

European Observatory on Homelessness

# European Journal of Homelessness

**Effectiveness of Policies and Services  
for Homelessness**

**Volume 2 \_ December 2008**



## **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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# Foreword

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Hannu Puttonen, FEANTSA President

Welcome to the second edition of the European Journal of Homelessness, a publication of FEANTSA's European Observatory on Homelessness and the only one of its kind in Europe. The overall theme of this year's edition is *Drivers of Effective Homelessness Policies*. The articles in this Journal look at effectiveness from different points of view. This year's edition has a special focus on the opportunities and threats of cost-benefit analysis of homelessness policies, which remains an underdeveloped research methodology in Europe,

This Journal is the fruit of a year's hard work by the twelve members of FEANTSA's European Observatory on Homelessness. Although not all European countries are represented in the Observatory, the members have succeeded in covering all the different regional perspectives. This is the first time the Journal also includes external contributions from researchers who are not involved in the Observatory or FEANTSA.

This is the last edition of the Journal which is produced under the coordination and leadership of Bill Edgar. Bill has coordinated FEANTSA's research for almost 10 years and developed the Journal format in which we now present the research outcomes of the Observatory. Bill has greatly contributed to a better understanding of homelessness amongst researchers, policy makers, and practitioners. He has played a vital role in making research one of the central pillars of FEANTSA's work and has as a result helped to make FEANTSA one of the key players in anti-poverty policy in Europe. On behalf of FEANTSA and the wide readership of FEANTSA's research, I would like to thank Bill for his commitment, devotion and hard work to the cause of homelessness and wish him a very happy retirement.

I would also like to take this opportunity to welcome the new team of coordinators who will replace Bill as from 2009. The team will consist of Volker Busch-Geertsema from the research institute GISS in Germany who has been involved in FEANTSA's research work for many years, Eoin O'Sullivan from Trinity College in Ireland who has been part of the Observatory since it was created twenty years ago, and Deborah Quilgars from the University of York in the UK who joined the European Observatory last year. I wish all three inspiration and courage to continue the quality of FEANTSA's research output.

Finally FEANTSA would like to thank the European Commission for the generous financial support of FEANTSA's research work.

I hope you find the Journal interesting, informative, and thought-provoking. Do feel free to send comments about the articles and suggestions for future research to FEANTSA's office in Brussels.

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## Journal Approach

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The aim of the Journal is to stimulate debate on homelessness and housing exclusion at 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 developments at national level and, in particular, to provide a forum for comparative analysis of policy and practice in preventing and tackling homelessness in Europe. Future editions of the Journal will also assess the lessons for Europe which can be derived from policy, practice and research from elsewhere.

The Journal is formed around a broad annual theme each year. These themes will be informed by the interests of FEANTSA member organisations across Europe but the editorial independence of the Journal is assured. Thus the views expressed in the Journal should not be taken to reflect those of FEANTSA or its member organisations. The papers produced in the Journal are provided by members of the European Observatory of Homelessness as well as from a call for papers. The papers are assessed by the Editorial Group and all papers for the article section are sent to external referees.

We intend that the Journal will be of interest to policy makers at all levels of government, practitioners and volunteers, funding agencies, academics, researchers and students. While aiming to maintain the rigorous academic standards, in keeping with an international scholarly journal, the editors will strive to ensure that the content is relevant and accessible to a range of audiences with an interest in homelessness policies at both national and European level. In order to ensure a broad dissemination, the Journal is available (from FEANTSA) in hard copy format and is also produced as an electronic journal ([www.feantsa.org](http://www.feantsa.org)).

The Journal is structured to provide scholarly *Articles*, detailed *Policy Evaluations* including analysis of homeless strategy in one member state (this year it is Ireland), provocative *Think Pieces* and *Reviews of homeless research or books*. The *Articles* are intended to examine diverse aspects of the annual theme in a manner that allows for an extended critical assessment of issues and, where appropriate, a comparative analysis of approaches across different EU member states. The *Policy Review* is intended to provide a detailed evaluation of a specific intervention or area of policy development in a particular member state, including the background to the initiative, the progress made in implementation, and an assessment of the lessons relevant to other EU Member States. This section also includes papers which provide commentary and analysis on an aspect of policy



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# Editorial

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## Introduction

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We are pleased to introduce this second volume of the *European Journal of Homelessness* and trust that you will find it stimulating and thought-provoking as well as informative. The main articles in each volume of the Journal will focus on a specific theme of relevance to current policy and practice developments across Europe. The theme selected for this volume is the *effectiveness of services and policies to prevent and tackle homelessness*. Following the structure established in our first volume, as well as scholarly articles, the Journal also contains a section on policy evaluation and a section of ‘think pieces’ together with a review of books and research. The aim of the Journal is to stimulate debate on homelessness and housing exclusion at a European level and to facilitate the development of a stronger evidential base for policy development and innovation.

## Articles

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The articles in the Journal are intended to examine diverse aspects of the annual theme in a manner that allows for an extended critical assessment of issues and, where appropriate, a comparative analysis of approaches across different EU member states. The eight articles on this year’s theme of effectiveness examine a range of topics. With regard to the development of policies, Loison-Leruste examines how the attempt to build consensus among stakeholders on policy issues occurred in France, while Filipovič Hrast discusses the role of the media in the perception of homelessness and policy development in Slovenia. Different aspects of the changing role of the state and the comparative evaluation of policies in various welfare regimes are covered by Baptista and O’Sullivan (Portugal and Ireland), Benjaminssen and Dyb (Scandinavia), Olsson and Nordfeldt (Sweden) and Fitzpatrick and Busch-Geertsema (England and Germany). Finally, Culhane provides an examination of the emergence of cost effectiveness studies in the USA which provides a basis by which readers can understand the relevance of such studies in the European context.

The article by O’Sullivan and Baptista examines the role of the State in both Ireland and Portugal, in shaping policies in relation to homelessness by locating these developments in their particular historical, institutional and strategic contexts. Recognising the substantial shifts that have occurred over the past three decades,

they consider the role of the State in homeless policy by mapping changes in its role over time. In both Ireland and Portugal, there is evidence of changes in the understanding of homelessness among key stakeholders and in the development of national and local strategies. The key trend identified in both countries is that of the State taking ownership or control over homeless policy and attempting to devise reasonably coherent frameworks in which to address the issue. Increasingly, in both countries the shared understanding of homelessness is located within a housing framework, albeit with supporting services. A key element underpinning the strategic approach to homelessness policy is evidenced in the multiple forms of 'partnership' exhibited at local and national levels in both countries. These networks and interdependencies allowed for the realisation of a state project to emerge in relation to homelessness. These projects are constantly in flux as the homelessness state project competes with other state projects for recognition, status and finance. Homeless strategies to realise the promise of coherence in the delivery of services are, they argue, conditional on a range of other state projects. Thus, it is necessary to understand the homeless strategy as just one of a number of competing state projects, in order to evaluate its effectiveness and to understand the fragile nature of the strategy and the social networks and interdependencies that sustain it.

Portugal and Ireland are, more often than not, understood as belonging to different welfare regimes, which are respectively the 'southern' and the 'liberal'. On the other hand, Scandinavian countries are perceived to share common characteristics representative of the 'social/democratic' welfare state model. Benjaminsen and Dyb, examining homeless strategies in three Scandinavian countries, contend that while current homelessness intervention strategies in the three countries exhibit common characteristics, overall homeless approaches and policies differ between Scandinavian countries. The article suggests that, since homeless policies develop in the intersection between housing and social policy, the countries are broadly similar with regard to welfare institutions, yet are widely divergent in housing policy and housing regimes. It is in these differences in housing policy that differences in homeless policy can be explained. Clear common trends in recent developments in national strategies are evident in a common emphasis on targeting of services, flexible services and preventative efforts. However, they argue that a main distinction is between the 'housing first-' and 'normalising-' oriented approaches found in Denmark and Norway and the widespread use of the staircase model in Sweden. They argue that there are variations not only among, but also within the countries when it comes to levels of homelessness, policy responses and intervention strategies. Variations within countries emerge as a result of the decentralised system of local government in Scandinavian countries, which enables municipalities to

develop localised responses to homelessness and which raises the question of how to ensure that national policies of increasing and targeting services are anchored and implemented on a local level.

The article by Olsson and Nordfeldt echoes this conclusion when they argue that a major obstacle in Sweden is to combine national and structural measures with local responsibility as well as with individual and local solutions, but this appears difficult due to the long-standing organisational division of labour between public social services and non-governmental agencies. They argue that while the main responsibility for homelessness lies with local authorities in Sweden, national policy focuses on local-level solutions more than the underlying structural housing problems. This, they contend, is mainly due to organisational forms and former practice, where new forms of organisations and new forms of working with homeless people are both intentionally and unintentionally hindered by old organisations and traditions (both public and non-profit) resulting in a path dependency of policy development. The universalistic welfare system in Sweden includes a majority of the population and excludes a minority. This exclusion is mainly based on whether or not the individual has an income from employment. The Social Services Act guarantees people a place to live and means-tested financial support, but lack of resources or lack of organisational repertoire creates a specific niche for non-profit organisations. The more individual solutions provided by non-profit organisations seem to fit with an overall individualistic paradigm of social problems and hence of homelessness. Even though the modern welfare state in Sweden is based on ideas of universality, to cover all basic needs there have always been non-profit organisations working with marginalised groups. The division of labour between local public social services authorities and non-profit organisations and charities means that the latter more often work with people who have little or no contact with the public sector, many of whom are in a very difficult and acute situation, while the local social services authority works long-term with people in less acute need.

The articles described above all examine the development of homeless policies and, in different degrees, the role of the state. The articles by Loison-Leruste and Filipovič Hrast consider different aspects of the emergence of national homeless strategies. Loison-Leruste examines a method (the Consensus Conference) to develop some consensus on the principles required to improve public policies on homelessness in a context where debates on homelessness were becoming very politicised and divisive. She argues that the Consensus Conference has had some impact on France's welfare sector. The conference helped to achieve at least temporary unity around the reports of the Conference panel of independent experts and the report commissioned by the Prime Minister (known as the *Pinte report*) and the report of the Enforceable Right to Housing Assessment Committee.

Filipovič Hrast examines media representations of homelessness in Slovenia where, she argues, homeless people as a specific group are absent from national housing policies. While in Ireland and Portugal, as well as in Scandinavian countries, there is a description of a shift towards a more structural understanding of homelessness located within a housing framework, the social image of homelessness remains that of personal pathology. In the Slovene media, homelessness is even more narrowly defined than 'rough sleeping', referring to those rough sleepers who have adopted this 'lifestyle'. What is especially evident in the analysis presented by Filipovič, is the sense that the media believe that existing measures are sufficient and that no other, more comprehensive strategy is required to tackle homelessness. Thus, she argues, the more critical analysis of policy that can be found in newspapers in other countries seems to be missing in Slovenia. This is important because such critical commentary might help to stimulate public debate on the sufficiency of existing measures and/or challenge the existing perception of the homeless.

England and Germany are unusual, but not unique, amongst developed economies in reporting declining levels of homelessness. Busch-Geertsema and Fitzpatrick argue that while a range of factors has contributed to these downward trends (a slackening housing market in Germany; tightened local authority assessment procedures in England), there is evidence to support claims that targeted preventative interventions have had a substantial beneficial effect. They contend that positive outcomes can be achieved even in the face of unhelpful structural trends (rising poverty and unemployment in Germany; worsening housing affordability in England). Their review of available research evidence in Germany and England suggests that successful prevention policies must be carefully targeted at the key 'triggers' for homelessness, and need to be underpinned by appropriate resources and an effective governance framework for their implementation. They caution against the dangers of international comparisons that pay insufficient attention to national contexts. Thus, what might be labelled 'homelessness prevention' in one country may be labelled entirely differently in another. That said, the paper presents a fundamentally positive message that homelessness can be significantly reduced by targeted policy action. The authors argue that a strong steer from Central Government/umbrella organisations is likely to be necessary to ensure the effectiveness of policies and to ensure that local administrations embrace enthusiastically the opportunities for positive change that prevention programmes can offer. However, one lesson from England in particular is that attention must be paid to any perverse incentives generated by prevention programmes, such that there can be some confidence that homelessness is genuinely being prevented rather than being disguised by changes in recording or assessment practices. One key lesson to be drawn from the experience of both Germany and England is that legal duties to provide temporary accom-



modation for homeless households can be a crucial policy driver for improved preventative interventions. This, they suggest, may be an (additional) argument in favour of rights-based approaches to tackling homelessness.

While recognising the caution made by Busch-Geertsema and Fitzpatrick against the dangers of international comparisons that pay insufficient attention to national contexts, it is an aim of the Journal to provide a basis for the comparison of the European experience with practices and policies of countries outside the European Union. In this context, the article by Culhane provides valuable insights into both the effectiveness of housing programmes for homeless people in the USA and the importance of effective administrative information systems to provide the evidence base for evaluating homeless programmes and the failure of mainstream services in meeting or resolving the needs of homeless people. Culhane examines the results of research which uses service-provider data to track the resources and programmes for which those services are responsible, and demonstrates the positive impact of housing programmes. This is in the context of an American system of homeless services which is largely unregulated and under-funded. The research reviewed by Culhane demonstrates the failure of intensively funded mainstream (non-homeless) services in assisting people who have housing needs. This also provides an evidence base to demonstrate that gaps in services can lead to homelessness. His analysis is cogent, but is only possible because information exists by which researchers and mainstream welfare agencies can identify excess and inefficient resource consumption and achieve greater accountability to reduce homelessness. The development of similar administrative information systems in Europe is still embryonic, though recent EU projects have targeted this knowledge gap (see the Mphasis project – <http://www.trp.dundee.ac.uk/research/mphasis>).

## Policy Evaluation

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The *Policy Evaluation* section of the Journal aims to provide a succinct analysis of current policy issues of relevance to the development or evaluation of homelessness strategies. It is an aim of the Journal to focus on a review of national policy initiatives in a particular country in order to assess the lessons that this experience may hold for other EU countries. Thus, the first volume examined the Scottish legislation which aims to guarantee a right to housing for all homeless people by 2011, providing a parallel description of the development of the rights-based approach in France. This volume examines a contrasting approach adopted in Ireland (O'Sullivan). In addition, the section contains two articles that consider the issues relevant to the development of the capacity and competence of homeless

services in the new member states (Hradecky ; Wagnanska). The section also contains articles related to specific groups (Begging – Johnsen and Fitzpatrick; Drug users – van der Poel, Baren-dregt and van de Mheen).

In contrast with Scotland, the approach adopted in Ireland is not rooted in a legalistic approach, but rather on a consensual or negotiated problem-solving approach. This reflects the broader environment in which public policy-making has evolved since 1987, whereby macro-economic and social policy is broadly agreed by the 'social partners' (Government, employers, trade unions and NGOs), in a process known as 'social partnership'. The review assesses the development of policy towards homelessness over this period of time. A number of factors, including an enhanced strategic focus on providing a co-ordinated response to homelessness, particularly in Dublin, and a substantial increase in the funding of homeless services, are identified as contributory factors to this apparent decrease. However, it is argued that a split in governance responsibility between local authorities who have responsibility for the provision of accommodation, and health authorities who have responsibility for the provision of care, has created difficulties both in implementation and in ensuring efficiency in resource utilisation. In a context in which the level of homelessness would appear from the existing (inadequate) data sources to be declining, the paper raises the interesting question of how homeless service providers will adapt to the changing nature and extent of homelessness. The author reports reluctance, to date, among agencies with respect to restructuring their operations. Legalistic or rights-based approaches have an intuitive appeal in that they appear to offer radical and relatively immediate solutions to righting social wrongs. However, this review of the development of Irish homeless policies concludes that an approach which is based on shared understanding and a problem-solving methodology may be ultimately more successful in the long term in tackling homelessness in a low key, incremental manner.

Using the Czech Republic as a case study, Hradecky identifies the importance, and different influences of three distinct types of non-profit agency in the development of homeless services in countries that are in transition from former communist regimes. Extra-national agencies are identified as having been important in the developing capacity of service provision and as having had both positive and negative effects. Church-based (confessional) agencies have had effects both at national and at regional level and have tended to operate in a very specific domain of provision. Finally, there is the influence of the emergence of new civil society agencies, which have had to compete for funding and public support against extra-national agencies and in the context of a limited history of philanthropy. In an article which complements this Czech analysis, Wagnanska examines the importance of EU structural funds (in particular the EQUAL programme) in shaping the landscape of service provision in Poland. She argues that the priorities and the manner of

implementation of this particular funding stream, in conjunction with its popularity among homeless service providers, has had a direct impact on the homelessness service provision system in Poland. Although it has created previously unavailable service options for people who happen to be within the reach of organisations engaged in the programme, the sustainability and dissemination of these options is questionable, due primarily to funding gaps and a misunderstanding of the principle of mainstreaming.

The use of 'enforcement' measures to remove homeless people from public spaces while deterring them from engaging in activities such as begging and street drinking, which create 'public nuisance', has become a high profile and controversial issue in many countries. Johnsen and Fitzpatrick use empirical evidence to evaluate the impact of enforcement interventions on the welfare of people engaged in street activities in England. They argue that the situation is rather more complex and less punitive than it may at first appear and suggest that the use of enforcement measures, when accompanied by appropriate support, can lead to beneficial outcomes for some individuals. The outcomes for other members of the street population can, however, be very negative and are highly unpredictable even when accompanied by intensive support.

Drug use, homelessness and nuisance are often intertwined. The 2006 Rotterdam Homeless Housing Programme aims at having an individual care plan before 2010, which would take on 2,900 homeless people, the majority of whom should be housed and receiving the necessary care and treatment. Van der Poel, Baren-Dregt and van de Mheen use empirical analysis to compare the living conditions of drug users in Rotterdam in 2003 and 2007. This evidence shows that homelessness has decreased: users spent less time in public space; income is gathered by more legal methods; more users have health insurance (and also more use mental health medication); heroin and crack use has decreased; methadone use has increased; fewer users buy drugs on the street. On the basis of this analysis they suggest that the ambitious goal of the Rotterdam programme can be reached.

## Think Pieces

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The *Think Piece* section of the Journal includes three articles, two of which are focussed on the cost effectiveness and economic evaluation of homeless policies and the third on the effectiveness and applicability to Europe of the Housing First policies, as developed in the USA. An economic evaluation of a homeless programme seeks to assess the effectiveness of the programme in improving the outcomes for homeless people over and above what would otherwise have

prevalled, estimate the differential cost of the homelessness programme and draw together the analysis of programme effectiveness and costs in order to evaluate the overall cost-effectiveness of the programme.

Flatau and Zaretsky ask what constitutes a robust economic evaluation of a homelessness programme. In so doing they consider the efficacy of both experimental and non-experimental research designs. Most studies have been generated in the North American context and we have yet to see the emergence of cost-effectiveness studies outside the US. Perhaps this reflects the fact that in the US relevant data is readily available for such research, as Culhane's article demonstrates. The authors opine that while in most other areas of economic research relevant data is available for the economist to exploit through desktop research at very low access costs, this is not the case in the homelessness field. The coverage of client outcome issues in homelessness administrative sources is limited; rich data linkage options are often not available or under-developed. The significant cost of homelessness both to the individual and the community, means that homelessness programmes may not only be cost-effective but cost saving if they can generate positive outcomes for homeless people. The authors suggest that existing studies point to positive client outcomes from homelessness programme participation and, generally, to their cost-effectiveness. While Culhane, Flatau and Zaretsky identify a range of issues in measuring costs and effectiveness in homelessness services, Aldridge addresses the shortcomings of existing approaches to the measurement of costs and the risks involved in focussing too strongly on costs. He argues that the increasing focus on cost comparisons between services can lead to misleading conclusions about their effectiveness. Whilst cost comparisons can be a useful tool both for benchmarking services and as a means of advocating for services for specific groups, data can be difficult to collect and to interpret in a meaningful way. Data may focus on hard outcomes rather than soft outcomes and may potentially distort decisions about which services offer the best value. There is a need to find a better means of describing the 'softer' benefits of services both to the user of the service and to society as whole. Cost analysis, he argues, should be only one of a broad range of measures of the effectiveness of services.

Atherton and McNaughton Nicholls consider the effectiveness of the *Housing First* model and its applicability to the European context. Housing First approaches explicitly incorporate secure tenures as an intrinsic part of support packages for homeless people who have mental health and substance misuse problems. The authors contend that the evidence from the growing body of research in North America makes a compelling argument for the explicit incorporation of housing at an early stage, as an effective means of addressing homelessness, and that this approach has relevance in Europe. They argue that the North American studies suggest that even those who might be considered most difficult to house can, with

help, successfully maintain their own tenancies. A key argument in favour of the Housing First approach is that it is cost effective and this appears to be supported by empirical analysis. However, the authors argue for the need for research to highlight obstacles to implementation and the means by which these can be overcome. Security of tenure, they argue, has to be seen as a part of an integrated support package but this is one aspect which may provide an obstacle to the implementation of Housing First policies in some European countries. This is perhaps one area for further research. Nevertheless, the authors argue strongly that an explicit Housing First approach in Europe deserves serious consideration.

## Conclusions

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Our thanks go to all the contributors for making this a rich and stimulating volume of papers. Across the volume, the papers provide a broad geographic coverage of Europe and, in combination, provide important comparative analysis of the issues concerned with the homelessness policy area, at national as well as at European level.

The evidence from Portugal and Ireland identifies the changing role of the state in this policy arena in the last two decades and highlights the necessity of understanding homeless strategies as one of a number of competing state projects in order to assess its effectiveness. The papers on the Scandinavian countries provide detailed evidence of the diversity as well as the commonality that exists within the Nordic welfare regime (as well as within countries) and, in particular, provide detail of the division of labour between local public social services and non-governmental organisations which distinguishes the Nordic situation from many other European countries. In very different ways the articles from France and Slovenia demonstrate the importance of the media in the perception of homelessness and in disseminating the understanding of the issues involved. The French experiment with a consensus conference is unique in this policy arena and may provide lessons for other countries which struggle to engage all stakeholders in the development of policy initiatives. In particular, in the face of the current global economic crisis the evidence from Germany and England provides an important demonstration that targeted preventative intervention can have a substantial beneficial effect even in the face of unhelpful structural trends.

The policy evaluation papers in the volume provide a basis for the comparison of differences in policy approaches. Thus, while the legalistic or rights-based approaches have been adopted in Scotland and France, evidence from Ireland suggests that approaches which are more partnership-based provide an alternative low-key solution. The examples of Poland and the Czech Republic provide different

stories of the relative impact (both positive and negative) of European and non-national funding and agencies in the developing capacity of the homeless sector in the new member states. Different policy approaches, including the use of enforcement measures, in dealing with the nuisance associated with drug use and homelessness in the Netherlands and in England demonstrate that beneficial outcomes for many individuals can be achieved.

The evidence from non-European contexts demonstrates the positive impact of housing programmes, although caution is needed in the evaluation of cost effectiveness studies; further research is required in the European context, on the obstacles to implementation of housing-first approaches.

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# Articles



***Part A***

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# The Role of the State in Developing Homeless Strategies : Portugal and Ireland in Comparative Perspective

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› **Abstract\_** *This paper provides a comparative analysis of the role of the state in devising homeless strategies in Ireland and Portugal. Conceptualising the role of the State in both Portugal and Ireland requires cognizance of the substantial shifts that have occurred over the past three decades. Thus, rather than providing a static portrait of the role of the State, we aim to provide a temporal dimension by mapping changes in the role of the State over time. To provide a framework for the paper, we first briefly explore Jessop's strategic-relational theory of the 'State', which argues that it is problematic to understand the role of the 'State' in general; rather we can only understand the 'State' in specific contexts. On this basis, we seek to understand the role of the State in Ireland and Portugal in shaping policies in relation to homelessness, by locating these developments in their particular historical, institutional and strategic contexts. In both Ireland and Portugal, there is evidence of changes in the understanding of homelessness among key stakeholders and in the development of national and local strategies. The key trend identified in both countries is that of the State taking ownership or control over homeless policy and attempting to devise reasonably coherent frameworks in which to address the issue. However, homeless strategies in Portugal and Ireland do not have a predetermined path, rather the future ability of these projects to realise the promise of coherence in the delivery of services is conditional on a range of other state projects.*

› **Key Words\_** *State projects; homeless strategies; welfare regimes; Ireland; Portugal*

## Introduction

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This paper aims to review the role of the State in devising strategies to combat homelessness in both Portugal and Ireland. In recent years, both countries have adopted a 'strategic' approach to resolving homelessness, whereby all actors concerned with the issue have attempted to devise more coherent and integrated approaches, in contrast to the largely fragmented and ad-hoc approaches that characterised earlier efforts. The countries selected, while having distinctive national characteristics, are to a substantial degree dependent on NGOs (often Catholic in orientation) in delivering services to the homeless; the role of the State in either 'steering or rowing' in this area was minimal until relatively recently. This is not particularly surprising as, particularly since the 1930s, Catholic social thinking has stressed the principle of subsidiarity – that the State should not take upon itself what could be left to 'lesser and subordinate' organisations, particularly the family and voluntary agencies. Although the role of Catholic social thinking in both countries is currently considerably muted, the historical legacy bequeathed by this ideology is still evident in the provision of homeless services.

In broad socio-economic terms and particularly in the fields of welfare provision, Ireland is, more often than not, described as neo-liberal while Portugal is generally portrayed as part of a 'Southern European welfare regime'. In both cases however, the labels fit somewhat uneasily and both countries are awkward members of the welfare families they allegedly occupy. This reflects in part the static nature of the typologies devised and highlights the need for a temporal dimension in comparative research. This is exemplified in a recent study by Castles and Obinger (2008: 337-338) where both Ireland and Portugal are now classified as part of a group of "nations exhibiting the lowest degree of statism (the lowest levels of public disbursements, social security transfers, low educational spending and low Government employment)". In addition, while both countries have a vibrant NGO sector, the funding of such agencies and their primary area of service delivery, display interesting variations.

Thus, in selecting Ireland and Portugal for detailed comparative analysis, we aim to contribute to a "better understanding of common features and crucial differences between not only individual welfare states but particular policy programs in order to unravel why and how welfare needs, or demands are being transformed into social policy" (Clasen, 1999: 4). This seems particularly important in an environment where many are suggesting a convergence amongst the various social models evident in Europe and brought about by the nefarious influence of globalisation. Although evidence for this proposition is slight (Hay, 2006), we need to be mindful of the consequences of such pessimistic stances.

Conceptualising the role of the State generally is problematic and a voluminous literature exists on the question of how best to understand the 'State'; as one leading commentator has somewhat pessimistically observed: "the state is a complex phenomenon and no single theory or theoretical perspective can fully capture and explain its complexities" (Jessop, 2007: 1). Conceptualizing the role of the State in both Portugal and Ireland also requires cognizance of the substantial shifts that have occurred over the past three decades. In the case of Portugal, pivotal moments of change include: the democratic revolution of April 1974; the subsequent development of the welfare state; and membership of the European Union in 1986 (Soares, 2007). In respect of Ireland: the state-led industrial development from 1958; membership of the European Union in 1973; and the gradual embracing of new forms of social and economic governance since 1987 (Lee, 1989).

Thus, rather than providing a static portrait of the role of the State, we aim to provide a temporal dimension by mapping changes in its role over time, but also as Smith (2006: 522) suggests, we need to be aware that a range of policy areas "may themselves exhibit different temporalities". This seems particularly important when dealing with an issue such as homelessness, both in terms of how the issue is framed – within for example, a housing paradigm or a social exclusion paradigm – and within the context of the ebb and flow of other social and economic policies and governmental strategies. To provide a framework for the paper, we firstly briefly explore Jessop's strategic-relational theory of the State, which argues that it is problematic to understand the role of the State in general; rather we can only understand the State in specific contexts. This would appear to be a useful starting point in relation to understanding homeless strategies in Ireland and Portugal. In the case of Ireland, we have seen in recent years the reinforcement of the role of local authorities in the provision of housing and the assessment of housing needs; the development of housing strategies at local level since 2000, which have enhanced the identification of housing needs of homeless people; new initiatives on collection of data on homelessness, linked to the assessment of housing needs; the political demand for an Integrated Strategy in recognition of the multiple needs of homeless households; and the shift of homelessness from a marginal concern to a relevant issue in the Irish administrative and political system. In the case of Portugal, the link between housing and homelessness has been absent and is more couched in terms of anti-poverty strategies, which at the local level have recently started to play an important role in the enhancement of local networks or strategies to address homelessness. We then view the treatment and classification of both Ireland and Portugal in the comparative welfare state literature, going on to explore the role of the State in governing homelessness and the lessons that can be generated from our discussion.

## Strategic-Relational Theory of the State

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The strategic relational theory of the State is less concerned about what the State *is* and more about how it comes to be a concrete, societal force in particular policy arenas. For Jessop (2002: 40), “the state can be defined as a relatively unified ensemble of socially embedded, socially regularised, and strategically selective institutions, organisations, social forces and activities organised around (or at least involved in) making collectively binding decisions for an imagined political community”. Different actors undertake purposeful action, albeit constrained by the capitalist structure, pursuing particular ‘state projects’, which make and remake what we understand to be the State. By ‘state projects’, Jessop (1990: 360) refers to the political agenda of a particular group of state actors as they engage in “explicit attempts to coordinate the action of different organisations, structures and systems to produce specific results”. Ultimately then, state projects give the State ‘a certain organisational unity and cohesiveness of purpose’, effectively bonding together the ‘institutional building blocks’ of the State system and setting them in motion (Jessop, 1990: 353). Only with this coupling of state structures and a particular strategic state project can the State be described as an actor with the potential to impact on other societal spheres. At any given time, there are multiple state projects in existence, each trying to unite and mobilise political resources in particular directions.

These strategies are constantly in flux, and consequently so too are the boundaries of the State resulting in a “dynamic and constantly unfolding system” (Hay, 1999: 170). Whilst the attributes of the State at any particular point in time are structured by these strategies, the realisation of such strategies “depends on the structural ties between the State and its encompassing political system, the strategic links among state managers and other political forces, and the complex web of interdependencies and social networks linking the State and political system to its broader environment” (Jessop, 2001: 167). Ultimately for Jessop, the State is a paradox in that it is responsible for ensuring the cohesion of the society of which it is also a part. As a consequence of this paradoxical position, “it is continually called upon by diverse social forces to resolve society’s problems and is equally continually doomed to generate ‘state failure’ since so many of society’s problems lie well beyond its control and can even be aggravated by attempted intervention” (Jessop, 2001: 167). Overall, Jessop is of the view we can only ever understand the role of the State in particular institutional, historical and strategic contexts. On this basis, there can be no general theory of the capitalist state, only specific ones. Therefore, we seek to understand the role of the State in Ireland and Portugal in shaping policies in relation to homelessness, by locating these developments in their particular historical, institutional and strategic contexts. To begin this process, we next outline the historical and institutional context in which both countries need to be viewed.

## Ireland and Portugal in the Worlds of Welfare Capitalism

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In this section we provide a broad overview of the role of the State in both Ireland and Portugal in welfare arenas, with a specific focus on housing and social exclusion. In addition, we attempt to conceptualise the ‘welfare regimes’ in both countries with reference to the well-established framework outlined by Esping-Andersen (1990)

### *The Irish Welfare Regime*

In many accounts the role of the State in Ireland until the late 1950s, is viewed as largely passive (Breen *et al.*, 1990). In more recent years, it is argued that Ireland’s recent economic and social policies are fundamentally neo-liberal in orientation and that this shift in orientation was made possible by the corporatist institution of ‘social partnership’. Social partnership is the short-hand term for the institutional arrangements that have, since 1987, brought together Government, Employers, Unions and NGOs (since 1996) every three years to negotiate a strategic consensus on economic and social policy. Recognising that the policies pursued over the past two decades have brought profound economic and social change, such as effective full employment and sharp decreases in the rate of consistent poverty, critics of the ‘Celtic Tiger’ economy have nonetheless argued that social policies have been subordinate to economic policies, and that deepening inequalities have characterised Irish society over the past decade. For example, according to Meade, “(a)t the core of Ireland’s economic triumph appears to be our willing compliance with the dictates of neo-liberalism, where flexible, unstable and low-paid employment is increasingly the price of profit” (2005: 354). In a similar vein, Kirby (2002: 162-163) argues that what makes Ireland comparatively unusual, is that while the Irish state is neo-liberal in its orientation, having a subordinate relationship with the global market and generating an in-egalitarian social impact, the institution of social partnership has legitimised this reorientation of the state. For O’Hearn (2003: 48-49):

“the overriding ideological position of the 1990s in the Republic of Ireland was that growth was the result of neo-liberal policies, including privatisation and ‘responsible’ fiscal policies. Successive state budgets after 1987 favoured tax cuts for the rich and failed to provide the necessary spending to correct Ireland’s severe social problems... Due to such Government policies, many social services broke down.”

Thus, for many commentators, the Irish policy has enthusiastically embraced neo-liberalism. However, others contest this interpretation, noting that replacement rates have risen markedly in Ireland in recent years with a substantial redistribution towards those least well-off; neither development being particularly compatible with the neo-liberal interpretation of the Irish State (Callan *et al.*, 2006: 3). The

National Economic and Social Council (2005) characterises the Irish welfare state and its approach to public policy more generally as 'hybrid', suggesting that this hybridity has resulted in continuous change and adaptability to new social risks, albeit in forms that do not necessarily conform to easily understood models. In comparative terms, Ireland's current welfare state has disparate elements that resemble, respectively, the citizen-based Nordic welfare model, the social-insurance Continental European model and the residual Anglo-Saxon welfare model.

In this article, we argue that characterisations of public policy in Ireland more generally, being essentially neo-liberal in orientation, do not fully capture the complexity and hybrid nature of institutional arrangements. This is particularly the case in relation to the governance of homelessness as demonstrated later in the paper. Part of the difficulty encountered in interpreting and classifying the nature of the Irish State lies in the particular historical and specific trajectory of the State in the post-independence period (Hay, 2006). For example, depending on the variables operationalised, Ireland can range from a laggard to a pioneer in decommodification (O'Sullivan, 2004). More significantly, Adshead (2008: 71) argues that:

“... one of the most interesting features of the Irish state is its pragmatic and opportunistic approach to policy, which has contributed to some extremely flexible and rather innovative responses to various policy problems. Such innovation is possible largely because of the relative lack of ideological boundaries or constraints to Government behaviour, as well as limited ideological differentiation, and wholesale areas of consensus, between political parties outside and within office.”

This approach to policy-making in Ireland has had a significant effect on the relationship between the State and NGOs. Broadly, 'partnership' has involved the participation of NGOs in decision-making, to a certain point. For some, this participation is a form of co-option whereby the State gains control over the NGOs, while others see it as providing opportunities for NGOs to develop new methodologies of engagement (see Daly, (2007) for an overview of these debates).

### ***The Portuguese Welfare Regime***

In a fashion somewhat similar to that of Ireland, the Portuguese welfare regime is sometimes characterised as being underdeveloped when compared with the core European countries. A debate exists within the literature as to whether Italy, Greece, Spain and Portugal constitute a “fourth world of welfare capitalism” or simply a subcategory of the conservative welfare regimes of Continental Europe. The primary features of the Continental regimes are: status divisions in the provision of social security system; residual social assistance schemes; and familialism, whereby public policy assumes or insists that households must carry the principal

responsibility for their members' welfare (Esping-Andersen, 1999). Katrougalos and Lazaridis (2003) argue that the Southern European countries are merely a variant of the conservative welfare regime. Effectively, Southern European countries differ from their Continental European counterparts because of their comparatively late development and the relative inefficiency of their social protection systems.

For others, Portugal forms part of a distinctive southern European welfare model with Spain, Italy and Greece (Ferrera, 1996: Andreotti *et al.*, 2001). Those countries had similar trajectories of dictatorial political regimes and a late development of their welfare states. While acknowledging that they share characteristics with the conservative corporatist welfare regime, they also have distinctive characteristics, particularly the centrality of the family as a safety net and a welfare mix encompassing the state, family, the Church and charities. Karamessini (2008: 51) argues that whether or not we accept that a Southern Model of Welfare exists in strong form,

“... we can discern the following similarities in the pattern of social reproduction in SE countries: a) the family is the primary locus of solidarity whose role is both social (provision of care and support) and productive (creation of family businesses); b) the male breadwinner enjoys high employment protection and job stability, while other labour force groups (women, young people, migrants) suffer from high unemployment and are disproportionately involved in irregular forms of work, mostly in small businesses and the underground economy; c) social security is based on occupational status and work performance and is organized around the male breadwinner/female carer family model (derived rights for dependants); d) social assistance schemes are residual<sup>1</sup> since those without a normal working career must primarily rely for support on the family; e) child and elderly care are basically provided by family members and mainly women's unpaid work; f) labour market segmentation creates gaps and inequalities in both employment and social protection; g) the unemployment compensation and vocational training systems are underdeveloped; h) jobs in the public sector or cash benefits are selectively distributed through clientelism and patronage networks; and i) welfare-state institutions are highly inefficient.”

In addition, Ferreira (2005) argues that the past reinforces several characteristics of the Portuguese welfare regime, in particular the role of NGOs. She suggests key characteristics include the deployment of the principle of subsidiarity, but this ideology is confronted by a high level of state centralisation in terms of public administration and decision-making, with social partners having a very limited

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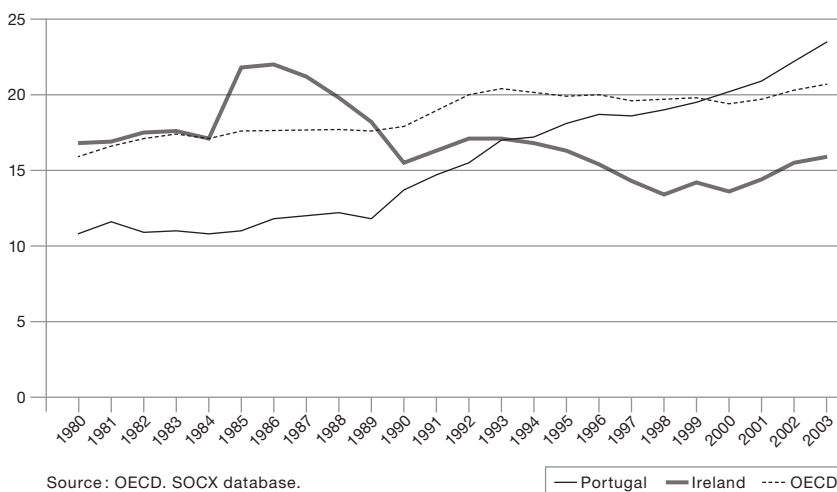
<sup>1</sup> The low level of income provided by social assistance schemes and also by minimum income schemes (Social Insertion Income and the Solidarity Complement for the Elderly), do not generate sufficient resources for most families dependent on these benefits to rise above the poverty threshold.

participation and local government participation is residual. Finally, she suggests that Portuguese civil society is characterised as being both fragmented and weakly organised. The existence of a very heterogeneous civil society with a high level of fragmentation made difficult the organisation of the social dialogue in order to pursue desirable social objectives.

According to Andreotti *et al.* (2001 : 59) “Southern European countries addressed the high fragmentation of the state’s regulatory framework with a series of reforms in the 1990s ranging from labour market regulations to social assistance. These reforms are allowing some convergence towards a continental norm. The problem is that there is a timing gap between the reforms i.e. no synchronization”. In this context, Mozzicafredo (1997) argues, the structuring of the welfare state in Portugal has been a discontinued and fragmented process, both as a result of different power pressures and imbalances coming from social groups as well as available public resources.

The social and political changes brought about by the 1974 Revolution opened up the opportunity for the emergence of the Welfare State. As shown in Figure 1, in terms of social expenditure, albeit a crude measure of welfare effort, the Portuguese expenditure was considerably below the OECD average during the 1980s, but began to increase rapidly from the early 1990s, exceeding the OECD average by the year 2000 and now accounting for nearly one-quarter of GDP. In the case of Ireland, almost the reverse is found. In the mid-1980s, social expenditure in Ireland exceeded the OECD average, but declined from that period to the early 2000s; while it has seen a modest increase in recent years, it remains considerably below the OECD average.

**Chart 1: Social Expenditure as a percentage of GDP in Portugal, Ireland and the OECD, 1980-2003**

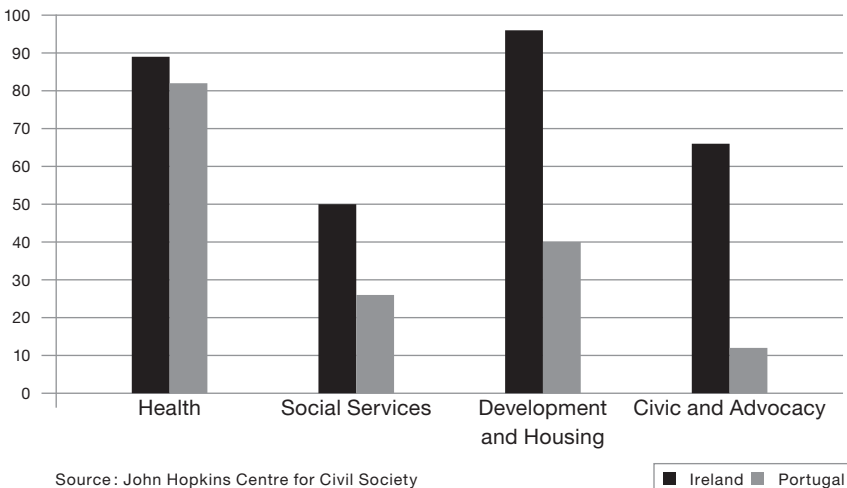




***The Non-profit Sector in Ireland and Portugal***

Based on data collated by the John Hopkins Center for Civil Society, broadly comparative information is available on the dimensions of the non-profit sector in Ireland and Portugal. Based on the *International Classification of Nonprofit Organisations* (ICNPO), which classifies the non-profit function across twelve domains, we identify four as being particularly relevant to our paper. These are: Health; Social Services; Development and Housing; and Civic and Advocacy. In Ireland, 34% of all full-time employment in the non-profit sector is in these four areas compared with 65% in Portugal. This reflects the dominance of social service providers in the Portuguese context, where half of the employment is in this area. In terms of the funding of these four domains of non-profit activity, the State is a significantly more important player in Ireland compared with the situation in Portugal. Over 90% of the activities of development and housing non-profit providers come from the State in Ireland compared with 40% in Portugal (Chart 2). In a recent review (Franco *et al.*, 2005 : 20) it was argued that, albeit in a weak form, the non-profit sector in Portugal shared a number of characteristics with a group of countries, including Ireland, which they argued had a ‘welfare partnership model’ characterised by: “a relatively large civil society organization workforce; more extensive paid staff than volunteer staff; a decided service orientation to civil society employment focusing particularly on basic social welfare services – health, education, and social services and extensive support for civil society operations.”

**Chart 2: Percentage of Revenue from Government Sources to the Non-Profit Sector in Ireland and Portugal**



Thus, in both countries, existing classifications of their welfare arrangements are both problematic and contested and have exhibited rapid change over recent decades. Moving from the broad analysis of welfare arrangements to a specific focus on homelessness in the next section of the paper demonstrates a similar pattern of change and contestation. These patterns are broadly what we might expect from a strategic-relational approach to the state, which lays stress on the dynamic nature of state strategies.

### *Homelessness in Ireland and Portugal*

In February and March 2007, Eurobarometer (2007) conducted a survey on public opinion about poverty and exclusion in the European Union. As part of this broad survey, a number of questions were asked specifically about homelessness. One question sought public opinion on the causes of homelessness. In broad terms, public opinion in both Ireland and Portugal views homelessness as resulting from personal deficits rather than from adverse structural conditions. For example, public opinion in both countries highlighted addiction, debt and illness as key factors; in the case of addiction this departs significantly from the European norm. The public in both countries are sympathetic to the plight of the homeless with a much smaller number than the EU norm, saying that they would not help the homeless. The public in both countries were more likely to give money to the homeless than were the EU average and also more likely to give money to charities; this being particularly the case in Ireland.

### *Portugal*

In Portugal, homelessness has only recently gained the status of an 'identified problem', but has not yet been the object of concrete measures in terms of housing policy. Traditionally, there has been a lack of coherent or integrated proposals, either at the local or central state level which involved social services, housing and the myriad of other different agencies in each area. More significantly, homelessness was understood to be an issue that should be tackled primarily by social services, rather than housing services. The social services provided included, in roughly descending order of importance: food and temporary lodging; professional training; social, psychological, medical and psychiatric support. The analysis of the types of solution available for homeless people with regard to housing shows that they tend to be temporary, or indefinitely protected (the case especially for some forms of shelter for specific groups of women). While the "growth of the dramatic phenomenon of homelessness" (Ferro Rodrigues, 1996: 13) has been recognised in official speeches and documents (Ferro Rodrigues, 1996; Mendes, 1999) as one of the most serious housing problems in Portuguese society, homelessness remains absent from integrated policies that have been adopted by the latest initiatives concerning urban re-housing and rehabilitation. The housing issue and homelessness in Portugal

specifically, should be understood within the context of a country which, in the late 1970s was still engaged in putting together a whole set of public policies at a time when, in other European countries the discussion was already moving on to the changing role of the Welfare State. Within an internationally adverse economic environment and confronted with the need to create and consolidate the three major pillars of the welfare state: education; health; and social security, the State postponed its investment in the housing area. Weak state intervention left this area open to the involvement of a variety of private actors in the provision of housing. On the one hand there were construction firms building for the market, while on the other, a large number of families engaged in self-building solutions. In the last thirty years, the dynamics of the housing market have been characterised by four main interlinked features: a continuously high pace of construction; a weak dynamic in the rental market; a continuous growth of home ownership; and an increasing percentage of vacant dwellings, many of which were badly degraded. Unable to produce effective changes in either social or private rental sectors, the Portuguese State founded its housing policy almost entirely on a system of subsidised mortgage credit and on the support for the production of housing which, in the late 1990s, included major metropolitan rehousing programmes enabling the construction of over 20,000 social dwellings between 1999 and 2005.

At the present moment, a first National Housing Strategy for the period 2008-2013 has been drafted and is under public discussion. This initiative may be an opportunity for a substantial change in the trajectory of the housing policies in Portugal and in the role of the State. The emphasis given to the promotion of owned housing (Allen, 2006) and the limitations on the supply side of the rental market, together with cultural factors, have undermined the actual range of alternatives in access to housing. For instance, a large number of families with lower economic resources, who have traditionally been marginalised with regard to access to housing, have tried to solve their housing needs in the informal housing market through the self-construction of illegal shelters. Social housing policies have not been capable of responding to the housing needs of low income families, given their scattered and residual character. The growth of owner-occupation in recent years has led to a significant burden on family budgets which in turn has clearly contributed to over-indebtedness and to a growing number of evictions due to lack of payment. This is especially true in some middle class areas surrounding Lisbon and Porto where, in 2001, home ownership represented 75% of the total housing stock compared to 65% in 1991 and 71% in 1998. This has contributed to the high and growing number of vacant houses, particularly in the two major metropolitan areas, half of which present very high levels of degradation which obliges rehabilitation measures prior to any occupation.

Social welfare support linked to access to housing has an extremely limited scope. The availability of such support is mainly related to the Social Rehousing Programmes launched in 1993 (PER) and also to specific programmes enabling access to supported accommodation, as in the Lisbon Municipality between 2003 and 2006. Other welfare support is available to people for temporary accommodation in low cost hostels or rented rooms in major cities. As well as having their rent paid by social security, recipients of such support also continue to have access to other types of social welfare through the local social action.

In April 2008, the first *Strategic Housing Plan* (2008-2013) was presented to Government and is now open to public debate. The document was produced by the Institute for Housing and Urban Rehabilitation. The Plan recognises that “the identification of needs as far as housing is concerned raises a huge diversity of problems which arises from the very concept of *housing needs*, given their imprecise boundaries which allow us to include from the mere symbolic dissatisfaction with the house to the needs coming from the lack of shelter.” (CET-ISCTE *et al.*, 2008: 24) The perspective adopted by the Plan departs from a diagnosis of housing needs and dynamics and focuses on the needs of families who have high levels of insolvency and therefore need the State support in order to fulfill their right to housing, not only in the sense of access to a dwelling, but also for other public support aimed at reinsertion trajectories. Thus, there is an explicit concern in terms of the Plan’s objectives “to ensure the articulation between the housing policy and other policies, namely social policies and city policies” (CET-ISCTE *et al.*, 2008: 36).

Although the Plan is still under discussion, the document represents a significant shift in relation to both housing policy and homelessness as it is the first attempt to produce a strategy on housing, and because of the centrality given to peoples’ needs. In addition, the Plan ensures continuity of the State’s responsibility, but allowing for a more comprehensive engagement of other relevant stakeholders, particularly the participation of local authorities, not only in the implementation but also in the definition of local public housing and urban renovation policies.

Homelessness is included in the Plan, in specific measures under the scope of two of the five strategic objectives, namely regarding new support measures for the dynamism of the rental market and innovative solutions for housing. However, in overall terms, the dominant perception amongst governmental agencies is that homelessness is still a marginal concern. This is evidenced by the fact that no data is available that allows an analysis of trends over time and that the first national collection of homelessness data on ‘rough sleepers’ took place as recently as 2005. However, another positive development occurred in mid 2007 when an inter-institutional group was formed under the responsibility of the Ministry for Labour and Social Solidarity, composed of statutory bodies (housing, social security, employ-

ment, immigration, health, drug-addiction, security forces and gender equality) and non-governmental representatives. This group is preparing the first national strategy on homelessness, which should be completed in September 2008. At the present moment, the group has been able to discuss and propose a concept of homelessness to be adopted by agencies working with homeless people, that is based on the ETHOS Typology (Edgar and Meert, 2005). The concept adopted is a narrow one, embracing only the roofless and the houseless categories of the ETHOS framework. Nevertheless, it has been possible to establish a wide consensus that the strategy would comprise objectives and measures addressing both the risk situations leading to homelessness and the continuity of support related to integration and resettlement. Thus, the work developed until now has allowed the establishment of, and agreement on, a set of guiding principles which will frame the whole development of the strategy, and also the definition of three main areas to be addressed: prevention; intervention; integration and resettlement.

In close relationship with the work that is being developed by the Strategy Working Group, a very dynamic group was established within the recently created Lisbon Social Network<sup>2</sup>. This group is preparing a local strategy to combat homelessness in the city of Lisbon. The work has created a strong participative dynamic from organisations directly working with homeless people and has recently proposed a model for an integrated intervention in this area, considering three levels of intervention: information and emergency support; motivation and support through services; resettlement and integration.

Looking at conditions that might have contributed directly or indirectly to the emergence of this initiative, the following have been important:

- The first national count of 'rough sleepers' at the end of 2005. In spite of the criticisms linked to the 'low figures' presented (less than 500 people identified in the whole country) this gave increased visibility to the phenomenon, particularly after the public presentation of the results in 2006;
- The lessening of the pressure regarding the re-housing of the hundreds of thousands of families living in shanties, by the conclusion of major re-housing programmes in most of the major urban municipalities;
- The evaluation by the Ministry for Labour and Social Solidarity regarding shelters for the homeless population and the recognition of flaws in the coordination of different services;

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<sup>2</sup> The Social Network Programme is a structuring programme and an essential tool in the process of local development and in promoting social inclusion which has adopted territorialised strategic planning methodologies and aims at dynamising the local integrated support networks.

- The growing importance of the local social networks in an integrated approach to addressing social problems at the municipal level, as well as the emergence of some working groups within these networks specifically to address the issue of homelessness (e.g. Lisbon);
- The involvement of the Ministry for Labour and Social Solidarity in the FEANTSA working groups addressed at statutory entities and a growing awareness of European approaches to tackling homelessness;
- Political climate favourable to addressing poverty and related issues.

### *Ireland*

In the case of Ireland, by the late 1990s, it was increasingly recognised that homelessness was more than a question of housing supply; rather other services were required to successfully exit homelessness on a long-term basis. In 1998, under the auspices of the Cabinet Sub-Committee on Social Inclusion, the Government established a Cross-Departmental Team on Homelessness. With the publication of their deliberations in 2000, *Homelessness – An Integrated Strategy* (Department of the Environment and Local Government), the beginnings of a coherent policy approach to the needs of homeless households became apparent for the first time in the history of the Irish State. The terms of reference for the cross-departmental team preparing this strategy were to “develop an integrated response to the many issues which affect homeless people including emergency, transitional and long-term responses as well as issues relating to the health, education, employment and home-making” (2000: 3).

The broad principles enunciated by the strategy document were: that a continuum of care should exist from the time someone becomes homeless, with sheltered and supported accommodation and, where appropriate, assistance back into independent living in the community; emergency accommodation should be short-term; settlement in the community should be an overriding priority through independent or supported housing; long-term supported accommodation should be available for those who need it; support services should be provided on an outreach basis as needed and preventative strategies for at-risk groups should be developed. To achieve these broad objectives, Homeless Forums were to be established in every county and three-year action plans prepared. Both the homeless forums and the action plans were to include input from both the statutory and non-profit sectors. In early, 2002, a Homeless Preventative Strategy was published with the key objective of ensuring that “no one is released or discharged from state care without the appropriate measures in place to ensure that they have a suitable place to live with the necessary supports, if needed” (Department of Environment and Local Government *et al.*, 2002: 3).

In January 2005, The Department of Environment, Heritage and Local Government announced the undertaking of an independent review of the Homeless Strategies. The terms of reference for this review were: (a) evaluate the progress made in the implementation of the Integrated and Preventative Homeless Strategies and their associated Homeless Action Plans; (b) make recommendations to promote further progress in addressing the issue of homelessness. This review, which was published in February 2006, reviewed the forty-three specific policy proposals identified in both the Integrated and Preventative Strategies and put forward twenty-one recommendations to aid the implementation of the strategies, all of which were accepted by Government. In addition, both the substance of the report and the recommendations, were accepted almost universally by those voluntary agencies working with the homeless.

The report argued that while the provision of emergency accommodation in Ireland was now sufficient, the key challenge for the future was to refocus attention on the provision of long-term housing options and to “develop appropriate short and long term care mechanisms that prevent institutionalisation in ‘emergency’ accommodation and limit the recycling of homelessness” (Fitzpatrick Associates, 2006: 32). To aid the achievement of this objective, the report recommended that the two existing strategies need to be revised and amalgamated, a national homeless consultative committee be established and all Government policy should be proofed for any impact it might have on homelessness. This recommendation was accepted by Government and in late 2006 a National Homeless Consultative Committee (NHCC) was established to provide input into the development of the revised Homeless Strategy and ongoing Government policy on addressing homelessness.

While the statutory agencies committed to the preparation of a revised strategy with the target of eliminating long-term homelessness by 2010, voluntary agencies formed an alliance (MakeRoom.ie) to campaign for an end to homelessness by 2010. Their agenda was somewhat more ambitious than that proposed by the statutory sector, as they boldly stated “[b]y an end to homelessness we mean nobody sleeping rough, nobody living in emergency accommodation for longer than is an emergency and nobody becoming homeless because of a lack of appropriate services”. The MakeRoom campaign was successful in getting every political party to commit publicly to ending homelessness by 2010. Thus, by the end of 2006, an unprecedented consensus had emerged between the State, voluntary agencies and political parties that homelessness should and could be ended by 2010. However, as documented in O’Sullivan (2008) this consensus had largely eroded by 2008 when a new national homeless strategy was launched, due in part to the deteriorating economic situation, but also reluctance on the part of some NGOs to embrace necessary changes in their operations.

## Conclusion

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In both Ireland and Portugal, there is evidence of changes in the understanding of homelessness among key stakeholders and in the development of national and local strategies. It is also evident that, increasingly, the shared understanding of homelessness is located within a housing framework, albeit with supporting services. On the other hand, the social image of homelessness among the wider public is still very much that of personal pathology. Nonetheless, the key trend identified in both countries is that of the State taking ownership or control over homelessness policy and attempting to devise reasonably coherent frameworks in which to address the issue. This is despite a view that both countries exhibit low levels of statism, highlighting the necessity of devising more subtle indicators of state activity other than purely monetary ones. It is also of note that both countries have largely eschewed a punitive approach to managing the homeless by utilising the criminal justice system to quarantine them in a range of penal institutions, halfway houses and other disciplinary sites. In the countries under review, the formal strategies for managing those deemed homeless by an ensemble of agencies is largely inclusionary rather than exclusionary. A key element underpinning the strategic approach to homelessness policy is the multiple forms of 'partnership' exhibited at a local and national levels in both countries. As Jessop argues more generally, these linkages resulted in a "complex web of interdependencies and social networks linking the State and political system to its broader environment" (Jessop, 2001 : 167). These networks and interdependencies allowed for the realisation of a state project, albeit often hesitant, tentative, vague and fragmentary, to emerge in relation to homelessness. These projects are not static, but rather are constantly in flux, as the homelessness state project competes with other state projects for recognition, status and finance. Homeless strategies in Portugal and Ireland do not have a predetermined path, rather the future ability of these projects to realise the promise of coherence in the delivery of services is conditional on a range of other state projects. Thus, while state strategies on homelessness hold the promise of achieving rational responses to identified issues, if we understand the homeless strategy as just one of a number of competing state projects, the fragile nature of the strategy and the social networks and interdependencies that sustain it can be better understood.



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# The Effectiveness of Homeless Policies – Variations among the Scandinavian Countries

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› **Abstract\_** *This article discusses similarities among and differences between the three Scandinavian countries of Denmark, Norway and Sweden, in homeless policies and their effectiveness. The article identifies variations between Denmark, Norway and Sweden in the levels and distribution of homelessness, nationally and among different cities and towns based on almost identical national surveys of homelessness in the three countries. A similar pattern in the rate of homelessness can be seen among the largest Scandinavian cities whereas some differences are observed among other larger towns and cities. Current homelessness intervention strategies in the three countries have quite a few common characteristics. However, the approaches and policies on homelessness differ overall. This article contends that homeless policies develop in the intersection between housing and social policy; the three countries are mainly similar with regard to welfare institutions but widely divergent in housing policy and housing regimes. A second contention of the article is that differences in homeless policy derive from differences in housing policy in the respective countries. Effectiveness measured by the number of homeless people is explained by general approaches in homeless policies.*

› **Key Words\_** *homelessness; homeless survey; housing; policy; national strategy*

## Introduction

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This article analyses experiences and difference in three Scandinavian countries with regards to the effectiveness of homeless policies. The Nordic welfare states are generally characterised by high standards of living, low levels of poverty and a high degree of equality between socioeconomic groups. Though these countries have undergone considerable reforms in the 1980s and 1990s they are still characterised by relatively high social expenditure and universalistic principles of access to welfare services and benefits. Broadly the Nordic group encompasses five countries: Denmark; Finland; Iceland; Norway; and Sweden. However, when speaking about the Nordic 'social democratic welfare regimes' (Esping-Andersen, 1990; 1999) the term frequently refers to the smaller group of countries consisting of Denmark, Norway and Sweden. This paper focuses on these three countries, but also pays some attention to Finland. The choice is mainly grounded in the availability of comparable data on homelessness offered by almost identical national homeless surveys in Denmark, Norway and Sweden. Finland can be considered a pioneer in conducting homeless surveys and in policymaking in a Nordic context, but the Finnish data is not quite comparable with the other three countries. Iceland has not really been visible in the homelessness discussion, although there is a rising awareness and interest in homelessness issues in the country. A second element which strengthens the comparability aspect of the paper across three countries, is that Finland and in particular Iceland, which has been governed by Conservative parties throughout most of the post World War II period, diverge somewhat from the social democratic welfare ideology. However, one may argue that social democratic welfare institutions and arrangements are universally adopted in all five Nordic states.

Nevertheless, focussing on the three typical social democratic welfare regimes may help to accentuate variations between these countries. The differences that exist, particularly in housing policy, but also to some extent in social policy are often overlooked. Differences are also reflected in the area of homelessness both in terms of regional variations in the level of homelessness as well as in the characteristics of intervention types. We take a point of departure in commonalities and differences in the distributions and characteristics of homelessness based on the national counts in Denmark, Norway and Sweden, which have followed very similar definitions and designs.

The article is organised into five main sections. The first section aims to establish a connection between the fields of housing policy, social policy and homelessness. Section two presents patterns of homelessness statistics in Denmark, Norway and Sweden; followed in section three by a comparison of national homeless interven-

tion strategies. The fourth section discusses the overall national approaches to homelessness in the three countries, while section five discusses the links between housing policy and approaches to homelessness.

## **Housing policy, social policy and homelessness**

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This section aims to look in brief at the connections between housing policy and welfare policy with a particular focus on social policy structures and homelessness. Housing policies are often considered one of the cornerstones of the modern welfare state. This contention has however been challenged and contested by academics within housing research. It is significant that Esping-Andersen does not include housing as a parameter in constructing his ideal types of welfare regimes. Ulf Torgersen's (1987) frequently quoted metaphor "housing – the wobbly pillar under the welfare state" characterises the particularity of housing compared to the three solid pillars: education; health; and pensions. Bo Bengtsson takes a step further in separating housing from the basic commitments of the welfare state. The core concept in Bengtsson's (2006; 2001; 1995) academic work on housing is "housing – the commodity of the welfare state". A central point in Bengtsson's analyses is that housing is largely governed by the market, while state interventions are aimed at alleviating negative consequences of the market. Peter Malpass (2004; 2005) takes a similar position, although developing his arguments along a different path. Malpass concludes that development of the housing system is driven by forces other than those propelling the welfare state; however, development of the housing sector follows that of the welfare state. It is interesting that these three academics have three very different housing systems as their point of departure, respectively Norway, Sweden and United Kingdom, but by and large they draw similar conclusions.

The separation between the welfare state and housing is an important contribution towards understanding why the Nordic welfare states have developed very divergent housing systems, while the basic welfare structures including social policies and services are principally similar. A work published under the title *Why so divergent? Nordic housing policy in a comparative historic light* (Bengtsson, 2006 ed.) is the most extensive research so far aiming to explain the disparity of the housing systems in the five Nordic countries. We will draw on these analyses in the further discussions.

Homelessness is often understood either as a housing issue or one of welfare (Neal, 1997). Our point of departure is that both the housing system and the structures of the social services contribute to shaping homeless policies and interventions. Social services are far more compatible between the Nordic countries than are housing issues, but there are some significant differences regarding homeless services. In

Denmark, Norway and Sweden the obligation to intervene in situations of homelessness is grounded in the Social Services Act. In Denmark, the Act has particular paragraphs addressing homeless services, which is not the case in Norway and Sweden. None of the countries have statutory rights to housing and the obligation to assist with acquiring a home for those not able to find a home in the market is rather vaguely addressed. This also gives local social authorities considerable room to interpret and develop modes of interventions in homeless services and local policies. This is also one of the premises for understanding national and even local homeless policies and will be further pursued in the next sections.

### **Patterns of homelessness in the Scandinavian countries**

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Since the 1990s national counts have been carried out in Norway and Sweden following a similar design based on surveys to services and authorities within the field of homelessness. In each national count, relevant service providers and public authorities have been asked to fill out a questionnaire for each individual with whom they are in contact or whom they know to be homeless in a certain week. As the method is comprehensive and therefore demanding for the participating services, the counts are not carried out annually, but with intervals of a few years. In 2007 the first national count took place in Denmark following the same method. Finland has established a system for conducting annual surveys of homeless persons and households.

