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Better Than Cure? The Role of Homelessness Prevention



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Better Than Cure? The Role of Homelessness Prevention

Homelessness can be a traumatic experience that has a significant negative impact on individuals' self-esteem, physical and mental health, wellbeing and support networks. Many approaches to ending homelessness focus on helping people get out of the situation once they become homeless. However, some approaches look to preventing homelessness occurring in the first place, or avoiding a worsening in a homeless person's situation.

Preventing homelessness is an attractive solution as it avoids distressing experiences for individuals, families and communities and can be more cost effective than retrospective approaches to tackling homelessness.

Homelessness prevention is often conceptualised as being of three different types: primary prevention, or reducing the risk of homelessness for the general population, such as effective housing and welfare policy; secondary prevention, or interventions focused on people at risk of homelessness (such as those with an institutional care background), or in crisis situations which are likely to lead to homelessness (such as eviction or relationship breakdown) and tertiary prevention, or measures targeted at people who have already been affected by homelessness, focused on minimising "repeat homelessness", that is, avoiding the occurrence of new homelessness episodes,¹ or preventing a homelessness situation from deteriorating.²

Prevention can take many different forms as it is needed to address the different causes of homelessness, as will be outlined in the articles in this

magazine. However, all types of homeless prevention mean identifying and tackling the root causes of homelessness so that it can be prevented in the long term.² Successful prevention policies must be targeted at homelessness "triggers", and be underpinned by appropriate resources and governance.¹

Homelessness prevention can often only be effective if it includes alliances beyond the homeless sector. Homelessness services often carry out secondary prevention, whereas primary prevention often comes from wider policy frameworks, such as national immigration, mental health, housing, and economic policy.

Prevention measures and the cooperation required to make them a success can be included in national and regional homelessness strategies, as we will see in the articles that follow.

Tom Rønning of Odense Municipality makes the case for homelessness prevention by giving us an overview of the city's prevention programme and its successes, compared to other local authorities that do not have the same prevention-based approach and whose homeless population is increasing, unlike Odense's which is falling progressively. Odense's prevention programme involves social housing tenants, as well as working at street level and with the neighbours of rehoused homeless people.

Lindsay Stronge and Dr Emma Williamson at the Waterloo Project, London describe how they are working towards better outcomes for homeless hostel users by taking mental health into account

¹ See V. Busch-Geertsema and S. Fitzpatrick, "Effective Homelessness Prevention? Explaining Reductions in Homelessness in Germany and England", *European Journal of Homelessness*, 2 (2008), 69-95 (p.73.). <http://www.feantsaresearch.org/IMG/pdf/article-3.pdf>

² <http://homeless.org.uk/prevention>

LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which have appeared in this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the editor, suzannah.young@feantsa.org.



and creating a “psychologically informed environment” and way of working that can help “hard-to-reach” individuals to come to terms with psychological trauma and thus break the cycle of homelessness.

Dr Stephen Metraux, of Philadelphia University of the Sciences discusses possible difficulties of implementing prevention programmes and measuring their effectiveness through the example of the Homebase Community Prevention Programme in New York City, USA, which refers families at risk of homelessness to local prevention centres.

Nathalie Boerebach from the Aedes Association of Social Housing Organisations in the Netherlands talks about the importance of preventing evictions and social housing organisations’ role in this, especially regarding increasing indebtedness and rent arrears. She presents some tools for social housing organisations that can help to hold off resorting to eviction and highlights the importance of joined-up working in order to arrive at solutions that do not involve evicting people from their homes.

Andreas Aresti of the University of Westminster and Neil Cornish and Kimmet Edgar at the Prison Reform Trust, UK discuss the importance of housing as a means of preventing repeat episodes of homelessness for people leaving correctional institutions as well as preventing reoffending and reconviction. They show that housing is also related to many practical challenges people face after release from prison, such as finding a job, debts, personal relationships, childcare and moving on from a previous negative situation.

Dr Angela Spinney of Swinburne University of Technology, Australia discusses approaches that enable women and children who have experienced domestic violence to remain in their homes and thus avoid homelessness occurring as a result of domestic violence. Her article explores research into “joined-up” staying at home homelessness prevention measures for women and children in England and Australia, consisting of housing, judicial and support services working together to help women and children stay in their home.

Sabina Nicolae of Samusocial din Romania highlights the link between living in and leaving institutional child care services and homelessness in Romania. She makes the case for effective discharge from institutions and improving institutional care in order to give every child a good start in life and prevent homelessness by giving them support and educational opportunities to offer them a chance on the job market.

Monica Brandoli and Dr Maria Cristina Cocchi of the City of Bologna, Italy talk about provision in the city to prevent homelessness among people leaving long-term hospital care and prevent individuals from being exposed to further health problems as a result of homelessness.

FEANTSA would like to thank all the authors who contributed to this issue of the magazine.



Preventing Homelessness: The Example of Odense Municipality

By **Tom Rønning**,¹ *Strategic Housing Consultant, Social and Labour Department, Odense Municipality, Denmark*

ODENSE'S COMPELLING RESULTS

For the last four years, Odense Municipality have focused their strategy for homeless people on 'Housing First'. Within these four years, Odense has managed to reduce the number of homeless people by 47 per cent. There are three key factors behind this compelling result. Firstly, the municipality has succeeded in finding housing for homeless people. Secondly, former homeless people have stayed in their new flats and avoided falling back into homelessness. Thirdly, the municipality has focused its efforts on preventive measures to break the self-perpetuating cycle that often leads to homelessness, and we have thereby broken the "food chain" of issues leading people into becoming homeless.

In this article, I will focus on the preventive measures and challenges Odense has experienced in the course of working with housing first as a strategy for: stopping homelessness escalating and developing into wider social problems.

DIVERSIFIED HOUSING

With a population of 192,000 people, Odense Municipality is the third largest in Denmark. The housing market is configured as follows:

| | |
|-----------------------------------|--------|
| Privately owned houses/apartments | 51,000 |
| Privately governed rental units | 42,000 |
| Public governed rentals | 24,000 |

Odense is characterised by the fact that it is relatively easy for people to find rental housing at affordable prices. In Denmark, public sector rental housing is built with government subsidies, which are given on the condition that the municipalities manage the distribution of some of the apartments and provision of housing to people with special needs. The public-governed, rental-housing sector has as one of its goals to provide an attractive offer for people who prefer to rent their housing, and it has the goal of making sure that the various public-owned rental housing areas reflect the general diversity of Danish society at large.

If ordinary citizens or homeless people can't find a place to live, Odense municipality will find a suitable housing solution in the public-governed rental-housing sector. Annually, Odense manages about 200 housing solutions, of which 50 are for the Housing

First target group. Given the high positive social impact of getting people off the street, supporting homeless people to stay in their own flats carries significant political weight.

A principle behind the Housing First policy is that the assistance to people in need of housing has to be relevant and timely. Another policy is that employees must be trained in specific methodologies relevant to the housing policy. In the municipality's internal organisation there is a focus on securing the speedy handling of cases, and ensuring that the standard operating procedures for cooperation between organisational departments work seamlessly. This is so that the citizen experiences an integrated, professional and holistic handling of their case by the municipality. There is also a focus on economic issues like, for example, supporting new tenants to pay their monthly rent on time. These are all preventive measures enacted based on an understanding of the possible pitfalls that homeless people often run in to.

