more affordable for the poorest families.

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# How Do We Measure Success in Homelessness Services? Critically Assessing the Rise of the Homelessness Outcomes Star

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Guy Johnson and Nicholas Pleace

Centre for Applied Social Research, RMIT University, Melbourne Australia

Centre for Housing Policy, The University of York

› **Abstract\_** *The Homelessness Outcomes Star (HOS) is probably the most widespread form of outcome measurement employed by homelessness service providers. Developed in the UK, the HOS is now being used by homelessness services in other European countries and Australia, while being promoted internationally as a validated set of key performance indicators. This paper examines the ideological framework that underpins the HOS, as well as the theoretical and methodological approaches that inform its operation. The review concludes that while there is some utility in the measurement of relative progress for individual service users, the HOS has important limits, both as a means of comparative outcome analysis and as a validated measure of homelessness service outcomes.*

› **Keywords\_** *Homelessness, outcome measures, motivational interviewing, stages of change*

## Introduction

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New Managerialism, which arose in the public sector (Exworthy and Halford, 1999), has become increasingly evident in the homelessness sector in the UK and Australia (Bullen, 2015). New Managerialism emphasizes the role of efficiency and productivity within a conceptual framework derived from a particular view of what constitutes efficient Capitalism, rather than, for example, defining organisational worth only in terms of public good. This approach, sometimes characterised as the organisational manifestation of neoliberalism, produces an emphasis on market principles in the delivery of public services. For the homelessness sector, it creates a radically new and challenging context in which 'value' is no longer derived simply from the public good of preventing and reducing homelessness, but must instead be assessed and reported upon in terms of efficiency, effectiveness and making the best use of public money.

In this context, homelessness agencies increasingly have to demonstrate their "accomplishments and inherent worth" (Greenway, 2001, p.217). Indeed, as NGOs have come to realize the importance of documenting their impact or risk losing their funding, there has been increased attention on measuring the social and economic outcomes they achieve. This is a significant shift. Whereas in the past, funding arrangements were often based on inputs (the amount of funding) or outputs (number of clients served; the services they received), outcome measurement increasingly focuses attention on the benefits that organisations produce to improve the quality of life for individuals (and communities). While better outcome measurement has the potential to benefit governments, commissioners, service providers and the people they serve, it is a demanding and complex task that poses major challenges.

New Managerialism requires a tangible means of measuring impact in order to function properly. If efficiency and effectiveness are to be demonstrated, then performance must somehow be *recorded*. For homelessness services this means they need to record what happens at the individual level if they are to demonstrate that they are working efficiently. This creates an emphasis on recording how an individual is 'positively changed' by a homelessness service intervention (Lyon-Callo, 2000; Dordick, 2002; Löfstrand, 2010; Hansen-Löfstrand and Juhila, 2012). The requirements of New Managerialism thus combine with a wider political and cultural tendency to reduce homelessness to individual pathology, downplaying or dismissing possible structural causation. Homelessness services are also increasingly defined as successful if they move homeless people towards actions deemed productive by the state (Wacquant, 2009). Outcome measurement is thus driven by New Managerialism, but also in ways that reflect mainstream political and social views of who and what homeless people are.



In the last decade, homelessness service providers, service commissioners and policy-makers in the UK and elsewhere have focused on developing tools that can reliably measure service and programme outcomes (Homeless Link, 2007). One tool that has gained a considerable amount of exposure is the Homelessness Outcomes Star (HOS), which is designed to “both support and measure change when working with [homeless] people” (MacKeith, 2011, p.2). Despite the rapid take-up of the HOS, there has been “no formal research on the usefulness of the Star” (op cit., p.1), nor has the theoretical model that the HOS is predicated on been subject to critical examination.

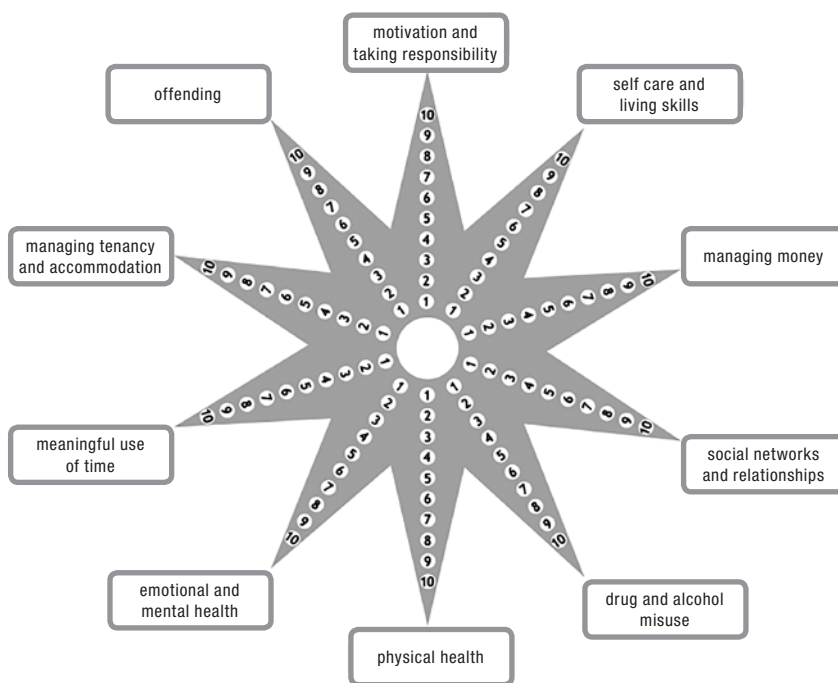
In this paper we examine the HOS. We start by describing the HOS. We then examine the theoretical tenets on which it is based, before turning our attention to the empirical approach it uses to measure outcome results. With respect to the theoretical framework, we argue that both the Journey of Change stage model that underpins the HOS, and the application of Motivational Interviewing (MI) as the key technique for facilitating behavioural change, lack clear empirical support. With respect to the measurement of client outcomes, our view is that claims to the effect that the HOS is a valid outcome measurement tool are greatly overstated – we found no empirical support for the psychometric properties of the HOS. The lack of clear evidence is a significant problem but it is not the only issue. A further concern is that the way the HOS is conceptualized and implemented appeals to a particular conception of human behaviour that assumes change is the result of “careful (cognitive) consideration of alternatives and their consequences” (Littell and Girvin, 2002, p.251). Individuals who score poorly on the HOS (or whose score does not improve) are in danger of being labelled unmotivated and irresponsible, while those who score well provide support for policies that consider ameliorating homelessness as best achieved by reforming individuals. The overall intent of the HOS to promote greater respect and understanding of homeless people as service users is a positive one. However, homelessness agencies that use the HOS and focus solely on changing individual behaviour, risk reinforcing an overly simplistic discourse that sees individual pathology as the root cause of homelessness.

## **The Homelessness Outcome Star (HOS)**

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The HOS was developed in the United Kingdom by Triangle Consulting. Triangle Consulting was originally commissioned by St Mungo’s, a homelessness service provider in London. The HOS was developed in an attempt to improve the metrics available to the UK homelessness sector, with the intent being to enhance internal management data and to give homelessness service providers viable outcome measures to secure and sustain funding. At the time of writing there are

**Figure 1: The Homelessness Outcomes Star**



The HOS is based on 10 items, which are rated on a 10-point scale (Figure 1). The 10 items are: motivation and taking responsibility; self-care and living skills; managing money and personal administration; social networks and relationships; drug and alcohol misuse; physical health; emotional and mental health; meaningful use of time; managing tenancy and accommodation; and offending. Individuals make an initial assessment on the 10-point scale. Individuals and their caseworker then discuss and score their subsequent progress over time. Individual scores are then calculated for each domain and the scores are summated and averaged to

provide an overall measure of change. Scores within set ranges are banded into five classifications: 'stuck' (1-2), 'accepting help' (3-4), 'believing' (5-6), 'learning' (7-8) and 'self-reliance' (9-10).

The goals of the HOS are defined as threefold. First, it is designed to actively inform and monitor casework, so that the benefits of support provided by a homelessness service can be monitored by people using a service, frontline staff and managers. Second, at the management level, the HOS is intended to generate benefits in organisational learning, which may in turn lead to service design modifications. Third, the HOS is designed to enhance relationships with commissioners by providing 'statistical' proof of service effectiveness (Burns *et al.*, 2008). This third function reflects the UK origins of the HOS, where, as a direct result of Thatcherism and the implementation of New Managerialism in the public and charitable/NGO sectors, homelessness services are funded through competitive commissioning processes.

Using simple metrics, such as whether or not a formerly homeless person is housed or employed, can make a homeless service look inefficient. This is because progress can take time – i.e., someone may still not be sustainably housed, or in work, a year after starting to use a service, but they may be much *closer* to those goals (Pleace and Quilgars, 2013). Alternative metrics, which are at the core of the HOS, can be used to show funders that even if desired end goals have not been reached, *progress* is being made (Burns *et al.*, 2008).

## Theoretical Foundations

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The HOS is based on principles drawn from Participatory Action Research. It is explicitly "rooted in a conception of the person receiving the service as an active agent in their own life, not a passive sufferer of an affliction that the professional with their expertise and knowledge will cure" (MacKeith, 2011, p.6). The HOS is thus consistent with a client-centred approach, as has been at the heart of social work practice since the 1950s.

The client-centred approach that underpins the HOS builds on the idea of self-determination, first articulated as one of the seven core casework principles by Felix Biestek in his seminal text *The Casework Relationship* (1957). Indeed, as Harris and Andrews (2013, p.1) note, the HOS explicitly acknowledges the "significance of personal motivation and agency for a service user in achieving sustainable change in their journey towards independence and choice in critical areas of their lives." In this context, the use of Motivational Interviewing (MI) to facilitate behavioural change is consistent with, and builds on, earlier ideas of self-determination. MI was first described by Miller (1983) and further elaborated by Miller and Rollnick (1991)

as “a person-centered, goal orientated approach for facilitating change through exploring and resolving ambivalence” (Miller, 2006, p.138). MI is a collaborative, non-judgmental, strengths-based approach that seeks to enhance “intrinsic motivation to change” (Wahab, 2010, p.198).

In the context of the HOS, MI is strongly influenced by the transtheoretical model of Prochaska and DiClemente (1982; 1983; 1984), which gained widespread popularity in the fields of health psychology and addiction in the 80s and 90s. The transtheoretical model conceptualizes behaviour change as a process with various stages. Stages represent distinct categories along a “continuum of motivational readiness” (Wahab, 2010, p.198). As noted, the HOS identifies five stages of change – stuck, accepting help, believing, learning and self-reliance – that broadly correspond to the five stages identified by Prochaska and DiClemente. According to the HOS, stage one (1-2 on the self-report scale) is the stage in which an individual is ‘stuck’ and not considering any possibility of change. Accepting help (3-4 on the self-report scale) is the stage defined by the recognition that they need ‘someone else to sort things out’. Believing (5-6 on the self-report scale) is a state characterized by an ‘internal shift towards taking responsibility’. Stage four is characterized by learning how to do things independently (7-8 on the self-report scale), and stage five (9-10 on the self-report scale) is defined by an individual’s capacity to manage without any assistance (see Burns *et al.*, 2013). The intention of MI is to support people to move from being ‘stuck to being self-reliant and independent’. Self-reliance is defined in global terms, and the ultimate goal, at least theoretically, is achieving 9 or 10 for each of the ten HOS domains (Burns *et al.*, 2008).

While MI and the transtheoretical model are not necessarily the same thing, both focus on individuals as the key agents of change. The client focus of the HOS is an important contribution, precisely because it seeks to empower and motivate individuals to improve their circumstances. In theory at least, this can assist agencies to more thoughtfully and actively engage and support people in the “co-production of their own futures” (MacKeith, 2011, p.2). Interventions in which agencies provide information and guidance to assist individuals have been described as a form of ‘weak paternalism’. Their use has been justified where the intervention assists individuals to achieve their own objectives (Parsell and Marston, 2016). But the HOS could also be seen as reflecting a stronger form of paternalism, in that by pre-determining areas of change, as well as ultimate goals, it effectively *determines* “what people see as their own interests” (op cit., p.3).

## The Homelessness Outcome Star in Practice

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### *Questions of neutrality in outcome goals and measurement*

The HOS is sometimes presented as an unqualified success by those who advocate for its use (Burns *et al.*, 2008; MacKeith, 2014). In the UK, the HOS has been described as enjoying ‘enormous popularity’ (MacKeith, 2009). In 2014, the range of outcome stars that followed in the wake of the HOS were described as making ‘new conversations possible’ and as giving ‘new hope’ to service users (MacKeith, 2014).

A number of studies on the use of the HOS and related outcome stars have been carried out. Those that focused specifically on the HOS include Australian research (Harris and Andrews, 2013), a UK study of 25 service providers, 11 of which self-identified as working with single homeless people (Burns *et al.*, 2008) and a small American study (Petersen *et al.*, 2014). All of these pieces of research come to similar conclusions. The HOS is presented as offering meaningful metrics for monitoring progress over time. Further, the HOS is described as providing management information that enables service providers to monitor how well they are performing. Finally, the HOS is also shown as offering data that show service efficiency (Burns *et al.*, 2008). Much of this research is qualitative, centring on reports of how the HOS has benefitted organisations and individuals.

Indeed, the HOS places great emphasis on an individual's perception of ‘where they are at’ in relation to a series of *specific* goals. They should, on achieving a score of 9 or 10, be using their time meaningfully, demonstrate good emotional, physical and mental health, have positive social networks and relationships, be motivated and be taking responsibility. Homelessness, on these measures, starts to look like a matter of individual pathology that can only be addressed by changing behaviour in set ways – i.e., being an economically productive and socially engaged consumer (Carlen, 1996; Dordick, 2002; Wacquant, 2009). Thus, the use of specific pre-determined goals potentially disrupts “long standing values on one's right to decide what constitutes a good life and how one ought to live” (Parsell and Marston, 2016, p.3).

Thus, a key test of the HOS is the extent to which progress against the goals set by the ten points in the star reflects and relates to the kind of progress that homeless people actually wish to make in their lives. Another test is whether HOS delivers meaningful management information both for individual workers and at management level. And finally, HOS must be assessed on whether it provides outcome monitoring that is convincing to commissioners, donors and governments.

We now examine the application of the HOS to two domains – housing and drug use. We use the following discussion to argue that if the link between behaviour and social context is ignored, the heavy focus on individual motivation, while important, can have potentially negative effects and reinforce prevailing images of homeless people as incompetent, wilful and dysfunctional individuals. Indeed, as much as self-determination is a key principle guiding social work practice, so too is the recognition that external conditions influence individual behaviour. While the HOS is presented and seen as means of empowerment for homeless people (Burns *et al.*, 2008), we argue that the language, concepts and approach within the HOS may actually undermine empowerment by ignoring or downplaying the structures and systems that contribute to individual problems.

In the domain of ‘managing tenancy and accommodation’, people are ‘stuck’ (stage 1) because they “are not *able* or not *willing* to comply with the rules and regulations” (Burns *et al.*, 2013, p.23; our italics). Through the application of MI, homeless people are supposedly empowered to make changes that eventually lead to the ability to live independently. However, what is notable in the HOS is that individuals that get a low score on this measure are ‘stuck’ – effectively depicted either as irresponsible because they are ‘not willing to comply’, or incompetent because they are ‘not able to comply’ with the ‘rules and regulations’. As an individual progresses further along the ‘Journey of Change’, improvements in their housing circumstances occur *only* because they realize they have to ‘make changes, and are motivated to do so’.

What is missing from the HOS is any sensitivity to housing and labour markets. The *image* – and it is the image that is important here – in the HOS is of homeless people as individuals who have to be made ‘housing ready’, in the sense of being willing to change their behaviour. In short, the focus on empowerment as a method by which people gain control over their lives and secure independent living can minimise, if not entirely obscure, the connection between individual housing problems and the way that social inequality and power differentials play out in external domains such as the housing market and the labour market (Dordick, 2002; O’Sullivan, 2008; Busch-Geertsema *et al.*, 2010; Lee *et al.*, 2010; Johnson *et al.*, 2015).

Some of the first experiments with resettlement of long-term homeless people into ordinary housing reported boredom, isolation and the need for treatment as risks to housing sustainment – not a widespread ‘inability’ to comply with rules or behave in acceptable ways (Dant and Deacon, 1989). There is, moreover, only scant evidence of a significant need for training in how to run a home among most homeless people (Jones *et al.*, 2001). If the successes of Housing First (Pleace, 2016) or, indeed, what much of the homelessness sector in the UK regards as good practice tell us anything about housing sustainment, it is that success in housing sustainment *centres* on maximising individual choice and control (Hough and Rice, 2010).

There are similar issues in the domain 'drug and alcohol use'. Homeless people are defined as stuck when they "deny they have a problem" (Burns *et al.*, 2013). From there, 'empowered' and 'motivated' individuals progress towards self-reliance and independence whereby drug use is no longer problematic. We examine the effects of MI on substance misuse behaviour in subsequent pages, but here draw attention to a body of work that specifically examines the nexus between substance misuse and homelessness.

The prevalence of substance misuse is high among some homeless populations, such as young homeless people and those experiencing sustained and recurrent homelessness, with estimates ranging from 20 to 45 percent (Neale, 2001; Fountain and Howes, 2002; Kemp *et al.*, 2006). We also know that substance use is often a consequence rather than a cause of homelessness and can exist prior to, during and following homelessness (Johnson *et al.*, 1997; Johnson and Chamberlain 2008; Pleace, 2008). Service outcomes, from abstinence-based services through to Housing First, have never been perfect (Pleace and Quilgars, 1996; Neale, 2001; Padgett, 2007; Pleace, 2008; Pleace and Quilgars, 2013; Rog *et al.*, 2014; Rae and Rees, 2015). However, what is and remains abundantly clear is that abstinence-based interventions have consistently proven to be relatively *ineffective* (Pleace, 2008). It seems that in the HOS, there is no real place for harm reduction, in which choice and control remain with homeless people and which can generate comparably good, if not perfect, outcomes (Pleace and Quilgars, 2013). Again, the absence of change in substance use behaviour or in relapses is framed by the HOS as a failure of *individual motivation*. What is missing is a recognition that the "social and personal resources a person has are instrumental in overcoming dependence" (Hser *et al.*, 2010, p.181).

In each of the remaining eight domains, similar issues are evident – lacking skills or the correct attitudes to take care of themselves, to manage their money effectively, create social networks, improve their physical and emotional health, to meaningfully use their time and to cease offending are all problems to be "overcome through motivation and empowerment, whereby the individual is to accept responsibility for change" (Hansen-Lofstrand and Juhlia, 2012, p.57). In every domain, the effects of structural, biographical and situational factors are ignored.

### ***The meaning of outcomes in the Homelessness Outcomes Star***

One aspect of the focus on the individual within the HOS is related to the use of MI. While the focus of MI on enabling individuals to take positive choices is constructive, concerns about the efficacy of MI have led some to question whether its "popularity... may have outstripped its effectiveness" (McMurran, 2009, p.85). Part of the challenge of evaluating MI lies in the fact that it can mean very different things, it is applied in very different ways and it can also have very different aims.

There is evidence that when used to improve engagement with services, MI can work well (Lundahl *et al.*, 2010). For example, using MI to encourage long-term homeless people to use mental health, drug and alcohol services can have good results and there is some evidence around positive behavioural changes resulting from MI (Lundahl *et al.*, 2009; McMurran, 2009).

The key problem with ascribing behavioural change to MI is that we know that behaviour is driven by multiple, fluid variables and that “intention, motivation and behaviour change may fluctuate independently, in various ways and in no particular order” (Littell and Girvin, 2002, p.249). A settled, stable home can have an independent positive effect, which makes homeless people start to behave like other citizens without being ‘motivated’ to change (Pleace and Quilgars, 2013). Further, there is no evidence to suggest MI is unambiguously effective when used in relation to substance misuse or offending, or in tackling other needs among homeless people (Project MATCH Research Group, 1997; Peterson *et al.*, 2006; Baer *et al.*, 2007; Van Wormer, 2007; McMurran, 2009; Wain *et al.*, 2011).

This last point is important. We suspect part of the reason that studies of MI fail to report consistent results is that MI fails to account adequately for external factors. This point is particularly relevant to homelessness. No matter how motivated individuals are, many factors can remain outside their control (Dordick, 2002).

Finally, a key aspect of the HOS is that it is explicitly informed by a ‘coherent theory of change’ (Triangle Consulting, 2014a). The Journey of Change is clearly articulated and firmly embedded in the HOS (Planigale and HomeGround Services, 2011). The validity of the Journey of Change rests on the idea of *distinct* stages of change. Some argue the model is evidenced (Prochaska and DiClemente, 1984; Morera *et al.*, 1998; MacKeith, 2011); others argue that the delineation between the stages is not clear (Sutton, 1996; Andresen *et al.*, 2003). We are inclined to agree with Littell and Girvin (2002, p.253) who make the following critique of stages of change models:

The search for a generic, underlying structure of behaviour change has led to unnecessary reductionism, reliance on a set of categories that do not reflect qualitatively different states, and adherence to assumptions about stage progression that have not been supported.

Following from this, there are two potential problems with the HOS. The first is the *precise* meaning of progression towards a score of 9 or 10 on the ten points of the star. In their study of 10 homeless people, Petersen *et al.* (2014) reported an average progression of 2.02 steps. Citing the guidance for HOS (MacKeith *et al.*, 2008), the authors suggest this would be a “very significant step” (Petersen *et al.*, 2014, p.33). However, the *empirical basis* for this claim is unclear.



The HOS has been praised as a way of tracking progression for homelessness service users and there is a fairly detailed description of what each score means – a three is ‘I have had enough of living like this and want things to change’, a five is ‘I see that I need to do things for myself to get where I want to be’ (Burns *et al.*, 2013). But other than a higher score suggesting progression, what – in qualitative terms and, particularly, in quantitative terms – is the precisely measurable *consistent* difference between scores? Does a movement on the HOS from an average score of two to an average score of three indicate genuine change – that, on average, people in a project are moving from not discussing or accepting help with an issue to accepting help with it, as MacKeith argues (2011, p.3-4)? Or, might it simply reflect measurement error, as suggested by Beazley (2011)? Finally, what does it actually mean when someone is, for example, scoring seven on two points of the star, two on seven points, and 10 on one point: how can their total progress be assessed compared to, say, someone scoring four on everything?

At first glance it might seem that questions of reliability and validity have little direct relevance to the HOS. Reliability and validity are tools of an “essentially positivist methodology” (Golafshani, 2003, p.598), but the HOS is positioned as “existential phenomenological approach... [that] challenges the assumptions of absolute truth and objectivity of the traditional positivist, science paradigm” (MacKeith, 2011, p.8).

However, the issues of reliability and validity are important and the reasons for this are quite simple. First, the HOS is described as “tried and tested” and as intended to “support as well as measure change” (MacKeith, 2011, p.8). Second, the HOS uses what is called an ‘objective’ self-report scale. Outcomes are reported and scored on a scale of 1-10. Progress is reported in changes in scores over time. The collection of apparently *quantitative* data aligned to pre-determined categories (the five stages in the Journey of Change) is a hallmark of a positivistic approach. Further, establishing the validity and reliability of the HOS is crucial, given that the authors suggest it can measure more than just individual outcomes. Star data:

... can be aggregated for all service users within a project to provide project level outcomes. It can also be aggregated and compared across groups or projects, or nationally (MacKeith, 2011, p.3).

If the outcome results of the HOS are to be trusted, irrespective of what level the outcome measures are applied to, they need to be both credible and defensible. In short, the HOS needs to be able to demonstrate that its 10 measures measure what they are intended to (validity), and the extent to which the results are consistent and stable (reliability).

The issue of validity has not escaped the attention of the developers of the HOS. Indeed, in various publications the developers of the tool make the claim that there is a “growing body of evidence... demonstrating that the outcomes star is... valid as an outcomes measure” (Triangle Consulting, 2014a, p.1), and that “research into the psychometric properties of the star has shown that it performs well as an outcomes measure” (op. cit., p.2).