The definitions of homelessness in Denmark, Norway and Sweden are quite similar, although there are some minor variations among the countries. In all three countries the count includes such groups as rough sleepers, hostel users and individuals living in temporary supported accommodation, as well as in institutions or prisons from which they are due to be released within a short period of time (two months in the Norwegian count, three months in the Danish survey, while the Swedish count encompasses both intervals). The definition also includes categories for people staying temporarily with friends and family. The latest Swedish count also included people in institutions and treatment facilities who had no dwelling, but who were not to be released within a short time. In the following tables, this group from the Swedish count has been left out, while the rates that include this figure have been put in parentheses. A further complication is that different weighting procedures



have been used<sup>1</sup>. Finland applies a slightly different definition. The most significant difference is that Finland registers persons living in nursing homes, institutions and hospitals who lack housing, regardless of time of discharge. There is also an important methodological difference likely to influence the figures. All surveys are cross section registrations. The Danish, Norwegian and Swedish surveys are conducted during one specific week, while the Finnish registration is carried out during one day. An important similarity however, is that all surveys are conducted through a range of services expected to be in touch with, or know of, homeless persons. Thus the figures from all four countries encompass and are delimited to homeless people in contact with, or known by the respondents.

Below we examine the results from the most recent counts in Denmark (2007), Norway (2005) and Sweden (2005). Table 1 shows the overall figure of homelessness in all three countries and the rate per 1000 inhabitants. Although the rate of homelessness is probably relatively low in international comparison, it is still noticeable that homelessness remains a substantial problem despite the relatively comprehensive measures aimed at reducing homelessness in the Scandinavian countries.

**Table 1\_ Homelessness in the Scandinavian countries**

Country	Population	Homeless	Homeless per 1000 inhabitants
Sweden (2005)	9,048,000	11,434 (17,834)	1.3 (2.0)
Denmark (2007)	5,447,000	5,253	1.0
Norway (2005)	4,618,000	5,496	1.2

The rate of homelessness is slightly higher in Sweden with 1.3 per 1000 inhabitants compared to a rate of 1.2 in Norway and 1.0 in Denmark. The differences are small and should not be exaggerated. As we shall discuss later in further detail, the 'staircase of transition' model has, to a wide extent, been implemented in Sweden, whereas this type of intervention is not used in Denmark or Norway. This means that the Swedish count may also include individuals living in municipalities' sub-lets, but without permanent contracts. We find a similar uncertainty in Norway regarding

<sup>1</sup> For Denmark and Sweden the figures represent an observed count, whereas for Norway the figure represents a weighted count. In Norway the count includes all larger towns and cities but a sample was taken among smaller municipalities. In the Norwegian count two sets of weights have been adopted. First of all a weight has been introduced to adjust for the municipalities not included in the sample. This brings the observed Norwegian figure of 3,483 persons to a weighted figure of 4,681 thus correcting for municipalities not included in the count. The number of 5,496 arises by further weighting for respondents who have not responded to the survey. A similar weighting procedure has not been adopted in Denmark and Sweden. The Norwegian figure of 4,681 (weighted only for un-sampled municipalities) corresponds to a total rate of 1.0 homeless per 1000, similar to the Danish rate.

persons living in publicly owned blocks of bed-sits with irregular and short term contracts. They should not be counted, but are likely to be registered by some respondents. In this way differences in the definitions also reflect actual differences in intervention types among the three countries.

When we disaggregate the overall figures we get some further indication of differences between the countries; and especially of variation within each country by comparing larger cities and towns<sup>2</sup>. The rates of homelessness are relatively high in the largest cities in all three countries. We have separated the capitals of the three countries for the reason that the capital areas are recognised as being subject to the accumulation of social problems and strong pressure in the housing market. A second group covers municipalities with 200,000 inhabitants and above (capitals taken out); a third group comprises municipalities between 100,000 and 199,999 inhabitants.

As shown in table 2 there is a level of 3.8 homeless per 1000 inhabitants in Copenhagen, compared with 2.3 in Stockholm and 2.4 in Oslo. It is interesting to note that among the capitals Copenhagen ranks first, whereas we find an opposite picture in the other groups, where the Danish cities are placed at the lower end of the scale. Among cities with 200,000 inhabitants and above, Bergen (Norway), Gothenburg and Malmö (Sweden) have relatively more homeless people than their respective capitals, while the figure for Aarhus (Denmark) is far below that of Copenhagen. In the medium sized municipalities the Swedish cities are relatively higher and in most cases closer to those of the largest cities. In Swedish towns such as Helsingborg and Örebro we find rates of 2.4 and 1.8, whereas in Norway and Denmark the figures for comparable towns are somewhat lower. In particular, a quite large difference between the capital and other larger towns and cities is found in Denmark, with rates of 1.1 in Aarhus, 1.0 in Odense and 0.8 in Aalborg. One exception seems to be the Norwegian city of Bergen, where the level of homelessness of 3.2 is 50% higher than in Oslo. In the Norwegian cities of Trondheim and Stavanger we find relatively low rates.

The differences among the countries should not be exaggerated and, particularly for some medium-sized Swedish towns like the university towns of Uppsala and Linköping, the figures resemble the relatively low rates found in Danish provincial towns. However, behind the national rates are quite substantial differences among the cities. There is a general similarity among the largest cities, but some differ-

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<sup>2</sup> For reasons of aggregation in the figures represented in the three national counts, it was not possible for this article to include comparable categories for smaller towns and municipalities. Generally the rates of homelessness are relatively small in the rural regions in all three countries.

ences among medium-sized cities and towns. Quite possibly, higher rates in the Swedish towns and cities may 'carry' some of the difference in the national rate.

**Table 2\_ Homelessness in groups of municipalities in Denmark, Norway and Sweden. Total figures and per 1000 inhabitants (figures in parenthesis include an extended definition, see explanation above)**

Municipalities by population	Country	Population	Homeless	Homeless per 1000 inhabitants
<b>Capital</b>				
Copenhagen	Dk	496,000	1886	3.8
Oslo	No	530,000	1244	2.4
Stockholm	Se	772,000	1783 (3863)	2.3 (5.0)
<b>Above 200,000 inhabitants*</b>				
Bergen	No	239,000	770	3.3
Gothenburg	Se	458,000	1488 (2620)	3.1 (5.4)
Malmö	Se	270,000	796 (945)	2.9 (3.5)
Aarhus	Dk	299,000	337	1.1
<b>100.000-199.000 inhab.</b>				
Helsingborg	Se	120,000	294 (540)	2.4 (4.5)
Ørebro	Se	127,000	224 (394)	1.8 (3.1)
Norrköping	Se	125,000	225 (388)	1.8 (3.1)
Stavanger	No	113,500	184	1.6
Vesterås	Se	133,000	140 (199)	1.1 (1.5)
Trondheim	No	157,000	165	1.1
Odense	Dk	186,000	189	1.0
Linköping	Se	135,000	128 (244)	0.9 (1.8)
Uppsala	Se	185,000	163 (316)	0.9 (1.8)
Aalborg	Dk	195,000	158	0,8

\*Except for the capitals. Sources: Socialstyrelsen, (2006a); Benjaminsen & Christensen (2007); Hansen *et al.*, (2005).

## National strategies and local responsibilities

Interventions towards homelessness are generally integrated into the mainstream social service provision by regulation of the respective national laws on social services. Another characteristic of the provision of services for marginal groups is that a local responsibility is anchored mainly in the municipalities. The social service laws enable municipalities to establish a range of services, but there is no statutory right to housing in any of the three countries. Services for vulnerable groups are almost entirely publicly funded although NGOs are often involved in running the services.

In Denmark, the law on social services defines a specified range of interventions such as homeless hostels, intermediate supported housing, long-term supported housing, social support attached to the individual, social drop-in centres and substance misuse treatment. As mentioned above, the statutory obligations on interventions in the case of homelessness are far more general in Sweden and Norway. In Finland, the right to housing has a stronger legal base than in other Nordic countries, as it is grounded in the constitution. A key feature of developments in recent years is that national strategies have been adopted to strengthen interventions towards homelessness in all three countries. Table 3 summarises the objectives of the latest national strategies and the period covered by the strategies.

There is a clear aim stated explicitly in the Danish and Swedish strategies that no one should need to sleep rough on the streets. In Denmark and Norway there is an aim to reduce the time spent in temporary accommodation. Particularly in Sweden it is mentioned that the pathway into ordinary housing should be made easier for those who are in accommodation characterised by the staircase model, which is elaborated in the next section of the article. The Swedish and Norwegian strategies focus on reducing the number of evictions, thereby shifting the focus into preventative measures. Furthermore, in Denmark there is an increased focus on evictions and a separate action plan to reduce evictions is in the political pipeline. Finally, in the Norwegian strategy, the quality of temporary accommodations and hostels is also mentioned, as it is stated that these services should follow quality agreements.

The aims of the national strategies are relatively ambitious, but the actual realisation of the goals within the strategies is, of course, shaped by many factors including local implementation processes. They are also following different time schedules. The Norwegian strategy period is finished and has been evaluated (Dyb *et al.*, 2008); Sweden is in the middle of the period, while the Danish strategy is due to be implemented from 2009. All three countries have had different earlier intervention programmes which were forerunners for the strategies reported in table 3.

A recent evaluation in Denmark focused on a programme which ran from 2003-2005, which was aimed at strengthening services and interventions for vulnerable or marginal groups in Denmark's six largest cities (the so-called city programme) as part of the Government programme *Common Responsibility*. The evaluation showed that the programme strengthened the supply of services by providing a range of targeted interventions such as alternative nursing homes for elderly homeless substance users, staircase communities and social support in ordinary housing. Compared to previous programmes it was a success of this programme that the projects were very precisely targeted at specific sub-groups among vulnerable groups such as the mentally ill, substance users and homeless

**Table 3\_ National homelessness strategies**

Country	Sweden	Denmark	Norway
<b>Title of strategy</b>	Homelessness – many faces – common responsibility	Strategy to abolish involuntary homelessness	The pathway to a permanent home
<b>Period</b>	2007-2009	2009-2011	2005-2007
<b>Elements</b>			
<b>Rough sleeping</b>	Everybody should be guaranteed a roof over their head and be offered coordinated services adapted to individual needs.	Homeless persons should not need to sleep in the street.	
<b>Housing on release from prison, discharge from institution</b>	The number of men and women who are enrolled in the penal system or treatment units and who have no housing plan upon discharge should be reduced.	Secure a housing solution upon release from prison or hospitals.	No one shall have to spend time in temporary accommodation upon release from prison or discharge from institution.
<b>Evictions</b>	The number of evictions should be reduced and no children should be evicted.		The number of eviction notices shall be reduced by 50% and evictions by 30%.
<b>Temporary accommodation/ hostels</b>		Reducing the time in a hostel to no more than 3-4 months for those who are ready to live on their own with support. Young people should not need to stay in a hostel, but be given other solutions after the laws on social service and housing.	No one shall stay more than three months in temporary accommodation provision. No one shall be offered overnight shelter without a quality agreement.
<b>Support</b>	The pathway into ordinary housing should be made easier for those in 'staircase' housing, training apartments and so on.	Strengthening outreach street work, creating a better flow through homeless hostels by creating more flexible forms of supported housing, which meet the needs of the homeless.	

long-term substance users. Especially in larger provincial towns, municipal officials argued that by expanding the range of interventions available both in types and numbers it became easier for municipalities to match the users to specific services given the character of the users' problems (Benjaminsen *et al.*, 2006). In addition, in Copenhagen, the programme helped increase the variety and capacity of supported housing available but, at the same time, local actors argued that the gap between the demand from users with a need for special housing interventions and the range and availability of services was still quite substantial. The new Danish strategy mentions a continued aim to strengthen the provision of staircase communities, transitional housing with support, 'skaeve huse' and municipal supported accommodation.

The previous Danish programme mentioned above was characterised by a relatively substantial pool of project-based funding from central Government to municipalities<sup>3</sup>. This raised the question of how to achieve long-term sustainability and continuation of services. In the programme mentioned above it was a condition for receiving funding from central Government that municipalities should guarantee a continuation of the projects after the project period ran out and should also document that an increase in service provision was achieved, so that the new services did not replace existing ones. After the project period, an increase in general block grants was given to municipalities which, although only partly, compensated municipalities for new expenses. The evaluation showed that this 'guarantee of added services' had been largely fulfilled by the municipalities involved. As the use of central Government project funding is generally a widespread tool to increase service provision for vulnerable groups at the local level, the example shows how administrative tools can be used to enhance the effectiveness of policies at the implementation level.

As in Denmark, the targets of the Swedish and Norwegian strategies have been shaped and formally adopted at a national level, with strong political support (The Pathway to a Permanent Home, 2005; *Socialstyrelsen*, 2007). Both countries' strategy documents emphasise that a wide range of public and private stakeholders needs to be involved and to cooperate in counteracting homelessness. Nonetheless, due to the decentralised constitutional structure, the municipalities are the core players in carrying out the strategy and achieving targets. The Government has no legal base for instructing the municipalities. The means to achieve central objectives and targets are often, including in this case, financial incentives allocated as

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<sup>3</sup> In the 'City programme' approximately €42m was set aside over the three-year period to improve services for marginal groups in the six cities. In the new Danish homeless strategy €65m has been set aside over the three-year period to provide more forms of supported housing and outreach support.

funding of projects which are in accordance with the national objectives. Core elements in both strategies are the development and transfer of knowledge between stakeholders; funding is largely directed towards development projects. The Danish, Norwegian and Swedish strategies against homelessness represent a case where input (targets and funding) are established at a national level, while output (performance) and outcome (effects and results) are expected to be achieved at a local level. The Government has no sanctions towards municipalities which fail in their pursuit of plans funded by that state, or choose not to participate.

A recent evaluation provides information on success and obstacles concerning the Norwegian strategy (Dyb *et al.*, 2008). First of all it is evident that the objectives quoted in table 3 have not been achieved. For example, the number of both eviction notices and evictions has gone up during the last year of the strategy period (2007) after a decrease in the first two years. The rise in notices and actual evictions is clearly related to increased pressure in the housing market and particularly to a tightened private rented market. Further, the incentives have essentially been targeted at institutional changes and at initiating processes to establish formal cooperation and partnerships both on horizontal and vertical levels between public and private actors, and to establish forums for the exchange of experiences and mutual learning. In addition, national project funding of service development has been provided. In other words, there is no direct correspondence between the specific targets quoted above and the incentives. This type of incentive implies and relies on the bureaucratic organisation's ability to learn from its own experience and that of others, changing in accordance with new learning. However, the bureaucratic organisation, in this case the municipal administration, with its specialised functions, hierarchic structure and statutory duties to perform, has limited ability to learn by experience and to adapt to new learning (Christensen *et al.*, 2007). We do not contest that it is possible to achieve the expected organisational changes, but it normally takes time before the results are visible. The prime obstacle against achievement of the targets identified by the majority of municipalities was a structural one, namely the shortage of housing (Dyb *et al.*, 2008).

The Swedish strategy also follows a nationally initiated and funded programme of local homeless projects over the period 2002 to 2005. The programme was defined as a development project aiming to "develop methods which may be effective in the long term to counteract problems linked to homelessness" (S2002/812/ST quoted in *Socialstyrelsen*, 2006b). Evaluation of the programme shows that earmarked project funding ends up in short-term solutions on many occasions, although some projects also had positive results. Based on findings

from the evaluation<sup>4</sup> of the programme, *Socialstyrelsen* recommends that local authorities should strive primarily to settle homeless families and persons in the ordinary housing market with regular tenancies. The recommendation refers to the system of 'staircase of transition' as discussed below.

## Differences in models of homeless interventions

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In Scandinavia, as in most other western countries, various schemes of supported housing have undergone considerable expansion in recent decades. There has been widespread discussion of the merits of different intervention types following Tsemberis' well-known randomised controlled experiment in the US. This pointed to a better chance of remaining housed following the 'housing first' approach, compared with a control group which received no early housing-based intervention (Tsemberis, 1999; 2004). The argument within the 'housing first' approach is that the housing situation needs to be secured before progress can be expected in other dimensions such as treatment of substance misuse or mental problems (see Atherton and McNaughton, this journal). On the other hand, the so-called 'staircase of transition' is based on the assumption that progress on other problem dimensions, for example substance misuse, has to be achieved first in order to qualify for permanent housing. In other words behavioural conditions are assigned to the achievement of a permanent contract.

The distinction between the 'housing first' and 'housing ready' (staircase) approaches may be too narrow to capture the variation in today's intervention types. The ideal types of homeless interventions in table 4 are based on Brian Harvey's (1998) efforts to systematise the diversity of homeless services. These were as identified in the EU member states in the second half of the 1990s and Ingrid Sahlin's (1996; 1998) comprehensive studies of the 'staircase of transition' model in Sweden. Although Harvey's classification was accomplished ten years ago, a further elaborated version proved to be valuable in analysing homeless intervention models in Norwegian municipalities in 2000 – 2004 (Dyb, 2005) and it remains a useful and legitimate tool (Ytrehus *et al.*, 2008). In the classification we find a distinction between a normalising model, a tiered model and a 'staircase of transition' model.

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<sup>4</sup> *Socialstyrelsen's* evaluation report is based on sixteen separate evaluations of local projects.



**Table 4: Three models of homelessness intervention**

	The normalising model	The tiered model	Staircase of transition
<b>Measure</b>	Moving into independent living in one's own dwelling.	Independent living after an intermediate phase from hostel or similar establishment to independent living.	Hierarchy/staircase of lodging and dwellings; independent living for those who qualify.
<b>Method</b>	Individually designed support.	Tiers of intervention during a settled intermediate phase before independent living.	Differentiated system of sanctions based on withdrawal and expansion of rights and goods.
<b>Ideology</b>	Homeless persons have the same needs as other people, but some need support to obtain a 'life quality'	A negative circle is to be broken through gradual adaption to independent living.	Homeless persons need to learn to live independently and not all will succeed.

Source: Dyb (2005), based on Harvey (1998) and Sahlin (1996).

In Sweden it has been argued that local interventions mainly rely on the staircase model, and criticism has been put forward that this model actually runs the risk of maintaining users in the support system rather than empowering them to independent living in self-contained permanent housing (Sahlin, 1996; 1998). Studies comparing homeless intervention services in Swedish municipalities have brought forward evidence of less effective homeless policies in those municipalities which apply the staircase model compared with those applying less rigid staircase systems or other approaches (Löfstrand, 2005; Sahlin, 2006). The measures applied in Sahlin's (2006) study are the figures of homelessness in municipalities within an interval of ten years and the application of rigid or less rigid 'staircase of transition' models in the respective municipalities. The study shows a higher share of homelessness in municipalities with a distinct staircase approach. This study therefore offers an explanation for differences in homeless rates among Swedish municipalities as shown in table 2. Both Löfstrand and Sahlin highlight a particularly long staircase with highly differentiated steps, in Gothenburg. Gothenburg has the highest share of homeless persons among the Swedish municipalities quoted in table 2 and ranks high in a Nordic context. Evaluations of the local homeless projects 2002-2005 showed that only a few homeless persons had reached the 'top of the staircase' and obtained a regular tenancy, while the majority stayed on different steps of the staircase (*Socialstyrelsen*, 2006b).

The first systematic homeless intervention scheme in Norway, *Project Homeless 2000 – 2004*, was grounded in the Swedish 'staircase of transition' model (White Paper No. 50 [1998-99]). However the discourse within the scheme led to a normal-

ising model which has also been the ideological grounds for dismantling the institutional ward within psychiatry and care of the elderly while replacing institutions with community services. The term 'normalising' rather than 'housing first' is more suited to embracing the Norwegian approach. A core feature of the ideology behind this model is that the individual should not be 'normalised', but should receive support to make him or her able to function and participate in society in accordance with the individual's own qualifications and position. The approach encompasses a wide range of interventions as well as a diversity of 'housing models', from tenancies in 'ordinary' blocks of flats to what is recognised under the term '*skaeve huse*' imported from Denmark. The important feature of *Project Homeless* in Norway was to establish and maintain sustainable tenancies with adequate support when needed. Thus the length of the tenancies for former homeless persons should be considered important in measuring effectiveness. It has, however, been difficult to provide empirical evidence of sustainability. A follow up study of *Project Homeless*, two years later, found it somewhat difficult to trace tenants/users who were settled within the scheme (Ytrehus *et al.*, 2008).

In Denmark a study has suggested that somewhat different local types of interventions can be identified. In towns such as Aalborg and Odense a 'housing first' strategy can be observed, though not explicitly stated in local policies. Eventual referral to social housing with social support is the most common type of intervention after a stay in a homeless hostel. The city of Aarhus has developed a system which, to a greater extent makes use of transitional housing (Fabricius *et al.*, 2005). The system in Aarhus integrates elements of the 'tiered model' as referral of users to public housing with a permanent contract is quite widespread after a stay in transitional housing. Also, in the capital Copenhagen, the local housing interventions are marked by a widespread use of referral to public housing or use of transitional housing aimed at reintegration and normalisation. Even the so-called '*skaeve huse*' operates with permanent contracts. A similar example is found with the so-called 'alternative nursing homes' based on a combination of substance tolerance and permanent contracts.

In this way the staircase model has gained widespread use in Swedish homeless policies, whereas the intervention models in Denmark can mainly be described as being along the 'housing first' path eventually with the modification found in the 'tiered model', while the Norwegian policy is grounded in a 'normalising model'. As quoted above, studies in Swedish municipalities show a close link between application of the staircase model and the homelessness rate. In a comparative light it seems that use of the staircase model in Sweden contributes to a higher rate of homelessness, compared with Denmark and Norway where interventions rely on earlier obtaining 'permanent' contracts across different types of housing interventions. It is worth mentioning that Finland has followed a

normalising model where the main objective has been to acquire ordinary housing (Kärkkäinen, 1999). In the long term, Finland has seen a steady decrease in the homeless rate. However, Finland has not succeeded in reducing long term homelessness, which most frequently occurs among people with multiple social problems (Fredriksson, 2007).

## Differences in the housing system

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A starting point for this article was that homelessness and homeless policy should be understood and explained in the intersection between housing and social policy. We have showed that there are some differences in homelessness rates between Denmark, Norway and Sweden and that in spite of quite a few concurrent characteristics of the homeless strategies, the overall approaches to homeless interventions are in many respects different. Our contention is that one important explanation for these differences is found in the divergences in housing systems.

Bengtsson *et al.* (2006) classify the Nordic housing models primarily by types of occupancy of the dwellings. In a Nordic context, Norway is named as the social democratic homeowner nation (Annaniassen, 2006) with a rate of owner occupancy touching 80%. Publicly owned housing is about 4% of the housing stock. Jensen (2006) and Bengtsson (2006) emphasise the fact that owner-occupancy is the largest sector both in Denmark and Sweden compared with all types of occupancy in each country, representing 53% of the total housing stock in Denmark and 39% in Sweden. Contrary to Norway, Denmark and Sweden have high shares of public housing. In Denmark the public housing sector comprises approximately 20% of the total housing stock. Public housing (*allmännyttan*) in Sweden covers 22% of the housing stock.

Differences in homeless policies in the three countries cannot be explained by a simple dichotomy of on the one hand, the share of homeowners and, on the other hand, the share of public housing. As highlighted above, Denmark and Norway share quite a few commonalities in homeless policy while Sweden follows another path. Superficially the housing systems in Sweden and Denmark appear concurrent whereas Norway emerges as divergent. A closer look at the public housing sectors in Denmark and Sweden uncovers some profound divergences. Housing policy was reshaped during the 1990s, characterised by Bengtsson *et al.* (2006) as the winding-up phase, or the fourth<sup>5</sup> and until now last phase of the post World War II housing regimes. This phase has also been described by the term 'roll back of the state' in housing policy, however not in homelessness policy (Sahlin, 2004).

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<sup>5</sup> The three preceding phases comprise the introduction phase, establishment phase and management phase.

In Denmark the changes to, or rather liberalisation of the housing policy resulted in a strengthened position of public housing as an alternative for marginalised persons. Home ownership became a real alternative for ordinary people and the legitimacy of the publicly owned housing rests on the grounds that it is the only social housing tool of the local authorities (Jensen, 2006). Public housing is accessible for all through regular waiting lists administered by the public housing companies. Groups with specific needs may gain access to public housing and bypass regular waiting lists as there is a law enabling municipalities to refer people with special needs and problems to 25% of vacancies (33% in Copenhagen). To be eligible for this kind of 'municipal referral to public housing' a person has to meet certain criteria which are set locally. For the homeless this is an important means of access to public housing. However, locally there can be barriers which act against the re-housing of certain groups. For instance, in some cities and towns, the local practice is that active substance users are not referred to public housing, unless they receive treatment. This actually means that there may be mechanisms at play which *de facto* resemble the principles of the staircase model, if people cannot obtain secure housing due to substance use or other behavioural problems. Another barrier is that rents in newer public housing are often too high to be paid out of welfare benefits, reducing the supply of vacant housing that is accessible for vulnerable groups.

Bengtsson (2006) makes the observation that public housing in Sweden always has been meant for 'ordinary people' and not particularly for people with low income and social problems. However, in their capacity as non-profit organisations owned by the municipalities, the housing companies have to some extent accepted households and persons with social needs. In the wave of 1990s liberalisation these housing companies were given extended freedom to choose and reject applicants. Public subsidies of public housing were abolished, contributing to a reduction in, and even the repealing of their social responsibility. To gain access to housing for their clients, local social authorities were forced into a negotiation with the housing companies that resulted in the emergence of a secondary housing market in which local social authorities rent flats from the housing companies to sub-let to people with social problems, and frequently under conditions such as those following the 'staircase of transition' model (Sahlin, 1996, 1998; Löfstrand, 2005). Due to the imbalance of power between the social authorities and landlords, the latter are able to settle the terms of these contracts. A recent study shows that there is considerable variation among municipalities in the range and intensity of housing interventions available for vulnerable groups. Social contract housing (sub-lets) is the most widespread form of housing intervention in larger urban and suburban municipalities, whereas social support in housing is more widespread in smaller (rural) municipalities (Blid, 2008). This may reflect the higher pressure on the housing market in

larger cities which, combined with the absence of a municipal referral system to public housing, makes it more difficult for marginal groups to gain access to first-hand contracts in the larger cities. Another perspective is that second-hand social contracts replace a social housing policy aiming at assisting all people unable to obtain a home in the regular housing market (Runquist, 2007).

In Norway, preventing and counteracting homelessness take place in a system of home ownership where publicly owned social rented housing amounts to a very small proportion of the housing stock. There is tough competition for municipal housing, particularly in the city areas where the concentration of homeless persons is high (Hansen *et al.*, 2005). The responsibility for assisting homeless persons with housing is placed on the local social authorities, which will often negotiate with other municipal departments about access to the sparse stock of municipally owned social housing for their respective clients. A second vital characteristic of the housing market is a limited and volatile private rental market, which is a necessary although unreliable supplement to the municipally owned housing in covering the needs of homeless clients. Dyb *et al.* (2008) argue that lack of achievements regarding the objectives of the national homeless strategy, and even a back clash of achieved results, in the last year of the strategy period, is partly explained by a tightened housing market.

Summing up, the implementation of homeless policies in all three countries is a responsibility of the municipalities and assigned to the local social authorities. The housing systems play a significant part in shaping the national and even the local intervention solutions. As pinpointed in the Swedish evaluation (*Socialstyrelsen*, 2006b), the social authorities are more or less forced into asymmetric negotiations while attempting to access housing for their clients. However, the Norwegian example shows that the housing system is not a determinant force and that the authorities are not left without choices. *Project Homeless* was initially outlined following a strict staircase model, which is in accordance with certain drug treatment ideologies and thus appeared as a natural choice for the client group in question (Dyb, 2002). As mentioned, the national plan and largely the local implementation, switched to a 'normalising approach'. Also the 'staircase of transition' model could fit into the Norwegian homeowner regime, but would then have found its distinct shape and not turned into a blueprint of the Swedish model. Access to housing for the homeless and for persons with social problems within a large public housing stock, as seen in Denmark, is likely to promote a 'housing first' or 'normalising' approach.

## Conclusion

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The Scandinavian countries are often thought of as quite similar variations of the 'social/democratic' welfare state model. However, experiences from the three countries show that there are variations not only among, but also within the countries when it comes to levels of homelessness, policy responses and intervention strategies. A main distinction is between the 'housing first' and 'normalising-oriented' approaches found in Denmark and Norway and the widespread use of the staircase model in Sweden.

A large public housing stock is no guarantee of access to housing for the homeless and for persons unable to operate in the housing market on their own. As argued above, the structure of the housing sector is just as important as the extensiveness of public housing or the types of occupancy in general. Different characteristics of the housing system provide different structural conditions for the formation of policies and interventions towards homelessness. Further, access to housing for homeless and other groups with social needs is dependent on the general housing supply, availability of sufficient dwellings and house prices. The tight housing market in larger Scandinavian cities probably contributes to an upward trend of homelessness rates among the Scandinavian capitals; however, the trends are not unambiguous. Both Gothenburg in Sweden and Bergen in Norway outnumber their respective capitals in homelessness rates. In the case of Gothenburg this has been linked to an extensive application of second-hand tenancies and a differentiated staircase of transition (Sahlin, 2006). The differences between Oslo and Bergen may also be explained by local variations in homeless interventions (Dyb, 2004) and not primarily by different pressures in the housing market. Denmark has a more compact structure where Copenhagen represents the main urban area and the rest of the country is more or less defined as either district or province, which may offer an explanation for a substantially higher homeless rate in Copenhagen compared with other large Danish cities.

A premise for this article is that homelessness rates are adequate measures of the effectiveness of homeless policies. The national surveys are conducted to monitor both the statistics of homelessness and the characteristics of the homeless population as well as their changes over time. Thus the national rates are generally assessed as one of the most important measures of effectiveness in preventing and counteracting homelessness. We have seen that Sweden has the highest rates among the three countries with comparable figures.

There are some clear common trends in recent developments in national strategies as there is a common emphasis on targeting of services, flexible services and preventative efforts. A certain move towards the 'housing first' oriented approaches as seen in Denmark and Norway is observed in the Swedish national strategy document. The decentralised system of local government in the Scandinavian countries enables municipalities to develop local responses to homelessness, which raises the question of how to ensure that national policies of increasing and targeting services are anchored and implemented on a local level.

A significant problem, however, is a general shortage of housing. In an evaluation of an intervention programme for vulnerable groups in the six largest Danish cities, service providers in the capital often pointed to the lack of affordable social housing as a reinforcement of the homeless problem by extending stays in hostels or other institutions. Meanwhile, local actors in other larger towns stated that for those who were able to live on their own (eventually with social support) it was very easy to be referred to social housing (Benjaminsen, 2007). The shortage of housing is defined as the prime obstacle in the way of achieving the objectives of the Norwegian strategy against homelessness (Dyb *et al.*, 2008).

Despite these variations in intervention types, it is observed that no systematic randomised controlled trials have been carried out to shed light on differences in the effects of the varying intervention models in any of the Scandinavian countries. Similarities in definitions and methods of measurement of the homelessness rate, as well as national welfare institutions, combined with very divergent housing systems and both similarities and differences in homeless policies, offers an excellent trial case for comparative research on the effectiveness of homeless interventions.

Acknowledgements : We would like to acknowledge the Norwegian Housing Bank funding of Evelyn Dyb's work with the article. We would also like to thank our anonymous referee and Bill Edgar for constructive comments on draft versions of the article.

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# Effective Homelessness Prevention ? Explaining Reductions in Homelessness in Germany and England

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- › **Abstract** *England and Germany are unusual amongst developed economies in reporting declining levels of homelessness. This paper argues that, notwithstanding weaknesses in the available data, there are good grounds for thinking that in recent years there has been a reduction in homelessness in both countries. While a range of factors has contributed to these downward trends (a slackening housing market in Germany; tightened local authority assessment procedures in England), there is evidence to support claims that targeted preventative interventions have had a substantial beneficial effect. Encouragingly, and perhaps surprisingly, it seems that positive outcomes can be achieved even in the face of unhelpful structural trends (rising poverty and unemployment in Germany; worsening housing affordability in England). The experiences of Germany and England suggest that successful prevention policies must be carefully targeted at the key ‘triggers’ for homelessness, and need to be underpinned by appropriate resources and an effective governance framework for their implementation. The paper also highlights the profound impact that inter-country conceptual and institutional differences have on the understanding of homelessness and its prevention, cautioning against the dangers of international comparisons which pay insufficient attention to national contexts.*
- › **Key Words** *causes of homelessness; eviction; homelessness prevention; homelessness statistics; relationship breakdown; rent arrears*

## Introduction

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A recent review of homelessness and social housing policy in 12 OECD countries found that only in Germany and England was there reported to be a downward trend in levels of homelessness (Fitzpatrick & Stephens, 2007)<sup>1</sup>. In most other reviewed countries, homelessness was said to be either broadly stable (for example Australia and US) or on the rise (as in Sweden, Poland and Canada). Notwithstanding the inconsistent and often poor nature of the trend data available across these countries, England and Germany do appear to stand out as defying the general pattern of increasing levels of homelessness in Europe, and elsewhere in the developed world.

These apparent reductions in homelessness are claimed to be the result of effective preventative measures in both England (Alafat, 2006) and Germany (Busch-Geertsema & Ruhstrat, 2003). However, such claims to the establishment of effective homelessness prevention policies prompt a number of questions which will be pursued in this paper:

- Has homelessness really reduced in Germany and England?
- Are targeted prevention interventions the reason for any such reductions, or are there alternative explanations, such as broader housing market or other demographic trends?
- Insofar as targeted preventative policies have contributed to reductions in homelessness, what have been the most and least effective elements of these interventions?
- What can other countries seeking to reduce homelessness learn from the experiences of England and Germany, and what can they learn from each other?

Before we address these questions, we will first set out the conceptual framework for our argument. The paper will then consider how confident one can be about the claimed reductions in homelessness in England and Germany. The next step in the argument is to consider what is known about the causes of homelessness in both countries, in order to set the context for the specific preventative interventions that are discussed in the subsequent sections of the paper. We finish by reflecting on the lessons of this analysis for Germany, England and other countries across Europe.

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<sup>1</sup> There are a small number of other countries, such as Finland and Ireland, that are not included in this review, but which have also reported a decline in homelessness levels in recent years.

## Conceptual Framework

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Clarity of definitions is especially important in cross-national comparisons, as similar terms can be used to refer to quite different concepts, hampering rigour in debate. The three key concepts relevant to this paper are: 'homelessness'; 'prevention'; and 'effectiveness'.

### *What do we mean by 'homelessness'?*

The concept of homelessness as used in this paper is not restricted to 'rough sleeping' or 'rooflessness', but also encompasses, for example, people living in hostels and other temporary accommodation for homeless people, as well as those sharing temporarily with friends and relatives because they have no home of their own. With respect to the ETHOS-categories proposed by FEANTSA (see Edgar & Meert, 2005), all categories of 'rooflessness' and 'houselessness' are included in our definition, although the present paper does not consider those people in accommodation for immigrants. This relatively wide definition of homelessness is in keeping with research and policy traditions in both Germany and England (Fitzpatrick & Stephens, 2007), although there are important differences between the two countries with respect to where the line is drawn between 'homeless' and 'not homeless'.

In England, the 'statutory' definition of homelessness dominates. This is derived from legislation (Housing Act 1996, Part VII) which entitles certain groups of homeless people to be accommodated by local authorities:

"Broadly speaking, somebody is statutorily homeless if they do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them (and their household) and which it would be reasonable for them to continue to live in. It would not be reasonable for someone to continue to live in their home, for example, if that was likely to lead to violence against them (or a member of their family)." (Department for Communities and Local Government (DCLG), Department for Education & Science (DfES), Department of Health (DoH), 2006, p.10)

This is a very wide definition of homelessness which does not, for example, require that the persons concerned have actually left their home. In fact, survey evidence indicates that approximately half of all statutorily homeless families in England are accepted as legally 'homeless' whilst still living in their last settled accommoda-

tion<sup>2</sup>. It may also be worth noting that the majority of those accepted as statutorily homeless in England are actually newly forming or splitting households (for example, as a result of relationship breakdown between partners or young people being asked to leave the family home) rather than established households losing their existing tenancy or other accommodation. However, while the statutory definition of homelessness in England is a broad one, the 'main homelessness duty' of local authorities – to ensure that (suitable) temporary accommodation is made available for households until (suitable) settled housing can be secured for them – is owed only to those 'homeless' applicants who are also *eligible* for assistance<sup>3</sup>, in a *priority need group*<sup>4</sup> and *not intentionally homeless*<sup>5</sup>. As is the common convention in England, the term 'statutory homelessness' is used in this paper to denote legally homeless households who also fulfil all of these additional statutory criteria.

This idea of still living in the dwelling that was once your home but nevertheless being defined as homeless is incompatible with the German understanding of the concept. In Germany, a person still living in his or her home, even in situations where there is violence between partners or other household members, might be categorised as 'threatened with homelessness'<sup>6</sup>, but not as 'homeless'. Only persons who are not currently living in accommodation which they have a legal right to occupy as tenant or owner-occupier (or have permission to occupy from the

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<sup>2</sup> This reflects not only circumstances (such as domestic violence) where it is not reasonable to expect the person(s) concerned to continue to live in their accommodation, but also where the applicant no longer has a legal right or permission to occupy the current accommodation (typically this would be young people asked to leave the parental home).

<sup>3</sup> Some persons from abroad, including asylum seekers, are ineligible for assistance under the homelessness legislation.

<sup>4</sup> The priority need groups include households which contain a pregnant women, dependent children, 16 & 17 year olds (or 18-20 year olds previously in local authority care), and adults who are vulnerable because of age, disability, an institutional care background, fleeing violence, or some other particular reason. They also include any person who has lost his/her accommodation as a result of an emergency, such as flood or fire.

<sup>5</sup> That is, they have not brought about their homelessness through their own actions or inaction.

<sup>6</sup> In England too there is the concept of being 'threatened with homelessness'. Where households are likely to become statutorily homeless within 28 days, the local authority has a duty to take 'reasonable steps' to avoid the loss of the households' current accommodation. However, the distinction between actual homelessness and the threat of homelessness is, in practice, blurred; local authorities are encouraged to arrange alternative accommodation for households threatened with homelessness (i.e. treat them as though they are owed the main homelessness duty) as soon as it becomes clear that it is not possible to avert the loss of their current home (DCLG, DfES & DoH, 2006).



householder) are defined as homeless. Persons threatened with homelessness are (administratively) clearly separated from those who have become homeless through eviction or by leaving their last settled home<sup>7</sup>.

For legal purposes, the definition of homelessness in Germany is very narrow. There is a strict duty for local authorities – under the police laws of the regional states – to provide temporary (not permanent) accommodation for those persons who would otherwise be *roofless*. However, municipal preventative services tend to concentrate on households *threatened with eviction* because of rent arrears (discussed in detail below).

### ***What do we mean by ‘prevention’ ?***

A range of classifications of homelessness prevention has been suggested (see, for example, Shinn, 2004 ; Pawson & Davidson, 2008). The classification employed in this paper draws on conceptualisations from the fields of medicine and criminology (see also Hansbauer, 1998 ; Heinz, 1998), and distinguishes between :

- *Primary prevention* measures – activities that reduce the risk of homelessness among the general population or large parts of the population. It is at this level of prevention that general housing policy (supply, access and affordability), and the overall ‘welfare settlement’ (such as the availability of income benefits, housing benefits, employment protection and so on), are most relevant.
- *Secondary prevention* – interventions focused on people at high potential risk of homelessness because of their characteristics (for example, those with an institutional care background), or in crisis situations which are likely to lead to homelessness in the near future (such as eviction or relationship breakdown).
- *Tertiary prevention* – measures targeted at people who have already been affected by homelessness. From the analogy with medicine and criminology, it would make sense to subsume here ‘harm reduction’ measures such as rapid re-housing, so that homelessness is ended as quickly as possible. However, in England and Germany such measures would be described as ‘resettlement’ and not prevention. The preventative emphasis at this level is more often focused on minimising ‘repeat homelessness’, that is, avoiding the occurrence of entirely new homelessness episodes.

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<sup>7</sup> There is just one exception. Households which have received an eviction order can be re-assigned into their former home by the municipality as a measure to prevent their rooflessness. In this case they have lost their legal status as tenants and are categorised as homeless households in temporary accommodation. In some cities this measure is used frequently, but in others (the majority) it is never used because it can only be employed with the consent of the landlord concerned or as a last resort if there is absolutely no other temporary accommodation available.

Ongoing debates regarding the relationship between welfare regimes and homelessness could be construed as focusing on the primary level of prevention, examining as they do the relationship between macro structures such as labour market regulation and social security arrangements with overall levels of homelessness (Stephens & Fitzpatrick, 2007). We are also mindful of Shinn's (2004) point that individual-level preventative interventions cannot substitute for policy measures to ensure an adequate supply of affordable housing. However, in this paper we will concentrate mainly on secondary and, to a lesser extent, tertiary levels of prevention, in line with the types of measures usually labelled as 'homelessness prevention interventions' in both England (Office of the Deputy Prime Minister (ODPM), 2003) and Germany (Ministerium für Arbeit, Soziales und Stadtentwicklung, Kultur und Sport des Landes Nordrhein-Westfalen (MASSKS), Kommunale Gemeinschaftsstelle für Verwaltungsvereinfachung (KGSt) & Landesarbeitsgemeinschaft der Öffentlichen und Freien Wohlfahrtspflege in Nordrhein-Westfalen (LAG Ö/F), 1999; Busch-Geertsema *et al.*, 2005).

### ***What is effectiveness ?***

At one level, the answer to this question may seem obvious. Effective measures are those which avert episodes of homelessness that would otherwise have occurred. However, such a definition immediately confronts us with a profound methodological challenge:

“By definition, assessing the effectiveness of action to prevent a hypothetical outcome is difficult. There is always a degree of uncertainty about the counterfactual scenario – what would have happened in the absence of the intervention ?” (Pawson *et al.*, 2007, p.159)

Some evaluations, especially those involving cost benefit analyses, assume that up to 100 per cent of households in receipt of preventative support would otherwise have become homeless (see Shinn *et al.*, 2001), but the fact is that we often do not know whether a household would have managed to avoid homelessness, either through their own actions or with informal help from friends or family (see, for example, Pawson *et al.*, 2007).

Another key conceptual challenge relates to the objectives set for preventative action on homelessness. Is the sole criterion for success based on the target groups' success in avoiding the loss of their accommodation, or their managing to move to other accommodation without experiencing homelessness? Or are such policies only to be considered effective if they achieve (or preserve) a person's wider 'social integration'? While we have some sympathy with this broader view of the objectives of homelessness policy, it is important to maintain a clear focus on a measurable set of objectives in assessing the effectiveness of a policy, especially

when attempting cross-national comparisons. This paper therefore focuses on housing outcomes only. We also need to be realistic here. At least for some risk groups, only 'relative integration' may be achieved, so they will still be poor and unemployed but not homeless, after preventative interventions (Tosi, 2002; Busch-Geertsema, 2005). As Shinn and Baumhohl (1998) put it, in the context of homelessness prevention in the United States:

“Practitioners and policy makers should keep their goals clearly in mind. More specifically, they should remember that preventing homelessness is not identical with ending poverty, curing mental illness, promoting economic self-sufficiency, or making needy people healthy, wealthy and wise. These are worthy goals, to be sure, but we believe that when attached to the objective of preventing homelessness or rehousing homeless people, these diffuse goals take on lives of their own and raise troubling questions of equity in the distribution of resources available to poor people.” (p.1)

That said, the effectiveness of homelessness prevention also depends on its sustainability (such as the minimising of repeat homelessness). Some of these wider social integration objectives – in particular the avoidance of social isolation, the management of substance dependencies, and the securing of an adequate income – may be critical here and thus legitimately viewed as central to homelessness prevention.

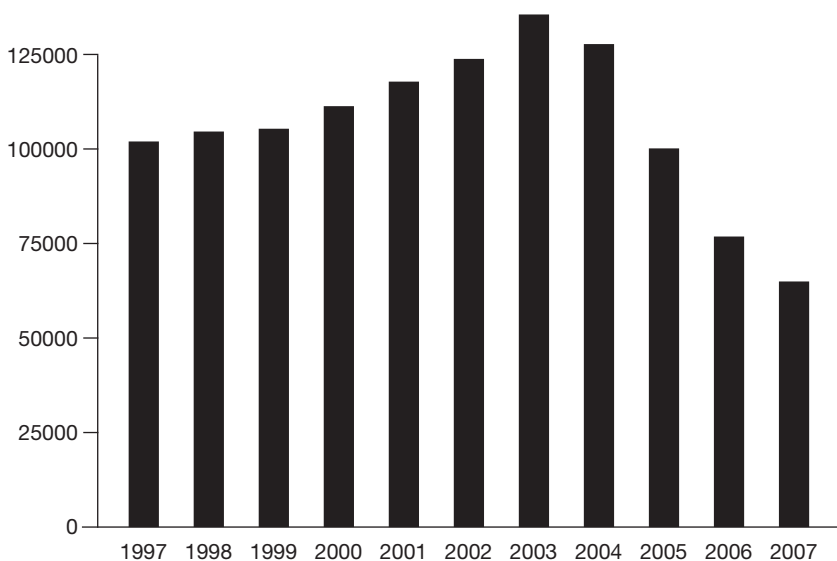
## **Has Homelessness Really Declined in England and Germany?**

In England, official 'snapshot' street counts indicate a two thirds reduction in the scale of rough sleeping since 1998 (Randall & Brown, 2002). As with all street counts, the actual estimates provided cannot be assumed to be comprehensive, but as the counts have been conducted on a reasonably consistent basis, it seems likely that the downward trend (in visible rough sleeping at least) is broadly reliable. That said, there are indications in London that the numbers on the streets may be beginning to rise again (Broadway, 2007), and there is mounting criticism of particular aspects of the methodology used in England (for instance the 'rounding down' to zero of any local authority street counts of less than ten (Shapps, 2007)).

The other, and main source of data on homelessness in England, is the 'official' homelessness statistics which record households 'accepted' by local authorities as being owed the main homelessness duty (as 'statutorily homeless'). Therefore these figures exclude all homeless households which do not present to local authorities or which are not accepted as fulfilling all of the statutory criteria. The number of households accepted as homeless rose steeply in England in the early 2000s, but there has been a subsequent sharp reduction, amounting to a 52% drop

in homelessness acceptances in just four years (see Figure 1). It should be noted that these are annual 'inflow' figures (as they include all those accepted over the course of a year), in contrast to the rough sleeper counts, and the German statistics given below, which are 'stock' figures relating to those homeless on a given night. There are stock figures available for the number of statutorily homeless households in temporary accommodation in England at the end of each quarter; these too have declined in recent years, but more slowly than acceptances.

**Figure 1: Changes in statutory homelessness acceptances in England 1997-2007**



Source: P1E statistics

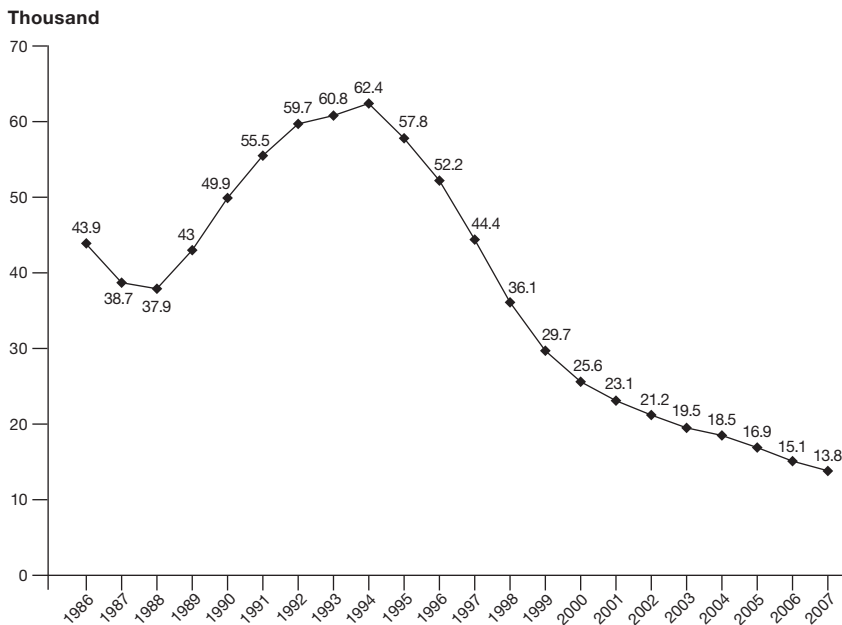
There is considerable controversy over whether the dramatic post-2003 reductions in statutory homelessness depicted in Figure 1 are attributable to the 'prevention of homelessness' or to the 'prevention of homelessness acceptances' (Rashleigh, 2005; Pawson & Davidson, 2007). Critical here is the 'housing options' approach, strongly promoted by Central Government (DCLG, 2006), under which all households approaching a local authority for assistance with housing are given a formal interview offering advice on their housing options, which may include services such as family mediation or landlord liaison which are designed to prevent the need to make a homelessness application. There are concerns that, in some areas, these housing options interviews can represent a barrier to making an official homelessness application (Shelter, 2007), with certain local authorities (unlawfully) requiring

potential homeless applicants to exhaust all potential preventative avenues before any formal consideration of their statutory homelessness status takes place (Pawson, 2007). However, while there can be little doubt that increased 'gate-keeping' on the part of local authorities has contributed to the shrinkage in statutory homelessness in recent years, it seems highly unlikely that the entire recorded reduction can be accounted for in this way. Thus it appears that there has been at least some genuine reduction, albeit that the precise scale of that reduction is open to debate (Pawson *et al.*, 2007).

Unfortunately, there is no reliable trend data available at national level on other homeless groups in England, for example single homeless people living in hostels or 'sofa-surfing' around the houses of friends and relatives. However, data on 'non-statutory' homeless young people who access social housing and/or support services, for example, does not suggest a contraction in these other forms of homelessness in recent years (Quilgars *et al.*, 2008).

In Germany, there is no national system of homelessness data collection. However, the National Coalition of Service Providers for the Homeless (*BAGW*) produces broad national estimates which indicate a drop from 590,000 people experiencing homelessness in 1996/1997, to only 345,000 in 2006 (see *BAGW*, 2007). More reliable data is available from the regional state of North-Rhine Westphalia (NRW). This is Germany's largest regional state, home to more than eighteen million people (22% of the entire German population). In NRW all municipalities are obliged to report a 'stock' figure every year for the number of homeless persons temporarily accommodated under the police laws. This number rose in the late 1980s and early 1990s, but since 1995 there has been a steady decline, with the number of homeless persons accommodated under the police laws reaching a historic low in June 2007 (see Figure 2).

**Figure 2: Homeless persons who are temporarily accommodated under the police law (Ordnungsbehördengesetz) in North Rhine-Westphalia, as at 30 June each year**



Source: Landesamt für Datenverarbeitung und Statistik Nordrhein-Westfalen (LDS)

There has also been a sharp reduction in the proportion of homeless families amongst households in municipal temporary accommodation – from 65% in June 1994 to 31% in June 2007 (LDS, various years). Indeed, in some cities throughout Germany it is now claimed that there are no homeless families at all (Busch-Geertsema & Ruhstrat, 2003). This is linked to the closure of temporary accommodation for homeless families, such that municipalities have to find immediate long-term solutions, even in acute crisis situations. However, it is important to note that provision for victims of domestic violence (refuges for women and their children) exist in those cities but, unlike in England, they are not classified by municipalities as temporary accommodation for homeless persons. There remain hostels and other institutions for single homeless people throughout Germany.

In 2006 it was calculated that the total estimate of homeless persons derived from NRW municipalities would increase by approximately 43% if the clients of NGO services for single homeless persons (who are excluded from the municipal statistics) were taken into account (MGFFI, 2007). However, it should be emphasised that

there is no indication that the sharp drop in the number of homeless persons in municipal temporary accommodation over the past decade has been compensated for by an increase in the number of clients of NGO services.

Drawing this section to a close, it is clear that trend data in Germany and England are measuring somewhat different things in evidencing a reduction in homelessness in recent years, which affects how one can draw comparisons between them. There are also weaknesses in both sets of data. However, it seems implausible to suggest that there has been *no* decline in homelessness in these two Western European countries in recent years. The next section of this paper begins the (challenging) task of reflecting on the explanation for these apparent reductions in homelessness by considering the key causes of homelessness in both countries.

## The Key Causes of Homelessness in England and Germany

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In England, there now seems to be a consensus that structural factors, especially a shortage of affordable housing, are the *underlying drivers* of the overall scale of homelessness (albeit that personal problems, such as mental ill-health or substance misuse, increase an individual's vulnerability to homelessness (Pleace, 2000)). Certainly, at least until the recent dramatic drop in levels of homelessness acceptances, statutory homelessness figures tended to move in parallel with affordability trends in the home-ownership sector (Jones, 2006; Pawson, 2007). This seems to be linked to the fact that not only does worsening affordability make house purchase more difficult for low income households, but there are also 'second-order' effects which reduce the number of new social lettings available to those at risk of homelessness, because fewer social tenants are able to exit to home ownership (Pawson, 2007).

In Germany too, the housing market is seen as crucial to the overall scale of homelessness. The reduction in recorded homelessness reported above occurred in parallel with rising levels of poverty and unemployment, indicating that a slackening (rental) housing market in most regions<sup>8</sup>, as well as targeted municipal efforts to prevent homelessness (see below), have been the key factors underpinning this positive trend. Access to housing (rather than housing supply or affordability *per se*) is now viewed as the key structural issue associated with homelessness in Germany; with the scope for municipalities to influence allocations of social housing in the direction of 'need' substantially reduced in recent years as this sector contracts (Busch-Geertsema, 2004; Kirchner, 2007).

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<sup>8</sup> Germany has the lowest proportion of owner-occupied dwellings in the EU at 45% of the total housing stock, (Federcasa, 2006, Table 3.5). Thus, owner occupation is very rarely a housing option for households with low incomes.

With regard to the *immediate 'triggers'* for homelessness, data from a nationally representative survey of statutorily homeless families in England indicated that by far the most important factor (affecting 38% of all homeless families) was relationship breakdown (Pleace *et al.*, 2008). Relationships had most commonly broken down between partners (with around half of these relationship breakdowns involving violence), or between parents and their (adult) children. The other major reason given by families applying as homeless was eviction or threatened eviction (accounting for 26% of all homeless families). This was usually reported as arising from the termination of a fixed-term tenancy, rather than being consequent on rent arrears or other 'behavioural' issues (but see discussion below). Triggers for homelessness which related to individual 'personal' problems, such as drug, alcohol or mental health problems, were reported by only a very small proportion of families (2% in total). Young people accepted as statutorily homeless 16 & 17 year-olds were also surveyed by Pleace *et al.* (2008) and for this group, relationship breakdown with parents or step-parents was the overwhelming trigger for applying as homeless (affecting 70% of these young people).

With respect to 'non-statutory' homeless people in England, the available (mainly qualitative) research evidence again suggests that relationship breakdown is the predominant factor (Fitzpatrick *et al.*, 2000). Moreover, the last major survey of single homeless people in England (conducted in 1991) found that family/relationship difficulties was the most common reason given by respondents for leaving their last settled home (Anderson *et al.*, 1993).

The information available in Germany about the most important triggers for homelessness is divided between two quite distinct sources, reflecting the deep-rooted division of tasks between municipalities and NGOs in the field of homelessness.

First, there is data from municipalities on the reasons for homelessness amongst households provided with temporary accommodation under the police laws. Most municipalities report that eviction because of rent arrears is overwhelmingly the most important reason why families and single people have to be provided with temporary accommodation. Moreover, a survey of 3,630 households in contact with forty-three municipal homelessness prevention services across Germany indicated that eviction because of rent arrears was the main trigger for being imminently faced with homelessness in 86% of cases (Busch-Geertsema *et al.*, 2005)<sup>9</sup>; the second most important reason, separation from a partner, accounted for only 7%

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<sup>9</sup> Around half (52%) of the households covered by the prevention survey were single men or women without children; 10 per cent were childless couples; 18% were single parents (mainly mothers); and 20% were two-parent families. Therefore, even among prevention cases, families are in a minority. Compared with the general population, single men and single mothers were over-represented.



of all households. It should be acknowledged, however, that as municipal prevention services explicitly focus on support for people in rent arrears, this is likely to affect the (self-) selection of people seeking help from these services. Prevention services can also arrange further support if households need it (for example, with addiction, mental health problems or other social difficulties, see further below). According to the same survey, about 40% of all households threatened with homelessness were judged by workers within these prevention services to be in need of such additional support.

The second source of data is the electronic 'client register' systems of NGO service providers for single homeless people (see Edgar *et al.*, 2007). The robustness of this data is affected by the fact that only a minority of relevant NGOs participate in the annual national collation exercise. However, it is the only dataset on homelessness available at a national level. The most recent data available are from 2003 (Schröder, 2005). With respect to the 'causes' of homelessness, there are two sets of variables. First there is a variable on 'reason for loss of last home', which summarises the formal (legal) circumstances under which the home was lost. This indicates that only half of NGO clients left their last settled home after a *notice to quit* served by the landlord (21%) or an eviction (29%); about half of these evictions were based on rent arrears. The other half left their last home without any action by the landlord. We don't know what proportion of *notices to quit* were based on rent arrears, nor how many more single people would be homeless because of rent arrears if municipal prevention services had not intervened. Nevertheless this data does suggest that, for single homeless people helped by NGOs, rent arrears are not the most important trigger for loss of settled accommodation.

This is confirmed by the variable on the 'trigger for homelessness' (Schröder, 2005). The most important triggers are 'separation/divorce' (affecting 21% of all clients) and 'moving city' (also 21%). In 16% of cases a 'high rent level' was given as trigger for homelessness, in 12% 'leaving parent's home', while in 10% 'commencement of prison sentence' was the reason. All other triggers (loss of job, violence from partner, violence from other person, hospital stay, bereavement, *force majeure*, household expansion) accounted for less than 5% each.

At first sight, relationship breakdown seems to play a more important role in the generation of homelessness in England, and rent arrears/eviction seems to be more important in Germany (notwithstanding the data on NGO clients from the latter); but to some extent the differences might be more apparent than real. The Housing Benefit system in England – whereby up to 100% of the rent of low income households is paid directly to landlords by the state – probably does mean that homelessness arising from rent arrears is somewhat less common than it is in other countries,

including Germany<sup>10</sup>. However, it must also be borne in mind that households evicted because of rent arrears in England would normally be considered 'intentionally homeless', and thus would be excluded from the statutory statistics. It is also probable that some evictions in England that are prompted by rent arrears are 'disguised' as terminations of fixed-term tenancies because this is a more straightforward course of action from the landlord's perspective. In Germany, time-limited tenancies are only possible in very special cases, such as the accommodation being needed by the owner after a defined period or if reconstruction work is planned after such a period. The general position is that of indefinite tenancy contracts with quite a high degree of security of tenure.

Likewise, relationship breakdown and domestic violence might be more prominent as a reason for homelessness in Germany than they first appear, because in most (not all) municipalities, provision for victims of domestic violence (such as women's advice centres and women's refuges) are separated from services for homeless people and are therefore not included in homelessness statistics. Also relevant here is that *prospective* household formation or dissolution (where young people are asked to leave the family home or couples are breaking up) may be considered to constitute statutory homelessness in England, whereas in Germany households experiencing such relationship breakdown would not be considered homeless until they had actually left their accommodation. Thus, in both countries, statistics on the causes of homelessness are shaped to a great extent by their respective institutional and legal frameworks, making direct comparisons between them very difficult.

## **The Development of Homelessness Prevention Measures in England and Germany**

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Even though local authorities in England have a longstanding legislative duty to take 'reasonable steps' to prevent those 'threatened with homelessness' from losing their current accommodation, the statutory system in England has traditionally been focused more on resolving homelessness than on preventing it. However, in response to the rapidly rising levels of statutory homelessness discussed above, and especially the acute pressures experienced within London, Central Government significantly increased the emphasis placed on preventative approaches from 2002 onwards. The Homeless Act (2002) placed a statutory duty on local authorities to produce a strategy

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<sup>10</sup> However, this might start to change in England with the national roll-out (across the UK) of a fixed 'Local Housing Allowance' for private rented tenants, normally paid to the tenants rather than to the landlords. Things seem to be moving in the opposite direction in Germany in that it is now easier, with respect to former recipients of *Arbeitslosenhilfe* (a wage-related benefit for the long-term unemployed abolished since 2005), to transfer the housing-related part of their benefits to landlords directly.

for preventing and alleviating homelessness in their areas, and substantial Central Government funding was provided to support local preventative activities. Receipt of this funding was dependent on local authorities committing to goals such as lowering their rates of repeat homelessness or reducing levels of homelessness against main causes. There is also an over-arching national target to halve the number of statutorily homeless households in temporary accommodation, from the December 2004 level of just over 100,000, by the year 2010 (ODPM, 2005).

Research has indicated that this new emphasis on homelessness prevention was widely welcomed by local authorities, partly because of their own concerns about the growing number of statutorily homeless households in temporary accommodation, and partly because of anxieties that lettings of secure social tenancies to statutorily homeless households were crowding out lettings to other households in housing need (Pawson, 2007). An evaluation of homelessness prevention in England found that the most common preventative measures taken by local authorities and their partner agencies were as follows (Pawson *et al.*, 2007):

- ‘Enhanced’ housing advice – aimed at helping households to gain access to, or to retain private or social rented tenancies. Housing advice work often includes liaison with private landlords, and may also have an ‘outreach’ dimension targeted at vulnerable groups.
- Rent deposit and related schemes – to facilitate access to private rented tenancies.
- Family mediation – this tends to focus on preventing youth homelessness, with attempts made to reconcile parents and young people in order to prevent eviction from the parental home, or to facilitate young people’s access to family support to assist them with independent living.
- Domestic violence victim support – this includes a range of interventions such as ‘sanctuary schemes’ (security measures to enable victims to remain in their own homes after exclusion of the violent partner), supporting planned moves, crisis intervention services and resettlement support.
- Tenancy sustainment – support to help vulnerable tenants to retain their tenancies. These services are often provided on a ‘floating’ basis to people living in mainstream accommodation, but are very diverse with respect to the intensity and duration of support they offer, and the client groups targeted. Typically, help is provided with claiming benefits, budgeting, furnishing accommodation, accessing health and other services in addition to seeking ‘purposeful activity’.

These services are funded from various sources, but the establishment of the national *Supporting People* funding stream in 2003 allowed for a major expansion in tenancy sustainment services<sup>11</sup>.

