Home is where I lay my head: people experiencing homelessness on housing paradigms, what makes a home, and society and policy

Luna Van Suetendael, Katrien Verheyen , Marianne Destoop, Kris Van den Broeck and Joris Michielsen

University of Antwerp, Antwerp, Belgium
University of Antwerp, Antwerp, Belgium
University of Antwerp, Antwerp, Belgium
University of Antwerp, Antwerp, Belgium
University of Antwerp, Antwerp, Belgium

Abstract_ *Homelessness remains a severe violation of human rights, with people experiencing homelessness also more prone to health issues and substance abuse. As homelessness services move away from a treatment-first approach towards Housing First or Housing Led, the ideas of people with lived experience on this paradigm shift remain largely unknown. Semi-structured interviews about this were conducted with 26 participants experiencing homelessness. Thematic analysis identified three central themes: housing paradigms, what makes a home, and society and policy. The stepwise approach seemed instilled in most. While none were familiar with Housing First, many endorsed its core principles, especially the separation of housing and treatment. However, several participants considered mandatory treatment acceptable for those in active addiction. Overall, participants saw both paradigms as complementary, mostly wishing for tailored care first. Few participants expressed interest in alternative types of housing. Most preferred a more conventional house and shared how home is more than a place 'where you lay your head'. It's feeling safe, being able to connect with others, and participating in society. Findings underscore the importance of a diverse range of housing support services, accessible through a shared decision-making process, and the structural inclusion of people with lived experience in policy development.*

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Introduction

As about 1 287 000 people are sleeping rough, in night shelters or in temporary accommodation across Europe, FEANTSA warns about a 'worrying increase' in homelessness across Europe (FEANTSA, 2024). With an estimated 45 860 people experiencing homelessness (PEH), Belgium is no exception (Hermans, 2024). A homelessness count conducted in 2023 in Antwerp, Belgium, identified more than 3 400 PEH (Hermans, 2024) out of a population of 565 000 (Antwerpen, 2025). Over 400 of the PEH were adults surviving in extremely precarious conditions, some sleeping in a night shelter (n=117), others spending the night in public spaces (n=226) or non-conventional dwellings such as garages or cars (n=85). Many of them also have important care needs, most frequently mental health and/or substance abuse issues (Hermans, 2024). This link between homelessness and health (issues) has been well documented (Aldridge et al., 2019; Lancet, 2019; Everdingen et al., 2021), especially the high prevalence of severe mental illness and substance abuse in PEH (Everdingen et al., 2021) that contributes to elevated mortality rates (Feodor Nilsson et al., 2018), prolonged periods of hospitalization (Catthoor et al., 2024) and involuntary admissions (de Jong et al., 2020).

In the effort to combat homelessness, an important paradigm shift has taken place across homelessness services over the last few decades: moving from a stepwise or treatment-first approach, where permanent housing is the final step in a rehabilitation or treatment process, towards Housing First. Housing First has its origin in the United States, initially developed specifically for PEH with severe mental illness and/or experiencing substance abuse (Raitakari, 2015). Within Housing First, permanent housing is provided immediately, alongside tailored housing support that, in principle, is separate to the right to housing (Goering, 2014; Pannecoucke, 2015; Housing First Europe, n.d.). Other core principles of Housing First include seeing housing as a human right; choice and control for service users; recovery orientation; harm reduction; active engagement without coercion; person-centred planning and finally flexible support as long as required (Housing First Europe, n.d.).

Although Housing First is a well-researched intervention (Raitakari, 2015) and gaining traction in Europe, its implementation remains highly heterogeneous with varying degrees of programme fidelity (Waegemakers Schiff and Schiff, 2014; Planije, 2023). In Belgium today, various sectors develop housing programmes, ranging from treatment-led to partial or full Housing First approaches. Most housing initiatives are organised by one (care) sector, addressing a specific type of support

need for a selected group (e.g., the psychiatric nursing home targets people with mental health needs, disability-supported living targets people with an intellectual disability). Yet PEH are a heterogeneous group and many PEH have complex, interdependent care needs (van Everdingen et al., 2021; Lei and Brown, 2022) that all need to be taken into account to prevent relapse into homelessness (Waegemakers Schiff and Schiff, 2014; Lei and Brown, 2022; Stadler and Collins, 2023).

In a 2024 stakeholder meeting in the city of Antwerp, local representatives met along with mental health workers and social welfare organisations to discuss the results of the homelessness count and actions needed to reduce homelessness in the city. Stakeholders largely subscribed to the principles of Housing First but felt it had become an umbrella term for an amalgamation of housing initiatives, making it difficult to establish what works for whom, in line with the ongoing European debate about terminology and programme fidelity (Waegemakers Schiff and Schiff, 2014; Dyb, 2016). The Antwerp stakeholders preferred to move away from this discussion by moving towards a Housing Led approach, as introduced at the 2011 European Consensus Conference on Homelessness (FEANTSA, 2011; OECD, 2024).