With respect to the HOS, we suspect these claims are greatly overstated for two reasons. First, we could not find a single peer-reviewed study of the HOS that examined its reliability and validity, or any evidence among commissioned research. Another limitation is that there are no statistical data on how the 10 domains were selected, how they might interrelate, how they take into account the impact of parallel interventions, or how they might relate to hard outcomes such as securing housing, which are of considerable interest to programme funders. Nor is there any published data that relates changes in the measures to various demographic characteristics (e.g., age, gender, ethnicity) or other pertinent factors, such as complexity of need or the duration of homelessness – factors that can significantly influence what services can accomplish.

Finally, we were struck by the absence of any clear indication of how much time should elapse between data collection. MacKeith only suggests “some time later” (2011, p.3). It is unclear if agencies are collecting data using a similar timeframe or, indeed, what an appropriate timeframe is. Thus, any comparisons between projects or organisations that use different timeframes are likely to be flawed. This is a particularly pertinent point when the length of time for which services are offered for varies so much. There is also the question of how much change it is reasonable to expect in a given period of time.

While the evidence supporting the reliability and validity of the HOS is limited (Burns *et al.*, 2008; Petersen *et al.*, 2014), two peer reviewed papers have been published on the Mental Health Recovery Star, examining its psychometric properties. In a study of 203 working age adults with moderate to severe mental illness who undertook two Recovery Star readings (113 did a third reading), Dickens *et al.* (2011) found that the Recovery Star had high internal consistency but made no comment on its validity other than to state that “little is currently known” and further research into the psychometric properties is “warranted” (p.49). Killaspy *et al.*’s (2012) study of 172 service users and 120 staff from in-patient and community services reported that staff found it to be acceptable to service users and useful for care planning. However, while they found that the tool had good test-retest reliability for the same staff members, inter-rater reliability between different staff members was ‘inadequate’. They note that this is a “serious problem in mental health services where staff turnover and multidisciplinary working mean that different members of staff

need to be able to assess service users reliably” (Killaspy *et al.*, 2012, p.69). Because of this, they conclude that they could not support its “recommendation for use as a clinical outcome tool at present” (p.70).

Our second reason for questioning the validity of the HOS is that it relies on self-report data. Self-report tools are popular in the behavioural sciences – they are cheap and relatively easy to administer. However, self-report data are subject to a number of problems. Research suggests that people have different ways of responding to scales (Pollio *et al.*, 2006; Tsemberis *et al.*, 2007). Additionally, people can lack introspective ability, particularly if they are in crisis, and when it comes to drug use or offending, research shows that people may conceal problems (Pleace, 2008). Finally, there is the problem of social desirability – a tendency to tell workers what they want to hear, both to please them and also to achieve a better response from the service being used (Hutson and Liddiard, 1994; Lyon-Callo, 2000; Dordick, 2002; Pleace, 2008).

It is argued by the authors and advocates of HOS that the interpretative approach to validation means that we have to think of validity in a different way (Triangle Consulting, 2014b). Qualitative researchers have argued persuasively that the ideas of reliability and validity have different meanings in the qualitative research paradigm (Dickens *et al.*, 2011; Killaspy *et al.*, 2012). The problem is that HOS measures outcomes using a basic self-report scale and consequently should be subject to the same sort of scrutiny as any similar quantitative tool.

In short, until independent research demonstrates the psychometric properties of the HOS, it is best to treat the HOS outcome results with caution. That is not to say the HOS does not have a role, and a potentially important one at that. The strength of the tool may not be as an outcomes measurement tool but rather as case management tool. However, case management and outcome measurement are very different things indeed.

## Conclusion

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The HOS was developed – with good intentions – to enable homelessness services to show efficiency and effectiveness in a new, very challenging, context (Burns *et al.*, 2008; MacKeith, 2009; 2014). It promotes a number of important ideas about management information and outcome monitoring. The HOS presents the ideas of consistent, regulated, comparable and, importantly, outcome monitoring that tracks individual progress over time.

Looking at the positives of HOS, it can be said that it attempts to measure many important outcomes. There is a reasonable amount of evidence to say that money management, social networks and relationships, drug and alcohol use, mental and

physical health, offending and threats to housing sustainment are things to watch if someone with complex needs is to exit recurrent or sustained homelessness (Dant and Deacon, 1989; Busch-Geertsema *et al.*, 2010).

If we were to apply the HOS to the evaluation of Housing First services, there would be interesting results. The evidence base says Housing First is good at ending homelessness, but results around health, mental health, drug and alcohol use, nuisance and offending behaviour and social integration can be more mixed (Pleace and Quilgars, 2013). Using the HOS to measure the performance of Housing First approaches, there is a fair chance the HOS would report good results on housing sustainment, but much less success in relation to the other outcomes (Padgett, 2007). Yet, we quickly run into three significant problems. The first issue is measurement consistency. Second, what exactly the measurements mean. Third, and most importantly, the conceptualisation of 'success' in HOS. Housing First is influenced by MI and emphasises active engagement and a recovery orientation, but ultimately it is not *telling* homeless people to change. Further, ideas at the core of Housing First – from harm reduction, choice and control, through to housing as a human right rather than something to be 'earned' (Pleace, 2016) – take Housing First out of sync with the HOS. The personalisation, co-production and choice-led innovations at the core of what is regarded as best practice in the HOS country of origin, the UK, are also examples of disconnects with the internal logic of the HOS.

Imagine if the worker collecting HOS data on a single individual changed. Based on the limited research available, it is likely that the interpretation of the HOS recorded for that individual would be different, irrespective of whether the assessment was done independently by the worker or in collaboration with a homeless person. This foreshadows a deeper problem, which is whether it is really possible to delineate between a HOS score of three and a score of five in a meaningful and robust way. The empirical support for its theoretical framework is ambiguous, there is no contextual data, there is no allowance for needs outside those within the 10 points of the HOS, and there is no allowance for the possibility that attitude, behaviour and willingness to change are *not* the areas that explain homelessness or that need to be changed. Above all, it is not clear, comparing one homelessness service user with another, or one homelessness service with another, what the HOS scores actually *mean*.

Another issue is how *useful* the HOS are for external purposes. From a political perspective, the truly tangible still matters. The homelessness service that will get the funding is the one that sustainably ends long-term homelessness and that has statistics to show that happening – or, better still, experimental research that shows it outperforming the usual homelessness services. That is the primary lesson from the inexorable rise of Housing First at global level, even if that evidence base is not

as solid as it is sometimes presented (Pleace and Quilgars, 2013). In the country in which HOS originated and is most widely used, the UK, the 'evidence' provided by HOS has not prevented deep cuts to homelessness services and the emergence since 2010 of an existential threat to the sector (Homeless Link, 2015). HOS cannot provide robustly evidenced statistical demonstrations of effectiveness, nor, importantly, can it be used to demonstrate systematically that a homelessness service is cost-effective or delivers cost offsets for other services.

As we have discussed in this paper, there are some serious questions to ask about the theoretical tenets that shape data collection in the HOS. Further, as we have highlighted, issues with the quality, meaning and comparability of the information collected require further investigation. The worries are methodological but also cultural, ideological and political, because HOS is ultimately posited on an assumption that individual pathology is the root cause of homelessness, and behavioural modification the only answer. The evidence indicates the complex nature of homelessness and homelessness causation (Kuhn and Culhane, 1998; O'Flaherty, 2010; Culhane *et al.*, 2013), and when held up to the light, ideas of *entirely* behavioural causation and 'cultures' of homelessness fall apart (Burt, 2001; O'Sullivan, 2008; Lee *et al.*, 2010). We know that homelessness varies markedly in size, nature and scope between different welfare systems and cultures (Busch-Geertsema *et al.*, 2010; Fitzpatrick and Stephens, 2014; Benjaminsen, 2015). We also know that interventions like Housing First, which emphasize choice and control for homeless people with complex needs, are more effective than those that attempt to regulate or dictate behaviour (Pleace, 2008; 2016). To suggest that individual pathology is unimportant may be a leap too far, but to suggest that individual pathology is the only thing that matters in understanding, preventing and stopping homelessness is, frankly, nonsense.

Imprecision in measurement, including poor delineation between scores, and likely inconsistency in interpretation of scores lead to problems in using the data collected by the HOS in a comparative way. When this is combined with a flawed conceptualisation of homelessness and a theoretical framework that lacks empirical support, claims that the HOS is an "evidence-based tool for supporting and measuring change" (Triangle Consulting<sup>1</sup>) appear exaggerated.

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<sup>1</sup> [http://www.outcomesstar.org.uk/homelessness/\[16.06.2016\]](http://www.outcomesstar.org.uk/homelessness/[16.06.2016])

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# Introducing the Housing First Model in Spain: First Results of the Habitat Programme

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Roberto Bernad, Rebeca Yuncal

RAIS Fundación

Sonia Panadero

Universidad Complutense de Madrid

› **Abstract\_** *The Habitat programme launched in August 2014 is the first systematic implementation of the Housing First (HF) model in Spain. This article presents its first steps and the difficulties experienced during the kick-off process. The processes of defining profiles and deciding on the selection of users, the referral of users and their placement into the programme and the delivery of services have raised some challenges from which the Habitat teams have drawn some relevant learnings. This article also presents the methodology and the first findings of Habitat's rigorous evaluation. The objective of the evaluation is to produce evidence on the efficiency of the HF model for the Spanish context and to identify difficulties or drivers for its success. A fidelity assessment to the HF model has been done, which shows good loyalty of Habitat to the HF principles. The results of the programme for users at 6 months are very positive and similar to those of other international experiences. The housing retention rate is 100 percent and improvements have been observed in the areas of security, family relations and economic situation. The traditional intervention on the control group has produced little or no improvement on the control group participants.*

› **Keywords\_** *Housing First, Fidelity Assessment, homelessness, evaluation, social experimentation*

## Introduction

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The dissemination of the results of the evaluation and research projects on Housing First (HF) programmes to support homeless people has been a key driver of the model's expansion in the last decade. Since the first research publications on the *Pathways to Housing* programme in the late 1990s (Tsemberis and Asmussen, 1999; Tsemberis and Elfenbein, 1999), the number of studies on the Housing First model and programme evaluation reports has notably increased. Among others, studies in the USA (Tsemberis *et al.*, 2012), Canada (Aubry *et al.*, 2015), Australia (Johnson *et al.*, 2012) and in several European countries (Busch-Geertsema, 2014) have tackled some common and also some specific findings of the model implementation.

Despite some failings and methodological concerns, this research has so far provided solid evidence on the effectiveness of the HF model for housing sustainment among programme users and also for other areas, such as substance abuse, quality of life and hospitalizations (Waegemakers *et al.*, 2012; Groton, 2013). All this evidence has fostered the introduction of the HF model in the Spanish context, if only in recent years.

With the launch of the Habitat project in 2014, RAIS Fundación<sup>1</sup> is the first organization to start the systematic implementation of a Housing First programme in Spain. Since then, at least one other project based on the Housing First model has been launched in Spain<sup>2</sup> and there is increasing attention from municipalities and other public bodies with regard to the model and its implementation.

Being the first systematic HF implementation in Spain, the Habitat programme has faced some challenges at different levels. These relate to strategic issues, such as changing the mindsets of practitioners and decision-makers in relation to the ground-breaking model, but also to operative issues, such as not having previous implementation experience in the field.

The aim of this article is to present the implementation experience of the Habitat programme for the support of homeless people in Spain, its evaluation methodology and the most relevant initial results extracted from it. It also pinpoints some of the challenges in the introduction of the HF model in a new context, which may be interesting for organisations willing to start HF projects in countries where little or no implementation experience exists.

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<sup>1</sup> More information at [https://www.raisfundacion.org/en/what\\_we\\_do/habitat](https://www.raisfundacion.org/en/what_we_do/habitat)

<sup>2</sup> The project *Primer la llar* by the municipality of Barcelona was launched in the first semester of 2015 as a public tender for a 2-year period. There are also other initiatives based on the Housing First model by Arrels Fundació (Barcelona), Cruz Roja (Palma de Mallorca) and Associació Zubietxe (Basque Country).

## The Context of Homelessness in Spain

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Following the Universal Declaration of Human Rights, which in article 25 states that everyone should be able to have an adequate standard of living that guarantees housing, the Spanish Constitution states in article 47 that: “All Spaniards have the right to a dignified and adequate home. Public powers will promote the conditions needed and establish the pertinent ruling for this right to be effective (...)”. However, the figures show that there is a group of people systematically excluded from access to housing in Spain, and that this is one of the key factors in their high vulnerability and, in some cases, chronic exclusion and homelessness.

Homelessness policies in Spain have traditionally addressed emergency situations, meeting the basic needs of homeless people but without tackling structural measures that could end homelessness. The vast majority of existing resources for homeless people in Spain (from outreach teams or soup kitchens to day centres, emergency shelters, pensions or shared apartments) still follow the staircase model and do not propose long-term responses to homelessness. According to the 2014 National Statistics Institute survey on resources for homeless people, there were 794 shelters in Spain (7.7 percent more than in 2012), 17,572 people working within these resources (8.8 percent more than in 2012) and an average of 16,687 beds offered daily. Yet, the average occupancy rate for these resources was 81.8 percent (4.8 percent less than in 2012). So, something must not be working efficiently.

Conscious of this, some social organizations started advocating for long-term solutions for the most chronically homeless people, for whom traditional resources were not providing real solutions. This advocacy work had its impact on the National Strategy for Homeless People 2015-2020,<sup>3</sup> approved by the Ministries Council 6 November 2015. The Strategy proposes a progressive implementation of the HF model in Spain, along with the parallel development of other resources for homeless people, as expressed in Strategic Line 7 of the document.

The National Strategy acknowledges the existence of 33,275 homeless people in Spain, and an increase of 4.7 percent in the number of people using the centres in the homelessness networks between 2005 and 2012. Of the 33,275 homeless people, over 23,000 are using any of the existing resources for homeless people, and the other 10,000 are sleeping rough, identified during the night counts that many municipalities and social organizations do in cities across the country. In the case of the three cities in which Habitat is being implemented, there are 1,905

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<sup>3</sup> ‘Estrategia nacional integral para personas sin hogar 2015-2020’, Ministerio de Sanidad, Servicios Sociales e Igualdad, <http://www.msssi.gob.es/ssi/familiasInfancia/inclusionSocial/docs/ENIPSH.pdf>

homeless people in Madrid (1,141 in shelters and 764 sleeping rough), 2,933 in Barcelona (1,468 in shelters and 1,465 sleeping rough) and 366 in Málaga (260 in shelters and 106 sleeping rough).

Along with these figures, the National Strategy signals the increasingly chronic nature of homelessness in the country and some changes in the profile of homeless people over the last number of years (such as more young people, more old people and more women using the networks). The Strategy recognizes that further work should be done to protect people's rights, including housing rights and the rights to security, health and social support – especially for those people facing the consequences of poverty and extreme social exclusion. The Housing First model is seen as an efficient solution – among others – to tackling these issues, particularly for chronically homeless people and homeless people with deteriorating physical or mental conditions.

## **Implementing Housing First in Spain: The Habitat Programme**

The Habitat programme was launched by RAIS Fundación in August 2014 as the first systematic experience of the Housing First model implementation in Spain. There was, however, preparatory work being done since 2012 in order to ensure resources and the political will to launch the programme. In Spain, regional and local governments are responsible for homelessness service provision, and this is an added difficulty for advocacy at the national level, since it must address 19 different regional governments. In the conversations that RAIS Fundación had with many of those governments, decision-makers seemed interested in the model, but there was a demand for evidence of its performance in the Spanish homelessness context, and also recurring arguments as to the sustainability of the model. The main obstacles could be summarized as:

- homelessness and homeless people – as a group of people experiencing social exclusion – are not on the political agenda in Spain,
- a shortage of affordable housing, especially in the context of a high rate of evictions in the country, made the issue a political one, with other collectives also needing housing solutions,
- reluctance to commit politically to some of HF's principles, such as providing support for as long as needed,
- difficulties in funding a housing-led programme, both for RAIS Fundación and for public administrations, since some of the core principles of the Housing First model did not match available funding sources, such as EU structural funds,



- the networks of homelessness resources in most municipalities are based on the ‘staircase approach’ and on ‘homeless buildings’, mainly shelters, which require people to adapt to them,
- feelings among professionals, both from the public homelessness services and from social organizations, that the HF model “had come to invalidate” all other kinds of homelessness services,
- difficulties among some professionals in accepting the capacity of users for choice and control,
- a complete lack of data, studies or research on homelessness issues which generates a very subjective technical discussion and decision-making.

So in this context, and building on the successful Housing First experimentations in Canada and France, RAIS Fundación decided to work on the implementation of a pilot project that would produce convincing evidence and arguments for the introduction of the Housing First model in Spain. Finding the resources to do so also involved hard work, and that is why Habitat was launched with the support of a mix of public-private resources, including:

- funding from the Ministry of Health, Social Services and Equality, which mainly goes to service provision and the evaluation of results for clients,
- support from the municipalities where the programme is implemented, which provides either social housing or economic support for service provision,
- the Bank Foundation *La Caixa*, which supports the economic and cost-efficiency evaluation carried out by *Economics Research Centre Tomillo*,
- other private companies and individuals,
- the contribution of up to the 30 percent of the income, if any, of Habitat users (the overall contribution remains irrelevant to Habitat’s funding structure).

With these resources, Habitat is being implemented today as a state-level pilot project in three Spanish cities: Madrid, Barcelona and Malaga, with at least five other cities opening services in 2016. It started with an initial group of 28 users in 2014, with 10 new users incorporated in 2015, and the expectation of reaching a number of at least 200 users by 2017. In order to make evidence available, the programme was launched along with a rigorous evaluation model based on a longitudinal random assignment methodology, which assesses changes in Habitat users and in an equivalent control group. In this article, we will refer to the ensemble of people in both groups as ‘Habitat participants’.

Habitat aims to offer permanent solutions to the most complex and chronic homelessness situations. Following the HF model, Habitat specifically addresses the needs of those people who, due to the complexity of their exclusion, do not access the traditional support services for homeless people (also known as the staircase system). Habitat users are provided with immediate access to housing, not subject to housing-readiness conditions and with a wide array of services delivered based on the consumer's choice and self-determination (see HF principles in Tsemberis, 2010).

### ***Profile of Habitat participants***

At the time of joining the programme, participants in both the experimentation and control groups met the inclusion criteria that define the target population:

1. Being older than 18 years old;
2. Being in a roofless situation at the time of entering the programme (ETHOS<sup>4</sup> 1 or 2);
3. Having a long homelessness trajectory (3 years in ETHOS 1, 2 or 3; or more than 1 year in ETHOS 1 or 2);
4. Having one or many of the following exclusion factors in addition to the homeless situation: mental health problem, substance abuse problem and/or a disability.

This inclusion profile was determined taking into account previous HF implementation experiences, especially those in the European context that had been analysed as part of the *Housing First Europe* project (Busch-Geertsema, 2014). In these experiences, participants had either a mental health and/or a substance abuse issue. Disability was also introduced as an inclusion criterion for Habitat since it was identified as a relevant but generally hidden exclusion factor within the homeless population.<sup>5</sup> With a mean age among evaluation participants of 48 years and a mean trajectory in a roofless situation of 9.5 years, the prevalence of these other exclusion factors can be seen below.

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<sup>4</sup> ETHOS is the *European Typology of Homelessness and Housing Exclusion* by FEANTSA (2005) <http://www.feantsa.org/spip.php?article120&lang=en>

<sup>5</sup> Research carried out by RAIS Fundación in 2013 showed that although 12 percent of homeless people in Spain had a disability certificate, at least 23 percent of homeless people had a disability based on the assessments of professionals and participants (Panadero and Pérez-Lozao, 2014).

**Table 1. Added Exclusion Factors\* of Habitat Participants at Time of Entry**

	Habitat group n		Control group n	
Added exclusion factors				
Mental health problem	9	32.14 percent	26	44.82 percent
Substance abuse problem	23	82.14 percent	39	67.24 percent
Disability	6	21.42 percent	19	32.75 percent

\*The three factors occur together in a total of 28 Habitat and 58 control participants

### ***Referring participants to Habitat***

To identify people who met the criteria for participation in the Habitat programme, RAIS Fundación contacted the homeless municipal networks in Madrid, Barcelona and Malaga. Different public and private organizations working with homeless people – especially those providing outreach or emergency services – were asked to refer users who met the access profile. The reference professionals filled out a form with a short explanation of the user's current situation and with some key questions on the profile criteria. In all, 250 forms were sent to the programme evaluation team, along with other relevant documents that could evidence meeting the criteria (such as social histories or disability certificates). Details were cross-checked with the reference professionals when there were doubts as to whether criteria were being met. A final list of 192 cases was agreed, and this served as a waiting list for access to the programme. From it, random assignment was done both for the experimentation group (Habitat users) and for the control group (users of the alternative traditional services). The rest of the referred cases were kept as a waiting list for future participation.

### ***Placing participants in Habitat***

All Habitat participants assigned a housing unit were provided with sufficient information to facilitate the placement process. The HF teams in each site carried out several placement interviews, including a detailed explanation of the four commitments that Habitat users undertook when participating in the programme:

1. To accept at least one weekly visit of the HF team, as indicated by the model and as in most of the programmes in Housing First Europe
2. To provide a maximum of 30 percent of their income (if any). Otherwise, the programme would cover rent and basic needs (supplies, food and hygiene).

3. To adhere to basic rules of coexistence in the community, like any other citizen.
4. To attend an evaluation interview every six months for the programme evaluation.

The initial 28 Habitat users moved to their homes between August 2014 and January 2015. This progressive incorporation of the users into the houses allowed the teams to dedicate sufficient time to each placement process. One of the challenges identified in this process, as also outlined in the *Housing First Europe* project, has been ensuring fast access to housing provision. In fact, we want the user to be able to choose from a range of dwellings, but then time is also needed to obtain supplies and to condition and furbish the housing unit. A quick response to this was harder to achieve in the placement of the first 28 Habitat users, and in some cases there was a lapse of up to 1.5 months between notification of the assignment of a housing unit and the entry of the user in his/her home. Nevertheless, the learning from this initial process was very valuable in ensuring a quicker placement process for the second group of Habitat users in 2015.

Also in this initial process, seven people did not incorporate into the programme (see Figure 2). In most cases this was due to the reluctance of people experiencing complex social exclusion and/or severe mental illness issues. To handle this, the teams extended the inclusion process to up to four months, during which time they constantly visited the people and their reference professionals. In the case of severe mental illness, it was eventually considered and agreed with the reference professionals that the Habitat's ICM teams would have difficulties in delivering adequate support to these users. In the cases of extreme social exclusion (one of the users had a street trajectory of 45 years), it was the users who eventually renounced participation with the agreement of the reference professionals and the Habitat teams. These cases were further analysed and learnings incorporated, since we understand that these fit the target profile of Housing First programmes.

### ***Finding and fitting out housing units***

The configuration of the housing market is one of the contextual particularities that may have an impact in the adaptation of the HF model in Spain. Only 1.1 percent of Europe's social housing is in Spain and there are disparities in the number of social housing units between regions and municipalities. On the other hand, due to the construction boom of the last few decades, 30 percent of the empty dwellings in Europe are in Spain.<sup>6</sup> All of this is relevant to the future development of the model in the country. The characteristics defined for the Habitat housing units, which have been met in all cases, were:

<sup>6</sup> For further information, see Amnesty International, 'Derechos desalojados', Madrid, 2015. [https://grupos.es.amnesty.org/uploads/media/informe\\_vivienda\\_jun\\_15\\_Derechos\\_desalojados.pdf](https://grupos.es.amnesty.org/uploads/media/informe_vivienda_jun_15_Derechos_desalojados.pdf)

- Individual dwellings, most of them with one bedroom, some of them with two.
- Scattered housing, located in different neighbourhoods within each city.
- Integrated into housing blocks in residential areas with access to basic services and public transport.
- Sufficient basic equipment, including hot water, heating, furniture, bedding and bath towelling, kitchen appliances and utensils.

The housing units were eventually obtained in the private rental market (10 units in Barcelona and 7 in Malaga) and in the public market (10 through the *Empresa Municipal de Vivienda y Suelo* from the municipality of Madrid and 1 in Malaga, through the *Sociedad Municipal de la Vivienda*).