It is clear that the recent expansion in homelessness prevention in England is focused mainly on those 'priority need' groups who could potentially be accepted as owed the main homelessness duty (Pawson, 2007). Most of these prevention activities could be characterised as secondary prevention aimed at addressing the key crisis points which may trigger statutory homelessness, such as relationship breakdown with parents, violent relationship breakdown with partners and the end of fixed term tenancies (see Alafat, 2006)<sup>12</sup>. In fact, given the wide statutory definition of homelessness outlined earlier, in many instances households subject to such interventions will already be legally homeless, so these activities are not, strictly speaking, 'preventative'; they may even be in conflict with the local authorities' legal duties unless the household voluntarily withdraws (or desists from) making a formal homelessness application (Pawson, 2007). Nonetheless, as noted above, the 'housing options' process promoted by Central Government formalises the offer of these 'preventative' interventions to potential homeless applicants and others approaching local authorities for assistance. Attention has also been paid to tertiary homelessness prevention, with tenancy sustainment services typically focused on assisting newly re-housed households to avoid repeat homelessness, albeit that such services should, in principle, target help on all those defined as at high risk of homelessness, regardless of whether they have in fact been homeless before.

In Germany, an increased emphasis on homelessness prevention started earlier than in England. As far back as 1987, the German Standing Committee of Municipalities (*Deutscher Städtetag (DST)*) published a report recommending improvements to prevention services and arguing that responsibility for addressing and preventing homelessness was, at that time, too diffuse and fragmented within local administrations. In traditional municipalities, the department of public order was responsible for temporary accommodation; the housing department was responsible for re-housing measures; the social department assumed responsibility for rent arrears; and so on. DST (1987) recommended that responsibilities and resources (for prevention, temporary accommodation, administration of shelters etc., and for the reintegration of homeless people into permanent tenancies) should be concentrated in one central department (*Zentrale Fachstelle*) and that prevention

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<sup>11</sup> It is likely that this ring-fenced funding stream will in future be absorbed into local authorities' mainstream budgets.

<sup>12</sup> Moreover, alongside all of these crisis-focused preventative interventions, there has been an increased emphasis on pro-active rent arrears management by social landlords in recent years, with the specific aim of reducing rent arrears-based evictions (see Pawson et al, 2005).

should be the top priority of this department. This meant that if preventative efforts failed, the same staff had to solve the difficult task of finding temporary accommodation, providing a powerful incentive to effective preventative interventions.

The push towards homelessness prevention was thus closely linked to more effective administrative structures, and to promoting earlier, more pro-active preventative interventions. Financial arguments also played an important role. A calculation was published for the City of Cologne in 1987 which showed that preventing homelessness was seven times cheaper than placing the same households in temporary accommodation (see DST, 1987). In 1996, following research into municipal prevention practices (Busch-Geertsema & Ruhstrat, 1994), Social Code provisions on the assumption of rent arrears were converted from powers into duties in cases where households were at imminent risk of becoming homeless<sup>13</sup>. A revised handbook on making administrative prevention efforts more effective was published in 1999 (MASSKS, KGSt & LAG Ö/F, 1999), while programmes to reorganise and improve preventative services were developed in many municipalities all over Germany (Busch-Geertsema & Ruhstrat, 2003).

Most municipalities now run their own prevention services. Before paying rent arrears out of municipal funds (often provided as a loan which has to be repaid), attempts are made to establish an arrangement for the tenant to pay back the arrears in instalments directly to the landlord. As noted above, additional support can be provided where appropriate, but mostly clients will be referred to other services in such cases. Social 'support in housing' for formerly homeless people and for those who have faced a housing crisis at some stage has also been extended in recent years (see Busch-Geertsema & Evers, 2004). Some – but not all – municipal prevention services can influence the allocation of housing to households in urgent need of an alternative to their existing tenancy.

While municipal prevention services can provide support for households who are threatened with homelessness for reasons other than eviction, people affected by relationship breakdown and those leaving institutions, for example, are more likely to contact other social services (such as advice centres for women, youth welfare services or the housing department responsible for allocating social housing<sup>14</sup>). More often again, such groups will initially seek informal help from friends and relatives, coming into contact with 'official' support only some time after they have lost their

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<sup>13</sup> Section 22.5 of SGB II and Section 34 of SGB XII. The latter contains the 'homelessness sections', Sections 67 and 68, which regulate support for people in 'special social difficulties'.

<sup>14</sup> Fewer and fewer municipalities have such a department. In many localities social landlords, while obliged to accept only tenants whose incomes are below a certain ceiling, are entirely free to decide whom amongst these low-income households they will select as their tenants (see Busch-Geertsema, 2001, 2004).

homes (Ruhstrat *et al.*, 1991). Often at this point, if they are single, they will contact NGO advice centres for single homeless people and in many cases will be provided with temporary accommodation or a place in a hostel by these organisations.

Two interventions identified as important in the English context – family mediation and support for victims of domestic violence – are not found in the direct domain of homelessness prevention services in Germany. Both services exist, but are accommodated within other pillars of the system of social support in Germany. Family mediation in Germany is mainly the responsibility of youth welfare agencies. The prevention of homelessness is but one part of their tasks, and often a minor one, which focuses on helping the families concerned to improve their capacities for solving family conflicts, stabilising their economic situations and so on. As noted earlier, services for victims of domestic violence are also viewed as a quite separate part of the support system. In recent years, these services have increasingly concentrated on developing provisions to exclude violent household members so that victims do not have to leave their homes.

### **Assessing the Contribution of Targeted Preventative Interventions in Reducing Homelessness in England and Germany**

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Encouragingly, there is evidence in both countries that targeted preventative interventions have made a significant contribution to reductions in homelessness.

In Germany, part of the decrease in homelessness is clearly caused by the relaxation of housing markets in most regions, which is in turn related to a recent decline in inward migration into Germany, especially from repatriates. Repatriation greatly increased the demand for housing in Germany in the late 1980s and early 1990s; in the peak years, almost 400,000 repatriates of German origin entered Germany from former Soviet Union regions carrying German passports and therefore priority rights in the allocation of social housing. By 2005, the annual number of repatriates coming to Germany had decreased to less than 36,000 and is expected to decline further. As most of these repatriates required family dwellings, the drop in demand from this group has led to a particular easing in the pressure on family housing. The steady increase of one-person households in the general population, together with a housing policy which has focused on the production of family homes, has further contributed to the disproportionate ‘slackening’ in the market for larger dwellings as compared with that for small, low cost apartments. The especially sharp drop in family homelessness may then, in part, be attributable to these broader housing market trends.

Creditable successes directly attributable to specific prevention interventions can also be identified, being associated with the targeted efforts of municipalities to reduce their facilities for temporary accommodation and to re-house homeless households. Given the high number of households in debt and with rent arrears, as well as the fact that large landlords (including social landlords) are more and more reluctant to accept new tenants with a history of debts, these efforts could not have been effective without a great improvement in preventative services. Moreover, both the small proportion of single homeless clients of NGO services who have become homeless because of rent arrears, and the declining proportion of homeless families amongst homeless households in recent years, serve to support the effectiveness of municipal prevention services focused on rent arrears. On the other hand, there clearly is scope for further improvements in preventative interventions with respect to the main triggers for homelessness reported for single people helped by NGOs, which include: separation and divorce; leaving the parental home; domestic violence; and commencing a prison sentence (including the preparation for release after serving a prison sentence)<sup>15</sup>.

A large national survey in 2003/2004 showed that households threatened with homelessness more than once during a five year period accounted for around a third (37%) of all registered prevention cases, while households which had faced a housing crisis more than twice accounted for only around one in ten cases (11%) (Busch-Geertsema *et al.*, 2005). This relatively low level of 'repeat' prevention cases suggests that initial preventative interventions are usually successful and that households which run into trouble repeatedly constitute a small minority. There was evidence in the repeat cases that the initial support offered had been insufficient and that the need for more than a short-term crisis intervention had been ignored.

Some evidence is also available in Germany with respect to the potential savings associated with preventative interventions if they reduce the need for temporary accommodation. The relatively high cost of providing temporary accommodation was confirmed by an exercise conducted for the *Independent Commission on Housing in Germany* (Busch-Geertsema & Ruhstrat, 1994). However, this exercise also indicated that it was often difficult for municipalities to calculate the total costs for building, operating and supervising temporary accommodation or for providing support for homeless people. Also, as with so much cost-effectiveness analysis, this work faced the counterfactual problem that the proportion of households which, in the absence of preventative interventions, would have become homeless,

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<sup>15</sup> In Germany there are specialised services for people being released from prison and for ex-prisoners in almost all large cities, most of them run by NGOs and paid for by the municipality. Sometimes they are part of the services for homeless people but often they operate separately from them.

or for how long, was not clear. Nevertheless, qualitative studies have indicated that a pro-active approach, including home visits to households with rent arrears, is effective (see, for example, the intensive evaluation of client records of a prevention service in Berlin by Gerull, 2003).

The research team who carried out the key empirical evaluation in England, while acknowledging the probable contribution of increased gate-keeping by local authorities, have argued that it is “highly likely” that a “substantial part” of the dramatic fall in homelessness acceptances since 2003 is “attributable to homelessness prevention activities” (Pawson *et al.*, 2007, p.8). Their conclusion is linked to the observation that the sharp reduction in statutory homelessness in England has taken place in the context of a continued deterioration in housing affordability post 2003 (notwithstanding the very recent fall in house prices associated with the ‘credit crunch’). They also note that there are no other obvious structural explanations for the collapse in homelessness acceptances, such as dramatic changes in unemployment rates.

Another positive finding by Pawson *et al.* (2007), echoing similar findings in Germany, was that homelessness prevention interventions could result in reduced public expenditure, particularly in the case of preventative interventions aimed at households likely to be owed the main homelessness duty:

“Most of the homelessness prevention initiatives that could be assessed appeared to be cost-effective, in that savings in the costs of temporary accommodation and administration associated with homelessness exceeded the operating costs of services. Especially in areas such as Greater London, the unit costs associated with a homelessness acceptance far outweigh unit homelessness prevention costs.” (p.8)

However, they were critical of the lack of direct monitoring of the outcomes of preventative interventions. For example, although family mediation was often found to be effective in reconciling relationships for young adults facing eviction by parents, few local authorities monitored whether these mediation-assisted reconciliations were sustained. Likewise, while the number of households rehoused into private tenancies was often substantial, there was little data available on the duration of these tenancies. There was also little direct evidence to demonstrate the service effectiveness of tenancy sustainment provision – with the counterfactual problem (*would recipients actually have become homeless in the absence of this help?*) particularly acute with respect to assessing the impact of these services.

Possibly in response to some of these concerns, Government introduced an official indicator of ‘effective homelessness prevention activity’. This measure counts “households who considered themselves as homeless, who approached the local



authority's housing advice service(s) and for whom housing advice casework intervention resolved their situation" (ODPM, 2005). Guidance has emphasised that 'housing advice' is to be broadly defined for this purpose to include all homelessness prevention interventions. While there are significant limitations in this official indicator (Pawson & Davidson, 2007), it does at least include all people who view themselves as homeless, rather than being limited to the statutorily homeless. It also represents an attempt to measure the effectiveness of homelessness prevention directly, rather than through reductions in statutory homelessness figures, thus helping to address the point about 'incentivising' local authority gate-keeping. In addition, the Government has introduced an official indicator to capture repeat homelessness (households found to be owed the main homelessness duty on successive occasions within two years).

To summarise, while there are other important factors likely to be influencing the evident downward trends in homelessness in both Germany and England (increased local authority gate-keeping in England; housing market slackening in Germany), it does seem that these reductions can, at least to some extent, be attributed to targeted (and cost-saving) preventative interventions. In both countries there are significant evidential gaps with regard to directly demonstrating the effectiveness of particular preventative measures. This means that a key question posed at the beginning of this paper – *which are the most and least effective elements of these preventative strategies?* – cannot readily be answered at present. Nonetheless, it does appear that, in combination, these preventative interventions are having a substantial beneficial effect.

## **Conclusions – the Lessons for England, Germany and Other Countries**

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What can Germany and England learn from each other, and what might other countries learn from their experience? A cautionary point amply illustrated by this paper is the profound impact of inter-country conceptual and institutional differences on understandings of homelessness and on the construction of measures to address it. Thus what might be labelled 'homelessness prevention' in one country may be labelled entirely differently in another. This distinctive institutional framework can affect the robustness of international comparisons; it also means that policy transfer between countries must be undertaken with great care. Indeed, a key purpose of this paper was to flush out these institutional differences between Germany and England in order to demonstrate the dangers of too readily drawing comparisons between countries, without sufficiently careful attention to context.

That said, the paper presents a fundamentally upbeat message that homelessness can be significantly reduced by targeted policy action. Encouragingly, and perhaps surprisingly, it seems that positive outcomes can be achieved even in the face of unhelpful structural trends (worsening housing affordability in England; rising unemployment and poverty in Germany). Successful prevention policies (at the secondary and tertiary levels) must be carefully targeted at the key 'triggers' for homelessness, which may differ to some extent between countries, although relationship breakdown and eviction often seem to be prominent (see Fitzpatrick & Stephens, 2007). Such policies also need to be backed by appropriate resources (see in particular, England) and have an effective governance framework for implementation (see in particular, Germany). A strong steer from Central Government/umbrella organisations is likely to be helpful, and there is evidence from both England and Germany that local administrations may well embrace enthusiastically the opportunities for positive change that prevention programmes can offer. However, one lesson from England in particular is that attention must be paid to any perverse incentives generated by prevention programmes, such that there can be some confidence that homelessness is genuinely being prevented rather than being disguised by changes in recording or assessment practices.

One key lesson to be drawn from the experience of both Germany and England is that legal duties to provide temporary accommodation for homeless households can be a crucial policy driver for improved preventative interventions. The expense and political embarrassment of having a large number of households, particularly families with children, in temporary accommodation, acted in both cases as an important prompt to find more pro-active ways to prevent homelessness. This may be an (additional) argument in favour of rights-based approaches to tackling homelessness. Further, preferably comparative, research is needed in both Germany and England as to the outcomes of specific preventative interventions in order to assess their relative effectiveness (and sustainability) and, by extension, their potential value in other national contexts. In addition, research into the effectiveness of different models of governance of homelessness prevention would be of great interest to a broad range of European countries, given their diverse arrangements (Fitzpatrick & Stephens, 2007) yet current lack of comparable information on outcomes.

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# The Costs of Homelessness : A Perspective from the United States

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› **Abstract\_** *This paper discusses how researchers and others have analyzed the services histories of persons who have experienced homelessness, as well as their imputed costs. This research has been used both to make visible the ways in which the clients of mainstream social welfare systems (health, corrections, income maintenance and child welfare) become homeless and, complementarily, the impact of people who experience homelessness on the use of these service systems. Most published work in this area has been based on the integration of administrative databases to identify cases and service utilization patterns; some have used retrospective interviews. Results have been used to encourage agency administrators and policymakers to make investments in programs that reduce homelessness and/or the duration of homelessness periods. Quite recently, many local homeless services planning organizations in the US have used this approach to demonstrate the high costs of chronic homelessness and the potential cost offsets associated with the placement of people in supported housing. The opportunities and limitations associated with these various approaches, including their potential applicability to other countries and service sectors are discussed.*

› **Key Words\_** *Homelessness ; cost analyses ; US policy ; integrated data ; costs of homelessness*

## Introduction

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Data on the service utilization patterns of persons who experience homelessness has the potential to inform significantly the design of policies and programs that affect the incidence and duration of homelessness. Evidence of the use of multiple service systems may identify how 'mainstream' systems (those not targeted specifically to homeless persons) may be contributing to homelessness; it may also identify the impact of homelessness on those service systems. Calculating or imputing the costs of these various service utilization patterns can educate the public regarding the economic impact of homelessness on society, and can inform policymakers about the potential comparative efficiency of alternative approaches to the problem. In this paper, efforts to identify service utilization patterns and the costs associated with homelessness in the United States are described. The roles of these analyses in policy formulation and the mobilization of political will are also discussed.

## Background and Literature

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Among advocates for the homeless in the US, a truism has long held that homelessness is more expensive to society than the costs of solving the problem. For as long as two decades, public education campaigns on subways and in newspapers have periodically made the simple case that the cost of housing, even with support services, is cheaper per night than the cost of a shelter cot, a hospital bed or a prison cell. Judging from the low priority accorded to permanent housing solutions for homelessness in the US over most of this period, these arguments have not always been persuasive with policymakers. Government officials and legislators expect advocates to make such claims and understand the difference between advocacy statistics and research. However, beginning in the early part of this decade, academic research substantiated some of these claims for particular subpopulations of persons who are homeless. Quite recently, a rather incredible spate of related cost analysis efforts has issued forth from local planning organizations throughout the US. Unlike the previous advertising campaigns, these projects are having a substantial impact on policies, at the national and local levels, including garnering significant new resources for permanent housing solutions to the problem.

## **Making Homelessness Visible to Public Agencies and Payers**

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For most public agencies, the ‘homeless’ are invisible. Healthcare payment systems do not identify whether particular clients are ‘homeless’, neither do the records of most of the hospitals or emergency rooms that treat them. State child welfare agencies are not required to denote which of the families they serve are experiencing housing loss or severe housing instability. Police reports do not include a code for indicating that an alleged violator is living in a public shelter or in a public space. To be sure, the direct care workers in these settings are often well aware that they are the front-line responders to homelessness. In some cities, certain hospital emergency rooms and police patrols may spend substantial proportions of their work effort addressing issues associated with persons who are homeless. Yet that knowledge rarely, if ever, comes to the attention of agency administrators, because no one is systematically collecting data to indicate who among the people they serve is homeless and who is not.

Research on the service utilization histories of persons experiencing homelessness has proven to be one of the few tools that can redress this situation. Through the integration of data on persons served in homeless programs with data on the persons served by mainstream agencies, the people who are homeless in these mainstream agencies can be identified and enumerated and their service histories analyzed and monetized. On the basis of such data, these agencies and administrators can learn the degree to which their clients are homeless, the role that their services (or lack thereof) may play in contributing to homelessness, and the subsequent impact of homelessness on their systems. Once made visible, agency administrators can see how their service systems may play a more positive role in addressing the needs of people who are homeless and in mitigating the incidence and duration of the problem. Public policymakers can also see the aggregate costs of homelessness among various subpopulations and to various service sectors, potentially providing needed support for strategic reallocations of resources and even new investments in housing solutions.

## Services Utilization Research in the United States

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### *Published Research*

The earliest research on contemporary homelessness in the US focused on the service utilization histories of homeless persons (Fischer, 1989). A widespread belief that homelessness was caused by the 'deinstitutionalization' of former patients of state psychiatric hospitals led researchers to inquire as to the extent of prior hospitalization among adults who were homeless. Results indicated that about 15% of the population at that time had experienced an inpatient psychiatric stay, but few of those were in state operated facilities. In effect, the deinstitutionalization argument didn't pan out. People with psychiatric disabilities had joined the ranks of other people with very low incomes in losing out in the tightening housing market; they weren't exceptional.

Most subsequent research on homelessness in the US has likewise relied on samples of the homeless in a given city or cities, and involved interviews with persons who are homeless to determine their characteristics and, in some cases, their services histories and needs. This research has been important in showing that people who are homeless have high rates of prior involvement with the child welfare system, frequent contact with the police, courts and correctional facilities, as well as the behavioral health treatment system (for national data see Burt *et al.*, 2001; for reviews of relevant literature, see Baumohl, 1996, see also recent reviews published by the Federal Government at <http://aspe.hhs.gov/hsp/homelessness/symposium07/index.htm> ). However, because most of this research does not include housed comparison groups, the degree to which these service needs or usage rates are different for people who are homeless as compared to the housed poor more generally has not always been clear. Moreover, because most of this research is based on samples of the homeless rather than the overall service-using population, this research has not enabled public agencies to estimate the degree to which *their* clients are homeless or how people who are homeless are similar to or different from their other clientele.

The availability of administrative data, particularly data which track homeless program utilization, has helped to overcome those limitations. In the early 1990s, the cities of Philadelphia and New York were unique in the US in that they had separately developed automated systems for recording discrete entries and exits from their publicly funded shelter systems. These 'management information systems' (MIS) had essentially created a data archive of shelter users, including their identifiers (names, birthdates, gender, ethnicity, Social Security Number and prior address), shelter placements and dates of service. These data were initially used to develop 'period prevalence' counts of homeless shelter use in the US (Culhane *et al.*, 1994), as well as population-adjusted rates of shelter use. For example, researchers found that 1%

of the general population in these cities was homeless each year in the early 1990s, including 10% of poor children annually and 20% of poor African American men in their 30s and 40s (Culhane & Metraux, 1999).

These MIS data also enabled researchers to identify distinct patterns of shelter use, including differentiating between the vast majority of single adults (80%) who used the shelters on a very short-term basis, with a relatively small minority (10%) moving in and out shelters episodically and another small minority (10%) of 'chronically homeless' who used the shelters on a long-term basis (staying a year or more per stay, on average, and not including days of unsheltered homelessness) (Kuhn & Culhane, 1998). While people who are chronically homeless account for relatively few of the homeless overall, a tabulation of the 'bed days' consumed by this group showed that half of the adult shelter system days were accounted for by the 'chronic' shelter users. This led public shelter administrators, other policymakers and some homeless advocates to conclude that substantial reductions in homelessness and daily shelter capacity could be achieved by targeting this relatively small population with permanent housing. Stated simplistically, the rental costs of market-rate housing (\$6,000-\$8,000 per year, or €3,885-€5,184 per year) could be paid for by the shelter costs, which are estimated to be an average of \$13,000 (€8,417) per bed per year nationally (Wong, Park & Nemon, 2005). While this point is illustrative, given that the sources of funding for shelter and housing are quite different and have different requirements, having these services utilization and cost data made it possible to make the case that, indeed, with regard to the people with long-term shelter stays, homelessness *is* potentially more expensive than permanent housing.

Apart from the analysis of the homelessness system, access to the identifiers in the MIS also enabled researchers to tap a much larger and more potent source of information regarding services utilization among people who are homeless. Identifiers in the homelessness records could be merged or integrated with identifiers from the mainstream social welfare systems to learn the proportion of the sheltered population with involvement in these various systems, as well as the proportion of the users of these systems who were entering shelters. An early example of this work involved merging the homeless records with the mental health and substance abuse treatment records in Philadelphia. This research showed that approximately 18%-20% of the adult homeless had a treatment history for a severe mental illness (Culhane, Averyt & Hadley, 1998). Interestingly, this research also showed that people with schizophrenia had a lower rate of shelter use (3% per year) than the poverty population in general (6% per year), suggesting that the safety net for people with psychiatric disabilities conveyed some protection against homelessness, at least in this city (Culhane, Averyt & Hadley, 1997). This stood in marked contrast to people who did not have a serious mental illness, but who had prior inpatient substance abuse treatment paid by public insurance, whose annual rate

of shelter use was 14%, more than double the rate for poor people in general, and fourteen times the population-wide rate. Further research was able to examine the timing of homelessness episodes relative to inpatient treatment and how risk for homelessness following hospital discharge was mediated by continuity of outpatient care with a community service provider (Kuno *et al.*, 2000; Averyt *et al.*, 1997). Researchers were also able to examine how housing programs supported by the mental health system were able to interrupt a homeless spell, and how people with mental illness were able (or unable) to access this housing. Such information has proved vital to local policymakers charged with managing those housing resources and in their advocacy for additional resources from state officials to close the gap between the current inventory and expected demand.

Many other 'integrated database research' projects based on access to the homeless services MIS data in New York and Philadelphia have been completed<sup>1</sup>. These have included studies of homelessness among young people exiting foster care; birth outcomes for homeless mothers; the timing and placement of children from homeless families into foster care; the co-occurrence of AIDS and homelessness; rates of homelessness among people discharged from prison and jail, and rates of subsequent reincarceration; and rates of homelessness among school children, and impacts on school attendance and achievement. Studies have also used the 'last permanent address' data in the MIS records to look at the spatial distribution of the former residences of families which become homeless. Address data have been merged with utility records to examine rates of utility shut-offs and fires at those addresses prior to the homelessness spell, and to target neighborhood-based homelessness prevention programs. Hence, a wide variety of projects have been pursued with the overall intent of identifying how the mainstream social welfare systems impact homelessness and how homelessness impacts them.

This approach was also the basis for a large, multi-system cost analysis of homelessness among persons with severe mental illness in New York City, which tracked nearly 10,000 persons (Culhane, Metraux & Hadley, 2002). The study examined the cost-offsets associated with a major initiative to provide 3,700 units of supported housing targeted to this population. The results of the study showed that those people who were homeless with a severe mental illness used an average of \$40,500 (€26,223) per year in services (1998 dollars), including health, corrections and shelter services. Once housed, people used fewer services, for an average decline of \$16,200 (€10,489) in expenditures per occupied unit per year (at least expenditures that could be tracked; many, such as ambulance transport and court costs could not be tracked per individual). The cost of the supported housing intervention was \$17,200 (€11,137) per unit per year, resulting in a net cost of approximately

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<sup>1</sup> For a list of publications and articles for download see: [http://works.bepress.com/dennis\\_culhane/](http://works.bepress.com/dennis_culhane/).

\$1,000 (€647) per unit per year. When the study was published in 2002, it provided significant evidence that ending homelessness among many people with severe mental illness in New York City, while no cheaper based on this admittedly conservative estimate, was nearly a break-even proposition.

The New York study was cited in the Bush administration's 2003 budget in which it pledged to 'end chronic homelessness' in the US (US Executive Office of Management and Budget, 2002). The Congress and the President subsequently increased Federal funding for homelessness programs by 35% from 2003 through 2007, much of it targeted to the creation of supported housing for people experiencing chronic homelessness (US Interagency Council on Homelessness, 2007). Mayor Michael Bloomberg of New York City also cited the study in 2004 when he announced an initiative to develop 12,000 units of supported housing in five years, targeted to people experiencing chronic homelessness (NYC Office of the Mayor, 2004). The study has served as a basis for numerous replications by other local planning organizations over the last five years (see section on 'Ten Year Plans' below).

Other academic research has likewise found significant cost offsets associated with the placement of people who are homeless and with severe mental illness in supported housing. Rosenheck *et al.* (2003) studied a national supported housing demonstration program and found that because of cost offsets associated with declines in the use of acute care services, the supported housing had a net cost of \$2,000 (€1,295) per unit per year. Interestingly, the study relied on self-reported services use to estimate changes in service use, rather than administrative records. A recent randomized clinical trial found that people who were homeless, with a chronic health condition and recently discharged from a Chicago hospital, had substantial cost offsets when placed in supported housing compared to a group that got 'usual care'. Although the final results are not yet publicly available, the investigators' initial results suggest that overall they found a net negative cost of the intervention (Barrett, 2008).

However, not every study of services use among persons who are homeless has found that they are costly service users. A study in Houston found that people with severe mental illness who were homeless used very few services, as compared to persons with severe mental illness who were not homeless (Sullivan *et al.*, forthcoming). This suggests that there may well be substantial regional variations in the United States with regard to the availability and accessibility of services for persons who are homeless. Areas with more limited public services overall may well have fewer costly service users among the people who are homeless, meaning that there are few costs to offset as a result of an intervention.

A major limitation of the published housing intervention research is that it has focused primarily on persons who are homeless and also have a severe mental illness. While the Chicago study cited above included people who were not mentally ill, most of the research on housing interventions for the formerly homeless have focused on people with severe psychiatric disabilities. Given that people with severe mental illness account for approximately 25% of the chronic homeless population, 20% of the single adult homeless and 6% of the parents in homeless families, much remains to be known about the effects of various housing interventions for the vast majority of people who are homeless and who do *not* have a severe mental illness. Homeless families in particular have not been studied as intensively as single adults<sup>2</sup>.

Rosenheck has also pointed out that some of these housing intervention studies may have been biased in selecting higher users of services for inclusion in the study. Clearly, it is easier to demonstrate cost offsets when the persons placed have high costs prior to the intervention. Based on national data, Rosenheck estimates that only the highest 10% of persons who are homeless with mental illness have service costs as high as were found in the New York study cited above. Rosenheck argues that average inpatient costs for this population nationally are closer to \$9,000 (€5,827) per person per year, rather than the \$34,000 (€22,015) found in the New York Study (inpatient costs only; corrections and shelter costs excluded). Again, this may indicate regional differences in the accessibility of services. Regardless of this, it should temper expectations that broadly representative samples of people who are homeless will have universally high service costs.

### *'Ten-Year Plan' Cost Studies*

Since 2003, localities around the United States have seized on the concept of a 'cost study' of homelessness with great enthusiasm. Remarkably, more than forty studies have been undertaken by local communities, most often as part of their 'Ten Year Plans to End Chronic Homelessness'. The idea that communities should create local plans to 'end homelessness' was initially inspired by the National Alliance to End Homelessness, an NGO that advocates for Federal homelessness policy reforms. The Alliance published its own ten year plan in 2000, encouraging local communities to follow its lead (National Alliance to End Homelessness, 2000). In 2002, under the Bush Administration, a reinvigorated United States Interagency Council on Homelessness also made the establishment of ten-year plans a major priority for local and state Governments. Under the leadership of Philip Mangano, the Federal

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<sup>2</sup> A recent analysis of their shelter costs, however, did find that a small proportion of families (20%) also use half of the shelter resources, at an average cost of \$35,000-\$50,000 (€22,662-€32,375) per family, or the equivalent of 5 years of a federal housing subsidy in the US, see: Culhane *et al.*, 2007.



office has led a campaign to enlist cities and states to create such plans. Mangano has also championed the use of 'cost analyses' of chronic homelessness as a means of generating political will to leverage funding for the local plans.

Mangano has helped to inspire communities to this task by distributing an article by Malcolm Gladwell (2006), entitled 'Million Dollar Murray', from a popular literary magazine. Gladwell, a best-selling non-fiction writer in the US, tells the story (which he first learned from Mangano) of a man named Murray living on the streets of Reno, Nevada. Two local police officers tallied up his rides in emergency medical transport, his emergency room visits and hospital stays, and his time spent in the local jail, by going through the local program records by hand. They estimated that it had cost the taxpayers \$100,000 (€64,750) a year to maintain Murray in a state of homelessness, and that over a ten year period it reached \$1 million (€647,500). What the taxpayers got for that public 'investment' was a man who lived and died on the streets. The story has served as an inspiration, not only because the officers found such a remarkable cost to the public for such a chaotic and ineffective system of 'care', but because the officers' 'study' didn't require an academic professional with an advanced degree and a research grant for its completion. People have concluded that a savvy person with the right connections to the right agencies could do just as well as the two police officers in Reno.

Since 2003, more than forty such 'cost studies' have been conducted by local communities in the US, engaged in these 'ten year plans to end chronic homelessness' (see Culhane *et al.*, 2008, for tables summarizing the studies and their results). Slightly fewer than half of the studies have examined the costs of services use by people *only* during their homelessness episode; the others have looked at people who had been homeless and then placed in housing, comparing the costs before and after their housing placement. Few, if any, have involved comparison or control groups. From a scientific perspective, the studies are therefore primarily illustrative. The study populations are non-random or 'convenience samples' and are usually selected on the basis of their being presumed to be 'high cost users' as well as chronically homeless. In some cases, the names are elicited from the police or emergency-room staff. The investigators have proven quite adept at obtaining cooperation and records from a variety of agencies, including jails, hospitals, shelters and emergency medical transport. Because the samples are not standardized and the sample sizes vary widely, study results are correspondingly quite heterogeneous. In general, the larger the sample (and presumably the more representative of adults who are homeless), the lower the average annual costs of services use. Furthermore, the intervention



offset the costs of those interventions even among the less costly of the persons who experience chronic homelessness. The interest and energy around developing these cost analyses certainly represents an opportunity for public and private research agencies to assist communities and researchers in achieving the same instrumental political goals, but with greater scientific rigor.

Regardless of their methodological merits, academic research and local plans that have incorporated cost analyses have succeeded in generating new investments in homeless programs. According to early results, these efforts appear to be working. The Federal Government has announced that chronic homelessness declined in the US for two consecutive years: 12% from 2005 to 2006, and a further 20% from 2006 to 2007, giving a net reduction of 50,000 persons (US Department of Housing and Urban Development, 2008). While these reductions no doubt reflect improved counting at the local level, there is also little doubt that some progress is being made, as US HUD claims to have supported the development of 40,000 units of permanent supportive housing for the formerly homeless under the Bush Administration's initiative.

## **Potential Applicability to Other Sectors and Countries**

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The cost and services utilization research that has emerged in the US over the last decade may represent a model for other countries struggling with homelessness and other social policy sectors that deal with complex and multifaceted problems. The US experience also suggests some important limitations and challenges within this approach that researchers should keep in mind.

Perhaps the most important factor that has made the US work possible, and which may represent the biggest obstacle in many other communities is the availability of administrative data on the use of homelessness programs. Only a handful of US cities have had these systems historically; two of those cities (New York and Philadelphia) were the basis of most of the early work done of this nature. Since the 2000 federal budget, the US Congress has required that all communities in the US implement 'Homelessness Services Management Information Systems' (HMIS). The goals are to give to local communities the data with which they can identify trends and subpopulations of people who are homeless, and to enable communities to engage in record linkage projects that would identify the use of mainstream social welfare systems by persons served in the homelessness system. However, most communities in the US have not successfully implemented such systems. Technical challenges, human resource issues and provider attitudes toward automated data collection have all contributed to the slow adoption of these systems. However, substantial progress is being made, especially as Federal

agencies incentivize data collection. The US Department of Housing and Urban Development awards extra points for applications for homelessness funds from communities where an HMIS is being implemented. The most recent federal reporting year, 2007, shows that almost one community in four in the US now has sufficient coverage of its homeless program network in its HMIS to participate in the national reporting system (US Department of Housing and Urban Development, 2008). Growth in system implementations has been especially good in the last two years and could reach half of all US communities in the next two or three years.

Without these data, communities have had to rely on primary data collection to obtain information on samples (typically convenience samples) of people who experience homelessness or who are placed in various housing interventions. Services utilization data has been gathered either through retrospective interviews which have more limited reliability the longer the period for recall, or through tedious record searches, often of a single individual at a time, at each respective data source. As noted in the section on 'Ten year plans' above, these projects have proven quite influential and politically instrumental. However, they don't represent a viable long-term approach to data gathering and record linkage that would support the on-going evaluation and planning needs of public agencies. That said, these approaches are more amenable to *ad hoc* projects, or to research projects on smaller, well-defined samples. This may represent, therefore, a reasonable scientific alternative to HMIS-type systems implementations in many communities and countries.

A further challenge to some communities may be in obtaining the cooperation and participation of the mainstream or 'non-homeless' agencies. Confidentiality laws and other privacy protections limit agencies with regard to the sharing of client data. Some of these concerns may be overcome through carefully developed legal agreements and data handling procedures, or even through obtaining client consent at the time of registering for program enrollment. However, in many communities which have limited experience in this kind of data sharing agreement, obtaining appropriate permissions may prove to be more of a challenge than a manual search of the records (of course, even a manual search of a given institution's records would require some approval by the agency, although a small institution may find ways to choose to share its records confidentially more readily than would a region-wide 'system'). The US experience suggests that these manual searches can be done quite effectively, and often with greater efficiency relative to the execution of more comprehensive automated data sharing agreements among large Government departments. This is an area where governments or other major research sponsors may choose to offer technical assistance grants to assist researchers and communities in developing the appropriate data sharing protocols.

A further caution regarding the approach taken in the US relates to the tendency of advocates to overstate the cost-savings that may result from housing persons who are homeless. In the view of many, homelessness should be eradicated irrespective of its cost (of course, within the limits of society's resources), and citizens and public agencies should not be promised 'cost savings' or even 'cost offsets' from homelessness solutions, lest they be unattainable and support for these solutions be subsequently withdrawn. In light of these concerns, researchers should be careful to consider (and explicitly observe) that the services utilization cost of homelessness is only one dimension of the moral issues raised by the problem. Other moral dimensions of homelessness include dehumanization, diminished capacity to actualize basic societal rights and privileges, and susceptibility to victimization, including violence. While less easily 'monetized' these moral dimensions reflect 'costs' to the individuals affected, as well as to society. Indeed, the services utilization research summarized above is also limited in that it is based on a 'cost accounting' approach to cost analysis; more comprehensive economic studies would monetize these other aspects of homelessness, including the value to persons and to society of having stable housing and improved health, employment prospects and relations with family members. In defense of the 'cost accounting' approach, its promise is that government agencies and the public can be shown that existing resources could be reallocated to more effectively assist people who are homeless with ending their homelessness. The efficient and effective use of public resources falls squarely on the shoulders of policymakers and, once identified, the moral argument regarding the use of current expenditures can carry more weight (and potentially more resources), than the less tangible costs in a purely economic analysis of less accountable benefits to society. In any case, researchers and advocates should be careful not to over-promise or over-generalize the results found for particular interventions for very specific populations.

Even when services utilization and costs among people who are homeless are identified, it is not always the case that the dollars spent can be recouped from reduced utilization, and redirected to housing solutions. Public resources are typically allocated by government departments individually and resources saved in one area, even those which are clearly responsible for the savings in another department, cannot necessarily be recaptured and invested elsewhere. Moreover, while the reduced utilization of services can result in reduced expenditures, that is not always the case. In systems where services are funded by direct support or subsidy of facilities and operational activities (such as jails), and not through cost-based reimbursement systems (as in health care), reduced utilization by some people will not reduce the overall facility operating costs, as those costs are paid

irrespective of who uses the system, or for how long. While inappropriate utilization can be reduced, freeing staff-time for other responsibilities, no real dollars are released in these systems and they can't therefore be recaptured or reinvested.

Finally, the approach described here could be applicable to the analysis of other social problems. Many social problems have multiple dimensions; they impact multiple sectors, such as education, disadvantaged youth or adults with behavioral disabilities. These areas would seem to be strong candidates for an approach of this sort, where the population or problem of interest can be tracked across multiple systems and a truer picture of its 'multi-sector' impact observed. To address issues in this way, several communities in the US (including some states) have undertaken the assemblage of 'integrated administrative database' infrastructures. These infrastructures are intended to make data available for various cohorts of people across service systems. Integrated file extracts can be created in response to a specified request, or routinely by agencies seeking knowledge of how particular service interactions occur over time. The advantage of maintaining these infrastructures is that the data are more readily available for analysis, while requests can be substantially more streamlined than is the case with *ad hoc* enquiries. The development of such systems requires substantial investments of time and resources, but could be beneficial in sectors beyond homelessness, as society deals with the broad range of issues which manifest themselves through multiple agencies.

## Conclusion

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Services utilization research in the area of homelessness has helped researchers and policymakers in the US to better understand the prevalence and dynamics of homelessness and the impacts that agencies have on the problem, however intentionally or unwittingly. Evidence of these impacts has engaged the mainstream social welfare systems into further dialogue regarding their practices and how their resources could be shifted to better assure a positive outcome for their clients, including reduced homelessness. By using the databases from these agencies as the basis for the analyses, agencies can be more readily engaged in this dialogue, as the data track the resources and programs for which they are responsible. From these projects, policy-makers and the public at large can also learn about the inefficient use of resources associated with homelessness as well as the potentially positive impact of housing programs, where found. All of this can be used to help identify better and more effective programs, and better and more effective uses of resources. Such outcomes can also be used to generate on-going public support and political will for further investments in housing solutions to homelessness.

The homelessness 'system' in the US is essentially a residual phenomenon. It is largely unregulated, unlicensed, underfunded, and ultimately unsuccessful in ending homelessness. An important benefit of the analyses of homelessness services utilization and costs is that this research can demonstrate that people who experience homelessness do not just use shelters, but are often the clients, sometimes the well-known clients, of these larger and more intensively funded service systems. Many of the homeless are homeless because these service systems do not recognize the housing needs of such persons, whether intentionally or otherwise, and do not readily advocate for housing solutions that would result in better outcomes for their clients and their agencies. Services utilization research and associated cost analyses hold the promise of challenging policymakers to recognize these gaps in services, the costs to the public and the need for more efficient responses. The public and legislators can't be expected to support more expenditure on ameliorating homelessness and poverty if agencies can't also show that the current anti-homelessness and anti-poverty systems are effective stewards of present resources. To be an effective partner in that process, researchers need to help identify the excess resources being consumed, the most effective and efficient housing alternatives, and the information that can be used by mainstream social welfare agencies to achieve greater accountability and reduced homelessness.

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# Media Representations of Homelessness and the Link to (Effective) Policies : The Case of Slovenia

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- › **Abstract\_** *This article examines media representations of homelessness in Slovenia, because the media are, it is argued, one of the most important actors in the 'construction' of this social problem. How homelessness is perceived and what its causes are thought to be influences the types of policy that are viewed as acceptable in a country and how they are evaluated, or how effective they seem. The article starts by presenting the development of policies and services in Slovenia. It then describes the findings of the media analysis of three main Slovene newspapers in the year 2007. It focuses on the trends and fluctuations in articles on homelessness and on their broad content, discussing the implications of these media portrayals of homelessness for our understanding of the phenomenon and policy responses. The main specific finding on Slovenia is the apparent absence of the state as an important actor in newspaper articles on this issue, which corresponds with the absence of homeless people as a specific group within national housing policies.*
- › **Key words\_** *Homelessness ; Slovenia ; media analysis ; social problems ; social constructionism*

*“Whether or not a situation is perceived as a political problem depends on the narrative in which it is discussed.” (Hajer, 1993; quoted in Jacobs, Kemeny and Manzi, 2003; p.429)*

## Introduction

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Homelessness is recognised in all European countries as a social problem that welfare states need to address. This is also evident at the European policy level, with homelessness requiring to be addressed within national Social Inclusion Strategies. However, no coordinated European-wide policies on homelessness have been introduced, and the phenomena is defined and addressed in different ways in various member states. The 2005 European Union (EU) strategy on Social Protection and Social Inclusion included the ensuring of a 'decent dwelling' to all citizens as one of its seven key priorities, but also said that this priority could be achieved in various ways in individual member states. Improved housing standards, improved access to social housing, or the implementation of programmes to tackle homelessness (European Commission, 2005b) were among the options available. These different approaches to homelessness are sometimes due to 'real' differences in the housing, institutional and welfare context between countries, but they may also be associated with varying perceptions and definitions of the problem.

It is thus important to know how homelessness is perceived within individual countries and what its causes are thought to be, as this is likely to influence the types of policy that are viewed as acceptable and how they are evaluated – in other words, how effective they seem. The effectiveness of homelessness policies and programmes is often considered in a relatively narrow 'before and after' intervention basis (Flatau *et al.*, 2006). These evaluations rely heavily on an assumed understanding of the definition of the problem and the proposed solutions to it. However, it is often helpful to consider the effectiveness of policies in the wider context of the perception and definition of the problem. The Central and Eastern European (CEE) countries present an interesting case study, as their homelessness policies have been developed relatively recently, after 1990 in the case of Slovenia. Therefore, they enable observation of both the development of perceptions and definitions of homelessness, and the influence of these factors in the policy and public arena.

Several authors have emphasised that housing issues are rarely debated through the theoretical perspective of the 'construction' of social problems (see e.g. Jacobs *et al.*, 2003). In this paper I will analyse the homelessness problem in Slovenia using such a 'social constructionist' framework. I will focus on the media as an important agent in this process of social construction, and will analyse the media discourse on homelessness in Slovenia, linking it to the existing policy and institutional context. The structure of the papers is as follows. First I will summarise the theoretical framework which underpins my analysis. Then I will describe the development of homelessness policies and services in Slovenia. The next section of the paper outlines the methodology for the media analysis exercise I undertook, before I move on to describe the findings of this analysis (the trends and fluctuations in

articles on homelessness, and their broad content), and to discuss the implications of these media portrayals of homelessness for our understandings of the phenomenon and policy responses.

## Theoretical Background

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This paper starts from the premise that the recognition of certain phenomena in society as being problematic is not something inherent to the existing conditions in a society, but is instead socially constructed:

“Social problems lie in and are produced by a process of collective definition. The process of collective definition is responsible for the emergence of social problems, for the way in which they are seen, for the way in which they are approached and considered, for the kind of remedial plan that is laid out, and for the transformation of the remedial plan in its application” (Blumer, 1971; quoted in Jacobs *et al.*, 2003; p. 429).

Jacobs *et al.* (2003) suggested that three conditions are necessary for a housing problem to be recognised and acted upon: first, a convincing narrative needs to be developed; second, a coalition of support has to be constructed; and third, this coalition needs to ensure that institutional measures are implemented. Within the context of this article, the first of these conditions – ‘a convincing narrative’ – is of primary interest.

How the problem is defined and what solutions are proposed to it is part of a political process, wherein various actors play an important role, and where complex power relations are played out. As Parsons (1999) emphasises, the political process is not an open one and only certain questions reach the agenda. How these questions are defined is argued to be the basis of political power (Parsons, 1999; p.126).

Public policies are influenced by external factors, like the economic, social and demographic conditions in a society as well as the policies of other countries. However, internal factors are also very important, such as existing institutional frameworks and past policies, which exert an influence due to factors such as inertia, inflexibility and existing rules of conduct (Parsons, 1999). The ideas that influence actions and behaviour are incorporated in organisations and thus may exclude alternative solutions and new ways of acting (John, 1998).

“[E]ach particular regime of welfare contains the discursive and institutional resources which policy actors attempt to repackage when forming coalitions and networks around specific issues of social exclusion” (Arapoglou, 2004; p.105).

Furthermore, several groups of actors are involved in problem definition. The groups most commonly analysed are the political and economic elites and various interest groups. However, another important actor is the media:

“News constitutes a shared symbolic resource for establishing who is homeless, why people are homeless, what happens when a person is homeless, who the experts are, what can be done about this social phenomenon, and who should respond.” (Hodgetts *et al.*, 2005; p.31).

The political agenda is determined by a combination of structural factors, the pressure exerted by policy lobbyists and the intervention of the media (Jacobs *et al.*, 2003). Parsons (1999; p.107) argues that: “With distortion of issues and creation of stereotypical threats, mass media create a context, within which the policy responses are formed, (...)”. The media can therefore either facilitate new perspectives on certain issues, or can support the *status quo*. Media representations of homelessness have been analysed across a range of countries by Meert *et al.* (2004) and I will draw extensively on their work in this article as it provides a helpful comparison point with Slovenia. They have analysed how homelessness is portrayed in Spain, Luxembourg, Denmark and France and found that media reports mostly support dramatic aspects of homelessness which confirm and reproduce the dominant representations of homelessness (*ibid.* p.37).

As Moscowitz (2002) argues, journalism can also have an impact on public awareness, stimulating action through what is termed ‘civic’ or ‘public’ journalism.

“[R]esearchers have long recognised that coverage of particular social problems in the mass media and the way in which they are covered can not only increase public awareness of the problem, but can also mobilise public support for certain solutions and affect policy making.” (Moscowitz, 2002; p.63)

Jacobs *et al.* (2003) have demonstrated how the media portrayal of problem of lone parents and anti-social behaviour had an important impact on the policies that were applied. “Of central importance in establishing a new convincing narrative was the role of supposedly impartial commentators in the media.” (Jacobs *et al.*, 2003; p.436) They have also argued that the construction of social problems by the media often draws upon negative stereotyping and rhetorical strategies. However, the media is just one of a number of relevant actors, and I am not suggesting that any social problem is only discursively constructed. Social problems are also the product of existing policy processes and service development – these are described next with respect to homelessness in Slovenia.

## The Development of Homelessness Policies and Services in Slovenia

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Before the collapse of socialism, the state was responsible for providing citizens with housing in Slovenia<sup>1</sup>. The social housing sector was very well developed by the end of the 1980s (33% of dwellings were 'social rented' – owned by enterprises or local authorities (Mandič, 1994 ; p.30). Homelessness (or more precisely rooflessness) was not very common.

After Slovenia gained independence, the state withdrew from the direct provision of housing and its role has been redefined as 'enabling'. However, what has characterised housing finance and housing policy in the last two decades in general has been ad-hoc interventions and the absence of a long-term strategy (Cirman, 2007). The development of the new housing system has been slow, due to weakly defined policy instruments, poor financing and a lack of clarity with regard to the responsibilities of relevant actors (Mandič 2007, Cirman 2007). The Housing Act in 1991 introduced major changes to the housing system. However, a National Housing Programme was adopted much later, in 2000. The main instruments for vulnerable households in the housing arena in Slovenia are now : (1) permanent housing (social sector); (2) financial measures (loans, rent subsidies, social aid); and (3) temporary shelters, outreach services and similar.

The availability of social housing decreased significantly after independence, as this stock was largely sold off in the process of privatisation, and there was almost no new building in the decade that followed (see Mandič, 2007). The share of social rented housing decreased from 33% of the stock in 1991(prior to privatisation) to 13% in 1993 (Mandič, 1994 ; 30). This meant that one of the most important instruments for helping vulnerable households with their housing problems – social housing – was rarely accessible, due to very long waiting lists. In Ljubljana, for example, only approximately 10% of housing applicants received a social tenancy in 2005 (Hegler, 2006). The poor design of the financing instruments for this sector is a contributory factor; they have only recently become more defined with the increasingly active role of the Housing Fund of the Republic of Slovenia (see Cirman, 2007).

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<sup>1</sup> The methods and measures varied in the decades after the Second World War. At first, housing provision was dependent on nationalisation of dwellings (and their re-distribution), then on municipal housing funds (based on contributions from employed residents) and later, more market-oriented building was introduced, based on private financing (Sendi, 2007, pp. 7-12; Mandič, 2007, pp.19-21). This resulted in some periods of intensive building (mainly high rise). However, due to continuing housing shortages, building by individuals remained very common (and was sometimes also illegal).

At the same time, access to various forms of financial support for poor citizens has been diminishing and the conditions for access have been significantly restricted in some areas<sup>2</sup> (Črnak Meglič, 2006). Housing loans in general are less accessible than prior to independence (Mandič, 1999). An important actor is the Housing Fund of the Republic of Slovenia which operates a long-term savings scheme intended to enable individuals to purchase or renovate their houses. This measure was criticised for not being well focused and its importance has also diminished due to the increasing role of the banking sector (Cirman, 2007; p.82). Until recently, rental subsidies were only available to poor tenants in the social sector. However, amendments to the Housing Act in 2008 have expanded these subsidies under specified conditions ('means testing' and 'having applied for social housing but failed to receive it') to tenants in the private sector.

In contrast with the growing restrictions in financial support for poorer citizens and the decline in permanent social housing discussed above, there has been an expansion in targeted homelessness services in Slovenia in the years since independence. For example, the number of shelters and of beds in these shelters has been increasing slowly over the last decade<sup>3</sup> (National Report on Social Inclusion and Social Protection 2007). In addition, emergency units have been developed, to provide for the most pressing cases of housing vulnerability<sup>4</sup>. These developments reflect the increasing vulnerability of many households in the housing sector (this has been a side effect of the diminishing housing supply for poorer groups, the increasing difficulty in getting a housing loan, high prices in the rented sector and emerging crises in the labour market due to restructuring, (see Mandič, 1999; Dekleva and Razpotnik, 2007). However, progress from shelters to more permanent accommodation remains very difficult, mainly due to the small size of the social housing sector. The 'Housing First' approach, which involves helping clients to

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<sup>2</sup> Universal health services have been limited and voluntary supplementary insurance has become a condition for full access to health care. With regard to unemployment insurance, actively seeking employment is now a prerequisite for receipt of benefit. Social protection legislation has strengthened supervision over the payment of benefits, however some new rights have also been introduced (e.g. to state pensions) (Črnak Meglič, 2006; pp.19-20).

<sup>3</sup> For example, in the course of a year (2006 to 2007) the number of places in shelters for homeless people increased by 35% (there are now 101 places in total), the number of places in shelters for women, victims of violence and maternity homes by 7% (312 places in total), and the number of places in supported housing by 12% (202 places in total) (National Report on Social Inclusion and Social Protection, 2007)

<sup>4</sup> However, for now, quality and standards within shelters are not a significant part of policy or professional debates in Slovenia (in contrast to the UK, for example, see Fitzpatrick and Wygnanska, 2007).



secure a tenancy first before addressing their other needs through intensive and flexible support (see Atherton & Mcnaughton-Nicholls, this volume), is not being discussed or developed in Slovenia.

The withdrawal of the state has left more space for the development of interventions by civil society (such as NGOs) in various areas. However, the development of the NGO sector has generally been slow. Even though the number of NGOs has doubled in a ten-year period (from 1996 to 2006), the share of employment in this sector has not grown, and remains low in international terms (only 0.7% of economically active people are employed in this sector, (Kolarič *et al.*, 2006)). Moreover, the focus of Slovenian NGOs is rarely on the most vulnerable groups, with only 2% of private non-profit organisations in Slovenia active in the health care field and less than 4% in the field of social protection (Kolarič *et al.*, 2006).

When one observes how homelessness is described and debated in the policy documents in Slovenia, it becomes clear that homelessness is not very high on the political agenda and consequently no specific and 'holistic' homelessness policy exists. This might be partly because newly arising problems within the housing field have demanded more immediate attention (for instance, relationships among owners in high rise buildings; denationalisation of dwellings). Homelessness in its most acute form – rooflessness – remains a relatively hidden problem and is not very widespread. In the main, it has been linked with the 'larger' cities.

Homelessness is not in the foreground of the Housing Act (2003) or the National Housing Programme (2000), which are the two most important housing policy documents in Slovenia. Housing law does not fully consider the 'social' dimension of housing (see Mandič, 2007; Boškić, 2003), but instead focuses on 'property rights', like owner-buyer relations, relations among the owners in multi-dwelling buildings and so on, (although some mention is made of emergency units and social housing). On the other hand, homelessness is more specifically addressed in the field of social care, for example in the National Social Protection Programme (2006-2010) and National Action Plans on Social Inclusion (recently social protection and social inclusion). The homeless are mentioned alongside other vulnerable groups that need help, and the interventions listed include various shelters.

However, it should be noted that 'the homeless' are usually separated from other groups that can also experience housing problems and where housing solutions are proposed (for example women, victims of violence and people with mental health problems). Thus, while the homeless are not specifically defined in these policy documents, it can be inferred from the context in which they are mentioned that it is a narrow definition of homelessness that is being employed, that of 'rooflessness'. This is something that new member states have in common and which

has been already pointed out by the European Commission in the Joint Report on Social Inclusion, evaluating the National Action Plans on social inclusion (NAPs) of the new Member States (European Commission, 2005a).

To summarise, the main characteristic of homelessness policy in Slovenia is its absence. There is no coordinated action and the broader homeless group is addressed by various established welfare state interventions, while the term 'homelessness' and measures orientated at helping homeless people focuses on a narrow definition and spectrum of measures. The measures that are implemented are mainly short-term shelters, but transition from this short term accommodation to more permanent housing is difficult.

In the next section I will analyse how the media, as one of the key agents in the construction of social problems and consequently in the construction of policies to address such problems, present the homeless, and whether they present existing policies as adequate or are critical in ways which could prompt policy change.

## Methodology for the media analysis

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The three main daily newspapers (those with the largest circulation) were chosen for analysis: *Slovenske novice*, *Dnevnik* and *Delo*<sup>5</sup>. The archives for 2001-2008 were searched by keyword: homeless\* (slo. *brezdom\**), which encompasses the words used for people (the homeless) or the status (homelessness)<sup>6</sup>. However, for the detailed analysis I limited the articles to the calendar year 2007. In 2007, 119 articles from *Delo*, 70 articles from *Dnevnik*, and 88 articles from *Slovenske novice* were analysed.

The conceptual approach employed was textual, discourse analysis. The articles were analysed with the goal of identifying the messages, symbols and social relations hidden in the text. Macro-textual analysis sees the verbalisation and representation of society and groups through words. These representations are seen as marking, dramatising and constructing complex social relations. This

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<sup>5</sup> *Delo* and *Dnevnik* are both central-Left publications, however *Slovenske novice*, the newspaper with the largest circulation (published by the same company as *Delo*), is more sensationalist in its tabloid style approach.

<sup>6</sup> The selected methodology will have influenced the results to some extent – a broader search (by reasons like eviction and domestic violence) may have yielded more articles and a broader perspective on the housing vulnerability and homelessness discourse in Slovenia. However, in this paper the focus is purely on the use of the word homeless and the discourse and meanings attached to it.

approach draws on the works of Burke, Duncan and Edelman, viewing text as symbolic action, or a means to frame a situation, define it, grant it meaning and mobilise appropriate responses to it (Manning and Cullum-Swan, 1994; p. 465).

I adopted a similar media analysis methodology to that used by Meert *et al.* (2004), in order to facilitate international comparisons. I also drew upon the media analysis carried out in Slovenia by Razpotnik and Dekleva (2007), for the year 2005. However, my analysis differs from those of these earlier authors in that it focuses more on the policy implications of the media representations.

The text was first analysed by the primary topic to which it was linked and the articles were sorted into categories. The next section of this paper will present the descriptive findings of this analysis, focusing on trends and fluctuations in the publication of relevant articles and the key content of these articles; it will then disaggregate these findings across the three newspapers analysed. The subsequent section will be more discursive, drawing across all three newspapers and focusing on the implications from this analysis about key dimensions of homelessness in Slovenia.

### **Findings of the media analysis – describing trends, fluctuations and the content of articles on homelessness in Slovenia**

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Over the years 2002-2007, it is difficult to detect any trend toward a rising or declining number of articles on homelessness in Slovene newspapers. In *Dnevnik*, the number of relevant articles is quite constant, albeit that an increase can be noted from 2006 to 2007. In *Slovenske novice*, a gradual increase can be noted. However, in *Delo* there has been a gradual decrease in the number of articles on homelessness, although it continued to have a significantly larger number of relevant articles than either of the other publications during 2007. It is therefore difficult to find any overall trend across these newspapers with regard to their coverage of homelessness.

**Table 1: Number of articles found with the key word homeless**

Year	<i>Delo</i>	<i>Dnevnik</i>	<i>Slovenske novice</i>
2001	152	--	--
2002	173	43	--
2003	152	58	--
2004	135	56	55
2005	129	57	62
2006	133	44	76
2007	119	70	88
Per month in 2007			
January	6	4	13
February	9	3	3
March	6	4	10
April	11	10	5
May	5	4	5
June	15	4	4
July	6	11	8
August	13	6	12
September	14	6	5
October	13	5	6
November	12	3	8
December	9	10	9
Total	119	70	88

Note: -- indicates that the articles from that year were not included in the electronic archive.

In *Dnevnik* there is larger seasonal fluctuation in the number of articles on homeless than in the other two newspapers, with peaks in April, July and December. There is also some fluctuation in the number of articles in *Slovenske novice*, with peaks in January, March and August. This fluctuation is something that has also been identified in other analyses. For example, in the French press there is a significant peak in the coverage of homelessness in December and January (see Meert *et al.*, 2004), while something similar has also been previously noted in Slovenia (see Razpotnik and Dekleva, 2007). In *Delo* the fluctuation is lower, the articles being quite evenly spread through the whole year.

Table 2 (below) summarises the subject matter of these articles. As can be seen, in both *Delo* and *Dnevnik*, the largest share of articles (a quarter) is found in the categories of 'activities' (both organisations and famous personalities helping the homeless), followed by space/place issues (such as those issues that are linked to places that homeless people occupy, mainly in urban areas), and information on the homeless (typically, life histories of homeless people). The distribution in the newspaper *Slovenske novice* is quite different; here the largest share of the articles

can be classified as ‘negative events’ such as violence and accidents (more than a third), which corresponds to the previously mentioned sensationalist orientation of the paper. We now consider each of these categories in more detail:

**Table 2: The content of articles**

Categories	<i>Delo</i>	<i>Dnevnik</i>	<i>Slovenske novice</i>
Violence	3% (4)	10% (7)	23% (20)
Accidents	11% (13)	4% (3)	13% (11)
Helping the homeless – organisations	20% (24)	24% (17)	11% (10)
Helping the homeless – personalities	7% (8)	-	5% (4)
Information	8% (9)	20% (14)	15% (13)
Space, place	11% (13)	10% (7)	2% (2)
Policy	2% (2)	4% (3)	-
Other	38% (45)	27% (19)	32% (28)
Total	100% (118)	100% (70)	100% (88)

Note: The number in the brackets is the number of articles in the category.

### ***Negative events (violence, accidents)***

This category encompasses articles that describe homelessness in connection with accidents (for example, homeless people who have accidentally started fires in abandoned buildings), or violent events such as robberies and deaths.

The articles on violence can be distinguished on the following basis: where homeless people are victims of a violent act, which is the most common category<sup>7</sup>; where homeless people are the perpetrators, which is much rarer (and indicates that homeless people in general are not seen as dangerous and threatening); where violence occurs amongst homeless people (homeless people are both victims and perpetrators); and where violence did not directly involve the homeless but was happening in a place where they usually gathered.

The articles on accidents were mostly local events and were usually linked to only one homeless person; for instance a building goes up in flames because one homeless person lit a fire to warm himself. However, there were some articles about larger-scale catastrophes which left many people homeless, either locally (floods in Slovenia) or in other countries (for example, Hurricane Katrina in New Orleans).

<sup>7</sup> This is similar to other countries, for example Spain (Meert *et al.*, 2004; p.21).

### ***Helping the homeless (organisations, personalities)***

This is the largest category containing the majority of articles. It can be sub-divided with respect to: who is providing help, and who is the recipient of that help.

There are a variety of actors described as providers of help. Most usually these are NGOs, voluntary organisations or associations, but there are also public actors such as medical institutions or centres for social work<sup>8</sup>. In some cases the work of individuals is presented; these are usually famous people.

Furthermore, help can be directed broadly at several groups, with homeless people just one of the groups being assisted, and where they are not specifically defined. This happens mainly in the context of poverty and deprivation. In some cases, narrower groups such as drug users, migrants, people with HIV, TB or the roofless are specified, so the help is more specifically targeted. In addition, individual stories of a single person or a family are sometimes presented, together a description of the intervention that has helped them.

### ***Information***

This category comprises articles that offer information on the homeless: research may be presented (for example, the results of a small study of homelessness in Ljubljana, or data from the US); an event, such as a football competition involving homeless people may be described<sup>9</sup>; or the impact of wider trends on homeless people, including issues such as the effect of the Euro – “Since Euro changed the Tolar, the homeless get up earlier in the morning and they earn less” (*Slovenske novice*, 19.1.2007).

Personal portraits and life stories of individual homeless people, which form a significant proportion of this category, are more numerous in *Slovenske novice* than in the other two newspapers. An example of such a story is an article on a homeless family entitled: “Hamster in a garage and family on the street” (*Slovenske novice*, 2.7.2007). The article described the eviction of a family, the life story of the single mother involved and how she now finds herself on the street with her two children.

Also common around holiday time are articles which contrast the comfort and well-being enjoyed by most of the population with the deprivation endured by the poor and vulnerable. For example, one article commented:

<sup>8</sup> Similar distinction between the two main providers of help was found in previous analysis of Slovene media (see Razpotnik and Dekleva, 2007).

<sup>9</sup> This theme could conceivably have been placed in the category of ‘helping the homeless’. However, as the football competition was presented more as a sporting event, rather than an event specifically designed to help homeless people, it was put in this category.

“The images of satisfied people in holiday commercials create an illusion that no problems exist. Along with the people with mental health problems, other groups are susceptible to these pressures, who are already lonely – the elderly, chronically ill and disabled, homeless.” (*Dnevnik*, 28.12.2007).

### ***Place/space issues***

This category encompasses articles that :

a) describe individual buildings or places that are abandoned and problematic, representing a place where homeless people gather. These places and the homeless people who spend time in them are linked with potential crime or danger, some of these homeless people being portrayed as possible aggressors (for example, in one such article they were labelled ‘suspicious homeless’ (*Delo*, 3.10.2007)). This is the most common type of article in the category.

b) describe cities or even countries, in which homeless people are identified as a commonplace but unfortunate part of the image/experience :

“In the beginning San Francisco hardly wins your heart. The majority of European visitors are surprised by numerous homeless people on the street in the town centre, and even more so by their obvious physical and psychological decay. But they are neither dangerous nor intrusive.” (*Delo*, 1.8.2007).