A Housing Led approach is generally understood – and used throughout this article – as an approach that sees stable housing as the starting point for addressing homelessness, with support offered as needed, but without strictly adhering to all core Housing First principles (FEANTSA, 2011). Which of these principles are adopted, and to what extent, can vary considerably, allowing for 'different response models for different profiles of homelessness' (Joaquim, 2024). Housing First can, in that sense, be understood as one specific intervention within a broader Housing Led approach, existing alongside more time-limited, or lower-intensity interventions, such as rapid rehousing, private rented sector access schemes, Critical Time Intervention or tenancy sustainment services (Greenwood et al., 2020; OECD, 2024).

What these approaches ultimately aim to provide is not simply housing, but the conditions under which housing can become *home*. Housing studies have long treated 'home' as analytically distinct from 'house' or 'housing'. The latter denotes a physical unit of accommodation and its legal or material characteristics, the former a multidimensional psychosocial achievement bound up with control, privacy, ontological security, identity, belonging, and continuity over time (Mallett, 2004). For those with co-occurring mental health needs specifically, a sense of home seems to depend as much on emotional safety, autonomy, and social connectedness as on the physical adequacy of the accommodation itself (Howard, 2025; Patmisari et al., 2026).

Although there is a substantial body of research on housing, relatively little is known about how PEH understand current housing paradigms and how they conceptualize the notion of home within this context. Existing studies on Housing First have often

focused on measuring the effectiveness of specific housing interventions (Goering, 2014; Mathys et al., 2021; Van Gucht, 2023) rather than exploring the broader perspectives of PEH on this paradigm shift. In practice, many people continue to live in what has been described as a 'state of lack' after exiting homelessness (Marshall et al., 2023) and gaps in service provision persist (Smith et al., 2021; Paradise et al., 2023).

Reflecting the general underrepresentation of people with lived experience in research and policy, no representatives with lived experience of homelessness were present at the stakeholder meeting in Antwerp. In addition, none of the stakeholders reported any type of forum within their own organisation or elsewhere, where the topics outlined above were systematically discussed with people with lived experience of homelessness. This illustrates the limited opportunities available for PEH to directly impact homelessness policy, even at the local level.

A clearer understanding of the perspectives of PEH is therefore essential to ensure that the further development of long-term strategies to end homelessness is grounded in lived experience and to support more empathetic and inclusive policymaking (McIntosh and Wright, 2019).

Research method

Data collection took place through in-depth interviews with PEH in Antwerp, Belgium.

Sampling and recruitment

Participants were recruited through intermediaries from organisations working with PEH, and through on-site recruitment at day and night shelters by two of the researchers (LVS and KV).

Inclusion criteria were:

- Being 18 years or older;
- Not cohabiting or planning to cohabitate with children;
- Having legal residence in Belgium;
- Experiencing homelessness (cf. Ethos light typology (FEANTSA, 2007)); and
- Sufficient knowledge of the Dutch or English language to participate in an in-depth interview

The principles of purposive sampling were applied to increase representativeness by including a diverse range of people experiencing homelessness, for example:

- Young people (18-25)
- Older people (65+)
- Women
- Recently homeless
- Homeless for an extended period of time

Ethics

All participants were informed about the research objective, confidentiality of their participation, and their right to stop participation at any time, without consequences. All participants signed an informed consent form. All participants gave consent for the recording of the interview. Approval of this study was provided by the ethics committee of UZA/UAntwerpen (2024-6633).

Data collection

Data collection took place from November 2024 until March 2025, when data saturation was reached. The interviews were done by two researchers (LVS is a mental health nurse and PhD student who has been working with PEH for over seven years, and KV is a master's student and penitentiary social worker) with a semi-structured interview guide that was informed by a preliminary literature review of housing paradigms and input from the stakeholder meeting.

Thirty PEH were interviewed. Twenty-four participants were interviewed individually; three couples requested to be interviewed together. Four interviews were not retained for analysis: two due to insufficient knowledge of the Dutch or English language becoming apparent during the interview, one person for whom it became apparent that they were living in the family home (but frequented a day shelter), and one because of a failed audio recording.

Five interviews were conducted in English, a language that was not the first language for either the interviewer or the participants. All other interviews were conducted in Dutch. The interviews took place in various locations, depending on the preferences and possibilities of the participants: at homelessness organisations, in participants' temporary accommodation, or even in a local park. Interview durations ranged from 16 to 73 minutes, with an average of 36 minutes.