Due to the structure of the programme and the available resources, the procurement of housing units was done by RAIS Fundación. The implementation experiences in other countries suggest that the independent management of housing provision and service delivery can be positive in many ways. This is the case for the French programme, *Un chez soi d'abord*<sup>7</sup> in which existing specialized housing organizations manage this strand. This was not an easy option in the Spanish context, since not many social organisations work directly in housing provision or management.<sup>8</sup> The decision for RAIS Fundación to manage both housing and support services in the Habitat programme was also due to the fact that the rental agreements fall under RAIS Fundación. In any case, this has not caused any conflict so far.

### ***Delivering services to Habitat users***

Habitat provides its programme users with the supports needed and at the appropriate intensity. Given the relatively strong welfare system in Spain, the intervention model chosen for the Habitat project is based on the *Intensive Case Management (ICM)*. This is also the support modality that has been used in many European HF programmes (Busch-Geertsema, 2014). General and specific housing support is provided in the context of the user's home, and the specialized support required (such as for health, addictions, employment, etc.) is provided through standard social and health services networks. The use of existing networks is adopted as another communitarian integration method, since it builds or rebuilds broken links of the user with the society.

<sup>7</sup> For further information, see the *Un chez soi d'abord* brochure: [http://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2014/10/dihal\\_-\\_plaquette\\_gd\\_public\\_ucsd\\_b\\_ecran.pdf](http://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2014/10/dihal_-_plaquette_gd_public_ucsd_b_ecran.pdf)

<sup>8</sup> A Housing First alliance was launched in April 2016 between RAIS Fundación and Asociación Provienda, an organization specialized in housing provision for vulnerable collectives.

The programme currently has a relatively high ratio of professionals to users, albeit with differences between the three sites: 1: 8 in Malaga, 1: 5 in Barcelona and 1: 10 in Madrid.

The array of services provided to Habitat users is quite wide: from general neighbourhood information and support in various administrative areas, to home care and accompaniment, emotional support, financial support and mediation. During the first implementation period, service delivery in Habitat materialized in the following ways, among others:

- **Regular follow up visits.** The HF teams paid at least one weekly visit to every Habitat user. The date and time of the visits were agreed in advance with the users. This support was more intense during the incorporation of users to their homes, and was delivered not only physically but also via telephone. These modalities allow for the provision of support at any time of the day and with different intensities. They allow flexibility for the professionals and at the same time they work with the concepts of urgency, emergency and relevance. The services requested during this initial period focused on housing and administrative arrangements (census registration, access to social resources and benefits, etc.).
- **Coverage of basic needs.** From the moment of entry to the dwelling, the programme covered all the basic needs of the users. Financial grants could include rent, basic supplies, food, medicines, transport, etc. Fifty percent of users at the time of entry were supported by a grant of €25-30 per week to cover food expenses. This decreased to 25 percent after the first six months.
- **Support in basic activities of daily living.** Support provided for daily living has been delivered as requested in relation to basic activities such as doing the shopping, designing weekly menus, housing management, the use and operation of electronic appliances, personal hygiene and house cleaning.
- **Neighbourhood and communitarian mediation.** Regaining or improving contact with family and mediating with neighbours or dwelling owners were common requests among users. Habitat has prioritized the direct relationship of programme users with other people as a driver for personal autonomy and strengthening the sense of identity and ownership of the home. In conflict resolution, the professionals only intervene when other autonomous means have been explored and it is considered necessary.

After one year of programme implementation, we know from qualitative information provided by the HF teams that, in general, the intensity of support has been maintained over that time, although there is a greater degree of autonomy among participants. Current supports are more focused on deeper processes linked, explicitly or otherwise, to emotional support, the need to share personal processes and self-listening.

## Evaluation of the Habitat Programme

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### *Objectives*

Rigorous evaluation was considered a key element in the design of the Habitat programme, since Housing First was a new model of which there was no previous experience in the Spanish context. The evaluation would allow assessment of the results achieved by the programme and production of the relevant evidence for policy-making. It would also accompany the planning and implementation of the project, through the identification of any deviation from the original HF model and the detection of drivers and obstacles in its implementation. All this provided decision-makers with information about the performance of the HF model as adapted to the Spanish context.

Therefore, the specific objectives of the evaluation were:

- To identify possible difficulties or problems during the launch and implementation of the programme, as well as any deviation from the original model.
- To compare the results of the programme with traditional interventions for homeless people.

This article presents the main results related to these objectives at six months of the implementation; these were also presented at an international conference held in Madrid in October 2015.<sup>9</sup> An additional economic evaluation of the Habitat programme compared to traditional treatment alternatives is being carried out. It will produce evidence on the costs of the programmes and the cost and efficiency of the use of social, health and judicial resources. Results on this economic evaluation will be presented in the future, although we can say in advance that the mean cost of Habitat per user/per day is €34.01. This cost varies between the programme sites, depending mainly on the availability of social housing, being €28.61 in Madrid, €31.22 in Malaga and €42.21 in Barcelona. In any case, the cost of the Habitat programme is similar to the cost of existing resources in the staircase system. This information is relevant when analysing the results of participants in the different interventions (Housing First or traditional alternative).

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<sup>9</sup> [www.raisfundacion.org/en/what\\_we\\_do/conferenceHabitat](http://www.raisfundacion.org/en/what_we_do/conferenceHabitat). All presentations (in Spanish) can be found here: [http://issuu.com/rais\\_fundacion/docs/presentaciones\\_habitathf\\_web?e=5650917/30872088](http://issuu.com/rais_fundacion/docs/presentaciones_habitathf_web?e=5650917/30872088)

### ***Assessment of fidelity to the Housing First model: methodology***

In recent years, some research has been developed in relation to the assessment of fidelity to the Housing First model of different HF programmes. In particular, some studies developed fidelity assessment instruments (Gilmer *et al.*, 2013; Stefancic *et al.*, 2013; Watson *et al.*, 2013) and have prepared the way for the application of a fidelity evaluation in other HF programmes. The fidelity evaluation is important in terms of the programme outcomes of its target beneficiaries since it may help in determining whether the HF model (and not a different intervention) is responsible for the outcomes observed.

In the case of Habitat's evaluation, it was decided to adapt the methodology used in different programmes in the US and Canada (Goering *et al.*, 2014; McNaughton *et al.*, 2015). This would not only allow assessment of Habitat's fidelity and identification of possible contextual modifications from the original model, but it would also provide comparable inputs for other international HF projects.

The US and Canadian fidelity assessments responded to very different realities, both in relation to context (national services networks, social services configurations, etc.) and the programme itself (user profile, number of users and resources, etc.). Nevertheless, it was considered that the assessment model used in those programmes could be interesting for creating a common framework for fidelity to the model internationally. Dr. Tim Aubry, lead researcher from the *At Home/ Chez Soi* Canadian HF programme, provided key support for the adaptation of the fidelity assessment methodology and tools to the evaluation methodology of the Habitat programme.

The assessment methodology uses a combination of quantitative strategies (to examine the adjustment of the Habitat programme to the HF model) and qualitative ones, aimed primarily at identifying barriers and facilitators of programme implementation. This combination can help in deepening the assessment process, in minimizing slants in each of the methods and in favouring the extraction of convergent information.

In terms of the quantitative strategy, the first step was the translation and adaptation of the *Pathways HF Fidelity Self-Assessment Scale* (Stefancic *et al.*, 2013). The scale is composed of 38 items grouped into five areas:

1. Process and housing structure
2. Housing and services
3. Service philosophy
4. Services offered
5. Structure of the team / human resources.



The scale was blind-translated into Spanish independently by three social services professionals. Those three versions were discussed in reaching a first Spanish version of the scale, which was reviewed by two other social services professionals, and a final version was agreed. The final version was administered in August 2015, that is, 10 to 12 months after the launch of the project. The HF teams in each of the cities – one or two professionals in each case – completed a survey of their site. Difficulties or doubts that had been raised by professionals were collected and considered in the analysis of the self-assessment results.

Following the completion of questionnaires by the HF teams, in-depth interviews were carried out individually with the programme coordinators from the three sites, using the Interview Guide for key informants used in the evaluation of the *At Home / Chez Soi* programme. After this interview, a discussion group was organized with the participation of the three site coordinators and the national Habitat coordinator. The focus of this group was to analyse deviations from the model that had been detected, contextual features that required adaptation, difficulties experienced during implementation, and ways to go forward with implementation.

### ***Preliminary results of the fidelity evaluation***

The results presented in Figure 1 relate to the quantitative information extracted from the pilot administration of the *Pathways HF Fidelity Self-assessment survey*.<sup>10</sup> These results should be used with caution, because some difficulties in the clarification of terms in the Spanish version and the equivalence of some items in the Spanish context have been identified. The co-leadership of Habitat in ongoing cross-country fidelity assessment research led by Dr. Tim Aubry will help validate the instrument for the Spanish context. Taking this into account, the fidelity survey results suggest that the Habitat programme presents significant fidelity to the original model, especially in the areas of ‘housing process and structure’ and ‘service philosophy’.

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<sup>10</sup> The *Pathways HF Fidelity Self-assessment survey* assesses the fidelity of a programme to the core principles of the HF model through 38 items divided in 5 domains. Each domain has a minimum and a maximum scoring, which ranges from 6 to 46 and gives a total scoring range of 37-174. For the Fidelity assessment presented in this article, Habitat used the 2013 self-assessment survey. The survey has been revised and there is a new 2015 version, which is being used for the cross-country research.



### ***Habitat evaluation sample definition***

As already mentioned, the evaluation sample consists of two groups of participants who met the access criteria to the programme at the time of entry.

The size of the experimental group is limited by the number of places available in Habitat. The number of housing units available at the launch of the programme was 28.

The number of places available also determines the size of the control group (twice the number of available places). The reason for doubling the number of participants in the control group comes from considering some of the characteristics of the homeless population. As most existing studies in the field have signalled, one of the greatest obstacles to assessing the results of interventions aimed at the homeless population is the difficulty in tracking users over time.

The location of homeless people or people with serious problems of social exclusion is especially complicated due to the high mobility and instability of this group. There have been very few longitudinal studies in Spain, most likely because of these difficulties, which also increase the cost of this type of research. Specifically, participation in follow-up evaluations has ranged from 27 percent between 11 and 24 months (Muñoz *et al.*, 2003) to 42 percent at 12 months (Panadero, 2004). Other international studies acknowledge similar rates (Nuttbrock *et al.*, 1999; Tsemberis *et al.*, 2003). In anticipation of a similar significant loss of participants during follow-up, the number of participants in the initial control group was set at a minimum of 56 people (double the number of places in the Habitat programme).

After the verification of access criteria for the potential users referred and the elimination of profiles that did not meet the criteria, random assignment for each of the sites was organised. The procedure used was a proportional stratified random assignment that took the gender of participants into consideration; that is, the selection of men and women was done separately. Considering the ratio of homeless men to women in Spain (Panadero and Vazquez, 2013), approximately 15-20 percent of participants in the experimentation and the control groups were women, and 80-85 percent were men. Several of those chosen did not join the programme or control group, necessitating a new random assignment procedure.

After the whole process, detailed in Figure 2, the initial interview (M0) was held with 28 Habitat programme users and 58 participants in the control group (traditional alternative intervention).



**Table 2. Socio-demographic Characteristics of Participants in the Habitat Programme: Evaluation at Baseline**

	Hábitat group		Control group		t/ $\chi^2$ (1)
	n		n		
<b>Gender</b>					,005
Male	23	82.1 percent	48	82.8 percent	
Female	5	17.9 percent	10	17.2 percent	
<b>Age (Mean (SD))</b>	28	46.86 (8,601)	58	49.33 (10,570)	-1,076
<b>Nationality</b>					
Spanish	17	60.7 percent	36	62.1 percent	
Non Spanish	11	39.3 percent	22	37.9 percent	
<b>Education level</b>					7,213
No studies/ unfinished primary studies	7	25.0 percent	8	13.8 percent	
Primary studies (up to 10 years)	5	17.9 percent	14	24.1 percent	
Secondary studies / first degree (up to 14 years)	6	21.4 percent	17	29.3 percent	
Secondary studies / second degree (up to 18 years)	8	28.6 percent	7	12.1 percent	
University studies	2	7.1 percent	12	20.7 percent	

Six months after the initial interview, the first follow-up evaluations were administered to both groups. As can be seen in Figure 2, 28 people in the Habitat group but only 41 people in the control group were interviewed, after 17 losses and drop-outs.

### ***Evaluation instruments and areas evaluated***

The areas to be analysed in the Habitat evaluation were defined taking into account the results and consistency of different research studies on HF carried out and presented in different reviews (e.g., Waegemakers *et al.*, 2012; Groton, 2013). The areas measured in the *Housing First Europe* project (Busch-Geertsema, 2014) were especially considered in order to facilitate the comparison of results in the European context. As can be seen in Table 3, in addition to sociodemographic characteristics, several other areas were considered, such as housing situation, health, social support, community integration or access, and use of services.

To measure these areas in the Habitat evaluation, standardized instruments were preferred to non-standardized ones when available. When this was not possible, recommendations from the publication *Social Experimentation: A Methodological Guide for Policy Makers* (J-Pal Europe, 2011) were followed. This European Commission guide recommends the use of “questions from existing surveys which have already been administered to large population and not [the] design [of] one’s own questions” (p.22). Consequently, many of the questions on variables for which standardized instruments could not be found were selected from different surveys used by the Spanish National Institute of Statistics (INE), such as the *Survey of Homeless People* (INE, 2005; 2012) or the *National Health Survey* (INE, 2011-12).

These areas are for both the experimentation and control groups, except for ‘satisfaction with the programme’, which only applies to Habitat users. As a result, the evaluation instruments were designed as follows:

- In the case of participants in the experimental and the control groups, a structured interview is carried out to facilitate the understanding of participants. The ‘satisfaction with the programme’ survey is provided to programme users twice a year, to be completed anonymously.
- In the case of professionals, a self-administered form is provided for the initial assessment (GENCAT). Information in other areas is compiled as a final part of the structured interview with users and through other specific tools in the case of support needs and provision, community integration and use of resources.

**Table 3. Areas Evaluated and Instruments Used in the Evaluation of the Habitat programme**

Areas	Instruments	Information source
<b>Sociodemographic characteristics</b>	Survey of homeless people (INE, 2012)	Participants Registries
<b>Substance abuse</b>	EuropASI (Kokkevi and Hartgers, 1995)	Participants Professionals
<b>Health</b>	GHQ-28 (Goldberg, 1996)	Participants
<b>Support needs</b>	Questions based on HF Europe or Camberwell Assessment of Need survey	Participants Professionals
<b>Support provided</b>	Questions based on HF Europe	Participants Professionals
<b>Satisfaction with the programme</b>	Satisfaction survey used by RAIS Fundación, with some questions adapted to the programme features	Participants
<b>Quality and conditions of life</b>	GENCAT (Verdugo <i>et al.</i> , 2008) QoLI (Lehman, 1988)	Participants Professionals
<b>Housing retention</b>	Defined as in HF Europe	Participants Professionals
<b>Social Support</b>	Questions based on previous research (Muñoz <i>et al.</i> , 2003; Panadero <i>et al.</i> , 2013)	Participants
<b>Community integration and conflicts</b>	Questions from QoLI or EuropAsi Other questions	Participants Professionals
<b>Access and use of resources (social, health, judiciary services)</b>	Survey of homeless people (INE, 2012)	Participants Professionals

As to how often the evaluation is to be carried out, there will be five measurement moments:

1. For Habitat users: an initial interview is held prior to incorporation into the programme and then every six months for at least 24 months or until completion of the intervention.
2. For the control group: an initial interview is held at the time of assignment to the control group and then every six months for 24 months.
3. Habitat professionals: a first assessment (GENCAT) is completed at the time of the user's incorporation into the programme and then every six months for at least 24 months or until completion of the intervention.

### ***Data processing and analysis***

The data obtained for each measurement are incorporated into a database designed specifically for the programme evaluation. The aims of data analysis, for which a system of statistical analysis and SPSS data management are used, are:

- To analyse the characteristics of the sample at the different points of evaluation in which descriptive analysis is conducted: frequency analysis, mean, median, etc., depending on the type of variable.
- To identify possible differences between the experimental group and the control group:
  - For nominal variables the chi-square statistic is used.
  - For continuous variables 't' student tests for independent samples are applied.
- To analyse the change during the first six months, both for the experimentation and control groups, the following tests were used:
  - 't' test was used for continuous variables in related samples
  - For dichotomous variables: McNemar
  - For the rest of categorical variables (ordinal): Willcoxon

### ***First results of the Habitat programme for participants: situation of programme users at 6M***

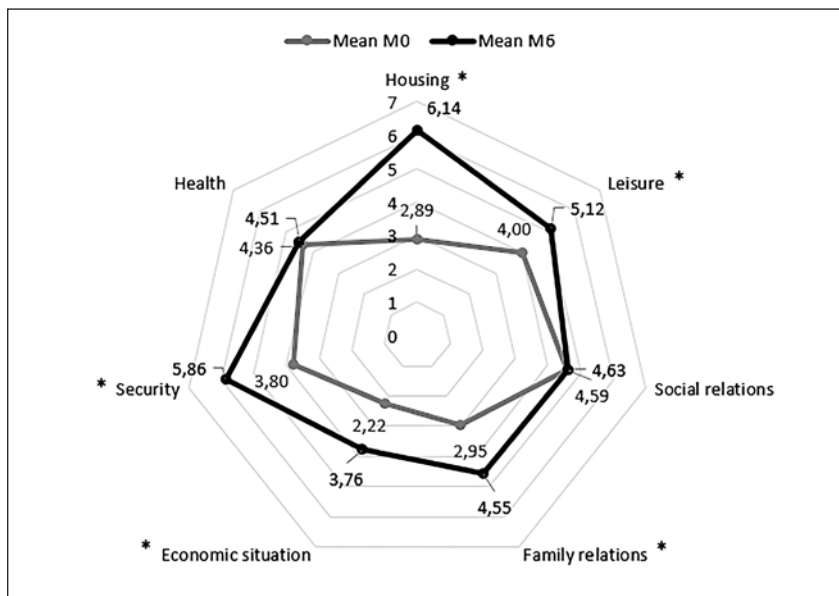
The results presented in this section refer to those of the initial interview (M0) and the first follow-up (M6) to the initial experimentation group.

The first result to highlight from the Habitat programme six months after its launch, is the large housing retention rate: 100 percent of users in the Habitat programme continued in their homes six months later, with only one rehousing having occurred. Although this successful result is in line with the high retention rates of other HF programmes (80 to 95 percent in most of them), we might expect a drop in future follow-up measures.

In addition to the stability of the housing, other aspects were considered, including the perception of users of different areas of their life. Figures 3 and 4 show the perception of change in the quality of life of Habitat users and control group at M0 and M6. Statistically significant improvements were found in various areas in the Habitat group, separate from the housing situation, including in the economic situation, leisure, security and family relations. On the other hand, no changes were observed in the opinion of users about their social relations or health.

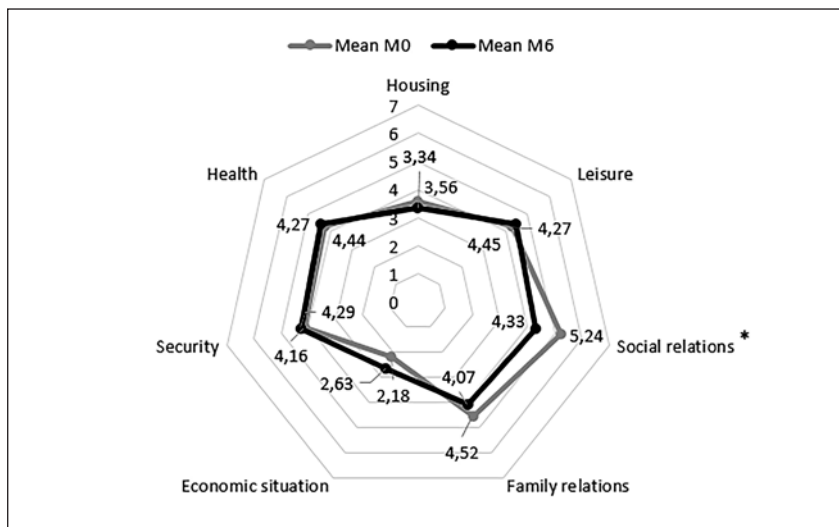


Figure 3. Changes Perceived by Habitat Users in Quality of Life (QoLI)



\* Statistically significant; 't' test applied

Graphic 4. Changes Perceived by Participants in Control Group in Quality of Life (QoLI)



\* Statistically significant; 't' test applied

In addition to participants' feedback on these aspects of their lives, information about their living conditions was also analysed. As shown in Table 4, changes also appeared in the most diverse variables. Regarding the coverage of basic needs such as food, there was a significant reduction in the percentage of people who had not made a meal for one day in the week prior to the interview (from more than half of the users at M0, to less than 15 percent at M6).

Some changes were also found in the economic situation of the Habitat programme users. Although the amount of money they possessed had not changed significantly during the first six months, the type of income had: there was a reduction in the percentage of people begging (39.3 percent to 17.9 percent) and there was a significant increase in the percentage of users receiving a minimum insertion income. On the other hand, there was no statistically significant change in the economic situation of the control group participants during the same period.

Regarding the vulnerability of the participants in Habitat to different juridical offenses, in all cases there were reductions in the rate of victimization, though this was only statistically significant in the case of insults or threats. While 36 percent of users had suffered insults or threats in the last six months at the time of joining the programme, this dropped to 7 percent at M6. In the case of the control group users, statistically significant changes were not observed in the area of victimization during the first six months.

Discrimination perceived by programme users had also fallen during the first six months of their participation in the programme: at M0, 43 percent of participants felt they had not been discriminated against in the previous six months; at M6 this percentage increased to 68 percent. Regarding the control group, a similar but smaller improvement was observed for the same period.

As can be seen in Table 5, and in contrast to the findings for the control group, the results on the family relationships of programme users indicate a significant increase in frequency of contact. This occurred for both contact options: the percentage of people who never spoke with their family by telephone dropped from 50 percent to 32 percent; and the people who never met their family physically dropped from 89 percent to 64 percent.

The results also suggest a reduction in the feelings of loneliness among Habitat users during the first six months of the programme. The percentage of those who did not feel alone or abandoned at all doubled during this period (from 25 percent to 50 percent). The evaluations of other HF programmes have identified higher loneliness feelings in HF users due to moving to individual housing and breaking with previous social relations (Busch-Geertsema, 2014).