Or, alternatively, they are portrayed as an integral and even ‘interesting’ part of the city life and ‘landscape’ :

“For some the biggest ‘attraction’ of the main square is a homeless person, who with a friendly “Good morning, do you have some change?” every day gets some money for a bottle of cheap wine.” (*Dnevnik*, 28.7.2007).

### ***Policies***

In a small number of articles, public policies relevant to homeless people are critically discussed. These articles relate to housing problems (shortage of housing or housing policies), integration policy (for refugees), policy on mental health issues and so on. One example is an article on the Strategy of Development of Social Care until 2011 of the municipality of Ljubljana (*Delo*, 19.12.2007). The article is critical of the late adoption of the document by the city council, as well as some of its content, such as the lack of clear data on homelessness and drug abusers.

### *Other*

This last category is very heterogeneous and encompasses articles where the homeless were not the focus of the piece and were mentioned only in passing (for example only metaphorically), or where homelessness was linked to things such as films, animals or artistic projects. This category is not relevant for our analysis, but it represents a significant proportion of the articles in all three journals (approximately one third).

## **Media portrayals and their implications**

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Some of the categorisations described above have been identified in existing literature. They are also linked to typical news media orientations (negative events and personal life stories in the example of the 'yellow press'). For example, the categories identified by Meert *et al.* (2004) in their analysis of the treatment of homelessness by the French press were charitable activities, 'studies and conferences', weather related events, Government and political actions, television programmes and shows or a miscellany (mainly comprised of reports on violence). Many of the categories, therefore, overlap with the ones identified in Slovenian press.

However, one important category – Government and political actions – is very weakly presented in Slovenian press. This seems to indicate a key difference between Slovenia and other countries with respect to the perception of homelessness. It seems not to be an issue that politicians talk about unlike, for example, that which was suggested by an analysis of the Spanish press (Meert *et al.*, 2004). Furthermore, public policies are rarely presented and critically analysed – either with respect to how they address homelessness or how they 'produce' it. This contrasts with the position in the French press (Meert *et al.*, 2004) for example, and in UK television (Hodgetts *et al.*, 2005). This then, is one finding that seems specific to Slovenia.

In the remainder of this section, the Slovenian articles are re-analysed according to their implications for key questions with respect to understanding homelessness in Slovenia: *who are the homeless?* ; *how are their lives portrayed?* ; *how are interventions to assist them described?* ; *and how are the causes of homelessness explained?*. Unlike the previous section, this section does not distinguish between the different newspapers, but rather draws findings from across all of them.

### ***Who are the homeless?***

Homelessness was described in the articles in a very narrow sense, linked to people living on the streets, who were sometimes also referred to as 'clochards'(slo. klošarji) in these articles. This is therefore similar to the narrow definitions that can be found in Slovene public policy documents (see above). However, we can find



even narrower definitions than rough sleeping in some articles. Where homelessness was the result of an eviction, for example, these households were sometimes not even perceived as homeless, but rather were put in opposition to the homeless. In one such article, a homeless family sleeping in a train station was portrayed as different from the homeless people sleeping there and were described as “almost forced to fight for their little piece of space with the clochards and the drug users” (*Slovenske novice*, 17.12.2007). When the same woman was taken to a homeless centre, she said that “that is for clochards”, and that she was not a clochard and did not want to be one (*Slovenske novice*, 22.12.2007).

In only one article was it explained that homelessness is a broad concept that includes mothers in maternity homes and users of various shelters. This was the definition given by a professional working with the homeless (*Slovenske novice*, 1.3.2007). Consequently it is not surprising that the profile of the homeless in the majority of articles (if given at all) was that of an older male, often with an alcohol abuse problem, or a younger male with a drug abuse problem<sup>10</sup>.

It is also interesting to note that immigration is an issue only rarely linked to housing or homelessness in the Slovene press, although it was in this piece:

“Along with our kings of the street<sup>11</sup> and those from former Yugoslavian republics we also meet the homeless of other nationalities on the streets of Ljubljana. This is a relatively new phenomenon, that has been brought about by rising living standards in Slovenia as well as by membership of the EU” (*Dnevnik*, 11.4.2007).

Thus the issue of immigration is far less prominent than it was, for example in the Spanish newspapers analysed by Meert *et al.* (2004), which is probably linked to the relatively low levels of immigration into Slovenia.

### ***How are homeless people's lives portrayed?***

In media portrayals, homelessness is of course most often linked to negative conditions such as poverty, cold or addiction problems, as was also found by Razpotnik and Dekleva (2007). However, perhaps surprisingly, many positive portrayals can also be found in the Slovene media:

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<sup>10</sup> There are of course articles that present other homeless groups, such as homeless families, or single mothers. In fact, Razpotnik and Dekleva (2007; p. 140) found in their media analysis that since there are fewer homeless women than men, women are actually over-represented in media accounts.

<sup>11</sup> This euphemism for the homeless has been very often used by the journalists, since the street newspaper of the homeless is called Kings of the Street.

“Clochard, as they are named, have a special status in Slovenia. They are not just beggars. They do not exactly beg for money, they more suggest that we might give it to them. They do not hide that they will use it for a bottle of wine, usually white, and a pack of cigarettes. In their words there is honesty, many are educated, they are independent and always proud” (Dnevnik, 20.1.2007).

Euphemisms are often used by the Slovene media when describing homeless people; they may be referred to as ‘boys and girls’, or a ‘tribe’ (Dnevnik, 1.12.2007), words which have positive connotations. However, in many of these positive descriptions it is possible to detect hidden negative stereotypes – such as an assumption that they all have drinking problems or specific personality problems. This ‘positive’ representation of the homeless could also imply that no additional measures are needed to help them, as they are quite happy with this (chosen?) lifestyle. For example in *Slovenske novice* (13.8.2007), the commentary of the journalist was:

“One gets a feeling that this life suits him (the homeless, ad. M. F. H.). But every coin has two sides, so at the same time his homeless life is not a bed of roses...”

Likewise, Meert *et al.* (2004, p.34) found in Denmark that “there is a tendency to describe the roofless as sympathetic people, vagrants, people who have chosen to sleep rough...”

### ***How are interventions to help homeless people described?***

The positive description of the homeless life mentioned above is also linked to an almost complete lack of any critical articles that call for additional measures to help homeless people or that question existing policies and practices. The opinions of homelessness experts are not usually represented in the articles. The one exception is that of professionals working directly with homeless people, whose views are sometimes reported when their specific programme is discussed. Most often, existing measures such as shelters, outreach services, providing food or clothes and enabling basic hygiene are simply described. These descriptions are often very detailed, including the precise number of beds, showers, meals given and even the floor area available for the whole shelter. Thus a lot of data is offered, but these interventions are always positively portrayed and their sufficiency is never called into question. These findings are similar to those for Denmark, where it was also found that many media articles simply described different interventions without questioning either the need for these services or their quality (Meert *et al.*, 2004, p. 35). Linking this back to the conceptual

framework outlined above, this could be labelled as a discourse strategy to show 'us' (those different from the homeless; the housed people) as the positive actors doing their philanthropic duty for those in need<sup>12</sup>.

Furthermore, these articles do not usually take account of the perspectives of the homeless people (or other groups) being helped; they are passive recipients of care. Thus the needs of homeless people, their wishes and their desires are not mentioned. This is similar to the findings of Meert *et al.* (2004) and Hodgetts *et al.* (2005) that homeless people 'feature little as actors' and are 'given one-dimensional roles'. Most often, the only statements presented are from the professionals that are working with them, meaning that these stories are very one-sided (this is particularly true for *Delo*; in *Dnevnik* and *Slovenske novice* statements from homeless people are more often given). If the users are portrayed in person and not only as an abstract group that is being helped, they are portrayed as very satisfied. An example is a statement such as: "My life is better now" by a homeless person living in a trailer; it had been reported in the article that before this he lived as a hermit. According to the journalist writing the piece, after being visited by a social worker, having his hair cut and getting a dustbin near the trailer, "his sad eyes turned brighter" (*Delo*, 30.1.2007, *Delo* 20.1.2007). Homeless people are therefore portrayed as the 'needy victim' (as labelled by Hodgetts *et al.*, 2005), of whom philanthropic organisations take care.

The goal of some of these interventions, as described in newspaper articles, is to re-integrate the homeless back into society (through mechanisms such as street newspapers, the international football competition, having picnics for the homeless) and to provide them with basic aid or help with their substance abuse and health problems; none appears to have the provision of housing as a goal<sup>13</sup>. As noted above, the 'Housing First' approach is absent, and the assumption seems to be that the acquisition of housing will follow naturally after these people get better integrated in society and resolve their substance abuse problems. There were only a few cases where the professionals describing existing programmes mentioned that some additional action was needed or that some groups have problems

<sup>12</sup> The positive portrayal of 'us' against 'them', where the 'us' are perceived as 'a priority' positive actors was also emphasized in the Slovene media analysis by Razpotnik and Dekleva (2007).

<sup>13</sup> It seems that the EU emphasis on social inclusion in a broader sense has been accepted in Slovenia, as all the above actions describe the interventions as aiding inclusion of this vulnerable group. However, it is perhaps unusual that events such as picnics for the homeless, receive attention in the media without any questions being raised about the more long-term solutions for homelessness in addition to these smaller or short-term interventions for promoting their inclusion.

accessing help. An example of this would be the problems encountered by people with dual diagnosis (mental health problem and addiction problem) in gaining access to supported housing (*Delo*, 17.9.2007).

### ***How are the causes of homelessness explained?***

Pathways into homelessness are rarely described; where this happens it is mostly confined to those articles which describe the life stories of homeless people. The reasons for homelessness which are identified are mostly individual<sup>14</sup> (violence at home, alcohol and drug abuse), while structural reasons (institutional and policy) are almost never mentioned. The common sentiment is that “destiny that has taken away the roof over their head” (*Slovenske novice*, 29.12.2007). In one case, the problem of state bureaucracy and the difficulty in obtaining official documents for permanent residence in Slovenia is described as one of the reasons for homelessness amongst ‘the erased’; that is, the specific group of people who were living in Slovenia prior to independence but were deleted from the permanent residence register after it (*Dnevnik*, 6.1.2007).

This ‘individualistic’ approach to the causes of homelessness is perhaps not surprising and also exists in other countries (see for example Meert *et al.*, 2004, Hodgetts *et al.*, 2005). However, more surprising and problematic is the ‘individualistic’ approach to solutions found in the Slovene press. The state and its policies are rarely mentioned in these articles, either as contributing to the reasons for homelessness or as a means for providing solutions. One article mentioned in only a very general way the withdrawal of the state in ensuring well-being in the society and its transfer to the sphere of civil society (*Dnevnik*, 4.8.2007). Another states that “the expectation that the state will solve our problems is ungrounded” and “individuals themselves have to be active in searching for solution” (*Dnevnik*, 16.4.2007). It seems then, that not only does the state fail to provide solutions for homeless people, it is not even expected to do so (individuals must find solutions themselves). However, this seems somewhat in tension with the media portrayal of passive homeless people as needy victims who need to be assisted by philanthropic organisations. Perhaps this tension could be interpreted as: homeless people should be helped, but only with their basic needs; their long-term housing solutions are their own concern.

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<sup>14</sup> For example in the *Delo* article (20.12.2007), the life story of Tone is presented; in the words of the journalist he is ‘not a typical clochard’. He lives in a trailer, which is called ‘his palace’. He said that he lost everything after his divorce and then he started drinking. Then he stopped and now according to his own words is ‘satisfied with his life’.

## Summary

Thus, in general, Slovenian newspapers do not seem to represent a negative picture of the homeless. They are not seen as dangerous, but more often as victims of violence and of life events that lead to homelessness. Such a depiction of homeless people as needy victims can build public awareness, but it also brings negative consequences in that it puts the homeless at the mercy of fashionable interests and seasonal patterns of care, such as media emphasis on the issue only during winter time (Hodgett *et al.*, 2005). The homeless are rarely given an active role or a voice in media articles; when they are it is mostly to express satisfaction with the available services, or to present their life stories for public consumption. The state is not presented as an important actor and is almost entirely absent from newspaper articles on this issue, which corresponds with the absence of homeless people as a specific group within national housing policies.

## Conclusion

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The homeless are a specific group, a 'tribe' that has been deprived by destiny of a roof over their heads. They are a 'picturesque' part of the city and are usually satisfied with their lives and the help that they get. This is the broad portrait of the homeless that one gets from Slovenian newspapers. In addition, the articles reviewed described in detail the various interventions that aid the homeless, which gives the reader a feeling that a lot is being done, while the homeless are usually very happy with what they receive and are therefore contented service users.

In addition, the journals employ the same narrow definition of homelessness that can be found in Government policy documents. This is well illustrated by the article that contrasted the status of the family that had been evicted with that of 'the homeless' with whom they were sleeping rough. Homelessness in the Slovene media is therefore sometimes even more narrowly defined than 'rough sleeping'; it refers to those rough sleepers who have adopted this 'lifestyle'.

What is especially evident in the analysed articles, is the sense that the existing measures are sufficient and that no other, more comprehensive strategy is required to tackle homelessness. Thus, even though many of the categories of article identified seem quite similar to those found elsewhere (see Meert *et al.*, 2004), the more critical note that can be found in newspapers in other countries seems to be missing in Slovenia. This is important because such critical commentary might help to stimulate public debate on the sufficiency of existing measures and/or challenge the existing perception of the homeless.

Thus, the key conclusion of this analysis is that media representations of homeless people in Slovenia are not negative, so the view is not a destructive one. However it is also not a 'helpful' view, as it does not motivate change and progress. The policies and actions of the state are, according to their media portrayal, satisfactory and sufficient. The 'convincing narrative' that is, according to Jacobs *et al*, (2003), necessary for housing problems to be recognised and acted upon is, in this respect, missing. The homeless are not really portrayed as a problem – which of course has its positive side as it means that homeless people are not criminalised or in other ways negatively portrayed. However, it also means that no call for additional measures is generated by the media, which is problematic because this is one of the critical actors that could motivate political change. One way forward might be for NGOs to take a more active role, with clearly targeted media/press strategies to shift the focus of media attention in a constructive direction.

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# Building Consensus? The French Experience of a 'Consensus Conference' on Homelessness

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- › **Abstract\_** *This article examines the context, organisation and outcomes of the French Consensus Conference on homelessness, held in Paris during November 2007. The objective of a Consensus Conference is, in essence, to develop a collective opinion on a controversial question, drawing on experts' contributions, but with the ultimate judgement made by 'lay persons'. This particular methodology was proposed in a specific context in France, when debates on homelessness were becoming very politicised and divisive. The proposal to organise this Consensus Conference was prompted by a desire to stimulate informed debate on homelessness, 'objectivise' the voluntary welfare sector's problems, and work out a set of principles that could be agreed by all of the key actors so as to improve public policies on homelessness. Although it is perhaps a little early to assess what lessons can be learned from this French experience, the paper attempts to draw some tentative policy and organisational conclusions.*
- › **Key Words\_** *Consensus Conference; France; homelessness; voluntary sector; public policies*

## Introduction

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The first 'Consensus Conference' on homelessness was held in Paris in November 2007. Patterned on a model already used in the medical sector, the Conference was proposed to the French Government by the Fédération Nationale des Associations d'Accueil et de Réinsertion Sociale (The National Federation of Welcoming and Social Rehabilitation Associations) (Fnars) in early 2007, following the controversy sparked by the Enfants de Don Quichotte action group (Don Quixote's children) (EDDQ) which had pitched tents along the Seine in protest at the plight of homeless people in France. The objective of a Consensus Conference is, in essence, to develop a collective opinion on a controversial question, drawing on experts' contributions, but with the ultimate judgement made by 'lay persons'. The aim of Fnars in organising this conference was to map out a strategy to implement clear public policy goals in addressing homelessness. Importing a methodology used in the medical sector into social policy is groundbreaking and unprecedented in France: the idea was to distil all available knowledge and to employ the work of an organising committee, over forty experts, and a multidisciplinary panel, to frame policy and practice recommendations to the public authorities.

By describing the context, organisation and outcomes of the French Consensus Conference, this paper aims to consider the appropriateness and effectiveness of this particular methodology as a means of stimulating debates on homelessness and, ultimately, to improve policies and practice with respect to homeless people. It is hoped that other countries may find aspects of the French experience instructive in developing their own methodologies for developing national homelessness conferences. The paper is informed by a series of interviews undertaken by the author with key actors involved in the Consensus Conference, including the Director and the President of Fnars, a trade unionist member of the panel and one of the Consensus Conference organisers. It should also be noted that the author was a member of the Consensus Conference organising committee, as a sociologist. While this provided me with an invaluable insider's account of the events, organisation and involvement of the various players in the Conference, this membership could also lay my objectivity and neutrality open to question. With this in mind, I have taken particular care to incorporate a reflexive approach in my analysis, and wished to bring this to readers' attention.

The article begins by reviewing key relevant events in France that provided the context for the Consensus Conference, and the part played by Fnars in them, before moving on to describe the methodology and proceedings of the Consensus Conference in some detail. It then identifies the most positive and least positive aspects of the Consensus Conference experience in France. Although it is perhaps

a little early to assess what lessons having been made public in December 2007 (Consensus Conference Report, 2007), I shall attempt to draw some tentative policy and organisational conclusions.

## **The Context for the Consensus Conference**

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### ***2006-2008: homelessness in the headlines***

Housing and homelessness dominated the French headlines from the end of 2005 onwards, and a number of events coalesced to create a receptive context for organizing a national Consensus Conference on this topic. In summer 2005 there were several fires in low-cost residential hotels and buildings that had been converted into substandard flats in Paris; one fire in a six-floor multiple occupation building left seventeen people dead and about thirty injured. In winter 2005-2006, the Médecins du Monde organisation handed out tents to homeless people in Paris. The tents did not disappear with spring, however, and in summer 2006 local residents began to protest against the presence of these tents and their occupants who had taken up permanent residence in the streets and squares of Paris. The end of 2006 was marked by civic protest action taken by the EDDQ organisation. On 16<sup>th</sup> December, the founder of EDDQ, Augustin Legrand, pitched nearly 200 red tents on the banks of the Saint Martin canal in Paris. This was on the eve of the French Presidential election campaign and EDDQ was attempting to put housing and shelter for street homeless people firmly on to the political agenda. On Christmas Day 2006, EDDQ drew up a Canal Saint Martin Charter for access to housing for all<sup>1</sup>, which proposed making the right to housing enforceable everywhere in France. When the iconic Abbé Pierre (the founder of Emmaüs, a prominent French homelessness agency) died on 22<sup>nd</sup> January 2007, the nationwide media pressure leveraged by EDDQ forced the Government's hand: a Bill establishing an Enforceable Right to Housing passed into law in March 2007<sup>2</sup> (Loison, 2007).

### ***Fnars takes centre stage***

Unlike voluntary organisations like Emmaüs or Restaurants du Coeur (Golden Heart Restaurants) for example that were helped to fame by the charismatic figures of Abbé Pierre and the comedian Coluche, Fnars is not well known amongst the wider French public, despite coordinating a network of twenty-two regional associations, linking together 750 voluntary organisations and public agencies which, in combination, run close to 2,200 services. However, to mark its Golden Jubilee in January

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<sup>1</sup> <http://www.lesenfantsdedonquichotte.com/v2/charte.php>

<sup>2</sup> <http://www.legifrance.gouv.fr/WAspad/UnTexteDeJorf?numjo=SOCX0600231L>

2006, Fnars began a major debate, giving a voice to the views of front-line stakeholders in homelessness (including welfare workers, administrators, managers, voluntary workers and service users). In November 2006, the outcome of this national consultation exercise was sent to politicians, Government agencies, the general public and the candidates in the 2007 Presidential elections; it was intended to act as a briefing on the daily work done by homelessness charities.

In the introduction, the Fnars President spoke of the need for a “new way of doing things”. The first step, she said, was to analyse the problem by evaluating the needs in a specific area, partly by generating better knowledge about the circumstances of people experiencing exclusion, as well as by taking stock of existing provision. “For there to be no argument, this fact-finding report must be informed by experts who can objectivise the real-life experiences” (Maestracci, 2006, p.7). This evidence must then be ‘shared’:

“if it is to be useful, central and local Government agencies – especially those of the *départements* – and voluntary welfare agencies must reach a consensus on this analysis. This phase of dialogue must make it clear what all the players agree on, but also where they differ” (Maestracci, 2006: p.7).

The Fnars President concluded that:

“... we see this common sense methodological proposal as the only sure way for public policies on exclusion to take long-term root and endure beyond changes of government. This is an area in which arguably no public policy can be effective and sustainable unless it is based on a broad consensus that is not confined to specialists in social issues”. (Maestracci, 2006: p.8).

The references here to ‘expertise’, ‘objectivizing’ and shared ‘consensus’ clearly foreshadow the Consensus Conference methodology.

In early January 2007, the Social Cohesion Minister commenced talks with various homelessness organisations, including Fnars, to work on the Bill to introduce the Enforceable Right to Housing. The Fnars President offered to take charge of finding accommodation solutions for the tent-dwellers throughout the country, in return for the Minister financing a Consensus Conference to give thought to public policies on caring for homeless people (Louail, 2007).

### *Fnars' aims for the Consensus Conference*

Fnars' proposal for the Consensus Conference arose out of a series of concerns. Prominent amongst these was the compartmentalisation of multiple actors and the failure to join up current knowledge and public policies, which called for a comprehensive solution to address what are complex and multi-dimensional needs. Provision for people experiencing housing exclusion in France has been likened to "a vanilla slice with no binder" (Damon, 2002: p.181.). Damon (2002: p.189) explains that it is composed of a complex bureaucratic machinery of institutions, laws and forms of provision "piled up with little evident overall logic" forming "a fairly impenetrable world comprised of countless arcane acronyms". A succession of laws and plans over many years; a failure to spell out their aims sufficiently clearly; and the wide range of provision and actors tasked with delivery, have rendered public policies towards those in housing need complex and obscure (Dyb & Loison, 2007).

The President of Fnars articulated another concern: she believes that the sector does not accurately portray the reality of social problems. It focuses too much on the charitable and humanitarian aspects of social interventions (as evidenced, for example, by the image of the 'French doctors', the 'golden heart restaurants' and Abbé Pierre) rather than the need for effective social policies. While humanitarian interventions are positively perceived by the general public, there is no popular consensus on inclusion policies whose results are not immediately visible to them. The voluntary welfare sector is often portrayed as a close-knit, consensus-based community, when in fact it is highly fragmented and riven by feuding (Dyb & Loison, 2007). The prevailing argument throughout French society has long been that voluntary organisations would be able to solve the problems if only they were properly resourced. However, the President of Fnars argued that what was required was to pool and 'objectivise' knowledge about social problems in order to avoid a myriad different and sometimes inconsistent views competing with each other, undermining the effectiveness of interventions. Fnars' proposal to organise this Consensus Conference was therefore prompted by a desire to set the debate rolling, objectivise the sector's problems, and work out a set of principles that could be agreed by all of the key actors. The ultimate purpose was "to frame an effective and sustainable policy for homeless people beyond political divisions and electoral issues" (Press release; Fnars, 12 November 2007).

## The Consensus Conference

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### *What is a Consensus Conference ?*

“Consensus conferences started out as a public health management tool developed in the United States in the 1970s. The idea at the time was to improve patient treatment by bringing together the top specialists in a medical technique before a forum of doctors and through organised discussion to gradually map out the one best way...” (Boy *et al.*, 2000: p. 781).

In the early 1990s, the model evolved into a meeting of lay people brought face-to-face with experts in a bid to democratise science and technology. The National Authority for Health (formerly the National Agency for Health Services Accreditation and Assessment (ANAES)) developed the Consensus Conference method in the French context, and published guidance to help professionals take ownership of it. This method:

“consists in having a panel draft recommendations at the conclusion of a public presentation of expert reports distilling current knowledge. The public meeting is conducted at once as a scientific conference, in which experts present and discuss their work, a democratic debate in which each participant (experts and members of the audience) can voice their views, and a judicial review in which a panel makes pronouncements. The panel is multidisciplinary and cross-occupational, draws up its recommendations in closed fashion, with the utmost possible independence and objectivity, distinguishing between scientific evidence, presumption and standard practice.” (ANAES, 1999: p. 8)

Four main phases can be identified in the process of organising a Consensus Conference (ANAES, 1999). The preparatory phase is the first and the longest. The conference promoter, having found the necessary **funding**, selects the **topic** and hands responsibility for the conference to an **organising committee** which sets up a **bibliographical group** to produce a summary of the existing literature on the subject. The organising committee also appoints **experts** and a **panel**. The panelists are non-specialists, ‘average citizens’ who are representative of society in general (ANAES, 1999). They are intended to compare notes in post-conference closed door sessions with a view to resolving the differences highlighted by the expert interventions on the chosen topic. The documents written by the bibliographical group and each expert (the experts are questioned on their work and in this document they answer questions on the theme of the conference) are given to all of the panel members to read ahead of the public hearing. The second phase is



the **public hearing**: the experts present their work and answer questions put by both the panellists and members of the **public**, who can comment on, qualify and react to the experts' pronouncements. In the third phase, the panel convenes in a two-day **closed meeting** to draw up the conference conclusions and **recommendations**. In the fourth phase, the chairs of the panel and the organising committee unveil the recommendations in public.

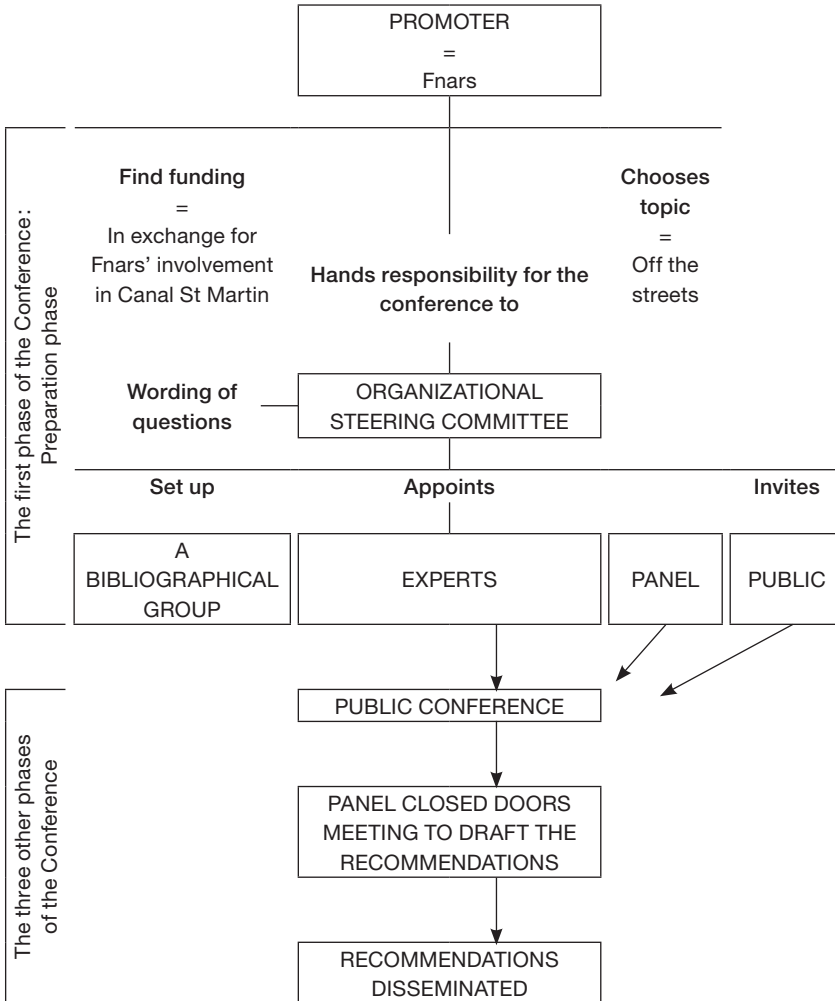
### *“Off the streets” : the Fnars Consensus Conference*

In January 2007, Fnars was able to negotiate with the Ministry of Social Cohesion the **funding** of a Consensus Conference on the **topic** of homelessness<sup>3</sup>, with homeless people described as “those who live the most precarious lives and about whom least is known” (Consensus Conference Backgrounder, 2007 : p.11). Fnars takes a homeless person to be “a person either sleeping in a place not meant for human habitation (cellar, shed, car, underground station, building staircase, street, park and so on) or who attends night shelters, almost all of which until recently accepted people only for short stays and without doing anything to help them back into society” (Consensus Conference Backgrounder, 2007 : p. 11). **The Federation specified** that “... in reality, homelessness is not an easy concept to pin down. A person may be homeless by day and housed at night, or vice versa. They may spend one night in a shelter and the next on the streets” (Consensus Conference Backgrounder, 2007 : p.11).

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<sup>3</sup> However, representatives of Fnars have emphasized the difficulties they subsequently had with the government agencies over the conference budget and financing.

Figure 1 Organization of a consensus conference on homelessness



Source: freely inspired by ANAES (1999)

Figure 1 above outlines the development phases of this Consensus Conference on homelessness, which was named *Off the Streets*. The **organising committee** comprised thirteen members taken from academia (statisticians and sociologists), the voluntary community (the main organisations working with homeless people in France) and central and local Government. This was the lynchpin of the conference: it was chaired by the Fnars President, meeting twice monthly from May 2007 until November 2007 to work out the issues and topics to be addressed and to frame

the questions for the experts. A sociologist and an official of the Social Affairs Inspectorate were tasked with developing the bibliographical summary, based on a literature review.

The organising committee selected a wide range of **experts**, including welfare workers, representatives of the voluntary community, researchers and academics, doctors, public figures, government agency officials, local politicians and so on. Speakers from outside France were also invited, to provide insights into relevant public policies in their countries. Testimony was gathered from **homeless people** in two ways: a filmed series of interviews with homeless people presented during the public hearing stage of the conference; and through local discussion forums held in Angers, Paris and Avignon, the findings of which were also presented at the public hearing. The forum approach consisted of asking homeless people and front-line workers (professional and volunteer workers in shelter provision) for their views on two questions: *What does getting off the street and into society mean to you [or your clients]? Why do you [or your clients] use or not use shelters and hostels?* and comparing and contrasting respondents' experiences and analyses.

An independent, multi-disciplinary **panel** of sixteen eminent figures (including lawyers, doctors, psychiatrists, trade unionists, sociologists, economists, philosophers, geographers, journalists, voluntary organization leaders and administrative officers) and chaired by a senior judge, was appointed by the organising committee. The panellists were chosen to give an alternative or critical view informed by their experiences, their interest in the issue, or their position as observers.

For two days in November 2007, 350 people (service users, politicians, welfare workers, provision managers, journalists and researchers) attended and took part in the **public hearing** at which experts were quizzed by the panel and the general public. The two-day programme centred around a series of questions put to these experts. These included: *Do we know enough about homeless people and is this knowledge taken in to proper account in public policies? How are homeless people perceived by the general public? What should the aims and founding principles be of provision for young people aged 18-25? How do street homeless people take ownership of public spaces? How should public policy deal with the regulation of public spaces? How can we define what it means to get off the streets and into society? Can 'zero homelessness' be a public policy objective without in practice leading simply to increased shelter provision?*

### *The Consensus Conference report*

Following the two-day public hearing and two-day **closed session**, the panel met in early December 2007 to compile a fifty-page report, which was published on 5<sup>th</sup> December. In its report, the panel made a number of proposals arising from the damning finding that:

“... the principles of provision are beyond reproach, but the system does not work. Or rather, it delivers the opposite of what it pledges: instead of a route to definitive integration through housing, a return to independence and the recovery of empowerment, and notwithstanding the signal efforts made in terms of methods and funding, it offers what the panel has called a ‘revolving door’ scheme whereby the homeless person who has been helped, housed and cared for goes back onto the street in an even worse state than before, having lost even more hope and desire in the meantime”. (Consensus Conference Report, 2007: p. 49)

Hearing evidence given by foreign experts, the panel concluded that, unlike some other European countries, France fails to ‘get people off the streets’. The panel report comments that:

“what separates us from these countries is not the condition of homeless people – sadly, that is equally appalling everywhere – nor the effort and imagination of welfare workers – most are, as the Conference audience showed, largely above all reproach – nor yet perhaps the amount of collective effort put in (at least in budgetary terms) – that has gone up substantially for several years. What does characterize the French policy, by contrast, is the confusion of roles, the division of responsibilities, the lack of flexibility, and the obscurity of objectives. In that regard, it can be said that the most destitute of us – for the homeless are firmly of us... – are those to whom perhaps the most destitute of policies are applied.” (Consensus Conference Report, 2007: p.49)

The panel argues that: “The layering and muddle of responsibilities in the matter [homelessness] must be addressed by coordination, not only on the ground and in emergency situations, but also nationwide and in a continuum.” (p.50), and proposed five basic principles to achieve an enduring reduction in the number of homeless people. First of all, respect must be shown to homeless people. Secondly, the diversity of their situations must be acknowledged: “the ‘traditional’ tramp is not often seen nowadays. Workers in insecure employment, the family thrown onto the street, the young person at odds with their family, are much more common” (p.49). Thus, these different categories of homeless people must be taken into account within a “necessarily general framework” that nevertheless offers a range of responses to each one. The third principle advanced by the panel is that of *unity of policy implementation*. Preventative interventions (averting evictions, for example)

and sustainable integration policies (such as solving the social housing construction shortage) must be brought together to support homeless people. The panel's fourth recommendation was to put the principle of "unconditional intake" – that is, the requirement to help all those in need – into practice. Finally, the panel argued that "The key to effective use of policy instruments, fifthly, is a geographical – i.e., district-wide – approach to communities in which a full range of assistance services must be implemented based on as detailed as possible a survey of needs and means. The plans must be defined, achievements measured and systematically evaluated in a periodically updated contract of objectives and means." (p.50).

The panel concluded that:

"... over and above these things, we must set to work at looking on how we see our towns, public spaces and everyone's use of public facilities and amenities, as well as on socialising certain risks related to exclusion, in particular those related to becoming homeless. The loopholes in our social welfare systems must be plugged, not necessarily by reverting to the formulas of the post-war period, but by getting all to provide against the disasters that befell the few in order to avert still more serious disasters for society. The panel's concern was to present principles and ways of acting. It trusts in those with responsibility to put them into practice and to put an end to this intolerable situation." (Consensus Conference Report, 2007: p. 50).

## The Assessment

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This final section of the paper will assess the merits of the Consensus Conference approach, considering its positive and negative aspects, and where we should go from here.

### *On the plus side...*

Fnars' Director hailed the Consensus Conference as a success on at least four counts. First, he argued that some associations and experts had started out "doubting Fnars' ability to transpose a medical sector methodology into the social sector". There was even some "ideological opposition on all points" of the methodology used. However, despite all this scepticism, the chosen methodology had proved itself and the project could be counted a success. Secondly, while the voluntary sector is not noted for its openness to cross-cutting approaches, the substance (topics) and form (including composition of the organising committee, panel and conduct of the public hearing) of the Consensus Conference had produced an original, cross-cutting approach to a societal issue, marrying expertise with work on public policies. The President of Fnars made a similar point: "Our

priority throughout the approach was to put independent thinking and decision-making first, especially through the multiplicity of actors involved and the multi-disciplinary, independent composition of the hearing panel". Thirdly, the insights offered through the bibliographical summary enabled a corpus of common knowledge to be developed, "which is a first in its way". Fourthly, several types of actors who are often not involved in this sort of exercise were successfully engaged in the process. Thus, there was a major focus on wider European experiences, drawing on testimony from non-French experts; service users' voices were heard both through a film and in personal testimony at the local discussion forums; and media coverage was secured, even though the public hearing took place in the late autumn (homelessness is usually only of interest to the media at Christmas and in the depths of winter, because of the dangers of sleeping out in cold weather).

### *... and the minus side*

Some aspects of the Conference could have been better organised, admitted the Fnars Director. Much of the energy of Fnars' teams was put into the operational side, organising the public hearing, at the expense of upstream organisation of their network and engaging the membership. Some large member organisations and non-member associations were involved in the project, but not enough of them, he thought. The absence of one of the experts on the public hearing day left the European mix unbalanced and southern Europe without proper representation. One of the Consensus Conference organisers regretted the absence of welfare workers and users on the organising committee, saying that it lacked front-line input.

A key challenge for the voluntary organisations was how to successfully translate a medical sector instrument into the social sector to 'objectively measure' the 'homelessness issue'. The concern was: *can medical and social issues be measured in the same way?* The science of society and 'social matters' is clearly not as objectively verifiable as medicine, and the Consensus Conference model could not be transposed into the social sector without some adaptations. Thus, Fnars did not follow some of the ANAES recommendations. For example, the organising committee is meant to be independent of the promoter and should not include members representing the Consensus Conference funders, according to ANAES (1999). The organising committee chair is usually appointed to organise and coordinate meetings, and ANAES (1999: p.11) makes clear that "the chair appointed must not have a conflict of interest on the topic of the recommendations". This rule was adopted in the medical sector due to 'conflict of interest' issues, particularly with respect to the vested interests of powerful pharmaceutical companies. For the Consensus Conference organised by Fnars, however, the organising committee was chaired by Fnars' President, and one of the Consensus Conference organisers said that some commentators had therefore criticised Fnars as being both judge

and jury within the process. However, the Fnars President pointed out that ANAES itself had departed from this rule on many occasions. She also argued that for the Consensus Conference to work, the organising committee chair must play an energising role and can only do so if he / she wants the conference to succeed. Another potential area of criticism was that representatives of the State were on the organising committee of the Fnars conference. While the concerns about a conflict of interest may be particularly acute in the medical sector because of the economic power of the pharmaceutical industries, the question still bears asking in welfare and homelessness sectors: *could and did the State, as the conference funder (and ultimately the funder of new interventions and services), take a neutral position?*

The Fnars Consensus Conference is also open to more general criticism. This methodology is intended to produce joint expertise and to put debates on 'non-consensual' issues into the public domain. The panellists are therefore supposed to be non-specialists; average citizens who are representative of society. The Fnars Consensus Conference panel of eminent figures did not fulfil these criteria as all members were directly or indirectly engaged with homelessness. Moreover, the trade unionist member of the panel reported that no real clash of ideas took place between the panel members because they were all coming from more or less the same position. Thus, unlike consensus conferences where members of the public are asked to forge a consensus starting from different and conflicting, expert opinions, the panel here did not appear to be starting from a 'blank sheet', but rather from positions of experience and authority and in the context of what seemed to be a pre-existing consensus on the key issues.

In this trade unionist's view at least, the process itself was highly directed and even biased. At the public hearing, "the room was packed with all the right-on left", so had the conference been more pluralist, in particular in terms of political representation (more right-wing politicians, for example), she feels that the Government might have done more to drive the panel's recommendations, but "the fact of it being a 'family gathering'" ultimately worked against the overall approach and the use of the panel's conclusions because "there should have been more of a clash of ideas." The various conference participants were well-acquainted and accustomed to meeting one another, so they formed a (superficially) quite homogeneous and cosy group. It seems then, that the Consensus Conference temporarily quelled the feuding between agencies which managed to form a common front to deal with the crisis, but at the same time this lack of debate may not have been helpful with respect to the purpose of the Consensus Conference (Dyb & Loison, 2007).

Finally, it should also be noted that Fnars managed to set up this conference within just six months, even though ANAES (1999) recommends starting the organisational groundwork nine to twelve months ahead of the public hearing. So, while Fnars

might be congratulated on its ability to prepare the conference in such a short time, questions also arise about the problems that this generated. It may well be that some views went unheard, or that the selection of the organising committee or panel members was skewed by this foreshortened timeline.

### *And afterwards?*

In December 2007, the EDDQ decided to pitch new tents in Paris, arguing that even with the passing of the Enforceable Right to Housing Act and the organisation of the Consensus Conference, the public authorities had still not resolved the problem of homeless people. The police put a stop to the attempted encampment on the banks of the River Seine near to Notre-Dame cathedral. This new furore prompted the Prime Minister to take charge of the affair personally and he invited key homelessness service providers to visit the Matignon (the Prime Minister's official residence). In a change from usual practice, the voluntary organisations did not turn up in disarray, but united around the thirty-seven proposals of the Enforceable Right to Housing Act Implementation Assessment Committee (whose report was handed in to the President of the Republic in October 2007) and the Consensus Conference panel's recommendations. The Prime Minister tasked Etienne Pinte MP to work with the voluntary agencies and to sign a contract "with more concrete and detailed objectives", working to a "shorter timescale" than that detailed in these previous two documents.

The voluntary agencies then worked together over three weeks to draw up thirteen 'immediate pledges': these twenty-six associations and national federations concerned with homelessness:

"demanded that the Government immediately implement a new public policy on housing that delivers the performance requirements on housing and temporary accommodation confirmed by the Enforceable Right to Housing Act of 5 March 2007. The guidelines for such a policy are set out in two key documents: the first report of the Enforceable Right to Housing implementation assessment committee, and the *Off the streets* Consensus Conference panel report".

At the end of January, the Pinte report was handed to the Prime Minister at a meeting with the voluntary organisations. He pledged to endorse the Pinte report's conclusions and said that €250 million euros would be allocated to implement them in 2008. However, in their press release, the voluntary organisations said that the Prime Minister's proposals were

"... not calculated to deliver radical improvements to the living conditions of people enduring homelessness and housing hardship, nor apt to get more movement going along the entire chain running from temporary accommodation



to housing. The State's failure to do enough to address such a serious problem is untenable".

They argued that the funding announced (€250 million instead of the €1.5 billion called for) was too little to implement the policy measures that they had put to the Prime Minister and which he had endorsed. They issued a 'call to action' for 21<sup>st</sup> February 2008. That day, twenty-eight associations, including EDDQ, Secours Catholique, Fondation Abbé Pierre, Emmaüs, the Salvation Army and ATD Fourth World, held a protest and a mass sleep-out for housing in the Place de la République in Paris. According to the organisers, 15,000 people (1,800 according to police estimates) joined forces to call attention to the housing shortage in France.

On the evening of the protest, the Prime Minister announced the appointment of a homelessness Czar (super prefect) to coordinate implementation of the action plan for homeless people that had been unveiled in January<sup>4</sup>. The following day, the Prime Minister signed a departmental instruction on "the implementation of the priority agenda 2008-2012 for shelter and access to housing for homeless people" based on the conclusions of the Pinte report and setting the prefects six priority areas of work for shelter and access to housing for homeless people. However, no change was made to the €250 million budget allocated to fund the measures for this year.

## Conclusion: A Consensus on Homelessness?

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It can be argued that the work of the voluntary welfare agencies was not politically successful: they managed to extract from the Government only a 'six-point priority agenda' from the thirty-seven proposals made by the Enforceable Right to Housing Implementation Assessment Committee and the Consensus Conference panel recommendations. Notwithstanding the various reports that landed on the Prime Minister's desk and the multiple meetings he had with the voluntary sector agencies within a matter of weeks, the actual outcomes with respect to public policy assistance for homeless people are on the disappointing side.

For the Director of Fnars it is a qualified disappointment: "looking at what has come out of it, you think 'all that just for that.'" However, he also argues "... we probably now have to wait a bit longer to be able to gauge the long-term impacts of this initiative. The report was in on the Prime Minister's desk within three weeks and that is no mean feat." The Consensus Conference can be considered a success in that it

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<sup>4</sup> 'Prefects' are the agents of the authority of the State at the level of the département (an administrative division roughly analogous to an English 'county'). S/he is responsible for public order and is a direct representative of the Prime Minister and of every Government Minister, within the département. S/he implements Government development and town and country planning policies on the scale of the département.

gave credibility to the voluntary welfare agencies who managed, for the first time, to come together around shared conclusions and common recommendations. Since the Consensus Conference and the events of January 2008, Fnars and the National Union of Private Social and Health Charitable Organizations (UNIOPSS) have been coordinating a collective effort with more than thirty voluntary welfare agencies to take civic action on homelessness forward, implementing the Consensus Conference report's recommendations to organise area-based approaches to tackling homelessness. The sector has shown itself capable of cohesion and has radically transformed its approach by 'objectifying' its working methods. The Fnars Director believes that the Consensus Conference both benefited from the political climate and media focus on homelessness, as well as helping to bring an alliance into existence. The consensus forged by voluntary welfare agencies around the panel recommendations gave credibility to the work done by Fnars and to homelessness organisations more generally.

The Consensus Conference can therefore be said to have had some impact in France's welfare sector. Arguably, the main interest of the panel's report lies not in its content or approach. The findings and recommendations are not particularly innovative and, as the trade unionist member of the panel points out, there was no new consensus forged. During the preparation phase, in the Consensus Conference organising committee, there was quite a lot of debate and disagreement between the representatives of organisations involved in the fight against homelessness, but as we were working to strict deadlines and were determined to provide a consensus during the public hearing, it might have given the impression that the Conference as a whole was overly consensual. The Conference's contribution lies in a combination of three factors: the innovative nature of the tool used to enable consensus; the conference promoter, Fnars, and its ability to secure the involvement of a wide range of relevant organisations; and the sustained engagement of the French media and political classes. It helped to forge at least temporary unity around the problems of homeless people. During the different events at which I was present, the voluntary agencies were undoubtedly singing more or less the same tune on the Pinte report proposals and on the reports of both the Consensus Conference panel and the Enforceable Right to Housing implementation assessment committee. The media picked up on this change of attitude:

"Since the attempt to set up camp on Paris' Ile de la Cité in December, the voluntary welfare agencies have stood four-square. Received in a first meeting at the PM's residence at the end of December, they have kept up the pressure for the Government to engage a pro-active policy to address the issue of people enduring homelessness and housing hardship." (Libération, 30 January 2008).

Does this really spell the end of 'in-fighting' between voluntary agencies? The next few months will tell, but the broader point is that these mixed results of the Consensus Conference in France can, to some extent, be explained by the specifics of the French context. Paradoxically, this context inspired the organisation of the Conference in the first place, but the very same context and associated events created a sort of political 'drag' which prevented the level of debate from improving significantly. Nevertheless, I am of the view that the methodology of the Consensus Conference is a promising means to improve political and policy debate in this field. By clarifying knowledge on homelessness, focusing the debate on homelessness issues which are likely to attract media interest and drawing up a list of recommendations that could attract general consent, a Consensus Conference could produce a real impact and provide real benefits.

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# Homelessness and the Tertiary Welfare System in Sweden – The Role of the Welfare State and Non-profit Sector

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› **Abstract\_** *This article discusses homelessness in Sweden in relation to the organisation of the 'universalistic' welfare system, with a special focus upon the boundaries inherent in the system and the role of the non-profit sector within the field of welfare services to homeless people. The empirical material consists of comparative case studies conducted in four Swedish municipalities: Stockholm, Malmö, Kåreby and Eskilstuna. The study was intended to illuminate the complexity of homelessness and especially the organisational context for dealing with this phenomenon, using qualitative research methods including interviews and documentary analysis. We outline a path-dependent model relating to the organization of the welfare system on the one hand and the housing market on the other, exploring how these interact. We detect three levels in the Swedish welfare system. First, the universal, labour-income-based system, provided by national governmental agencies; second, the local public social welfare system, based on means-tested social allowances; and third, a non-profit welfare system based on charity. The housing market is organised according to parallel boundaries – the regular housing market, a 'secondary' housing market administered by the local social authorities, and a 'tertiary system' basically consisting of emergency housing and shelters organised by non-profit organisations. The non-profit sector has a strong tradition of helping homeless people, which existed prior to the development of the welfare state, and it has continued to play an important role within the niche of shelters and services to homeless people (a role which has expanded in recent years), in parallel with the publicly organised welfare system.*

› **Keywords\_** *Homelessness; welfare; cycle of exclusion; local solutions; non-profit sector*

## Introduction

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In this article the issue of homelessness is discussed, taking as its point of departure the organisational context of the Swedish 'universalistic' welfare system. The aim is to illustrate the inherent boundaries of the welfare state and how this affects policy and practice towards homeless people. A particular focus is placed on the role of the non-profit sector within this field.

Our empirical data comprises comparative case studies in four Swedish municipalities: Stockholm, Malmö, Kristianstad and Eskilstuna<sup>1</sup>. The first two case studies represent large Swedish cities, and the second pair represents middle-sized towns. These case studies were conducted between 2003 and 2005 using qualitative research methods – interviews, vignettes and documentary analysis. We interviewed actors representing a broad range of organisations and institutions – local politicians, social services authorities, non-profit organisations, landlords, and representatives of correctional as well as psychiatric care. The case studies will not be presented in any detail in this article, but taken together they form the basis of our line of argument; some empirical examples will be given to substantiate our discussion<sup>2</sup>. We begin with a description of the homeless situation in Sweden and the complexity inherent in this issue. We discuss the boundaries of the welfare system. Thereafter, we argue for what we call the 'vicious cycle of exclusion' to which homeless persons are subjected. We describe the primary, the secondary and the tertiary welfare systems related to the housing market. We then consider the role of non-profit organisations from a historical point of view, as well as the role they play today in local practice, and in particular in organising shelters, before rounding off with some concluding remarks.

## The Homeless Situation in Sweden

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By international standards, the rate of homelessness in Sweden is fairly low. Even so, the very existence of homelessness must be regarded as a serious failure in a developed welfare society. Since the early 1990s, The Swedish National Board of Health and Welfare (NBHW) – the central authority responsible for social issues – has conducted three nationwide surveys on social services clients and shelter residents: in 1993, 1999 and 2005. The NBHW surveys are not fully comparable

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<sup>1</sup> The population of Stockholm city on December 31, 2007 was 795,163 inhabitants; that of Malmö was 280,801; Eskilstuna had 93,343 inhabitants; Kristianstad was home to 77,245.

<sup>2</sup> Special thanks to Marcus Knutagård, School of Social Work, Lund University, who has read this article and offered useful comments. He has also been research partner in the project conducted from 2002 to 2005 and financed by the Swedish Council for Working Life and Social Research, from which the case studies which form the basis of this article were drawn.

over time due to the slightly different definitions of homelessness that have been used in each survey, but they do indicate the changes that seem to be taking place. The conclusion drawn by the NBHW is that homelessness did not increase between 1993 and 1998 but that the structure of the homeless population did change. The proportion of women increased too, as did the share of people with psychiatric problems, while the situation for people defined as 'rough sleepers' worsened. In the latest survey from 2005 a wider definition was used, which revealed a substantial increase in the number of homeless people<sup>3</sup>. When adjusted to definitions used in earlier surveys, the conclusion is that the homeless population has grown between 1999 and 2005. In 2005 there were approximately 17,800 homeless persons in Sweden (twenty-one per 10,000 inhabitants at the national level), 74% of them male and 26% female. A majority (62%) of the homeless have problems with drug abuse and about 40% are considered to have psychiatric problems (a large proportion even have a so-called 'dual diagnosis') (Socialstyrelsen, 2006). Homelessness in Sweden is primarily an urban problem. 42% of the homeless are reported to be from the three largest metropolitan areas in Sweden, but the NBHW surveys also reveal that the problem, although small in scale, is widespread, existing in a large proportion of Swedish municipalities.

In our case studies we examined how the issue of homelessness is addressed at the local level and this appeared to differ considerably, especially between municipalities of different sizes. It is also important to stress that local Government in Sweden has traditionally had a very strong and independent role *vis-à-vis* central Government, which gives scope for the development of local policies and local solutions to social welfare problems (Nordfeldt, 2007). During our perusal of local political documents in our four chosen municipalities, it became clear that homelessness is present on the political agendas of the two large cities but is not an issue closely discussed in the two middle-size towns.

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<sup>3</sup> NBHW 2005 uses the following definition of homelessness: (1) A person referred to emergency accommodation, sheltered accommodation/hostel, short-term accommodation or sleeping rough. (2) A person admitted to or registered at a prison, a treatment unit, supported social services or county council accommodation, private care provider, community home or National Board of Institutional Care institution and intended for discharge within three months after the measurement period but without any prearranged accommodation before being discharged or moving out. (3) A person admitted to or registered at a treatment unit, supported social services or county council accommodation, private care provider, community home or National Board of Institutional Care institution and not intended for discharge within three months but without any prearranged accommodation in the event that he/she should be discharged or should move out at some future time. (4) A person living temporarily and without a contract with friends, acquaintances, family, relatives or with a temporary (shorter than three months after the measurement period) lodging or subletting contract and who on the basis of this situation has sought help or been in contact with the authority or organisation providing information during the measurement period (Socialstyrelsen 2006).

## The Complexity of Homelessness

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Homelessness is a complicated issue: at the individual level for people and households in this situation; and at the societal level, being a matter that cuts across different policy fields and is without simple explanations and solutions. Homelessness is, by definition, a housing problem. To be homeless means not to be in possession of secure and adequate housing, but homelessness in Swedish society is more commonly regarded as an individual social problem. Surveys on homelessness indicate that a substantial proportion of homeless people have additional social problems, besides the lack of housing. It is hard to establish which comes first in these combinations of problems, 'the chicken or the egg'. In recent decades, research on homelessness has moved on from explanations focusing primarily on individual characteristics and problems, to looking at structural conditions, such as mechanisms which exclude certain households from housing and labour markets, and to regard homelessness as the outcome of the interaction between structural and individual factors (Wolch & Dear, 1993; Burt *et al.*, 2001; Swärd, 1998).

Housing is undoubtedly a market commodity, but it can also be regarded as a welfare right (Bengtsson, 1999). In the last few decades the emphasis on market orientation within the public sector has grown stronger, which has affected the extent of public control over the allocation of housing. At the same time, Swedish housing policy has changed. One outcome of these changes is that the *social* element of housing policy has been more or less dismantled (Sahlin, 2006). This has also led to a shift in the political view of homelessness, from a structural housing issue to an individual social problem. This dismantled social housing policy has resulted in the development of local homelessness policies at the municipal level that are directed towards caring for homeless clients through social services (Löfstrand, 2005). This political change also has organisational implications. Issues which used to be considered as national problems relating to the housing market or labour market are now the responsibility of the local social services authorities and by extension, it will be argued, of Christian non-profit organisations (see Olsson, 2007).

## The Boundaries of the Welfare System

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The complexity of the homelessness situation can be illustrated by considering the inherent boundaries of the welfare system (Olsson, 2007). In every organised system there are boundaries and a selection of members, with rules of inclusion and exclusion (Hechter, 1987; Tilly, 1998). The organised welfare system in Sweden is often described as comprehensive, based on solidarity and general allowances, and in Esping-Andersen's (1990) typology it is characterised as a social democratic welfare state regime. The primary welfare system is based on income-related, non-



means-tested allowances. This system is therefore strongly connected to employment and earned income (see for example *SOU, 2000: 3; Försäkringskassan, 2005*). Unemployment and sickness benefits, for instance, are based on previous earned income. This can be seen as the first boundary, both for citizens<sup>4</sup> and for organisations working with welfare provision. The majority of citizens' welfare-related issues are taken care of by the National Insurance, but it is still a labour-income-related welfare system. This is mainly organised by public and Governmental authorities with national responsibility and a national programme.

Labour income is the key to the primary welfare system. A marginal position in the labour market or total exclusion from the labour market also means, by and large, that you are excluded from the primary welfare system and are assigned to the secondary one that is administered by local social authorities and regulated by the Social Services Act (SFS 2001: 453), and where social security allowances are means-tested.

Since homelessness is primarily addressed as an individual social problem, responsibility lies with the local (public) social services authorities at the municipal level, which have been given responsibility under the Social Services Act to provide material support and housing for people not able to acquire this for themselves. Part of the secondary welfare system is therefore the "secondary housing market", which is administered by the local social authorities. This segment of the housing system consists of a variety of different kinds of transitional dwellings: shelters; monitored or supported housing; and various 'social contracts' such as emergency housing, training flats and transitional contracts. The terms used for these types of housing differ between different municipalities. Local social authorities hold the contract, subleasing to homeless clients. These different kinds of shelters and dwellings are often organised in a so-called 'staircase of transition'. This staircase approach has become common practice among local social services authorities with respect to assisted housing, and builds upon the logic that homeless people should advance step-by-step upwards under control and supervision to housing with better conditions in terms of physical standards and space, integrity, freedom and security of tenure (Sahlin, 1996, 1998, 2005). This secondary housing market has clearly expanded within the Swedish municipalities in recent years. Research from the early 2000s shows an expansion by 58% during the 1990s (Sahlin, 2007).

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<sup>4</sup> The definition of the term citizen is ostensive, denoting persons living in Sweden more or less permanently. Since the general and universalistic welfare system discriminates between people with earned income and those with no income, many newly-arrived people are not insured and are unable to claim benefits.

One problematic outcome of the provision of secondary housing through local social authorities is that it seems to reinforce the exclusion of marginal households from the regular housing market (Sahlin, 2007). For one thing, the social services authorities operate outside the regular housing market and have no means of affecting the allocation of social housing. We can therefore speak of a *vicious cycle of exclusion* (Nordfeldt & Olsson, 2006), where the secondary welfare and housing system possesses inherent exclusion mechanisms that hinder re-entry to the primary welfare and housing systems.

Every organisation (public, private or non-profit) has to deal with limited collective resources and so develops a certain limitation in range of practice. The organisational response due to the fact of limited resources is to standardise the organisational repertoire (scale of economy) and, over time, develop certain practises which are also consistent over time (Hechter, 1987; Ahrne & Papakostas, 2002). The social services authorities also operate within boundaries, with inherent restrictions on their organisational repertoires that tend to be based on traditional practices and rules. The Social Services Act is general, but social services authorities working at the local level apply local interpretations and develop local practices based on their specific local situations, long-term traditions and (generally) scarce resources.

Beyond the second welfare system, there is a 'tertiary' system designed for people who fall through the safety net and are excluded from both the primary and secondary systems. The tertiary system consists mainly of non-profit organisations working beyond the public sphere but at the same time very much dependent on financing from the local public authorities, while concerned citizens, philanthropists and some private companies also give support to this system. The plight of the homeless has historically been, and still is, a niche occupied by non-profit organisations and charities; a system in existence long before Swedish modern welfare began to take shape around the Second World War. At that time the welfare state took over tasks from the non-profit sector and became the dominant producer of social welfare services. By tradition, non-profit organisations working with the homeless are often related to the Swedish Church, but are also organised by the Christian free churches. Having worked with the issue of homelessness for over a hundred years, these organisations have developed knowledge, established practices and so secured legitimacy. Although formed to meet the social problems brought about by 19<sup>th</sup> century urbanisation, they nevertheless continue to fit quite well into the (new) individualistic homelessness paradigm because their focus is on the individual (Olsson, 2007; Lundström, 2004; Qvarsell, 1995; Runquist, 2000).

To sum up, one can claim that the primary welfare system deals with long-term, structural social issues; that the secondary welfare system deals with local, individual social problems; and that the tertiary social welfare system deals with the more acute, individual social problems of the most marginalised or excluded.

## The Vicious Cycle of Exclusion

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Without regularly paid labour, a person in a welfare system of the Swedish type is relatively disadvantaged. The lack of a regular job creates, in a relative sense, high threshold effects. For example, without a regular income the possibilities of renting or buying an apartment are limited (Nordfeldt & Olsson, 2006).

Falling out of the secondary welfare system can be said to triple these negative effects. There is almost no possibility of re-entering the regular housing market from a reliance on third system organisations. Our claim is that the overall organisation of the general welfare system is beneficial for most citizens and provides social security for the majority of Sweden's inhabitants, but that it has unintended consequences for marginal groups. While the large majority who have incomes manage well, the small section of the population dependent on local social services authorities can be distinguished by spending long periods dependent on social support. There are groups with a marginal position *vis-à-vis* the labour market, which move between positions of employment, unemployment benefits and short-term dependence on social allowances. These groups are not usually excluded from the housing market but rather possess a tenancy or own their own homes since they work from time to time (Svedberg, 1995). Then there are groups with a more marginal or excluded position in relation to the labour market, who are long-term dependent on social allowances. With tougher requirements from landlords for, for example: personal references; a steady income; and a good rent record and credit-worthiness, these groups face severe difficulties in gaining access to the primary housing market, since they neither possess the economic resources to purchase a house or an apartment, nor do they have an income high enough to be able to get a housing loan from a bank.

This group, which is long-term dependent on social allowances, often also becomes dependent on the local social services authorities' secondary housing market. The effect of this is protracted withdrawal from the regular housing market. There is then the risk of finding oneself in a 'Catch-22' situation, where a marginal position in the housing and/or labour market tends to strengthen the other. This can be called the *vicious cycle of exclusion*. The group of homeless people with the most complex problems are therefore often found within the tertiary housing system of emergency shelters, supplied by non-profit organisations.

## The Primary, Secondary and Tertiary Welfare Systems in Relation to the Housing Market

To briefly sum up, there is interdependence between the public sector organisation of the welfare system and the welfare offered by non-profit organisations and charities (see Table 1). This division of labour and organisation of the welfare systems also affects the overall organisation of the housing markets. In particular it affects how the primary and secondary housing markets are organised and how much is left over to the tertiary housing system. In Table 1 below we present a description of relations between welfare systems and housing markets and the degree of individual freedom of choice that is inherent in these systems.

**Table 1 : Description of different welfare and housing market systems**

<b>Welfare system.</b>	First, general welfare system. Based on income.	Secondary, local public social welfare system. Based on means test.	Tertiary, non-profit welfare system. Based on charity.
<b>Housing system.</b>	First housing market. Based on income.	Secondary housing market. Based on Social Services Act but also personal behaviour.	Tertiary housing. Based on acute social need.
<b>Degree of freedom within the system for the citizen.</b>	High.	Low.	Very low, but some people may choose these systems because they distrust the public systems.

Overall, this creates a division of labour between the national level and the local level and, more profoundly in the case of homelessness, a division of labour at the local level. This also creates manifest organisational repertoires and limited degrees of flexibility. The division between the primary and secondary welfare systems creates specific organisational outcomes and repertoires, which in turn have created a window of opportunity for other organisational forms to build new forms of activity. In the case of homelessness, the niche was actually filled long before the modern welfare state was created, when the non-profit organisations and charities crowded out other possible organisational forms and thereby also other organisational repertoires. However, this division of labour also creates organisational inflexibility and a set manner of using resources. For this reason we anticipate a rather limited number of actors outside the public sector. These organisations tend to have a fixed organisational repertoire and seem not to be amenable to change. When it comes to homelessness we can expect non-profit organisations

working with acute social need (read shelters) and these would have strong Christian ideological connections (Olsson, 2007; Knutagård & Nordfeldt, 2007; see also Ahrne & Papakostas, 2002).

## **Spatial “Isomorphism” in Local Solutions**

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The Swedish municipalities’ relatively high degree of autonomy gives them opportunities to develop local welfare systems, adjusted to local needs and based on local resources. Yet, when studying the field of homelessness, the local models are surprisingly homogeneous. The phenomenon of agents working within the same organisational field tending to adjust their structure and organisation towards each other, becoming more alike, has been labelled by DiMaggio and Powell (1991) as ‘institutional isomorphism’. Our case studies suggest that there is also a ‘spatial isomorphism’ in relation to homelessness as an organisational field, which implies that solutions tend to be similar even in different local contexts. The same model dominates the local authorities’ work in all our four case studies, even though there are some local variations. The current dominant model is the ‘staircase of transition’ described above (Sahlin, 1996, 1998, 2005).