Data analysis

All interviews were transcribed by researcher KV, after which the audio was deleted. The data were analysed via thematic analysis (Braun and Clarke, 2006,2021) using Microsoft Excel.

A deductive approach was adopted at first, with the main themes emerging from the pre-established topic list used during the interviews. Based on this thematic structure, researchers KV and LVS coded all transcripts independently. Subsequently, outputs of both coders were compared and discussed. In consultation, similarities and differences in interpretation were evaluated, after which the codes were clustered under common themes. This process allowed the researchers to identify recurring patterns; one additional theme was associated inductively.

For the sake of confidentiality, the results do not mention participants' names. Instead, coded labels (P1 – P26) are used, which refer to participants' characteristics as listed in Table 1. This coding allows citations to be linked to background characteristics without compromising the anonymity of participants.

Results of the interviews

In the following paragraphs, we first describe the participants' characteristics and backgrounds. Next, we present the findings related to the themes *Housing paradigms* and *What makes a home*. These themes were incorporated into the interview guide, and the corresponding findings were derived deductively. Finally, the theme *Society and policy* emerged inductively from the data and is discussed in the final section.

Participants' characteristics and history

An overview of participants' characteristics and housing background can be found in Table 1.

The average age of participants was 43 years, with a range from 21 up to 67. Nineteen participants were male, and seven were female. Eight participants were married or in a long-term relationship; the others were currently single. Nine had children, none of whom lived with their currently homeless parent(s).

Most participants had been private renters at some point in their lives. Five had once obtained social housing but had since lost it due to rental debt or causing a nuisance. All participants reported long periods of housing instability. Over half of participants had been homeless for over a year; seven participants had been homeless for over a decade: *"I've been fighting my entire life" (P21).* Many participants found it difficult to recall the exact periods of homelessness, often alternating

among sleeping rough, emergency shelters, and temporary accommodation for long periods of time. Half reported at one point staying in a non-conventional dwelling such as their car, garage or a squat. One participant recounted growing accustomed to living in a basement: *"For me, that was the most dangerous part… I had everything I needed in that basement and started to get used to it so much that it became my home" (P13).*

At the time of the interview, 11 participants were staying at one of the city's night shelters. Eight had found temporary accommodation, one was hospitalised, and three were staying with friends or family. Three participants were housed between recruitment for and execution of the interview.

Table 1: participant characteristics and housing background*

P	Gender	Age	Marital status	Children	Income	Direct cause of homelessness	Current overnight stay	Duration of homelessness
1	F	40	Relationship	Yes	Unemployment benefits	Relationship problems	Night shelter	1 – 5 years
2	M	38	Relationship	None	Unemployment benefits	Renovation rental property	Night shelter	1 – 5 years
3	F	58	Married	None	Social integration income**	Eviction: rental debt	Night shelter	< 1 year
4	M	56	Married	None	Sickness benefits	Eviction: rental debt	Night shelter	< 1 year
5	F	35	Single	None	Unknown	Discharge from care facility	Night shelter	< 1 year
6	M	33	Divorced	Yes	Social integration income**	Relationship problems	Night shelter	1 – 5 years
7	M	54	Single	Yes	Unknown	Eviction: rental debt	Night shelter	1 – 5 years
8	M	67	Single	None	State pension	Eviction: rental debt	Night shelter	< 1 year
9	M	66	Divorced	Yes	Social integration income**	Renovation rental property	Care facility	Unknown
10	F	46	Relationship	Yes	Sickness benefits	Relationship problems	Couchsurfing	> 10 years
11	M	33	Single	None	Disability benefits	Eviction: rental debt	Recently housed	1 -5 years
12	F	62	Single	None	Wages + sick benefits	Seizure of residential property	Night shelter	< 1 year
13	M	35	Single	None	Social integration income**	Familial problems	Temporary housing	1 – 5 years
14	M	59	Single	None	Unemployment benefits	Eviction: rental debt	Night shelter	< 1 year
15	M	27	Single	None	Disability benefits	Detention measure	Supported living facility	< 1 year
16	M	39	Single	None	Unknown	Substance abuse disorder	Mental health facility	> 10 years
17	M	57	Single	None	Wages + social integration income	Substance abuse disorder	Recently housed	5 – 10 years
18	M	47	Single	Yes	Social integration income**	Eviction: neighbourhood nuisance	Couchsurfing	> 10 years
19	M	49	Divorced	Yes	Social integration income**	Loss of income	Night shelter	< 1 year
20	M	44	Single	None	Unemployment benefits	Relationship problems	Temporary housing	> 10 years
21	M	39	Single	Yes	Unknown	Substance abuse disorder	Temporary housing	1 – 5 years
22	F	23	Relationship	Yes	Unknown	Substance abuse disorder	Temporary housing	Unknown
23	F	22	Relationship	None	Social integration income**	Loss of temporary housing	Temporary housing	< 1 year
24	M	22	Relationship	None	Social integration income**	Loss of temporary housing	Temporary housing	< 1 year
25	M	53	Single	None	Social integration income**	By choice	Recently housed	> 10 years
26	M	21	Single	None	Unknown	Social housing waiting list	Couchsurfing	< 1 year