**Table 4. Changes Perceived by Habitat Participants in Living Conditions**

	Habitat users M0 (n=28)	Habitat users M6 (n=28)	(1)	Control group M0 (n=58)	Control group M6 (n=41)	(1)
<b>Basic needs: Food</b>						
<b>During the last week, did you skip any meal?</b>	53.6 percent	14.3 percent	*	43.1 percent	48.8 percent	
<b>Economic situation</b>						
<b>In the last month you...</b>						
Received a minimum insertion income	17.9 percent	28.6 percent	*	17.2 percent	17.2 percent	
Begged	39.3 percent	17.9 percent	*	27.6 percent	19 percent	
<b>How much money did you get last month? (Mean (SD))</b>	373.31 (298.57)	360.95 (188.74)	.201	316.68 (169.26)	365.55 (179.84)	
<b>Leisure and free time</b>						
<b>Did you do some hobby in the last month?</b>	35.7 percent	60.7 percent	*	41.4 percent	35.0 percent	*
<b>Security and victimization</b>						
<b>Have you been beaten in the last 6 months?</b>	14.3 percent	7.1 percent		15.5 percent	8.6 percent	
<b>Were you robbed of money, personal belongings or documents in the last 6 months?</b>	28.6 percent	7.1 percent		31.0 percent	13.8 percent	
<b>Did you suffer from sexual harassment in the last 6 months?</b>	3.6 percent	0 percent		1.7 percent	1.7 percent	
<b>Were you cheated in the last 6 months?</b>	7.1 percent	3.6 percent		12.1 percent	6.9 percent	
<b>Were you insulted or threatened in the last 6 months?</b>	35.7 percent	7.1 percent	*	32.8 percent	17.2 percent	
<b>Discrimination</b>						
<b>Did you feel discriminated against in the last 6 months?</b>			-2,463*			-2,149*
Never	42.9 percent	67.9 percent		43.1 percent	61.0 percent	
Sometimes	17.9 percent	25.0 percent		17.2 percent	14.6 percent	
Many times	14.3 percent	0 percent		8.6 percent	7.3 percent	
Constantly	17.9 percent	3.6 percent		19.0 percent	12.2 percent	
N/A	7.1 percent	3.6 percent		12.1 percent	4.9 percent	

(1) "t" test was applied to repeated measures in continuous variables, McNemar to dichotomic variables and Wilcoxon to the rest of categorical variables. \*p ≤ .05; \*\*p ≤ .01; \*\*\*p ≤ .001

**Table 5. Changes Perceived by Habitat Participants in Family Relations**

	Habitat users M0 (n=28)	Habitat users M6 (n=28)	(1)	Control group M0 (n=58)	Control group M6 (n=41)	(1)
<b>During the last month, how frequently did you speak on the phone with someone from your family?</b>			-3,209**			-, 530
Never	50.0 percent	32.1 percent		49.1 percent	50.0 percent	
Less than once a month	21.4 percent	3.6 percent		23.6 percent	10.5 percent	
At least once a month	17.9 percent	7.1 percent		5.5 percent	13.2 percent	
At least once a week	3.6 percent	32.1 percent		20.0 percent	18.4 percent	
At least once a day	3.6 percent	17.9 percent		1.8 percent	7.9 percent	
<b>During the last month, how frequently did you meet someone from your family?</b>			-2,217*			-, 776
Never	89.3 percent	64.3 percent		74.5 percent	76.3 percent	
Less than once a month	3.6 percent	0 percent		10.9 percent	7.9 percent	
At least once a month	0 percent	10.7 percent		9.1 percent	7.9 percent	
At least once a week	0 percent	14.3 percent		1.8 percent	5.3 percent	
At least once a day	3.6 percent	3.6 percent		3.6 percent	2.6 percent	
<b>To what extent do you feel alone or abandoned</b>			2,124*			-, 746
Not at all	25.0 percent	50.0 percent		26.8 percent	28.9 percent	
A little	42.9 percent	28.6 percent		30.4 percent	21.1 percent	
Quite a lot	3.6 percent	7.1 percent		12.5 percent	21.1 percent	
Very	25.0 percent	10.7 percent		30.4 percent	28.9 percent	

(1) McNemar was applied to dichotomic variables and Wilcoxon to the rest of categorical variables

\*p ≤.05; \*\*p ≤.01; \*\*\*p ≤.001

Changes in health and substance abuse in Habitat programme users during the first six months were more limited. Improvements were observed in the GHQ scale of anxiety and insomnia, when using dichotomized scorings. Scores dropped significantly from 2.7 (SD = 2.01) to 1.43 (SD = 1.95) ( $t=2.982$ ;  $p<0.01$ ). No significant changes in any of the GHQ scales were observed in the control group.

Regarding alcohol and drug use, no significant changes were found in any of the aspects considered (consumed amount, use frequency or money spent on buying substances). This is also observed for the control group.

## Conclusion

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The Habitat programme is the first systematic experience of the Housing First model implementation in Spain. RAIS Fundación has faced two main challenges in this process: changing the mindsets of professionals and decision-makers in relation to the ground-breaking and innovative HF model, and operating a methodology with no previous implementation experience in the country. A 'didactic' approach has been essential for the introduction of the model in this new context.

In this sense, one of the key success factors has been the identification of programme implementation milestones where information can be provided to different stakeholders and the definition of the information that should be delivered. The referral processes into Habitat and the access of participants to the programme were key moments for the communication of the HF model to homelessness organizations and users, and for their understanding of the model.

On the other hand, as has occurred in other European HF implementation experiences, the particularities of the Spanish context – especially the Social Services and Health networks that support homeless people in Spain, and the housing market configuration – have determined some of the adaptations to the model. In the case of Habitat, and unlike other governmental HF programmes in other EU countries, there were also some constraints linked to the resources that RAIS Fundación could obtain.

The solid evaluation framework created for Habitat has definitely helped in the 'didactic' approach, by providing evidence of the efficiency of the HF model for professionals and decision-makers, and by helping to identify drivers and difficulties in its adaptation to the Spanish context, as well as ways forward. The evaluation outputs also helped to avoid objections to the introduction of the model, many of those objections based on fears of breaking the status quo of the existing networks.

The strict profile of programme participants has been assured by following a rigorous profile check and random assignment to an experimentation group and a control group. This has also been a key element in demonstrating the efficiency of the HF model for this specific profile of homeless people with high support needs.

The HF Fidelity assessment that was carried out is also useful in demonstrating that the results of the Habitat programme on participants are due to the HF intervention. This is seen as especially relevant for countries where the introduction or the future development of the Housing First model will be most probably done by numerous regional or local organizations. Different configurations of the model as adapted by these organizations could lead to varying levels of success and could introduce doubts as to the efficiency of the HF model.

Using a mix of validated quantitative and qualitative methods for the fidelity assessment has shown good loyalty of the Habitat programme to HF principles. Results of the assessment also suggest that further analysis should be done in areas such as service array or human resources, which could be influenced by the Spanish context and/or the programme configuration. Although needing further validation, the translation and adaptation to the Spanish context of the fidelity assessment tool, which was developed for the original Pathways to Housing programme, also fosters comparability and knowledge exchange between international HF programmes.

The same comparability principle was used in the design of the evaluation methodology. This was designed taking into account previous HF evaluation experiences and using standardized instruments for the areas where they were available. Otherwise, questions and items from existing surveys or scales were adapted to the Habitat and the Spanish contexts.

The first results of the Habitat evaluation on participants after six months of programme implementation are in line with the main results observed in other evaluation projects. The housing retention rate at 6 months in the Habitat programme is 100 percent, which is the main goal of the HF model and the Habitat programme: ending street homelessness. Connected with this successful housing stability, security – both subjective and objective – is one of the areas where greater improvements have been observed. Existing research has also made a point on housing as the base for *ontological security*, which would enable the “basis for constancy, daily routines, privacy and identity construction, and a stable platform for a less stigmatized and more normalized life” (Busch-Geertsema, 2014, p.21). These two findings alone suggest that the HF model is an efficient method to tackle homelessness for homeless people with a long street trajectory and high support needs.

Other improvements in areas such as family relations, economic situations and leisure have been observed to a lesser extent in the experimentation group. In the areas of social relations and health, almost no improvements have been observed in the Habitat group. Existing research has also signalled limited changes in both of these areas, and where they were observed, they occurred at a later point in time.

Comparing these results to those of the control group, the evaluation of Habitat confirms again the efficacy of the HF model, since there is little or no improvement observed in most of the variables analysed for the control group.

The analysis of the follow-up measures of the Habitat programme will enable tracking the evolution of both groups and will provide further evidence to the existing corpus of international research on Housing First. The evaluation of Habitat will also accompany the development of the Housing First model in Spain, which has already gotten the attention of the national government, regional and local administrations and homelessness organisations.

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# The Italian Network for Implementing the 'Housing First' Approach

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Teresa Consoli

*Department of Social and Political Sciences, University of Catania, Italy*

Caterina Cortese

*fio.PSD, Italian Federation of Organizations Working with Homeless People*

Paolo Molinari

*Institute of Economic and Social Research of Friuli Venezia Giulia (IRES FVG), Italy*

Anna Zenarolla

*University of Padova, Italy*

› **Abstract\_** *In the last year, Italy has been experimenting with the 'Housing First' (HF) approach, with 28 projects scattered across 10 regions all over the country, from Turin to Agrigento in the far south of Sicily. It is still an experimental phase, but within the traditional model of policies tackling poverty and severe marginalization in Italy, HF represents a breath of fresh air and a way for opening policy to change. The key point lies in driving the spontaneous process of change that is already moving bottom-up from public and private Italian social providers in the fields of housing, poverty and homelessness. The aim is to promote a paradigm shift to renew the means, tools and methods of intervention to deal more effectively with the complex phenomenon of 'homelessness' in Italy. This paper aims to discuss the changes and initial results of the first year of experimentation of the Housing First approach in Italy. The authors explain the reasons that moved Italy to embrace this policy, and describe the efforts carried out by fio.PSD (the Italian Federation of Organizations for Homeless People) to build the Italian Network for implementing the Housing First approach (NHFI).*

› **Keywords\_** *Housing First in Italy, evaluation, fio.PSD, homelessness*

## Introduction: Why Housing First? Revolutionizing Services for Homeless People in Italy

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The Housing First (HF) approach originated in the United States during the 1990s within mental health services, inspired by the model for discharging patients from psychiatric hospitals called 'Supported Housing'. Based on gaining immediate access to independent apartments with support from a team of health workers for chronically homeless people and groups assessed as at risk of homelessness, it spread from the *Pathways to Housing* model founded by psychologist Sam Tsemberis in New York in 1992. HF introduces some changes compared to other models. It reverses the institutional-clinical approach from both a health and a welfare perspective. The key element is the direct transition from the street to a home. Very quickly, therefore, HF has also proven an effective and potentially revolutionary intervention to address homelessness in different contexts, including in England, France, Finland, Portugal, Spain and other countries. In Italy, as we argue in the following pages, it has the potential to provide a new direction for homelessness policies in a context in which chronic homelessness has increased: the Italian Institute of Statistics (ISTAT) reveals that there are 50,724 homeless people (roofless and houseless people) in Italy (up 3,071 from 2011), and that 21.4 percent of those have lived on the street from more than four years (ISTAT, 2014). Since 2011, supply – the number of beds and meals provided by 768 organisations – has increased by 15 percent despite a more or less stable number of homeless people. This means that the same person is using the same services more and more times in the same week (three times more for beds and five times more for meals in one week), with severe consequences for the welfare system and local authority costs, as well as for living conditions.

In the homelessness sector, the traditional model known as the 'staircase approach' involves a rigid pathway that aims to make people housing-ready step by step, through counselling, treatment, abstinence, training, employability and autonomy. Achieving the goal of being housing-ready can take many years and cost a significant amount in terms of services, social workers, maintenance of alternative housing solutions, etc. Although this system of local services – including shelters, public showers, counselling points and outreach – is able to intercept and partially deal with many social needs, there are various limits: many services address only very particular gaps or emergency situations. Numerous local innovative projects that seek to ensure social inclusion, health and participation in the labour market already work well in Italian cities. Nevertheless, the process for scaling up such strategies and the long-term vision for effective policy design in dealing with severe poverty and housing exclusion areas are still missing in Italy. As a matter of fact, the Italian welfare system is fragmented and highly differentiated as, during the 1990s, the management of social services was delegated to regional governments

and local authorities without any common definition of the essential levels of services and basic incomes for poor people, therefore leaving access to social services dependent on the availability of resources at the local level. Recent attempts (Law 328/2000) to define social services and planning thereof at national level have paradoxically increased the differentiation and localization of services. The lack of coordination between the political and administrative levels, discretionary decision-making on crucial issues of access and social housing services, the absence of an homogeneous normative framework and a weak preventive approach are obstacles to providing adequate solutions for the severe and growing marginalization of adults.

Only recently, the Minister of Labour and Social Policy approved the *Guidelines for Tackling Severe Adult Marginality in Italy*,<sup>1</sup> thanks in part to advocacy activities carried out by the National Federation of Organizations working with Homeless people (fio.PSD)<sup>2</sup> and the local authorities of bigger Italian cities. An agreement with regional governments to favour a *sustainable approach* through adequate funding at all levels (national, regional and local) as well as through the involvement of the public, private and not-for-profit sectors (i.e., a bottom-up approach) is attached to the Guidelines. Furthermore, the Ministry is going to approve the *National Plan against Poverty*, which will include a minimum income scheme for severely deprived people from 2016. The Guidelines aim to clarify and harmonize all services, measures and social worker profiles related to and working within this sector. They suggest using the European Typology of Housing Exclusion (ETHOS) as a common definition of homelessness; they set out essential or basic levels of services for homeless people through standardized and homogeneous key features for public services; and they furnish recommendations for implementing measures, practices and management, including Housing First as a preventive measure against homelessness in Italy.

In this framework, HF, while not a panacea for all forms of homelessness, appears as an important and progressive social policy response and it has the potential to enhance Italian policy responses to homeless people and people with high housing support needs. HF starts from a simple principle – but one that is a strike for Italy:

<sup>1</sup> This work, using the coordination and writing activities of fio.PSD, has involved metropolitan cities and the regional Department of Social Affairs with the aim of providing local governments with a set of conceptual and practical-applicative directions to structure housing solutions in response to the primary need of housing for individuals and nuclear groups of people. For details, see <http://www.fiopsd.org/wp-content/uploads/2015/11/Linee-di-Indirizzo.pdf>

<sup>2</sup> fio.PSD represents public, private and third sector organisations working with homelessness and severe housing deprivation in Italy. It is recognized by the Italian Government as an institution of public utility for its advocacy, studying and support activities in relation to the homelessness strategy. For details, see [www.fiopsd.org](http://www.fiopsd.org).

a home is a basic human right for everyone. Re-evaluating the concept of home, enforcing the capacity of vulnerable people to sustain housing, recognizing the benefit of the support and visits of social workers at home and investing social expenditure in a long-term vision are the revolutionary challenges within the cultural and political Italian context. Last but not least, HF should be a useful way of preventing homelessness. Recent data from the Italian Government reveal that the number of executive evictions increased in Italy from 31,393 in 2013 to 36,083 in 2104<sup>3</sup>. According to ISTAT's last census (ISTAT, 2011), there are almost 120,000 people living in inadequate housing – e.g., in caravans on illegal campsites, in unfit housing or in situations of extreme overcrowding. National and local policies to deal with these issues vary and are not always effective. Social housing policies, for example, have a specific meaning in Italy and refer mainly to building new residential areas (or renovating existing housing stock) based on green, smart and energy efficient criteria. Its objectives are to favour lower housing costs for families (though this is not always the case), to offer innovative housing solutions (such as co-housing or congregate housing) and to favour integration and communitarian activities (green spaces, playgrounds, kindergartens). On the other hand, waiting lists for free or subsidised housing are blocked in many Italian cities, with severe consequences for poor families. Promoting a comprehensive approach to homelessness in Italy based on immediate responses but also on the prevention of housing exclusion and on projects that integrate social and labour aspects would mean dealing with the growth in severe poverty and housing exclusion.

## The Emergence of Housing First in Italy

A number of essential 'ingredients' distinguish HF (the *Pathway to Housing* version) from other approaches (Stefancic *et al.*, 2013), and they are:

1. the opportunity for participants to choose the house they live in (houses may be scattered across all areas of the city according to the 'Scattered Site Apartments' system);
2. the separation of housing (meant as the right to housing) and therapeutic treatment;
3. self-determination and the freedom of choice for participants in terms of mental health treatment or detoxification, with the exception of the mandatory weekly visit by the staff;

<sup>3</sup> Minister of Interior, 2015 <http://www.interno.gov.it/it/notizie/sfratti-disponibile-line-pubblicazione-i-dati-nazionali-2014>.

4. orientation towards 'recovery': a mixed set of services for recovery and regaining resilience is offered to the person;
5. two main methods of intervention: Assertive Community Treatment and Intensive Community Management.

These core ingredients did not prevent the model from being imported into other contexts and, as Pleace and Bretherton (2013) argue, models of HF developed outside the United States can hardly be considered as perfect copies of the *Pathway to Housing* model. Different social contexts, user profiles, welfare models and health systems, the organisational culture of social services and the political-institutional framework will mean certain adaptations from the original model. This adaptation has also happened in Italy.

Two processes have acted as inputs for the implementation of HF in Italy:

1. Bottom up: since 2012, single social providers in different Italian cities (Bergamo, Bologna, Trento, Ragusa) have tried to apply the HF approach through pilot projects, without any attempt at coordination;
2. Top down: since 2014, one of the most established not-for-profit organisations in the country in terms of severe marginalization, fio.PSD,<sup>4</sup> launched the *Italian Programme for Implementing Housing First in Italy* with the aim of promoting the HF approach, coordinating the pilot projects of members (cities quoted above), and driving policy change in the homelessness sector.

The launch of the national programme on 1 March of 2014 (Turin) obtained large consensus across fio.PSD's members and beyond: mobilization of more than 100 social workers, managers, directors, public servants, scholars, researchers and students in the poverty sector was registered.<sup>5</sup> Many organisations have said that they believe in the philosophy and methodology of HF but that the main challenge is applying HF according to context and a needs-based approach. Some cities are dealing with chronically homeless people; some others are seeing new homeless migrants every day; many are dealing with the new poor that have lost jobs and homes due to the economic crisis; and others are dealing with families at risk of housing exclusion or families living in severe housing deprivation.

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<sup>4</sup> fio.PSD was a member of the Steering Group for the evaluation of Housing First Europe and since 2015 has been a member of the International Advisory Board for Self-Assessment of Housing First. In 2015, it was nominated by the Italian Government as a 'National Expert in Housing First' and attended the Peer Review of HF on 16-17 March 2016 in Brussels.

<sup>5</sup> Visit the web site of the event: <http://www.fiopsd.org/nhfi/>

In order to coordinate the field trial of the HF approach in different areas of the country, fio.PSD founded the *Italian Network of Housing First* (NHFI)<sup>6</sup> in 2014. Organisations were asked to meet three main criteria: to respect the philosophy and ingredients of HF; to guarantee the availability of houses and social workers; to attend what was agreed by the membership and to follow the evaluation programme.<sup>7</sup> In order to support the process, fio.PSD provided a two-year programme (2014-2016) involving three areas: 1. training in HF (concepts, principles and operational methods); 2. supervision and monitoring of projects; 3. support and advocacy actions favouring the integration of ordinary and structural funds in projects to combat homelessness. Today, the Network represents a collective, dynamic and continually evolving actor (as new members continue to join) that has as its aim the implementation of HF leading to a paradigm shift through the renewal of the means and methods of homelessness intervention and through the development of solutions for people with high housing needs.

## The Italian Network of Housing First

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As of 30 November 2015, the Italian Network counted 51 members. These include public bodies, not-for-profit organisations, charities and private organisations. These organisations decided to update their services adopting the Housing First approach under the coordination of fio.PSD.

Members of the network agreed that:

- The network (NHFI) recognizes the power of the *Pathways to Housing* as a model but assumes that it is not neutrally transferrable across the country; adaptation to local and contextual needs, and differences in how support is provided and the target groups involved are part of the Italian implementation.
- The Network (NHFI) embraces the core ingredients of *Pathways to Housing* and ensures respect for them in a common 'manifesto of action' (see below).

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<sup>6</sup> [www.housingfirstitalia.org](http://www.housingfirstitalia.org)

<sup>7</sup> Impact evaluation is carried out by the Independent Scientific Committee [www.housingfirstitalia.org/comitatoscience](http://www.housingfirstitalia.org/comitatoscience)



*'Essentials' of the Italian Network for Implementing Housing First:*

1. Housing as a basic human right and services that are closely connected with housing
2. Consumer choice
3. Housing that represents client choice and is decent and affordable
4. Users pay rent of 30 percent of their income (whatever this is)
5. Multidisciplinary team
6. Harm reduction philosophy
7. Integration of health, social and labour services
8. Recovery approach
9. Home visits are a must on a regular basis
10. Hiring people with personal experience of mental illness/addiction, as well as services, must meet clients' needs – the case load ratio should be adjusted accordingly

The Network includes non-profit organisations (47 percent), Caritas organisations (33 percent), other religious organisations (12 percent) and public organisations (8 percent) working directly in the provision of homelessness services, care services for poor people, services for alcohol and drug addicts and services for people with mental disorders. The members of NHFI come from different areas of Italy: the North, 57 percent; the Centre of Italy, 16 percent; the South and the Islands 27 percent. The organisations are of different sizes: 52 percent have only 1-15 workers; 17 percent are medium-sized, with 15-50 workers; and 31 percent are large organisations with over 50 staff members. The staff of NHFI's members have a high level of training; most have degrees, including in the Social Sciences and Social Services, but also in such areas as Anthropology, Psychology and Education, and the job profile is also relevant: Director, Coordinator, Supervisor, Psychologist. Since 2014, management and workers have taken part in a 2-year training programme coordinated by fio.PSD. It includes training activities, tutoring/supervision and technical assistance for implementing Housing First. The programme includes frontal learning (summer and winter school) and e-learning appointments (webinars) on different topics, such as the origins of Housing First; how to implement HF services; visiting homes; how to build partnerships with public authorities and the private sector (real estate); having a multidisciplinary team; and the empowerment approach. At the same time, the independent Scientific Committee (comprising national and international teachers, experts and scholars) supports fio.PSD and manages independent evaluations of experimental HF projects.

## Methodological Approach and Data Collection

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Moving from the awareness that one of the reasons for the wide and rapid diffusion of the HF model in the USA and Europe is the results obtained by the projects that experimented with it, and their scientific validation, the NHFI scientific committee created a research design (Bezzi, 2001) to evaluate experimentation of HF. It uses quantitative and qualitative methods and aims to evaluate the effects of the programme on context, organisations and clients (Padgett, 2011). In order to evaluate the change obtained in these three dimensions, a monitoring system has been set up. It collects quantitative data related to a set of variables at specific moments: for context and organisations, this is at the beginning of the experimentation, after a year and at the end; for the clients, it is a month after they move into the house, after six months and after a year. To collect data about the context and the organisations, two online questionnaires have been developed. The questionnaire on context contains questions about: reasons for experimenting with the HF approach; context needs; the target group; obstacles and resources needed to start applying HF; difficulties in applying HF principles; and strategies to overcome them. The questionnaire on the organisations contains questions about: the mission and juridical nature of the organisation; the number and type of human resources employed in the HF project; typology, provision and location of housing units; the methodology that will be used to apply HF in terms of HF team structure, meetings, client/staff ratio, frequency and modality of contacting clients; services and opportunities offered by the project; and networks with other public and not-for-profit organisations.

In order to collect data about clients and create a 'social profile' of them, a questionnaire was developed relating to nine domains: employment, family relationship, social relationship, income, education and training, law, addiction, housing and health. As at 30 November 2015, the Italian Network of Housing First (NHFI) counted 51 members – public, private and religious organisations. Membership does not mean having effectively started a HF project; in some cases, members head and are responsible for the HF projects and in other cases they are only the executors. Three projects were assigned to councils, which executed them in cooperation with three private organisations (one association and two non-profit organisations). At the end of 2015, there were 28 HF active projects, which were located in ten regions from the North to the South of Italy: Piemonte, Lombardia, Liguria, Veneto, Friuli-Venezia Giulia, Trentino-Alto Adige, Emilia Romagna, Toscana, Calabria and Sicilia, with most in Sicilia and Veneto. All NHFI organisations are non-profit. In some cases, they are public organisations (4), and in particular local councils; in other cases they are private organisations, such as associations (4) or welfare institutions and cooperatives that operate in partnership with local councils (10) or religious

organisations (10). The religious organisations are local ecclesiastic charitable Caritas organisations (15). These represent the majority of the NHFI members that started a project in the last year.

### ***Motivations/objectives***

The HFI Network organisations started to experiment with the HF approach after specific training on the HF model. There were four main reasons for choosing to experiment with HF. The first is to foster and improve services for homeless people (75 percent); participation in the HF Network is an opportunity to reflect on current practices in this sector and to reform and modify them, especially when they are not efficient. The second reason is the HF model itself (71.4 percent); organisations are interested in HF principles and methods. The third reason is that HF regards housing as a human right (46.4 percent), and finally, the fourth reason is that the HFI Network is a way to unite and coordinate all organisations engaged in projects and programmes to combat homelessness and social exclusion (21.4 percent). There are two main motivations: first (78.6 percent), to house homeless and poor people, and secondly (64.3 percent), to provide solutions for other people who need a house or are having difficulties maintaining their current one.