We found that spatial isomorphism is consistent over time, which means that path dependence develops to certain solutions, even though new (and revived old) ideas spread across space, between municipalities. Municipalities tend to imitate each other. A common pattern is that models travel from the larger cities to the smaller towns. At the time of our case studies, the city of Malmö was discussing the introduction of a ‘roof over the head guarantee’, a model originated in Stockholm at the end of the 1990s. In the last decade, new levels in the staircase model have also been introduced, for example so-called ‘low threshold housing’ – another idea originated in the larger cities – which means relinquishing previous demands on people to be drug free before they are offered housing.

These diffusion processes take place even when the models are not proven to be successful and sometimes even where they have proved to be failures. This can be called emulation according to the ‘garbage-can theory’, where the chosen solution to a specific problem need not be the most rational nor the most effective. Solutions tend to seek out problems rather than the reverse (Cohen, March & Olsen, 1972). The ‘staircase of transition’ model has been criticised by researchers as a less than effective way of solving the homeless problem, since it tends to reinforce rather than address homelessness (Sahlin, 2005). A problem occurring in all our four case studies, for example, is the bottleneck at the highest step preceding the projected step to the regular housing market, which causes the secondary housing market to grow.

Another striking example of the weakness of the model is the re-establishment in many municipalities of the same type of shelters that had been so heavily criticised and, for a period of time during the 1970s and 1980s more or less abolished. We shall return to this below. However, there was little difference between the four cities and any actual variation could be explained by the size (number of inhabitants) of the city.

### **The Role of Non-profit Organisations – Both Path Dependence and Innovation**

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We need to expound a little here on the role and understanding of the non-profit sector in Sweden. This sector is relatively large by international standards and fulfils several different roles. The long tradition of the Swedish non-profit sector is membership-based ownership, democratic organisational structures and voluntary work. Since the 1930s non-profit organisations have been regarded as schools for democracy and citizenship and instruments for political mobilisation as well as sharing the responsibility for developing and carrying out employment policies (Olsson, *et al.*, 2008). In this respect the role of the Swedish non-profit sector, as in other Scandinavian countries, differs from that of many other European countries.

Another traditional role of the non-profit sector, before the initiation of the modern welfare state in the 1930s, was charitable welfare work. As welfare tasks were incorporated into and supplied by the welfare state, the share of the non-profit sector engaged in core welfare domains became very small. For this reason the position of non-profit organisations in the Swedish welfare state has not been uncomplicated over time, especially during the employment of structural political solutions following the Second World War and up to the 1990s. Nevertheless, in some leftover niches the non-profit organisations have continued to play an important role alongside the welfare state in fields such as services for homeless people and treatment for alcohol and drug abuse (Lundström & Svedberg, 2003).

In the early 1990s however, interest in the voluntary sector within the social welfare domain started to change. Dissatisfaction with the welfare state and growing economic problems within the public sector made politicians and state officials begin to look for viable alternatives to state provision. Deregulation and privatisation of the public sector in Sweden as in many other European countries opened up opportunities for non-profit organisations to initiate and/or increase their welfare and social service activities (Brandsen, *et al.*, 2008). However, there has been no fast or substantial growth of non-profit welfare and social services, rather a slow and steady increase in certain fields. The pattern in recent years has been some

growth within the field of health, while there has been an ongoing effort from both the non-profit sector and, recently from the Government, to develop clearer rules for interaction between the state and the sector (*ibid*).

This growing interest in the non-profit sector has been explained, on the one hand from ideological standpoints as a critique of a too powerful, over-bureaucratic welfare state excessively interfering in people's private lives. On the other hand the need to reform the welfare state can also be explained by growing financial pressures on the public sector, especially on the provision of core welfare services at a municipal level (Olsson *et al.*, 2008; Lundström & Svedberg, 2003).

As a result, the Swedish welfare state now involves a small but significant portion of service delivery from both the private and the non-profit sectors, although the public sector has remained the dominant actor in the welfare field with state-owned and state-controlled welfare services accounting for just under 90% of welfare service employment (Brandzen *et al.*, 2008; Trydegård, 2001).

In the four municipalities investigated there seemed to be a broad political consensus supporting the involvement of non-profit organisations. The strongest opposition actually came from an organisation run for and by homeless people, which demands housing rather than charity and shelters; but as mentioned earlier, there is also a strong tendency in every organisation to continue as before. Several of the Christian-based organisations emerged during socially unstable times (Olsson, 2007; Swärd, 1998; Meeuwise, Sunesson & Swärd, 2000). To provide a bed for the night and a meal was the task then, and still today it is an important mission. This pattern, typical of the time from which they emerged, is inherent within the Christian organisations – a sort of 'social DNA' imprinted on the organisation (Olsson, 2007) – and their ability to act in a different way seems limited (Stinchcombe, 1986). Therefore, the probability of new patterns or new organisational behaviour springing up within these traditional organisations is small. This is also true of the local social services authorities. Changes in the environment and in habits demand new organisational contexts. What we see at the local level are rather fixed and predictable solutions. If innovations occur, they will most probably stem from new initiatives outside the niche of the dominant organisations (both the public and the non-profit ones), and in spaces not inhabited by the old organisations.

## The “Tertiary Welfare System” in Local Practice

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Briefly, to illustrate our empirical findings at the municipal level, we draw on the comments of one non-profit manager interviewed who pointed out the risk that the church and non-profit organisations are considered to be, and are used as the last resort by local authorities: “At the same time” he said, “it is our role to help people in acute situations, not asking any questions about reasons and actual needs. This is part of our ideology.” This view was common among the non-profit organisations, but was also known and shared by the local public authorities. Politicians appreciated the non-profit organisations working with homeless people in terms of the choice and variety of service provision that could be offered. One public officer commented that not all people want to have contact with local authorities. Another politician recognised the public sector responsibility, but said that non-profit organisations were probably better at handling social support, reflecting an overall public sector view that since these organisations operate at ‘street level’ and, as he felt that people working in non-profit organisations are more personally involved, these organisations are “better” at handling acute situations. ‘Acuteness’ was a common organisational theme. An overall view shared by both public and non-profit actors was that acuteness seems to work as a divisor of labour, or as many also expressed it, non-profit organisations are a vital complement to the public sector. This is wholly in line with Tilly’s (1998) suggestion that it may be a shared interest to entertain the same perspective, since this joint view benefits all parties.

## Emergency Shelters as a Recurrent Solution

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One example of a new development which illustrates organisational ‘path dependence’ is the re-emergence of emergency shelters, as was the case in all four of our municipalities. Since the mid-1990s the number of emergency shelters and the proportion of municipalities that have such shelters have increased. This is a model that is spreading between Swedish municipalities, although it is not a new model or an innovation. The re-emergence of shelters is a common feature of our four case studies and is in line with the growing municipal tendency to turn to non-profit organisations for solutions for rough sleepers and people regarded as more or less chronically homeless, and in line with the common understanding that non-profit organisations are best suited to handling acute need.

The re-emergence of shelters can be seen as a particularly noteworthy development. During most of the 20<sup>th</sup> century, emergency shelters were criticised for their low standards and were deemed unworthy to be human lodgings. During the 1960s and 1970s most of the shelters in Sweden were shut down and replaced by other



forms of accommodation. The 'new' shelters are in many ways based on the same ideas and are spatially designed in much the same way as the old traditional 19<sup>th</sup> century shelters. They cover basic needs, have strict rules and there is little or no 'home' furnishing (Knutagård & Nordfeldt, 2007). One reason for this return to the old ways of working is tradition, which has persisted within the family of the Swedish Church and in a restricted group of Christian-ideology non-profit organisations (Olsson, 2007). Even if the form was nearly gone, the knowledge of the old practice remained within this specific context and at a time of perceived need, the shelters were seen as an immediate response to that need. They are also seen as a tangible sign of endeavour. From the local public authority viewpoint, this last dimension should not be underestimated. The growth of emergency shelters is a revival of old ideas, steeped in historical experience and kept alive in long-established, still functioning organisations that also fit in with the public sector division of labour between municipality and central Government.

## Conclusions

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In this article we have sought to shed light on the phenomenon of homelessness in Sweden, especially the organisational context dealing with this problem and both the traditional and the new roles of the non-profit sector. We have attempted to outline a path-dependent model relating to the organisation of welfare and the housing market and their interaction. In the Swedish welfare system we detect three levels. *First*, the universal and labour-income-related system provided by national governmental agencies; *second*, the local public social welfare system, based on means-tested social allowances; and *third*, a non-profit welfare system based on charity. The organisation of the local public social welfare system is dependent on a boundary drawn within the general or primary welfare system. The organisation of the tertiary welfare system is dependent on a boundary drawn in the local public (secondary) social welfare system. Boundaries are drawn, as in every organisational setting, because of limited resources as well as the tendency to cling to previous organisational practices.

The housing market system has a strong connection to the welfare systems. *First*, there is an open housing market based on income. *Second*, there is a 'secondary' housing market, based on the Social Services Act but also steered by individual behaviour. *Third*, there is tertiary housing (shelters), based on acute social need. The secondary housing market system is organised by local public social authorities and the tertiary housing system mainly by non-profit organisations and charities.

We have tried to show how the universalistic welfare system (see Esping Andersen, 1990) includes a majority of the population and excludes a minority. This exclusion is mainly based on whether or not the individual has an income from employment. The Social Services Act guarantees people a place to live and means-tested financial support, but there is also exclusion by the local public social authorities due to lack of resources or lack of organisational repertoire. This creates a window of opportunity or specific niche for non-profit organisations and charities. Based on long tradition, many of these organisations have a Christian ideology and with their long-standing legitimacy there often seems to be a preference for this type of organisation. The more individual solutions provided by non-profit organisations seem to fit with an overall individualistic paradigmatic view of social problems – both at the local and the national level – and hence of homelessness.

Even though the modern welfare state is based on ideas of generality, to cover all basic needs there have always been non-profit organisations working with marginalised groups. When we analyse the welfare system from the point of view of organisational theory, it actually makes sense that we can still see non-profit organisations and charities working with homeless people. The obvious reason is boundary-drawing within the public sector itself. The public sector at the local level provides resources and also legitimates these non-profit organisations, which are mostly seen as well-established providers, but are dealing with acute social need and homelessness in terms of providing shelters.

The division of labour between local public social services authorities and non-profit organisations and charities means that the latter more often work with people who have little or no contact with the public sector, many of whom are in a very difficult and acute situation, while the local social services authority works long-term with people in less acute need. Often the work done by the non-profit organisations is seen as the first step, but as we see it, a huge step.

The main responsibility for the issue of homelessness today is placed with the local authorities who provide solutions on the individual level. National policy focuses on local-level solutions and not so much the underlying structural housing problems. This is mainly due to organisational forms and former practice, where new forms of organisations and new forms of working with homeless people are both intentionally and unintentionally hindered by old organisations and traditions (both public and non-profit). A major obstacle in Sweden is to combine national and structural measures with local responsibility, as well as with individual and local solutions, but this appears difficult due to the long-standing organisational division of labour in this field.

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# Policy Evaluation



***Part B***

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# Building Capacity of Homeless Services in the Czech Republic

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› **Abstract** *After political changes in Central European countries in 1989, a growth in visible homelessness became evident. Using the example of the Czech Republic, the article describes the establishment and development of social services and the role of NGOs in providing services to the homeless. It also describes the revival of churches, their charities and diaconias, the establishment of civic associations and local initiatives and the creation of the initial services. Apart from local models inspired by foreign examples, transnational entities also brought their experiences. The article provides an overview of the evolution of homeless services and the difficulties and tensions between indigenous and external service providers in meeting the needs of the homeless.*

› **Keywords** *social services; NGOs; networking; Czech Republic.*

## Introduction

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Following the political changes in Central European countries, homelessness emerged as a visible social problem. Policy responses to this issue have, in many such countries, been slow to develop. The role of civil society and non-governmental agencies has thus been pivotal in ensuring the provision of services for the homeless during the last eighteen years. However, the emergence of the non-profit sector has itself been problematic and the development of the sector has been variable cross-nationally and subject to diverse influences (Salamon and Anheier, 1996). This article examines the emergence of the non-profit sector in the provision of homeless services in the Czech Republic and considers the factors that have been influential in shaping the structure of the sector and the development of the capacity of the sector to meet the needs of homeless people. The context of this discussion is the

understanding of the nature of an existing, growing and changing problem of homelessness since 1990 and the absence (until very recently) of any coherent national or regional strategy or political priority to deal with the issue.

It has been argued that the Czech non-profit sector is large relative to its counterparts elsewhere in Central and Eastern Europe (CEE) (Frič *et al.*, 1996). The article takes its frame of reference from the modified *Esping-Andersen* model adapted by Salamon and Anheier (1996) which identifies four distinct models of non-profit development or four types of 'non-profit regime', each characterised not only by a particular state role, but also by a particular position of the third sector. This model is described in detail in the following section. On this basis it is appropriate to use the Czech Republic<sup>1</sup> to illustrate the issues that are common to most 'statist' (Central European) countries in the development of third sector homeless services over this period, while recognising the need for further research to identify cross-national differences.

The article identifies the importance and the different influences of three distinct types of non-profit agency or NGO. First, there is the effect and influence (especially at Governmental level) of extra-national agencies, which has had both positive and negative effects. Second, there is the influence of (pre-existing) church-based 'confessional' agencies, which have had effects both at national and at regional level and which have tended to operate in a very specific domain of provision. Finally, there is the influence of the emergence of new civil society agencies, which have had to compete for funding and public support against extra-national agencies and in a context of a limited history of philanthropy.

## The Development of the Non-profit Sector

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The welfare regime models of Esping-Andersen (1990) are well documented and have been used in explanations of the diversity of service provision for the homeless (see Edgar *et al.*, 2002). While Esping-Andersen does not apply his analysis to the question of the appearance and growth of the non-profit sector, it does have some relevance to this question. Non-profit organisations are not only providers of services but are embedded in prevailing social and economic structures (Siebel, 1990). Hence, by modifying Esping-Andersen's analysis to incorporate the non-profit sector, Salamon and Anheier (1996) argue that it is possible to identify four distinct models of non-profit development and types of regime each characterised

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<sup>1</sup> The Czech Republic was established 1.1.1993 following elections in 1992 which led to the creation of Slovakia as an independent state.

by a particular state role and also by a particular position for the third sector (p18). They differentiate these regimes in terms of two key dimensions: the extent of social welfare spending; and the scale of the non-profit sector (Table 1).

**Table 1 – Model of Third sector Regime**

Government Social Welfare Spending	Non-profit Sector Scale	
	Low	High
Low	Statist	Liberal
High	Social Democratic	Corporatist

Source: Salamon and Anheier (1996)

Hence, Salamon and Anheier (1996) argue that in the *liberal model*, low social welfare spending by Government is associated with a relatively large non-profit sector. In the *social democratic* model, state-sponsored and state-delivered social welfare protection is quite extensive, while the room left for service providing non-profit organisations is constrained. In the *corporatist* model, the State has either been forced or induced to make common cause with non-profit institutions, so that non-profit organisations function as one of several pre-modern mechanisms that are preserved by the State in its effort to pre-empt more radical demands for social welfare protection. In the *Statist* model, the State exercises power with a large degree of autonomy sustained by long traditions of deference and a more pliant religious order. In this situation, limited Government social welfare protection does not translate into high levels of non-profit action and both welfare protection and non-profit activity remains constrained. While this is a useful heuristic device to identify broad tendencies, significant variations can be expected to exist between countries that fall into any particular grouping. This approach is useful in distinguishing different pathways of third-sector development. Thus we may expect some relationship between the level of Government welfare expenditure and non-profit activity (for example liberal and social democratic countries), extensive co-operation between Government and the non-profit sector (in corporatist countries), and non-profit support being derived from commercial activities in the absence of private philanthropy or state involvement (in the statist countries). The Czech Republic is more typical of a 'statist' regime, but the influence of state funding to non-profit sector social services (including NGO homeless services) is relatively large compared to other statist regimes.

Empirical research utilising this theoretical understanding (Frič *et al.*, 1996), suggests that the size of the non-profit sector in Central European (CEE) countries (as measured by employment) is low compared with non-CEE countries, but that the non-profit sector in the Czech Republic is larger than that in other CEE countries. Furthermore, the sector tends to be dominated by cultural and recreational organisations while employment in social services is low (11% compared to an all-country average of 18%). Consistent with its composition and similar to other countries in the region, the Czech non-profit sector receives the bulk of its revenue from fees and charges rather than from private philanthropy or the state (Frič *et al.*, 1996; p294). However, public sector payments account for around 40% of Czech non-profit revenue, which is relatively high compared with Central Europe. In the social services, by contrast, half of all non-profit sector revenue is derived from the public sector, compared with 30% from fees and 20% from private philanthropy. Frič *et al.* (1996) suggest that this may be due in part to matching Government contributions which are required by European Union programmes and other international public grants.

## **The Context of the Homeless Problem in the Czech Republic**

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Before the seismic changes that took place in 1989, the duty to work was enacted directly in the constitution of Czechoslovakia<sup>2</sup>. There was no evident unemployment. State-run companies were obliged to employ a planned number of workers, and companies ran workers' hostels. People incapable of joining the working process were often placed in psychiatric hospitals, while those who were capable of working but did not want to, were sentenced to prison for the crime of 'social parasitism'. After 1989 the workers' hostels disappeared, mostly transforming into commercial hotels, and the hidden stage of homelessness became evident. This was a significant trigger factor towards large-scale homelessness, but other causes of homelessness similar to those found in the neighbouring EU-15 member states, were also evident.

Another significant group of homeless persons occurred when 15,000 people, mostly men, were released from prison in three waves during January 1990, after Havel's presidential amnesty; thousands of them remained without a home. They survived mainly in and around railway stations. This was practically the first encounter between the Czechoslovak public and the homeless. Occurring as it did in a very short period of time and in a very visible manner, the response was sporadic and disorganised, with assistance coming from individuals and small groups of citizens.

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<sup>2</sup> Act 100/1960 Coll., Art. 19, par. 2:... *Working to the benefit of all is therefore a primary duty and the right to work a primary right of each citizen.*

In addition to those rendered homeless by the eclipse of the workers' hostels and the prison amnesty, in the early 1990's economic migrants became a significant issue of public concern. Many migrants, especially those employed illegally, lived and still live in a way very similar to the homeless. From the beginning of 1990, large groups of Romanians crossed Czechoslovakia by train *en route* to Germany. When the borders were closed to them, large groups of Romanian refugees remained in major railway stations, especially in Prague and North Bohemia. Public administration, which was in the process of transformation, was not prepared for such a situation.

The extent and nature of homelessness in the Czech Republic was first described in the publication '*Homelessness – Extreme Exclusion*' (Hradecká & Hradecký, 1996). The publication influenced the theory and practice of working with the homeless in the 1990's and became a textbook for students of social science and providers of social work in the Czech Republic.

## **Establishment of social services for the homeless**

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In the Czech Republic, the term 'social service' has a narrow applicability. It does not include for example: employment; housing; medical care; education; or the social protection of individuals, families and groups (Průša, 2003). Legal regulations valid until the end of 2006 were, in relation to the homeless, very vague and included the category of 'socially maladjusted citizens'.

The law places services for homeless people under the rubric of social prevention: low threshold day centres; overnight shelters; homeless hostels; halfway houses; and outreach programmes (street work). Hostel services usually follow a higher integration level after a night shelter. While according to the law a hostel must have a qualified social worker, this is not required for night shelters. Hostel services are often interconnected with a low-threshold day centre, while in some towns the connection is also with street work. Linking to a higher integration level, on the other hand, is very difficult. In the Czech Republic there is neither the service of supported housing nor a system of social housing for (former) homeless people. Only in exceptional and particular cases do social service providers succeed in coming to an agreement with a municipality on the rental of an apartment for the service of supported transitional housing (Hradecký, 2007)

It was not until 1991 that the first day centres were opened, offering emergency assistance, social and legal counselling, assistance in acquiring personal documents and dealing with authorities. The day centres started to provide meals for clients, offering facilities for personal hygiene, distribution of clothes and the organisation of cultural and educational programmes for their clients. A unique service is the GP consulting room in Prague from 1994 and in Olomouc from 2007.

### ***Non-Profit Services in the Czech Republic***

This section describes the emergence and development of the non-profit sector for homeless services in the Czech Republic. The change in the political climate after November 1989 enabled citizens to develop non-profit initiatives. Various types of societies and associations of citizens could then be established and begin to develop their activities. A range of factors can be identified as influencing the development of non-profit sector services for the homeless.

In the establishment of services for the homeless, the activity of churches and their members was surprisingly strong. Despite the low proportion of religious observance in the Czech Republic, church-based and religious organisations make up a significant share of the work with the homeless. Church organisations, especially the Catholic Caritas and Silesian Diaconia were able to develop their activities based on structures (even if limited) that already existed. One significant influence was the arrival of the Salvation Army. After 1990, the first 'non-confessional' social services for the homeless were formed, initially on a volunteer basis. Over time, volunteer organisations transformed into professional providers of social services. Especially in the initial period, the strong personal commitment of the founders of these new organisations and the influence of keen individuals was evident.

The state has given support to NGO's since 1991, and this public sector support was more significant in the Czech Republic than in Slovakia. This may help to explain why, in Slovakia, NGO services only started to emerge in a significant way in the mid-1990's and why no umbrella organisation exists to date. It is also significant that a national network of services developed quickly, rather than development remaining as a regionally uncoordinated set of structures which included an umbrella organisation. This is a significant achievement, since it has been argued (Frič *et al.*, 1998) that the forced centralisation of social organisations in the National Front under the Communist regime led to persistent distrust of non-profit organisations toward the setting up of federations and umbrella groups. This tended to keep the non-profit sector largely in a state of disorientation according to Frič *et al.* (1998).

Despite the importance of public sector funding, the system of funding of non-governmental social services remains volatile, resulting in continued uncertainty over sustaining services. The development of the sector has depended upon the strength of NGO's to overcome these funding uncertainties (including the substantially below-standard wages of employees). Despite this situation, the sector is trusted by the public authorities, as evidenced by the fact that people from NGO's have taken an active part in the creation of social services quality standards, submitted their comments on the proposed Social Services Act and participated in NAPS/Inclusion. The Social Services Act requires that anyone who wants to provide any type of social service must register each service, which is then subject

to inspections and evaluation for compliance with the Standards for Quality in Social Services, with reference to a compendium of these standards. The aim of the law is to protect the rights of users and their human dignity as well as the promotion of principles of social inclusion. As a result, in 2005-2007, support from the European Social Fund for working with the homeless was effectively utilised in the development of non-profit sector services for the homeless.

### ***Key NGO Providers of Homeless Services***

Following the changes of 1990, diocesan charities began to be re-established. Parish and town charities of various orientations sprang up spontaneously around individual parishes, some of them volunteer-based, others providing professional social services. At the present time, there are over 350 parish, regional and town charities running over 500 social services projects.

Caritas is the largest non-governmental provider of social services, with a very wide range of activities across the country. It runs a total of fifteen day centres, fourteen night shelters, fifty-one hostels for homeless men and women and for mothers with children, and twelve halfway houses for young people leaving institutional care or coming out of prison (Caritas, 2007). As a Catholic-founded Church corporate body, Caritas exists as a network of organisations across Europe in which individual national Caritas organisations operate autonomously though with support from the network.

In contrast, the *Silesian Diaconia* was founded as a civic association in 1990 by one influential church member and now operates over fifty centres working almost exclusively in the Moravian-Silesian region of the country. Its first facility designed for the accommodation of men was established in September 1992; it later created a specialised section of homeless hostels including a halfway house, a day centre, night shelter and a therapeutic farm. An interesting project is '*From Eight to Four*' under Silesian Diaconia's EQUAL programme, implemented in 2005-2008 in partnership with Polish and Dutch partners. *Kofoed's School* in Ostrava commenced its activities towards the end of 2002 on the Danish model, as an initiative of the Silesian Diaconia with inspiration from Poland, where similar services have existed for several years. The service is directly linked with Silesian Diaconia's programme for the homeless. *Kofoed's School* maintains contact with its Danish-model organisation, but it is organisationally independent. Currently there are branches of *Kofoed's School* in six cities of the Czech Republic, especially in regions suffering from high unemployment.

The Salvation Army operated in Czechoslovakia from 1919 until 1951, when its activities were suspended by the communist regime. In December 1989, the Salvation Army International Headquarters in London received a letter from unknown people in Czechoslovakia, asking it to renew its activities. The Army's Netherlands Territory was asked by its headquarters to implement a return, which occurred in 1990 (Salvation Army, 1990). Once it was registered, the Salvation Army opened direct negotiations with the Ministry of Labour and Social Affairs. Their transnational operations opened doors with the authorities, influencing the shape of public funding. However, the Salvation Army has retained foreign leadership of its Czech services (mainly from the Netherlands) who have implemented models from their own countries, often without a sensitive approach to local specifics. The Army was able to establish itself quickly as a national organisation (registered as a Civic Association) with day centres, night shelters and hostels across the country. This has been significant in the development of service capacity.

In addition to these church-based or religiously inspired organisations, new civil society homeless agencies quickly emerged following the revolution. *Naděje* was created spontaneously in August 1990. Its operation was characteristic of that time; voluntary work with no operational funding, serving food in railway stations (initially to Romanian refugees). From this voluntary work in refugee camps, the idea of establishing a separate organisation was born. The organisation was founded by a married couple who enlisted the co-operation of a group of determined volunteers. *Naděje* is a charitable society, registered since 1990 as a civic association which only operates in the Czech Republic. Gradually, following its initial work in refugee camps, the services of *Naděje* were sought increasingly by Czech citizens who found themselves without a home. In 1991, its operations began in Prague with the first day centre, two hostels for men and another hostel for families with children.

*Emauzy ČR* (Emmaüs) was established in the Czech Republic in 1991. Its mission is to care for the homeless, released prisoners and marginalised persons, assisting in their return to civilian life. Its founder was jailed as a political prisoner under the previous regime. He had been considering the idea of starting an Emmaüs movement in Czechoslovakia even before 1989, as he had learned through personal experience that many people were imprisoned unjustly for so-called social parasitism. He found inspiration from the French movement founded in 1949 by Abbé Pierre. After Havel's amnesty, he made the final decision to establish *Emauzy* on the model imported from France, which was modified and defined as a 'friendly fellowship' rather than a social service. The project met with misunderstanding, both from the authorities and from the public and has faced extreme funding problems resulting in an organisational crisis in 2004-2005. Today it is stabilised and operates in three cities.



The *Prison Chaplaincy Care*, established in 1994 and involving all churches in an ecumenical initiative, is an original Czech model. The Prison Chaplaincy Care is active in prevention work, particularly aiming to eliminate homelessness through caring for those persons released from prisons who, especially after long-term sentences, lose their family support structure. The aim of Prison Chaplaincy Care is to create a sufficient social network of halfway houses (Balcarová, 2003).

*Nový Prostor* (New Space) was established in Prague in 1999 as a civic association in the area of social enterprise and promotion of social issues in a street-paper type magazine. It is a member of the International Network of Street Papers and publishes the *Nový Prostor* magazine. A drama group '*Ježek a Čížek*' (Hedgehog and siskin) was established within the organisation, performing in small theatres and festivals and becoming independent in 2003.

### ***Models of work in NGOs***

Using this understanding of the emergence and development of services provided by the non-profit sector, this section defines different types of non-profit organisation, which have emerged within homeless service provision. Right from the start two trends have been evident in the operation of NGOs – imported foreign models and original local concepts. In terms of the establishment and management of organisations working with the homeless, there is a parallel coexistence of organisations of domestic origin established through local initiatives, and organisations that are subject to international management or are part of international networks. Table 2 depicts the character of the players according to origin, establishment and management.

**Table 2 – Models of work in Czech NGO's**

<b>Type of NGO</b>	<b>Name</b>	<b>Management</b>
Church-based NGO with international central office	Salvation Army Sisters of the Mother Teresa	Managed from international (or non-Czech) HQ
Church-based national NGO	Caritas Silesian Diaconia ADRA Diaconias of other protestant churches	Directly involved in international networks
Non-church NGO with international central office	None	None
National NGO inspired by a foreign model	Emmaüs Kofoed's school Kolping's House Nový Prostor Czech Federation of Food Banks	Maintains formal or informal contacts with their foreign model
Original national NGO	Naděje Prison Chaplaincy Care Other regional and local NGOs (Exodus, DOM, SKP-centrum)	Independent agencies
NGOs' Networks	S.A.D.	Associates more than one hundred NGOs

### ***Co-operation and Inter-agency working***

As early as 1992, a professional association, the 'Association of Hostels' (S.A.D.) was founded, with membership consisting of hostels and halfway houses from the entire Czech Republic. This organisation, which has now 108 members, including governmental, non-governmental, municipal and church hostels, defined its own standards for the operation of a hostel soon after its establishment. To become a member, the hostel must meet these standards and have a clear and consistent conceptual plan (Hradecký, 2007).

S.A.D. was instrumental in preparing a professional training course for managerial staff of hostels, which was successfully established in 1998. It also operates the NPV computer program, mapping basic information on the homeless in the Czech Republic. S.A.D. co-operates with other entities and provides assistance in the establishment of new homeless hostels. It offers possibilities for consultation, student internships and the induction of new staff. In 2002, in co-operation with another organisation, it prepared a series of four one-week training courses on the theme of domestic violence (Cveček, *et al.*, 2007).

S.A.D. carried out the five-partner project 'Strategy for Social Inclusion of the Homeless in the Czech Republic', funded by the European Social Fund. The project consisted of several inter-related activities focusing on definition and typology. It mapped the then current state of homelessness, researched the health condition of the homeless in the Czech Republic, and verified the effectiveness of a higher number of social workers in social service facilities and the employment of the homeless. Its partners were Caritas, The Salvation Army, Naděje and Silesian Diaconia (Cveček, *et al.*, 2007).

*The Homeless Census project* was carried out in 2004 by NGOs operating in Prague in co-operation with the Municipal Centre of Social Services. Its aim was to establish, as accurately as possible, the number of homeless people in Prague. It focused on evident homelessness, defined through ETHOS definitions in the categories of 'roofless' and 'houseless' (Hradecký *et al.*, 2004). This project was replicated in Brno, in co-operation with the municipality (Brno City, 2006).

*Informal co-operation* has its tradition especially in Prague, where three large NGOs, Caritas, The Salvation Army and Naděje all operate. For several years these organisations have co-operated in the running of a winter night shelter and, in January 2006, on the operation of the winter emergency centre in military tents set up in Prague by the municipal authorities (Varga, 2006). Their workers participated, together with the city authorities, on several analytical and conceptual documents and on the homeless census project (Hradecký *et al.*, 2004).

## Conclusion

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The current situation in the Czech Republic can be considered transitional, since the capacity of services for the homeless are still in a stage of development. One ongoing problem is the immature funding system in conjunction with the limited funding from public sources. Within this context, this article has described a situation in which service development occurred very quickly following the collapse of Communism. The emergence and development of a non-profit sector of homeless service providers, as well as in other social services in general, was dependent on a number of factors. The role of the churches has been described as being significant. Equally, however, the intervention of international organisations and especially the Salvation Army was important in the rapid establishment of a national framework of services. This was also important in influencing the Ministry of Labour and Social Affairs in guiding public funding. Charismatic individuals were also important catalysts in the establishment of the non-church-based civic association forms of NGO.

Based on existing knowledge, the Czech Republic is typical of other CEE states in this regard (Salomon and Anheier, 1996). Where it may be less typical, is in the early formation of an umbrella organisation (SAD) of homeless service providers and in the extent of inter-agency co-operation this has stimulated. This has also played an important role in establishing service standards and in cementing the trust of public authorities in the sector. However, it remains the case that while the sector is dependent upon public sector funding for more than half of its revenue, funding constraints remain a significant factor in the development of service capacity. While European funding has been important in stimulating service development in 2005-2007, it is not being replaced quickly enough by sustainable state and municipal funding.

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# The Use of Enforcement to Combat Begging and Street Drinking in England : A High Risk Strategy ?

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- › **Abstract\_** *The use of 'enforcement' measures to remove homeless people from public spaces and/or to deter them from engaging in 'street activities', such as begging and street drinking, has become an increasingly high profile and controversial issue in many countries. This paper summarises the key findings of a study which sought to evaluate the impact of enforcement interventions on the welfare of people engaged in street activities in England. It argues that careful appraisal of the way in which enforcement is actually implemented 'on the ground' revealed that the situation is rather more complex and less punitive than it may at first appear. It demonstrates that the use of enforcement measures, when accompanied by appropriate support can, in fact, lead to beneficial outcomes for some individuals involved in begging or street drinking in some situations. The outcomes for other members of the street population can, however, be very negative and are highly unpredictable, such that the use of enforcement, even when accompanied by intensive support, is always a high risk strategy.*
- › **Key Words\_** *street homelessness; begging; street drinking; enforcement; Anti-Social Behaviour Orders (ASBOs); revanchism*

## Introduction

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The use of enforcement to remove homeless people from public spaces and/or to deter them from engaging in 'street culture activities', such as begging and street drinking, has become an increasingly high profile issue in many countries (Tosi, 2007; Doherty *et al.*, 2008). According to FEANTSA (2007, p.1), there is a "... growing trend towards repressive and coercive approaches to people who are homeless and their activities in public space". The 'criminalisation' of homelessness and the 'eradication' of homeless people from public space has been most extensively documented in the United States, where it has often been attributed to the vengeful actions of 'revanchist' city administrations intent on protecting the interests of privileged groups and increasing the city's marketability in a competitive global economy (Smith, 1996; Mitchell, 1997, 2001; MacLeod, 2002; DeVerteuil, 2006).

Punitive responses to homelessness in the United States have included increasing surveillance and the redesign of public spaces to exclude homeless people, as well as the overt use of legislation to target and criminalise their day-to-day activities (Davis, 1992; Mitchell, 1997, 2001; Amster, 2003). Such strategies – which Mitchell (2001, p.63) claims "make it impossible for homeless and other street people to *live* (at least without breaking any laws)" – have been widely condemned, with practitioners calling for more constructive responses to homelessness and other aspects of street culture (National Coalition for the Homeless and National Law Center on Homelessness and Poverty, 2004, 2006).

Approaches intended to address homelessness have reportedly been, on balance, less punitive and less pervasive in Europe than in the United States (Tosi, 2007; Doherty *et al.*, 2008). Importantly, homeless people tend not to be the explicit targets of measures used to control public space – but do nonetheless feel their effect disproportionately because of their reliance on such space to conduct their daily activities (Tosi, 2007; Doherty *et al.*, 2008). Many European cities have apparently been reluctant to adopt the hard-line, zero-tolerance police methods employed in larger American cities (Wacquant, 1999; Jones & Newburn, 2002). Moreover, some countries – including Belgium, France, Norway and Ireland – have repealed earlier legislation in order to de-criminalise the former offences of vagrancy and/or begging (Doherty *et al.*, 2008).

Doherty *et al.* (2008) nevertheless note that homeless people 'squeezed' out of public space in European cities are rarely provided with systematic compensatory support – and indeed are often forced into inadequate sheltered accommodation where harsh disciplinary routines and fear of theft and harassment are common. Such an outcome, Doherty *et al.* (2008) argue, exacerbates rather than alleviates the plight of those affected. Similarly, Tosi (2007) argues that regulatory measures in Europe have led to the social reconstruction of homelessness, reducing the issue



to a principle of 'order', such that it is no longer regarded as a social welfare policy issue. This, he contends, represents an attempt "to eliminate homelessness literally by directing effort towards making homeless people invisible, rather than meeting their needs" (Tosi, 2007, p.229).

Policy responses to street homelessness in England are in many ways unique within Europe. Street homelessness has been a policy priority in England since 1990 (Fitzpatrick *et al.*, 2000; May *et al.*, 2005), and subsequent years saw a substantial decline in levels of rough sleeping as a result of the work of the *Rough Sleepers Initiative* and then the *Homelessness Action Programme* (Randall & Brown, 2002). Significant resources have been devoted to addressing the accommodation and support needs of rough sleepers, with additional outreach services, hostel places, permanent housing association homes and resettlement projects all funded under targeted programmes.

However, as the number of people on the streets fell, concern mounted about the street culture activities – particularly begging and street drinking – that were engaged in by the 'hard core' who remained. In 2003, the Home Office's *Anti-Social Behaviour Unit* took up the issue of 'problem street culture', as part of a wider agenda aimed at eradicating anti-social behaviour; broadly defined as actions that cause or are likely to cause harassment, alarm or distress to other members of the public (Home Office, 2003)<sup>1</sup>.

In particular, begging became a target for a range of enforcement interventions (Davies & Waite, 2004) – the most powerful and controversial of which were 'Anti-Social Behaviour Orders' (ASBOs), introduced by the Crime and Disorder Act (1998). These civil orders can contain conditions prohibiting an offender from specific anti-social acts ('behavioural' conditions) and/or from entering defined areas ('geographical' conditions). Penalties for breaching ASBO conditions can be severe and include prison sentences of up to five years. When first implemented, ASBOs were widely condemned as a costly and unworkable approach to addressing symptoms of deprivation, with the potential to exacerbate the problems of already vulnerable people (Ghosh, 2003; Leeds Simon Community, 2004). The anxiety surrounding ASBOs was compounded by the poor drafting of many early Orders, which often contained excessively wide or unclear prohibitions.

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<sup>1</sup> The Home Office 'Respect' agenda and 'Together' Action Plan targeted a whole range of anti-social activities, including: misuse of public space (e.g. begging, street drinking, kerb crawling, inconvenient car parking); disregard for community/personal wellbeing (e.g. noisy neighbours, hooliganism, public urination); acts directed at people (e.g. verbal abuse, threats); and environmental damage (e.g. graffiti, dumping rubbish) (Harradine *et al.*, 2004).

Given the concern shared by *The Big Issue in the North Trust*<sup>2</sup> and ourselves, that enforcement measures were being implemented in cities across the country in the absence of any evidence of their impact on the 'street users' involved, we jointly sought funding from the *Joseph Rowntree Foundation* to conduct a qualitative evaluation of these initiatives. This paper summarises some of the key findings of that evaluation (see Johnsen & Fitzpatrick (2007) for the full report). It argues that whilst enforcement strategies in England seem to represent an attempt to, at best, render the street population 'invisible' and, at worst, criminalise vulnerable people for their involvement in street activities, careful appraisal of how enforcement is actually implemented 'on the ground' revealed that the situation is rather more complex, and less punitive, than it may at first appear. It demonstrates that the use of enforcement measures, when accompanied by appropriate support can, in fact, lead to beneficial outcomes for *some* individuals involved in begging or street drinking in *some* situations. However, the outcomes for other members of the street population can be very negative and are highly unpredictable, such that the use of enforcement is always a *high risk* strategy.

The paper begins by describing the evaluative approach and methods used in the study. It then provides an overview of the factors 'driving' the use of enforcement at the local level, and the specific tools employed to tackle street culture activities in the areas studied. The remainder of the paper presents evidence on the impact of enforcement on the welfare of street drinkers and people who beg in England.

## Evaluating the Impact of Enforcement

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The primary aim of the research was to evaluate the impact of enforcement interventions on the welfare of street users in England, particularly those engaged in begging or street drinking, with a view to identifying circumstances associated with any particular positive or negative outcomes. The study also sought to assess the impact of enforcement measures on other stakeholders in the community – residents and businesses in particular.

The research team started from the premise that involvement in street culture activities such as begging and street drinking is problematic because of the strong evidence that it is highly damaging to those involved. Numerous studies in the UK demonstrate the humiliation, violence, abuse and poor health endured by people who participate in such activities (Pleace & Quilgars, 1996; Ballintyne, 1999; Fitzpatrick & Kennedy, 2000). Moreover, the findings of previous research support Government claims that proceeds from begging in the UK are typically spent on

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<sup>2</sup> The Big Issue in the North Trust, based in Manchester, is a charitable body associated with a street paper sold by homeless people in Northern England.

alcohol and/or drugs (Danczuk, 2000; Fitzpatrick & Kennedy, 2000; Jowett *et al.*, 2001; Vision 21, 2000), indicating that there is a strong correlation between the amount of money earned and levels of drug use, such that higher earnings lead to greater consumption and associated damage to a user's health (Fitzpatrick & Kennedy, 2000).

The research team took the view that social justice demands that any interventions designed to minimise or eradicate street activities should, on balance at least, be beneficial rather than damaging to this vulnerable group (see also Fitzpatrick & Jones, 2005). At the same time, the impact of these activities on other members of the community must be given due regard in assessing the overall appropriateness and justice of interventions.

The research comprised an in-depth evaluation of the impact of enforcement interventions in five case study areas in England: Birmingham, Leeds, Brighton, and the London Boroughs of Westminster and Southwark. Across these areas, a total of 66 (former or current) street users who had personal experience of enforcement initiatives, participated in the research: thirty-seven in in-depth interviews and a further twenty-nine in focus groups. In addition, eighty-two 'support providers' (e.g. managers and frontline staff from street outreach teams, hostels, day centres etc.) and 'enforcement agents' (e.g. police officers, magistrates, anti-social behaviour officers and other local authority representatives) were interviewed, as were twenty-seven local residents and business proprietors.

The broad profile and characteristics of the thirty-seven in-depth interviewees matched what would be expected from previous research among the street population in the UK (e.g. Shimwell, 1999; Danczuk, 2000; Fitzpatrick & Kennedy, 2000; Jowett *et al.*, 2001; Randall & Brown, 2006). A large majority of the sample was male, and all were 'White British'. They were a highly vulnerable group: almost all had substance misuse problems, many had mental health problems, and the great majority had suffered a traumatic childhood. Given the controversy in the UK on this issue, it is worth emphasising that all had a history of homelessness<sup>3</sup> and three-quarters were homeless at the point of interview. Many of the in-depth interviewees had criminal records, usually for repeated minor offences. Of the thirty-seven, twelve had received ASBOs for street culture activities, while eighteen had been arrested for begging. Experience of the 'softer' forms of enforcement, such as police cautions or having their alcohol confiscated in controlled drinking zones (see below), was widespread.

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<sup>3</sup> The term 'homeless' was taken to describe an individual sleeping rough or otherwise lacking settled accommodation – including those in temporary or insecure forms of accommodation such as hostels, night shelters, bed and breakfast hotels, squats, or staying temporarily with family or friends.

## Local 'Drivers' and Types of Enforcement

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It was found that, while Central Government had provided the 'tools' to enable enforcement action to address street culture, it was local rather than national pressures that led to the use of these measures in the case study areas. In particular, concern was founded on the number of people begging and street drinking in city centres, and on the behaviour of many of those involved – especially displays of aggression within large congregations of people drinking outdoors and/or incidents of 'aggressive' begging:

"The square was taken over by street drinkers... It became very unpleasant to live around here, effectively... They were totally anti-social. I mean they drink, litter, urinate and worse in public... Something had to be done about it because it was just unbearable... You were looking over your shoulder when you were coming in and out because they're there all the time, they're watching you. You're worried about your kids, people coming over." (Resident)

Whilst the top priority of the members of the public interviewed was a reduction in the negative impact of street culture on their daily lives, they were keenest on strategies which not only deterred individuals from anti-social street activities but also incorporated substantial supportive interventions. Similarly, enforcement agents rarely, if ever, displayed unsympathetic punitive intent, but often believed that enforcement had an important role to play in helping street users to make positive changes in their lives:

"Another driver in Leeds was the number of drug-related deaths. And beggars and rough sleepers were a significant proportion of that number. So, some people think it's heavy enforcement for the sake of it, but it's actually rooted in concern for the individuals themselves." (Local authority representative)

A number of enforcement interventions were employed in the case study areas – ranging from 'harder' (more forceful or coercive) to 'softer' measures. They included:

- *ASBOs*: as noted above, these are civil rather than criminal orders, but punishment for a breach can include prison sentences of up to five years. *ASBOs* are sometimes preceded by 'warning stages' which are not legally enforceable, such as *Acceptable Behaviour Contracts* ('*ABCs*').

- *Vagrancy Act 1824*: specifies that begging is an arrestable offence, but is not imprisonable; the maximum penalty upon conviction is a fine. Begging has been a 'recordable' offence since 2003, such that the details of people convicted are recorded on the Police National Computer.
- *Controlled drinking zones*: restrictions on the consumption of alcohol in designated areas by the use of byelaws or *Designated Public Places Orders* (DPPOs). While it is not an offence to consume alcohol within a designated area, the police can require a person to stop drinking, and can confiscate the alcohol of anyone who is either drinking in the designated area or whom they believe intends to do so. Individuals failing to comply can be arrested and fined.
- *'Designing out'*: manipulation of the built environment to make 'hotspots' of street activity less habitable for street users (e.g. by removing seating or 'gating off' areas).

The degree to which supportive interventions accompanied these measures varied greatly across the case study areas. In some, carefully coordinated and individually tailored support packages (ensuring recipients were offered appropriate accommodation and/or treatment for substance misuse or mental health problems, for example) were integral to enforcement initiatives. In other areas, enforcement and supportive interventions operated virtually independently of one another, with blanket enforcement policies affecting all those engaged in a particular activity.

In practice, the 'harder' forms of enforcement – which were much more likely to be accompanied by support packages than were the 'softer' approaches – were usually targeted at those individuals who engaged in street activities most persistently and/or aggressively, having the greatest negative impact on the wider community (other members of the street population included).

The enforcement measures led to a dramatic reduction in the visibility of begging and street drinking in targeted localities in all five case studies and were thus regarded almost unanimously as 'effective' by enforcement agents and wider community representatives.

## The Impact of Enforcement on the Welfare of Street Drinkers and People who Beg

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'Harder' forms of enforcement – particularly ASBOs – were central to the reduction of problematic street activities in all of the targeted areas. This is hardly surprising, given the powerful deterrent posed by the potential of lengthy prison sentences being imposed for breaches. However, what did come as more of a surprise to the research team was that, when preceded by warning stages (such as ABCs) and integrated with intensive supportive interventions, it was evident that 'harder' measures could bring about *positive benefits* for some street users themselves, as well as to the general public. Enforcement in these instances acted as a 'crisis point', prompting reflection and change, encouraging engagement with support services, such as alcohol and drug treatment:

"As I say, this ASBO, in a kind of weird way, has done me a favour because I've faced my demons... I've chilled out, I've slowed down, you know what I mean."  
(Street user)

Street user: "I'm eating three meals a day, I'm, I'm feeling, you know, positive... I want to change my criminality, I want to change who I am and who, and who I've become, you know. I want a better life for myself really and that's why I'm here [rehabilitation centre] because there comes a time where you just get sick of it..."

Interviewer: "Where would you be now, do you think, if you hadn't had your ASBO?"

Street user: "Dead or in jail on a life sentence or something."

"We find crisis is one of the best times to offer support. And that can be the death of a friend through an overdose; it can be a near death experience that they had themselves; it could be a new health issue... Enforcement can be the crisis... It does sometimes work. It's crude but effective." (Support provider)

Enforcement was also said potentially to act as a tool to break up large street drinking 'schools' that can enmesh newcomers in a street-based lifestyle, and/or undermine the influence of a group's more exploitative members:

"Street drinking groups are often used as camouflage for other activities. So there's a core group of street drinkers who I would define as vulnerable, non-threatening, not a risk to society generally... If you take out the core group the peripherals... the pimps, the street robbers, the small time drug dealers... don't have the cover... So no doubt they carried on with their low-level criminality... but they weren't able to use the street drinking group as cover and they weren't able to prey on the street drinking group." (Support provider)

In contrast, 'softer' forms of enforcement, such as controlled drinking zones and 'designing out', rarely if ever had discernable positive impacts on the lives of street users. Many street users were suspicious of what they considered to be the 'aesthetic' motives behind such approaches and this strengthened their resolve to 'fight the system':

"What are the authorities actually after? Is it a vanity, a cosmetic, exercise? Do they think we should be out of the way of the visitors?... Personally it strengthens my resolve to stay where I am." (Street user)

In addition, it was clear that both 'hard' and 'soft' enforcement initiatives could have *very negative* consequences for *some* street users. In particular, there was widespread evidence that enforcement led to *geographical displacement*, whereby street activity was 'pushed' into areas that were policed less heavily. This sometimes caused street users to frequent more 'hidden' (and potentially dangerous) spaces and/or distanced vulnerable individuals from support services:

"It doesn't cure anything, it just moves you to somewhere else... I just moved out of that zone." (Street user)

There was also evidence of *activity displacement*, whereby people who had begged turned to shoplifting or, less commonly, sex work, during 'begging clampdowns' in order to fund drug and/or alcohol dependencies. For example, one individual reflected the experiences of many others when stating that frequent arrests for begging:

"... pushed me to do a little bit of shoplifting, petty shoplifting, which I wasn't happy about, but I had no choice." (Street user)

It was evident that 'positive' responses to enforcement (i.e. desistance from begging/street drinking and engagement with support services) were most likely where enforcement measures were integrated with intensive support and where there was genuine 'interagency working' between the police, local authorities and support providers. Dedicated interagency forums proved very effective in facilitating this process – ensuring that all relevant supportive options had been offered before 'harder' forms of enforcement were considered, and that all stakeholder agencies were held to account for their roles in providing support to specific individuals.

Also crucial were the personal circumstances of an individual street user. The street users least likely to respond positively to enforcement were those who had a very long history of street living and/or substance misuse; had inadequately treated mental health problems; already had an extensive criminal record; or considered themselves to be 'hopeless cases':

“For a lot of our clients, they’ve been through that much crap in their lives that the ‘stick’ isn’t that hard compared to some of the other stuff that they’ve been through. And that’s why the stick doesn’t make much difference.” (Support provider)

“They kept asking me if I wanted treatment and it was like ‘I’ve been there and done that and it don’t work, not for me’... I’d resigned myself to the fact that I was going to be found dead in a car park somewhere.” (Street user)

Conversely, the street users who appeared most likely to respond positively to enforcement included those who had had some experience of stability in life; had something positive to aspire to (such as reunion with estranged children, for example); and/or had recent experience of other crisis points (such as an overdose scare or the death of a friend) which had prompted them to contemplate their lifestyle and future:

“Clients who’ve had busy, successful lives that fell apart because of drug misuse becoming out of control are relatively easy to get back on track.” (Support provider)

“Before, when I first started taking drugs and drinking and everything I didn’t feel no self-worth, I didn’t think I was worth it. But now I think to myself ‘I’ve got a little girl... so I can’t go out there and kill myself or inject and drink myself to death like because I’ve got to be a role model to her’.” (Street user)

All that said, responses to enforcement, particularly the ‘harder’ forms, were ultimately unpredictable. Support providers and the police alike were often surprised by, and found it difficult to explain, the divergent responses witnessed. Given the unpredictability of outcomes and the potential for very negative impacts on some street users – especially diversion into more dangerous activities or spaces and the possibility of lengthy prison sentences – enforcement clearly represents a *high risk* strategy with regard to the welfare of street users. However, given the desperate (indeed life-threatening) circumstances of some of the most chaotic street users, many frontline support workers and enforcement agents took the view that the use of enforcement was sometimes a risk worth taking, as a last resort:

“I’m happy to go down the enforcement route when we’ve tried everything else and the person is still gradually killing themselves and we’re getting nowhere... We’ve seen it happen [*displacement from begging into sex work*], and I guess the trade off is – what can I say – from our point of view it has been worth it. Things are better now, despite the fact of all this.” (Support provider)



## Conclusion

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The controversy surrounding the use of enforcement with street users appears to have abated in England over the past few years. Some important concerns remain, but there does appear to be an emerging acceptance within the homelessness sector that enforcement can benefit *some* street users, in *some* circumstances. It is still too early to predict whether the positive outcomes reported might be sustained in the long term for any individual street user, but many support providers in England are now of the view that there is a place for 'hard' enforcement, if only as a last resort when all offers of (appropriate and accessible) supportive interventions have been refused and where those targeted pose a 'genuine' threat to other people (including other street users). This accorded with street users' views, in that they too agreed that 'harder' forms of enforcement such as ASBOs were justified with 'agro' street drinkers and people who beg aggressively.

However, both groups did call for a degree of tolerance from the public regarding street users who do not 'harm' anyone, allied to a concern that anti-social behaviour should not be defined by the most 'easily offended' members of society (as also advocated by Millie *et al.*, 2005). Importantly, there was a consensus amongst interviewees that 'hard' forms of enforcement should never be employed with very vulnerable individuals, such as those with severe mental health problems.

From the evidence collated, it appears that although street activities *have* been explicit targets of enforcement action in England, attempts to regulate the actions of members of the street population *have not* been divorced from broader social welfare policy, as it has been suggested is the case in other European countries (see Tosi, 2007; Doherty *et al.*, 2008). On the contrary, in many (though not all) parts of England, when enforcement actions are undertaken, they are tightly integrated with intensive supportive interventions in keeping with the 'activist state' ethic that has underpinned much of homelessness policy under New Labour (Pawson & Davidson, 2007).

Careful appraisal of how enforcement is actually implemented in England has thus revealed that the situation is rather more complex and less punitive than the dominant academic discourse would suggest. That said, it must be emphasised that the outcomes of enforcement for any individual street user remain highly unpredictable and can be very negative, even when accompanied by intensive support, such that the use of enforcement with this group is always a *high risk* strategy.

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# Sustainable Solutions to Homelessness : The Irish Case.

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› **Abstract\_** *This article aims to critically review recent policy initiatives that have sought to prevent and eliminate homelessness in the Republic of Ireland. It aims to explain the processes that resulted in the dramatic shift that occurred in relation to homeless services between the mid-1980s and 2008. It is largely descriptive and provides a chronology of the key events that led to the publication in August 2008 of an ambitious strategy to eliminate long-term homelessness and the need to sleep rough in Ireland. In doing so, it will not only highlight the specifics of the Irish case, but also draw out implications for other member states.*

› **Key words\_** *Ireland; homeless strategies; social partnership.*

## Introduction

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The aim of this article is to examine the evolution, determinants and outcomes of a series of interlinked developments that commenced in the late 1980s and accelerated from the late 1990s, which have attempted to address homelessness in the Republic of Ireland. In contrast to Scotland, whose approach to addressing homelessness was reviewed in volume one of this journal (Anderson, 2007a; see also Anderson, 2007b; Pawson and Davidson, 2008 for further details on the Scottish case), the approach adopted in Ireland is not rooted in a legalistic approach, but rather on a consensual or negotiated problem-solving approach. This reflects the broader environment in which public policy-making has evolved since 1987, whereby macro-economic and social policy is broadly agreed every three years by the ‘social partners’ (Government, employers, trade unions and NGOs), in a process known as ‘social partnership’ (O’Donnell, 2008). The paper does not attempt to test

the efficacy of the Irish approach *vis-à-vis* the Scottish approach or indeed other countries, but rather describes the Irish case, outlines the process of policy development and describes the outcomes to-date. It concludes with the lessons that may be learned from the Irish case and the sustainability of the process. The article is descriptive in approach rather than causal, and as such cannot scientifically evaluate the relationship between strategies and outcomes; nonetheless it may provide important pointers for policy makers. Learning from as many jurisdictions as possible is crucial in devising appropriate responses to homelessness and in a recent review it was argued that “[i]n Europe there are very few strategic approaches to homelessness. In fact, homelessness is often not considered as worthy of a policy response in its own right and may be relegated to the periphery of both housing and social policy arenas” (Minnery and Greenhalgh, 2007 : 650). This may be a somewhat over-pessimistic interpretation of recent developments in Europe (see for example Anderson *et al.*, (2008) who provide a review of policy responses in Scotland, Ireland and Norway; also Busch-Geertsema and Fitzpatrick, (2008) on Germany and England), but certainly in the case of the Republic of Ireland this paper highlights that a strategic approach was developed and as a consequence homelessness, while perhaps not placed centre-stage in housing and social policy arenas, is certainly not relegated to the periphery.

## Background

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At a seminar on *Homelessness in the European Community* that was held in Ireland in September 1985<sup>1</sup>, one of the keynote speakers commented that he was unable to give precise figure for the number of homeless persons in Ireland, as the most recent count was taken as far back as 1925<sup>2</sup>. At the same conference it was argued that in Ireland “[h]omeless people are catered for mainly by voluntary groups, agencies and charities... Voluntary agencies face chronic problems of lack of money and are dependent on goodwill... Most housing authorities will, at worst, refuse to house homeless persons, or at best will only consider the elderly homeless. They feel that

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<sup>1</sup> It is of note that one of the recommendations of the seminar was that “the European Commission fund an association of organisations working with homeless people in the member states so that they may consult regularly on issues affecting homeless people, on methods that will secure improvements in the conditions of homeless people and advise the Commission on policy that will improve the conditions of homeless people”. This recommendation led to the establishment of the Federation Europeenne d’Associations Nationales Travaillant avec les Sans Abris (FEANTSA) in 1989 and in 1991 the European Observatory on Homelessness.

<sup>2</sup> This was a reference to the report of the *Commission on the Relief of the Sick and Destitute Poor, Including the Insane Poor*, which requested the Garda Síochána (police force) to carry out “a census of homeless persons observed wandering on the public highways in a single night in November, 1925” (1928 : 27). They arrived at a figure of 3,257 homeless persons.

homeless people are too mentally ill for housing and they are often referred to health boards. They in turn believe the homeless should be a housing matter” (Harvey, 1986: 26). The pessimism of the previous statement is to be contrasted with the optimism of the recent strategy statement by the Department of Environment, Heritage and Local Government, which opens with the declaration that:

“From 2010, long term homelessness (i.e. the occupation of emergency accommodation for longer than 6 months) and the need for people to sleep rough will be eliminated throughout Ireland. The risk of a person becoming homeless will be minimised through effective preventative policies and services. When it does occur, homelessness will be short term, and people who are homeless will be assisted into appropriate long-term housing” (Department of Environment, Heritage and Local Government, 2008: 7).

Clearly substantial changes have taken place that allow for such contrasting viewpoints in relation to both the provision of services for the homeless and the understanding of homelessness over the twenty three years between 1985 and 2008. In 1985, to be homeless was an offence under the Vagrancy Acts; the primary legislation was the *Children Act, 1908* for the young homeless and the *Health Act, 1953* for adults<sup>3</sup>; the private rented housing sector, on which many single persons vulnerable to homelessness depended, appeared to be in terminal decline and for those who had gained access, had no security of tenure; social housing, which consisted primarily of local authority houses and flats, was increasingly residualised and construction was rapidly declining. Non-profit housing providers played only a minor role in the provision of social housing. The rate of unemployment was 17.3% and net migration was -28,000, the highest since the late 1950s. The growth in GNP between 1984 and 1985 was 0.2%<sup>4</sup>.

In contrast, in 2008 a legislative framework for the provision of services to the homeless are in place, primarily via the *Housing Act, 1988* for adults and the *Child Care Act, 1991* for those under 18; a range of strategy statements to prevent homelessness and to provide co-ordinated services for the homeless have been published and implemented, at least in part; the supply of private rented accommodation has soared and under the *Residential Tenancies Act, 2004*, the rights of tenants have

<sup>3</sup> Section 54 of the Health Act, 1953 provided that ‘a person who is unable to provide shelter and maintenance for himself or his dependent shall be eligible for such institutional assistance as appears to them to be necessary or proper in each particular cases’.

<sup>4</sup> The unemployment rate was 4.6% at the beginning of 2008 compared to over 17% in the mid-1980s. Net migration was 67,300 for the twelve months to April 2007 compared to -23,000 for the twelve months to April 1987. The growth in GNP between 2005 and 2006 was 6.5% compared to 0.1% between 1985 and 1986. Of course, over this period house prices have soared, as have rents, and an increasing number of those in the private rented sector are in receipt of a rent supplement (a *quasi* housing benefit).

improved significantly; the provision of social and affordable housing is ongoing with no sign of any retrenchment (an average of just over 5,100 units of new public social housing units per annum between 2001 and 2007); and the non-profit sector is providing an average of just over 1,400 units per annum between 2001 and 2007 compared to somewhere in the region of 100 in 1985. Significantly, funding for homeless services also increased dramatically. In 2007, just over €90m was expended on homeless services (€52.9m from the Department of Environment, Heritage and Local Government, €5.3m from Local Authorities and €32.6m from the Department of Health and Children / Health Service Executive). Between 2000 and 2007, €540 million of statutory funding was expended on homeless services, an average of over €67 million per annum, in comparison to just over €12 million in 1999<sup>5</sup>. It can, of course, be argued that not all of this funding is necessarily well spent. For example, the average cost of maintaining a person in temporary accommodation is about €20,000 per year (Homeless Agency, 2005: 5) and the cost, of utilising private sector providers of emergency and temporary accommodation, albeit of declining importance, remains a concern. However, early 2008 also saw signs of an economic downturn which materialised into a full-blown recession mid-way through the year, and with Government revenue significantly below what was projected in 2008, the likelihood of any increase in funding or expansion in services is slight.

This paper aims to explain the processes that resulted in the dramatic shift occurring in relation to homeless services between the mid-1980s and 2008. It is largely descriptive and provides a chronology of the key events that led to the publication in August 2008 of the ambitious strategy referred to above, intended to eliminate long-term homelessness and the need to sleep rough in Ireland. In doing so, the paper will not only highlight the specifics of the Irish case, but also draw out implications for other members states.

## The Process

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### *The Context of Social Partnership – Negotiated Governance*

‘Social partnership’ is the short-hand term for the institutional arrangements that have, every three years since 1987, brought together Government, Employers, Unions and NGOs (since 1996) to negotiate a strategic consensus on economic and

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<sup>5</sup> Not only did the level of funding rise, but the number of services also increased. In the mid-1980s, just over fifty homeless projects existed nationally, the bulk in the form of temporary emergency accommodation, and staffed primarily by volunteers (The Housing Centre, 1986) By 2004, 140 homeless projects were identified operated by fifty-seven organisations with a staff of 800. Only a quarter was emergency-based, with nearly 50% transitional or permanent supported housing projects (Brooke, 2005).



social policy. These negotiations are underpinned by a review of economic and social policy by the National Economic and Social Council (NESC)<sup>6</sup>, which incorporates all the key social partners. A voluminous literature now exists on conceptualising Social Partnership in Ireland, but as described by one of its key architects:

“ [p]artnership involves the players in a process of deliberation that has the potential to shape and reshape their understanding, identity and preferences. This idea, that identity can be shaped in interaction, is important. It is implicit in NESC’s description of the process as ‘dependent on a shared understanding’, and ‘characterised by a problem-solving approach designed to produce consensus’ ” (O’Donnell, 1998: 20).

Recognising that the policies pursued over the past two decades have brought profound economic and social change, such as effective full employment and sharp decreases in the rate of consistent poverty, critics of the ‘Celtic Tiger’ economy have nonetheless argued that social policies have been subordinate to economic policies and deepening inequalities have characterised Irish society over the past decade. The declining proportion of GNP spent on social protection, which was the lowest in the EU in 2001 (Timonen, 2005) and the growth in relative poverty in recent years are often cited as evidence for this apparent lack of social solidarity that emerged side by side with economic prosperity. A review of these debates can be found in O’Riain (2008), but the important point for this paper is that, starting at a national level, new forms of governance which gradually filtered down to local areas and to diffuse areas of concern emerged from the late 1980s. As a consequence, a focus on shared understanding and problem-solving permeated the majority of policy areas; homelessness was no exception.