INNOVATION AROUND CITIZEN EXPERIENCE AND NETWORKING

Some years ago, Odense began to pay increased attention to preventive measures. This is done in collaboration with the tenants of the public-governed housing sector areas, street-level initiatives and between neighbours.

CONSIDER THE NEIGHBOURS

Odense Municipality has, together with tenants' representatives, discussed what the common challenges are. This coordinated approach has led to several projects like:

- **Customer experience: easy access to the municipality**

The experience of neighbours, families and people employed in local shops and in the housing sector was that if they were worried about a neighbour, family person or something/someone else, then it was difficult to find the right people to contact within the municipality. In response, Odense has opened a specific mail address to which anyone can inquire about their concerns or other issues. The sender receives a receipt, and if possible this 'one-stop-online solution' will give the concerned people feedback about possible action to take.

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- **'Neighbours' Fire Brigade':
when neighbours become a problem**

In housing areas with people who are outsiders, or different from the mainstream population, this situation can, from time to time, create anxiety. Take the example of a person with mental health issues who knocks on the water pipe installation all night. This will often harass the other neighbours and they might be worried about what is going on and what the ill-adapted neighbour might do. In such situations, Odense has developed a professional advice service with trained staff that, after contact from the housing area, will contact the neighbours and inform them about how to deal with a person with mental health issues in the housing complex. The objective of this kind of 'housing fire brigade' is partly to create security for all neighbours, and partly to maintain a high level of tolerance for individuals acting in what is considered non-mainstream behaviour. It also has the function of building bridges between neighbours and housing areas, and between the professionals working with problem-solving and helping individuals stay in their flats.

- **Networking between the housing areas**

There are regular networking meetings between the public-owned rental housing employees in the different housing areas, the local police and municipal staff who all carry out their daily work in the housing areas. The purpose of the networks is, on the one hand, to establish an understanding of the different tasks and functions and, on the other hand, to exchange views among the professional people working in the areas. This enables quicker responses to problems, and the networking builds competencies important in relation to forecasting and preventing problems from spiralling out of control.

- **Preventing putting people back on the street**

Odense Municipality, the rental owners and the Bailiff's Court have joined forces and put the focus on reducing the number of bailiffs. Bailiffs are costly to both the rental owners and the municipality. It has been documented by national studies that 25 per cent of people put on the street by bailiffs remain homeless. Putting people back on the street is therefore increasingly seen as the least attractive solution, as it has higher social, personal and financial costs than almost any other solution.

OTHER PREVENTIVE INITIATIVES IN ODENSE

- **Designing solutions: New local development plans**

The Social Centre is integral to the planning of new areas of Odense. This means that issues related to socially less-resourceful people are taken into account during the city planning, and in order to make sure that new city areas don't marginalise homeless people and other vulnerable groups visible in the street

picture. Many social problems have their root cause in badly designed solutions for housing and local planning. Consequently, proper design of future local planning is a focus for Odense's work with homeless people.

- **Networking at street-level and crime prevention**

Regular network meetings are conducted between the police, shop owners, private security companies and municipal employees. This is done in order to keep all the stakeholders informed about action and initiatives, development plans and to help them stay tuned in to problems that are about to surface.

Odense's development trend goes towards creating an inclusive city where socially marginalised groups and homeless people are seen as part of the city equation and of its future development. Instead of denying the facts on the ground, this approach creates more acceptance and tolerance in other parts of city life as well.

A key pointer for Odense's work with preventive measures for homeless people and socially marginalised groups is the networking between housing tenants, shop owners, the police and the municipality. This networking is constantly evolving and central for leveraging new and innovative solutions. The networking also creates a common understanding of the mission and what are considered to be meaningful results among all involved stakeholders. Often preventive initiatives start from an observation turned into a hypothesis about the situation and its causes. Social work and homeless people is an area in constant flux, and to stay on top of the game we have to be innovative and test assumptions about what works and what doesn't. And so, built into Odense's preventive work with social problems must be the ability to change and act upon new insights as an on-going process between all stakeholders.

OVERVIEW OF MEASURED EFFECTS OF ODENSE'S HOUSING FIRST POLICY

Some of the initiatives are measured and have specific metrics, so we can manage the effects and results of the initiatives. Other initiatives are based on qualitative professional assessments among the stakeholders. Both quantitative and qualitative metrics are necessary and neither can really provide the full picture on their own. A time consuming factor or challenge in relation to working with preventing social problems is to create a common understanding between all stakeholders. Another challenge is to document the precise and early effects of innovative pilot initiatives. In some cases, such pilots have unforeseen, positive effects outside their intended target area. This sometimes makes it difficult to find the proof of the concept and for investing further.

Putting people back on the street is [...] increasingly seen as the least attractive solution, as it has higher social, personal and financial costs than almost any other solution.



Number of inhabitants in Fyn area (incl Odense), sent to Bailiff's Court by landlord

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------------------------------|-------|-------|-------|-------|-------|-------|
| Cases started for eviction | 1 343 | 1 455 | 1 515 | 1 502 | 1 574 | 1 393 |
| Cases that ended with eviction | 310 | 346 | 356 | 353 | 341 | 298 |

Retention of own apartment: Housing First Target Group 2011-2012, numbers of inhabitants who moved into rented apartment with their own permanent contract.

| | 2011-2012 |
|----------------------|-----------|
| Maintained apartment | 93 |
| Lost apartment | 7 |
| Total | 100 |

Homeless inhabitants in Odense: Counted in a homeless situation in 2009, 2011 and 2013 (numbers). (ETHOS typology)

| | 2009 | 2011 | 2013 |
|---|------|------|------|
| People Living Rough | 34 | 8 | 9 |
| Night shelter | 13 | 20 | 14 |
| People in homeless accommodation | 85 | 91 | 47 |
| Hotel | 0 | 1 | 1 |
| Temporarily with family/friends | 37 | 32 | 28 |
| People due to be released from institutions | 7 | 7 | 0 |
| Prison | 6 | 1 | 1 |
| Hospital | 4 | 2 | 0 |
| Other | 10 | 11 | 7 |
| Unknown | 12 | 5 | 3 |
| Total | 208 | 178 | 110 |

Percent change in numbers of homeless inhabitants between 2009, 2011 and 2013 (national count)

| | 2009 Numbers | 2011 Numbers | 2013 Numbers | Percent change 2009-2013 | Percent change 2011-2013 |
|-------------------------------|--------------|--------------|--------------|--------------------------|--------------------------|
| Copenhagen | 1 494 | 1 507 | 1 581 | 6 | 5 |
| Frederiksberg | 233 | 203 | 178 | -24 | -12 |
| Copenhagen (surrounding area) | 701 | 1 028 | 1 341 | 92 | 30 |
| Aarhus | 466 | 588 | 617 | 32 | 5 |
| Odense | 208 | 178 | 110 | -47 | -38 |
| Aalborg | 218 | 231 | 259 | 19 | 12 |
| Rest of Denmark | 1 678 | 1 554 | 1 734 | 3 | 12 |
| Total | 4 998 | 5 290 | 5 820 | 16 | 10 |

CONCLUSION

The experience in Odense is that there is an untapped potential for involving diverse groups and stakeholders in the development of an inclusive city and, through this, more avenues open up for preventing citizens ending up as homeless people. Another

important insight is the role the municipality plays as a facilitator in developing tolerance and the general understanding that the citizens of Odense Municipality are made up of diverse groups and people who all have their own way of living.