### ***Target groups***

The HF projects have various target groups. For 33 of the projects, the target is chronically homeless people while for the other 44 projects, the targets involve other types of people in poverty and social and economic difficulties. There is a significant difference between projects in the regions of the North of Italy and those in the South in terms of target groups. In the North, the target is chronically homeless people, while in the South targets include adults, families and migrants without houses or having economic and social difficulties finding and maintaining a house, and who need support in order to overcome these difficulties.

**Table 1. Priority Target of HFI Network Organisations (absolute values and percentages)**

Priority target	Frequency	Percent
1. Chronically homeless people with drug abuse	11	39.8
2. Chronically homeless people with problems with the law	6	21.4
3. Chronically homeless people with mental or physical illnesses	16	57.4
4. Single adults living alone and with social problems	19	67.8
5. Single adults with social problems – migrants	13	46.4
6. Families with social problems	12	42.8

Source: Elab. Fio.PSD/IRES FVG (30 July 2015)

### *Provision of housing*

The organisations that have started HF projects have at their disposal a stock of available accommodation to use for the HF experimentation. At the end of 2015, there were 87 units available overall: 30 scattered independent houses and 57 apartments or rooms in an apartment sharing the kitchen, living/common room and bathroom.

### *Difficulties at the beginning of the HF projects*

HF projects had to overcome several difficulties and obstacles, which in some cases delayed the start of the experiment. About half of the organisations that have started a HF project note having had serious difficulties applying the following three HF principles:

- a commitment to working with clients for as long as they need it;
- clients contributing 30 percent of their income to rent;
- housing people without any grant for rent;

These issues are particularly due to the absence in Italy of any form of minimum wage or minimum income for unemployed and homeless people, and the organisations involved in HF have no 'public' financing. As such, it is difficult for them to bear the cost of housing clients who do not work and cannot contribute to the rent.

As a matter of fact, the kind of obstacles that the projects have faced to date can be described in terms of the specific dimensions of all social projects: organisational, methodological and economical.

1. 15 projects (53.6 percent) reported **organisational obstacles**, mainly related to the sustainability of rent and the availability of houses, team composition, and the existence of an efficient network with existing institutions working in the area. The first obstacle reflects the fact that the private rental market does not offer sufficient, or economically sustainable solutions. The second obstacle relates to problems putting together a programme team to provide 'intensive support' – in other words, a team of professionals dedicated to the HF approach, that share the same goals and that are able to drive and follow beneficiaries within the experimental project. These difficulties arise from the historical weakness of public psychiatric services and territorial health services in Italy, as well as difficulties integrating health services and social services. Finally, in terms of the third obstacle, it is extremely difficult to coordinate public and private actors and services operating in a region using a community approach; the non-integration of social interventions usually prevails.

2. 11 projects (39.3 percent) experienced **methodological obstacles** relating to the profiles of the beneficiaries (the target), the training of operators (working methods and tools) and the adaptability of the HF programme to the local context. The identification of a specific target with whom to start testing has long been a subject of debate and reflection in the start-up phase, and it is a strategic element that is linked to the expertise of the operators engaged in the projects. As a matter of fact, the HF approach to homelessness and to groups in need (families and migrants) that operators had to deal with, underlined the opportunity for innovative training when compared to traditional methods of social intervention, and the need to adapt to the local context and to the people in need living in the context of intervention. Many organisations and operators note the need for specific training in the HF philosophy and methodology. The principle of 'service user choice and self-determination', for example, represents a great challenge for all social and health workers employed in public and non-profit organisations. HF entails a radical change in the organisational culture of service, involving a different framework for the client and the service, as well as the practice of social intervention.
3. 12 projects (42. percent) struggled with **economic obstacles** related to the availability of financial resources for the start-up phase and the overall economic sustainability of the HF project in the medium and long term. A lack of funding and of a basic income measure for poverty have strongly impacted on support for the experimental phase of the projects, along with concern about sustainability of the projects in the medium and long term.

### ***HF project clients: individuals and families***

On December 2015, a year and a half after the beginning of HF experimentation, the Italian Network had in its charge 174 adults and 67 children hosted with their parents. The survey presented below concerns only adults, despite situations of distress involving whole families, including children. Clients are mainly single adults (73 percent), while the remaining (28.7 percent) are single parents and couples with or without children; families are mainly concentrated in Sicily.

The majority of adults accepted onto HF projects are Italian (71.8 percent) and male (69.5 percent); foreigners come mostly from non-European countries (79.3 percent). The age structure of this population is highly differentiated: the young age of foreigners affects the overall distribution, while all Italian clients are aged between 51 and 60. Most adults in HF programmes are not employed. Those in employment did not exceed 14.4 percent while 72.4 percent were out of work (unemployed or looking for their first job). Others who were not working included inactive housewives, disabled people and pensioners.

Equally problematic is the housing situation at the time of entry into residential facilities of the NHFI. The survey uses FEANTSA's ETHOS classification of homelessness and housing exclusion. In Italy, 33.3 percent of those participating in a HF project fell into the first group, which is the most problematic – roofless people living on the streets or in dormitories; 23.6 percent of those hosted were in the second group, which is strictly houseless, characterized by conditions of great hardship and the lack of a home. 27 percent were living in conditions of high uncertainty and the remaining 16.1 percent were in situations of inadequate housing on a temporary basis and of extreme overcrowding.

The extent to which people hosted in the Italian HF projects came from poor living situations is underlined by the amount of time they had spent in homelessness or housing exclusion before entering the project: 53.4 percent of adults had experienced housing exclusion in the previous 12 months while the remaining had experienced housing exclusion over periods from one year and up to four or more..

### ***Costs and expenses***

How accommodation costs were covered depended on individual plans and the institutions involved in the HF projects. As there is no basic income support in Italy, the costs of individual programmes are covered through a mix of public and private resources, with distribution varying from case to case. The greatest cost is carried by the public or private organisation that is implementing the HF project: 67.8 percent of people received a benefit from the organisation; another 10.3 percent is paid by the third sector organisation(s) collaborating with the local HF programme; 43.1 percent of people in HF projects share expenditure costs; and for an important 34.5 percent of project clients, the local council contributes to the costs. Of all people accepted onto projects, it was only possible to start a planning process integrated with local health and social services for 96 adults (55.5 percent of total).

**Table 2. Distribution of Individual HF Project Costs (absolute values and percentages)**

Project cost	Frequency	Percent
Local councils (single and aggregate)	60	34.5
Public Health Services: Addictions	1	0.6
Public Health Services: Mental Illness	3	1.7
National Ministry for Social Policy/Justice	3	1.7
HFI Network Organisations	18	10.3
HF Service Users	75	43.1
Organisation responsible for the project	118	67.8

Source: Elab. Fio.PSD/IRES FVG (30 July 2015)

## Organisational Opportunities and Challenges

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The main contribution of HF to date is in outlining the relevance of a bottom-up approach in the debate on homelessness and highlighting the importance of elaborating a national effort to face it. fio.PSD has played a strategic role in this in recent years, thanks to its cooperation with the Italian Statistics Institute (ISTAT) and the Minister of Labour and Social Policy in the field of national investigation of homelessness in Italy. In this context, the chance to discuss and renew the policy paradigm in the treatment of serious marginalization in the country is one of the most interesting opportunities that the HF is now offering to partners and operators.

This opportunity is strengthened within the network by a high representation of Italian regions (10 out of 20) with 28 projects already active and new membership requests and project commencements being registered in recent days. Active (and potential) projects are based on different local realities with different internal organisations (see Table 1), which makes HF one of the most valuable opportunities in the regionally and categorically fragmented Italian welfare system. Specifically, in relation to the targets of these projects, being able to 'normalize' the homeless person (after Law 180/78 on mental illness in Italy); being able to focus on the social capacity of reintegration; and, most of all, being able to affirm housing as a human right are all challenging opportunities in the structured provision and definition of social services. However, institutionalized care, the staircase model and reception facilities that serve as 'containment' for the phenomenon still prevail and are offered locally, as in many other countries.

HF is opening the way to new ideas of housing. One of the basic goals of social policy in terms of extreme deprivation and poverty is linked more and more nowadays to re-evaluating the idea of 'home' in terms of its related well-being and the enhancement of personal autonomy. HF, as all operators and scholars know quite well, is not a solution to all forms of homelessness but it can offer great success, even if firstly designed for chronically homeless people and users with severe mental illness. In Italy, HF currently has a range of different targets. For example, in southern Italy, as already outlined, HF projects usually target families and migrants' families with high priority social and housing needs. The evaluation process used in HF is also particularly interesting, and the results of the projects, as well as the possibility of assessing the costs of homelessness with and without Housing First, provide another learning opportunity for the local welfare administrations and for both fio.PSD and operators. In 2013, the European Observatory on Homelessness published a report called *The Costs of Homelessness in Europe* – the very first comparative report on the costs of fighting homelessness in thirteen European countries (Pleace *et al.*, 2013). The HFI network now has the chance to support 'new' methods and aims in service evaluation, where local interaction

between public health services, social services and voluntary work are closely connected. Finally, it is worth pointing out that all the organisations involved are non-profit ones and that the Italian network has no 'public' financing. The role of Catholic organisations such as Caritas has been central to supporting the experience in Italy generally, but especially in Sicily.

However, notwithstanding the opportunities offered by the HF projects, the projects are also facing some challenges: the first is the availability of resources, the second is team composition, and the third relates to the evaluation of results and interaction with policy decision-makers.

As regards resources, the challenges concern the local availability of apartments and accessible health and social services. Neither the public nor the private housing market has readily available houses to offer Housing First projects, even where expectations are modest and the guarantees provided very high. Redistributing the housing stock can help meet demand. As has already happened in some experimental HF projects, a stock of complementary real estate may include council houses that don't meet the needs of families on the waiting list (for example because they are too small or need to be restored); religious buildings that are not in use and could potentially be converted; and public heritage and old buildings in historic urban centres with plans for urban renewal. Furthermore, as we have already said, Italy (like only Greece and Hungary in the EU 27) does not have universal income support. Poverty measures on a national level are represented by the social pension or the pension of those who are unable to work, or by lesser impact measures, such as the 'Social Card' (a monetary support introduced as an experiment in 12 big Italian towns), and a range of family and social economic support measures, including supported housing offered by individual councils or regions. Cooperation with neighbourhood and local community norms is also perceived as strategic in terms of enhancing the social integration of participants and supporting the decrease of anti-social behaviour. At present, cooperation is still weak and should be strongly enforced. Being able to access services easily and strengthen ties with the health services would obviously help. In addition, monetary resources can be extremely scarce especially when it comes to a beneficiary contributing 30 percent of their income (in Italy there is no national safety net) but also in terms of the role of professional and – more and more – of volunteers.

The second challenge, already referred to above, is focused on organisational and 'internal' aspects of the working team. Even if not sufficiently underlined in the literature, the working of the team is crucial (Ornelas, 2013), and the integration of different approaches and professionals and the kind of team structures as envisaged by Tsemberis (Assertive Community Treatment (ACT) or Intensive Case Management (ICM)) can produce different results according to the level of internal



cooperation within an ACT team and external coordination with other services. What has recently emerged is also the role of peers that can be locally enforced but require a profound change in the operators' view and need to be strongly supported (Tsemberis, 2010). The cultural challenge and the resistance of administrations and bureaucrats to organisational change have to be considered as the main obstacles to a HF approach.

The third challenge is linked to the evaluation process in terms of the well-being of beneficiaries but also in terms of policy implications and (necessary) changes in the local organisation of welfare services for people living in severe deprivation. The debate on social services and policy evaluation, while still an exciting academic exercise, is unfortunately perceived more as a bureaucratic requisite by many operators and administrations. Even if problematic to assess, HF projects can be less expensive than those using the staircase model as they can, for example, partially reduce the use of emergency shelters. Also, in Italy the scientific committee of HFI is collaborating closely with the fio.PSD in order to offer decision-makers a better understanding of the strengths and weakness of this model. The Italian welfare state lacks a general strategy around extreme poverty and homelessness and, as many analysts have pointed out, regional differences are deepening inequality and new ways are needed to set out a national social policy. In this context, HF is actually one of the best opportunities for non-profit and public services to discuss and act.

## Conclusion

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The path of the Italian network presents conditions and opportunities that make it stand out from the experiences that have been had – mainly with European funding – in some other EU countries. The most relevant aspect that can be conclusively underlined is the strong involvement of bodies and non-profit organisations that have accepted the innovation proposed by fio.PSD. The NHFI is a bottom-up movement that already works on behalf of homeless people and, at present, the lack of a minimum income and of intervention projects that are developed and funded by the central state or the appropriate Ministry for Political Science puts a major burden on the shoulders of fio.PSD: responsibility for a national experimental process in a fragmented welfare system and in an area of social disease and homelessness, where there is no existing national strategy or service. The process did not involve joining a Housing First model defined beforehand or constructed by simply re-proposing practices adopted at international and European level. During training and events linked to the path guided by the fio.PSD, different variations to the approach have been analysed with the idea of experimenting with a local pathway that would include the important points of the HF approach. The presence

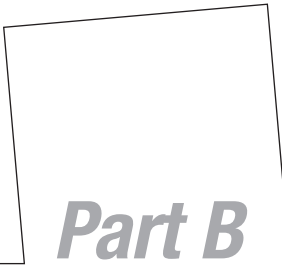
and representation of numerous regional situations, different services and approaches is enriching all participants and is progressively structuring the Italian HF model. Having overcome the start-up phase, the path is heading towards a more mature phase of experimentation that will bring most people in the network to a more advanced stage in which they will be able to evaluate and verify the good practices already at work.

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# Research Review



***Part B***



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# Homeless People in the Netherlands: CODA-G4, a 2.5-year Follow-up Study

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Barbara Van Straaten,<sup>1,2</sup> Dike Van de Mheen,<sup>1,2,5</sup>

Jorien Van der Laan,<sup>3,4</sup> Gerda Rodenburg,<sup>1,2,\*</sup>

Sandra N Boersma<sup>3</sup> and Judith RLM Wolf<sup>3</sup>

› **Abstract\_** *This observational, longitudinal multi-site cohort study followed over 500 homeless people for a period of 2.5 years, starting from the moment they reported at a central access point for social relief. Data were collected specifically for the cohort. This study, in which the perspectives of the homeless people plays a central role, explores the care needs and goals of homeless people and focuses on changes in housing, living situations and quality of life. By means of four face-to-face interviews, information was assessed on socio-demographics and background; care needs and goals; housing status and transitions in housing; living situations (including health, work and finances, social relations, criminal activities); and quality of life. This study achieved a high response rate of almost 75 percent at final follow-up. Essential elements of the successful tracking and follow-up of a homeless population are discussed. The main results regarding the characteristics of the cohort, housing and housing stability, and quality of life are presented.*

› **Keywords\_** *homelessness, cohort study, research design, tracking of a homeless population, response rate*

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<sup>1</sup> Erasmus Medical Center, Rotterdam

<sup>2</sup> IVO Addiction Research Institute, Rotterdam

<sup>3</sup> Impuls: Netherlands Center for Social Care Research, Department of Primary and Community Care, Radboud University Medical Center

<sup>4</sup> Amsterdam University of Applied Sciences

<sup>5</sup> Department of Health Promotion, Maastricht University, Maastricht

\* For correspondence: IVO Addiction Research Institute, Heemraadssingel 194, 3021 DM Rotterdam, the Netherlands. E-mail: rodenburg@ivo.nl

## Introduction

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It is estimated that around 60,500 clients are in the Dutch social relief system (Federatie Opvang, 2014). Most of these people live in a vulnerable situation and often suffer from health problems, psychiatric disabilities and psychosocial problems. In addition, they often lack basic necessities in life (housing, income, etc.) and are unable to sustain themselves in society. In 2006, the prevention of chronic homelessness in the Netherlands became a specific focus of policy with the adoption of the Strategy Plan for Social Relief (Dutch Government and Four Major Cities, 2006). This Strategy Plan was implemented to provide homeless people with an income, suitable accommodation and effective support, and to reduce the level of public nuisance caused by homeless people in four major cities in the Netherlands (i.e., Amsterdam, Rotterdam, The Hague and Utrecht) by means of an individual programme plan.

The main objective of the study was to determine the following aspects of the (lives of) homeless individuals accepted for an individual programme plan: 1) their care needs and goals in relation to their background and problems, 2) their housing transitions and predictors of stable housing, and 3) changes in their living situation (including health, work/finances, social relations, criminal activities) and quality of life as well as predictors of quality of life. To obtain this information, a cohort study was performed at the request of, and with financial support from, the Dutch Ministry of Health, Welfare and Sport: Cohortstudie Daklozen in de G4 (CODA-G4). A cohort study was considered the most appropriate method to evaluate the effects of the homelessness policy.

## Cohort Description

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This observational, longitudinal multi-site cohort study followed over 500 homeless people for a period of 2.5 years; study entry started from the moment an individual reported at a central access point for social relief in 2011 in one of the four major cities in the Netherlands and was accepted for an individual programme plan. It is obligatory for every homeless person to report at a central access point for social relief in order to gain access to social relief facilities, such as a night shelter.

At the start of the study in January 2011, potential participants were approached either at a central access point for social relief (one in each city), by an employee of the access point, or at temporary accommodation sites (where they stayed shortly after entering the social relief system) by the researchers or interviewers. When a potential participant expressed interest in taking part in the study, the researchers contacted that person to explain the study aims, the interview procedure and the informed consent procedure. When the participant agreed to

participate, an interview appointment was scheduled. A trained interviewer met the participant at the individual's location of choice (generally a shelter facility, public library or the researcher's office). All participants gave written informed consent. Participants were interviewed face-to-face using a structured questionnaire (mean duration of 1.5 hours) and received €15 for participation on the baseline interview. The interviews were held in Dutch, English, Spanish or Arabic. To take into account the possibility of some participants being illiterate or having a cognitive disability, we also presented the questionnaires orally. In addition, for questions with a multiple-choice format, the participant was shown cards with the answering categories already listed, and we also repeated the categories verbally.

All 513 participants, including homeless adults (aged  $\geq 23$  years;  $n=410$ ) and young adults (aged 18-22 years;  $n=103$ ), satisfied the criteria set by the four Dutch cities at that time for starting an individual programme plan. These included: being aged  $\geq 18$  years, having legal residence in the Netherlands, having resided in the region of application for at least two of the last three years, having abandoned the home situation, and being unable to hold one's own in society. The number of participants was divided across the four cities in accordance with the inflow of homeless people at the central access points for social relief in these cities.

It was not feasible for staff at the access points to systematically register data on how many potential participants were approached to participate and how many refused, because their core tasks were already very time consuming. However, to obtain information on the representativeness of the study participants, we compared the total group of homeless adults and young adults who reported themselves at a central access point for social relief in one of the four cities in 2011 with the study participants in terms of age and gender. Adult participants were representative in terms of age and gender. Young adult participants were representative in terms of age but, in this subgroup, males were overrepresented.

### ***Follow-up measurements***

Participants were contacted at 6 months, 18 months and 30 months after the first measurement by telephone, e-mail, letter, their social network (family, friends and care providers), or private message via social media. Participants who were lost to follow-up at one or more measurement were again contacted for the next measurement(s). Participants were interviewed following the same procedure as used for the first measurement and received €20 for participation at the second interview, €25 for participation at the third interview and €30 for participation at the fourth interview. The fourth interview was the final interview.

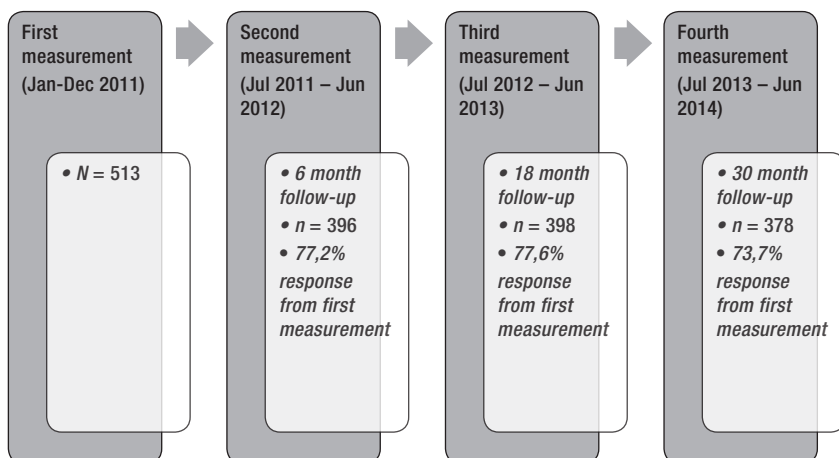
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We successfully followed this homeless population by means of the following methods (McKenzie *et al.*, 1999; North *et al.*, 2012):

1. collection of extensive contact information about the participant (telephone number, e-mail address, location where the participant regularly hangs out or resides), and about individuals in the participant's social network: the collection of contact information about the participant's relevant contacts after each interview was a particularly key element in the successful tracking of this group.
2. use of digital social networks such as Facebook: a Facebook profile was created for this cohort study. Private messages were sent when we found a participant online; this was particularly effective for the younger participants. Whereas earlier studies mentioned the telephone as an important tool in tracking difficult-to-follow populations, online social networks seem to be a promising tool for the future; a high proportion of homeless young adults use social network sites (Guadagno *et al.*, 2013).
3. use of cash incentives: we increased the financial incentives given to participants after each interview to promote participation in the subsequent follow-up interviews.
4. personal interviews by experienced interviewers: participants were interviewed face-to-face by interviewers who were selected based on good social skills and experience with vulnerable people. We tried to ensure that (as far as possible) participants were interviewed by the same interviewer at each measurement. Participants experienced this as very pleasant and reported that it contributed substantially to feelings of trust and confidence.
5. assurance of confidentiality: at each measurement, the interviewers emphasised that the information revealed by participants was confidential.
6. flexibility of the interviewers: as far as possible, the interviews were held at the participant's time and place of preference.

Figure 1 shows the overall sample sizes, response percentages and measurement period for each measurement.



**Figure 1. Sample Size and Response per Measurement during the Study**

For the final measurement, Table 1 shows the differences between responders and non-responders in terms of several baseline characteristics: i.e., adult non-responders were significantly younger than adult responders; when compared with young adult responders, young adult non-responders more often had the lowest education levels (i.e., no education or primary education) and less often had a low education level (e.g., pre-vocational education, basic labour-oriented education). No selective response was found with respect to the other characteristics measured at baseline.

### ***Variables measured***

Table 2 presents an overview of the variables measured at each follow-up measurement. To achieve the objectives of this study, the study questionnaire covered five main topics: 1) socio-demographics and background; 2) care needs and goals; 3) living situations (including health, work and finances, social relations, criminal activities); 4) housing status and transitions in housing; and 5) quality of life.

**Table 1. Baseline Characteristics of Responders versus Non-responders at the Final Measurement for Adult and Young Adult Respondents**

Baseline characteristics		Adult responders at final measurement ( <i>n</i> range <sup>1</sup> from 303-308)	Adult non-responders at final measurement ( <i>n</i> range from 98-102)	Young adult responders at final measurement ( <i>n</i> range from 66-70)	Young adult non-responders at final measurement ( <i>n</i> range from 32-33)
Gender	Male	78.9 percent	86.3 percent	54.3 percent	72.7 percent
Age in years	Mean	41.1	38.2 *	20.1	20.2
Ethnicity	First-generation immigrant	49.3 percent	41.8 percent	18.2 percent	34.4 percent
	Second-generation immigrant	14.6 percent	20.4 percent	47.0 percent	37.5 percent
Marital status	Never married	64.6 percent	64.7 percent	100 percent	100 percent
Education level	Lowest	30.6 percent	43.1 percent	28.6 percent	48.5 percent *
	Low	40.5 percent	33.3 percent	65.7 percent	36.4 percent *
	Intermediate	18.4 percent	16.7 percent	4.3 percent	15.2 percent
	High	10.5 percent	6.9 percent	1.4 percent	0 percent
Physical health complaints	Mean	3.0	2.9	2.5	2.1
Regular cannabis use		22.8 percent	26.5 percent	33.8 percent	51.5 percent
Regular alcohol use		14.3 percent	10.8 percent	6.0 percent	15.6 percent
Somatisation (high level)		37.5 percent	33.0 percent	24.3 percent	27.3 percent
Depression (high level)		45.5 percent	56.6 percent	20.0 percent	33.3 percent
Anxiety (high level)		38.2 percent	35.4 percent	24.3 percent	33.3 percent

\* Significant difference at  $p < 0.05$  between responders and non-responders.