### ***The Housing Act, 1988***

As noted above, the *Housing Act, 1988* specified the local housing authority as the statutory agency with responsibility for the homeless, partly ending earlier confusion over which statutory body had responsibility for providing for the needs of the homeless. However, the Act only permits local housing authorities to assist the homeless, but do not place an obligation on them to house homeless people. In other words, a right to housing does not exist (see Harvey (2008) on the debates leading up to the passing of the Act). The Act also provides a (broad) definition of homelessness and empowers local housing authorities to provide assistance to voluntary organisations who are approved by the Department of the Environment

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<sup>6</sup> Established in the early 1970s, the functions of the National Economic and Social Council are to analyse and report to the Taoiseach (Prime Minister) on strategic issues relating to the efficient development of the economy, the achievement of social justice, and the development of a strategic framework for the conduct of relations and the negotiation of agreements between the Government and the social partners.

for the provision or management of housing. It further obliges local housing authorities to conduct periodic assessments of housing need and homelessness; provides for the type of assistance that homeless people may be provided with from a local housing authority; and requires them to develop a scheme of letting priority.

Within a short number of years of the implementation of the Act, a number of reviews were conducted to ascertain the extent to which homeless persons were being accommodated, which in the main concluded that minimal changes had taken place, which were of a direct benefit to the homeless. The pessimistic tone of these initial reviews of the impact of the *Housing Act, 1988* on homelessness was not altogether surprising in light of the dramatic changes in local authority housing in the late 1980s and early 1990s and the perilous state of public finances. Local authority social housing output fell by two thirds in the late 1980s compared with the construction levels during the preceding decade. Additionally, the level of sales to tenants rose dramatically as a result of further increases in the subsidies to purchasers introduced in 1988. As a result, the stock of local authority housing declined by 15% from 116,270 to 98,395 units between 1988 and 1996. These developments, coupled with the impact of the surrender grant scheme, which enabled 9,000 mainly employed households to move out of local authority housing, contributed to the residualising and stigmatising of the remaining local authority housing estates, particularly in urban areas (Nolan *et al.*, 1998).

Local authorities were thus faced with a declining stock of housing units, a massively reduced social housing budget, largely welfare-dependent tenants, estates that were increasingly difficult to manage and virtually no form of estate management (except selling the stock). Given the scheme of letting priorities, which prioritised families and the elderly, single homeless persons were unlikely to be offered local authority accommodation. Thus, despite the aspirations of the 1988 Act, the structural constraints faced by local authorities in the period immediately after its enactment made prioritising the single homeless problematic. If the single homeless were offered accommodation, it generally tended to be in hard-to-let flats complexes, many of which had been ravaged by the opiate epidemic that had emerged, particularly in Dublin, from the early 1980s.

### ***Strategic Focus***

By the mid 1990s, it was increasingly recognised that homelessness was more than a question of housing supply; rather, other services were required for people to successfully exit homelessness on a long-term basis. In addition, in a review of service provision for the homeless in Dublin, it was noted “that there are certain deficiencies both in the range of services provided and in the planning and co-ordination of service delivery” (Bardas Atha Cliath / Eastern Health Board, 1995: 1). To remedy the situation, the report recommended a new administrative structure to

deliver homeless services. Called the Homeless Initiative<sup>7</sup>, it was established in October 1996, with the objective of ensuring that services for homeless people were more effective, particularly by improving their planning, co-ordination and delivery as well as by ensuring the development of responses which enabled homeless people to settle, moving out of the cycle of homelessness. This was to be achieved through analysis, planning and the development of a strong partnership between all the agencies involved. The Initiative was funded jointly by two central Government Departments (the Departments of Health and Environment), operating under the direction of a Management Group comprising two senior officials each from Dublin Corporation (the local authority agency for Dublin) and the Eastern Health Board (the regional health authority). In addition, a consultative forum was convened, consisting of representatives from the Health Board, all local authorities in the greater Dublin region and from voluntary organisations providing services to homeless people. In an evaluation of the operation of the Initiative over its first five years, it was argued that :

“The Homeless Initiative made a significant contribution to improving the planned co- ordination of services for the homeless in the Dublin region. As an innovative approach to addressing problems of co-operation and co-ordination which apply across many areas of the public sector, the Initiative represented an important new way of working” (Boyle *et al.*, 2001 : 34).

The establishment of the Homeless Initiative was a crucial catalyst in devising new ways of responding to homelessness, particularly in developing a partnership-based approach, which in turn provided the stimulus for the development of a national strategic approach to homelessness. The Government began this national strategic approach to homelessness with the establishment on the 19th of August 1998, of a Cross-Departmental Team on Homelessness under the auspices of the Cabinet Sub-Committee on Social Inclusion (Brownlee, 2008). With the publication of their deliberations in 2000, *Homelessness – An Integrated Strategy* (Department of the Environment and Local Government), the beginnings of a coherent national policy approach to the needs of homeless households became apparent<sup>8</sup>. The terms of reference for the cross-departmental team preparing this strategy were to “develop an integrated response to the many issues which affect homeless people including emergency, transitional and long-term responses as well as issues relating

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<sup>7</sup> The Homeless Initiative was replaced by the Homeless Agency in 2000.

<sup>8</sup> It should be noted that in 1983, an *Ad-Hoc Committee on the Homeless* was established under the aegis of the Department of Health ‘to examine and issue guidelines on the respective responsibilities as between health boards and local authorities for providing accommodation for homeless people’ (1984 : 1). The Report recommended that the provision of accommodation for the homeless should be the responsibility of the local authorities and that improved liaison arrangements should occur between the local authorities and the health authorities.

to the health, education, employment and home-making” (2000: 3). As Higgins (2001) argues, prior to the development of this strategy and related developments, homelessness was:

“regarded as something apart – much like homeless people themselves – and responses have tended to be ‘special’ and ‘separate’, rather than mainstream, with little focus on developing an understanding of the problem or how to prevent it. Within this policy context local authorities have had difficulty in developing responses which will address the needs of homeless people effectively and the implementation of the 1988 Housing Act and subsequent policies have had only limited impact” (Higgins, 2001: 5).

The broad principles enunciated by the strategy document were that: a continuum of care from the time someone becomes homeless, with sheltered and supported accommodation, and where appropriate, assistance back into independent living in the community; emergency accommodation should be short-term; settlement in the community to be an overriding priority through independent or supported housing; long-term supported accommodation should be available for those who need it; support services should be provided on an outreach basis as needed and preventative strategies for at-risk groups should be developed. To achieve these broad objectives, Homeless Forums were to be established in every county and three-year action plans prepared. Both the homeless forums and the action plans were to include input from both the statutory and non-profit sectors.

In addition, under the *Planning and Development Act, 2000*, local authorities were required to prepare housing strategies. The objective of the strategies was to ensure that: sufficient land is zoned to meet the housing requirements in the region; there is a mixture of house types and sizes to meet the needs of various households; that housing is available for people on different income levels and provides for the needs for both social and affordable housing.

In early, 2002, a *Homeless Preventative Strategy* was published with the key objective of ensuring that “no one is released or discharged from state care without the appropriate measures in place to ensure that they have a suitable place to live with the necessary supports, if needed” (Department of Environment and Local Government *et al.*, 2002: 3). Specific proposals included: the establishment by the Probation and Welfare Service of a specialist unit to deal with offenders who are homeless; the provision of transitional housing units by the Prison Service as part of their overall strategy of preparing offenders for release; and ensuring that all psychiatric hospitals have a formal and written discharge policy. In addition, the vexed question of *which statutory agency has responsibility for the homeless?* was apparently clarified, with the strategy stating, “it recognises that both local authorities and health boards have key central roles in meeting the needs of homeless persons. Local authorities have

responsibility for the provision of accommodation for homeless adults as part of their overall housing responsibility and health boards are responsible for the health and care needs of homeless adults” (2002: 6)<sup>9</sup>. The implementation of these three strategy documents was monitored by the Cross-Departmental Team on Homelessness, which in turn reports to the Cabinet Sub-Committee on Social Inclusion, which is chaired by the Taoiseach (Prime Minister).

As noted above, a key objective of *Homelessness – an Integrated Strategy* was that local authorities would produce homeless action plans. Unlike the Housing Strategies, local authorities were not under any statutory obligation to produce these plans. In a review of these plans (Hickey *et al.*, 2002), data deficiencies in relation to the extent of homelessness in local authority functional areas emerged as a fundamental problem in devising the plans. Consequently, quite diverse methodologies were utilised to estimate the extent of homelessness in local authorities’ functional areas. In addition, the authors noted that “the content, both general and specific, in the analysed action plans varies significantly from county to county” and that in terms of strategically addressing homelessness, “the outcomes of the Plans are in general disappointing” (2002: 107). A crucial finding of the analysis was that outside of the major urban areas, there was “little sense from the... plans on the process for diminishing the incidence of homelessness in source areas outside

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<sup>9</sup> In addition, although not discussed in this article, a *Youth Homelessness Strategy* was published in 2001. With the passing of the *Child Care Act, 1991* a specific statutory provision for homeless children in Ireland was legislated for. Before the enactment of this legislation, Health Boards had responsibility for children *only* up to the age of sixteen (under the provisions of the *Children Act, 1908*) while other statutory bodies had responsibility once the young person became eighteen. There was therefore a gap in services for sixteen- and seventeen-year-olds. The Act remedied this situation by defining a child as someone up to the age of eighteen and placed a clear obligation on the health boards, *via* Section 5 of the Act, to provide accommodation for homeless children. However, considerable differences quickly emerged between the Health Boards, in particular the EHB and voluntary agencies, over the interpretation and implementation of the section, culminating in a series of High Court actions designed to obtain clarification. The key issue was by what criteria the provision in the Act stipulating that Health Boards “take such steps as are reasonable” be evaluated and what constituted “suitable accommodation” for homeless children (see Whyte, 2002 for further details). In a series of further High Court actions, the Courts clearly identified a gap in Irish child care legislation in that, unlike many other EU states, health boards were adjudged not to have powers of civil detainment. The judgments resulting from these actions led to the establishment of a small number of euphemistically entitled *High Support* and *Special Care Units* for children, by the Department of Health, in conjunction with the health boards. By 2005, three special care units were established with an approved bed capacity of thirty, in addition to thirteen high support units with an approved bed capacity of ninety-three. In 2006, forty-five children were placed in Special Care Units. A pessimistic interpretation of these events suggests that attempting to vindicate the rights of homeless children by ensuring that legislative provision was rights based led to the civil incarceration of these children.

of major urban areas” and that “(w)ithout appropriate strategies non-metropolitan local authorities will continue to ‘export’ their homeless constituents to large cities” (2002: 91).

### ***Reviewing the Strategy***

In January 2005, The Department of Environment, Heritage and Local Government announced the undertaking of an independent review of the Government’s Homeless Strategy(s). The terms of reference for this review were: “(a) evaluate the progress made in the implementation of the Integrated and Preventative Homeless Strategies and their associated Homeless Action Plans; (b) make recommendations to promote further progress in addressing the issue of homelessness, taking into account the levels of funding available, and with particular reference to evaluating the continued relevance of the Strategies and Action Plans in addressing the issue of homelessness; identifying issues which may be affecting the achievement of the objectives and targets of the Strategies and Plans and evaluating the effectiveness of the overall service provision arrangements and funding mechanisms currently in place in addressing the short, medium and long-term needs of homeless persons” (Fitzpatrick Associates, 2006: 12).

This report was published in February 2006. The report systematically reviewed the forty-three specific policy proposals identified in the two strategies and put forward twenty-one recommendations to aid the implementation of the strategies; these were all accepted by Government. The substance of the report, in addition to the recommendations, was accepted almost universally by those voluntary agencies working with the homeless. As detailed in table 1, in relation to the *integrated strategy*, the consultants suggested that over 60% of the objectives outlined were either fully or significantly progressed. In relation to the *preventative strategy*, just under 30% were fully or significantly progressed.

In the case of the *integrated strategy*, twenty-one of the objectives were deemed by the consultants still to be relevant, while some adjustment was required in terms of organisational ownership of the objective. In fifteen cases, the objective required some refocus. In the case of the *preventative strategy*, twelve of the objectives were deemed by the consultants still to be relevant. In all cases the correct agency was responsible for the objective and nine of the objectives required some refocusing

**Table 1: Review of Homeless Strategies**

	Homelessness – an Integrated Strategy		Homelessness – a Preventative Strategy	
Fully Progressed	4	16.6	2	14.2
Significantly progressed	11	45.8	2	14.2
Partly Progressed	8	33.3	6	42.8
Little Progress	1	4.1	4	28.5
No Progress	0	0.0	0	0.0
<b>Total</b>	<b>24</b>	<b>100.0</b>	<b>14</b>	<b>100.0</b>

Source: Fitzpatrick Associates (2006) *Review of Implementation of Homeless Strategies*. (Dublin: Department of the Environment, Heritage and Local Government).

While these outcomes were broadly positive, the review noted that a dominant feature of homeless services was the inconsistency of approach and organisation throughout the country. This was particularly the case outside of urban areas and this inconsistency resulted in a “lack of equality in the treatment of homeless persons in different areas” (2006: 28). To deal with these inconsistencies, the review recommended that the production of locally-based homeless action plans should be put on a statutory basis. The report argued that while the provision of emergency accommodation in Ireland was now sufficient, the key challenge for the future was to refocus attention on the provision of long-term housing options and to “develop appropriate short and long term care mechanisms that prevent institutionalisation in ‘emergency’ accommodation and limit the recycling of homelessness” (2006: 32).

As noted above, the review outlined twenty-one recommendations based both on their review of the objectives outlined in both strategies and other issues that arose in the course of the review. The report argues that in moving the homeless strategies forward, each agency working in this area, needed to refocus its energies to make “itself largely obsolete, which should, after all, be its overarching goal” (2006: 128). To aid achievement of this objective, the report recommended that that the

two existing strategies should be revised and amalgamated, a national homeless consultative committee be established and all Government policy should be proofed for any impact it might have on homelessness<sup>10</sup>.

### *Revising the Strategy*

In 2006, the Social Partners launched the current negotiated agreement, *Towards 2016*, which contained the promise that:

“it is proposed to amalgamate and update the Government’s Integrated and Preventative Homeless Strategies taking on board the recommendations of the recent independent review of the strategies. The situation of homeless persons who are currently in long-term emergency accommodation is of particular concern. The revised strategies will have as an underlying objective the elimination of such homelessness by 2010 (recognising that this involves addressing the needs of up to 500 households). Particular emphasis will also be placed on improved co-ordination of service provision through the extension of joint agency approaches at local level to facilitate the development of a holistic response to the needs of homeless person. This will be achieved through the further development of a case management approach, based on individual needs assessment with provision for access to multiple services by all the statutory agencies involved. The involvement of the voluntary and cooperative housing sector will be strengthened through the establishment of a National Homelessness Consultative Committee including representatives of the social partnership C&V (Community and Voluntary) Pillar under the aegis of the Housing Forum.” (Government of Ireland, 2006: 55)

In 2006, a National Homeless Consultative Committee (NHCC) was established to provide input into the development of the revised Homeless Strategy and ongoing Government policy on addressing homelessness. In addition, a data sub-group of this body was formed to facilitate data collection and management<sup>11</sup>. A health

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<sup>10</sup> Of particular interest to the Observatory is recommendation 18 which states “[t]he definition of homelessness should be revisited in order to produce a clearer, unambiguous understanding of what homelessness means for measurement and funding purposes. This should be used as the basis for a common information gathering system establishing the causes, extent and nature of homelessness and rolled out to all areas of the country” (2006: 135). In particular, the report debated the utility of the ETHOS definition of homelessness and concluded that the “adoption of this type of working definition would prove beneficial” (2006: 135). The revised strategy argued that the definition of homelessness under the Housing Act, 1988 was adequate and did not require revision, but that a review of the definition of homelessness for operational purposes would be carried out. This review “will be undertaken by the Cross Department Team on Homelessness in consultation with the National Homeless Consultative Committee with reference to the ETHOS typology” (2008: 54).

<sup>11</sup> Of which the author is a member.



impact assessment and a poverty impact assessment of the revised Homeless Strategy were commissioned and consultation events hosted, with relevant parties being invited to view and discuss draft versions of both assessments.

While the statutory agencies committed to the preparation of a revised strategy with the target of eliminating long-term homelessness by 2010, voluntary agencies formed an alliance (MakeRoom.ie) to campaign for an end to homelessness by 2010. Their agenda was somewhat more ambitious than that proposed by the statutory sector, as they boldly stated “By *an end to homelessness* we mean nobody sleeping rough, nobody living in emergency accommodation for longer than is an emergency and nobody becoming homeless because of a lack of appropriate services.” The MakeRoom campaign was successful in getting every political party to publicly commit to ending homelessness by 2010. Thus, by the end of 2006, an unprecedented consensus had emerged between the State, voluntary agencies and political parties that homelessness should and could be ended by 2010.

In reviewing the period leading up to the publication of the independent review of the homeless strategies Brownlee (2008) observed a near universal consensus amongst voluntary and statutory bodies on tackling homelessness. However, he argued that since 2006 much of the optimism that homelessness could be ended had dissipated in a relatively short period. Some of this he attributed to the gradual downturn in Government finances due to global economic conditions; a change in key personnel in voluntary and statutory agencies; and the creation in 2006 of a new statutory agency, the Health Service Executive, that experienced considerable bureaucratic difficulties in financing homeless services. These are undoubtedly contributory factors, but a key insight may be that some voluntary agencies are reluctant to realise the ambition of the strategy as it may result in the diminution of their services. As Brownlee (2008: 39) argues:

“although there will always be a need for a core level of services to ensure that people are homeless for only as long as it is an emergency, the realisation of this goal will require a major process of reprioritisation and change management. Yet it is immensely difficult for any organisation, be it private, public or voluntary, to seek to make any of its services obsolete, particularly when there still seems to be demand for such provision. There also appears (to be) disagreement on the level of resources required to address homelessness in Ireland, with statutory sources generally appearing to share a belief that funding is adequate if deployed in the correct areas, while voluntary sector providers push for additional investment.”

## **The Way Home – The Revised National Homeless Strategy**

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In August 2008, after some delay, the revised National Homeless Strategy entitled *The Way Home: A Strategy to Address Adult Homelessness in Ireland, 2008-2013* was launched, accepting the broad thrust of the recommendations in the review of the earlier strategies. The strategy sets out the broad objectives, while a separate detailed implementation plan is due to be published before the end of the year. The strategy set out six strategic aims: (1) prevent homelessness; (2) eliminate the need to sleep rough; (3) eliminate long term homelessness; (4) meet long term housing needs; (5) ensure effective services for homeless people; and (6) better co-ordinate funding arrangements. The ninety-page document sets out a range of targets and priorities, but perhaps the crucial section relates to funding. The Strategy states that:

“Funding will be related to meeting known and emerging needs of homeless people. Where services no longer service a need, they will be reconstituted or funding may be terminated, as appropriate. Of course, if such services are provided by a voluntary body, it may choose to continue providing its services in the absence of funding from a statutory agency being available.” (2008: 60)

The Strategy outlines the projects which will be funded in the future, which include:

- Projects / services that address any gaps in the provision of emergency, transitional and long term accommodation. The need for long term accommodation for formerly homeless persons will be an ongoing overarching priority in the context of this strategy;
- Projects / services which reduce the number of people sleeping rough;
- Projects / services which reduce the length of time homeless people spend in emergency accommodation;
- Projects / services which will enable homeless people to settle successfully in their own long term accommodation and to optimise their independence;
- Projects / services to prevent people from becoming homeless in the first place and / or intervene early in relation to people at risk of homelessness;
- Projects / services to improve the health and well-being of homeless people or people at risk of homelessness;

- Projects / services that link homeless people or people at risk of homelessness with educational / training activities that enhance their skills, qualifications and employment potential (2008: 61)<sup>12</sup>.

More significantly, the strategy does not envisage funding projects that “do not contribute significantly to achieving the above priorities, or do not meet the needs of homeless people or people who are at serious risk of becoming homeless” (2008: 62). In addition, the strategy states that funding will not be provided where there is: “unnecessary duplication of services”; “services which are not cost-effective”; or where there are “poor quality services” with no plan to improve these services. To facilitate achieving these objectives, the strategy envisages the Cross Departmental Team on Homelessness taking a “stronger and more proactive role in leading and monitoring the implementation of [the] strategy, in supporting local authorities and homeless for a in its local implementation” (2008: 68). Thus, while the strategy sees local authorities and the homeless fora as the means of achieving the objectives of the strategy, central Government will play a more active role than hitherto. A key criticism of earlier attempts by local homeless fora to devise homeless action plans was the absence of a statutory basis for their preparation. The strategy remedies this by placing them on a statutory basis and provides that the purposes of the plans are: “to ensure that responses to the needs of households who are homeless or at risk of homelessness are comprehensive, coherent and effective” and must contain measures that:

- prevent homelessness from occurring or recurring;
- ensure adequate and appropriate emergency responses;
- develop where necessary specialist services to achieve an increase in the responsiveness of mainstream services to prevent homelessness;
- provide for the elimination of long-term homelessness;
- provide for long-term housing needs, with support needs as necessary;
- develop high quality, effective and holistic responses to the needs of people who are homeless;
- address the use of bed and breakfast accommodation, where necessary and ensure that administrative and other systems are efficient, effective and accountable.

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<sup>12</sup> This funding criteria was originally devised by the Homeless Initiative (2000) and applied in the greater Dublin region.

Over the eight years from when the first strategic overview of homeless services was published, a sea change has occurred in how homelessness is conceptualised and how best to address it. Despite a relatively gloomy economic prognosis over the next few years, albeit after a period of unprecedented economic growth, there is no indication that services for the homeless will be cut; however, better use of the historically high levels of funding will be demanded, alongside the enhancement of standards and quality of service delivery.

### **Outcomes – The Extent of Homelessness in Ireland.**

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One measure, albeit a crude one, of assessing the outcome of the strategies is to look at the extent of homelessness in Ireland. As noted earlier, following the *Housing Act, 1988*, local housing authorities are legally obliged to carry out assessments of their homeless populations. Under Section 9 of the Act, each local housing authority is required to carry out, at periods not exceeding three years, assessments of the need for the provision by them of adequate and suitable accommodation for people (a) whom the Authority has reason to believe require, or are likely to require, accommodation from the Authority (or voluntary body); and (b) who, in the opinion of the Authority, are in need of such long term accommodation and are unable to provide it from their own resources. The first assessment took place at the end of March 1989 and, to date, seven assessments have taken place. The three initial assessments provided relatively little detail on the characteristics of those households deemed by the local authorities to require accommodation from statutory or voluntary housing bodies but, in each successive assessment since 1996, more detailed information has been published, with the 2005 assessment providing the most detailed set of data so far<sup>13</sup>. The most recent assessment took place in March 2008; no detailed estimates have yet been published, but early indications are that the number of rough sleepers has declined since the 2005 assessment, while the overall number of homeless households has declined marginally.

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<sup>13</sup> Since the late 1990s, data collated by the Department of Health and Children from the regional health boards provide information on the number of children (of whom they are aware) who have left home as well as the reasons for their homelessness. The most recent data available suggest that, nationally, 364 children were identified as homeless (with 43% in the greater Dublin region) in 2005. A total of 774 children were identified as homeless in 1999 and 588 in 2000, suggesting that, notwithstanding the slight increase in 2004, the medium-term trend is towards a decline in the number of children presenting as homeless. Of those recorded as homeless in 2005, the majority (87%) were aged between fifteen and eighteen years and in gender terms, almost equally split.

### *Households, Housing and Homelessness*

The number of households deemed by local authorities to have a housing need has increased from 19,376 in the initial assessment in 1989 to 43,684 in the most recent assessment of 2005. A particularly sharp increase was recorded between 1996 and 2002 at the height of the “Celtic Tiger” boom, but a 9.8% decrease was recorded between 2002 and 2005<sup>14</sup>. The 43,684 households recorded in 2005 comprised 87,635 individuals, of whom 41% were child dependants, down from 45% in 2002 and 46% in 1999. The last decade saw a substantial increase in the Irish population and this should be taken into account when measuring housing need. The number of households included in the assessment declined over the same period from thirty-six per 1,000 households in 2002 to thirty in 2005, while the number of individuals included in the assessment declined from twenty-eight per 1,000 population to 21.2. While nationally the number of households assessed and recorded as having a housing need increased by some 60% between 1996 and 2005, considerable variations are evident. For example, twenty-one authorities recorded a decrease in the number of such households over this period. In some cases, the decrease was relatively slight but, in others, it was significant<sup>15</sup>.

### *Assessment of Homelessness*

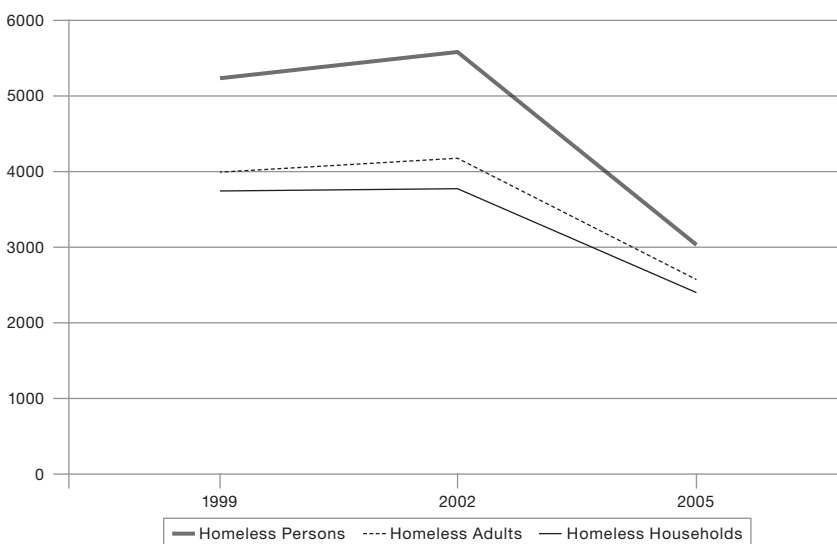
Commencing with the 1991 *Assessment of Housing Need*, a separate, but parallel *Assessment of Homelessness* was conducted by local authorities. A key rationale for this was to ensure that homeless households not registered for Local Authority housing would be recorded for the purposes of enumerating the homeless population in Ireland. A total of 2,399 households were categorised as homeless in the 2005 assessment, a figure that is down marginally from 2002, but is considerably higher than the figures during the 1990s. Of these households, 2,078 were one-person households, with the remaining 321 incorporating more than one person. This trans-

<sup>14</sup> One part of the explanation for the decrease between 2002 and 2005 is the more rigorous elimination of multiple registered households, i.e. households registered with more than one Local Authority. There were 3,833 multiple registrations in 2005 compared with 3,288 in 2002.

<sup>15</sup> Section 9 (2) of the Housing Act, 1988 stipulates that a housing authority in making an assessment of housing need shall have regard to the need for housing of persons who—(a) are homeless, (b) are persons to whom *section 13* applies i.e. persons belonging to the class of persons who traditionally pursue or have pursued a nomadic way of life, (c) are living in accommodation that is unfit for human habitation or is materially unsuitable for their adequate housing, (d) are living in overcrowded accommodation, (e) are sharing accommodation with another person or persons and who, in the opinion of the housing authority, have a reasonable requirement for separate accommodation, (f) are young persons leaving institutional care or without family accommodation, (g) are in need of accommodation for medical or compassionate reasons, (h) are elderly, (i) are disabled or handicapped, or (j) are, in the opinion of the housing authority, not reasonably able to meet the cost of the accommodation which they are occupying or to obtain suitable alternative accommodation.

lated into 2,571 adults and 460 child dependants, or a total of 3,031 individuals. It would appear that for the 2005 Assessment all households deemed to be homeless were registered for local authority housing. Thus, the figure of 2,399 households listed above is comparable with the assessments of homelessness between 1999 and 2002. The most common manner in which these data are presented, particularly by NGOs, is to identify the number of homeless persons recorded. However, this figure includes child dependants and should be distinguished from the number of homeless adults. On all units of measurement, a substantial decline can be observed between 1999 and 2005 as shown in figure 1.

### Homelessness in Ireland, 1999-2005



Source: Department of the Environment, Heritage and Local Government. Various Years

As is the case with the *Assessments of Housing Need*, considerable variation is evident between the local authorities in respect of the recording of homeless households in their functional areas. Between forty and fifty per cent of local authorities at each assessment recorded no homeless households, with 20% recording, on average, less than ten homeless households. More significantly, no less than ten local authorities have never recorded a homeless household or individual in any of the assessments of homelessness to date and 45% of all local authorities in 2005 did not record a homeless household. A striking feature of the data recorded during both the assessments of housing need and homelessness is the inconsistent recording, either from assessment to assessment or between the local authorities. This is likely to reflect different priorities, but also very different interpretative practices.

### ***Homelessness in Dublin***

More robust data are available in the greater Dublin region where, since 1999, a tri-annual assessment of the extent of homelessness is conducted by the Homeless Agency. The survey, conducted by the Homeless Agency on behalf of the four local authorities in the Greater Dublin region, is part of their obligations under the *Housing Act, 1988*. Consequently, it only seeks information on those households for which the Local Authorities have statutory responsibility. In 1999, the Economic and Social Research Institute (ESRI) conducted an assessment of the extent of homelessness on behalf of the Homeless Initiative using a significantly improved approach to enumeration than was used in previous local authority assessments<sup>16</sup>. This study found a total of 3,890 homeless persons in the Dublin, Kildare and Wicklow area, of whom 2,900 were adults (1,850 male and 1,050 female), with a total of 990 dependent children (Williams and O'Connor, 1999). The assessment also found that there were 275 people sleeping rough in the Dublin, Kildare and Wicklow areas in March 1999.

A second assessment in 2002 (again conducted by the ESRI on behalf of the Homeless Agency) showed virtually no increase in the number of homeless individuals between 1999 and 2002 (when 2,920 homeless individuals were recorded), but a marginal decrease in the number of homeless households was recorded (Williams and Gorby, 2002). Both the 1999 and 2002 assessments found that single person households were the dominant homeless type in Dublin, with seven out of ten households falling into this category. In 2005, a third assessment was conducted by the Homeless Agency (Wafer, 2006). However, because it utilised a somewhat different methodology to that employed in 1999 and 2002, a comparison across all categories is not strictly possible. The single most significant change was the removal of a substantial number of households who, in previous assessments, were described as being on the local authority waiting list only; in other words they were not recorded as utilising homeless services. 1,550 households were recorded in this category in 1999, 1,090 in 2002 and only 44 in 2005. In effect, 707 households were de-activated in the 2005 assessment when, as a consequence of validating their homeless status on the housing waiting list, it was determined that these were no longer active cases. Examining only service users, the number of households declined only marginally between 1999 and 2005, from 1,350 to 1,317.

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<sup>16</sup> This and the two subsequent assessments were carried out during one selected week of the year and are based on: (a) those individuals who use homeless services during that week and; (b) those who are accepted as homeless by a local authority but who do not have contact with any service during the week of the count. In addition, a count of rough sleepers is carried out. It is more accurate to say that there are three groups, the third one being those using services and on a local authority list.

Significantly, the numbers recorded as sleeping rough declined from 312 in 2002 to 185 in 2005, to 104 in 2007 (when a rough sleepers count was conducted by the Homeless Agency, a decrease of 41% (see table 2). Of those sleeping rough in 2005, 70% were male, 50% were aged between twenty-one and thirty-nine and nearly half had been sleeping rough for more than two years.

**Table 2: Numbers Sleeping Rough in Dublin, 1999-2008**

1999	2002	2005	2008
275	312	185	111

In addition, data from the statutory Homeless Persons Unit show a decline in referrals to their service as shown in table 3. The number of new referrals in 2005 is largely attributable to a large number of citizens of new member states making contact with the service (Bergin, 2006). It is the dramatic decline in repeat referrals that is of particular note, suggesting a decline in the 'churning' or 'recycling' of homeless households between different agencies as well as better systems for administering social welfare payments.

**Table 3: Number of Cases Referred to the Homeless Persons Unit, 2002-2006**

	2002	2003	2004	2005	2006
New	-	-	1,878	1,902	1,615
Repeat	-	-	764	475	280
<b>Total</b>	<b>3,049</b>	<b>2,988</b>	<b>2,642</b>	<b>2,377</b>	<b>1,895</b>

Although considerable disagreements exist in relation to interpreting the data on the extent of homelessness in Ireland (O'Connor, 2008), on balance, the evidence suggests a decline. Nonetheless, as Pawson (2007) highlights, in relation to England, we need to ensure that any decline is not simply attributable to greater gate-keeping by local authorities.



## Interpreting Homelessness in Ireland

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The argument presented in this paper is that factors highlighted above have contributed to the decrease in homelessness in Ireland, not necessarily in some mechanistic manner, but rather it is their complex interaction that has contributed to the decline. Furthermore, for some sub-groups of the homeless population, such as those with an opiate addiction, the increased use of methadone may be a factor in stabilising in their lives and thus reduce their vulnerability to homelessness<sup>17</sup>. More generally, the gradual decline in the use of institutions to manage social problems from the 1970s onwards has also contributed to decreasing the flow of households into homelessness (O'Sullivan and O'Donnell, 2007). A striking feature of many of those over the age of fifty in homeless services is their history of institutionalisation as children and / or as adults.

The broadly positive analysis of recent developments in the governance of homelessness presented in this paper is not shared, however, by all. Drawing on broader critiques of the changing governance of welfare in Ireland, Phelan and Norris (2008) characterise the structure of the delivery of homeless services in Dublin, under the ambit of the Homeless Agency, as neo-corporatist and driven, albeit not entirely, by the dictates of neo-liberalism. These developments have resulted, according to the authors, in an

“over-emphasis of the individual causes of homelessness and consequently on controlling the behaviour of clients, coupled with the failure to put in place all of the supports necessary to enable homeless people to access relevant services, has excluded a minority of ‘challenging’ clients from access to homeless services in Dublin or stymied their progress along the continuum of care from emergency to transitional and ultimately to long-term housing” (2008: 68-69).

It is not clear how the authors square the neo-liberal intent of the Homeless Agency with the substantial increase in funding for homeless services. More particularly, the exclusion of individuals with ‘challenging’ behaviour is not novel, nor is it a consequence of neo-liberalism; if anything, with the development of a specialist services such as ‘wet hostels’, and the requirement that explicit reasons need to be given before an individual is excluded from homeless services, fewer individuals are excluded than was the case in the recent past. Before the establishment of the Homeless Agency, active drug users, heavy drinkers, couples and others with challenging behaviour were largely excluded from homeless services. The fact that a substantial decline in rough sleepers is evident is particularly incompatible with this view, as we would expect to see a substantial increase in their numbers if individuals

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<sup>17</sup> Estimates of the prevalence of opiate use in Ireland suggest stability since the late 1990s, but with a substantial increase in the numbers officially in receipt of methadone (Saris, 2008).

were being excluded from services. Neither does the view expressed by the authors that the Homeless Agency 'over-emphasised' the individualistic causes of homelessness stand up to objective scrutiny when the various publications, and in particular its strategic plans, are examined.

### *The Housing Context*

A key aspect of recent strategic focus is the provision of sustainable accommodation options, allied to appropriate care planning. Access to housing is therefore crucial in meeting the needs of the homeless and the alleged absence of appropriate housing for the homeless was a criticism levelled at the revised national homeless strategy by a number of voluntary agencies (Loughnan, 2008). As noted in the introduction, the private rented sector had been declining both in real terms and as a proportion of the housing stock since the foundation of the State until very recently. Due to the introduction of a range of financial incentives for landlords, particularly in the 1990s, the sector grew and continues to grow, accounting for somewhere in the region of 13-15% of the housing stock in 2008 compared to 8% in 1991. In addition, the implementation of the *Private Residential Tenancies Act, 2004* provides a reasonably comprehensive set of mutual rights and obligations for both landlords and tenants. As this sector of the housing market expanded it became progressively easier for low-income households, particularly single male households to access this sector. Rents also decreased significantly from 2001 onwards, but stabilised in 2005. Rents increased during 2007, but have declined significantly in recent months. On a long term basis, rent levels, while volatile, are at much the same level today as they were seven years ago. The private rented housing sector is now a key provider of low-cost accommodation for households unable either to purchase housing on the open market or to access the various social and affordable housing programs. The number of households in receipt of a rent supplement grew to a peak of nearly 60,000 by 2004 and has stabilised at that figure for the past number of years.

Although the expansion of the rent supplement system has been criticised by many, it does provide an increasingly accessible route into housing for households, particularly single person households, for whom market provision housing is not an option and who do not receive priority for the various social and affordable housing schemes. Nonetheless, in light of the fact that the rent allowance scheme was never intended to provide a long-term housing solution for households unable to provide housing from their own means, in 2005 a new scheme called the Rental Accommodation Scheme (RAS) was devised by central Government. RAS aimed to meet the housing needs of households that had been in receipt of a rent allowance for over eighteen months or, if homeless, immediately. To-date, over 14,000 households have transferred to the scheme.

In 2007, the Irish Government launched its new Housing Strategy entitled *Delivering Homes, Sustaining Communities*. The strategy draws heavily on two NESC reports, one on housing policy (2004) the other on the future of the Irish welfare state (2005). In relation to welfare, NESC advocated a life-cycle approach to meeting the needs of citizens; in housing, it advocated the substantial expansion of social housing output. A core element of the strategy is the provision of a

“planned and concerted increase in investment in existing social housing over the coming years. This provides an opportunity to tackle some long-standing problems in communities that have experienced multiple disadvantages. The focus will be on ensuring that this investment results in the development of strong communities rather than over-reliance on refurbishment of dwellings” (2007: 11).

Furthermore, even prior to the launch of the strategy, despite a certain degree of pessimism regarding social and affordable housing output in recent years, just over 180,000 new social and affordable housing lettings (109,673 direct provision and 70,766 indirect provision) were created between 2000 and 2007. Most commentators have focused on the declining share of social housing in recent years, as private housing providers recorded unprecedented output (Finnerty, 2002). Thus, despite maintaining a steady output, social housing agencies' share of total housing output has been less than 10% in recent years. However, it should be noted that the percentage share of social housing has been in steady decline since the 1950s. More significantly, one can argue that the relative share of total output is not the core issue; rather it is the number of new lettings created, and on this measure a high level of output is to be observed. Thus, a high number of households have and will continue to be provided with good quality housing at a below-market rent by social housing authorities. However, not all households have equal access to social housing and single person households, which account for somewhere in the region of 80% of homeless households, have particular difficulties accessing social housing. However, not all single person homeless households seek local authority / NGO social housing (see Bergin *et al.*, 2005 for further details) and the RAS scheme mentioned above has the potential to offer secure tenancies to such households.

## Conclusion

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In broad terms, it would appear from the existing, albeit inadequate, data sources that the number of households experiencing homelessness, and in particular those households sleeping rough, have declined over the past number of years. A number of factors, including an enhanced strategic focus on providing a co-ordinated response to homelessness, particularly in Dublin, and a substantial increase in the funding of homeless services are contributory factors to this apparent decrease. In the last year, some difficulties have emerged in relation to the funding of the care needs of homeless individuals. As noted earlier, a crucial element in the strategic development of services was that local authorities would have responsibility for the provision of accommodation, with health authorities having responsibility for the provision of care. The establishment of Health Service Executive (HSE) in 2005<sup>18</sup>, while rational in theory, has generated considerable implementation difficulties and overspend; in the case of homeless services, some new services have experienced delays in opening because of the reluctance of the HSE to fund the care element. In addition, strains on the public finances generated largely but not exclusively by the decline in the property market, have resulted in Ireland entering recession for the first time in nearly a quarter of a century. Demands for greater efficiencies in public services are now articulated daily as a response to the reduction in tax revenues and homeless service providers will not be immune to these new realities.

One interesting issue that has also arisen is the question of how homeless service providers will adapt to the changing nature and extent of homelessness. All available evidence suggests that homelessness has not increased in recent years, and amongst certain categories such as rough sleepers, a considerable decline is evident. In this environment, the nature of services for those who are homeless have to adjust to new realities, but in many cases there appears to be a denial of the significant progress made in recent years and a defensive response which demands additional funding, but without an acknowledgement of the need for such agencies to restructure their operations. Indeed, a declining homeless population may pose more challenges for service providers than an increase. In some cases, a particularly pessimistic analysis has been presented. In September 2008, a number of voluntary agencies in Dublin claimed that homelessness was on the increase and that additional funding was required by them to provide services to the homeless. Sr. Stanislaus Kennedy, founder and currently life president of Focus Ireland (formerly known as Focus Point), a leading non-profit service provider for the homeless, argued that that the extent of homelessness is worse in 2008 than when

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<sup>18</sup> The Health Service Executive replaced a complex structure of ten regional Health Boards, the Eastern Regional Health Authority and a number of other different agencies and organisations.

she established Focus Ireland in 1985. She stated that “in 1985, it was estimated that up to 1,000 people were homeless. There are now up to 5,000 people who are homeless at any one time” (Kennedy, 2008). It is difficult to know what the evidence is for a stock figure of 5,000 homeless people. As noted above, the assessment of homelessness in 2005 showed only just over 3,000 homeless persons (including child dependents) and there is nothing to suggest that homelessness has increased so dramatically in the intervening three years; equally puzzling is the figure of 1,000 homeless persons in 1985. Kennedy herself had suggested in her book on homeless women in Dublin that there were 384 women staying in hostels for the homeless in Dublin alone and a staggering 9,000 ‘hidden’ homeless women (1985: 172). In 1986, the organisation founded by Sr. Kennedy found that there were approximately 1,000 residents of homeless hostels in Dublin alone (Murphy and Kennedy, 1988). The most cited figure in the mid-1980s by the majority of voluntary agencies was that there were in excess of 3,000 homeless people in Ireland. Indeed, this was the figure cited by Harvey at the conference on *Homelessness in the European Union* held in Cork in September 1985 and mentioned at the beginning of this paper. Therefore, it is perplexing that a claim could be made that the number of homeless people increased from 1,000 in 1985 to 5,000 in 2008. It would seem that apprehensions amongst service providers that their historically high levels of funding may either not be increased or suffer a cut has generated a response to recent initiatives that denies the substance of positive changes in recent years.

Perhaps the final observation is that an approach which is based on shared understanding and a problem-solving methodology may be ultimately more successful in tackling homelessness in a low key, incremental manner, than an aggressive legalistic approach which utilises the Courts in an adversarial manner, in an attempt to generate a desired outcome. Legalistic approaches or rights-based approaches have an intuitive appeal in that they appear to offer radical and relatively immediate solutions to righting social wrongs. However, an alternative approach to solving social problems such as homelessness, has been sketched out in this paper and in the long run, may provide more robust and intended outcomes than those offered by the legalistic route.

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# Homelessness and other Living Condition Characteristics of Drug Users 2003 – 2007, in Rotterdam, the Netherlands

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› **Abstract** *Drug use, homelessness and nuisance are intertwined. Especially homeless drug users cause nuisance in buying and using drugs on the streets. Until the mid-1990s the city of Rotterdam, in the Netherlands, aimed its policy at reducing drug-related nuisance with mostly repressive measures; the police shut down open drug scenes and dealing houses. However, the once concentrated nuisance was then spread over the city. In 1996 repressive measures were used in conjunction with care provision for homeless drug users. Drug consumption rooms were opened and supported housing programs were started. In 2000 and 2006 the supported housing program was extended. From 2003, nuisance-causing drug users were forced to cooperate in an individual plan with a mixture of repressive and caring measures.*

*In this article we compare the living conditions of drug users in 2003 and 2007, with survey data (respectively  $n=201$  and  $n=102$ ). These quantitative results show that homelessness has decreased, users spend less time in public space, income is gathered by more legal means, more users have health insurance (and more of them use mental health medication), heroin and crack cocaine use has decreased, methadone use has increased, and fewer users buy drugs on the streets. Furthermore, in 2007 the group was divided into three subgroups: actual homeless; residential homeless; and those with independent housing. The actual homeless seem to have the worst living conditions, related to their homelessness (being outdoors almost eight hours per day and being fined). The other major difference is the intensity of drug use. Not only do actual homeless users (compared to residential homeless and independently housed users) use heroin and crack on more days per month – and in public, they also use larger quantities per day. The 2006 Rotterdam*

*Strategy Plan for Social Relief aims at having an individual care plan for 2,900 homeless people before 2010, of which 60% should be housed and receiving the necessary care and treatment. The developments in the past decade suggest that this ambitious goal can be reached.*

› **Key Words**\_ *Addiction, homelessness, nuisance, personal approach, targeted sampling*

## Introduction

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In the Netherlands as in other countries, drug use and homelessness are intertwined (EMCDDA, 2007; NDM, 2008; Bieleman *et al.*, 2007; Biesma *et al.*, 2004; Planije & Wolf, 2004; Coumans & Spreen, 2003; Van't Land *et al.*, 2003; Lempens *et al.*, 2003; Van Doorn, 2002; Wolf *et al.*, 2002). Drug use (heroin, methadone and crack) is frequently prevalent among the homeless. In the Netherlands it is estimated that about a third of the homeless use drugs (De Bruin *et al.*, 2003; Jansen *et al.*, 2002). Sometimes drug use causes homelessness since many users spend money on drugs rather than on rent and bills (Van der Poel *et al.*, 2003a; Debt Commission, 1994). Buying and selling drugs may cause audio/visual nuisance and annexation of public space, with users walking noisily in and out of dealing houses day and night; street dealers waiting for customers or approaching non-users; and groups of users waiting for an appointment with their dealer on the corner of the street, resulting in feelings of a lack of safety by the public (Barendregt *et al.*, 2006; Decorte *et al.*, 2004; Barendregt *et al.*, 1998; Snippe *et al.*, 1996). In effect, homeless drug users are likely to cause nuisance in their less purposeful movements during the day, buying and using drugs on the streets and perceiving the public space as their 'home' (Van de Mheen *et al.*, 2007).

In this article we focus on drug use and homelessness in Rotterdam. After a description of the drug-related nuisance and homelessness reduction policy through the years, we will answer and discuss the research question, as stated below.

### **Rotterdam policy**

With 600,000 inhabitants, Rotterdam is the second largest city in the Netherlands. It is estimated that Rotterdam counted about 5,000 addicted drug users in 2003 (Biesma *et al.*, 2004). Reduction of drug-related nuisance, including that nuisance caused by homeless drug users, has been a central policy aim for some decades. Public safety for residents and the general public were of the highest priority. Rotterdam was the first Dutch city with a department and programs specifically aimed at 'public safety'. Not until recent years did policy aims shift to the housing

of homeless people in general and the prevention of homelessness. The number of people registered as homeless decreased from 4,881 in 2001 to 3,712 in 2006 (Jansen *et al.*, 2002; Maaskant *et al.*, 2007).

Until 1996 the city of Rotterdam dealt with drug-related nuisance in a repressive manner. Many Dutch and foreign drug users were attracted to Rotterdam for its central location (Van der Torre, 1996). Overt drug dealing and drug using was concentrated in a district close to the harbour and highway (district West), and around the railway station in an open drug scene called Platform Zero which attracted 300-400 visitors per day (Blanken *et al.*, 1995). The dealing and use of ready-to-smoke cocaine (crack) – since the early 1990s – had contributed negatively to the already busy open drug scenes (Blanken *et al.*, 1999; Barendregt *et al.*, 1999; Grund *et al.*, 1991). In 1994 and 1995 the police undertook repressive action. Platform Zero was closed down, spreading many drug users throughout the city, while others left Rotterdam. Furthermore, in ‘Operation Victor’ the police arrested local and international drug dealers operating in dealing houses. When dealing houses were closed down, small-scale street drug dealing, especially for the local users, began to rise (Barendregt *et al.*, 2000). Due to the rising use of the cell phone in society (from 1994), and the ‘Victoria Act’ (the 1997 municipal law making it easier to close down dealing houses), deals arranged by cell phone became the most popular way of buying and selling drugs (Barendregt *et al.*, 2006).

Since the mid 1990s homeless drug users were addressed by local policy because they seemed to grow in number; from 21% in 1998 (Lempens *et al.*, 2003), to 28% in 2000 (Van der Poel *et al.*, 2001) and 40% in 2003 (Van der Poel *et al.*, 2003b). Homeless drug users caused much drug-related nuisance and the policy focus took a pragmatic turn, not only meaning that repressive measures were undertaken (buying drugs remains illegal), but also care was provided for drug users in low-threshold facilities in order to reduce drug-related nuisance (Barendregt & Van de Mheen, 2007a). In 1996 the Rotterdam project ‘Safe & Clean’ began (Quadt, 1996). The two care ‘pillars’ of the project were the implementation of drug consumption rooms and supported housing, both for homeless drug users. Evaluation showed that the project was largely successful with four drug consumption rooms offering a safe using place for about 100 homeless drug users as well as housing for about 200 drug users (Spijkerman *et al.*, 2002). The drug consumption rooms also function as a gateway to further assistance in offering all kinds of low-threshold services such as: meals; laundry; showers; medical care; information about assistance, counselling and therapy; and information on safe use (Van der Poel *et al.*, 2003c; Wolf *et al.*, 2003). In 1999 the supported housing project was extended under the name ‘With(out) a roof’. Evaluation (Keegel, 2002) shows that in the first two years the drop-out rate was about 15%, mostly comprising drug users who received assistance for a short period of time and who could not settle down. Later the total

dropout increased to 27% (of the total of 201 drug users in the project since 1999), mainly 'because it did not work' for reasons of nuisance for the neighbours, excessive drug use and/or letting other drug users reside in the room or house. Keegel (2002) suggests that dropout increased because the group who could most easily grow accustomed to having a house was the first to be housed. Furthermore, the cooperation between the city administration and the public housing corporations was flawed; the first years resulting in too few good quality rooms and houses being available for the drug user target group. After new agreements were made, the cooperation and the quality of rooms and houses improved (Keegel, 2002; Spijkerman *et al.*, 2002). In mid-2006 about 350 drug users participated in the supported housing project (Barendregt & Van de Mheen, 2007b).

In 2003 the city further differentiated the approach of the homeless and drug users with the 'personal approach', alongside the 'area approach'. The area approach focuses on areas where nuisance is high, with drug consumption rooms, CCTV and area bans for some users. The personal approach (PGA) focuses on the drug users who cause the most nuisance – "in conducting criminal behaviour, frequently violating local by-laws, being homeless and/or having a psychiatric condition" (Rotterdam, 2005a). The goal is to get them off the streets by means of a compelling individual plan in which many parties work intensively together at improving the personal situation of the drug user. Each of the five plans consists of punitive measures on the one hand, with care and treatment on the other. Supported housing (varying from housing with 24/7 assistance, to independent housing with counselling once a week) is an important component of the care. In 2005, as a result of the success of PG, in terms of the increased number of drug users in care and the reduced drug related nuisance, the city administration decided to expand the approach to non-using nuisance causers and criminal offenders. In three years 955 people were placed in an individual plan (Blaauw *et al.*, without year).

The latest policy development is the Strategy Plan for Social Relief (*Plan van Aanpak MO*) of 2006, outlined by the national Government and the four largest Dutch cities: Amsterdam; Rotterdam; The Hague; and Utrecht. The personal approach is central to this policy. The goal is that before 2010, about 10,000 homeless people will have an individual care plan; 60% of them should be housed and receiving adequate care and treatment. For Rotterdam the goal is set at 2,900 individual care plans (VWS, 2006). This means that 1,740 actual homeless people must be housed somewhere, varying from independent housing with or without counselling, to housing with 24/7 assistance, dependent on their skills. To make this possible, Rotterdam started Central Welcome (*Centraal Onthaal*), one office window where homeless people are registered and referred to care, assistance and treatment (Rotterdam, 2005b). The Strategy Plan for Social Relief aims at enlarging 'social and life skills' and housing the homeless accordingly (outcome).

### **Research question**

Many policy measures were and are implemented in reducing drug-related nuisance and improving the living conditions of homeless drug users, as described above. Policy and evaluations of policy usually take the perspective of non-using citizens in their attempts to reduce drug-related nuisance and homelessness, not the perspective of homeless drug users. What about the drug users themselves? What are policy effects on their living conditions? The research question we will answer in this article is: *Have the living conditions of drug users changed between 2003 and 2007?* Living conditions are: housing; hours per day in public; sources of income; debts; physical and mental health; social relations; substance use; buying drugs; and contact with the police. In the discussion we will try to explain those changes in living conditions caused by the policy measures of the last decade.

### **Method**

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Since 1995 the Rotterdam drug and homeless scene has been studied by IVO through surveys among drug users. In order to answer the research question we analysed and compared the two latest survey data sets: 2003 (n=201); and 2007 (n=102). In both years, we interviewed marginalised drug users who were located and recruited through targeted sampling<sup>1</sup> (Watters & Biernacki, 1989). In 2003 the ethnographic map was composed of street locations and low-threshold facilities. In parts of Rotterdam where the situation was relatively unknown to the researchers, we made use of 'guides', who were members of the researched group and worked for the research team as community field workers (Blanken *et al.*, 2000). In 2007 we made a new ethnographic map and recruited respondents only in and around low-threshold care facilities. In both years the same team conducted the research. They made the ethnographic map, interviewed the respondents with a structured questionnaire and analysed and discussed the data (Van der Poel *et al.*, 2003b; Barendregt & Van der Poel, 2008).

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<sup>1</sup> Targeted sampling is a sampling technique for locating and recruiting members of hidden populations esp. in drug research (Peterson *et al.*, 2008). Ethnographic methods are used to describe the population (approximate size, location, characteristics) within defined geographical areas. Then respondents/participants are actively approached; usually chain referral sampling is used to find other respondents. (As opposed to convenience sampling where only easily available respondents are recruited.) In Rotterdam we made ethnographic maps of areas of interest (south, west and center/north), based on which it was determined how many users and thus respondents with certain characteristics should be recruited there (stratified sampling). In 2003 we sometimes used 'guides' to find respondents (instead of chain referral), in 2007 the chain referral sampling technique was not effective (and we hypothesised that the informal support systems of drug users – the basis of chain referral – have been weakened by formal support systems, e.g. addiction care and the relief sector).

Variables that are measured similarly in 2003 and 2007 are: hours per day outdoors/ in public space; sources of income; debts; social relations; physical health; substance use; buying drugs; and contacts with the police. Some variables are measured in more detail in 2007: alcohol use; mental health; social relations and housing. Regarding housing, in 2003 we only made a difference in actual homeless people (for instance living on the street, sleeping in night shelters and in squads) and people who are (in)dependently housed (with or without housing counselling). In 2007 we divided the latter group into residential homeless people (those who live on their own, often in a room of a house with others, and who receive support and counselling<sup>2</sup>) and independently housed people who live on their own without any housing counselling, according to the 'housing ladder' that the city uses to categorise the homeless (Weltevreden, 2006).

Housing is the leading variable in the analysis. For both years, the living conditions of drug users are analysed with SPSS according to the two and three housing situations (respectively 2003 and 2007, see above) and tested with Pearson's Chi<sup>2</sup> (proportions) and Anova (means). The same tests are used to analyse changes between 2003 and 2007 in the overall living conditions of drug users. Differences are significant at 95% reliability ( $p \leq 0.05$ ).

## Results

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### *Living conditions 2003-2007*

Table 1 shows that the living conditions for drug users have improved in general between 2003 and 2007. Most important is that fewer drug users were actually homeless; a decrease from 40% in 2003 to 27% in 2007 ( $p < 0.05$ ). Related to this is the time spent in public. In 2003 drug users spent about ten hours per day in public, in 2007 this had decreased to just over five hours. Another improvement is in the sources of income in 2007. The number of drug users who earned income legally in social activation projects designed especially for them has nearly doubled to 55%, while the number who earned income illegally in the drug economy and through crimes against property has halved to 23% and 17% respectively. Regarding health, 91% had health insurance in 2007 and about one third (37%) used prescription medication for mental health problems (in 2003 this was 77% and 21% respectively). Substance use in general decreased. Although the number of heroin users had not changed, users used it on fewer days per month (from twenty-four to twenty days) while also using less per day when they did (from 0.68 to 0.47 grams).

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<sup>2</sup> The residential homeless in this study are comparable to the 7th conceptual category 'houseless' of the European Typology of Homelessness and housing exclusion (ETHOS, 2007): «people receiving longer-term support (due to homelessness)».



Crack use decreased ; there were fewer users (from 96% to 87%), fewer using days (from twenty-four to twenty days) and fewer grams on a using day (from 0.97 to 0.70 grams). Related to the decrease in homelessness is the decrease in the number of users who used drugs in public (almost halved to 37%). However, the number of those who did use in public remained unchanged and they did so on sixteen to eighteen days per month on average. The majority ordered drugs by telephone (no change). Buying on the street and at dealing houses has (more than) halved, to 32% and 8% respectively.

No changes were found in the number of drug users who earned income through prostitution and begging (both 10%). Similarly unchanged were the debt situation (about 90% had a mean debt of about € 7.000); the number of users who indicated having (very) good health (less than 60%); the number of users who had contact with their families (about two thirds); and the number of users who were in contact with the police (about 70%).

Lastly, there are positive and negative changes in alcohol and methadone use. An increased number of drug users (also) used large amounts of alcohol (from 24% to 38%), however, the number of drinking days have decreased (from twenty-one to sixteen days per month). In both years, the mean number of drinks per day was twelve to thirteen. In addition, more drug users used methadone (from 58% to 81%) on average on twenty-five to twenty-seven days. The daily amount used increased from 27 cc to 35 cc. The increase in methadone use will be discussed later.

### ***2007: living conditions for the three housing situations***

The last column of Table 1 also shows the 2007 living conditions of drug users in the three housing situations: those who lived independently (30%); those who were residential homeless (43% living in a supported housing project); and those who were actual homeless (27% living on the street, sleeping in shelters or at friends). The groups do not differ significantly in many of the ways they earned income and in the number of users who had debts. Furthermore there was no difference in the number who had health insurance; those with self-perceived (very) good health; or those who suffered from depression and took medication for mental health problems. The number of users who had contact with their family, and who were very lonely; the number of heroin and crack users; the number of alcohol users; the mean number of alcohol-using days per month; the number of drinks consumed on a using day; and the ways in which they bought drugs were also unchanged.

However, there are some differences. The *independently housed* drug users seem to be best off, in general. It is remarkable that their mean debt amount was the highest, over € 13,000 (at least twice as high as the other groups). The *residential homeless* are the middle group, sometimes resembling the independently housed

group (in most of the drug use variables), sometimes resembling the actual homeless group (because of debts from fare-dodging). For the residential homeless it is remarkable that 75% participated in special income projects (compared with 40% of the other groups). Regarding mental health, 41% suffered from psychotic complaints (two to four times as many as the other groups). The *actual homeless* seem to have the poorest living conditions, related to their homelessness. They spent about eight hours per day in public (twice as many hours as the other groups), over 70% had unpaid police and fare-dodging fines resulting in debt (over 30% among the other groups), and 89% were in contact with the police (over 55% of the other groups). They had the highest number of heroin and crack using days (twenty nine and twenty three days respectively) and used the highest amounts on a using day (respectively 0.88 and 1.12 grams). Furthermore, 63% used drugs in public (about two to three times as many as the other groups) on a mean of twenty-three days per month. They used alcohol in public on a mean of twenty-one days per month.

## Discussion

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### *Methodology*

In 2003 and 2007 marginalised drug users (heroin, methadone and crack) from the Rotterdam drug scene were interviewed using a structured questionnaire. In both years drug users were recruited with targeted sampling. In 2003 drug users could not only be found in low-threshold care facilities but also on the streets. In 2007 the streets were no longer a target area because policy measures pulled drug users inside low-threshold care facilities and supported housing projects. It is much quieter on the streets (Barendregt & Van de Mheen, 2007a). This means that in 2007 we only sampled drug users in facilities and projects, thus the sampling method reflects the changed situation in the city. We interviewed 201 drug users in 2003 and – due to limited resources – a smaller sample of 102 drug users in 2007. The quantitative results are based on self-reported data (perspective of users).

### *Changes in living conditions 2003-2007*

Between 2003 and 2007 the living conditions for drug users changed for the good. As reported earlier, actual homelessness decreased from 40% to 27%. In 2007 43% are residential homeless and 30% are housed independently. In 2003 we did not make this distinction. Of these three groups, the actual homeless are in the worst living conditions, a situation related to their homelessness. They spend much time in public, often drinking and using drugs, where they get fines from the police for violating local by-laws (such as drinking alcohol and using drugs in public, gatherings of people in certain places, sleeping in public or begging), and from the public transport system for fare-dodging. Being fined is related to spending time in

public space, which in turn is related to being homeless. To put it strongly, this means that the homeless cannot spend time in public without getting fined, which means that the homeless drug user is not 'allowed' to spend time 'at home'. Homeless drug users complain about this and so do some police officers who argue that merely fining 'offenders' renders no positive results – not for the police because fining takes up a lot of time, and not for the homeless because the officers know that the majority will not pay the fine.

Regarding drug use, the actual homeless use heroin and crack on many days per month and in large quantities on a using day. Living the homeless life and the excessive use of alcohol and drugs seem to be two sides of the same coin (see also Coumans, 2005).

In contrast with the actual homeless, the residential homeless and the independently housed have their own place (usually a room) where they can rest and not be hurried. This seems to have an influence on the lesser intensity of their drug use; compared to the actual homeless, both other groups use heroin and crack on fewer days per month and in lesser quantities on a using day. Other authors have argued that the rest and safety provided by having one's own room causes a decrease in crack use over time (Vermeulen *et al.*, 2005). It is notable that methadone use is more prevalent among these two groups; almost 90% use methadone compared with 63% of the actual homeless. It is plausible that more drug users are prescribed methadone after being housed and getting (drug) counselling, and that methadone use has thus replaced some of the heroin use<sup>3</sup>. Further, psychotic complaints are more prevalent among the residential homeless than among the other groups. Besides that medical care is more accessible to them (psychiatrist's diagnosis), the decrease in drug use might make mental health issues more apparent. Lastly, the residential homeless make ample use of the social activation projects that the city specifically designed for them, e.g. sweeping the streets in teams, selling 'Street Magazine' and washing trams and police cars. Participation in these projects gives their days a structure and regularity rather than being taken up by buying and using drugs and, in addition, participants take pride in contributing to the city (to society) in a positive way (Davelaar *et al.*, 2005, 2007). It seems that because the residential homeless receive all kinds of assistance and housing counselling, they feel more in control of their situation. However, their (mental) health situation must remain a focus of attention.

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<sup>3</sup> Methadone use among the actual homeless has increased as well (from 48% in 2003 to 63% in 2007), but their heroin use has not decreased.

### *Nuisance 2003-2007*

Substance use in public can be defined as an indicator of the nuisance drug users may cause. Between 2003 and 2007 the percentage of users who used drugs in public (in the previous month) has decreased from 62% to 37%. Those who do use drugs in public still do so on sixteen days (no change). However, many of the drug users interviewed who use drugs in public, told the researchers that nowadays it is more difficult than ever because of police activity and CCTV on the streets. They say they want to use crack immediately after they bought it. Usually they meet their 'telephonic' dealer on the street and therefore they have developed strategies to avoid police fines for public drug use, such as using while walking (instead of being stationary) and looking for quieter places further away from the buying spots.