An Integrated, 'Psychologically Informed' Partnership Approach to Homelessness Prevention

By **Lindsay Stronge**,¹ *Hostel Manager, The Waterloo Project, Thames Reach* and **Dr Emma Williamson**,² *Highly Specialist Clinical Psychologist, Clinical Service Lead of the Psychology in Hostels Project (Lambeth) PIE, UK*

Emma (Clinical Psychologist) and Lindsay (Hostel Manager) discuss how they are working together to revolutionise the Waterloo Project (a 19-bed hostel in central London) and transform outcomes for clients such as Jonathan.

When we met Jonathan³ he was in his mid-40s. He had been moving between various hostel placements and rough sleeping on the streets for over a decade, the so called 'revolving door' phenomenon. He was alcohol dependent, had a long history of self-harm, suicide attempts and had served a custodial sentence for assault. Due to his aggressive behaviour he couldn't sustain a hostel placement for more than a few weeks and he was well known at local hospitals in London where, in one month, he had presented 64 times at Accident and Emergency (A&E). This had cost the local health authority £21,400 in the six months prior to his placement with us and Jonathan's circumstances hadn't improved as a result. It was clear that a different approach was needed.

In 2011, with people like Jonathan in mind, and with an awareness of emerging research in working with those who have experienced emotional trauma,⁴ London Borough of Lambeth Adult Community Services commissioned a two year pilot to create a *Psychologically Informed Environment*⁵ (PIE)⁵ at the Waterloo Project in Lambeth.

Councillor Jim Dickson, Lambeth council's Cabinet Member for Health and Wellbeing, said, "Our Rough Sleepers & Street Population team have conducted in depth work to get to grips with what are challenging issues to tackle. At Lambeth council we are determined to do all we can to help the most vulnerable people in the community and use of the Psychologically Informed Approach is an example of our work with those who are the hardest to reach."

The pilot is a collaboration between homelessness charity Thames Reach, South London and the Maudsley NHS Foundation Trust (SL&M) and London Borough of Lambeth Adult Community Services (LBL).

A fundamental difference in our PIE compared to others around the UK is the presence of a full-time, onsite NHS Clinical Psychologist and an Assistant Psychologist. This enables us to take a completely new approach with Jonathan and prevent this placement breaking down, like all the others. There is scope for direct clinical work with clients, staff training opportunities, interventions with the staff team and joint psychology-management approaches in dealing with tenancy issues.

The Psychologists began working with Jonathan by conducting a psychological assessment. He had been exposed to complex trauma from childhood as a result of physical abuse, neglect and frightening caregivers. It became clear how anxious and threatened Jonathan felt in everyday situations, which was resulting in either aggressive behaviour towards others or chest pains and reports that he was having a heart attack and needed an ambulance.

In a Reflective Practice session,⁶ the team discussed typical interactions with Jonathan and, combined with Psychologist's insights from the assessment, we developed behavioural guidelines to inform how we responded to him. Once the staff realised that Jonathan's aggression was a result of anxiety and fear it became easier to understand and support him. We started to be more explicit about telling him we cared about him and wanted him to stay at the hostel. To help him with his panic attacks we practiced breathing exercises and guided him through these, averting the need to call an ambulance. We have significantly decreased his use of emergency services to a few presentations per month but are doing ongoing work with both the hospital and his General Practitioner to encourage him to use mainstream services, rather than attend A&E in a crisis.

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³ Personal details, including client name, have been disguised to protect individual confidentiality as much as possible, without altering the key facts of this vignette.

⁴ There is extensive literature detailing the multiple disadvantages and histories of abuse, neglect and complex trauma common amongst this population (Maguire et al., 2010)

⁵ The concept of the PIE was first developed by Robin Johnson and Rex Haigh (2011).

⁶ Reflective Practice case based discussion meetings, facilitated by Psychology, aim to increase hostel staff's capacity to reflect on their practice and develop psychological understandings of client's.



As on-site clinicians, the Psychologists become a familiar face to the clients and this is crucial in the development of trust before clients engage in psychological therapy. Many of our clients have long avoided contact and may even have been suspicious of mental health services.

Jonathan's story is not unique. Fifty-nine people have lived at the Waterloo Project in the first 20 months of the PIE with an average duration of 36 weeks. 97% were found to have drug and/or alcohol difficulties, 97% had mental health and some form of substance abuse problem and 59% a personality disorder diagnosis or notable features of a personality disorder. There were also high levels of offending, antisocial behaviour, forensic histories and an over-representation of individuals raised in social care and those with children currently in care.

As on-site clinicians, the Psychologists become a familiar face to the clients and this is crucial in the development of trust before clients engage in psychological therapy. Many of our clients have long avoided contact and may even have been suspicious of mental health services. The psychologists work creatively to engage clients through informal activities if they are not ready for more formal individual therapy (e.g. walking the dog, gardening, having a cup of tea, going shopping).

Once engaged, clients have access to a range of individual and group psychological assessment and treatment options, with the main psychological approach being Mentalization-Based Treatment (MBT).⁷ These interventions are demonstrating clinically significant improvements in mental health on standard clinical assessment tools, as well as a reduction in substance misuse and challenging behaviour.⁸ The Arts activities run in the hostel by hostel staff and psychology have proved invaluable in helping the most entrenched service users access help for the first time. Assistant Psychologist, Theresa Schwaiger, began a weekly MBT therapeutic art group which has demonstrated improvements in reducing depression, anxiety, aggression and substance misuse. It has also enhanced the self-esteem, interpersonal skills and social inclusion of some residents who have entered art exhibitions, competitions and had their work published. One client, Lee Scales, articulated how the Art group had been instrumental in him accessing mental health services after a decade of homelessness and fearing help;

"I was scared at first to talk about things. I don't think I wanted help, but then coming along to the art group and slowly talking in that was the best thing for me. It then helped me get used to [the Psychologist] and think that it might be helpful to talk more in a one-to-one. I remember thinking that I would not want to talk to psychiatry and they would come in white coats and lock me up. But [the Psychologist] helped me see that it was ok and that [the Psychiatrist] was nice. That has really helped me - seeing him and trying some medication. It wouldn't have happened if [the Psychologist] hadn't been here."

One of Lee's pieces of art created in the therapeutic art group is on the front cover of this magazine. Other arts-based interventions run by the hostel have included photography, creative writing, a film club with discussion group and gallery visits.

Eighty-one percent of hostel residents have had direct contact with psychology in the hostel (1:1 or group therapy) with a consistently high attendance rate at planned appointments (73%). The usual barriers to accessing therapy have been removed; clients who are still using alcohol or other substances can access psychological therapy if they are not too intoxicated at the time of the session. We believe it is the inclusive approach and onsite aspect of this PIE model which has led to increased levels of engagement and as a consequence, improvements in health. We have also seen an increase in the numbers of clients offered treatment by external physical and mental health services. Many of these clients had previously been unsuccessful in accessing or maintaining a link with these services.

The Waterloo Project PIE is a partnership in every sense of the word and this has been fundamental to its success in maintaining placements for the most excluded clients and preventing further homelessness. Being onsite together means that Psychologists and hostel management are able to work closely to incorporate a psychological understanding of service users' needs into all aspects of the project.

⁷ Mentalization-Based Treatment is an evidence-based treatment for working with personality disorders and supports the development of emotional regulation, leading to a reduction in impulsive, risk taking and aggressive behaviours, self-harm and substance misuse (Bateman & Fonagy, 2010).