*all information – including *gender* and *direct cause of homelessness* – is based on self-reporting

***social integration income* (Dutch: leefloon) is a minimum income granted by public social welfare centres to residents who lack sufficient means to live and are not eligible for other types of benefits

Housing paradigms

Stepwise approach ('housing ladder', 'treatment first')

The stepwise approach traditionally links housing to treatment or housing support. Although not familiar with the term itself, this approach to housing was the one most participants were acquainted with. The principles seemed highly internalised, as also apparent in the language used, exemplified by a participant who talked about moving his way up in the system: "*I've been put in residential youth care since I was 6. And when I was 16, I moved up to a studio apartment. And then I worked my way up further, went into co-housing and then to live by myself" (P26).* Moving up the ladder was perceived by many participants as a reward: "*Currently I am staying in a mental health hospital. My legal address is there now as well. They changed my address because they can see that I am doing well, making an effort" (P16).*

Several participants provided examples of conditions they were required to meet to obtain or retain housing: *"They can give you a house, but they will take it away again if you're not willing to stop using [drugs]" (P19).* Another participant felt that it was implied that not agreeing to inpatient mental health treatment would result in eviction from his supported housing facility: "*Look, we just want you to go for a brief admission [in the mental health hospital], for like a month, and then [when your mental health stabilizes] you can just return to your studio apartment" (P21).*

None of the participants actively questioned this conditionality, and most participants stated that they would accept mandatory housing support if it were a condition for obtaining housing. Although most considered their living skills to be adequate, participants still described a range of interventions that could be beneficial to them: following up on finances and administration, mediating with neighbours or landlords, aiding with practical matters such as cooking, cleaning,…

Others emphasized the importance of social and emotional support. For example, a number of participants saw housing support professionals mainly as a point of contact, a supportive listener, someone who helps to combat the loneliness that can come with being housed after a period of homelessness.

More important than the specific task content seemed to be the way in which support is provided. Participants were largely positive about assertive housing support that centres on proximity and a proactive attitude. However, many participants said they would drop out if it started to feel compulsory. *"Housing support should not feel like being on a leash" (P21).* Loss of autonomy or the feeling of being made dependent provoked resistance and undermined commitment to the support provided.

Most participants must wait a long time for permanent housing, with or without housing support, and many saw temporary accommodation as an in-between step that can offer some stability. Especially younger participants welcomed this as an

opportunity to acquire independent living skills. On the other hand, temporary accommodation was sometimes perceived as restrictive. One's way of living is judged according to the standards of the organisation, and house rules determine whether one is doing well. Violating these rules can lead to the loss of one's place of residence. This increased the pressure and contributed to feelings of insecurity for many participants.

Also, participants raised concerns about the alignment of 'steps' of the ladder. Often, waiting lists hinder timely transfers. One participant remembered being offered a room in a temporary housing initiative a couple of months after he had already moved into a private rental (P13). A couple recounted having been forced to leave the shelter they were staying in, simply because their allocated time was up and no other solution had been found: "*… my time here is up and I don't know what's going to happen to me. Those things freak people out" (P9).*

This temporariness could be counterproductive or even debilitating: "*Sometimes you are not doing anything wrong, but then still the time can be up, and then you start again from the beginning" (P6).*

Furthermore, the stepwise model felt non-transparent to many respondents:"*It's all unclear to me too. Am I going to move now? Am I not going to move now?" (P15).* Several participants were on multiple waiting lists but had no idea what to expect. They were simply told to wait: *"Maybe you get lucky and you only have to wait 3, 4 years. But maybe 10, 9, maybe 20 years. But you'll always have to wait" (P7).*

It was mostly care providers who made a judgement about the most appropriate next step as opposed to it being a process of shared decision-making: "*If you want to move forward, you'll have to bend to the system" (P25).* Participants were more positive about the stepwise approach when they are involved in the decision-making process and when it is clear that the end-goal is to live independently: *"After a while, you should be able to get off of that ladder" (P26).*

Housing First

Housing First was an unknown concept to all interviewees, but its principles were largely endorsed by the participants once discussed with them. Interviewees indicated that homelessness is associated with numerous problems, many of which reduce or disappear on their own once stable housing is acquired: "*Because that's the most important thing, to have a roof over your head, you know. Because if you have a place to stay, the rest of the things will fall in place. Because if you do not have a place, you are like a bird, you fly from here to there, it's terrible you know" (P9)* and "*When you live on the streets, stability is not an option. You first need a roof over your head" (P21).*

Participants especially subscribed to the principle of separation of housing and treatment, as many of them have experienced loss of residence in this way firsthand.