Alcohol use in public was only measured in 2007. 81% of alcohol drinkers used alcohol in public on a mean of thirteen days per month. Drinking in the social relief centres (shelters) is not allowed and there are no 'alcohol consumption rooms' in Rotterdam comparable to the drug consumption rooms. A homeless user is therefore 'obliged' to drink in public. Public alcohol use is distinctive in that it often takes place among groups, where 'sharing' alcohol is common. Some of the alcohol users interviewed told the researchers that they try to avoid police contact by hiding their beer cans in plastic bags or coat pockets, and drinking while walking around.

Drug use in public has decreased, and although users do get fined for using in public, we have no information from them about how often that occurs. Figures from the Department of Public Prosecution show that the number of unpaid fines<sup>4</sup> for violating local by-laws have decreased with 65% for public drug use (from 1,264 in 2005 to about 450 in 2007<sup>5</sup>) and with 26% for public alcohol use (from 3,434 in 2005 to about 2,500 in 2007) (see Barendregt & Van der Poel, 2008).

We could conclude from the above that drug-related nuisance has decreased. However, drug-related nuisance is defined by those, usually residents, who are experiencing the nuisance. Often they define all kinds of nuisance as being drug-related. In Rotterdam it appeared that almost half of the complaints made to Report Centres Drug Nuisance about drug-dealing nuisance could not be related to dealing or using drugs (Gruter & Van de Mheen, 2002).

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<sup>4</sup> Fines are sent in to the Department of Public Prosecution when they are not paid. Marginalised drug users often do not pay their fines, see also table 1. 57% of drug users have debts because of unpaid fines.

<sup>5</sup> During the study the figures were known for January to August (8 months), we extrapolated these figures to the full year of 2007, hence use of the word 'about'.

### ***Results of policy ?***

Since our study is not an effect evaluation of the Rotterdam policy, we cannot 'prove' that the better living conditions of drug users is as a direct result of the policy measures. However, when the results are put next to the policy measures, the timeline shows convincingly that the policy had (and has) positive effects (Table 2). The combination of repressive (punitive and judicial) measures and care (housing and other assistance) measures seem to have positive effects on the living conditions of the target groups. Repression and care organisations had to overcome difficulties in working together since their aims and methods are different; however, the possible positive results made these organisations determined to combine their efforts. The police, for example, had no suitable choice of what to do with homeless drug users whom they took to the precincts when it was obvious that they were in need of help or treatment. Care and treatment agencies, for example, were not informed about drug users who went to prison for unpaid fines, and they had to start long lasting procedures after their release to start social benefits, medical insurance, housing and so on. It is now clear that the combination of repression and care can only have positive effects when the many involved organisations (including police, social affairs, housing corporations, treatment and care organisations, social relief sector) work together as a team to achieve a collective goal (see also FEANTSA, 2005 and the article of Johnsen & Fitzpatrick in this journal). Tosi (2007) warns that this collective goal should not be reduced to a principle of order, in which the elimination of homelessness is equivalent to making homeless people invisible. Instead, the collective goal should meet the needs of the homeless. In the past years the Rotterdam organisations have shown that they are more and more capable of doing so.

### **Future**

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By the year 2010 the city of Rotterdam intends to house 1,740 actual homeless people (among whom many are drug users). Depending on the skills of the homeless, there is a range of types of residency varying from independent housing with no assistance, through independent housing with ambulant housing counselling, to group housing with 24/7 assistance. In order to be able to compose individual care plans for the 1,740 homeless, the city started 'Central Welcome', the only office window for the homeless, where they are registered and referred to further assistance. In the past decade, together with the organisations involved, including the addiction care system and social relief sector, the city administration has developed and implemented policy measures that have changed the homeless and drug scenes in Rotterdam. The situation has changed positively at group level, as well as at the individual level for those who are no longer actually homeless. These

developments of the past decade suggest that the ambitious goal of the Rotterdam Strategy Plan for Social Relief can be reached. In addition, the program has the three dynamics that Anderson (2007) found to be of importance for the Scottish homelessness strategy: homelessness policy is a priority; the homelessness program is multi-agency and housing-led; and it is a long-term program.

However, we must keep in mind that homelessness and drug use will never disappear from our society, and that – in spite of all policy measures – there will always be homeless people and drug users on the streets. Therefore, in cities like Rotterdam, an effective care system for people living in the margins of society (including all kinds of shelter and housing projects) must be part of a continuous program.

**Table 1.** Characteristics and substance use for drug users in specific housing situations in 2003 and 2007 [1]

Characteristics	2003–2007		2003 (n=201)			2007 (n=102)			p	
	Comparison totals p	Total (100%)	Housing: (in)dependent, with family (60%)	Actual homeless (40%)	p	Total (100%)	Independent housing (30%)	Residential homeless (43%)		Actual homeless (27%)
Male	ns	78%	79%	76%	ns	73%	81%	66%	74%	ns
Age (mean)	***	39 years	39 years	39 years	ns	45 years	46 years	44 years	43 years	ns
Dutch nationality	ns	86%	90%	79%	*	93%	90%	96%	93%	ns
<b>In public</b>										
Hours per day spent in public (mean)	***	9,8 hours	7,3 hours	13,4 hours	***	5,3 hours	4,6 hours	4,1 hours	7,9 hours	**
<b>Income and debts</b>										
(in past 6 months)										
Income: benefit/welfare	ns	75%	84%	61%	***	78%	77%	86%	67%	ns
Income: projects esp. for homeless / users	***	29%	26%	34%	ns	55%	42%	75%	37%	**
Income: drug economy	***	44%	44%	44%	ns	23%	16%	30%	19%	ns
Income: crime against property	**	32%	31%	34%	ns	17%	19%	9%	26%	ns
Income: violent offences	ns	5%	4%	5%	ns	1%	3%	0%	0%	ns
Income: prostitution	ns	14%	10%	21%	*	10%	3%	14%	11%	ns
Income: begging	ns	13%	7%	23%	**	10%	3%	9%	19%	ns
Debts	ns	89%	88%	90%	ns	92%	84%	93%	100%	ns
Debt: public transport fare-dodging	ns	61%	58%	64%	ns	60%	32%	68%	78%	***
Debt: police fines	ns	56%	53%	61%	ns	57%	42%	57%	74%	*
Debt amount (mean)	ns	€7,169	€5,552	€9,714	ns	€7,434	€13,482	€4,578	€6,438	*

Characteristics	2003-2007 Comparison totals p		2003 (n=201)		2007 (n=102)			p
	Total (100%)	Housing: (in)dependent, with family (60%)	Actual homeless (40%)	Total (100%)	Independent housing (30%)	Residential homeless (43%)	Actual homeless (27%)	
<b>Physical and mental health</b>								
Health insurance	**	77%	90%	57%	94%	91%	89%	ns
(Very) good health [2]	ns	58%	60%	54%	61%	48%	63%	ns
Depression [3]	-	-	-	-	42%	34%	44%	ns
Psychotic complaints [3]	-	-	-	-	10%	41%	19%	**
Medication for mental health problems	**	21%	26%	15%	29%	50%	26%	ns
<b>Social relations</b>								
Contact with family (in past month)	ns	73%	79%	65%	71%	64%	59%	ns
Very lonely [4]	-	-	-	-	19%	30%	26%	ns
<b>Alcohol and drug use</b>								
Alcohol (in past month) [5]	**	24%	27%	19%	36%	41%	37%	ns
Days use (mean) *	*	21 days	21 days	20 days	18 days	41 days	37 days	ns
Amount used on last using day (mean) *	ns	13 drinks	11 drinks	16 drinks	12 drinks	11 drinks	13 drinks	ns
Alcohol use in public *	-	-	-	-	69%	81%	92%	ns
Days use in public (mean) *	-	-	-	-	10 days	10 days	21 days	*
Heroin (in past month)	ns	80%	76%	85%	77%	82%	92%	ns
Days use (mean) *	*	24 days	22 days	25 days	19 days	17 days	29 days	***
Amount used on last using day (mean) *	**	0.68 gram	0.60 gram	0.78 gram	0.31 gram	0.35 gram	0.88 gram	***



Characteristics	2003–2007 Comparison totals p		2003 (n=201)				2007 (n=102)			
	Total (100%)	Housing: (in)dependent, with family (60%)	Actual homeless (40%)	Actual homeless (100%)	Independent housing (30%)	Residential homeless (43%)	Actual homeless (27%)	p		
<b>Methadone (in past month)</b>	***	65%	48%	*	87%	89%	63%	*		
In methadone program *	ns	91%	82%	ns	93%	92%	94%	ns		
Days use (mean) *	ns	26 days	25 days	ns	25 days	29 days	27 days	ns		
Amount used on last using day (mean) *	**	26 cc	28 cc	ns	35 cc	37 cc	31 cc	ns		
<b>Crack (in past month)</b>	**	95%	96%	ns	77%	91%	93%	ns		
Days use (mean) *	***	23 days	24 days	ns	17 days	15 days	23 days	**		
Amount used on last using day (mean) *	*	0.78 gram	1.24 gram	**	0.41 gram	0.62 gram	1.12 gram	*		
<b>Drug use in public *</b>	***	49%	83%	***	37%	35%	63%	**		
Days use in public (mean) *	ns	16 days	20 days	*	16 days	9 days	23 days	**		
<b>Buying drugs (in past month)</b>										
By telephone	ns	69%	61%	ns	61%	71%	82%	ns		
On the street	***	54%	80%	***	19%	41%	33%	ns		
At dealing house	***	32%	24%	ns	13%	2%	11%	ns		
<b>Contact with police (in past 6 months)</b>										
ID, area denial, APV fine, frisking [6]	ns	65%	83%	**	70%	68%	89%	*		

[1] Means are tested with Anova, proportions with Chi<sup>2</sup>: \*  $p \leq 0.05$ , \*\*  $p \leq 0.01$ , \*\*\*  $p \leq 0.001$ . The symbol – means that this particular variable was not measured in 2003.

[2] Measured in three categories: (very) good, moderate, bad/changing.

[3] Measured with the PrsnQst (Shaw *et al.*, 2003), as translated and validated for people who visit day and night shelters (Van Rooij *et al.*, 2007).

[4] Measured in three categories: very, moderate, not (standard question (Monitor Volksgezondheid, 2004; De Jong-Gierveld & Kamphuis, 1985)).

[5] In 2003: five or more drinks on a drinking day. In 2007: four or more drinks for women and six or more drinks for men (definition of excessive drinking).

\* The n is the number of respondents that used the substance in the past month.

[6] Check of ID on the street, area denial (usually for three months) is given to nuisance-causing drug users, APV fines are local by-law fines, frisking for drugs and weapons is sometimes done preventively in an area.

**Table 2. Timeline of the Rotterdam drug and homelessness situation and policy measures**

Time: situation	Policy measures
Until 1996: open drug scenes, nuisance from (international) drug dealing and drug using.	Repressive measures: Platform Zero and dealing houses closed down. Drug users and nuisance are spread throughout the city.
1996-2002: nuisance from local homeless drug users in the neighbourhoods (in 2000 28% of drug users are actual homeless, and 42% use drugs in public).	Start of the combination of repressive and care measures (Safe & Clean/1996); drug consumption rooms and housing projects. The cooperation between involved parties slowly improved and amplified.
2002-now: in 2003 actual homelessness among drug users has increased to 40% and drug use in public to 62%. From 2003 on, after start-up problems, more and more homeless drug users participate in supported housing projects, get housing counselling, debt assistance, drug treatment etc.	Repression and care go hand in hand, just as area and personal approach (With(out) a roof/2000, PGA/2003). The personal situation of (now) residential homeless drug users is improving.
2006-now: homelessness is regarded a major issue in the four major cities (including Rotterdam). At the end of 2007 'With(out) a roof' can house over 450 drug users <sup>6</sup> . In 2007 actual homelessness has decreased to 27% and drug use in public to 37%.	Continuation of repression/care and personal/area approach (Strategy Plan for Social Relief /2006); more supported housing projects are started, coincident with adequate help and assistance.

<sup>6</sup> Source: "Catalogue of supported housing projects" from the Public Health Service Rotterdam (received March 2008).

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# The Impact of Structural Funding on Service Provision for the Homeless (EQUAL and Poland)

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› **Abstract\_** *As a result of accession to the European Union in 2004, a number of Central European countries were granted access to structural funding which allowed for the implementation of initiatives that previously had been impossible; in particular those relating to non-Governmental organisations (NGOs). Major homeless service providers throughout the region sought to utilise this opportunity and have successfully applied to the Community Initiative EQUAL programme, which is dedicated to establishing the viability of innovative ideas for erasing inequalities in access to the labour market for marginalised groups. This article, provides a basic description of CI EQUAL and aims to establish the reasons for its popularity among Polish homelessness service providers. This is followed by a description of the landscape of service provision at the point of the termination of the EQUAL programme. A number of features relating to the operation of the programme, including the implementation of its major principles are analysed, as are factors contributing to the current landscape of service provision. The article argues that the priorities and the manner of implementation of this particular funding stream, in conjunction with its popularity among homeless service providers, has had a direct impact on the homelessness service provision system. Although it has created previously unavailable service options for people who happen to be within the reach of organisations engaged in the programme, the sustainability and the dissemination of these options is questionable due to funding gaps and to a misunderstanding of the principle of mainstreaming, as well as other factors. Finally, some recommendations are outlined for the design of similar funding schemes.*

› **Keywords\_** *homeless; structural funds; employment; support; capacity; networks.*

## Introduction

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The enlargement of the European Union in 2004 enabled ten countries from the former communist block to gain unprecedented access to external tools supporting and assisting the development of society. These tools strengthened those mechanisms which were established throughout fifteen years of post-communist independence, including the rapid development of the third sector in the majority of Central European nations (Toepler and Salamon, 2003). One of the new tools was the European Social Fund (ESF) which was devoted to reducing differences in the levels of prosperity and living standards across Member States and regions and, as a consequence, promoting economic and social cohesion. The ESF opened access to large-scale funding to various institutions, in particular NGOs which had previously been unable to benefit on such a scale.

The impact of such intervention on the internal policies of each new member state has differed, depending upon diverse local/national conditions. This article analyses the impact on the support system for homeless people, of one particular ESF stream, namely the Community Initiative (CI) EQUAL which has been developed in Poland since 1990 (Wyganska, 2005, 2006). At the end of 2004, all major non-profit providers of services to the homeless had successfully applied to CI EQUAL and this programme has dominated both their funding and priorities. Partnerships such as *Agenda of Homelessness*, *Back on Track*, *Social Economy in Practice*, and the *Campaign Against Poverty* were established by all of the major networks: the Pomeranian Forum; BARKA Foundation; Saint Brother Albert Society; the MONAR Association; and CARITAS (Wyganska, 2006). Successful application for EQUAL funding meant that their major activities were immediately more focussed upon employment-oriented priorities.

Whereas earlier accession countries such as Spain, for example, enjoyed structural European funding for almost twenty years, it is not clear whether those countries joining the EU in 2004 will receive support from European funding on such a scale or for such a long period of time, although another round of large-scale funding has been secured for the period from 2007-2013. Seeing that structural funding has had such a considerable impact on homelessness services in Poland, and also allowing for the fact that it is not indefinite, it is important to analyse the impact of the very first experience of structural support granted to Poland following accession to EU membership. This article will compare the situation before and after EQUAL funding was provided and will analyse the impact that structural funding has had on the development of the current post-EQUAL stage. The analysis is based on available research, although it should be stated that some observations are those of the

author (an active participant in the process in her own right), reinforced by means of informal interviews with representatives of key stakeholders – leaders of NGOs benefiting from EQUAL funding.

## European Relevance

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From an international perspective, many elements of the Polish environment between 1990 and 2007 described below are relevant to other new member states, collectively referred to as post-socialist economies with broadly similar welfare regimes. Similarities can be found in the development of the third sector, the structure of external (EU, USA) financial support for NGOs, as well as homelessness service provision including the domination of NGOs, prevalence of services dedicated to ‘the homeless’ as defined by ETHOS and the slow development of housing support dedicated to ‘houseless’ as defined by ETHOS. As a result, some of the Polish lessons described in this article might be worth considering for future policies in other new member states.

EQUAL was introduced to fifteen EU member states in 2000 and extended four years later to ten new member states. Its aim was to promote a new means of combating all forms of discrimination and inequality with regard to the labour market. Implementation took place through geographically diverse and/or cross-sectoral Development Partnerships (DPs), and was guided by the following key principles: partnership; empowerment; trans-nationality; innovation; and mainstreaming (Dahan, 2006). It was a fully equipped laboratory in which social innovators were given ideal conditions in which to test their ideas to assess their effectiveness. It was assumed that effective solutions could be filtered out and mainstreamed into European Employment Strategy and, as a consequence, into adequate operational programmes to secure further funding from national sources. Mainstreaming was intended to ensure the sustainability of good innovations, since EQUAL is, by definition, temporary. The programme possessed nine thematic fields, out of which Poland chose to utilise five, with the following two being used by homeless service providers:

- **Employability.** Facilitating access and a return to the labour market for those who have difficulty in integrating or re-integrating into a labour market which must be open to all.
- **Entrepreneurship.** Strengthening the social economy (the third sector), in particular those services of interest to the community, with a focus on improving the quality of employment.

Implementation was divided into three stages: the establishment of partnerships and designing DP Strategy (six months); testing of innovative solutions (three years); and mainstreaming (three years). Stages two and three were implemented concurrently, although applying for stage three was not obligatory.

## Service Provision for the Homeless in Poland Before 2004

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Whilst attempting to understand the popularity of EQUAL among homeless service providers, it is important to examine the context of their operation before entry to the EU.

The *first* element is the role of the NGO sector in the provision of social services which, in some fields including homelessness, is a leading role. Despite a prevalence in terms of service provision, the role of the sector as a legitimate partner in delivering the goals of national welfare policy was not previously recognised. Organisations which had implemented many apparently innovative projects and had in practice performed the statutory responsibilities of state/public authorities were compelled to live with the label of 'private bodies achieving the goals of their funders':

*"Among the most striking paradoxes is that the Government continues to overlook these organisations as meaningful social partners in service delivery and in formulating public policy agendas despite the 'Solidarity' trade union movement's crucial role in the rebirth of parliamentary democracy and the market economy in Poland. Also under-recognized is the inherent capacity of the sector to complement and enhance Government service provision."* (Leś *et al.*, 2000)

The *second* element was the context of the funding structure of NGOs, which traditionally had been organised from various sources including local government, foreign private foundations, voluntary input and donations. An important source of funding were the programmes established by the European Commission in order to support non-member states (PHARE Social Dialogue, PHARE Democracy, PHARE LIEN) and later candidates (ACCESS) for membership of the EU (Kolankiewicz *et al.*, 2008). All of these funding sources shared common features: they were short term (eight to twelve months); did not cover the full cost of the activity (up to 80%); were dedicated to different and rather *ad hoc* priorities which changed year-by-year; and were allocated based on competition for grant proposals. The average scale of grants varied from €5,000 to €50,000. Pre-accession programmes such as ACCESS allowed grants of up to €100,000. Providing shelter to the homeless, which since the 1991 Social Welfare Act had been a statutory responsibility of local government, was performed by NGOs and financed on an *ad hoc* basis from European programmes based on competition for projects.

The third element was that the constant need for fundraising turned leaders of organisations into experts in the writing of grant proposals, fitting their activities within defined priorities and managing growing institutions in permanent financial instability. A major criterion of effectiveness was the ability to survive until the next project. It could be achieved by mastery in finding information on expected competitions/bids and writing grant proposals. Other criteria such as quality of services, achieved outcomes for clients or sustainability of results were beyond the reach of both funding institutions and organisations.

Finally, in 2004 it seemed that the lack of jobs was a key barrier in getting people out of homelessness and allowing shelter dwellers to move to independent living. It was mentioned both as a cause of homelessness and a major barrier in getting out of homelessness in almost all available research. Such a belief matched well with the priorities of EQUAL.

Under these circumstances, EQUAL seemed to be not only a perfect funding source for homelessness service providers, but also provided opportunities for strengthening organisational sustainability. Partnerships of NGOs and other institutions could apply for large-scale and long term (three years) funding. They were given six months to shape their strategies, employ staff and to cover administrative costs for newly established institutions, travel, conferences and equipment. The average cost of a three year contract was about €2m. Service providers were able to shape their ideas according to their expertise without being restricted by a scarcity of funding from local government. The popularity of EQUAL among Polish NGOs becomes apparent by simply drawing attention to the fact that 54.5% of all partnerships were led by NGOs (Kolankiewicz *et al.*, 2008).

## Post-EQUAL Scene in 2008

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Almost four years later, by mid-2008, the majority of DPs had stopped receiving EQUAL funding. This section describes the overall landscape of service provision for the homeless in the country at that time. *Has the institutional stability of major service providers been sustained after the withdrawal of European funding? What has changed in service provision system?*

It is too early to fully evaluate these issues, as the necessary research has not yet been completed (for example, the final evaluation report of EQUAL in Poland) although service providers themselves have raised questions. Their leaders share rather negative feelings, among which are: a great deal of money spent on solutions with results of unknown sustainability; qualified and experienced staff leaving for

other jobs outside the homelessness sector which is presently unable to offer sufficient employment; and the questionable implementation of pilot schemes into mainstream policy.

Certain elements of post-EQUAL homelessness service provision may be observed. First among them is the need to secure prospective funding for institutions established by DPs. Although the overall preliminary evaluation of mainstreaming (Jaszczolt *et al.*, 2007) provides some positive prospects for sustainability (43% of products have good prospects, 16% very good) none of innovative institutions established within homelessness DPs has a warranty for future funding from national or local budgets to the extent available during EQUAL. Most have had to reduce staff and increase the caseload of individual workers. While seeking funding, service providers are concentrating on other ESF sources rather than on lobbying and establishing local mechanisms of cooperation with statutory institutions responsible for homelessness such as employment offices, welfare centres and local government housing departments.

Secondly, the need to sustain EQUAL institutions oriented towards fostering participation in the labour market directs future initiatives towards employment-led programmes such as promoting social economy, Social Integration Centres and job training schemes. Meanwhile, unemployment is falling and larger towns in particular are suffering from a shortage of manual labour. Shelter directors from Warsaw report being constantly approached by employers. The lack of jobs is no longer a barrier. The key issue at the present time is the lack of affordable housing for migrating workers and those exiting homelessness.

Thirdly, the authorities responsible for homelessness seem to have taken it for granted that many programmes, especially more expensive ones such as assistance and specialist job placement, would be implemented by NGOs supported by European funding. It is accepted that local governments devote their resources to activities that have no potential to attract additional funding. As a result, local governments continue to constrain their interests to basic services (shelters, food and crisis intervention), continuing to rely on competition for projects as a funding allocation system. Effectiveness is still measured administratively, a point highlighted by experts working on a diagnosis of the Warsaw Social Service Provision System:

*“Indeed it is believed that the most effective service is the one in which all expenses were accounted for according to budgetary classification rules.”*  
(Marchlewski, 2008)



Fourthly, there were no substantial changes in homelessness legislation during the implementation of EQUAL, while legal change was one of the goals of mainstreaming. In 2007 some activities were undertaken towards the regulation of standards for services. The Department of Welfare and Social Integration (DWSI) of the Ministry of Labour and Social Policy (MLSP), held preparatory meetings in order to consult on a Ministerial Order on Guidelines for Services for the Homeless. There was no public call for consultation although three institutions had submitted their proposals spontaneously (Pomeranian Forum, Warsaw Council for the Homeless and CARITAS Kielce) and were invited to take part in the process. According to minutes published by participants in the meeting, the draft Order was declared to be prepared by the Department before the end of 2007 and sent to institutions which had submitted their proposals<sup>1</sup>. This has yet to happen.

Despite the lack of changes in the national legal framework, there have been improvements in the structure of European funding for 2007-2013 with regard to homelessness. Since 2007 all interventions of ESF in Poland have been embraced by the Human Capital Operational Programme (HCOP) (MRR, 2007). This has two separate lines dedicated to homelessness buried within the priority on development of quality standards for welfare and integration institutions: Local Standards for Exiting Homelessness; and Street Working Standards (MPiPS, 2008). The financial allocation for 2008-2013 for the development of a Local Standard for Exiting Homelessness is about €300,000. Major non-governmental homeless service providers were informally asked to draft a common strategy to implement its priorities. They drafted a project entitled *Five Ways – One Goal* which was submitted to the HCOP Centre for the Development of Human Resources. So far, no information has been published by state institutions with regard to the negotiations of *Five Ways – One Goal*.

In addition the MLSP has recently started the process of drafting a National Strategy for Combating Homelessness. A working group has been established by the Secretary of State in order to develop the document and a conference has been held to discuss the draft structure of the Strategy. Major homelessness service providers were asked to participate in the Working Group.

In addition, the processes of negotiating the implementation of the aforementioned priorities of the HCOP and of drafting the National Strategy, reveal the attitudes of homeless service providers towards advocacy and, more generally, the tools which NGOs may use to influence the process of designing national policy. Service providers accept the fact that they are asked not to reveal information on consultations. They have sought to influence policy design individually, based on informal

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<sup>1</sup> Report from the meeting prepared by participants: [www.bezdomnosc.edu.pl/images/stories/raporty/relacja\\_spotkanie\\_standardy\\_ministerstwo.pdf](http://www.bezdomnosc.edu.pl/images/stories/raporty/relacja_spotkanie_standardy_ministerstwo.pdf)

connections with major decision makers while overlooking advantages that come with open advocacy based on the cooperation of all service providers in the form of a national platform actively publishing their claims regarding policies that are being drafted. They have not held the Government responsible for its declarations, for fear of damaging good relations with key officials, continuing to concentrate on informing the general public about their activities. Illustratively, in common language, people have replaced the Polish term for advocacy – *rzecznictwo* – with the term used in EQUAL for mainstreaming *upowszechnienie*, which in fact came down to dissemination of information to the general public.

Meanwhile, the open advocacy that comes along with informal influence on key decision-makers is an important function of NGOs in the process of influencing the state and, as a result, implementing their missions. According to Kramer (1981), advocacy is one of the four major roles of non-profit organisations, which are deemed to locate deficiencies and replace them with innovative programmes whilst advocating that the State should implement them into national policy. In spite of this fact, as in 2004 no national platform or mechanism for the representation of the interests of NGO service providers for the homeless exists in 2008. Organisations with many years of experience are not using their power to actively influence the Government to implement changes which are necessary for the effectiveness of homelessness provision.

## **EQUAL Implementation and the Current Landscape**

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It is not fully verifiable which of the elements of the post-EQUAL landscape discussed above can be directly considered to be a consequence of a three-year dependence on the programme. However, it is arguable that dependence on EQUAL funding and the manner of its implementation has had a significant impact on the development of homeless services in Poland. Based on the available evaluation studies of EQUAL (Jaszczolt *et al.*, 2006; Nałęcz *et al.*, 2008; Wiktorska and Oleniacz, 2008) it seems that the manner of implementation of the principle of mainstreaming along with two other factors – the validation of results and the form of initial diagnosis – have played a key role in this regard.

The goal of the mainstreaming principle was to identify effective innovations. Logically, this required planning innovations in order that they would be replicable in other settings of organisation, geography and time; and should be continued by establishing legislation followed, where necessary, by funding mechanisms crucial for broader implementation. As put in the reflection note on innovation and mainstreaming (*Ad hoc* working group, 2006) “*Innovation is not an objective in*

itself; it is a means to achieve better quality, higher productivity and additional functions. Innovations are successful if they are widely used". In the majority of cases this has not happened.

It may be argued that successful mainstreaming depends on the willingness of relevant stakeholders to continue funding services, which is an external factor and as such cannot easily be influenced by service providers. However, the potential of projects to attract long-term funding is a relevant consideration in their selection. Hence, there is a balance to be struck between promoting pilot projects which test specific policy solutions and those which are likely to win the approval of decision makers.

Effective mainstreaming also involves the process of monitoring, as only effective solutions should be disseminated. DPs were systematically and carefully monitored in terms of the administrative management of their projects. Qualitative analysis of the monitoring and evaluation techniques used by DPs displayed a limited use of ex-post surveys (17%), and cost-benefit analysis (13%). Instead, DPs concentrated on training evaluation questionnaires (95%). Evaluators found this striking:

*"It seems that in those programmes of 'experimental' character which aim at the practical testing of products being developed, the need for ex post surveys and cost and benefit analysis is obvious. Without knowledge of the future paths of beneficiaries, it is not possible to assume the quantitative results of the project, and without a comparative account of the costs and benefits it is not possible to calculate the unit costs of results produced. Without this kind of information it is hard to imagine effective (or at least intentional) mainstreaming"* (Ciężka et al, 2007).

A further form of validation was through the EQUAL National Thematic Networks consisting of DP representatives and independent experts. As participation of the latter has fallen substantially during the implementation period, projects were validated by peer voting. None of the three kinds of validation fosters the use of effectiveness measures as experienced by beneficiaries (outcome measures). A desirable shift from the exclusive use of performance measures towards at least some use of outcome measures has not been fostered at all; indeed it was blocked by the preponderance of EQUAL funding in the homelessness sector.

Another problematic element during implementation was common practice with regard to the initial diagnosis of the population to be served. Rather than analysing the potential target group (including those former and future clients of the organisations applying to EQUAL funding), applicants usually described the basic demographic characteristics and needs of their current clientele. However, if a particular solution was tested and subsequently 'mainstreamed', it would have been much better to have done a proper analysis of the total population in need of services for

which the funding was sought. This type of diagnosis could also have served as a reference line against which to measure the effectiveness of tested solutions. In fact the only DP that managed to inscribe its results into national policy (Agenda of Homelessness – street-working in HCOP) is the only one which had conducted a thorough diagnosis of local needs.

## Conclusions and Recommendations

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EQUAL has provided extraordinary opportunities for Polish institutions to build capacity and develop various mechanisms that foster solutions to numerous social problems, including homelessness. For three years the institutional capacity has flourished, bringing certain benefits to clients of service providers who were offered a range of unique and previously unavailable services. However, the equipment of an EQUAL laboratory, in conjunction with its use by Polish service providers, seems to have failed to provide sustainable solutions to a 'homeless person'. Since the end of EQUAL funding, the quality and reach of services has decreased, while the housing needs of homeless people have still not received sufficient attention. Furthermore, services have not managed to attain and maintain certain minimum standards, whilst organisations continue to fail to utilise their power to influence national policy by means of a common strategy of advocacy.

However, in order to balance this somewhat negative overview it should be mentioned that it was undertaken at the point of transition between two planning periods for European programmes. Both service providers and local governments are at the point of negotiating future programmes which seem to provide better prospects for the implementation of a support system for the homeless. In due course the system will again acquire the prosperity of stable long-term (five years) and large-scale structural funding. It is therefore vital to consider the lessons learnt and to seek recommendations which will be made for both non-governmental service providers and the future principles for external structural funding schemes which will be available to Poland and other new member states.

Non-governmental service providers for the homeless should not constrain their activities to one field. Homelessness is a multi-dimensional phenomenon and effective supports should embrace those programmes oriented towards supporting employability, housing, education and health. Furthermore, comprehensive programmes should be funded through multiple sources, including European funding and the local resources of national stakeholders. In addition, more attention should be placed on evaluation techniques which concentrate on outcomes for service users rather than the administrative performance of institutions. Finally, a platform-based advocacy and national cooperation as well as local, should become

an inherent part of the activity of NGO service providers so as to foster sustainability and to scale out and mainstream solutions designed and tested on a local and organisational level.

New European funding programs to which NGOs may apply in the near future offer numerous opportunities. They include the assumption that project outcomes should extend beyond benefiting direct beneficiaries. There are three recommendations worth making in this context. Firstly, agencies receiving funding should be obliged to conduct a robust analysis of the potential for the scaling out of the results of their projects. One of the recommendations that will be made in the forthcoming final evaluation of EQUAL in Poland (expected Jaszczolt, 2008) is that DPs should provide a specific strategy for mainstreaming activities to be undertaken in order to foster the sustainability of their projects. It should be written *ex ante* and consist of the needs assessment of a universally described group of beneficiaries (any potential client meeting a set of characteristics), along with a defined reference line against which the progress of the implementation of the product may be evaluated. Secondly, mechanisms for careful validation of effectiveness of results should be implemented (such as cost-benefit analysis and ex-post surveys) allowing for a real assessment of the effectiveness of the schemes. Furthermore, it is important that projects dedicated to the provision of services which already lie within the legally defined competencies of national or local authorities should be co-financed by those agencies, so as to avoid a withdrawal of certain fields by the state. Programmes providing special conditions to test innovative solutions should not finance testing in fields in which innovation is already on the table; in these cases emphasis should be put on mainstreaming and implementing innovations on a larger scale based on national legislation.

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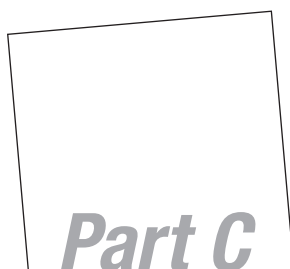
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# Think Pieces



***Part C***

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# The Limitations of Cost Analysis in Relation to Homelessness

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› **Abstract** *The increasing focus on cost comparisons between services can lead to misleading conclusions about their effectiveness. Whilst cost comparisons can be a useful tool both for benchmarking services and as a means of advocating for services for unpopular groups, data can be difficult to collect and to interpret in a meaningful way. Data may focus on that which is measurable rather than that which is important or effective. It may focus on hard outcomes rather than soft outcomes, and may potentially distort decisions about which services offer the best value.*

*Other articles in this publication by Culhane and Flatau & Zaretzki identify a range of issues in measuring costs and effectiveness in homelessness services. This article has a focus on the shortcomings of existing approaches to measurement of costs and the risks involved in focussing too strongly on costs.*

*There is a need to find a better means of describing the 'softer' benefits of services to the user of the service, and to society as whole. Cost analysis should be only one of a broad range of measures of the effectiveness of services.*

› **Keywords** *homelessness ; effectiveness ; competition ; investment ; measurement ; social return*

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## Introduction: Effectiveness and Competition

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In the UK, as in many other parts of Europe the voluntary (NGO) sector is increasingly being required to provide evidence of its effectiveness and value for money. Different measurement tools have been developed and new methods of measuring impact, outcomes and value are emerging, some of which are described by Flatau & Zaretzki and Culhane elsewhere in this publication.

Certainly, in the UK the purchaser/ provider relationship is becoming much more focussed on costs and outcomes which are benchmarked, on contracts which are specified to a high level of detail, with relatively limited scope for flexibility, and on clearly defined service level agreements. Services face competition both from within the NGO sector and externally from statutory or private sector providers to deliver contracted services.

Resources are always limited, whilst the demand for services across all client groups appears to grow. For this reason, there is also an element of competition between client groups to secure an appropriate share of resources. For example, as our society ages, the pressure for resources for older people increases. In addition there is demand for resources for child protection, homelessness, mental health services and so on. Linked to this is the growing pressure on the commissioners of services to prove they are maximising the benefit they accrue from their investment within each particular client group.

Not only does this create a need to show value and effectiveness of services across different client groups, but also similar services provided for a single client group are being compared in relation to their perceived costs and effectiveness.

Political priorities are always liable to change. A client group which, at one stage, is regarded as a top priority for action can very quickly drop down the political priority list as another group emerges as the new most urgent priority.

In the political prioritisation processes it is unfortunate that there can still be elements of the 19<sup>th</sup> century concept of those who are 'deserving' of assistance and those who are 'undeserving.' It is arguable that those representing 'deserving' groups generally find it less difficult to attract funding than those providing services for unpopular 'unsexy' or 'undeserving' groups.

## **Return on Investment, but for whom?**

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One means of seeking to convince funders of the importance of investing in services for unpopular groups has been to identify a social or financial return on the investment, through some means of analysing their cost effectiveness.

Philip Mangano from the US uses the example of 'Million Dollar Murray'<sup>1</sup> to justify investment in people with multiple problems, on the grounds that without the interventions, Murray would cost the various health, welfare, criminal justice and other systems one million dollars. However, quantifying costs and benefits is extremely

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<sup>1</sup> Mangano, Philip 'Million Dollar Murray' in New Yorker, 13 February, 2006; see also Culhane in this Journal.

complex and brings with it its own politics (such as deciding what costs could legitimately be included and what benefits can be attributed to the intervention). It may also skew decisions on investment (for example, in this case, towards those with the most complex needs and therefore the greatest potential for saving expenditure by the state). Culhane explains the relative success of this approach in securing funding for services for 'chronic homeless' people in the USA. Significantly he also states that the case becomes less convincing for funders in relation to those people who would represent a less clear cost saving for the state.

The commissioners or funders of services understandably look for evidence both that their funding is being spent effectively and that it is being directed in the right proportions to the right kinds of services and client groups. They are most likely to focus on costs and benefits linked to budgets over which they have direct control.

So, in UK terms a health benefit may not produce a direct financial saving to a local authority funder. Indeed there may be additional expenditure for one funder which results in savings only for other statutory bodies. A net financial loss for one funder may lead to a broad social benefit (and even financial benefits for others), but be of no assistance to the funding organisation, which has to apportion a very limited budget. Culhane refers to this issue in his article elsewhere in this publication.

In measuring effectiveness and 'benefits,' it is important to consider the perspective of both the funder or commissioner of a service as well as the service user. The impact of the service on those making use of it (the service users) should lie at the heart of any assessment. In addition the measurement criteria of costs and benefits must be relevant to the aims and objectives of the service provider offering the service.

To find measures which satisfy all three interests is difficult, and to find useful comparative data across client groups and service types very complex indeed.

The complexity lies at several levels. Interventions with different client groups may be designed to achieve different outcomes. For example, an intervention to assist someone with a learning disability may be designed to prevent them having to live in an institution, as well as improving their quality of life. An intervention with someone affected by homelessness may be to assist them in stabilising their life, maintaining their tenancy or even not slipping backwards into rough sleeping.

Individuals with a combination of needs may be in contact with a range of different services (health, social services, housing, support, addictions, financial advice and so on) and it may be impossible to identify the individual impact of each intervention (which may in itself differ between individuals). Indeed it is most often the case that it is the combination of interventions rather than any single intervention which leads

to the successful outcome. Indeed even the 'randomised control trials' or quasi experimental approaches outlined by Flatau & Zaretzki elsewhere in the journal would not be able to address this issue fully.

The requirement to prove the cost effectiveness of individual interventions also has an effect. In the case suggested above, that of an individual in contact with a range of services, it is likely that all the services will have a need to provide evidence that their specific intervention (linked with the others) made a difference to the outcome for the individual being assisted. This in turn can lead to a skewed or exaggerated interpretation of the impact of each individual intervention, as also identified by Culhane who suggests a tendency to 'overpromise' the cost savings in the US context.

## Examples of measurement approaches in the UK

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In different parts of the UK (England, Wales and Scotland) research has been undertaken, seeking to establish the costs and benefits of *Supporting People* funding (funding for housing support services) broken down by client group, and to compare the relative value of such services.

This has raised significant issues in relation to measurement of costs and benefits. The Matrix study (2005a) relating to England, for example, identified a reduction in murders and assaults among women who had experienced domestic violence and who were in receipt of housing support funding. However, as the report indicates, it is not possible to identify clearly whether it was the housing support which led to this benefit, or whether it was the fact that the women were re-housed (for example). The question raised in relation to that, is to what extent the confidence to move into a new house was influenced by the housing support (or by other interventions) and therefore how to attribute costs and benefits specifically to the housing support intervention.

The issue of data collected for one purpose, not necessarily being useful in relation to another purpose, is illustrated again in the research in Scotland on *Supporting People* costs and benefits (Tribal Consulting, 2007). Two different datasets were used, but they did not cross refer. One had been established according to the primary characteristic of the client being assisted. The other was set up according to the focus of the project that was assisting the client. The example the researchers use is of a sixty-five year-old person with a disability, who in one dataset might fall under the category 'older person', whilst in the other under 'disability' if both datasets only use one primary description of the individual.

To a large extent these problems are not unusual in any data analysis. However, in working to ascribe the cost effectiveness of interventions between client groups, the allocation between groups becomes very important. If sub sets of certain groups which appear to have a less impressive 'benefit' from investment are ascribed to another group, it can affect the perceived outcome for that client group (either positively or negatively).

Identifying costs is not simple, but it is far easier than quantifying benefits accruing from the 'investment'. Whereas costs can usually be measurable in monetary terms, even if they are difficult to identify, benefits come in both monetary terms (costs saved) but also criteria which are difficult to quantify (such as improved lifestyle for individuals and improved environment for communities)

The Matrix work in England (Matrix, 2005a) seeks to identify the impact of housing support investment on older people. It postulates five hypotheses:

- that *Supporting People* prevented or slowed down the deterioration in the ability of clients to live independently;
- that it helped maintain the health of clients in various ways (including preventing accidental injury and reducing the overall use of medical services);
- that it helped older people avoid being the victims of crime;
- that it helped prevent older people from becoming homeless;
- and that it helped to reduce the need for personal care from other social services.

It produced baseline data for the existing use of services by older people and estimated a 5% reduction in the requirement for each service. This obviously poses some problems since the 5% reduction is not fully evidenced with hard data – in effect, 5% was a best estimate.

The report draws attention to a further issue with cost effectiveness analysis. On the basis of this assumption there are a small number of older people (41,000) who account for around half of the benefit, because they avoid moving into residential care (the cost per person averages at £356 – or about €448 – per person, whilst the benefit through avoided costs of care per person is around £9,300 / €11.696). For the remaining 840,000 persons the assumed benefit is £333 / €419 per person (less than the cost).

The greatest impact would appear to be with those closest to requiring residential care (in other words, the most frail). Culhane makes a parallel point in describing the success of arguments for investing in services for chronic homeless people in the US. The impact on the lives of the 840,000 (quality of life, length of life and so on) may be enormous, yet not result in a financial return. In fact it could be argued – simply

from a cynical cost effectiveness approach, that prolonging life could have a significant negative impact on costs (such as extra years of health care or social service input) and that allowing people to become frail and to die early would produce a greater saving. This is not an approach that is being suggested, but at its most extreme it displays some of the drawbacks of focusing too much on cost analyses.

For this reason it is not straightforward to quantify the impact of particular support on certain costs. Assumptions can be made about reduced reliance on health care, for example, but the converse may turn out to be the case. A short period of intensive health intervention may be replaced by a much longer period of less intensive intervention followed eventually by intensive intervention some years later.

This also shows a further shortcoming. In gathering and comparing data for one client group against another, not only do definitions have to be carefully and consistently applied (see above), but the wide variation in impact across the group can be lost. This is especially true for people affected by homelessness, where the range and intensity of services varies enormously.

A similar study undertaken in Wales by Matrix (2005b) looked at a broader range of services and impacts, but sought to validate the suggested impacts through consultation with relevant stakeholders. There were other differences which sought to make the measurement of impact more 'real'.

As in the English study, it showed a very significant impact for women fleeing domestic violence. However, 96% of the savings were in healthcare costs and the costs of crime associated with severe acts of violence. It could be argued that here, the impact costs identified were in those areas that were relatively easy to measure.

What is difficult to quantify definitively is the benefit in terms of improved quality of life for the individuals in any of the groups.

However, the Welsh study included a very important conclusion: that there were additional benefits beyond avoided costs, and that it could "not be assumed simply because quantified savings were less than costs, that services represented poor value for money".

Important though that statement is, we still lack a robust means of assessing and describing the broader impact of services on the quality of life of the individuals being assisted, and the wider benefits to society as whole.

In relation to all these approaches it would seem relevant to apply the tests of whether they are of use to the three main stakeholders: people who use the service; people who provide the service; and people who fund the service.



If we apply the test of *does the measure meet the demands of commissioners?* The answer is largely “yes”. Cost effectiveness measures give some indication, even if it is slightly flawed, of where cash invested produces the best payback.

Does it meet the needs of the service provider? The answer is “probably, to some extent”. To the extent that it allows them to benchmark costs against competitors and reflect on the reasons for providing a service in a particular way, it may prove useful. On the other hand it may unduly emphasise the cost as opposed to the value of parts of the service and it may focus on those aspects of the service which are easiest to measure and quantify, rather than those which are most important.

Does it help the service user? The answer is even less clear. A positive outcome for the person using a particular service may lead to an overall financial benefit, but there are also instances where it may lead to net increased costs. Cost benchmarking, if it is used, must be only one of a series of measures employed to determine whether the desired outcome for an individual is being achieved.

The expectation of outcomes for different individuals in the same project with the same level of housing support may be very different (depending upon their individual circumstances). It is extremely important as the focus is increasingly on comparing the cost of services, that the value of a service to individual service users is not subsumed beneath the financial calculations.

The difficulties in measurement are not limited to problems of aggregating costs and benefit information at regional or national level. It is important to recognise that the basis on which data are collected at local level can be very different. Even relatively simple, apparently straightforward hard data can be defined and measured in different ways.

Data collected may not be comparable – even between similar services for the same client group. Services tend to develop and use information systems which assist them in the running and planning of their service, targeted towards their individual aims, objectives and values. It is also important to bear in mind that data collected for one purpose may present a skewed result if used for another purpose.

A small scale research study undertaken by the Scottish Council for Single Homeless (2007), sought to identify comparative data in relation to the cost of tenancy failure (in order to present hard data around the costs and benefits of homelessness prevention).

The study built on work conducted by Crisis (2003). In that study an attempt was made to identify the cost of failed tenancies for a series of anonymous case studies. Amongst the factors included in their assessment of costs were:

- loss of rental income ;
- eviction costs ;
- solicitors' fees.

The cost of a failed tenancy varied substantially depending upon the scenario – ranging from £3,000 to £28,500 (€3,773 to €35,842). Typically, the cost per failed tenancy was around £15,500/€19,493). The Crisis study went on to factor in less direct costs, such as health, criminal justice and police. For the typical case this added a further cost of £9,000/€11,319 (taking the total to an average of £24,500/€30,811).

The SCSH survey took only two scenarios and sought to identify the direct costs to local authorities of handling each case.

Factors included in the costing were under three headings:

- Tenancy breakdown costs (including: lost rent; rent arrears; repairs; cost of re-letting the accommodation; cost of gaining a possession order; administration costs based on cost per hour to the landlord; and costs of storing furniture).
- Accommodation costs (such as hostel accommodation and temporary accommodation).
- Support costs (housing support).

The differences in costs between local authorities was striking, dependent to a large extent on which factors they took into account when determining their costs. For example, the cost of forty-eight weeks in temporary accommodation varied from £74.26 per week to £356.12 per week, giving a total ranging between £3,564 and £17,094 / €4,482 and €21,498 (over forty-eight weeks). Different authorities calculated the cost of storing furniture in different ways. In one scenario the total cost in one authority was just £125/€157 while in another it was £1,800/€2,264. Re-letting and repairs costs gave a similar diverse range of responses, ranging from £445/€560 to £2,412/€3,033.

The important point is that even where hard cost indicators are identified and agreed, there are enormous variations in the way that individual services operate, or cost their operations. In fact even with the quite basic indicators identified, not all the local authorities could provide costs for each element.

There are a number of reasons for this. Partly, it reflects the fact that different organisations have different procedures to achieve the same outcome. It may also be that some costs are not made visible, but are absorbed under broader accounting categories. Overhead costs may be included in some calculations but not in others,

for example. Part of it reflects the very different types of service offered (for example different kinds of temporary accommodation can attract significantly different costs. A hostel is likely to be very expensive, compared with a furnished tenancy in property owned by the local authority). It may reflect the different paths that people affected by homelessness may follow through and out of homelessness. This can vary according to geographical area, their individual needs and simply the different approaches adopted by various organisations.

What is striking about this study is that the organisations involved are local authorities with highly developed accounting systems and standard procedures. The situation becomes more complex when trying to measure costs in the NGO sector in a comparable way.

The evidence in the UK to date shows (to a certain extent) that data collected for cost benefit purposes are largely those which can be most easily measured. For example, it is easy to quantify the 'avoided cost' of a person with a learning disability not going into institutional care, but much harder to assess the value of the impact on that person's quality of life. Hard outcomes are easier to measure and evidence than 'soft' outcomes, with the danger that services providing hard outcomes appear more effective. However even hard data is not always comparable or easy to interpret.

Of course, benchmarking can be useful for both services and funders, but it can lead to misleading conclusions and unintended consequences. The most obvious of these is that services which carry out interventions that are easily measurable, with clients who are easy to help, may appear to offer the best value for money and to be most efficient.

In the context of employability, for example, services which assist people who are almost ready for employment into a job may seem to offer very good value for money (as indeed many will), whilst those assisting people who will need a significant investment of time and resources to stabilise their lives and learn basic social skills before being ready for the most basic training, may seem less efficient.

The issue of 'cherry picking', or choosing those who are easiest to help, also comes into play here. If measures are based on harder outcomes and, for example, the number of people who sustain their tenancy or find a job, there can be an incentive to helping those closest to sustainability, who may not require any intervention to reach a stable lifestyle, at the expense of those who are hardest to reach, most excluded and most in need of assistance.

The converse of this, of course is the 'Million dollar Murray' issue, where services can be skewed to those who can demonstrate the greatest saving to the public purse through investment, potentially at the expense of those who need assistance, but where intervention shows a less dramatic saving (or indeed no definite saving at all) to the general public purse.

## Conclusions

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Cost analysis can be an important factor, but there are problems in determining which costs are relevant, in ensuring that they are calculated on a fair, equitable and comparable basis (which even for basic hard data is difficult to guarantee) and in making certain that the broader context of the purpose, quality and necessity for services is understood.

Costs should not be considered in isolation and data arising from cost analysis should be considered in the context of the purpose for which it was collected.

Too much concentration on comparable cost information may restrict innovation and flexibility in services. If funders focus too much on a restricted number of cost factors the danger is that services will adjust to meet those limited cost criteria in order to win funding. There may be less scope for the innovative thinking and evolution of new types of services, which is one of the important roles of the NGO sector, and which may require different measurement criteria.

However, cost information can provide valuable benchmarks for services to raise questions as to why some apparently similar services, or elements of services, appear to be less cost effective than others. Some may simply be more expensive; others may provide services in a different way or include different elements within their costs. At the very simplest level, it is important that cost analysis does not simply reward large organisations who have reduced overheads due to economies of scale, at the expense of smaller, potentially more flexible and innovative services. Cost information should be the means of raising questions, rather than being interpreted as providing the definitive answers.

It is important that both funders and service providers should be aware of the danger that measurement tools might drive the service, rather than ethos and values together with a clear understanding of the purpose of the service. Of course, knowing how much the service costs and relating it to other services is important, but only as part of a complex matrix of measurement.

Funders and providers of services should also be aware of the problem that what we measure is usually that which is measurable, and not necessarily that which is most effective or valuable in assessing a service. In setting up systems for the evaluation of services, providers should establish measures which truly reflect the work they do as a whole.

At the core of this should be a focus on those who use the services. One danger in placing too much reliance on cost analysis is that it becomes a dialogue between the commissioner of a service and the service provider, excluding the service user.

Linked to this is the need to find more robust means of describing what services do, and what success means. This might be done in terms of progress on a journey agreed between service user and project. It might include understanding that the journey towards progress can include some backwards steps. Success in some cases may include either a service user declining, but not as badly as if the intervention had not occurred, or simply someone remaining stable. The measures of success need to be clearly understood and described, but should be seen in terms of the jointly agreed objectives of the service user and provider. Cost will inevitably form a part of this, but only as one of many factors.

Cost analysis should be used where it is appropriate, to help provide evidence that services, even those for 'undeserving' groups, can provide a payback and perform well in relation to others. It should be used as one of a number of internal planning tools to ascertain or at least raise questions as to whether and why a particular service is more expensive than another.

There are other measures which need to be developed in a far more convincing way. Some work has been done in describing the social return on investment, or the positive impact on society as whole. More work needs to be done to develop a robust typology which is concrete and, for example, which overcomes the need for a single funder to show a return on their investment to their own budget.

Do we need measurable and comparable data? The answer is probably "yes", though its context and limitations need to be clearly understood by both service providers and funders of services.

Could cost analysis be misused? Yes. Could it have a negative effect on investment? Yes, because looking at cost in isolation can miss the purpose and value of services. Cost driven measures can lead to incentives for services to move on people before they are ready to succeed, or in some cases to continue to provide services when they are no longer required.

At the core of measurement of effectiveness there must be a measure of the broad impact of a service on the person who is using it, and whether it is effectively meeting their needs and aspirations. Linked to that is the impact on society, either of providing or not providing the service. In these two core areas there is a great deal of work to be done to describe them in a convincing and objective way which will be of use to service users, service providers and the funders of services, whilst avoiding the distortions of cost analysis.

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# 'Housing First' as a means of addressing multiple needs and homelessness

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The authors gratefully acknowledge the assistance of Professor Joe Doherty, Professor Suzanne Fitzpatrick, Dr Lars Benjaminsen and Ms Evelyn Dyb in the writing of this paper.

› **Abstract** *This paper considers the effectiveness of Housing First and its applicability to the European context. Housing First approaches explicitly incorporate secure tenures as an intrinsic part of support packages for homeless people who have mental health and substance misuse problems. We contend that the evidence from the growing body of research in North America makes a compelling argument for the explicit incorporation of housing at an early stage as an effective means of addressing homelessness. The North American studies suggest that even those who might be considered most difficult to house can, with help, successfully maintain their own tenancies. Evidence suggests no deleterious effects on mental health or increased drug misuse and indeed, possibly some benefits. Economic analysis also demonstrates advantages, the cost of providing support to people in Housing First programmes being considerably less than if they were to remain homeless. The introduction of a Housing First approach, however, is by no means a simple philosophy that can be applied everywhere. Rather, local contexts will require some tailoring to meet local needs. Research is therefore needed to highlight obstacles to implementation and means by which these can be overcome. Furthermore, housing on its own is not a solution. Rather, having a secure tenure has to be seen as a part of an integrated support package.*

› **Key words** *homelessness, Housing First, drug misuse, independent tenancy, support services.*

## Introduction

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A particularly challenging issue for housing providers is how to meet the needs of homeless people who have complex problems, such as those with poor mental health or who are misusing drugs. Homelessness, mental illness and addictions are associated in complex ways, each having underlying causes in common, while contributing to and exacerbating each other. Service providers thus face a dilemma: should housing needs be addressed early, or does doing so make failure and a return to homelessness more likely?

It is on this dilemma that we focus in this paper, specifically considering an approach that has been developed in the United States, namely *Housing First*. This model, as its name suggests, places emphasis on getting clients into housing at an early stage; the assumption being that people with mental health or substance misuse problems are capable of coping in their own tenancy. Services are still provided, but housing is not predicated on successful engagement. Such an approach contrasts with an alternative model, *Continuum of Care*, which requires clients firstly to address their drug misuse and mental health issues. Clients progress up what Sahlin (2005) refers to as a 'staircase of transition' with an independent tenure being the ultimate objective. Moving up a step involves successfully addressing problems and demonstrating abilities to cope with day-to-day activities. Failure results in moving down the staircase, with independent housing becoming an evermore distant possibility.

We begin the paper by outlining in detail the *Housing First* approach, contrasting it to the *Continuum of Care* model. Research into the effectiveness of the two approaches is then reviewed, highlighting encouraging outcomes that have been demonstrated for *Housing First* in North American contexts. The next part of the paper considers the extent to which a *Housing First* model might be replicated in European situations, using the UK as a case study. Our contention is that the current evidence indicates that people can indeed maintain tenancies even if they have drug misuse problems, but housing alone is not enough. *Housing First* is, in our view, a misnomer. Rather, the effectiveness of the model results from the provision of housing at an early stage of engagement as part of an integrated and comprehensive support package.

## **A comparison of *Housing First* with the *Continuum of Care* approach**

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The *Housing First* approach has become synonymous with the work of the 'Pathways to Housing', agency, based in New York and operating since 1992. 'Pathways' was set up by a psychologist, Sam Tsemberis, as a response to the problems he saw facing mentally ill patients who had no alternative housing options other than to access shelters or live on the street<sup>1</sup>.

In the *Housing First* approach, access to an independent tenancy comes first. A considerable amount of support is then available to clients. They do not have to accept this assistance, although it is 'assertively provided' (Salyers & Tsemberis, 2007); in other words, there is considerable encouragement for clients to engage. However, refusal to use treatment services, a relapse, or other problems will not lead to eviction. Clients can be moved to other 'Pathways' apartments if problems develop; this can happen several times if necessary, the ultimate aim being to ensure that housed status is maintained. Only violence towards staff would lead to termination of the client's programme involvement<sup>2</sup>. Tenancies are found in apartment blocks in which no more than 15% of other residents are programme clients, hence getting away from institutionalised accommodation (Stefancic & Tsemberis, 2007). For the clients, choice is a central component. They choose their apartment, furnishings, the location and times of contact with support workers, and so on (Tsemberis *et al.*, 2004). The apartments are privately rented, but 'Pathways' holds the leases and manages the properties. Clients are viewed as being capable of remaining stably housed even if they have serious mental health issues or are misusing drugs.

In contrast, *Continuum of Care* approaches highlight 'treatment first' (Padgett *et al.*, 2006) and the need for a phased 'staircase of transition' to deal with individual problems and needs, leading eventually to resettlement in a secure tenure (Sahlin, 2005; Seal, 2005). Social workers assist clients throughout the process, with progression to the next stage only occurring if and when capacities, such as successfully addressing drug misusing behaviour, are demonstrated (Seal, 2005). Housing becomes an end goal to be achieved rather than a component in a person's recovery. The view taken is that individualised needs and problems are the key issue: get clients off drugs, assist them to learn life skills and then he or she will be in a position to manage a tenancy of their own. Place the client into independent housing too early

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<sup>1</sup> It is an important point to make however that there is no single definition of *Housing First*. The term is applied in the US to a range of programmes amidst growing concerns that it is not always implemented well (Pearson *et al.*, 2007; Stefancic and Tsemberis, 2007). 'Pathways' are currently developing a 'Fidelity Model' for their approach (Interview with Tsemberis, 2008).

<sup>2</sup> Interview with Sam Tsemberis, April 2008.

and a return to homelessness will ensue. Clients are viewed as being incapable of coping with a tenancy unless and until problems are addressed and resolved. The ethos is cessation of problematic behaviour and a high demand for treatment compliance before someone is deemed 'housing ready' (Sahlin, 1998).

However, the appropriateness of the *Continuum of Care* approach has been called into question in recent years not only by its apparent failure in many instances (Sahlin, 1998) but also by successes shown with *Housing First* (Padgett *et al.*, 2006; Tsemberis & Eisenberg, 2000).

### **Considering the effectiveness of *Housing First***

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North American experience suggests that people with multiple problems, including drug misuse and mental illness, can maintain stable tenancies even if their other problems remain unresolved. Tsemberis *et al.* (2004) report that clients randomly allocated to *Housing First* had around an 80% retention rate in housing over a two-year period. As Tsemberis *et al.* point out, such a success rate represents a serious challenge to ideas that hold mentally ill or drug-using individuals to be incapable of maintaining their own tenancy. They found that the degree of residential stability was significantly greater than for those in a *Continuum of Care* control group (Tsemberis *et al.*, 2004). Similar and supporting evidence comes from a recent survey by 'Streets to Homes', a project in Toronto, Canada, which also employs a *Housing First* approach that found some 90% of clients still in stable housing one year after being housed. Of those still in stable accommodation, 85% perceived ongoing tenure to be secure and believed themselves to have a positive future (Toronto Shelter Support & Housing Administration, 2007).

Notably, the success of the *Housing First* has in no way been the result of less challenging clients being targeted. The programmes in the US have, so far, been aimed only at the chronically homeless who have particularly problematic health and social support needs (Pearson *et al.*, 2007). These clients are randomly enrolled on *Housing First* programmes on a 'first come first served' basis (Stefancic & Tsemberis, 2007) or selected because they have repeatedly failed to work through a *Continuum of Care* and would not engage with mainstream support services (Perlman & Parvensky, 2006). They are not therefore 'cherry picked' on the basis of 'housing readiness' but rather the opposite, which makes the apparent success of *Housing First* programmes all the more remarkable.

Not only is successful maintenance of a tenancy more likely amongst *Housing First* clients, but health and well-being also seem to benefit. Compared with a comparison group of *Continuum of Care* clients, the *Housing First* tenants had fewer

psychiatric admissions, lower emergency admissions, fewer arrests and – at least for *Streets to Homes*' clients in Toronto – reduced drug use (Gulcur *et al.*, 2003; Toronto Shelter Support & Housing Administration, 2007; Tsemberis *et al.*, 2004).

Providing housing and making available substantial levels of support, suggest that *Housing First* approaches will involve considerable expense. Culhane *et al.* (2002), however, have demonstrated that when all costs are taken into account the converse is true. They concluded that homeless mentally ill people in New York used \$40,451 (approximately €62,800) of services in a year. This *reduced* by \$16,281 (approximately €25,200) when they were provided with supportive housing, mainly due to a decrease in emergency service uptake and arrests. The cost of providing housing and support therefore led to an overall net cost reduction<sup>3</sup>.

Why has *Housing First* achieved such positive outcomes? An important part of the success of the 'Pathways to Housing' project in New York may have been the type of housing which clients occupied. As noted earlier, Pathways' clients were housed in blocks in which no more than 15% of residents were fellow programme participants (Stefancic & Tsemberis, 2007). This approach is in contrast to other examples of projects which have relied on communal hostels to a greater extent (Pearson *et al.*, 2007). Hostels have been recognised as an environment in which people are brought into contact with others who are misusing drugs (Neale, 2001); hardly conducive to reducing or ceasing drug use or treatment of mental illness. Not all clients in the Toronto 'Streets to Homes' *Housing First* programme had their own tenancy, some residing in hostels. The client survey, however, noted that those living independently perceived themselves to be happier with their housing situation (Toronto Shelter Support & Housing Administration, 2007). Having an independent tenancy is a component of well-being in its own right, which is an important part of motivating people to take control of their own lives.

The provision of assertive services is likely to have significantly contributed to helping people maintain their tenancy and to address their social and health problems. The New York and Toronto programmes consist of sizeable support teams, including nurses, psychiatrists, drug misuse councillors and peer supporters (Toronto Shelter Support & Housing Administration, 2007; Tsemberis *et al.*, 2004). Clients of the 'Pathways to Housing' project in New York, however, were found to use services *less* than those in the *Continuum of Care* control group. Such a result is not surprising, given that maintaining or achieving housing status was not predicated on service engagement. Furthermore, it has also been suggested that the integrated nature of the services offered by Pathways' teams

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<sup>3</sup> Similar findings from an analysis of Housing First in Denver have also been reported (Perlman and Parvensky, 2006).

explains their clients lower contact with services – they holistically received support and housing through one integrated package and did not require contact with other services (Tsemberis *et al.*, 2004).

The combination of early housing and readily available, integrated social and health care support may explain the success of *Housing First*; the two components interact to produce improved outcomes. However, it has long been recognised that an effective homelessness policy requires both components (Pleace, 1995; Toro, 2007). Given this recognition, does *Housing First* really offer anything new for homelessness policy? We contend that it does, but with some caveats which are considered next.