⁸ Direct psychology interventions have demonstrated highly significant (large effect size) improvements in mental health based on service user and clinician rated outcome measures of global distress (Clinical Outcomes in Routine Evaluation, CORE-10; and Health of the Nation Outcome Scales, HoNOS respectively).



Psychologists and hostel staff assess new referrals together, visiting clients offsite in hospital or other accommodation if necessary. We discuss when residents are ready to move on and what accommodation option is likely to work for them to maximise chances of a successful move back to the community. We also formulate strategies together after incidents to ensure we manage similar behaviours in the most effective way in future. Joint meetings are commonly conducted between clients, management and psychology to combine the need for care and support alongside clear boundaries and tenancy management issues. This provides a containing frame for the clients and ensures that psychology and hostel staff have a joined up and consistent approach.

The Psychologists provide fortnightly staff reflective practice sessions, and attend team meetings and 'handover' between shifts. This allows the team to utilise psychological models and theory to help better understand the client's behaviour, current difficulties and what might help to bring about change in their individual work with clients.

"[the Psychologist] gave us guidelines on how to deal with him [client], he really is very challenging ...before it used to make me get annoyed with him and we'd both be clashing ...but by me [using the guidelines] he doesn't feel embarrassed or insulted...I do see those de-escalation techniques have been working with him". [TR hostel staff member]

"Reflective practice enables me to critically analyse what I could have done better or differently and ensure that I invest in my professional development." [TR hostel staff member]

We believe that we have developed an approach which works with the clients who need it most; those that have been multiply excluded from other services and for whom standard services and approaches are not working. The clients we have worked with over the past 20 months are desperate to improve things in their lives and make use of the support available

when provided in an accessible, flexible and creative way. We therefore passionately agree with one client who, in a recent focus group review of the service said *"I think everyone can benefit from this [PIE approach] and it would be good if all hostels were like this"*.

As for Jonathan: he began attending 1:1 psychology sessions and the therapeutic art group which has helped him become more aware of his emotions rather than acting impulsively. He has been living at the Waterloo Project for 15 months, the longest he has ever sustained a placement in his adult life. He is engaged with alcohol services and working towards a goal of detox and rehabilitation with his key worker.

Jonathan says *"I feel I have done well since being here. Things were really bad before...But being here and knowing help is available makes me feel calmer. I want to go to rehab, but I will miss it here"*.

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Assessing Homelessness Prevention: New York City's Homebase Program

By **Stephen Metraux**,¹ *PhD, Department of Health Policy & Public Health, University of the Sciences, Philadelphia, Pennsylvania, USA*

INTRODUCTION

As homelessness has become entrenched in European and North American cities, more attention is being given to initiatives that go “upstream” to head off episodes of homelessness before they start. There is an innate appeal to preventing homelessness, as there is in preventing undesirable outcomes in general, for doing so both avoids distressing experiences and promises to be cost effective in the manner of the proverbial ounce of prevention.

Implementing prevention programs, however, proves to be deceptively difficult. Homelessness, despite being relatively commonplace, is a rare event. This means that, even among individuals and families that are getting evicted or are otherwise on the verge of losing their living arrangements, most manage to avoid actually becoming homeless. In contrast, for a homeless prevention program to efficiently provide services it must minimize the numbers of “false positives”—those who appear at risk but do not actually become homeless—without turning away households who then become homeless (i.e., “false negatives”). If a prevention program becomes too inefficient, then its expenditures on potentially homeless households will outweigh the savings in homeless services realized from the homelessness that is actually averted.

Success of prevention programs is also difficult to gauge. For example, if among the households who were assisted in a prevention program only 1% subsequently became homeless, it is difficult to ascertain whether or not this low rate is due to effectiveness of the prevention assistance provided, or whether the program instead managed to “cream” its clientele so that they would have had a low homelessness rate even without the assistance they received. Given these challenges, there are few rigorous evaluations of homeless prevention programs.

HOMEBASE COMMUNITY PREVENTION PROGRAM IN NEW YORK CITY

One large-scale homelessness prevention program with a systematic evaluation component is the Homebase Community Prevention (CP) Program in New York City. The Homebase program targets families who would otherwise seek help from the City's extensive family shelter system. Instead, families on the verge of losing their living situation are referred to one of Homebase's neighborhood-based homelessness prevention centers designed to help families avoid

homelessness. These prevention centers are located in neighborhoods of high need throughout New York City and together have served as many as 10,000 families annually. A primary goal of Homebase, at the heart of its CP focus, is simply to prevent homelessness from occurring. Once a family is deemed eligible, it is assigned a case manager, who does what is necessary to help the family preserve their housing and develop a long-term service plan for housing stability. This may involve financial assistance for rent or utilities, arrangements with family or a landlord, short-term training and education, and whatever else is needed to keep the family housed. The service plan is unique to each household's circumstances and is made in conjunction with active participation from the household itself.

Homebase CP was also planned to include an evaluation component. This evaluation had two primary objectives. The first was to assess the degree to which the Homebase program efficiently targeted services to those families who were at highest risk of becoming homeless. The second objective was to estimate the impact of Homebase CP on households' subsequent use of homeless shelters and other mainstream services. Of particular interest was the extent to which any reductions of use in these services might, in addition to benefiting the families served, also offset the costs of providing Homebase services. At the heart of this evaluation was the extensive use of administrative records to follow services use, and the ability to randomly assign families either to the study group that received the Homebase assistance, or to a control group, which received the usual array of services.

HOMELESSNESS RISK SCREENING

In the first part of the evaluation, Beth Shinn and Andrew Greer sought to develop a crystal ball of sorts in identifying factors, present upon a family's applying for Homebase, that correlated with a greater likelihood for experiencing subsequent homelessness. To do this, they matched Homebase records for 6,500 families with New York City family shelter records and found that 12% of these families entered shelter in a period of up to four years from their involvement with Homebase. They also identified specific characteristics and circumstances that were associated with a higher risk of subsequent shelter entry. These risk factors then became the basis for an intake assessment form that produced a risk score to help Home-

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base caseworkers ascertain a family's risk for shelter. Examples of such risk factors include previous shelter use; receipt of public assistance; eviction proceedings (either formal or informal); and the rating from an applicant self-assessment score on the likelihood that her family will become homeless in the absence of receiving assistance. Using such a screening tool would have improved correct identification of families entering shelter by 26%, and reduced false positives by almost two thirds. A version of this screening tool is now used as part of the Homebase intake process.

SERVICES USE

Another part of the Homebase evaluation followed a group of Homebase applicants where, through random assignment, 150 families received Homebase services and 145 received services usually available to families experiencing a housing crisis. This study, performed by a team of researchers from Abt Associates and University of the Sciences, found that, in the two-year period following Homebase assistance, the proportion of families in the treatment group who applied for shelter (9.3%) was just over half that of the control group (18.2%). The treatment group also spent, overall, less than one-third the number of days in shelter than the control group. These reductions in services use were limited in scope, as corresponding declines were not found among the child welfare and income assistance (i.e., "welfare") services that were tracked. Nor was labor force participation any different between the two groups. Nonetheless, the differences in shelter use alone more than offset the Homebase costs for assisting families in the treatment group.

IMPLICATIONS

In addition to the thousands of families that Homebase has helped to avoid homelessness, an examination of the program indicates that, more generally, homelessness prevention works to reduce both the numbers of families who become homeless and the costs associated with assisting families in crisis. However, this evaluation represents but a start in understanding and honing the mechanisms of homelessness prevention. Determining who among the applicant families became homeless led to a more targeted intake process, but there remains room for further refining this process. And despite the scale of the program, the numbers of families observed in the evaluation was small, which limited the conclusions that could be drawn. Additional evaluations of prevention programs are needed to confirm these results and to add to this body of knowledge, among families and other at-risk populations. The expenses and logistics

of setting up such evaluations are challenging, but the benefits to engaging in homelessness prevention, and in learning how to do it right, are obvious.