<sup>1</sup>range of *n*'s is given due to occasional missing data.

**Table 2. Measurements at the First (T0), Second (T1), Third (T2) and Fourth (T3) Interview.**

Variable	Instrument	T0	T1	T2	T3
<b><i>Socio-demographics and background</i></b>					
Socio-demographic characteristics	Gender, age, ethnicity, education, marital status, parenthood, religious background	x	x	x	x
Suspected intellectual disability	Hayes Ability Screening Index (HASI) (Hayes, 2000)		x		
Difficulties in childhood	<sup>b</sup>	x			
Previous homeless episodes	Number of months homeless ever in life, including current and previous homelessness episodes <sup>a</sup>	x			
Causes of homelessness	<sup>b</sup>	x			
<b><i>Care needs and goals</i></b>					
Care needs	Care needs in 22 life domains <sup>b</sup>	x	x	x	x
Service use	Use of services of 17 care providers (e.g., general practitioner, dentist and social services) <sup>b</sup>	x	x	x	x
Working alliance	Working Alliance Inventory – Short (WAI-S) (Tracey & Kokotovic, 1989)		x	x	
Barriers to care	<sup>a</sup>	x			
Health insurance	<sup>a</sup>	x		x	x
Housing preferences	<sup>b</sup>		x	x	x
Motivation for change	Treatment Self-Regulation Questionnaire (TSRQ) (Levesque <i>et al.</i> , 2007)		x		
Experiences with individual programme plan	<sup>a</sup>				x
Sources of improvements (self, care provider, social contacts, fate)	<sup>a</sup>		x		x
Personal goals	<sup>a</sup>	x	x	x	
<b><i>Housing status and transitions in housing</i></b>					
Current housing status	Lehman's Quality of Life Interview (Lehman, 1988; Wolf, 2007)	x	x	x	x
Housing transitions	Housing transitions since previous measurement <sup>a</sup>	x	x	x	x

Variable	Instrument	T0	T1	T2	T3
<b>Living situation: Health</b>					
Physical health	International Classification of Diseases (ICD)(World Health Organization, 1994)	x		x	x
Psychological distress	Brief Symptom Inventory 18 (BSI-18) (Derogatis, 2001).	x	x	x	x
Substance use (including cigarette smoking)	European version of the Addiction Severity Index (Europ-ASI, version III) (Kokkevi & Hartgers, 1995).	x		x	x
Gambling behaviour	<sup>a</sup>	x		x	x
Substance misuse/dependence	MATE(Schippers <i>et al.</i> , 2007), module 'Substance dependence and abuse'		x		x
Basic psychological needs	Three subscales of the Basic Psychological Needs questionnaire (Ilardi <i>et al.</i> , 2006).	x		x	x
Meaning in life	Three items of Ryff 's Scales of Psychological Well-Being (RPWB) (Ryff, 1989)				x
<b>Living situation: Work and finances</b> – Lehman's Quality of Life Interview (Lehman, 1988; Wolf, 2007)					
Daytime activities		x	x	x	x
Income		x	x	x	x
Adequacy of finances to cover basic expenditures		x	x	x	x
Debts		x	x	x	x
Sources of debts	<sup>a</sup>			x	x
<b>Living situation: Social relations</b>					
Social relations (e.g., contact frequency)	Lehman's Quality of Life Interview (Lehman, 1988; Wolf, 2007)	x		x	
Social support (from family, friends, partner)	Five items derived from the Medical Outcome Study (MOS) (Sherbourne & Stewart, 1991)	x	x	x	x
<b>Living situation: Criminal activities</b> – Lehman's Quality of Life Interview (Lehman, 1988; Wolf, 2007)					
Arrests, fines		x	x	x	x
Detention history					x
<b>Quality of life</b>					
Quality of life	Lehman's Quality of Life Interview (Lehman, 1988; Wolf, 2007)	x	x	x	x

<sup>a</sup> Developed for this cohort study<sup>b</sup> Developed by Impuls – Netherlands Center for Social Care Research on the basis of literature reviews

## Findings to Date

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This section presents the main findings to date.

### **1. Characteristics of the cohort**

The majority of the adult and youth participants were male (80 percent and 60 percent, respectively) and had a non-native Dutch background (60 percent and 63 percent, respectively). At the time of the baseline interview, the average age of the adults was 40 and that of the youth participants was 20. Over 70 percent of the adults and 91 percent of the youth participants had a level of education that was low to very low.

### **Homelessness**

At the time of the baseline interview, most of the adults (63 percent) and the youth participants (56 percent) were homeless for the first time in their lives. In the six months preceding the baseline interview, many participants had stayed temporarily with family, friends and/or acquaintances. They most frequently reported financial problems, conflicts or breaks in personal relationships, and house evictions as the cause of their homelessness. Among youth participants, house evictions mostly concerned evictions by their parent(s) or caretaker(s) (Van Straaten *et al.*, 2012).

### **Substance use**

Of all participants, 58 percent reported having used one or more substances in the 30 days prior to the baseline interview, e.g., cannabis, alcohol ( $\geq 5$  units on one occasion), crack cocaine, ecstasy, cocaine (snorting), amphetamines, methadone or heroin. Participants who had used a substance in the 30 days prior to the baseline interview were significantly younger (36 years) than participants who had not (41 years). Significantly more participants who used a substance were male (85 percent) compared to those who had not used any substance (60 percent). Among these homeless people, the substances most frequently used were cannabis (44 percent) and alcohol ( $\geq 5$  units on one occasion) (31 percent). Other substances were used by around  $\leq 5$  percent of the participants. Of all participants, 27 percent was classified as a substance misuser and 21 percent as substance dependent (Van Straaten *et al.*, 2015b).

### **Suspected intellectual disability**

Among this cohort, the prevalence of suspected intellectual disability was 30 percent (Van Straaten *et al.*, 2014b). A comparison of care needs between participants with and without a suspected intellectual disability in domains such as housing & daily life, finances & daily activities, physical health and mental health revealed that, at the 1.5-year follow-up, participants with a suspected intellectual disability had care needs for a longer period of time than those without a suspected intellectual disability. Especially in the domain 'finances', most participants with a

suspected intellectual disability made the transition from an unmet care need to a met care need between baseline and follow-up, whereas participants without a suspected intellectual disability mostly made the transition from an unmet care need to no care need. Also, participants with a suspected intellectual disability more often preferred housing supports available by appointment than those without a suspected intellectual disability (Van Straaten *et al.*, 2015a).

## ***2. Housing and housing stability***

At the time of the fourth measurement (2.5 years after the baseline interview), 57 percent of the participants were housed. One-third (34 percent) resided in an institution, of whom roughly half (49 percent) participated in supported housing. At 2.5 years after they reported to the social relief system, 7 percent of the participants was marginally housed and 3 percent was still homeless.

At the fourth measurement, 84 percent of participants was stably housed in the sense that they had, for a time period of at least 90 days, been housed independently or participated in supported housing (69 percent), or resided in an institution (15 percent). Participants who were arrested in the year prior to the first measurement were less often stably housed 2.5 years later than those who had not been arrested. Participants who had many somatic complaints at the first measurement were less often stably housed 2.5 years later than those who did not. In addition, having more unmet care needs at the first measurement was a predictor of being less often stably housed 2.5 years later (Al Shamma *et al.*, 2015).

## ***3. Quality of life***

The quality of life of the participants improved significantly between the baseline interview and the 2.5-year follow-up in several domains: housing, finances, daily activities, mental health, resilience, safety, relationship with family, and contact with children. The largest improvements were reported in the domains of housing and finances.

At the fourth measurement (2.5 years after entering the social relief system), participants were most satisfied with the contact with their children, their resilience and their safety. They were least satisfied with their financial situation; this corresponds with their debt situation, which showed no significant improvement since baseline. At the 2.5-year follow-up, the mean debt of participants was almost 15,000 Euro.

A high level of somatisation at the first measurement was a predictor of a poorer general quality of life 2.5 years later, whereas experiencing more feelings of relatedness at the first measurement was a predictor of a better general quality of life 2.5 years later (Al Shamma *et al.*, 2015).

## Output of the Study

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Annual reports citing the main results (including an English summary) were published at the request of the Dutch Ministry of Health, Welfare and Sport (Van Straaten *et al.*, 2012; Van der Laan *et al.*, 2013; Van Straaten *et al.*, 2014a; Al Shamma *et al.*, 2015). This cohort study has resulted in four international publications (Van Straaten *et al.*, 2014b; Van Straaten *et al.*, 2015a; 2015b; 2016) and several articles are in preparation.

To enhance policy relevance, we also published the results for each city separately; these results were made available to the relevant policy-makers and care professionals.

### *Participant panels*

Drafts of reports were presented to participant panels, each consisting of about eight formerly homeless people in each of the four cities; their feedback was included in the final version of the reports.

These panels also ensured that the client's perspective was established in this study.

During the meeting with the participant panels in which the results of the fourth measurement were discussed, these formerly homeless people raised the following issues (amongst other items):

- the importance of debt relief and suitable employment in order to get back on track;
- that more continuity in the care system is required, e.g., by appointing one regular care professional;
- the lack of affordable housing, which hampers the attainment of independent housing;
- that extra support should be given to people with a prison record in the transition to independent housing; and
- that more attention should be paid to empowerment to improve the quality of life of homeless people.

## Strengths and Limitations of the Study

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This study is unusual in Europe, in that cohort studies of homeless people on whom follow-up data are specifically collected are relatively scarce. However, there is an emerging international trend in carrying out cohort studies involving homeless people. Also unique to our study is that we collected information via face-to-face interviews rather than conducting a register-based study, which is more frequently done in studies with homeless people (Morrison, 2009; Nielsen *et al.*, 2011; Slockers *et al.*, 2015). Also noteworthy is our relatively long follow-up period of 2.5 years and the high response rate among this group of homeless people. Essential elements in the successful tracking and follow-up of this group were: 1) the collection of extensive contact information for each participant, 2) the use of digital social networks such as Facebook, 3) the use of cash incentives, 4) personal interviews by experienced interviewers, 5) assurances of confidentiality, and 6) the flexibility of the interviewers (McKenzie *et al.*, 1999; North *et al.*, 2012).

This study provides highly relevant information for both practice and policy. For example, the relevance for policy is in the fact that the results from this study were included in a number of Letters to Parliament regarding social relief. This study also allowed the establishment of a strong and valuable infrastructure that can be used for further follow-up and more in-depth research.

Some limitations of this study also need to be noted. The first relates to the homeless persons included in the study: i.e., participation was restricted to those individuals who reported to a central access point for social relief. Subgroups not included in this study included undocumented homeless people and homeless people who did not make use of social relief facilities; no reliable data are available on the size of these 'hidden' subgroups. However, because every homeless person must report to a central access point for social relief in order to gain access to social relief facilities, a substantial section of the homeless population is covered by this selection criterion.

A second limitation is the fact that no data are available on the number of potential participants who were initially invited. This is because it was not feasible to systematically collect data on how many potential participants were approached and how many refused to participate; consequently, no initial non-response data are available. However, for comparison purposes, the municipalities involved had access to data on the total group of homeless adults/young adults who had reported at a central access point for social relief in 2011. Comparisons among the study participants showed that adult participants were representative in terms of age and gender, and that young adult participants were representative in terms of age but, in this subgroup, males were overrepresented; this overrepresentation might influence the generalisability of the results.



The third limitation concerns the selective loss to follow-up of participants who were younger (among the adults) or had the lowest education level at baseline (among the young adults). However, loss to follow-up in this study was only around 25 percent.

Following this vulnerable group of persons for a longer period of time is worthwhile to gain additional insight into their housing situations, functioning and possible re-integration in society over time. Policy-makers in two of the four cities decided to perform follow-up measurements of the participants who live in their city; these follow-up measurements are currently being prepared.

## Further Details

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### *Ethics approval*

This study complies with the criteria for studies that have to be reviewed by an accredited Medical Research Ethics Committee (aMREC). Upon consultation, the Medical Review Ethics Committee region Arnhem-Nijmegen concluded that the study was exempt from formal review (registration number 2010/321). The study was conducted according to the principles expressed in the Code of Conduct for Health Research with Data (<http://www.federa.org/>).

### *Funding*

This study was supported by a grant from the Dutch Ministry of Health, Welfare and Sport.

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Think Piece



***Part C***

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# Attitudes towards Homeless Persons in the Czech Republic: A Research Note

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Michaela Smidova and Martin Vavra

Charles University, Prague, Czech Republic

- › **Abstract\_** *On the basis of a secondary quantitative analysis of Eurobarometer Social Exclusion and Poverty (2007 and 2010) data, the authors analyse and interpret attitudes toward homelessness in the Czech Republic. The main goal is to explore public attitudes about the reasons for becoming homeless and the public's willingness or reluctance to help homeless persons.*
- › **Keywords\_** *homelessness, attitudes toward homeless persons, secondary quantitative analysis, the Czech Republic, Eurobarometer*

## Introduction

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The issue of homelessness and homeless people is not frequently discussed in Czech public discourse. It usually arises only in times of harsh weather, especially in winter when the people who live on the streets become more vulnerable, or before elections when politicians showcase their ability to act by presenting different ways of tackling homelessness. In all cases, the topic is usually presented in a narrow form, focusing only on so-called visible homelessness. Recently, however, interest in this topic has been increasing and taking a more strategic form. The Czech Government has adopted a strategy for preventing and tackling homelessness, where homelessness is understood as more broadly corresponding to the ETHOS typology, including hidden homelessness (Ministry of Labour and Social Affairs, 2013). The current broad discussion about a new social housing law is another example of debate where homeless people are frequently mentioned as an important 'target group'.

In Czech sociology, the issue of homelessness is represented in the form of research on the phenomenon or its actors. Qualitative studies mainly use semi-structured interviews and focus on issues such as housing (Mikeszová and Lux, 2013) or, more generally, life strategies (Vašát, 2012). Quantitative sociology is represented by methodologically problematic attempts to conduct 'regional' censuses of homeless populations in various Czech cities (e.g., Plzeň, Brno, Prague),<sup>1</sup> an official census<sup>2</sup> organized by the Czech Statistical Office in 2011, and a statistical analysis of anonymous client data provided by one of the biggest Czech charity organisations, Naděje/Hope (Prudký and Šmídová, 2010).

Our approach to the topic is to explore public attitudes toward homeless persons. In the Czech Republic, the topic of attitudes towards homeless persons comes up in an irregular and highly simplified way. It typically appears as part of public opinion polls, which are characterized by atheoretical constructions and repetitive use of indicators, and interpretation of the polls is haphazard. Nevertheless, international research on attitudes toward homeless people provides a relatively broad knowledge base for our study, especially when social psychology and sociology are involved. It can be divided into several different approaches, and we can distinguish between two different research streams. The first focuses on the dynamics of attitudes, or 'attitudes as they are possible to change or to influence' (Wessel,

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<sup>1</sup> Homeless people were approached on the streets; interviewers had special instructions on where to go, who to speak with and, of course, who to label/mark as a homeless person. (e.g., Hradecký, 2004; Petřík *et al.*, 2006; Toušek, 2009)

<sup>2</sup> The census determined the number of people using a selected type of social service, namely those staying at an official shelter at a given time. There were about 11,500 such people in May 2011 in the Czech Republic (Czech Statistical Office, 2013).



2009; Hodson, 2011; Pettigrew *et al.*, 2011, etc.) The second is ‘static’ beliefs, or ‘attitudes as they are’ in society as a whole or in parts (e.g., Link *et al.*, 1995; Phelan *et al.*, 1997; Tompsett *et al.*, 2006; Carvacho *et al.*, 2013).

Attitude flexibility – the dynamics of attitudes towards homeless people – has been investigated through a neo-behavioural approach and concrete psychological evaluative conditioning (e.g., Balas and Sweklej, 2013), but the verification or development of contact theory seems to be more popular. Researchers are investigating different conditions of contact, such as short-term exposure to homelessness in the form of social work (Knecht and Martinez, 2012), and they usually test this exposure with pre- and post-exposure questionnaires (Loewenson and Hunt, 2011). It is also possible to differentiate international research according to the different actors with these attitudes, especially by investigating perceptions of the general public (Lee *et al.*, 2004; Toro *et al.*, 2007) or professionals who are or could be in frequent contact with homeless people, such as medical staff, social service employees, medical school students (Masson and Lester, 2003), nursing students (Zrinyi and Balogh, 2004), dental students (Habibian *et al.*, 2010) and even interior design students (Dickinson, 2015).

An important aim of this research is to seek an explanation for the attitudes towards poverty and poor people when homelessness is seen in one specific form. Our research interest is focused on the construction and explanation of homelessness in relation to poverty (Guzewicz and Takooshian, 1992; Toro and McDonnell, 1992, etc.), where it is repeatedly perceived more negatively. In this situation, researchers also emphasize the dynamic substance of such attitudes. For example, Phelan *et al.* (1997) demonstrate that the individual shortcomings of poor people as well as homeless people were viewed differently in the 1980s compared to the 1990s when opinions became more critical.

Our own focus in examining public attitudes towards homeless persons and homelessness arises primarily from the fact that we are currently witnessing increasing xenophobia<sup>3</sup> (in terms of a general fear of ‘the unknown’) in Czech society. Stereotypes and prejudices are increasing, and some marginalized communities have become frequent targets of symbolic, verbal and even physical violence.

The main objective of the text will be to analyse public attitudes towards homelessness and homeless people and the ways in which those attitudes are related to selected socio-demographic indicators. We will not address the theoretical defini-

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<sup>3</sup> This claim can be backed up through comparison of data from two waves of European Values Study (1998 and 2008), in which a set of questions on ‘unwanted neighbours’ is included. This shows that willingness to accept people of different behavioural, ethnic and cultural background as neighbours declined significantly in the Czech Republic in these years.

tion of homelessness, i.e., what is or what can be considered homelessness. Instead, our main goal will be to show how Czech society views homelessness.<sup>4</sup> Within the context of contemporary international research on attitudes, our study is focused on the perceptions of the general public. We present this study as a contribution to the discussion on our stated theme, and it should serve as a base for more focused research in the Czech Republic.

The text is structured as follows: first, we will present the methodology of our study, including our research questions and theoretical framework. Then we will briefly describe the broad context of attitudes towards homelessness and compare the Czech Republic with other European countries. Finally, we will analyse and interpret our quantitative data.

## Research Design and Questions, Approach and Data

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### *Research design and questions*

The main research goal is to find out how public attitudes towards homeless persons are formed by society in the Czech Republic. We assume that in order to present the Czech situation in a way that is meaningful for readers outside of the Czech Republic, it is necessary to construct a broader comparative framework. We will present, therefore, how Czechs' attitudes toward homeless people compare to several European countries. In addition to the Czech Republic, six countries that represent major European macro-regions were included in the analysis: Scandinavia (Sweden), the Mediterranean (Italy), 'Midwestern' Europe (Germany – old and new *Bundesländer* separately), Western Europe (the Netherlands) and Slovakia, which shares many historical, cultural and social characteristics with the Czech Republic.

Our research design is based on a broad secondary analysis of available data. Consequently, we did a meta-analysis of datasets representative of the Czech population to find out which of these dealt with attitudes towards homelessness and homeless people.<sup>5</sup>

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<sup>4</sup> The text was written as one of the results of a project on 'Value Background of Attitudes toward Selected Excluded Groups' supported by the Czech Science Foundation (no. P404-12-2072), where homeless persons represented one of the three groups of interest, along with Roma and foreigners.

<sup>5</sup> For the investigation, we use the Czech Social Science Data Archive (Institute of Sociology; <http://archiv.soc.cas.cz/en>) and the ZACAT-GESIS online study catalogue (<http://zacat.gesis.org/webview/>) as the datasets considered most relevant.

Actually, the research areas arose mostly from the focus of available data and they are not connected with a specific concept or theory. The three main thematic areas are as follows:

1. the public perception of homelessness in terms of the number of homeless persons;
2. the perceived reasons that people become homeless; and
3. how the different ways of helping or not helping homeless persons are perceived, as expressed by questionnaire respondents.

All areas are investigated and statistically analysed (correlation analysis) within the context of chosen socio-demographic indicators (i.e., age, gender, education, self-placement in politics and society levels, marital status, size of community) and indicators of attitudes towards society (optimistic vs. pessimistic; feeling left-out; life satisfaction and general trust).

### ***General research approach***

We understand attitudes conventionally as the expression of an evaluation of a given entity (Bohner and Dickel, 2011). Here we will examine public concepts of homeless people, which are ultimately influenced by the personal values of each individual. A specific focus is on the basic condition for expressing attitudes: an attitude is always expressed with regard to something or somebody. Attitudes have long been understood in close relation to behaviour, but their mutual relationship is not unambiguous. According to a now more accepted negative definition of the relationship, nobody can predict behaviour solely on the basis of expressed attitudes because it is influenced by other factors as well.

The theory of planned behaviour tells us that one can only rigorously evaluate the complexity and multidimensionality of personal attitudes in the context of social norms and social control mechanisms (Ajzen and Fishbein, 2005). In general, it is useful to know that attitudes are dynamic to a certain extent and can be changed through learning (formal as well as informal). This factor also relates to the compliance of attitudes with situations; attitudes can be changed in line with changed conditions – they are somehow flexible (Fishbein and Ajzen, 1975). On the other hand, some attitudes linked to the central or identity-forming values of a person cannot be changed without significant physical and mental stress because such change threatens his or her identity or integrity (Eaves *et al.*, 1989; Millar and Tesser, 1992).

Attitudes are not only considered a reflection of personal values but also a reflection of personal lifestyles, conceptions and images about these lifestyles. As Moore and Asay (2013, p.11) note: “Sherif and Sherif (1967) believed that attitudes are expressions of how individuals conceive ‘*their ways of life, their ways of doing*

*things, their stands on the family and on social, religious, economic, and political issues, and how they conceive the ways and stands of others'* (ibid: 1). Thus, the focus is on how they expect their expressed beliefs will be judged by others." If we translate this sentence into the language of sociological research, we are talking about 'social desirability' – i.e., the tendency to respond to questions in a socially acceptable direction or choosing not to respond (Spector, 2004). This social desirability might also influence attitudes towards homeless people. It has repeatedly been shown that people have a tendency to adapt their answers to perceived social norms. Consequently, data on declared attitudes and behaviour could be biased. Even more serious is that this effect is frequently not equally strong among various groups in society. In some studies (Jackman, 1978), it was revealed that highly educated people have a stronger tendency to declare attitudes seen as socially desirable, regardless of their real attitudes. For example, if we found a positive association between humanities education and more tolerant attitudes towards homeless persons, it could be the effect of differences in social desirability.

Of course, social desirability is relevant in research methods such as quantitative interviewing,<sup>6</sup> where respondents' behaviours are strongly influenced by these kinds of expectations. In spite of these doubts, attitudes continue to be measured through sociological research, only with the limitations that we have indicated.

It is possible that attitudes may have formed out of prejudices. Prejudices are positive or negative attitudes towards some groups ('out-groups') but they are usually perceived in negative contexts. Prejudice is considered to be the result of generalization, which is directed both against the entire 'out-group' and against its individual members. A set of 'typical' characteristics is usually related to prejudice. If any members of the group do not have those characteristics, the prejudiced individual usually ignores these 'error' cases or argues that they are exceptional (Allport, 1954; Pettigrew *et al.*, 1982). The important attributes of prejudices are that: 1) they are shared by the whole or a significant part of society; and 2) they are relatively persistent.

### ***Quantitative data on Czech attitudes towards homeless people and homelessness***

Representative Czech data on attitudes toward homeless people and homelessness are very rare in the last number of years. That is why we focused mainly on Eurobarometer surveys, and more specifically, on two special surveys from the years 2007 and 2010, in which the following questions about homelessness were included:

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<sup>6</sup> This is relevant for both quantitative and qualitative interviewing – both types are, in substance, face-to-face interactions.