Several criticisms could be levelled at *Housing First*. In the US, some commentators have argued that permanent supportive housing programmes are a means to ‘*reallocate the lifeboats*’ rather than solve structural poverty, individual multiple needs, or a US housing ‘crisis’ (Culhane & Metraux, 2008). On this reading, *Housing First* as a policy is a means by which to ‘save’ people from homelessness, and indeed it is designed in such a way that it would be particularly difficult for a client not to maintain their housing. When homeless people with multiple needs are housed, they are unlikely to find that other individual and structurally generated problems such as poverty or mental illness evaporate. This was recognised by Shinn & Baumohl who note that “*preventing homelessness is not identical to ending poverty, curing mental illness, promoting economic self-sufficiency, or making needy people healthy, wealthy and wise*” (Shinn & Baumohl, 1999: 13-1).

As we have already noted, studies based on the New York ‘Pathways’ programme have not found significantly lower levels of drug use amongst *Housing First* clients (Tsemberis *et al.*, 2004). Such a finding could be considered surprising given that their clients would have been in independent tenures and, consequently, away from the potentially subverting peer pressures experienced in communal hostels. However, outcomes were measured after periods of two years or less, a relatively short time given the long-term, even chronic nature, of the problems concerned. Indeed, that drug misuse was no worse despite a reduced use of services is notable. Furthermore, these findings have to be balanced against that of another study that did demonstrate marked reductions in drug use (Toronto Shelter Support & Housing Administration, 2007). Further research is thus needed to more clearly ascertain the implications of secure independent tenures for drug use.

*Housing First* should not be seen as a cure-all solution. The results of research are encouraging, but even these highlight that not everyone involved remained housed. Tsemberis *et al.* (2004) found a significantly greater time in stable accommodation for *Housing First* compared with *Continuum of Care* clients, but there was still by no means complete success. Those who did not remain housed represent an

important group for whom further research is needed. Furthermore, the presence of assertive services highlights that ongoing support is a crucial component. Housing, on its own, is not enough.

As will have been clear throughout this section, the evidence base for *Housing First* is almost entirely built on North American experiences. What relevance do these findings have to the European context? It is to this question we turn next.

### ***Housing First* in the European context**

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In this section we consider the potential applicability that programmes like *Housing First* may have outside of the US, and specifically for Europe. We will touch on examples of projects across the European Union which have many elements of the *Housing First* model, before using the UK situation as a more detailed case study.

There are various examples of organisations in Europe that have developed capacity to support their clients both with housing and with wider social needs. In Belgium, there are welfare organisations that have become increasingly involved in supporting people to maintain independent tenancies in response to the move towards closing large scale institutions and moving former residents into the community (De Decker, 2002). Early housing interventions are a feature of social legislation in Denmark, where municipalities have to refer 25% of public housing that becomes vacant to socially vulnerable groups; social support has also to be made available (Benjaminsen & Dyb, 2008). In Norway, 'Project Homelessness', a four year national project that has been carried out in seven municipalities by four organisations, has targeted homeless people with drug misuse or mental health problems with the aim of getting them into their own houses with support (Dyb, 2005). There are thus already numerous examples of projects that have elements of a *Housing First* model implicit.

There are also various examples of projects that have components of a *Housing First* approach in the UK; notably the use of private rented tenancies by local authorities to address housing needs (Quilgars, 2008). These schemes often exclude those with high support needs, however, although there are others that provide specifically for more vulnerable populations. For example, 'Lead Tenancies' in Scotland have used grants to encourage landlords to renovate dilapidated properties and make accommodation available to vulnerable individuals (Rugg & Rhodes, 2004). Coastal Action Housing Group (CHAG) in Ipswich<sup>4</sup> facilitates access to permanent privately rented tenancies for homeless/multiple-needs clients. There is no requirement of service compliance or time demanded in supported accommodation before clients move in

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<sup>4</sup> CHAG contact, Jim Overbury.

to their tenancy. CHAG holds the leases for these properties and sub-lets them to its clients. The housing is paid for by Housing Benefit. CHAG reports that from 2005 to 2007 it housed 134 people in private tenancies. Only six of these tenancies failed. Sixty-three people are still CHAG tenants and another sixty-one have moved into new tenancies and live independently<sup>5</sup>. There are other examples: the mental health agency 'Rethink' trains private landlords to support tenants with mental illness to maintain their tenancies and integrate into the community<sup>6</sup>; 'Supported Lodgings' provides young people with accommodation in a family home with support provided (Holmes, 2008). These projects indicate that approaches of the *Housing First* type could work in other contexts, although further evaluation is needed to draw firmer conclusions as to their impact for those who are most vulnerable, such as people with drug misuse problems.

In the rest of this section we consider whether these examples are beacons of a new future for homelessness policy or exceptions whose *Housing First* approach has limited applicability elsewhere. Four issues are focussed upon: homeless populations; current services; legalities; and housing.

### *Homeless populations*

The extent to which *Housing First* could be replicated elsewhere might be limited if the homeless population were to differ substantially from those included in the North America studies on whom the evidence base largely rests. It might be argued that people who are homeless in the UK, where there is a more developed welfare state, only become homeless if they have more severe problems (although we know of no evidence to substantiate such a claim). That having been said, all 'Pathways to Housing' clients had severe and deeply entrenched mental health and drug misuse problems. These individuals, for whom we might be particularly sceptical of a positive prognosis, were able successfully to maintain tenancies (Siegel *et al.*, 2006). The evidence, therefore, indicates that even those with particularly severe problems, who might be perceived to be the least able to maintain a tenancy, are able, with support, to succeed within a *Housing First* framework. There is thus no reason to believe that *Housing First* would not work for homeless people in Europe, even for those with particularly challenging problems.

Perhaps the *Housing First* approach is less suitable for addressing certain groups in the homeless population such as the young homeless? The average age of clients in the North American studies tended towards people in their late 30s and early 40s. People who become homeless in their teens or early twenties may have

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<sup>5</sup> Private correspondence, Jim Overbury, May 2008.

<sup>6</sup> Rethink, information found at [http://www.rethink.org/how\\_we\\_can\\_help/our\\_services/housing.html](http://www.rethink.org/how_we_can_help/our_services/housing.html) (last accessed 15 August 2008).



fewer personal resources with which to cope in their own tenancy; for example, their social networks may be less resilient while life skills such as financial management are less developed (Quilgars *et al.*, 2008). However, as previously discussed people with severe mental health problems and co-occurring drug misuse – a group for whom expectations of success are likely to be lower – experienced greater housing stability with *Housing First* compared with *Continuum of Care* programmes. Younger people with multiple needs may, therefore, also benefit from *Housing First*. Additionally, addressing homelessness at an early stage could prevent the longer-term damage reported alongside homelessness, such as increased exposure to drug use (Neale, 2001) or violence (Newburn & Rock, 2005).

### ***Current services***

‘Pathways to Housing’ Assertive Community Treatment support teams (ACT) include a variety of integrated expertise, such as drug misuse specialists, nurses, psychiatrists, peer support and family specialists. Services such as Community Mental Health Teams (CHMT) already operate in the UK, for example, but often will not work with multiple-needs clients (those still actively using substances for example). Extended versions of these, offering integrated care and access to housing for those with multiple needs in localised settings, would appear to be possible. There are already some CMHT teams working in partnership with Local Authority housing departments in an attempt to address homelessness in the UK<sup>7</sup>. The key distinction in the US is that their ACT teams have access to permanent housing that they manage, while being highly integrated and holistic, providing more than specialist health care. UK service providers may therefore have to increase their involvement in the housing sector to more fully fulfil the criteria required to implement *Housing First*.

Coordinating support services is likely to represent a considerable challenge in European contexts, where provision has often been spread across many different agencies. Edgar *et al.* (2000) note that funding streams meant that nobody had overall responsibility for support packages in the UK during the early part of the 2000s. As a result, low-level preventative support was often lacking, with resources focussed on intensive (and thus high-cost) packages. People often received more support than was really necessary, whilst many others, even those who really needed comprehensive packages, were missed altogether. The ‘Pathways’ ACT teams have been integrated entities; they bring together a range of specialisms, rather than co-ordinating many different organisations. The ‘Supporting People’

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<sup>7</sup> See for example [http://www.tunbridgewells.gov.uk/upload/public/attachments/15/MH\\_Housing\\_protocol\\_05\\_v2.doc](http://www.tunbridgewells.gov.uk/upload/public/attachments/15/MH_Housing_protocol_05_v2.doc) and <http://www.camden.gov.uk/ccm/content/contacts/categories/contacts-for-homelessness-mental-health.en;jsessionid=DC63ACFF69DEEC6AACADF30851B06E78.node2> (pages last accessed 15 August 2008)

programme in the UK has recently brought together different funding streams for housing-related support (Communities and Local Government, 2007). One of the aims of the programme has been to foster interagency working to overcome disciplinary boundaries that have often led to vulnerable individuals not receiving much-needed support. The example of Community Mental Health Teams provides further evidence that effective service coordination can be achieved.

### *Legalities*

The implementation of the 'Pathways' project in New York has, as we have discussed, included a substantial degree of client choice. Of particular note is the fact that clients have the right to choose to continue using drugs without fear of eviction. This acceptance of criminal acts has raised concerns in the US at an administrative level (Preface in Pearson *et al.*, 2007). In the UK context, questions are raised by the notorious *Wintercomfort* case, in which two Cambridge hostel workers were imprisoned for permitting the supply of heroin on hostel premises. The UK's current legal situation, rightly or wrongly, could preclude choice. There are examples of *Housing First* projects in the US where drug misuse has not been tolerated; however, the implications of insisting on abstinence are unclear, whether for maintaining tenancies, engaging with drug misuse services or for any other outcome. A *Continuum of Care* approach would effectively be created if the use of illicit drugs were to lead to automatic eviction. Whether a *Housing First* approach could truly be created whilst the threat of eviction for drug use exists is questionable. In the UK, a proportion of the homeless population currently find themselves without accommodation on release from prison (Neale, 2001). A possible compromise could be to ensure that people convicted of drug offences do not lose their tenancy.

### *Housing*

New York has one of the tightest and most expensive housing markets in the US. For this reason the majority of 'Pathways' tenancies are located in the lower-cost outer boroughs of the city. Finding decent, affordable apartments is a constant challenge, but as 'Pathways' show, it is one that is not impossible to address<sup>8</sup>. For the landlords, the model provides a constant rental income and management of the tenancy (for example, 'Pathways' housing department arranges repairs if the landlord is not liable). For the clients, the agency holding the lease and sub-letting it to them provides the means to access the private rental market which would otherwise, because of low income and absence of supporting references, have been unavailable. Developing *Housing First* approaches in different locations might be difficult, given the limited availability of affordable housing. Affordability will not be the same, even across single countries (in the UK for example, affordability is a

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<sup>8</sup> Interview, Sam Tsemberis, April 2008.

greater problem in the south east than it is in the rest of the country). Therefore, localised strategies that respond to local markets to obtain properties for multiple-needs clients are likely to be more effective. Nevertheless, as the case of *Housing First* in New York shows, such programmes can be implemented even in locations with particularly tight housing markets.

## Discussion

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We have presented much of this paper as a stark contrast between *Housing First* and *Continuum of Care*. In reality, services fall between these two extremes. De Decker (2002) notes how welfare organisations in Belgium were increasingly confronted with housing problems and thus came to be more involved in supporting and helping people to maintain their tenancies. The structural changes that led to this development, such as de-institutionalisation and moves towards 'care in the community', have been experienced elsewhere. Treating housing as entirely separate from social care and unrelated to it, has become increasingly untenable. In other European countries there are examples of services developing more holistic approaches, for example: homeless services in Scotland, discussed by Doherty and Stuttaford (2007); 'Project Homelessness' in Norway (Dyb, 2005); and the use of social legislation in Denmark (Benjaminsen & Dyb, 2008). Moving towards a *Housing First* approach would thus entail a change in emphasis rather than a complete *volte face*.

Not every *Housing First* project has followed exactly the same path in North America (Pearson *et al.*, 2007). Differences have included the type of tenure into which people are assisted. Only non-communal types of tenure were used by the 'Pathways to Housing' project in New York, an approach that contrasts with other projects claiming to use a *Housing First* model, but that have used hostel type accommodation (such as the 'Downtown Emergency Center' in Seattle<sup>9</sup>). The make-up of support teams has also differed from one *Housing First* project to another. The implications of such differences for outcomes are currently unclear but are being investigated (Pearson *et al.*, 2007; Padgett *et al.*, 2006). There may thus be room for some flexibility so that services can tailor policies to their local resources. However, we contend that *Housing First* is set aside from other programmes such as hostels by the access to mainstream tenancies that it provides. Furthermore, we assert that programmes using hostel type accommodation are failing to provide one of the basic precepts of *Housing First*.

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<sup>9</sup> <http://www.desc.org/> (last accessed 22 August 2008)

An explicit *Housing First* approach in Europe deserves serious consideration. Beliefs and attitudes suggesting that homeless people with multiple needs *cannot* maintain tenancies of their own are unsustainable in light of current research. Such assumptions perpetuate stereotypes, essentially blaming individuals where wider structural deficiencies in welfare services and housing markets may be at fault. The explicit recognition of people's abilities that is central to *Housing First* would act as a direct challenge to those who continue to believe otherwise, encouraging the development of more appropriate, humane and effective services. As we have discussed, differences exist between North America, where *Housing First* has been pioneered, and Europe, but these are not insurmountable obstacles. There are already structures in place that represent opportunities to be harnessed. Indeed, many organisations already have certain features of *Housing First*.

More research into *Housing First* in the European context is needed. Such research could provide momentum, giving policy-makers and service-providers greater confidence in using a *Housing First* approach. There is a need, therefore, to develop research that can inform policy-makers and service-providers about the extent to which *Housing First* can be applied, the problems that would have to be confronted and the means with which to address issues where they arise. Whilst isolated examples exist, the degree to which other projects could replicate the approach successfully is open to question. For example: how would projects cope with limited housing availability, especially if the housing market were to become even more constrained in an economic downturn? How can people with addictions to illicit drugs be maintained in tenancies in different legal contexts? And how can diverse organisations from across health and social sectors be effectively brought together and coordinated so as to provide a seamless service?

This all said, the currently available research already provides strong evidence that many who are currently homeless would be quite capable of maintaining a tenancy if given the opportunity and, crucially, the support. The contention that people who are homeless would not be able to remain stably housed is becoming increasingly tenuous, even where the individuals concerned have mental health problems or are coping with an addiction to drugs. Indeed, having the stability of a secure tenancy and the independence afforded by having a place of one's own are important components in addressing those issues. *Housing First* is not a cure-all solution. Ongoing support has been a feature of successful programmes to date. Even then, there continue to be cases where individuals return to homelessness, an issue that deserves further research. However, these are cautionary notes and in our view *Housing First* deserves serious consideration in European policy agendas.

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# The Economic Evaluation of Homelessness Programmes

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- › **Abstract\_** *An economic evaluation of a homeless programme seeks to assess the effectiveness of the programme in improving the outcomes of homeless people over and above what would otherwise have prevailed, estimate the differential cost of the homelessness programme, and draw together the analysis of programme effectiveness and costs in order to evaluate the overall cost-effectiveness of the programme. In this paper, we examine what constitutes a robust economic evaluation of a homelessness programme considering the efficacy of both experimental and non-experimental research designs. The paper also examines issues in the analysis of the costs of homelessness programmes emphasising the need to account for the full range of resources devoted to the delivery of services including capital costs and any associated cost offsets. The significant cost of homelessness, to both the individual and to the community, means that homelessness programmes may not only be cost-effective, but also cost-saving where they can generate positive outcomes for homeless people. Existing studies point to positive client outcomes from participation in homelessness programmes and, generally to their cost-effectiveness; but there remains much more to do in this field.*
- › **Keywords\_** *Homelessness programmes; cost-effectiveness; experimental methods; client outcomes; costs of service delivery; cost offsets.*

## Introduction

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An economic evaluation of a homeless programme seeks to do three things<sup>1</sup>. First, assess the effectiveness of the programme in improving the outcomes of homeless people. In an economic evaluation, we are not so much concerned with an absolute measure of client outcomes as with a relative one: *what are the outcomes of the programme relative to those that would have prevailed in the absence of participation in the programme?*<sup>2</sup> If the client had not participated in the programme, s/he may have not received any support whatsoever from a homelessness agency or received support but under an alternative set of arrangements. An economic evaluation seeks to estimate the difference in client outcomes between the programme in question and the specified counterfactual.

The second objective of an economic evaluation is to estimate the differential cost of the homelessness programme. As in the case of the analysis of programme effectiveness, a cost analysis seeks to evaluate the difference in costs between the programme in question and the specified alternative or counterfactual. In estimating costs, it is important to account for cost offsets associated with the programme. Cost offsets arise when the homelessness programme leads to lower net outlays in non-homelessness programme areas such as in justice or in health as a result of improved client outcomes<sup>3</sup>.

The third and final aim of an economic evaluation is to draw together the analysis of programme effectiveness and costs in order to evaluate the overall cost-effectiveness of the programme. If the homelessness programme in question produces improved client outcomes per euro spent that exceeds some pre-determined threshold rate, then the programme is said to be cost-effective. A good case can

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<sup>1</sup> For the purposes of the paper, a homelessness programme is defined, as a Government-financed and administered activity designed to prevent homelessness or to assist those who are homeless or exiting homelessness. Services of homelessness programmes may be delivered by Government agencies or by not-for profit, non-Government agencies. Homelessness agencies providing support under Government homelessness programmes may supplement Government sources of funds with donations and user charges (such as rent payments). In this case, the total value of resources applied in the homelessness programme exceeds the level of Government funding.

<sup>2</sup> The effectiveness of a homelessness programme is also a function of the extent to which the programme's target group accesses the programme, but we do not consider this dimension of programme effectiveness in the present paper.

<sup>3</sup> It is, of course, possible that the homelessness programme leads to higher, rather than lower, indirect outlays. In this case, the cost 'offset' adds to, rather than reduces, the cost of the homelessness programme.

then be made on efficiency grounds—and doubtless on equity and rights grounds as well—for an expansion of the programme. If the programme results in outright cost savings then the case is stronger still<sup>4</sup>.

In recent years, we have seen a significant growth in the number of studies on the effectiveness of homelessness programmes and the emergence, in the US at least, of a literature on the cost-effectiveness of homelessness programmes<sup>5</sup>. Despite the obvious relevance of economic evaluations to policy formation, there is still a relative paucity of economic evaluations of homelessness programmes outside the US. There is clearly a need for more research on the cost-effectiveness of homelessness programmes; research that is sufficiently robust that it adds to the evidence base on which homelessness policy can be built.

It is to the question of what constitutes a sufficiently robust economic evaluation of a homelessness programme that this paper is first directed. The core methodological issue to address in this context is: *does there exist a 'gold-standard' research design to which all economic evaluations should aspire or does there exist more than one research design that can generate robust findings?* In practical terms, this reduces to a question about the primacy of the experimental research design over alternative possible methodologies.

Having addressed this broad methodological issue, the paper moves to the practical concern of the set of client outcome indicators that should be included in an analysis of programme effectiveness. Homelessness programmes aim to provide safe, adequate and secure shelter. However, they do much more than this. Homelessness is not just the absence of shelter; it is also fundamentally about the impact of long-standing poverty, of domestic violence, mental health conditions, employment barriers, drug and alcohol dependence, self-esteem issues and poor quality of life outcomes. A broad range of outcome indicators should be included in any assessment of the effectiveness of a programme. However, when more than one client outcome indicator is used to measure programme effectiveness, a new methodological issue arises: *how do we bring together in one common denominator (either euro or utility?) potentially disparate outcomes so that an overall assessment of the effectiveness of the programme can be made?*

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<sup>4</sup> See Holtgrave *et al.* (2007) for a specification of relevant cost saving and cost-effectiveness hurdle ratios in the homelessness field.

<sup>5</sup> Rosenheck (2000) provides a review of cost-effectiveness studies of services for mentally ill homelessness people while Roberts, Cumming and Nelson (2005) provide a systematic review of economic evaluations of community mental health care, which includes studies related to homelessness. Hwang *et al.* (2005) is a systematic review of the effectiveness of homelessness programmes with respect to health outcomes and Coldwell and Bender (2007) is a similarly focussed meta-analysis.

In the second half of the paper, we switch our attention to an examination of the net cost of homelessness programmes. There are two points we wish to make in this context. The first is that the analysis of the cost of homelessness programmes is much more than simply the analysis of the level of recurrent funding applied by Governments to the programme. Rather it involves the estimation of the full range of resources devoted to the delivery of services including capital costs. Failure to include all relevant costs will result in a less than complete picture of the cost-effectiveness of homelessness programmes.

The second point we emphasise in the context of costs is the importance of cost offsets to an analysis of the real cost of a homelessness programme. This is where our own recent work on homelessness has been focused primarily. What arises from this work is the significant cost of homelessness not only to the individual but also to the community and hence the very great potential for homelessness programmes to be cost-effective when they achieve significant improvements in client outcomes (see Flatau *et al.*, 2008 and Zaretsky *et al.*, 2008).

## Research Design

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An economic evaluation of a programme or intervention attempts to provide robust evidence on the difference the programme makes to the lives of clients and the cost involved in achieving that end. However; *what constitutes robust evidence on programme effectiveness? What is an acceptable evaluation framework to assess the effectiveness of homelessness programmes?*

In answering these questions, we must recognise two important facts. First, that an economic evaluation examines differential client outcomes and costs. This means that any research design we consider must allow for an examination of both the homelessness programme's outcomes and costs as well as those of the specified counterfactual. A research design that examines only outcomes for clients of the homelessness programme in question (referred to as 'the single group comparison case') can generate meaningful evidence on how the programme impacts on those it assists over time, but by definition it cannot provide evidence on differential outcomes and costs.

The second important fact is that we can never observe a person in two states at the same time. The best of all possible imaginable research designs clearly can never generate information on contemporaneous outcomes for a client in the homelessness programme and for the same client in an alternative state. We can never determine for sure what would have happened to the client of the homelessness programme if they had not participated in the programme (or *vice versa*). However, what we can attempt to do is to produce estimates of differential client outcomes

on the basis that the ‘treatment group’ and the ‘control group’ are not significantly different from each other. Alternatively, if differences do exist between the two groups, these differences are controlled for by statistical means so only the independent effect of the homelessness programme on client outcomes remains.

In the health sciences, the standard approach to the measurement of differential client outcomes is the Randomised Controlled Trial (RCT); otherwise known as the experimental method. Indeed, health-based systematic reviews of the effectiveness of homelessness programmes often set the adoption of an RCT methodology in a study as one of the criteria for inclusion in the review (see Hwang *et al.*, 2005 and Coldwell and Bender, 2007). By implication, only those studies based on a valid RCT research design approach are accepted as being capable of producing robust evidence on programme effectiveness.

Under the RCT approach, potential clients of the homelessness programme are allocated randomly to the ‘treatment’ and ‘non-treatment’ categories. The treatment group comprises those who receive support under the homelessness programme or intervention, while the non-treatment group comprises those who do not receive support or who do so under some alternative arrangement. Under certain conditions (discussed further below), the estimated difference in mean outcomes between the ‘treatment’ and ‘non-treatment’ categories represents the differential impact of the programme on client outcomes.

Despite the obvious appeal of the RCT method, an RCT may be difficult to implement successfully in the homelessness setting and can be ethically problematic. Beyond these concerns, a focus on the RCT methodology to the neglect of other possible approaches is restrictive in that quasi-experimental research designs are also capable of producing robust evidence on programme effectiveness. Indeed, in the economics field, the quasi-experimental approach has wider applicability than the experimental approach.

The RCT must comply with a number of conditions if it is to produce an accurate measure of the differential impact of a homelessness programme. The first is that the composition of the treatment and non-treatment groups should be roughly equivalent. Randomisation is likely to achieve this result if the sample is large enough, but may not do so with relatively small samples. The second condition is that the process of randomisation does not introduce an element of bias into the study. One obvious channel through which randomisation may induce potential bias is where some homelessness agencies delivering support under the programme decide not to be part of the trial on ethical or other grounds, while some of their counterparts do decide to participate. If the set of agencies that participate in the trial are different from the set that do not, there is potential for the study’s findings to be unrepresentative of clients as a whole. A third major condition that needs to

be fulfilled by an RCT is that non-participants retain their 'non-treatment' status throughout the period of analysis. In other words, they do not participate in close substitutes for the programme in question (see Heckman and Smith, 1995).

Finally, it is important to recognise that the RCT provides evidence on mean differential outcomes but, typically, not for particular client sub-groups. Moreover, the RCT design, by its very nature, does not allow for the modelling of the decision by the potential client (and the relevant homelessness agency) to participate in the homelessness programme. In addition, by following a prospective study design, there are risks that the 'treatment' and 'non-treatment' groups may suffer high attrition rates over time. Obviously, the same point applies to any prospective study and not simply to an RCT prospective study.

In addition to these technical difficulties surrounding the implementation of RCTs, there are likely to be ethical concerns with RCTs in the homelessness field. These concerns relate to the fact that the homelessness programme or intervention in question will generally be *presumed* to be superior to the counterfactual, whether that is explicitly stated or not. That is, after all, why the programme has been implemented. This creates an obvious ethical problem for researchers and service providers alike; those who do not receive treatment are assumed to be at a disadvantage. An allocation of study participants to the 'non-treatment' group is an assignment to a predicted worse outcome for the client. Of course, prior to the completion of a robust economic evaluation we will not know whether the prediction is right or not. Nevertheless, we do have a priori prediction and it is a priori prediction, which is important from an ethical point of view.

The ethical problem remains even in the case of resource constraints. Such constraints mean that not all who are eligible and wish to participate in the homelessness programme can do so. The standard argument is that if not all who wish to participate in a homelessness programme can do so, then diverting some of them to the 'non-treatment' category will not upset the natural order of things. The problem here is that homelessness services are likely to adhere to a needs-based allocation policy. In other words, those with the highest needs are allocated support *first* by homelessness agencies when resource constraints apply. The process of randomisation may interfere with such an allocation system as it replaces a needs-based allocation model with one based on random allocation. The implementation of the RCT means that some potential clients with high needs have missed receiving support under the programme where otherwise they would have received support.

Potential problems with the randomised control trial design do not mean that we must reject such a design in favour of an alternative, such as a quasi-experimental design. A decision in favour of one research methodology over another is not based on the possible problems of one methodology seen in isolation, but because that

method provides more robust evidence than does its close rival for the problem at hand. In the economics literature however, the pre-eminence accorded to the experimental approach is contested and there is extensive use of quasi-experimental methods to assess programme effectiveness (see Burtless, 1995 and Heckman and Smith, 1995).

In a quasi-experimental approach, programme participation is left to follow its normal course. The task facing the researcher is then to estimate the effectiveness of the programme on client outcomes, controlling for confounding influences and in particular differences in the composition of the treatment and comparison groups. Longitudinal survey data (prospective and otherwise) and time series data may be utilised to assess the effectiveness of social programmes. When longitudinal survey data is used, matching techniques may be used to match programme participants with (eligible) non-participants. A 'time series analysis' of programme effectiveness compares outcomes prior to and following the implementation of the programme or the intervention, seeking to determine whether a structural break is evident in the series.

The quasi-experimental design has the obvious advantage that it can be applied to existing rather than custom-built longitudinal survey data. Another advantage is that the decision to participate in the programme can be modelled, as can be outcomes from programme participation conditional upon programme participation. However, the major drawback, in terms of an analysis of homelessness, is that the large-scale social science longitudinal surveys that now exist across Europe, North America and other countries only sample households residing in private residential dwellings<sup>6</sup>. Such a design excludes street-present homeless people and those living in institutions, who may be at risk of homelessness on exit from the relevant institution. Furthermore, existing surveys do not typically include questions relating to participation in homelessness-based programmes. There is surely a pressing need to implement national homelessness longitudinal surveys encompassing those in the population who are homeless or at significant risk of homelessness.

To undertake a quasi-experimental study in the homelessness context, therefore, requires the implementation of a custom built survey. In order to appropriately control for confounding factors, model the decision to participate in the programme and estimate the differential impact of the programme on client outcomes, the survey needs to be relatively large. It is therefore costly, and may be prohibitively so. The researcher may well consider implementing a smaller, well-designed RCT instead.

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<sup>6</sup> Examples include the *Panel Study of Income Dynamics*, the *British Household Panel Survey*, the *German Socio-Economic Panel Study* and the *Australian Household, Income and Labour Dynamics in Australia Survey*)

Despite the obvious difficulties and pitfalls involved in implementing an RCT, the vast majority of existing effectiveness and cost-effectiveness studies of homelessness programmes utilise an RCT research design framework; almost all are US-based<sup>7</sup>. There are a number of examples and we will cite only a few. Wolff *et al.* (1997) compare the cost-effectiveness of three forms of case management: standard assertive community treatment (ACT); community worker based ACT; and brokered case management (purchase of services), for those with severe mental illness and at risk of homelessness. The study found that the ACT options were associated with greater contact with treatment programmes and greater reductions in psychiatric symptoms than was the case with brokered case management, but that community-based ACT had lower overall costs inclusive of hospital costs as compared with the remaining two options.

Lehman *et al.*'s (1999) cost-effectiveness study of ACT relative to standard care indicates that the programme resulted in improved quality of life and clinical outcomes with lower in-patient and emergency room costs and reduced mental health outpatient visits. Rosenheck's (2003) study of a programme of supported housing with integrated clinical services for homeless persons with mental illness finds that the programme resulted in longer stays in housing and shorter spells of homelessness compared with two control groups who received care, but outside of a supported housing environment. No significant differences were found in terms of psychiatric or substance use disorder status between the three groups. The supported housing option was more expensive 'per day housed' than the other options. The incremental cost-effectiveness ratio (differential costs relative to differential benefits) and was found to be US\$59 per day housed for the supported housing programme. As Rosenheck suggests (2007; p. 949), such an incremental cost-effectiveness ratio means that the supported housing option is not an unambiguously cost-effective programme, although the question remains as to whether this value exceeded an appropriately specified threshold value<sup>8</sup>.

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<sup>7</sup> Our reference is to studies that utilise a two-group comparison robust experimental or quasi-experimental research design. There are many more examples of effectiveness studies that utilise a single group research design.

<sup>8</sup> Additional topics that have been the subject of RCT effectiveness and cost-effectiveness studies include: the *Access to Community Care and Effective Supportive Services Programme* in the United States (ACCESS), which provides integrated service systems for homeless persons with mental illness; an engagement and psychiatric services programme (Choices), for street-dwelling homeless people with psychiatric disabilities; and a *Housing First* model of care. Further examples of effectiveness studies include Morse *et al.*, (1992), (1997); Shern *et al.*, (2000); Tsemberis, Gulcur and Nakae, (2004); and Kidder *et al.*, (2007). Additional cost-effectiveness studies include Jones *et al.*, (2003) and Holtgrave *et al.*, (2007).



## The Measurement of Client Needs and Outcomes

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Providing immediate shelter and, subsequently, secure, long-term accommodation is a key objective of any homelessness programme. The effectiveness of the homelessness programme or intervention becomes one of assessing the extent to which the programme results in improved access to sustained, secure housing for the client, over and above the counterfactual. However, homelessness is not simply the absence of secure housing. Homelessness is either the consequence or the cause of a range of other life experiences that affect a person's life such as domestic and family violence; drug and alcohol dependence and abuse; poverty; mental and physical health conditions; and poor employment outcomes. Hence, it is important that the examination of the impact of a homelessness programme consider a broad range of outcomes rather than just one indicator. For example, for women escaping domestic violence, a fundamental outcome is that of improved safety. A reduction in drug and alcohol dependence and in gambling addictions will be relevant outcomes for significant numbers of those who are homeless. Securing employment and increasing income are critical to sustained exit from homelessness.

The wider the range of outcomes, the richer the picture of the effectiveness of the programme built up. However, the wider the set of outcomes the more difficult it is to provide a clear and unambiguous determination of the differential impact of the programme or intervention unless for each outcome indicator of interest, the homelessness programme dominates the comparison. The problem is that of the commensurability of disparate outcomes: How do we compare, say, improved housing stability from participation in a programme with increased psychological distress.

The only way to overcome this problem is to use a common denominator or *numeraire* such as euros (or 'quality adjusted life years' as is done in cost-utility analysis) and to convert disparate outcomes into their euro equivalents<sup>9</sup>. This is no easy matter. Many outcomes will not have readily available 'market prices' attached to them (for example, *what is the euro equivalent of improved quality of life?*) and when they do, they may be inappropriate for use as a result of prior market distortions. Euro equivalents will therefore need to be estimated through societal 'willingness to pay' evaluations, which are not without their own problems (see Great Britain H.M. Treasury, 2003). There exist fundamental ethical issues involved in such evaluations. Is shelter so fundamental that we may need to override outcomes from a survey of respondents in the community about their willingness to pay to provide shelter for a previously homeless person? As Rosenheck (2003; p. 949)

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<sup>9</sup> When benefits are converted into the common denominator of euros, the study becomes a cost-benefit study; if the conversion is into utility, the study is a cost-utility study.

suggests such a “line of inquiry moves us from considerations of efficiency to the just distribution of social resources, and from the domain of health economics to law and philosophy”<sup>10</sup>.

Beyond issues of scope, there is also the question of the time span over which outcomes are to be measured. Client outcomes can be measured at various points on the continuum of support including on entry, during the support period, on exit and in the post-exit phase. Obtaining post-exit data is a difficult matter, as it requires an ability/right to track clients over time, which can be very difficult to do in the homelessness field. This is particularly the case with respect to short-term clients who may not wish to supply follow-up contact details or with whom it proves impossible to re-establish contact using the information they did provide. However, the effectiveness and cost-effectiveness studies cited in the present paper have shown how intensive tracking management can deliver good follow-up rates over a two-year time horizon. Moreover, linkage across multiple administrative data sets has proved possible and has yielded important relevant data for economic evaluations of homelessness programmes (see Culhane *et al.*, 2002).

Finally, evidence on client outcomes should be framed against the needs and histories of individual clients. Many clients enter homelessness support and prevention programmes with high and complex needs, long-standing histories of homelessness and unsafe living environments, as well as little past engagement with the labour market. What might otherwise appear as limited outcomes may in fact represent critical steps forward for clients with such needs and histories. From a research perspective, it is important to capture these needs at the baseline survey point. At a service delivery and public policy level, it is important to guard against the possibility that an emphasis on measuring the effectiveness of homelessness programmes does not translate into simple unadjusted key performance indicators for services that encourage them to ‘cream-skim’ (or ‘gate-keep’) in terms of clients, simply to improve artificially their own performance outcomes.

## Net Costs of Homelessness Programmes

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The net cost of a homelessness programme is the gross cost of providing support, net of the value of any cost offsets or the savings to non-homelessness expenditure areas from the provision of support. An estimate of the value of cost offsets requires information on the utilisation of services and the unit costs of providing those services.

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<sup>10</sup> The extension of the cost-effectiveness framework to a cost-benefit (benefits measured in terms of euros) or cost-utility framework (benefits measured in terms of utility or quality-adjusted life years) in the homelessness field, is still in its infancy. See Holtgrave *et al.*, (2007).

It is important that the full cost of providing support to a client be evaluated. However, the analysis of costs is often restricted to that of Government recurrent funding per client. Such an approach leaves out the opportunity cost of capital employed in service delivery, which is a critical component of the costs of supported accommodation programmes. The annualised opportunity cost of capital may be as large as the recurrent funding provided to the programme by Government (see Flatau *et al.*, 2008 and Zaretsky *et al.*, 2008). If capital costs are excluded from the study, the cost of service delivery may be underestimated and the cost-effectiveness of the homelessness programme over-estimated.

More broadly, a narrow emphasis on recurrent Government funding as the basis for the estimation of costs will neglect the value of non-Government agency, family and community-based resources taken up by or associated with the delivery of homelessness programmes. Such resources are financed through a range of sources including: donations; user charges applied in the course of service delivery (such as the charging of rents); family time; and volunteer labour. Volunteer hours represent an opportunity cost because that time could be used for other purposes, whether paid work, leisure activities or another volunteer activity. When services in a programme are delivered by non-Government agencies, it is important to capture the resources devoted to service delivery at the agency level (which may well exceed the value of Government funding) through agency-based survey evidence (Flatau *et al.*, 2008).

The cost of homelessness is very high, particularly in the health and justice domains where most research has been concentrated (see Culhane *et al.*, 2002; Flatau *et al.*, 2008; Zaretsky *et al.*, 2008; Kessell *et al.*, 2006 and Martinez & Burt, 2006). The Culhane *et al.* (2002) study (often called the NY/NY Study) is the most famous. Using matched administrative sources from seven service systems, the study found that reductions in service costs offset almost all the costs of providing permanent supportive housing. In our study on the costs of homelessness in Western Australia, we compared the health and justice costs of homelessness programme clients prior to the provision of support, with those of the general population. We also compared those costs with the recurrent and capital costs of providing support under existing homelessness programmes. We found that the annual health and justice costs of the homeless population in the year prior not only exceeded those of the general population by a significant amount, but also were significantly larger than the costs of providing support under a range of existing homelessness programmes. Indeed, we found that homelessness programmes have the *potential* to save over twice the value of the capital and recurrent funding of homelessness programmes if the health and justice costs of the homeless population were to be reduced to those of the general population (Flatau *et al.*, 2008 and Zaretsky *et al.*,

2008). Of course, it is highly unlikely that the full value of such potential cost offsets would be fully realised, but they give an indication of the cost of homelessness as compared with the cost of delivering services for the homeless.

## Conclusion

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Findings from an economic evaluation of a homelessness programme can play a crucial role in the policy process. If a homelessness programme generates significant positive differential client outcomes per additional net euro spent, it has a strong case on efficiency grounds for continued, if not increased, funding from Governments. If the programme saves the public purse because lower health, justice and other expenditures and higher tax payments exceed the cost of support, its message becomes still more powerful. The economist becomes the natural ally of homelessness services and their homelessness programme administrators where once they may have been met with suspicion.

For an economic evaluation to have a long-standing policy impact, it must generate believable and robust findings. Well-developed experimental and quasi-experimental research designs produce such evidence. A significant body of work on the effectiveness of homelessness programmes that uses the experimental design approach now exists. More studies are emerging on the cost-effectiveness of homelessness programmes. Despite the difficulties involved in implementing the prospective RCT design in the homelessness field, the existing studies indicate that such a design can be implemented in the homelessness field and produce findings of real policy significance.

Most studies, however, have been generated in the North American context and we have yet to see the emergence of cost-effectiveness studies outside the US. Nor have we seen the development of cost-effectiveness studies using a quasi-experimental research design. The latter is important in light of a key limitation of the RCT design, namely, its inability to model the programme participation decision/outcome and to utilise that information in the construction of measures of effectiveness and the clash between randomisation and needs-based agency allocation mechanisms. However, the quasi-experimental research design requires significantly long time series data or a relatively large longitudinal survey that can be analysed in such a way that allows for the estimation of the independent effect of programme participation on outcomes.

In most other areas of economic research, relevant data is available for the economist to exploit through desktop research at very low access costs. This is not the case in the homelessness field. The coverage of client outcome issues in homelessness administrative sources is limited and rich data linkage options are

often not available or under-developed. Furthermore, homelessness is invariably not included as a topic area for questions in general health, housing or social surveys, nor are homeless people captured as lying within the scope of almost all general surveys (being as they are restricted to private residential dwellings).

In terms of the analysis of costs, the key challenge facing researchers is to ensure that the analysis of costs takes in more than simply the level of recurrent funding applied by Governments to the programme. Rather that it involves the estimation of the full range of resources devoted to the delivery of services, most obviously capital costs. Moreover, we have emphasised the importance of cost offsets to an analysis of the real cost of a homelessness programme. The significant cost of homelessness to those concerned and the community more generally means that homelessness programmes have the potential to be not only cost-effective but also cost-saving when they achieve significant improvements in client outcomes.

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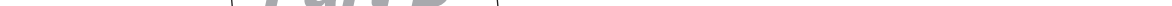




# Reviews



***Part D***





Lars Benjaminsen & Ivan Christensen (2007)

***Hjemløshed i Danmark 2007: National kortlægning. SFI: 07: 22. (Homelessness in Denmark 2007: national survey).***

København: SFI – Det Nationale Forskningscenter for Velfærd, pp. 159 EUR 22.

This report presents the results of the first national survey on homelessness in Denmark, commissioned by the Minister of Social Affairs at the end of 2006 and carried out by the Danish National Centre for Social Research during week six of 2007.

Benjamin and Christensen begin their report with a theoretical discussion, including different ways of defining and explaining homelessness. A point of departure is taken in current Danish research with description of three overarching ways of defining homelessness as identified by Järvinen<sup>1</sup>. The first definition is based on the use of institutions and services intended for the homeless. This definition is criticised because it does not separate the phenomenon of homelessness from the persons of the homeless, so that homelessness becomes defined as an individual characteristic rather than a living situation. Secondly, homelessness is defined by reference to standard of living; in relation to poverty or to a minimum housing standard for instance. This type of definition is criticised on the basis that it reflects a normative view of what constitutes a 'home' and what the majority of the population considers to be a 'good, decent life'. Thirdly, homelessness is defined as a 'lifestyle' (street children, bag people (*posefolk*) or beggars). These definitions of homelessness as living outside (the so-called) normal society also become normative; the homeless embody norms and values that differ from those of the majority population.

Benjaminsen and Christensen stress both the necessity of drawing up a definition that it is possible to use operationally in quantitative empirical studies, and the importance of defining homelessness as a complex phenomenon of interacting factors on different levels. The discussion of definitions is in line with the theoretical understanding of homelessness which the authors argue is to be understood as an

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<sup>1</sup> Järvinen, M. (1992): Hemlöshetsforskning i Norden. I Järvinen, M. and Tigerstedt, C. (eds.) Hemlöshet i Norden. Helsingfors: NAD-publikation nr 22.

outcome of interacting social processes on different levels. They present a table of different risk factors that cause and maintain homelessness, identified on structural, institutional, interpersonal and individual levels.

A thorough description of the method and empirical definition applied in the survey is provided; it is partly based on the ETHOS classification developed by FEANTSA and partly on definitions used in Swedish and Norwegian surveys. In the Danish definition, a person is homeless if he/she does not have a dwelling or room (owned or rented), but depends on temporary accommodation, or lives temporarily and without a contract with family or friends. People with no place to stay on the following night are also defined as homeless. This definition has been operationalised in seven situations. Informants for the survey were emergency shelters/temporary accommodation (§ 100 *botilbud*), non-custodial care, prisons, detention centres, municipal social service authorities, community homes, treatment homes for addicts, psychiatric clinics, police, outreach activities for homeless persons, voluntary organisations, self-help groups, reception centres and drop-in centres.

The survey identified 5,253 persons who were in a situation of homelessness during week six of 2007, which amounts to 0.1% of the Danish population. Of these, 552 persons (11%) were rough sleepers (persons sleeping on the streets or in stairwells); 2,269 people (43%) were sleeping in emergency shelters and the like; while a further 20% were sleeping in the homes of friends/acquaintances or family. The authors assume this number to be underestimated since persons in this category do not always come into contact with the social services. A majority of the homeless persons (80%) are men.

About half of the homeless population in Denmark is of the age group thirty to forty-nine but a relatively large proportion is made up of younger people. About a quarter of the homeless are between eighteen and twenty-nine years of age; half of the homeless population had been homeless for less than one year, while a quarter had been homeless for more than two years. There is some over-representation of long-term homelessness among the rough sleepers. A quarter of the homeless had an immigrant background, which is a clear over-representation when compared to the share of immigrants in the entire Danish population (9%). In the survey 115 children, the majority of whom were staying with their parents at family institutions, were reported as being homeless,

The majority of the homeless exist on social assistance or early retirement pensions, with about half of the homeless population receiving financial social support. Almost one-tenth, mostly younger people in urban areas, had an income from paid labour. More than one-third of homeless persons were registered in the Copenhagen area, while another 22% registered in suburban municipalities. The capital also had the highest share of rough-sleepers.

Questions were asked about health status as well as alcohol- and drug-addiction. The informants reported that 30% of their clientele (and 36% of rough sleepers) suffer from some type of mental illness; the informants were not asked to specify the type of complaint, which means that it does not have to be a diagnosed condition. Almost one-quarter (24%) of the homeless are reported to suffer from one or more somatic complaints. In both reported mental illness and somatic illness there was a high level of non-response. A high proportion of the homeless (69%) were reported to have problems with the abuse of alcohol and/or drugs, but the proportions differ between the particular groups, with the highest among the rough-sleepers. One-fifth of the homeless were reported as 'double diagnoses' (such as alcohol and/or drug addicts also suffering from some mental illness or somatic complaint).

A question was included on the cause of a person's homelessness. The authors comment that the answers to this question do not give a complete picture of the complex causality between structural and individual factors that may lie behind a situation of homelessness. Furthermore, since the informants are not the homeless persons themselves, the responses merely reflect the perceptions of the informants. In addition, nothing is said about the homeless person's background. Addiction to alcohol or drugs is the highest ranked reason given for homelessness (33% and 31% respectively). Mental illness is given as a reason for 20% of the homeless. Structural reasons, such as unemployment and housing shortage, score lower (16% and 11% respectively). A further 17% were homeless because of eviction.

In their concluding section, Benjamin and Christensen summarise the most important findings and comment on conditions that need to be addressed along with the need for social interventions. They stress the importance of looking at a combination of individual and structural explanations to grasp the complexity of homelessness.

The large proportion of relatively young persons (almost one-quarter are under the age of thirty) indicates that there is a continuous inflow to the group. The authors emphasise that it is important to pay further attention to the factors behind this development. Another conclusion is that besides the need for housing, a large proportion of the homeless population, are in need of different kinds of treatment and support for alcohol and drug abuse, as well as for mental illness and/or somatic complaints, and that in dealing with the problems of homelessness there must be a combination of treatment, social support and housing support.

This survey, with its relatively wide definition of homelessness, gives a broader picture of the state of homelessness on a national level than studies which focus only on users of institutions for the homeless. The adaptation to (parts of) the

ETHOS definition also makes it possible to make some international comparisons. At the same time, as Benjaminsen and Christensen point out, this type of survey is afflicted by a number of limitations and uncertainties.

For one, causal relations are hardly captured in this type of cross-sectional study, even though a hint of the complexity of homelessness is given. Another uncertainty stems from the methods used in this type of survey. People with frequent contacts with social services are more easily reported than persons moving around and staying temporarily with relatives and friends. This affects the estimated shares of persons with different kinds of social problems<sup>2</sup>.

Finally, homelessness is a politicised field of interest with actors (such as social authorities, voluntary organizations and politicians) struggling over definitions, explanations and solutions. Actors and informants working in the field of homelessness can have different interests in how the problem is estimated and described. On the one hand, local politicians wish to present a successful outcome against homelessness, while on the other hand voluntary organisations have an interest in emphasising the necessity of their work. Another outcome is that local and national definitions and counts may vary to a considerable extent<sup>3</sup>.

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<sup>2</sup> This view is further developed by Hertting, N. (2000) Hemlösa i Västeruropa. In: Runquist, W. & Swärd, H. (eds.) Hemlöshet. En antologi om olika perspektiv & förklaringsmodeller. Stockholm: Carlssons.

<sup>3</sup> This discussion is based on Löfstrand, C. (2005) Hemlöshetens politik – lokal policy och praktik. Doctoral Dissertation, Malmö: Égalité. Hansen Löfstrand, C. and Nordfeldt M. (2007) Inledning. In Hansen Löfstrand, C. and Nordfeldt M. (eds.) *Bostadslös! Lokal politik och praktik*. Malmö: Gleerups.

Paula Mayock & Eoin O’Sullivan (2007)

***Lives in crisis:  
Homeless young people in Dublin***

Dublin: The Liffey Press, 301 pages, €19.95

Pillinger, J. (2007)

***Homeless Pathways: Developing effective strategies to address pathways into, through and out of homelessness***

Dublin: Focus Ireland, 73 pages

These two recent studies from Ireland both utilise a ‘pathways’ approach to understand the routes into, through and out of homelessness. This approach recognises the importance of taking a life-course approach to explaining homelessness (and housing careers more broadly), highlighting the experiences and perspectives of people and what works for them in practice (Anderson and Tulloch, 2000; Clapham, 2005). The study by Mayock and O’Sullivan (2007) focuses on the experiences of forty young people in Dublin, aged between fourteen and twenty-two, whilst Pillinger’s (2007) study draws on the experience of seventeen people across various ages and circumstances, who had used the services of one particular agency, *Focus Ireland*.

Mayock and O’Sullivan have produced a substantial book that does credit to the biographical approach to qualitative research. The voices and perspectives of young people dominate this comprehensive account of the experience of homelessness. A useful first chapter provides a detailed historical context on the development of services for homeless children and young people in Ireland. Chapters 2 and 3 expand this to provide an international perspective before explaining the benefits of adopting a pathways approach. The substantive findings from the interviews are organised thematically in five chapters covering: ‘becoming homeless’; ‘the homeless experience’; ‘drugs and crime’; ‘health’; and ‘services’. These chapters deserve to be read in their entirety as the chapter titles do not do justice to the rich and complex accounts of the meaning of being ‘out of home’ (not all

young people defined themselves as 'homeless') and the impact of this on young people's lives. For example, three main pathways into homelessness for young people are identified: a care history; household instability and family conflict; and negative peer associations and 'problem' behaviour. However, the full accounts reveal a number of key cross-cutting issues that centre around long-term poverty, difficult childhoods (with services continually letting these children down), bereavement and/or loss, and the profound 'dislocation' experienced by most people, usually before homelessness, as well as part of the process of being homeless.

For many readers, the main disappointment of the Mayock and O'Sullivan book, acknowledged by the authors, is that it only presents Phase One of what is a longitudinal research study. The study, therefore, can only examine pathways into and (partly) through homelessness, but currently lacks insights into the pathways out of homelessness. Given the high quality of the first volume, the promised second volume should provide an important analysis to help address the relative lack of research on pathways out of homelessness.

Unlike Mayock and O'Sullivan, the Pillinger study provides an opportunity to consider routes into, though and out of homelessness, albeit utilising a retrospective study design rather than a longitudinal methodology. This study also begins with a more limited, but still useful overview of existing literature and details of the research approach. An interesting and ethically robust part of their approach involved a second interview with all respondents approximately four to six weeks after the first interview, intended to verify the biographical account with each person. The first substantive findings chapter provides an overview of homeless people's pathways, as well as providing summaries of the pathways of each of the seventeen respondents. Chapter 5 focuses on risk factors and triggers that lead to homelessness. Whilst this aspect of homelessness is already quite well documented in the wider homelessness literature, the study nonetheless illustrates the range of risks that people face, linked to structural, social and personal/individual factors. Chapter 6 details people's pathways through homelessness, particularly focusing on the different accommodation services used. This focus is narrower than that of Mayock and O'Sullivan, who also examined key issues such as health status, however both studies came to the same conclusion – that too many people become 'stuck' in homelessness, with longer lengths of time spent homeless leading to increased risks, more enduring social problems and greater difficulties in exiting homelessness. The penultimate chapter identifies effective routes out of homelessness, looking at accommodation and housing support issues, as well as the importance of access to employment and training together with engaging with public services.



The final chapter of Pillinger's study identifies a series of recommendations for informing the alleviation of homelessness in Ireland. In particular, the study highlights the need for a greater focus on prevention and early intervention if homelessness is to be addressed adequately in the future. This includes improving the supply of good quality and affordable social and private rented housing. It also argues for more longitudinal research in this area, akin to the Mayock and O'Sullivan study. From a reader's perspective, the conclusions appeared a little simplified given the complexity of people's experiences, although it was good to see them attempted. The Mayock and O'Sullivan study stopped short of specific policy recommendations although there were some quite powerful emerging implications from their work (for example, the move from hostels for young people to those for adult homeless people is associated with a transition to 'real' homelessness from a young person's perspective).

Both studies amply demonstrate the multi-faceted nature of homelessness, supporting Anderson and Tulloch's (2000) comment that each person has a 'unique pathway' through homelessness, at the same time as being able to identify discernable patterns that can be utilised to improve policy. The two studies complement each other well, with Pillinger providing an overview of pathways through homelessness, with Mayock and O'Sullivan demonstrating the benefits of a more detailed study for a specific group of homeless people. Together they represent a useful contribution to the ongoing development of pathways approaches to homelessness research, particularly in the Irish context.

Anderson, I. and Tulloch, D. (2000) *Pathways Through Homelessness: A review of research evidence*, Edinburgh: Scottish Homes.

Clapham, D. (2005) *The Meaning of Housing: A pathways approach*, Bristol: The Policy Press.

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Špela Razpotnik & Bojan Dekleva (2007)

***On the street: homeless people talk about themselves and others talk about them.***  
**(Na cesti – brezdomci o sebi in drugi o njih)**

Ljubljana: Pedagoška fakulteta, pp. 201.

In Slovenia the issue of homelessness is under-researched, which may be linked in part to the almost non-existent nature of the problem prior to the collapse of socialism. Homelessness is now becoming a more evident problem in Slovenia, but it is only slowly becoming a more prominent feature of research and policy discussions. This book from Razpotnik and Dekleva presents the results of one of the few research projects undertaken on the issue of homelessness in Slovenia and therefore warrants special attention. It is very much welcome and even necessary, in order to start a broader discussion of this issue. The book has been published almost at the same time as another volume by the same authors, Dekleva and Razpotnik (2007): *Homelessness in Ljubljana*. These books are best read together as, in combination, they form a more complete whole, with one book presenting the field research on reasons for homelessness and the scale of the problem in Ljubljana, while the other, which is the focus of this review, concentrates on discourses of homelessness in Slovene society. Together, they represent an important addition to current knowledge about homelessness in Slovenia.

This book – *On the street: homeless people talk about themselves and others talk about them* – has four main sub-themes which present various points of view on the homeless and which allow the reader to compare a variety of perspectives. Firstly, the view of the homeless themselves is presented; secondly, media presentations of homelessness are discussed; thirdly, the perception of homeless people amongst the general public is analysed; and fourthly, the view presented in the street newspaper – ‘*Kralji ulice*’ (Kings of the streets) – is considered.

Indicative of the prominent role that homeless people are given in the book, is that it starts with their perceptions. This makes clear the attitude of both authors – they try to give voice to homeless people as much as possible in order to bring them out of the passive role that they are often allocated in dominant discourses. It emancipates their views, giving them the same weight as other views and discourses on

homelessness that are presented in the book. The views of the homeless are presented through ten case studies; stories of homelessness gathered from different sources, including fieldwork, interviews and self-presentations (autobiographies) of homeless people. The life stories of the homeless paint a very diverse picture of pathways into homelessness and, in some cases, pathways out of homelessness. This part of the book is very narrative-based, and involves the reader personally in the life stories of the homeless.

The second part of the book presents the media presentations of the homeless. Articles taken from several newspapers over a period of one year are analysed. This analysis shows how the media discourse most often starts from the position of 'us against them', and that in a large majority of the articles there is a negative social categorisation (i.e. negative stereotyping) of homeless people presented (in almost two thirds of the articles).

The third part of the book is characterised as public perceptions of homelessness, and is an analysis of a meeting that the authors (as experts in the field of homelessness and active members of organisation helping the homeless) had with 'concerned' members of the local community in Ljubljana. It was undertaken with a specific group of people – members of a local community who wanted to talk with experts about the increasing problem of homelessness in their area – and therefore doesn't represent a general public view. However, it makes an interesting case study as it shows some of the very common conceptions, prejudices and attitudes of the public when dealing with the homeless. The major issues that arose were: feelings of guilt when faced with a homeless person; the 'otherness' of homelessness; and the distinction drawn between the 'really homeless' and 'not-really homeless' people seen on the street (with drunks, beggars and so on. considered as being the 'not-really homeless').

The last part of the book is an analysis of the street newspaper – Kings of the street (*Kralji Ulice*). The authors present the newspaper, analyse its role in Slovenia and look at how it presents the homeless. This could be described as a self-evaluation, as the authors are the main founders of the newspaper. The main goal of this part of the analysis was to find out how much voice is given to the homeless in the Slovene street newspaper. The authors go on to make a comparison with some of the street papers abroad (in USA, UK, France, and The Netherlands). This analysis shows that the Slovenian street newspaper extensively covers issues linked with homelessness and that it also enables the active role of homeless people as authors, which is rarely the case in other street newspapers.

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This book is a collage of different perspectives and it provides a wide variety of information. What would be welcome yet is perhaps missing for the reader is a final conclusion that links the various discourses analysed in the book. The authors present a complex understanding of the homelessness issue in Slovenia and also give voice to homeless people; they are critical of various discourses, pointing out our (sometimes unconsciously) prejudiced views, challenging the reader to take a more active stand. It presents a very relevant piece of research in a field that is desperately under-researched.

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Judith Wolf, Maurice van Lijstelaar, Carinda Jansen  
& Astrid Altena (2007)

***Measuring Client Satisfaction in Shelters and  
Housing Projects for Homeless People.***

Nijmegen, Kenniscentrum Opvang & OGGZ, UMC St Radboud

Little research has been undertaken into measuring the quality of care in shelters and housing programmes for homeless people. A research project conducted by the Academic Collaborative Centre for Shelters & Public Mental Health (ACC) at the Radboud University in Nijmegen, demonstrates that measuring the quality of care and client satisfaction in homeless shelters is still at a very early stage of development.

Shelter organisations (and other care providers) in the Netherlands are obliged by law to implement an accredited quality management system. This framework requires them to measure client satisfaction once every two years. Failure to comply with this obligation will impact on their ability to enter into future contracts with city or healthcare authorities.

Over the past ten years, a wide variety of measuring systems for client satisfaction has been developed for different groups of users in the field of (health) care and welfare. Not all of these instruments have been assessed with respect to their validity and reliability. It is very difficult for service and care organisations to make a reasoned choice between the different methods that are available today.

The ACC has taken the initiative in developing an inventory of client satisfaction measurement methods used for homeless people. It consulted eight shelter organisations in the Netherlands about their experiences with satisfaction measurement among their homeless clients. Next, an inventory was made of the methods used by other shelter organisations (not represented in the ACC) and organisations in other fields of (health) care. An international literature search was carried out to find out more about implementation, instruments and the results of measuring client satisfaction among homeless people.

Most of the English language research done on the subject has been carried out in the United States. The researchers found a total of fifty-four articles and five measurement instruments. After selecting only those articles concerning client satisfac-

tion among homeless people, twelve relevant articles remained. A brief description of these articles is included in the report. In the Netherlands sixty relevant articles, six instruments used in adjoining care sectors, and three instruments used specifically among homeless people, were found.

The international research presents results on a variety of dimensions of client satisfaction, including dedicated care, trust and inclusive care. For example, one article showed that client satisfaction among homeless female users of health care facilities was higher when using specific services for homeless people than when using a county clinic. The satisfaction of homeless veterans in a residential programme was closely linked to the clarity of rules, client participation in the programme, the emphasis on order within the programme, practical solutions for problems and to peer support. Other research demonstrated significant differences in satisfaction between African-American and white clients.

Homeless young people were found to attach great weight to the capacity of social workers to be in touch with the culture of homeless youth. Positive experiences in dealing with adults were found to be of great importance to young homeless people in making positive changes in their lives. Continuity of care and information about health issues were other important aspects of client satisfaction amongst young people. Most young homeless people did not like to use services where adult clients were the main target group.

Measuring client satisfaction among Dutch homeless clients has served a variety of purposes. Homeless organisations have used these measurements to gain insight into the wishes and needs of clients; have used the results to report to authorities and to meet the requirements of Health Inspection; and have used them to increase client influence within the organisation. The report describes briefly the results of satisfaction measurement in the eight different shelter organisations in the Netherlands. Clients were asked to rate (amongst other factors) the quality of accommodation, hygiene standards, accessibility, privacy, attitudes of staff, treatment, counselling services, food quality, safety of accommodation, recreational options and work options. Different methods and instruments were used to systematically collect this information. Most of the instruments have not been validated and are not suitable for benchmarking. Most shelter organisations have used external advisors to carry out the measurements.

One instrument has been developed for use in the so-called 'Client Visitation Method'. This involves former clients (or 'experiential experts') who form a Visitation Committee and use a structured interview to collect information about the quality of services from clients, staff, management and the Clients Council. The interview questions can be adapted to the particular situation of the clients and shelter organisation requesting the visitation. The Visitation Committee assesses the



quality of care using their personal experience as expertise. The Committee, which is supported by professional advisors, concludes the report with recommendations for improving the quality of services and care.

In another shelter organisation the client satisfaction measurement was carried out by members of the Clients Council. They determined all aspects of care to be measured, developed the questionnaire themselves and carried out all of the relevant activities, including the interviews with ninety-eight clients. Their project took over a year to complete. The results were used by the Board of Directors of the shelter organisation to implement changes in policy and practice and to develop a quality improvement plan; it was also accepted by the city and health authorities as the official account of the quality of services.

Based on their research, Wolf *et al.*(2007) conclude that, to date, attempts to measure client satisfaction in the Netherlands have not resulted in improved insight in to the things that homeless people consider important aspects of the quality of homeless services. Validity and reliability remain untested, and many of the instruments used were developed for target groups other than homeless people. The international research casts doubts on the assumption that instruments used in other care sectors are suitable for use with homeless people. There is no standard to determine whether the instruments that were used are actually measuring things that homeless people consider important.

The researchers consider the legal obligation in the Netherlands to implement a quality management system to be a positive factor in developing better and more specific measurement instruments for client satisfaction amongst homeless people. They recommend developing a Consumer Quality Index for the homeless sector. This CQ-Index has already been developed for other care sectors, arising from the need to evaluate the quality of services from the clients' perspective in a standardized manner, and based on the principle of demand-oriented care. The CQ-Index consists of fixed items adapted to the relevant care sector. In 2008, The Dutch Ministry of Health and Welfare commissioned the development of a CQ-Index for shelter organisations.

The report produced by the ACC contains a wealth of information, including: a bibliography of relevant English language and Dutch articles; a brief description of these articles; an overview of the measurement instruments used in the US and in the Netherlands; and descriptions and assessments of these instruments. All of this information requires a very structured style of presentation. The shelter organisations looking for information on the various possible instruments and approaches need guidance to be able to make an appropriate choice. Although the material to help these organisations make this choice has been collected, the structure of the

report calls for intensive reading and detailed searching for the relevant information. A summary of the findings and a better layout of the tables and overview material would improve the readability of the report.

To conclude, the report contains material that is useful for shelter organisations, clients' organisations, local and health authorities, and for institutes involved in quality measurement and management. It would be worthwhile to give this report a technical make-over and a widespread distribution.

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**FEANTSA is supported by the European Community Programme for Employment and Social Solidarity (2007-2013).**

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European Observatory on Homelessness

# 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 annually by FEANTSA, the European Federation of National Organisations working with the Homeless. An electronic version can be downloaded from FEANTSA's website [www.feantsa.org](http://www.feantsa.org).*

FEANTSA is supported financially by the European Commission.

The views expressed herein are those of the authors and the Commission is not responsible for any use that may be made of the information contained herein.

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

■ **European Federation of National Associations Working with the Homeless AISBL**  
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