Finally, the results of specific programs such as Homebase should not obscure the need for a broader conceptualization of homelessness prevention. Policy interventions such as establishing a right to housing, decreasing the extent of poverty and increasing the supply of affordable, quality housing all would reduce homelessness, but would be implemented for more wide-ranging reasons. In the absence of such far-reaching initiatives, however, more *ad hoc* prevention programs focusing on keeping at-risk households out of homelessness are vastly preferable to caring for an expanded homeless population. The challenge then becomes figuring out how to correctly and efficiently do this. The findings from Homebase have helped us along this path.

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Prevention of Evictions by Social Housing Organisations in the Netherlands

By **Nathalie Boerebach**,¹ *Head of Social Affairs, Aedes, Dutch Association of Social Housing Organisations, Netherlands*

HOW CAN WE PREVENT RENT ARREARS LEADING TO EVICTION?

In the Netherlands, social housing organisations provide good, affordable homes for people who cannot fend for themselves on the housing market. Approximately 380 social housing organisations house around 5 million Dutch citizens in 2.4 million homes. Together, they possess 34% of the total housing stock. Almost all of these organisations in the Netherlands are members of the sector's umbrella organisation, Aedes.

Each year, Aedes carries out a survey on evictions among its members. The last survey reveals that in 2012 there was a 10% increase in the number of evictions, in spite of interventions by social housing organisations to prevent evictions. How can this be explained?

INCREASING INDEBTEDNESS

The figures show that in 2012 the district court ruled in 24,000 cases that a social housing organisation was allowed to carry out an eviction. In 6,750 of these cases, the eviction was then actually carried out by the social housing organisation. This means that in more than 17,000 cases the social housing organisation was able, following the court ruling, to find another solution with the tenant – for example, repayment in instalments.

Of the 6,750 evictions, some 1,750 were related to serious nuisance, marijuana growing or illegal subletting; these cases are not taken into consideration in this article.

I would like to zoom in on the 5,000 cases in which eviction was the result of tenant debts – 900 of these cases concerned a family (in some cases a one-parent family) with a child or children. This is of course a worrying development which we as a sector wish to reverse.

More than 80% of the social housing organisations point to the economic crisis as the cause of the increase in the number of evictions. People are suffering from declining incomes (for example self-employed people) or partial or complete unemployment, and the result of this is debt. In 2012, the average debt among clients of debt relief agencies was € 33,500.

When asked about which groups they were most concerned about, the social housing organisations answered: young single mothers; young couples with a minor intellectual disability; young people below the age of 34 without education or training and senior citizens with mild dementia. In many cases, social housing organisations also face “disappearing acts”. This refers to tenants who suddenly disappear for no reason because their debts stack up to such an extent they cannot cope. They see no other option but to walk away from the property and drop off the radar.

AN ACTIVE, PREVENTIVE APPROACH

There is no uniform way of working in the Netherlands – each social housing organisation deals differently with the prevention of evictions. However, the aim of every social housing organisation is to *house* people, not to *evict* them. For this reason, social housing organisations in the Netherlands do a lot to keep their tenants housed, even if these tenants have unsustainable debts.

Firstly, social housing organisations often invest in projects such as “Behind Closed Doors” (*Achter de Voordeur*) or “On Top of It” (*Erop Af*). These are projects in which professionals literally try to get behind closed doors in order to engage in dialogues with tenants who have payment problems. This could be the case with multi-problem families or tenants with a mental health background who are known to social services. However, this could also involve tenants who are showing up on the radar because of their rent arrears. Non-payment of rent is often a sign that there are other problems – early signalling of these underlying problems is of crucial importance in these cases. Through these ‘Behind the Front Door’ and ‘On Top of It’ projects, social housing organisations are often able to organise early support that can prevent tenants from having to leave their homes. In the case of rent arrears, social housing organisations often also work with a system of text-message alerts to the tenant and with personal home visits by someone of their specialised staff. Some social housing organisations distinguish between tenants that have a good payment record (for instance a failure to pay the rent on one occasion could just mean the person is on holiday) and tenants who are identified as high risk because of their payment history (recurring financial problems). In the latter case, the corporation will act more strictly; a strict collection policy and immediate home visits can stop the situation from deteriorating.

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A social housing organisation can also call in third parties: the city/district council in the case of debt relief services, volunteers for administrative support with the tenant at home, budget coaches for a financial course or care workers for people with a history of psychiatric treatment.

TOOLS FOR SOCIAL HOUSING ORGANISATIONS

For many years, Aedes has argued for a national system that registers the household debt in the Netherlands: debts to social housing organisations, but also to energy suppliers, telecom companies, web stores, care providers and the tax collection office. With such a debt-monitoring system in place, social housing organisations would be better equipped to provide support in the prevention or limiting of debt.

Unfortunately, this system has been rejected by the CBP (the Dutch Data Protection Authority). On a smaller scale, Aedes is now exploring whether it can simply register debt information from social housing organisations centrally, so that social housing organisations can exchange this information with one another and municipal authorities can adjust their debt relief services accordingly.

Aedes is also co-financing an academic study on "the risk factors involved in evictions". It reveals that, alongside their income, tenants' behaviour and their health also determine the extent to which they are good tenants. Social housing organisations do not ask tenants about these factors, nor do they make stipulations when entering into a tenancy agreement. Aedes is therefore working on better procedures for new tenants, which could prepare social landlords for an earlier preventive intervention.

Furthermore, social housing organisations can respond better to the life events of their tenants.

Following the death of a partner, job loss, illness or divorce, it can be helpful if a social housing organisation takes a pro-active approach to entering into discussion with the tenant around a central question: "can the tenant in question cope alone, or does he or she require (temporary) support in order to pay the rent on time?" Aedes motivates its members to take steps in this direction.

PREVENTING EVICTIONS TOGETHER

In spite of the preventive measures social housing organisations are taking to prevent evictions, the number of evictions did increase in 2012. Social housing organisations are making every effort to reverse this trend in 2013, but they cannot achieve this alone. An eviction is almost always the result of tenants being indebted to various parties. Therefore, to prevent evictions, we must look at how these debts arise and how they can be prevented. Surprisingly, a major player in this process turns out to be the Dutch government. Both the Tax agency and the CJIB (the Central Judicial Collection Agency, which administers traffic fines) are 'preferential creditors'. And they impose severe financial penalties if prompt payment is not made. Due to this, a tenant may simply not have any money left with which to pay the rent. In order to bring the number of evictions down, the Dutch government must therefore look at its own role as well.

The cause of evictions lies not only with the social housing organisations, and the same applies to the solution. Cooperation is essential, in order to arrive at solutions that do not involve evicting people from their homes.

The cause of evictions lies not only with the social housing organisations, and the same applies to the solution. Cooperation is essential, in order to arrive at solutions that do not involve evicting people from their homes.