However, a significant number of participants felt that people in active addiction *should* follow treatment before being housed. One participant stated: *"Because they can give you a house, but you are going to neglect or get rid of that if you are not prepared to tackle your [substance] use as well" (P16).*

Several participants with current or a history of substance abuse expressed doubts about the applicability of Housing First in a phase of active addiction as well. One participant stated: "*Should they have given me a place to live, I might have continued to use drugs. Then that might have gone wrong again… because I was so far gone" (P16).* Another pointed to possible risks associated with living independently at that stage: "*Maintaining your house when you're wasted or…. or setting your couch on fire with a lit cigarette because you fell asleep" (P25).* In this context, mandatory treatment and counselling and linking housing to treatment were considered acceptable by most participants.

Tailored care first

Several participants, however, stressed the importance of an individual assessment, looking at whether someone can be housed immediately or needs treatment first. Overall, participants saw both approaches as complementary and felt that mostly tailored care is needed in the search for (supported) housing: "*We just need a couple of extra ladders" (P13).*

Many participants felt that their needs were not met, that there was no adequate solution available for them: "*[…] but you also have people like me, who fall between the cracks. Too good for one thing, not good enough for another" (P11)* and that they were not listened to properly: "*There is also a need to listen. What does this homeless person want? That is what is missing, I think. Social services just offer things, but 'What do you actually want?'"(P25).*

What makes a home

Most participants approached housing from a practical point of view: "*It doesn't need to be big, we don't need a lot. Just a couch, a TV and a bed. Oh, and some cutlery. And a stove. And a shower" (P1).*

The question of what makes a house a home was difficult, and dreaming of something more than the basics seemed risky: "*We're never sure, you can never know for sure [that you won't end up homeless again]" (P11).*

Many of the interviewees had never really experienced feeling at home somewhere: "*[…] It is hard for me to answer that. I've never really gotten attached to anything or anyone. I've never really had anything in my comfort zone" (P26).* One participant quoted the heavy metal music group Metallica: *"Where I lay my head is home[1]" (P25).*

Another stated that being with her case manager felt like home: "*This [gestures to space where we are sitting and to her case manager] is my home for me. I've been coming here five years, get it?" (P22).* This feeling of home being with a person was reiterated by other participants: "*For me, home feels like when my mother is with me, my friends, my…" (P23).*

Having a place of one's own does not only provide physical shelter, but mental safety as well. Especially the women participating in this study emphasized the difference between "*sitting safely at home instead of scared on the streets" (P10),* stressing that a home is *"a quiet place where you can heal" (P10).* A house provides privacy, autonomy and the possibility for personal development and restoring personal relationships, for example with estranged children.

Most participants were only familiar with the more traditional types of housing initiatives, such as social housing or nursing homes. More specialized facilities were unknown, unless a participant had lived there themselves (e.g. the psychiatric nursing home).

None of the participants linked their health needs to the type of housing facilities most suitable for them. Care needs were never mentioned spontaneously in this context, and when asked, they were perceived as barriers in finding but not in retaining housing. Being housed was perceived as beneficial to health and well-being, though: "*It [housing] makes you healthier in a way. […] you can work out. You can volunteer. You can do basically anything if you have a roof over your head." (P5)*

Alternative housing initiatives were mostly approached from a scarcity mindset: "*I am currently sleeping in an underground parking lot. If that works, why not a container?" (P21)* more than as a valuable addition to the housing landscape.

An absolute minority of participants would prefer to live in an alternative way indefinitely: "*Give me a campsite and I'll put my tent there just like that,… or where can I put my van, I'll sleep in my van" (P25).* Most, however, did not see alternative housing initiatives as an answer to their feeling of 'falling between the cracks'.

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1 From the song Wherever I May Roam, by Metallica

Society and politics

Housing was seen as an essential element of participation in society. Several participants stated that without an address, you do not exist and are excluded from many basic rights and amenities. Participants experienced this exclusion on a less palpable level as well, feeling that society has very little tolerance for PEH. *"You're not allowed to be poor in the city anymore. (…) As a homeless person, you're being chased away everywhere" (P18). "The homeless have to disappear from everywhere." (P2).*

Several participants often felt ignored both on a micro- *"there's a lot of people who just walk past you (P26)* and macro-level *"our voices are not heard" (P26).*