1. In the area where you live, please tell me if there are people who are homeless? Would you say there are many people, some people, a few people or none who are homeless? (2010)
2. Generally speaking, would you say that the number of homeless people has strongly increased, somewhat increased, somewhat decreased or strongly decreased in the last 3 years in a) the area where you live; b) your country? (2010)
3. How likely is it that you could ever become homeless, yourself? (2007; 2010)
4. In your opinion, which three of the following reasons best explain why people become homeless? (10 answer choices) (2007; 2010)
5. Do you ever help homeless people by doing any of the following? (9 answer choices) (2007)
6. In your opinion, which of the following groups should be prioritised in receiving social assistance? (2010)

**Table 1: Technical Information on Analysed Datasets – Eurobarometer**

	Done by	Number of CZ respondents	Date	Population
Eurobarometer 74.1	TNS AISA	1001	27/08/2010 – 12/09/2010	15 +
Eurobarometer 67.1	TNS AISA	1060	17/02/2007 – 11/03/2007	15 +

Additionally, we used a question that is not directly oriented towards attitudes to homelessness but more generally to poverty (“Why are there people in this country who live in need?” – Eurobarometer 2010). We consider homelessness as a highly extreme form of poverty (see Introduction) and that is the rationale for including the question in our analysis.

## Why Do People Become Homeless?

### The Reasons for Homelessness as seen through Survey Data

#### *Czech experience of/exposure to homelessness within the international context*

The perceived trends of homelessness in the Czech Republic were, in certain aspects, more pronounced than the European average. As for a perceived growth of homelessness, 52 percent of respondents in the Czech Republic believed that homelessness had increased in their neighbourhood in the last three years (i.e., 2007–2010), which was about 20 percent more than the average value for all the

countries analysed. This suggests that the majority of Czech citizens perceived homelessness as a growing problem; the results were similar for Slovak respondents. In Sweden, the Netherlands, both parts of Germany and Italy, most respondents indicated that the size of the phenomenon had not changed. This different perception of homelessness in the Czech Republic and Slovakia, in comparison with western countries, may be caused by the relative novelty of homelessness<sup>7</sup> and higher sensitivity to it among people in these countries. Also, concerns about becoming homeless were high among Czech respondents, with 12 percent seeing this situation as very likely or fairly likely. This is above the average of analysed countries; only in Italy is the proportion on the same level and in Slovakia it is slightly lower (8.8 percent). In the other countries analysed, becoming homeless was perceived as likely by up to 4 percent of the sample.

**Table 2. Perceptions of the Prevalence of Homelessness (percent)**

	<b>Czech Republic</b>	Germany (new <i>Bundesländer</i> )	Germany (old <i>Bundesländer</i> )	Italy	The Netherlands	Sweden	Slovakia
Many homeless persons in area	<b>5.8</b>	2.8	0.6	2.0	1.0	1.0	4.3
Homelessness in neighbourhood increased	<b>52.3</b>	22.6	21.7	30.8	19.4	18.4	57.3
Homelessness in country increased	80.4	68.6	71.1	67.1	75.2	77.6	84.0
Becoming homeless is likely (very + fairly)	11.8	3.0	1.1	12.1	0.8	0.7	8.8

Source: Eurobarometer, 2010

As for a close encounter with homelessness in the neighbourhood, only 21 percent of Czech respondents said that there were no homeless people close to their residence. The results were similar for Slovak respondents but in the other countries analysed, the most common answer was that “no homeless people live in my area” (38 percent in Italy and over 60 percent in the remaining countries). Simultaneously, there is a strong correlation between the presence of homeless persons (many persons in a given area) and a trend of increasing homelessness in one’s country and in one’s neighbourhood. It appears that the size of a community also plays an important role, while other socio-demographic indicators do not, including gender, age, education, marital status, political affiliation and one’s level in society (self-

<sup>7</sup> Communist regimes in Central Europe suppressed homelessness through both ‘policy work’ and ‘police work’.

placement). On the other hand, the perceived prevalence of homeless persons grows subjectively, especially for respondents who tend to be pessimistic about society, dissatisfied with life and feel left out of society (see Table 3).

**Table 3. Correlations: The Perceived Prevalence of Homelessness and Select Indicators in the Czech Republic**

	Homeless persons in area	Homelessness in country	Homelessness in neighbourhood
Age, gender, education, marital status, left-right self-placement, level in society self-placement; general trust in people	-	-	-
Size of community	-0.375	-0.087	0.260
General life satisfaction	0.156	0.202	0.150
Optimistic attitude toward society	-0.143	-0.273	-0.178
Feel left out	0.176	0.229	0.205

Source: Eurobarometer, 2010 – Note: Spearman correlation or  $\chi^2$  correlation

We can assume that homelessness in the Czech Republic is seen as a growing social problem, which seems to be confirmed by the relative level of close personal experience.

### *Perceived reasons for homelessness*

Significant differences between countries were also evident when respondents chose the reasons why people become homeless. Across all analysed countries, including the Czech Republic, unemployment, debts and addictions are perceived as the most likely causes of homelessness. Poor access to housing ranks fourth.<sup>8</sup> The least frequently stated reasons are shown at the bottom of Table 4. Aside from ‘don’t know’ and ‘other reasons’, they include not having access to social benefits or services, illness or disability, destruction of home by a catastrophe, and missing identification papers. Similarly, Czech respondents mostly focused on those options: unemployment (46 percent), indebtedness (45 percent) and different types of addictions (44 percent).<sup>9</sup> It is important to pay attention to the ‘choose to live this way’ response. Czech respondents chose it most frequently out of all the analysed countries;<sup>10</sup> with more than one-quarter of the sample seeing it as a reason for homelessness, it ranks as the fifth most prevalent perceived reason for homelessness.

<sup>8</sup> This is in contrast with the position of Czech homeless persons themselves. They indicate loss of housing (and inability to obtain alternative housing) as the single most important reason for their situation (Prudký and Šmídová, 2010).

<sup>9</sup> The factor analysis did not show any interpretable results; no explicable link between the options appeared.

<sup>10</sup> The Netherlands and Slovakia were close to the Czech position.

Again, we can see that perceptions of homelessness (we took into account only the five most cited reasons) are not connected with the most basic socio-demographic indicators, with one exception. It is evident that 'long-term unemployment' is the sole reason that correlates with the indicators of a subjective position in society (i.e., rather higher level in society, satisfaction with life, optimistic attitude toward society and not feeling left out) and political affiliation (rather to the right side of the scale). Other correlations are either weak or not present at all (see Table 5).

**Table 4: Perceived Reasons for Homelessness: International comparison (percent)**

	<b>Czech Republic</b>	Germany (new <i>Bundesländer</i> )	Germany (old <i>Bundesländer</i> )	Italy	The Netherlands	Sweden	Slovakia
Addictions	<b>43.6</b>	49.3	47.5	16.8	70.9	77.9	44.6
Long-term unemployment	<b>45.9</b>	50.0	51.9	50.6	15.5	32.1	48.9
Over-indebted	<b>44.8</b>	45.2	43.2	27.7	56.5	35.9	40.9
Cannot afford to pay rent	<b>34.5</b>	37.6	40.7	50.9	18.0	36.3	31.2
Mental health problems	9.4	14.0	13.8	7.3	52.7	38.5	8.1
Choose to live this way	<b>28.7</b>	18.0	14.9	14.9	24.4	6.8	25.4
Break-up and/or personal loss	19.7	16.2	19.7	14.2	17.4	12.8	22.9
No access to social benefits or services	15.7	20.8	20.3	17.0	11.7	12.1	17.6
Illness or disability	14.8	12.0	14.5	8.3	2.9	11.7	14.8
Home destroyed by a catastrophe	17.4	9.4	8.5	15.2	2.7	2.6	22.5
No identification papers	4.3	5.3	10.7	18.0	14.7	16.9	1.7
Don't know + Other + None	0.8	1.8	0.6	5.4	1.0	1.4	0.8

Source: Eurobarometer, 2010 – Note: The respondents could choose up to three reasons.



**Table 5: The Most Represented Reasons for Homelessness in the Czech Republic and Correlations with Select Indicators**

	Long unemployment	Addictions	Cannot afford to pay rent	Over-indebted	Choose this way
Size of community; gender; education, marital status; age general trust in people	-	-	-	-	-
Level in society	-0.116	-	-	-	-
Left-right political self-placement	-0.100	0.102	-	-	0.106
General life satisfaction	-0.108	-	-	-	-
Optimistic attitude toward society	0.149	-	-	-	-0.093
Feel left out	-0.083	0.084	-	-	0.125

Source: Eurobarometer, 2010 – Note: Spearman correlation or  $\chi^2$  correlation

According to a cluster analysis of data from Czech respondents, all of these reasons represent one common thread. But we cannot determine if the respondents perceive these reasons as a consequence of the individual characteristics and behaviour of the homeless people or as a result of external conditions from this kind of analysis.

That is why we complemented the analysis of attitudes with responses to the question ‘In your opinion, why are there people who live in poverty?’ Among Czech respondents, the second most frequent answer was ‘laziness and lack of willpower’ (see Table 6). They chose it more frequently when compared to other European countries. The ‘laziness and lack of willpower’ option expresses strict individual responsibility for the poor living conditions in which some people live. On the contrary, homelessness as being the responsibility of society or the state (the ‘injustice in society’ option) was chosen less by Czech respondents when compared to other countries analysed, but this answer was still the most frequent response.<sup>11</sup>

<sup>11</sup> In the European Values Survey 2008, the position of individual responsibility was much stronger; some shift of blame to the societal level could be attributed to the 2008 world economic crisis. This assumption can be supported by the already cited Phelan *et al.* (1997) in relation to the dynamics of attitudes toward poverty and homelessness.

**Table 6: Why are there People who live in Poverty? (percent)**

	Czech Republic	Germany (new <i>Bundesländer</i> )	Germany (old <i>Bundesländer</i> )	Italy	The Netherlands	Sweden	Slovakia
Much injustice in our society	31.9	69.7	55.8	45.9	39.2	51.5	44.8
Inevitable part of progress	18.0	9.7	14.1	15.2	24.5	29.5	11.6
Have been unlucky	19.5	5.4	10.0	21.3	15.0	10.3	16.9
Laziness and lack of willpower	<b>24.8</b>	13.0	15.5	9.7	11.5	5.1	18.9
None (spontaneous)	5.8	2.2	4.6	7.9	9.8	3.6	7.8

Source: Eurobarometer, 2010

There are significant differences in perceptions of why people became homeless, especially between the options 'much injustice in our society' and 'laziness and lack of willpower'. These differences are shown with 'long-term unemployment' at one extreme and 'addictions' and 'choose this way' at the other in Table 7.

**Table 7: Correlation Causes of Poverty and Perceived Reasons for Homelessness in the Czech Republic (adjusted residuals)**

	Long-term unemployment	Can't afford rent	Over-indebted	Addictions	Choose this way
Much injustice in our society	<b>+3.6</b>	+1.6	-0.7	<b>-4.3</b>	<b>-3.0</b>
Inevitable part of progress	-0.3	-1.3	-0.1	+0.7	+1.0
Have been unlucky	+1.5	+2.8	-1.3	-0.4	-1.6
Laziness and lack of willpower	<b>-5.7</b>	-2.8	+1.5	<b>+5.5</b>	<b>+3.5</b>
None (spontaneous)	+1.2	-0.6	-1.9	-2.0	+0.8

Source: Eurobarometer, 2010

The relationship of attitudes toward homelessness and poverty had been discussed in Phelan *et al.* (1997). These authors say, with references to past research and theories of ideology, that public opinion towards people at the bottom of society are influenced by an effort to justify existing social order and to shift responsibility from a structural to an individual level. People with a strong belief that the social world is basically fair "not only think the economy distributes resources fairly, but they also have negative attitudes toward social groups who receive the smallest allocation – for example, the poor, unemployed and homeless" (Ng and Allen 2005, p.438). To be labelled homeless is, according to their research, worse than being labelled poor. Another mechanism influencing opinions on homeless people could be seen as a general cognitive inclination to underestimate the influence of a situation and to overestimate personal and individual attributes.

This socio-psychological phenomenon – known as fundamental attribution error – leads to blaming homeless people for their situation, regardless of the espoused ideology (Phelan *et al.*, 1997).

However, neither explanation is entirely sufficient if we take into account differences between countries and the overall high rate of ‘much injustice in society’ as a general reason for poverty.

### *To help or not to help, and who should be responsible?*

A very important dimension of attitudes towards homeless people is the willingness and readiness of ‘ordinary people’ to help.<sup>12</sup> This dimension of attitudes can be explained through an ideologically conditioned reasoning of the conditions behind being poor or a homeless person as was discussed above.

**Table 8: Helping Homeless People: International Comparison (percent)**

	<b>Czech Republic</b>	Germany (new <i>Bundesländer</i> )	Germany (old <i>Bundesländer</i> )	Italy	The Netherlands	Sweden	Slovakia
Giving money to charities	25.3	49.8	35.0	23.3	27.9	59.9	33.4
Buying papers sold by homeless people	11.8	23.9	20.5	6.8	42.1	37.3	29.7
Giving money to people living on the streets	8.5	33.5	22.9	24.3	14.5	16.50	24.5
You do not help homeless people	<b>35.8</b>	13.9	17.8	14.0	16.5	11.0	18.4
You are not concerned	18.0	7.8	15.3	20.1	7.3	5.2	9.8
Directing them to appropriate services/institutions	4.3	6.7	6.3	5.8	4.6	5.7	9.7
Don't know	2.8	3.3	2.7	6.9	1.2	2.2	2.5
Helping them find a job	1.1	3.1	4.0	5.7	0.9	2.7	3.7
Helping them to access emergency shelters	1.6	3.1	2.8	5.5	2.1	3.1	2.7
Other	1.3	2.8	2.1	5.2	1.4	2.3	3.0

Source: Eurobarometer, 2007

<sup>12</sup> Here we used data from the 2007 Eurobarometer because the 2010 EB only asked about helping poor people and not homeless people specifically. However, the 2007 results are structurally similar to those of 2010.

Internationally, giving money to charities was the most widely used form of help. Note that it does not require direct contact with homeless people. Once again, we can see that Czech public attitudes are unique. Of all the populations analysed, Czechs were the least willing to help: 'you do not help homeless people' was the answer of more than one third of respondents (36 percent). Men and people who lived in rural areas gave this answer significantly more often, but there are no other differences, even with the question on causes of poverty.<sup>13</sup>

Less than 10 percent of Czechs – which is the smallest proportion among the countries analysed – were willing to give money directly to homeless people.

This strict position could be partly explained as a consequence of compassion or donor fatigue, which would be relatively surprising, considering that homelessness is a relatively new phenomenon in the Czech Republic.

Based on the survey data, we cannot determine conclusively whether the negative attitude towards helping homeless people is a one-time deviation or a long-term feature. However, taking into account data on the perceived reasons for homelessness and poverty as analysed above, we hypothesize that one of the important reasons behind the unwillingness of Czech people to help lies in the widespread belief that homeless or poor people are responsible for their own situation. According to respondent opinions, their situation is actually 'undeserving poverty': they got themselves into poverty and therefore do not deserve help (Handler, 2004).

The data (see Table 8) show that even those who are willing to help do so most frequently indirectly through charitable organizations. We cannot determine from the Eurobarometer data who people feel would *ideally* be responsible for providing such help.

According to the Czech respondents, that homeless people do not deserve help very much falls within the context of other marginalized groups. More precisely, homeless people do not belong to the most prioritised groups. Only slightly more than 20 percent of Czech respondents think they should be prioritised. Help for people with addictions, immigrants and young offenders is also not seen as a priority almost at all in the Czech Republic, while the groups seen as most deserving of help are abandoned and neglected children and single parents (74 percent and 70 percent, respectively).

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<sup>13</sup> Unfortunately, indicators on attitudes toward society (optimistic, feel left-out, general trust, etc.) were not included in this edition of Eurobarometer.

The low status of homelessness (or homeless people) is even more visible when the attitudes of the Czechs are compared to the European average (48 percent). Again we can assume that homeless people are perceived as responsible for their own situation and as not deserving institutional support or interest (and people with addictions, immigrants and young offenders much more so!).

**Table 9: In your opinion, which of the following groups should be prioritised in receiving social assistance? (Czech Republic and European extremes)**

	CZ	EU average	Min./ max.
Abandoned and neglected children	74 percent	65 percent	58 percent Great Britain, Portugal/ 80 percent Netherlands
Single parents	70 percent	51 percent	14 percent Portugal / 76 percent Germany
Disabled people	65 percent	58 percent	46 percent Luxembourg/ 72 percent Austria
Elderly people	60 percent	57 percent	40 percent Luxembourg / 64 percent Bulgaria
Unemployed	55 percent	49 percent	25 percent Netherlands / 74 percent Greece
<b>Homeless people</b>	<b>22 percent</b>	<b>48 percent</b>	<b>22 percent CZ / 77 percent Greece</b>
People suffering from addictions	4 percent	21 percent	4 percent CZ, Bulgaria / 52 percent Sweden
Immigrants	2 percent	15 percent	2 percent CZ / 33 percent Sweden
Young offenders	2 percent	16 percent	2 percent CZ / 35 percent Italy

Source: Eurobarometer, 2010 – Note: Multiple choices possible.

People who considered homelessness as a priority for helping (respectively for social assistance) were more probably those who see ‘much injustice in society’ as a cause of poverty. Socio-demographic indicators are again not significant.<sup>14</sup>

<sup>14</sup> The following indicators were investigated: gender, age, marital status, education, life satisfaction, general trust, left-right self placement, feel left out and optimistic attitude toward society.

## Limitations of Research Design, Data and Analysis

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There were certain specific limitations associated with the process used in our research. We did not perform an analysis of our own data but rather secondary data analysis of existing quantitative surveys.<sup>15</sup> We used quantitative data to describe and interpret the distribution of attitudes in the population. We realize that this can be a problematic strategy, mainly because of a relative lack of quantitative data on attitudes towards homeless persons. The data gathered from these surveys is not based on a conceptual framework; questions are only situational and, consequently, it is not rich enough to analyse all of the dimensions of homelessness-related research problems. That is why we cautiously limited our analysis to two questions, which could be answered using available data:

1. What are the perceived reasons for becoming homeless?
2. According to public opinion, should homeless persons be helped or not and, if yes, in what way?

Other questions on the probability of becoming homeless and the presence of homeless people in the respondent's neighbourhood and country provide auxiliary indicators. As a result, we can only use individual questions about homelessness and homeless people asked within research studies or surveys with a broader focus on social exclusion or poverty.

In addition, we had to use an international survey, in which the Czech Republic is only one of more than 25 European countries, as no specifically Czech survey on poverty and homelessness has been done recently. The demand for doing such a survey seems to be justified and our analysis could serve as the first input into the issue.

Another problem with investigating attitudes and the above-mentioned questions using quantitative data relates to the substance of questionnaires and closed questions. Firstly, respondents are asked only to choose one or more of the options offered; they can't usually give their 'own' answer. If an additional, alternative approach to getting a response had been used – for example, using an open question as to the reasons for persons becoming homeless – different reasons might have been given. Secondly, respondents do not have to explain their answer or give a reason for their choice. This interpretational gap is especially evident when investigating subjective, 'soft' variables such as attitudes. However, there are some existing, well-used alternative methods, which seem to be more appropriate – for example, the Likert scale or semantic differential (e.g., Gardner, 1996; Fishbein and Ajzen, 1974, and many more).

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<sup>15</sup> Nevertheless, in the near future we intend to prepare our own survey that will focus directly on attitudes towards marginalized groups. This study serves as the first step in building that survey.

## Conclusion

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This picture of attitudes towards homeless people in the Czech Republic seems to have relatively clear contours, though missing important details as discussed above on the limitations of the research.

With regard to our research questions, we found that homelessness and homeless people are becoming an increasingly common phenomenon within the Czech population and that most people have had some experience of it. However, commonality of the phenomenon does not imply that people assign homelessness corresponding importance in terms of a social problem that should be tackled as a priority.<sup>16</sup>

Although there is a significant part of Czech society that sees homelessness as a consequence of growing social inequality following social change in 1989, the view of poverty in the form of homelessness being a result of individual failure or an individual's decision to live this way is frequent too. The Czech preference for attitudes that frame situations of homelessness as consequences of individual failure is present (for Czech comparison, see Pakosta and Rabušic, 2010) and according to the general public it is, rather, 'undeserving poverty' (Handler, 2004). This is different position when compared to what research in some other countries shows (see Agans *et al.*, 2011).

It seems many Czech respondents see homelessness as an individual deviance, rather than as a social problem that should be solved collectively, and what is more, as an individual deviance that is not caused by a malfunction of society. This finding can be linked with the strong position of individualism within the transition society of the Czech Republic, along with low religiosity (Prudký *et al.*, 2009). However, we do not currently have strong empirical evidence, though this could be a relevant research direction in the near future.

The role of chosen socio-demographic indicators seems to be rather haphazard, and even indicators on subjective positions on, or feelings about, society are inconclusive. There remain important questions on variables that are more influential in the context of attitudes towards homeless people. So, for future research in the Czech Republic, we suggest a focus on knowledge and contact questions – i.e., the investigation of sources and types of information about homelessness (media, personal experience, political or social authorities) and/or the types of situation in which individuals meet somebody who is (subjectively) declared homeless.

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<sup>16</sup> For example, in March 2013, a regular survey of the Public Opinion Research Centre (PORC) showed that unemployment and corruption were seen as the problem requiring prioritised solutions (80 percent of respondents) (PORC, 2013).

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# Response Piece





***Nienke Boesveldt's response  
to Joe Doherty's review of her thesis  
'Planet Homeless. Governance arrangements  
in Amsterdam, Copenhagen and Glasgow'***

Doherty's criticism focuses primarily on my research design and my writing style (Doherty, 2015). In relation to research design, he raised the following issues: definitional differences, measures of integrated services, case selection and gathering of public views. I will address each of these aspects in turn.

### **Definitional Differences**

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I believe that, like Doherty, I recognised "the problems of definitional differences that accompany comparative analysis across (...) boundaries" (Doherty, 2015, p.309). I learned a lot from the MPHASIS project at the time it was published (2009) and made extra efforts in my thesis to overcome some of the definitional differences.

To overcome the differences between Amsterdam, Copenhagen and Glasgow in terms of admission criteria for Public Mental Health Care (PMHC) services for homeless people, I examined the population that was defined as a target group of PMHC systems and that could therefore be used to compare the performance of the PMHC systems examined in this study, namely: single-person, homeless households, where 'homeless' was defined as either sleeping rough or making use of housing services for homeless people (i.e., night shelters or emergency/temporary housing services). Almost every country in the EU defines this population as 'homeless' (ETHOS), including the UK, the Netherlands and Denmark.

I excluded homeless families (couples, couples with children and single parents), homeless young people (those under the age of 18) and homeless elderly people (those over the age of 65) from the study population for the following reasons: 1) these populations are relatively small (the majority of homeless persons are single, adult men) and 2) these populations have access to different PMHC services (in some areas but not in others) due to national laws pertaining to, for instance, child protection services. Public health care systems that focus on vulnerable families, young people and the elderly were therefore considered separate from PMHC systems for homeless people and outside the scope of this study, even though some services and care providers may be stakeholders in both systems.

Some characteristics other than the housing status, family status and age of the homeless population were used as inclusion criteria for 'specialty' services within PMHC systems in the metropolitan areas examined in this study – for instance, complex psycho-social or socio-economic problems; co-morbid psychiatric, substance abuse or physical disorders; and gender.

On this basis I came to the conclusion that, indeed, "there is still much to be done in the area of homelessness if the potential benefits of transnational comparison and learning are to be maximized (cf. Mphasis, 2009)." (Boesfest, 2015, p.37) I made this comparison based on what information was actually available to me. And in doing so, I made every effort to advance scientific knowledge a small step further.