Housing, a Key to Reintegration After Custody

By **Andreas Aresti**, Lecturer in Criminology, University of Westminster, **Neil Cornish**, Research Associate, Prison Reform Trust and **Kimmett Edgar**,¹ Head of Research, Prison Reform Trust, UK

Unless the challenge of reintegrating homeless prisoners into mainstream society is addressed, the most predictable outcome is that homeless prisoners will continue to move between the street and the prison cell returning repeatedly to a costly system of imprisonment...²

The Prison Reform Trust is an independent UK charity working to create a just, humane and effective penal system. In 2012, we produced a report, *Out for Good: Taking Responsibility for Resettlement*, which explored the ways prisons prepare people for reintegration back into society. Finding suitable housing is one of the major challenges.

Offenders who were homeless when they entered prison had a much higher reconviction rate within one year of release, with 79% being reconvicted, compared to 47% who had accommodation.³

A 2005 study found that three weeks before their release date, over a quarter of prisoners (28%) had no place to go to.⁴ Around one-third of women prisoners lose their homes, and often their possessions, while in prison.⁵ The prison needs to make use of good links to the community; the offender needs to be pro-active in finding a place to live; and the local community needs to make space available.

Depending on the housing, the person may have very little say in whether their accommodation is held for them. When people lose their housing, they risk also losing their possessions. Holding onto accommodation for the length of time one spends in prison can create huge debts.

One person interviewed for *Out for Good* explained:
They're looking at taking me to court to take my flat off me for rent arrears which have built up since I've been in here. . . . By the time I get out my debt's going to be over £5000.

Housing overlaps with many practical challenges people face after release from prison:

- eligibility for Job-Seekers Allowance (unemployment assistance) is based on a fixed address
- finding and holding a job depend on stable housing
- loss of housing increases the risk of debt
- family relationships depend not only on where the person lives, but how suitable their housing is
- women can be prevented from reuniting with their young children if their accommodation is considered unsuitable

- a place to live can provide the person with a fresh chance to desist or return them to the same environment in which they committed the crime.

Double Trouble, a report from 2010, focused on the effects of culture and ethnicity on resettlement. It found examples of people being placed in housing which was inappropriate for them; e.g., a Muslim provided with a flat above a pub; and an Asian man who was re-housed in a white area where he experienced overt racism.

Despite the level of need, and the clear links between housing problems and the risk of reoffending, *Out for Good* reported that few prisoners received advice about finding a place. The House of Commons Home Affairs Committee found that only 19% of prisoners received advice or guidance about accommodation.⁵

While housing in England and Wales is managed by local government, prisoners' locations are managed on a national basis. Accommodation support delivered to a woman in prison in north-east England will not help her if she is from another region and hoping to go back there on release. The distance will also hinder her efforts to obtain help from housing support near where she will live.

A person with learning disabilities or mental health needs may require personal support, rather than fully independent housing. A study by the Herriot Watt University (2012) looked at the social circumstances of homeless people:

Low-threshold homelessness support is supposed to be for people whose main problem is homelessness, but in reality people's lives are far from this straightforward. Some 25% of the people in our research had as many as 16 different problems, including homelessness. Low threshold services weren't set up to deal with this level of complexity.⁶

Some people in prison will find it more difficult than others to play a pro-active role in securing a place to live. For many, their reintegration process should

1 kimmett.edgar@prisonreformtrust.org.uk

2 Mairéad Seymour, *Prison Service Journal*, July 2006

3 Ministry of Justice, 2012, page 1

4 Harper and Chitty (2005) *The Impact of Corrections on Reoffending: A Review of What Works*

5 Prison Reform Trust, June 2012B

6 Prison Reform Trust, June 2012B



provide a balance of structured responsibility and support. A report by Homeless Link described a structured environment for supporting people who have been homeless:

*"Many clients we spoke to talked about the importance of structure in daily life. It came in many forms, from work, client groups, volunteering, education and training, to meaningful activity like gardening. Clients shared how structure and regular activity contribute to confidence and self-esteem, [and] helped provide distance away from previous associates and places which can trigger old behaviours."*⁷

People who have learning disabilities or mental health needs, or who require drug treatment or medical care should be eligible for a co-ordinated package of care. These needs – which are more common among people leaving prison than in the general public – suggest that the person leaving prison may be eligible for Local Authority help as someone with priority needs. But first, they must be assessed to determine the level of support they need; and to be assessed, someone must alert the Local Authority of the person's potential vulnerability.

When prison staff, or a probation officer, informs the Local Authority that a person who is nearing their release date may be vulnerable, the Local Authority has a duty to assess their needs. This process, the first step in putting in place the support they need, can take weeks. Therefore it is vital that prisons make the link to the person's Local Authority in good time before that person's release date. Here again, when people are held far from their home area, it is more difficult for the Local Authority to arrange support for the person prior to their release.

Finding suitable accommodation from within a prison is inevitably difficult, but staff could do more to help, by: supporting and consulting families; providing secure access to the internet; improving lines of communication with the outside; ensuring that up to date information is available to all prisoners; and facilitating peer support work schemes.

Maintaining positive relationships with families during a prison sentence can help to resolve housing problems. Twelve of 27 prisoners whom *Out for Good* asked about their housing arrangements said their families had held their housing for them during their sentence; four more said that though they needed housing, they could stay temporarily with family members. Prisons should consistently welcome, support, and consult with the person's family throughout the time in custody.

Prisons can efficiently get housing information to prisoners approaching their release through peer advice services. In England and Wales, the St Giles Trust trains prisoners to deliver advice and guidance. Peer support workers can work with individuals to identify housing needs, inform them of the services available, and offer them choices. Prisoners interviewed as part of *Out for Good* spoke highly of the support they received and the way the peer support workers had advocated on their behalf in securing housing support. As homelessness is linked to offending, finding accommodation for people coming out of custody is too important to leave until the last minute.

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7 Kathleen Kelly, *The Guardian*, 12 Sept 2011

8 Homeless Link, 2011: 15



Leaving the Relationship but Not the Home: Enabling Women and Children Who Have Experienced Domestic Violence to Remain in Their Homes

By **Dr Angela Spinney**,¹ *Swinburne Institute for Social Research, Swinburne University of Technology, Melbourne, Australia*

If women and children are to remain in their home rather than become homeless, it is absolutely important that their risk in staying, where the ex-partner knows where they are, is measured against the risks of moving.

Domestic violence is made up of many controlling and intimidating behaviours. Many countries have normalized the 'solving' of domestic violence situations by removing the women and children from their home to a place of safety. However, in some cases the perpetrator's violent behaviour can be controlled by the relationship being brought to an end, and by a strong judicial system that removes the perpetrator from the family home and prevents him from contacting or approaching the victim. This does not mean that remaining in the family home is the best option for all women and children who have experienced domestic violence, but it does mean that, for many, if the correct justice and welfare systems are in place, the abuse can be brought to an end without them having to leave their current home. This article explores some of the findings of research examining "joined up" staying at home homelessness prevention measures for women and children in England and Australia (Spinney, 2012). These joined up approaches consist of housing, judicial and support services working together to help women and children stay in their home. These approaches often include;

- **Judicial:** improving police responses to breaches of court orders, providing court-based family violence advocacy services, domestic violence courts, law reform;
- **Housing:** private rental brokerage programs for women who have experienced family violence, 24-hour response services by housing agencies, perpetrator accommodation;
- **Welfare:** outreach support services, emergency support, personal development and confidence-building assistance.