A lot of this seems to stem from a misunderstanding of homelessness. *"People don't realize what it is like to be homeless. They just don't realize" (P20). "People who have a home, they do not seem to understand what someone on the streets has to endure. They look down on you and they insult you." (P10).* Some participants who had been homeless for a long time indicate that this lack of tolerance has worsened over time: *"you used to be allowed to sleep in bunkers or squats, but not anymore" (P26).*

At the same time, participants saw very little structural effort being made to end homelessness. *"I do feel like society is saying look, those homeless people have to get off the streets. (…) but how are you going to do that if you cannot offer them housing or even shelter. Because even the night shelter is fully occupied. Then there is no other option than sleeping on the street." (P26).*

Instead, participants reported anti-homelessness actions being taken, such as being fined for sleeping outside, or public spaces where the lights and music are kept on all night, to discourage sleeping.

For some, this seemed to have led to a loss of trust in society as a whole and feelings of hopelessness: *"And then it really doesn't matter to you anymore. Because you have nothing to lose, because you have nothing" (P26).* Other participants felt a need to stress that not all PEH cause nuisance or are lazy, and asked to be seen for the people that they are: *"Whatever the situation may be, you're still human" (P13).*

Many participants seemed to have at least partially internalized a more stereotypical image of homelessness whilst at the same time not identifying themselves with these stereotypes. They discussed the conduct of others who drink a lot, demonstrate deviant behaviour due to mental health issues, or are violent and thus reinforce negative societal perceptions. *"(…) they are running around drunk, smelling. You won't find any [housing] that way" (P10). "Because I'm not like that, but who believes me? If you are on the streets, they think you are the same" (P21).*

This distancing oneself from other (groups of) PEH was also apparent when discussing government support, with most participants feeling disadvantaged compared to other groups. Native Belgians felt that those with a migration background were favoured: *"It's bad to say it, but much more is being done for foreigners than for their own [native] people" (P3),* whilst participants with a migration background felt discriminated against for not being Belgian (or white). There were many references to the reception of refugees from Ukraine, who, according to participants, were given preferential treatment over refugees or migrants from other countries. *"These people get a chance, but I have to stay on the street, even if I'm European, I can't understand why it's like this" (P21).*

These feelings extended beyond race or country of origin: a participant with a disability felt like this, as did one with a forensic profile. *"There is still a huge stigma attached to people with disabilities" (P11).*

There was a lot of anger towards politicians, whom participants expected to provide more aid. *"Just find the necessary budget. That's all I really want to say to the government" (P11).* Respondents felt that policy makers are too far from the reality of being homeless to develop adequate policies. "*They don't understand what it is like to be homeless. I didn't either, at the beginning. (…) Because actually, there should be someone in politics who has truly been homeless" (P5).*

Participants suggested several courses of action, such as regulating the rental market, putting an end to the practices of slumlords, and using vacant buildings to combat homelessness. "*Those [apartment] blocks are completely empty. (…) Allow people to live there for a year or two, charge them 400 euros a month, so that they can save up (…) and then we can move on" (P3).*

Not taking such measures will lead to many more people becoming homeless, according to participants. *"You can go to work for minimum wage, but one small problem and you can end up on the streets. So, I don't see that problem going away anytime soon. Yes, the policy really needs to be changed." (P13).*

In the meantime, PEH also asked for more (night) shelter and temporary accommodation as the bare minimum needed for survival while homeless.

Discussion

Findings

In this study, we discussed housing paradigms and what makes a home with 26 people experiencing homelessness in Antwerp, Belgium. Throughout the interviews, many participants also commented on society and politics, which we subsequently retained as a third theme.

Although Housing First has become a well-known term, none of our participants were familiar with the concept, nor had they ever heard of a Housing Led approach. On the contrary, the stepwise approach seemed to be instilled in them. Very few participants questioned the conditionality of the stepwise approach unless actively challenged. None of the participants spontaneously framed housing as *a* – let alone *their* – 'human right'. Yet throughout the interviews, many of the other core principles of Housing First (Housing First Europe, n.d.) were mentioned, albeit some more explicitly than others. Participants subscribed to the idea of 'separation of treatment and housing'. In their wish to be heard and involved in shared decision-making, PEH asked for 'choice and control for service users' and 'person-centered planning'.

Somewhat contradictory, many PEH reported (very) long periods of housing instability and repeated periods of homelessness yet deemed their own independent living skills as sufficient without further question. None of them actively linked their history of homelessness or care needs to their own housing or support needs. At the same time, most were not opposed to housing support that is preferably given in an assertive way, again linking to the Housing First principle of 'active engagement without coercion'.