## Measures of Integrated Services

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Doherty went on to criticise the scope of the mental health quotient in my study. Besides other measures, such as the integrated care quotient, the mental health care quotient was used as a measure of integrated or heterogenic services. Doherty recommended broadening the measure to include, for example, employment support and substance abuse support and was concerned that I was 'unnecessarily restrictive' in this regard. First of all, the definition of mental health issues in my thesis included dual diagnoses and substance abuse. Secondly, in order to measure heterogenic services, I analysed the involvement of adjacent services such as social benefits and employment support by using a fourth indicator: measuring the different allocation of responsibilities concerning governance arrangements on homelessness. And, of course, in this part of my study I did encounter the problematics of comparative analysis across boundaries. For example, it was difficult to include substance abuse in the Glaswegian measure and I emphasised that this was an issue (e.g., on p.94). Again, when taking unavoidable limitations into account, on the basis of the information available to me, I sought to select measures that enabled me to compare cases in the most scientific way possible.

## Gathering Public Views

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I very much agree with Doherty's comment on the "major problems associated with gathering the views of the 'broader public'" (p.309). I established the views of the broader public by interviewing local stakeholders on the subject (e.g., politicians, civil servants, volunteer organisations and homeless persons). It was exactly the problems Doherty mentioned that led me to draw a dotted line between the process variables and the outcome variables, which include the views of the broader public. While I acknowledge the limitations of the indirect evidence I gathered, I am never-



theless satisfied that, in the conclusion of my thesis, I was able to discuss the relationship between Public Views and the Policy Model on which a policy is based (moral and empirical assumptions).

## Case Selection

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My selection of cases was backed by relevant academic theory, e.g., *Regimes* (Esping-Andersen, 1990) and *Traditions* (Painter and Peters, 2010). The ‘traditions’ approach clarifies the relationships between politics, government and society within different traditions. In my thesis, I noted the similarities between both approaches. They both identify the Liberal/Anglo-Saxon type, the Corporatist-Statist/Continental type (a combination of Germanic and Napoleonic types) and the Social Democratic/Scandinavian type. I share Doherty’s concern with respect to my rather brief discussion of these typologies and, more specifically, the link between the Germanic and Napoleonic traditions and the Corporatist-Statist type. Still, I justified my final selection of these three types with the fact that I could expect sufficient variation due to the dependent governance variables. This made it possible to include larger cities from any of the Scandinavian, Anglo-Saxon or Continental contexts in the study.

Doherty questions why I did not use the findings of the HABITACT peer review studies to support my definitions and selection of governance regimes. It is true that I did not base my selection of research sites on the HABITACT peer reviews, although I participated in many of them with much interest. To do so would have risked introducing a bias since, in my opinion, cities that participate in HABITACT exhibit a specific interest in the issue of homelessness in their city. A city like Glasgow, which at times has had a more detached relationship with third-sector parties such as NGOs and is not a member of HABITACT, would not then have been selected as a case.

This example also illustrates the fact that, when selecting cases, it was not always clear whether the cities would be willing to participate in my study. In some cases, like Glasgow, both I and my professor first had to provide information about my research before I was granted access. Still, every city that I approached to participate in my study appeared to be interested and willing to share both published and unpublished data. This openness to self-reflection in itself can be regarded as an interesting finding in relation to researching governments. Moreover, I am happy that my thesis builds upon, and contributes to, the knowledge available within the HABITACT network.

During the course of my research, I managed to ensure sufficient substantive distance from policy practice. For example, during the Amsterdam case study, I was not involved with policy practice for four months. Furthermore, during the course of my entire thesis, I had a separate working space at VU University. At the same time, I was able to use my practical access to the field to set up my field study. The results of my study are contributing to discussions – at local and national level, both in the Dutch and Danish contexts (where an increased focus on prevention is planned) – on public health spending and which interventions are the most effective. My research also illustrates what changes might be required to state, federal and municipal governance.

The interdisciplinary theoretical perspective on the governance angle is rather new, which is unusual given that it seems highly relevant to the subject of homelessness. Doherty concluded by stating that: “If, however, we were to get our priorities right and invest sufficient resources, we would not perhaps need to be too precious about the finer details of governance arrangements” (p.310). In my view, this overlooks one of the most interesting and striking findings of my study, which calls for more truly open and critical research into a particular phenomenon that I identified. I discovered that cities with sufficient funds (like Amsterdam and Copenhagen) are not forced to take a preventive approach to homelessness or hospitalisation. Budgets and welfare arrangements are extensive enough so as always to be able to provide people with shelter without seeking to involve other housing partners in the city beyond homelessness agencies. I referred to the combination of both homelessness agencies and housing partners as heterogenic networks. I identified such networks in Glasgow, along with other positive governance elements, outputs and outcomes of this arrangement. In this context, I like to quote Lowndes and McCaughie (2013), who stated in that, in the UK context, “creative approaches to service redesign are also emerging as the crisis deepens, based upon pragmatic politics and institutional bricolage. (...), local government reveals a remarkable capacity to reinvent its institutional forms to weather what amounts to a ‘perfect storm’” (p.533).

**Nienke F. Boesveldt**

*Utrecht University*

*The Netherlands*

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# Book Review



***Part E***

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Kenna, P., Benjaminsen, L., Busch-Geertsema, V. and Nasarre-Aznar, S. (2016)

***Promoting Protection of the Right to Housing – Homelessness Prevention in the Context of Evictions***

Brussels: European Commission

## **Introduction**

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The recent European Union (EU) report on promoting protection of the right to housing: *Homelessness prevention in the context of evictions* is to be welcomed for presenting the first continent-wide analysis of evictions within the EU and putting forth a number of important findings and recommendations. The report makes clear that eviction is a pan-EU phenomenon, which requires increased co-ordination between Member States and, indeed, the EU in understanding and engaging with the difficult issues surrounding eviction and homelessness. The report contains a wealth of legal, economic and social analysis, which is novel, insightful and generally comprehensive throughout, and will be of interest to a wide audience – particularly anyone professionally concerned with the difficult issues surrounding eviction in Europe and further afield. This review will attempt to outline the structure and substance of the report, drawing particular attention to a number of issues that are of interest to the author.

## **Part I – Eviction across the EU**

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The report is divided into two parts comprising 10 chapters in total. Part I comprises a root and branch analysis of the nature of eviction across the EU. A good deal of the focus is on drawing together and analysing data on evictions across the EU from 2010-2013. After identifying trends and profiles of evictions in that period, the focus shifts to considering risk factors for evictions, framed in the context of the varying levels of social protection and access to affordable secure housing. The authors identify a number of individual ‘triggers’ for eviction before going on to trace the links between eviction and homelessness. In light of the various definitions of homelessness across Europe, the report adopts the

comprehensive ETHOS definition, which captures ‘four main living situations which can constitute homelessness: rooflessness, houselessness, insecure accommodation and inadequate housing.’

### *Framing eviction within the legal and policy context*

At the outset, the authors illustrate the fundamental importance of housing to human dignity and well-being. Linking housing to the concept of home, the authors draw on Lorna Fox’s ground breaking research, which stresses the conceptual importance of housing as home – i.e., “house plus an ‘x-factor’” – in order to locate the concept of ‘home’ within the context of international human rights law. The urgency of this report is made clear as the authors illustrate the centrality of housing to the financial crisis of 2008 and indeed how the profound impact of that crisis continues to reverberate in housing systems across Europe.

Turning to EU policy in this area, the report outlines various measures that the EU has taken to support and complement EU Member State actions in tackling and preventing homelessness (chapter 2). While the report sets out that primary responsibility for tackling homelessness and its prevention lies with EU Member States, a considerable amount of EU activity directed at combating social exclusion is catalogued, including the EU PROGRESS programme, the Social Protection Committee, the Roma Framework and the EU Framework for National Roma Integration Strategies.

Throughout the report, eviction is framed as a housing rights issue. The right to housing, the authors indicate, “often refers to wider rights of housing access, quality and other factors, as well as protection from evictions and prevention of homelessness” (p.26). Housing rights can be framed in constitutional, legislative or social provisions. The report outlines how “evictions, which involve interference or authorisation of such interference with the home, by State or non-State institutions, has been the subject of many constitutional and legal provisions, establishing strict legal limitations” (p.27). A detailed analysis reveals that in all EU Member States, legislation and court rules provide the framework for the legal process of evictions, while complying with constitutional/statutory and human rights standards. The report addresses the role of EU law in this field by outlining the effect of EU law on property, human rights, housing, citizenship, migration, non-discrimination, consumer protection and social inclusion. The authors identify a growing role for the EU in this field by reference to the Charter of Fundamental Rights of the European Union, which is now part of Treaty law. However, the extent of EU competency, and in particular the potential issues surrounding Article 345 of the Treaty on the Functioning of the European Union (TFEU), is not considered in detail. While Article 345, which preserves Member State competency over substantive national property law, appears to set a severe limit on EU action in this area, the reality is



not so straightforward and further discussion here could have been illuminating. For instance, it is apparent that EU competence stirs where a cross border element is present. The report is exceptionally clear in presenting eviction and homelessness as a pan-EU issue. Yet intra-EU migration is also a pan-EU phenomenon. In the context of popular and growing intra-EU migration, the benefits are often stressed while the risks to the individual tend to attract less attention. This is in spite of the fact that many EU Member State economies remain in a fragile state where unemployment, low wages and high housing costs continue to be of pressing concern. When language barriers, cultural/customary differences and the absence of a support network are thrown into the mix, it becomes clear that the risk of eviction and of becoming homeless is real for many intra-EU migrants and it would have been interesting if this had been explored in greater detail.

***Profiles of evicted households: data,  
triggers and pathways to homelessness***

A major part of Part I of the Report is concerned with gathering and analysing existing statistics on eviction from across Europe (chapter 3). In this effort, a three stage process is used: pre-court, court phase and after court to execution of eviction. In carrying out this analysis, the authors identify a fundamental problem: that “most of the data reported from the 28 Member States is not directly and simply comparable, and is recorded according to very different criteria” (p.47). This is a fundamental problem that, time and again, has confronted comparators seeking to analyse housing issues across Europe. In spite of the difficulties with data, the report identifies some commonality of patterns by classifying the wide range of national evictions measures into ‘triggers’ (the reasons for the eviction), ‘catalysts’ (what stimulates/advances the process of eviction) and ‘inhibitors’ (what slows down/curtains evictions). The report notes that “the triggers for eviction mainly relate to the pre-court phase” (p.67), such as mortgage default or a breach of tenancy terms.

One of the most disconcerting features of the report is the fact that only a handful of Member States collect robust data on those evicted. This is a major gap that undermines how evictions are understood and treated across Europe. However, utilizing the best available data, the report constructs an insightful profile of those households involved in the process of evictions (chapter 3). Unsurprisingly, one-person households tend to be most numerous, followed by lone parents (mostly mothers) with children. With regard to gender, the majority of persons involved tend to be male. The report goes further, stating that most available indicators show that a large number of households threatened with eviction were unemployed and relied on transfer incomes, notably subsistence benefits, while a significant proportion were specifically vulnerable persons such as asylum seekers or Roma.

The discussion then moves on to identifying the risk factors for eviction (chapter 4). Once again, the report adopts a useful framework of analysis, dividing risks into structural risks (poverty, unemployment, lack of affordable housing), systemic/institutional risks (lack of legal protections, shortage of social support, etc.), interpersonal risks (family status, relationship situation, etc.) and personal risks (economic/employment status, disability, illness, etc.). These findings are particularly illuminating and will no doubt contribute to the growing discussion surrounding rising income and wealth inequality in Europe.

Next, the report moves on to trace the links between eviction and homelessness (chapter 5). Understanding the complex 'pathways' of homelessness is fundamental to informing policy interventions. As such, the report's conclusion that the nature of homelessness differs across Europe is particularly noteworthy. The report sets out that in Southern Europe, unlike the North, homelessness "rarely involves those with complex support needs or addiction issues, and is more directly related to economic, structural issues and housing costs. Since almost 50% of homelessness in Greece and Spain is caused by unemployment, the major differences become clear" (p.109). Ultimately, the report states that in most Northern and Western EU Member States, a clear link between evictions and homelessness can be established. One of the more striking findings of the report in this respect is the finding that short-term tenancies are a major pathway into homelessness, particularly in the UK.

## **Part II – Prevention and Anti-eviction Measures**

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In Part II, the report describes and analysis a range of prevention and anti-eviction measures. The authors differentiate the various prevention measures into primary (general), secondary (focused interventions) and tertiary (already affected) prevention measures. One particularly engaging statistic put forward stems from "rough calculations in Austria and Germany" that "indicate that €1 spent on prevention services (including counselling and assumption of rent arrears) may save €7 in costs of providing temporary accommodation and rehabilitation for homeless households" (p.112). Thus, prevention is not only more humane but is also more cost-effective in the long term.

### ***Primary prevention measures***

Primary prevention measures (chapter 7) are macro level in scope and application, and include general welfare state-related measures (mainly social measures that have important legal and financial aspects), housing system-related measures (mainly legal measures, some of them with important financial and social aspects) and mortgage market-related measures (mainly legal measures with important

financial and social aspects). With respect to general welfare measures, the report notes that “access to housing is related to income and all EU Member States ensure minimum standards of living through the use of social transfers, subsidies or other means of support” (p.116). However, the report identifies the fact that in many parts of Europe these supports are falling increasingly short.

A further primary support identified is the support and development of mortgage markets. The report critically analyses the various methods of supporting and developing mortgage lending, including mortgage interest subsidy and mortgage guarantees. The report traces the ways in which concerns surrounding irresponsible lending have guided policy interventions in recent years – most notably Codes of Practice as well as the Mortgage Credit Directive, which is considered in brief.

Another means of primary support identified in the report is the development of intermediate tenures, i.e., tenures that combine elements of renting and homeownership. The report notes that this concept was developed in the UK in the 1980s but has since spread to a number of EU Member States in response to affordability issues. However, the experience of the sale and rent back market in England and Wales makes clear there is considerable scope for unscrupulous commercial activity in the shared ownership market, and that Member States pursuing intermediate tenures should proceed with caution. Homeowners who entered the market were often facing repossession and turned to the sale and rent back deal as a last resort, often with disastrous consequences (many have lost their homes – *Scott v Southern Pacific Mortgages Limited* [2014] UKSC 52). Concern about the operation of the sector led the financial authorities to intervene and all but shut down the market in 2009.

The final primary support discussed is the promotion of private rental housing. The report notes that “a well-developed and efficient rental market providing a viable alternative to ownership plays an important balancing role by alleviating house price pressures and smoothing housing market dynamics” (p.134) and goes on to consider different means of promoting renting. In this respect, the rapid growth in the British private rented sector has set the British model of extremely limited security of tenure and market rents apart in a European context. While it is unsurprising that other EU Member States have sought to follow the British model and liberalise their private rental markets, the British model should be viewed in the round. The British private rental market is the most expensive in Europe and as the report makes clear, the AST (assured shorthold tenancy) presents a major pathway to homelessness. Furthermore, the links between low regulation and a large private rental sector are not so straightforward, given that the Member States with the largest private rental sectors also have the strongest regulation.

### ***Secondary prevention measures***

The report then moves on to secondary prevention measures (chapter 8). These include public and third sector housing aid, the support of friends/family, advice, counselling, loan rescheduling, and the obligation of courts to inform housing/social agencies of evictions. The report outlines the critical importance of public and third sector housing aid to preventing eviction by supporting the payment of rent and mortgage arrears. However, while financial supports are vital, they often fall short of meeting housing costs, which makes other secondary supports all the more important. In this context, the significance of housing advice and counselling in preventing eviction is clearly set out by the report, which notes that “while the availability of timely and skilled housing advice and counselling can be a key preventative measure for evictions the provision of such advice varies greatly across the EU in respect of its extent, nature and intensity” (p.146). The extent of this variation is unjustifiable given the pan-European nature of eviction and homelessness.

In terms of interventions, the report identifies the period following a default but prior to the start of a judicial claim after default as being crucial in the effort to prevent evictions and thus avoid “the instigation of the lengthy, costly and harrowing process of evictions” (p.148). Amongst the measures considered are loan rescheduling by lenders, debt cancellation and mortgage-to-rent schemes. The report notes that the mortgage-to-rent scheme offers “an interim solution between debt restructuring, *datio in solutum* or personal insolvency.” In practice, “the mortgage is transferred to a third party (or written off) and the borrower is allowed to remain in the home as a tenant, thus being spared from eviction” (p.151). To a household barely treading water in terms of meeting their mortgage costs, such a scheme may appear a life raft. However, the English experience with respect to intermediate tenures (outlined above) has illustrated that looks can be deceiving and what may appear to be a life raft may well turn out to be a sinking deadweight.

The report identifies the fact that once a judicial claim takes place, secondary measures become even more critical. It is at this stage that an obligation of the courts to inform housing/social agencies of the eviction could play a major role in preventing eviction through early intervention. However, the report makes clear that such an obligation remains the exception rather than the rule across the EU. In terms of legal supports, alternative dispute resolution or specialised institutions as a means of avoiding or diverting eviction are detailed in the report. However, a cautionary note is sounded as the report sets out that such measures have mixed results in relation to evictions. With respect to legal aid, the report captures the complexities surrounding its utility in preventing eviction. The report notes how “in civil proceedings, such as evictions, the right to legal aid is not absolute and may be subject to legitimate and proportional limitations” (p.165). Nevertheless, the

report makes clear that even where legal aid is available it may be of limited utility. For instance, in the UK, the AST terminates automatically and no valid defence is available. Finally, the report goes on to outline the potential for courts to place limitations on the granting of eviction orders. The report notes that “courts must comply with well-established limitations, principles and procedures of constitutional, legislative, general or public interest law. Limitations on the granting of eviction orders have been examined by the European Court of Human Rights, which assesses whether ‘a fair balance’ has been struck between the general interest and the individual interests at stake (such as property rights)” (p.166). Of particular note is the report’s discussion on rent regulation, which is clear and comprehensive and, in light of ongoing affordability problems in many Member States, prescient.

### *Tertiary prevention measures*

Finally, the report moves on to consider tertiary prevention measures (chapter 9). These are “measures aimed at reducing the consequences of evictions” and are targeted at people who have already been evicted. The report identifies minimum protected income and debt relief schemes as playing a vital role in helping the evicted household to secure immediate rehousing. In this context, ensuring access to private rented housing and targeted housing allocation systems is vital. The discussion of the growing statute of Social Rental Agencies (SRA) is particularly illuminating.

In terms of addressing the impacts of eviction, the report notes that access to homelessness services is imperative. While informal support networks such as families or friends are often important, the report outlines that “this form of ‘couch surfing’ can be stressful and erode social relationships” (p.187). The report then turns to focus on formal homelessness services. As in most areas, practice varies widely across Europe. In some Member States, there is a statutory duty on local authorities to provide temporary shelter or housing while in others the extent of support may be limited to advice and information. However, even where statutory duties are strongest, the reality is that often there is insufficient housing stock available to meet applications for support and waiting lists grow while pre-conditions, such as local connection requirements, multiply.

The report concludes by detailing the “paradigm shift in models of rehousing homeless people” (p.188) that has taken place in recent years. Increasingly, the Treatment First approach, which required that people with complex support needs should first undergo treatment and stabilization, has been replaced by the Housing First approach, which is based on rapid rehousing with intensive social support. The report welcomes this shift, noting that “the unstable housing situation is in itself seen as a major barrier for stabilisation and recovery for the individual” (p.189).

## Recommendations

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The report reaches its apotheosis in setting out a number of recommendations, which are primarily directed at addressing the issues raised in the proceeding analysis. However, they tend to go further towards developing standards of best practice in preventing evictions (chapter 10). Throughout, the recommendations draw heavily on jurisprudence stemming from the right to housing. This is unsurprising, given that the body of law generated in this area represents international standards of best practice. These principles form the core of the recommendations to ensure protection of the right to housing and access to sufficient and suitable housing.

A number of recommendations are directed at addressing the dearth of data on evictions across Europe. The report has identified the fact that eviction is a pan-European phenomenon but the dearth of data makes the task of understanding this unnecessarily difficult. While practices and even definitions vary across Europe, the failure to maintain meaningful statistics on such a fundamental issue as eviction is unjustifiable, particularly in light of ongoing technological developments. The report's recommendations of promoting research into personal factors leading to evictions, improving the monitoring of evictions, assessing the impact of anti-eviction measures on the efficiency of mortgage and housing markets and establishing national services tasked with preventing eviction are entirely sensible and would go a considerable way towards addressing the current data deficit and, indeed, improving practice.

In response to the issues thrown up by the preceding analysis, a number of specific recommendations are set out. These include recommending that Member States introduce a legal obligation on courts to inform specialist agencies of any evictions, thus allowing early specialist intervention; that Member States ensure legal aid, advocacy and representation are made available in evictions cases; and that rapid rehousing is prioritised. There is considerable merit in these recommendations. In the first place, the duty to inform a specialist agency of any evictions could greatly support early intervention, which has been demonstrated to be absolutely crucial in preventing eviction and, indeed, homelessness; likewise, rapid rehousing. Ensuring provision of legal aid in eviction cases can play a significant role in preventing evictions. However, it is not a panacea, particularly with respect to the automatic termination of short-term fixed tenancies where no defence may be raised.

Following the discussion surrounding pathways to homelessness, the report recommends that Member States secure a 'fresh start' for over-indebted borrowers, that responsible mortgage lending and consumer protection be promoted and, finally, that short term tenancies be restricted to special circumstances. There is

also merit in these recommendations. However, how that ‘fresh start’ is achieved is more challenging. For instance, the English experience with intermediate tenures indicates that mortgage-to-rent schemes should be approached with real caution. In light of the link between short-term tenancies and homelessness that is demonstrated in the report, the restriction of short-term tenancies to special circumstances has much weight behind it.

## Conclusion

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This report makes it clear that eviction is a pan-EU phenomenon and that it should be increasingly approached as such in order to understand and address the difficult issues surrounding it effectively. It is equally apparent that there is a strong divergence in practice and understanding regarding eviction across the EU, yet in many ways this variety, while challenging in some respects, also represents an opportunity for the identification and transfer of best practice from Member State to Member State. This report has begun that process by collecting and analysing a wealth of material on evictions and homelessness across the EU. The findings offered – particularly in terms of identifying risk factors for eviction, developing a profile of evicted households and tracing the links between eviction and homelessness – are as important as they are striking and will undoubtedly contribute much to the growing discussion surrounding rising income and wealth inequality in Europe. While further discussion of some issues, such as the extent of EU competency or the links between intra-EU migration and eviction, would have been welcome, those topics are worthy of attention as freestanding issues and perhaps could be treated as such in the future. Finally, as the discussion on anti-eviction measures in Part II makes clear, prevention of evictions is not only more humane but also often much more cost-effective in the long run. The report describes a wide range of preventative measures. However, the recurring theme throughout is that, regardless of the policy measure, early intervention is imperative. Ultimately, eviction can leave a bitter legacy. This is because, as put by Michael Davitt who experienced eviction first hand as a child when his family were evicted in Straide in the West of Ireland in 1850, “an eviction... is a challenge to every human feeling and sentiment”. For those seeking to offset the ‘bitter’ legacy of eviction, there is much to commend in the recommendations put forward in this report.

**Mark Jordan**

*University of Southampton*

This publication has received financial support from the European Union  
Programme for Employment and Social Innovation “EaSi” (2014-2020)



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the official position of the European Commission



# European Journal of Homelessness

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 will also assess the lessons for Europe which can be derived from policy, practice and research from elsewhere.

*European Journal of Homelessness is published twice a year by FEANTSA, the European Federation of National Organisations working with the Homeless. An electronic version can be downloaded from FEANTSA's website [www.feantsaresearch.org](http://www.feantsaresearch.org).*

FEANTSA works with the European Commission, the contracting authority for the four-year partnership agreement under which this publication has received funding.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.

ISSN: 2030-2762 (Print) ■ 2030-3106 (Online)

■ **European Federation of National Associations Working with the Homeless AISBL**  
*Fédération Européenne d'Associations Nationales Travaillant avec les Sans-Abri AISBL*  
194, Chaussée de Louvain ■ 1210 Brussels ■ Belgium  
Tel.: + 32 2 538 66 69 ■ Fax: + 32 2 539 41 74  
[research@feantsa.org](mailto:research@feantsa.org) ■ [www.feantsaresearch.org](http://www.feantsaresearch.org)