These types of homelessness prevention schemes usually involve collaboration between the police, courts and outreach support staff. The police role is to encourage the women and children to remain in the home unless there are immediate dangers preventing them from doing so, seek exclusion orders and (sometimes) offer accommodation to the perpetrator. The outreach teams conduct risk assessments to assist the client in deciding whether to remain in the home, ensure necessary protection orders are in place, and

conduct safety audits (Bega Women's Refuge, 2007), as well as providing ongoing emotional support, sometimes for several years.

RISK MANAGEMENT AND SAFETY PLANNING TO FACILITATE THE PREVENTION OF HOMELESSNESS

If women and children are to remain in their home rather than become homeless, it is absolutely important that their risk in staying, where the ex-partner knows where they are, is measured against the risks of moving. Becoming homelessness is an enormous step, and comes with its own risks of having to live in inappropriate (and perhaps unsafe) accommodation without security of tenure. When families do move out of their home, perpetrators are often aware of where they have moved to, especially if there are family law requirements for shared parenting arrangements. However, separation can also bring about new extremes of behaviour. This can be the time when women and their children are in the greatest physical danger, whether or not they remain in their home or seek refuge elsewhere. For these reasons, "joined up" approaches involve both assessing and managing the risk to family members, and planning and implementing the security steps necessary to minimize that risk.

SECURITY UPGRADING AND 'TARGET HARDENING'

The research revealed that expenditure on relatively inexpensive items such as padlocks for manholes, meter cupboards and loft hatches, motion sensitive external lighting, removing of greenery near the house, and provision of torches and rape alarms can go a long way to making women feel more secure, and that most women do not want their home to be turned into a 'fortress' with the provision of a panic, or safe, room. Staying at home schemes have been successful in enabling women to remain in their home even in isolated rural properties, however, each case is different because it depends on the aggressiveness of the perpetrator, whether he is in custody, and on the determination of the women not to have to leave their home.

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HOW HOMELESS PREVENTION SCHEMES FOR WOMEN AND CHILDREN WORK

Most referrals to outreach support services come from the police. The outreach service are involved in the assessment of risk and liability, creation of a safety plan, ongoing case work, court support and advocacy, and referral to other specialist agencies.

The process typically works in the following way;

1. Referral;
2. Phone contact with prospective client by outreach agency;
3. New clients visit the service for an initial assessment. This can take a couple of sessions;
4. Staff visit clients at home in order to conduct a risk assessment and safety planning;
5. Some clients choose to move out of their home. The services often continue to work with these women and regard 'planned moves' as a success, because they do not tend to lead to the homelessness that is created by leaving at a time of crisis. Most clients do not enter a refuge or other form of crisis accommodation.

THE ADVANTAGES OF ENABLING WOMEN AND CHILDREN TO REMAIN IN THEIR HOMES

- A reduction in homelessness attributed to domestic and family violence;
- Potential to reduce repeat victimization of the crime of domestic violence both by helping women to consider that they have options other than to return to a relationship with their violent ex-partner, and by deterring him from returning to harm her;
- Cost saving to the criminal justice system and other agencies;
- Children are less disrupted and the damage done to them by experiencing domestic violence is not worsened by having to lose their home, which can otherwise have long-term consequences for their wellbeing;
- Schemes that enable women to remain in their homes can be regarded as emblematic that society deems domestic violence to be wrong. This is important because it shifts the power balance away from the perpetrator, and demonstrates to the children of the family what constitutes unacceptable behaviour. This can impact on their later ability to sustain relationships themselves;
- Women are empowered to stay away from the violent relationship and are not condemned to return to the perpetrator in order to maintain their children's home;

- Removes the need for women to have to stay in refuges. This is one of the reasons why they have become so popular;

In England, attitudes concerning the rights of women to remain in their own home have become normalized in a relatively short time span. Stay at home schemes began being piloted around ten years ago and are now mainstream practice. Their popularity indicates that they play a vital role in meeting the choices of many women.

CONCLUSION

One of the most significant findings of the research is that "joined up" schemes have an important role to play in preventing homelessness for women and children who have experienced domestic violence, and that this is true for those living in very different situations in very different areas of Australia, and England. Women living in metropolitan areas, rural isolated areas, in owner occupied, privately rented, public housing, jointly owned, jointly tenanted, with injunctions and police orders or without, have all been assisted to remain living safely in their homes through these types of projects, and with no evidence that they are more at risk than if they had left.

Although the research identified that affordability issues for women (whether they stay or go) are real and pressing, it is clear that the time has come for women and children who have experienced domestic and family violence to always have the choice to remain in their home with support, wherever they live.

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Challenges to Overcome When Leaving Care: the Case of Romania

By **Sabina Nicolae**, *Executive Director, Samusocial din Romania, Romania*

According to the latest statistical data found, on the 1st of July 2005, Romania registered 4,403,545 children aged 0-18 living in child care institutions.¹

Romania still does not have a national authority that monitors the application of the rights of children living in institutions and issues statistics. It is very difficult to gather the right picture of children living in or having left institutions as long as only the DGASPC (General Directorate for Social Assistance and Child Protection) keeps statistics and does not centralise them.

Romania is still at the beginning of a process of creating the right strategy regarding children in institutions and especially young adults who leave the system.

It took a long time for our country to identify the right solutions in order to sort out the situation of orphaned children who were "abandoned in institutions". Among the reasons for delay, I would mention: a centralist government, inadequate legislation regarding the real needs of child and family, lack of specialists in the field of social assistance, lack of social services, wrong practices in applying adult authority toward children, lack of information regarding the effects of separating a child from his/her family in the early stages of life, etc.

Since 1997 when the child protection system began to be changed, the conditions offered by state institutions to orphaned children have been changed, I may say dramatically. The old orphanages have been closed.

Between 2000 and 2006, the number of children protected in state institutions decreased from 53,335 to 21,198 and the number of children protected by the system of help to mothers increased from 5,157 to 19,809. In 2006, 1,140 public orphanages and 467 private ones were in use in Romania.

There are no official statistics regarding children and young people who live on the street. In 2009, the organisation "Save the Children" estimated the number of those in 3 large Romanian cities (Bucharest, Brasov and Constanta) at 1,400 (with a minimum of 800 and a maximum of 1,700).

Most of them (1,150) live in Bucharest. Less than 50% are children (0-17 years old) and most of them are young people aged 18-35.

Children and young adults living on the streets miss out on their rights. Life on the street is associated with serious health problems, malnutrition, illiteracy (50% of them), physical abuse, sexual abuse (usually started in the family and then continued on the street), stigma, discrimination and reduced access to social services.

The majority of children found in the residential protection system are 14-17 years old, followed by those aged 10-13. For these age categories, reintegration into their families is very difficult. Socio-professional integration services and independent life-skills services are undeveloped. This is the reason why young adults who leave the state protection system after their 18th birthday represent a vulnerable category, exposed to the risk of social exclusion. These young people do not benefit from social counseling or social assistance to find a job or apply for social housing. Despite the fact that this issue was declared a priority in 2006, when the 2006-2008 National Strategy for the social inclusion of young people who leave the child protection system was launched, the situation of those around 5,000 young adults who leave the system every year is not better at all.

The Romanian law that targets child protection is Law 272/2004. The process of taking a child from his/her parents due to abuse or negligence is very difficult and includes a lot of long, difficult bureaucracy. This is the reason why a lot of children who should already

¹ National Statistics Report 2006



be in the state responsibility are not and in the meantime they face difficulties in leading a normal life and are sometimes being abused.

When a young adult leaves the protection system at 18, at his/her request, he/she is entitled to receive 650 lei (145 Euros).