Participants did, however, see support needs in other PEH and were even quite adamant that for some, mainly those in active addiction, mandatory treatment (first) was justifiable. This idea was shared by participants both with and without lived experience of addiction. At first glance, this seems contradictory to a Housing First or Led approach. However, participants mostly wished to be listened to and receive tailored care, which could mean either treatment or Housing First. In that sense, participants do subscribe to the idea of a Housing Led approach but prioritize individual, shared decision-making over programme or paradigm fidelity.

Care providers play a pivotal role in this process, yet research has shown that they may remain biased against Housing First principles (Clarke et al., 2020) and tend to favour lower-needs clients who are more likely to succeed (Padgett et al., 2016; Clarke et al., 2020). A Housing Led approach could help address this by offering a comprehensive range of housing initiatives that enable care providers to tailor housing (support) to the specific needs and preferences of individual clients through a process of shared decision-making.

Achieving this, however, requires a systemic change towards unconditional access to housing rather than the continuation of the development of isolated housing programmes (Allen et al., 2020). Even Housing Led inspired programmes risk moving too far away from the principle of separation of care and housing and effectively circling back towards a treatment-first approach. Our participants themselves illustrated this tension by supporting conditions on housing for some PEH, whilst emphasising the desire for choice and control for themselves. At the same time, several participants stated that they would accept housing support if it were their only way to access housing, even if they did not feel like they really needed it. This illustrates how easily conditionality can become normalised in a system that does not leave room for actual 'choice and control'.

Moving forward, a Housing Led approach should leave room for more unconventional types of housing such as living in a tent or van, as this might be a rightful outcome of such a process of shared-decision making and indeed, would be the choice of a couple of our participants as well.

Critical Housing First literature understands this as an expression of agency and resistance, creating an alternative vision of 'home' and warns against Housing First (or Led) practices being (mis)used to 'mold' people back into 'mainstream life' (Pleace et al., 2022; Kudla and Clarke, 2025). 'Home' has been described as a contested concept by some authors, open to competing definitions depending on disciplinary, political, or lived-experience perspective (Meers, 2023). Our participants, however, mostly desired to live in a regular house and would consider alternative types of housing only out of deficit: only if nothing else was available. It is therefore important to remain open to alternative types of housing while avoiding 'a romanticisation of housing deprivation' (Kudla and Clarke, 2025).

Overall, what makes a house a home was a difficult question for many of our participants, yet their views were consistent with earlier research, as described above; respondents also stated that housing alone does not make a home (Boland et al., 2023; Marshall et al., 2023; Thornhill et al., 2026). Some participants indicated that a 'permanent home' does not necessarily offer security or peace of mind, but can also be associated with stress, loneliness, or the fear of becoming homeless again. Indeed, housing is not inherently positive: the same dwelling can be experienced simultaneously as material shelter, a source of psycho-emotional comfort, and a site of confinement or entrapment, particularly when support is intrusive, closely monitored, or hard to exit (Lowe and DeVerteuil, 2022). This was reflected by participants who argued against housing support that *feels like a leash (P21)* and in favour of *getting off the [housing support] ladder at some point (P26).*

A Housing Led approach must therefore take into account that, regardless of the type of housing (support), a sense of home develops through opportunities to find safety and security, exercise autonomy, build relationships and reconnect with the surrounding community (Boland et al., 2023; Thornhill et al., 2026). Stable housing may provide the conditions for these opportunities, but it will not be sufficient on its own (Padgett, 2007). Participants emphasised the importance of housing support professionals in this process (Sandu et al., 2021; Thornhill et al., 2026). Such support should prioritize relational continuity, shared decision-making and person-centered care, and have the ambition to go beyond housing retention and symptom control. Housing support should aid people to feel secure and at home, (re)build meaningful social roles and find their place in society, instead of merely ensuring a roof over their heads.

The relational nature of home connects housing to social acceptance, which has been described as 'one of the most fundamental aspects of being human' (Jensen, 2020). Currently, respondents felt excluded from, and ignored by, society, describing exclusionary design and law practices such as being fined for sleeping rough or bright lights and loud music in public spaces. These practices are part of a recognizable policy pattern of (re)criminalisation of homelessness, documented in cities worldwide (Rosenberger, 2020; Justesen, 2023; Skovlund Asmussen, 2024; McCreath, 2025). Human rights advocates argue that these exclusionary measures diminish the visibility of these social issues, stripping PEH of an important advocacy tool – visibility in itself – and making it harder to foster a shared sense of responsibility and hold decision-makers responsible (Rosenberger, 2017; Skovlund Asmussen, 2024; Udenfor, 2024).

Respondents felt that policymakers were too far from the reality of being homeless to develop adequate policies and suggested that there should be people in politics who have experienced homelessness. This echoes the call of McIntosh and Wright (2019) to let lived experience not merely be a source of information, but guide practice development. Meaningful participation entails more than consulting PEH about predefined programmes. It requires lived experience to inform how problems are understood, which solutions are considered, and how effectiveness or success is measured at the micro-, meso- and macro-levels.