If he/she requests to stay in the state protection system, according to the law he/she can do it only if:

- she/he is still in the education system and willing to respect the rules of the residential institution. In this case she/he will sign a service contract.
- the contract can be cancelled if the young adult does not respect the contract. The maximum age for staying in the protection system is 26 years.

The only opportunities for a young adult leaving the protection system are:

- they have easy access to night shelters (according to their residence status)
- they can get access to soup kitchens and a guaranteed minimum income (around 135 lei (30 Euros))
- they have priority in getting a social flat, with very low rent
- they have priority in the “Mayor Houses” programmes that are meant to cover the rental costs for a flat (for a minimum of 6 months and a maximum of 3 years)
- they have dedicated places in universities and also scholarships; they benefit from free of charge places on university campuses.

The only condition that these young people have to fulfil is continuing study or having a job. Unfortunately, the level of education they reach is not very high. Quite a large percentage of them attend only secondary school. Others attend only primary school. Very few of them attend sixth form colleges and universities. I do not have the exact figures as we do not have statistics on this. All we know is that young people leaving institutions end up in night shelters, meaning they become homeless people. It is very difficult for them to get a job. The main reason for their failure to find a job is the lack of qualifications as well as the lack of jobs on the job market.

Our country needs not only a complex and very well documented strategy for really changing the future of deinstitutionalised youth and disadvantaged groups of people but also the means and motivated human resources to put this into practice. This item should be a priority as we are talking about human lives and people’s futures.

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Our country needs not only a complex and very well documented strategy for really changing the future of deinstitutionalised youth and disadvantaged groups of people but also the means and motivated human resources to put this into practice.



“Protected Hospital Discharge”: For Anyone Leaving Hospital Without a Home to Go To

By **Monica Brandoli**, *Head Office, Vulnerable Adults and Social Inclusion Division*
and **Dr Maria Cristina Cocchi**, *Head of Local Health District of Commissioning and Guarantee Fund, City of Bologna, Italy*

The city of Bologna is characterised by a high number of people who live on the streets for a long time; they are non-residents and are attracted by the specific characteristics of the city, which, despite having a small population, has the characteristics of a metropolitan area.

Homeless people are exposed to highly risky situations, where a wound, a cold or an infection can have devastating consequences, which they would not be exposed to if their living conditions afforded them more protection.

Living on the street severely compromises people's lives; the lack of hygiene, the contact with unclean environments, the inability to eat or sleep properly are often aggravated by addiction to both legal and illegal drugs. This condition is characterised by high risks and greater exposure to trauma, violence and disease.

The health problems that most affect the homeless are: respiratory diseases; deficiency states due to poor nutrition; diseases related to malnutrition and poor hygiene, in addition to psychiatric disorders and those resulting from chronic addiction.

We know how important it is to have healthy lifestyles, access to proper health education and information, not to mention access to early diagnosis to reduce the risk of developing chronic and disabling diseases but also diseases that can be fatal.

It is evident that this is not the experience of homeless people.

If these people develop a serious disease, they have the possibility to be admitted to hospital but, once discharged, because the disease has been cured or they are out of the acute phase and require a period of convalescence, they start a long period of moving from one dormitory to another or, worse, they go back to living on the street.

In Bologna, the possibility for non-resident homeless people to receive help from the social services is given following the evaluation of the urgent and compelling needs, according to Regional Law No. 2 of 2003 (Article 3, paragraph 3) and the General Regulations

in the field of Social Services of the City of Bologna (Art. 4, para 2).

Legislative acts establish that even people temporarily in the municipal area can access emergency health services, if their needs are urgent and treatment cannot be postponed.

This need has been defined in various cases: people who have suffered violence, who have disorders in the acute phase, people without protection in case of adverse weather events or those with a multifactorial, complex situation for which protection from life on the street is necessary for a long enough period to alleviate the severity of the situation.

It was necessary to identify a method for helping these people, after discharge from hospital, if they did not have a place to go to get the care and the tranquility that would allow them to overcome the critical period of convalescence, but also to be accompanied towards a dignified death if that were the prognosis.

The objectives we focused on were:

- to develop innovative service models and health care opportunities for a segment of the population for whom the current system was not able to provide adequate responses
- to strengthen territorial social-health and health interventions
- to avoid the extension of inappropriate admissions to health facilities
- to prevent further hospital admissions

Our targets are adults and elderly people who are partially and temporarily incapacitated, non-residents (temporarily present in the municipal area) or people from the local area who do not have a home.

The current reception system is intended for adults or elderly people in a state of social deprivation. The reception conditions refer to people with little autonomy and no significant family or friendships networks, which require the development of individual pathways. These structures provide neither care staff nor nursing.



The proposed pathway defines a total of 11 sleeping accommodation units dedicated to the reception of persons belonging to the target described: 5 beds in the "Beltrame" reception facility and 6 places provided at the "Rostom" reception facility, with the possibility of staying for 24 hours.

The reception facilities and social support are therefore guaranteed by the Municipality of Bologna, through the provision of these facilities and through the Low-Threshold Social Service; this service was opened in May 2012 and it is dedicated to persons temporarily present in the city, it has the task of designing and building care pathways in cooperation with the persons themselves.

The socio-health services, equal to 38 hours per week (accessible 7 days out of 7, from 7am-10pm) are guaranteed by the Local Health District of Commissioning and Guarantee Fund of the City of Bologna, through a Socio-Health Worker. This workers' intervention helps people meet their basic needs, it is designed to restore self-sufficiency, ensure the maintenance and development of well-being and to help the implementation of the therapy.

The health services are guaranteed by the Department of Primary Care of the Local Public Health Authority, through the nurses at the AIDS Service Activity Centre, the doctors at the Sokos Association, the provision of drugs and potentially medical devices that cannot be postponed.

The nursing health services focus on the initial evaluation of the feasibility of inclusion, based on the criteria set by the project target, then to the evaluation of the need and the preparation of the Care Plan, along with

the Low Threshold Social Services; the nurse directs and coordinates the Social Health Worker's activities, plans and implements health education interventions and therapy and documents the activities in an integrated folder stored inside the reception service.

The Low-Threshold Social Service will take care of non-resident persons during the state of emergency and for the entire duration of his/her stay in the territory, once he/she has been discharged from the hospitals and welcomed in the designated facilities; the Territorial Social Services will take care of the residents.

For all complex cases, a Multidimensional Evaluation Unit will be activated for the detection of possible future action.

In addition, specific and combined training modules are being prepared on the type of people present in the services, aimed at professionals who have been identified as suitable to work on the project.

The methodology for activating interventions stipulates that there must be reporting by the Hospital Departments or Hospital Social Services, together with an up-to-date health report, a file on the ongoing therapy and possible social relationships at the Continuity Territory Central Hospital; the latter sends the discharge notice to the Low-Threshold Social Services and the nursing service of the AIDS Services Activity Centre. At this point, the Low-Threshold Social Service and the Nurse can define an action plan and customise it according to the needs of the person.

The Care Intervention Plan is then sent to the Technical Coordinator of "Assistance to Persons", who will activate the specialist personnel at the reception facilities.

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Notes

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This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields.

The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries.

To that effect, PROGRESS purports at:

- providing analysis and policy advice on employment, social solidarity and gender equality policy areas;
- monitoring and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;
- promoting policy transfer, learning and support among Member States on EU objectives and priorities; and
- relaying the views of the stakeholders and society at large.

For more information see:

<http://ec.europa.eu/social/main.jsp?catId=327&langId=en>

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