Empowering PEH and ensuring their voices are heard is worthwhile not only in the development of housing initiatives, but for people's personal recovery and to work towards a more understanding and inclusive society in general.

Although we aim to draw attention to the importance of this, no people with lived experience of homelessness were involved in the data analysis or writing of the article. This is an important limitation of our research and illustrates the gap between advocating for participation and executing it in practice.

A modest step in bridging this gap was taken by the dissemination of this study's preliminary findings to members of the recently established Antwerp Street Syndicate[2] — a citizen platform composed of both people who are or have been experiencing homelessness and engaged citizens. Those present were most surprised by the limited interest of study participants in the development of alternative types of housing. During the discussion, we hypothesized that this might have been partially due to the fact that these alternatives were mere abstract ideas and thus hard to imagine or discuss.

Further, the Street Syndicate agrees with participants that there is a fundamental underrepresentation of PEH in policy and research. Addressing this is its main purpose. However, structural collaboration or embedding of their platform within care organisations or even academia is far from what their goal is. They wish to remain a fully independent forum. Partially informed by this research project and our discussion, the Syndicate is currently preparing a co-creation project that aims to further explore alternative types of housing with a focus on visualisation of the possibilities and peer-led interviews.

Strengths and limitations

Although we managed to include a diverse sample of participants in the interview study, we found that participants' views did not appear to differ substantially by demographic characteristics or history of homelessness. One notable exception was that female participants placed greater emphasis on the insecurity that comes with being homeless and, conversely, on feeling safe as an important aspect of housing.

The interviewers put in special effort to include this population often considered to be "hard-to-reach" for research, for example by interviewing in a local park – as this is where the participants felt safest – or by recruiting participants throughout continued presence in the day and night shelters, often returning without new participants. Still, there is at least a partial selection bias, as all recruitment was done through homelessness services. The views of PEH without any link to these services remain unknown. Given the potentially emotional impact of the interview, however, it was deemed appropriate to interview only those who could receive support from their care provider afterwards if needed.

The interviews took place during the winter, at which time none of the participants were sleeping rough, yet most participants did report experiencing this at one point. The views of people who exclusively sleep rough might be different from those of the participants. Similarly, people who were not in a fit state to provide consent to participation were not included in the study. Their ideas might also differ from the results reported.

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2 Dutch: Antwerps Straatsyndicaat

In addition, no PEH without legal residence were included in the study, as this group has little to no access to permanent housing. Nevertheless, they represent nearly half of the PEH population in Antwerp(Hermans, 2024), and their needs remain largely unaddressed. Further research into their needs, alongside the development of humane policies safeguarding their rights, is urgently required.

Both interviewers have prior experience of working with PEH. LVS is a mental health nurse and PhD candidate, working in an outreach team for PEH in Antwerp. KV is a master's student and has previously worked as a social worker in an Antwerp prison, where she also encountered many people who had experienced homelessness. None of the participants, however, had any prior working relationship with any of the interviewers, and all were clearly informed that participation was voluntary. They were also informed that the information shared would not impact their trajectory. Still, the working experiences of both researchers have undoubtedly influenced the course of the interviews and data analysis. To partly counter this, both researchers coded the transcripts independently, and the retained themes were reviewed by the senior researchers involved in the project, namely KVDB (psychologist), MD (psychiatrist) and JM (sociologist).

Finally, data saturation was reached after interviewing 26 participants, yet the study remains relatively small-scale. Further research in diverse contexts would be valuable to assess the consistency and transferability of these findings.

Conclusion

In this study, we discussed housing paradigms, what makes a home, and society and politics with 26 people experiencing homelessness. The stepwise approach seemed instilled in most participants. None of them were familiar with the terms Housing First or Housing Led, yet they largely subscribed to its core principles, with the exception of people in active addiction for whom they found mandatory treatment to be justifiable. Overall, participants saw both paradigms as complementary, but prioritised tailored care and shared decision-making over programme or paradigm fidelity.

Ultimately, the question is not only which housing paradigm should guide practice development, but who gets to define what housing, support and making a home mean. Housing and support programmes should be adapted to individual needs and preferences as assessed in a process of shared decision- making. Policymakers and programme developers should support this by providing a diverse and accessible range of housing and extensive, assertive housing support, developed in structural collaboration with people with lived experience of homelessness.

A couple of participants expressed a desire to be permanently housed in an alternative type of housing, such as a van or campsite, but most preferred a more conventional type of house. Participants' accounts showed that, in the end, a home – whatever form it may take – is *more* than a place 'where you lay your head'. It entails feeling safe and being able to connect with others, which in turn enables recovery and participation in society.

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