

European Observatory on Homelessness

European Journal of Homelessness

**Special Edition –
What Works in Homelessness**

Volume 15, No. 3_ 2021



EUROPEAN JOURNAL OF HOMELESSNESS

Journal Philosophy

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

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Editorial – Introduction to the Special Issue

Why Now?

The origins of this ‘What Works’ special issue of the *European Journal of Homelessness* goes back a few years, when I set up the Centre for Homelessness Impact to take on the challenge of improving our understanding of what works in a systematic manner. The creation of the Centre, and the stark realisation that much is known about how to address homelessness, but much remains unknown, led to the decision to produce a special edition of the journal which would highlight the evaluation and data work already being done across Europe and beyond, and put forward a plan to help accelerate impact.

For me and my co-editors, Eoin O’Sullivan and Hannah Green, this volume is a celebration of the best examples of robust evaluation and ‘knowledge into practice’ examples in the Global North. They offer a blueprint for how we might go about righting the ship by outlining how we can improve how homelessness is tackled, before exploring various ‘what works’ methodologies and themes that will enable us to address it. It brings together disparate voices to unite behind a movement for evidence in homelessness, and hopes to inspire the next generation of researchers to specialise in rigorous evaluation and synthesis methods.

We hope that readers will find, as we do, the mix of the more accessible and more technical contributions stimulating. We are grateful to each and all contributors.

Why a New Approach is Needed

This is a decisive moment for homelessness in Europe. In June 2021, the Portuguese Presidency of the European Commission negotiated a Declaration on the European Platform on Combating Homelessness. The declaration commits all 27 Member States of the European Union to ending homelessness by 2030, with the provision of permanent housing identified as the primary solution to ending homelessness (Portuguese Presidency of the Council of the European Union 2021, 2021).

There is an opportunity to make limited resources go further and improve outcomes, by focusing on what works, pushing for greater experimentation and creativity, and changing the culture and behaviours around the use of evidence and data to drive continual improvements.

European countries have long been admired for the housing rights they give to people. But despite all this great work and significant investment in solving homelessness over the years, we are not making rapid enough progress in addressing and preventing homelessness. The ongoing COVID-19 pandemic is making a challenging situation even worse. We lack proven, cost-effective, scalable strategies. Our fiscal predicaments may also be stifling innovation and creativity.

The Centre for Homelessness Impact (CHI) envisions a future in which rigorous evidence is created efficiently, as a routine part of government operations, and used to drive improvements to policies and services aimed at helping people access and maintain stable, affordable housing. Local and national governments across Europe have already taken many important steps towards accomplishing this vision, but much work remains.

So what more can be done? Based on our work at the CHI, three strategies offer the best chance of accelerating progress:

1. Build the evidence of the policies, practices, and programmes that achieve the most effective results to improve the lives of people who are homeless or at risk.
2. Build the capacity needed to act promptly on the best knowledge available to improve decisions and help limited resources go further.
3. Use evidence-led communications to change the conversation around homelessness, challenge stereotypes, and make sure that homelessness is not a defining factor in anyone's life.

The underlying argument is that to succeed we need a new 'what works' movement in homelessness (Teixeira, 2020). The movement is about using evidence and reason to figure out what works and what does not, allowing us to reject the dangerous half-truths that can pass for wisdom. It advocates acting promptly on the best available knowledge, while being aware of the limits of what we know. Also important is using reliable evidence to craft campaigns and communications that get the public to change how they think and talk about homelessness, to create long-lasting change.

Why are the ideas of 'what works' in homelessness important? 1

The 19th-century French physician Pierre-Charles-Alexandre Louis put a lot of leeches out of business. For centuries before his research, doctors believed that removing a few pints of a person's blood would help cure all types of ailments. In the 1830s, doubting bloodletting's alleged benefits, Louis carried out one of the

¹ This section draws on the section with the same title in Teixeira, L. (ed.) (2020) *Using Evidence to End Homelessness* (Bristol: Policy Press).

first clinical trials. He compared the outcomes of 41 pneumonia victims who had undergone early and aggressive bloodletting to the outcomes of 36 pneumonia victims who had not. The results were clear: 44% of the bled patients subsequently died, compared to only 25% of the patients who remained leech-free (Morabia, 2006). Louis' discovery helped convince physicians to abandon bloodletting and his study became a touchstone of the modern evidence-based medicine movement, which trains physicians to conduct, evaluate, and act according to research.

Today, as then, the experimental, empirical approach matters. It matters because many attempts to do good fail — even those with a high profile. Scared Straight is a good example of misguided intuition passing for wisdom: this is a programme that originated in the USA which takes children who have committed misdemeanours to visit prisons and meet inmates to confront their likely future if they continue to offend (IMDB, nd). The concept proved popular not just as a social programme but as entertainment; it was adapted for both an acclaimed documentary and a TV show on the A&E Network and Netflix, which broke ratings records for the network upon its premiere. There is just one problem with Scared Straight: multiple studies have found that the programme actually increases rates of offending among its participants (Washington State Institute for Public Policy, 2004). More recently, teenage pregnancy prevention programmes which use 'magic dolls' to simulate the needs of a new baby have been found not to work, according to a previous study (Brinkman, 2016). The 1 000 teenage girls who took part in programmes in Western Australia were more likely to become pregnant than girls who did not. Similar programmes are still used in schools in 89 countries, including the USA.

Research shows that many attempts to do good are like Scared Straight and 'Magic Dolls': when tested with rigorous randomised controlled trials, nearly 80% of individual interventions do not work, and between 1-10% have negative effects.² But while many attempts to do good fail, some succeed, and the best examples of success are exceptional. Consider the evidence-informed provision of bed nets in sub-Saharan Africa, where malaria is one of the leading killers of children. Insecticide-treated nets (LLINs) effectively prevent deaths and many other non-fatal cases of malaria. They are also relatively inexpensive: about \$5 per net (GiveWell, 2021). The charity evaluator GiveWell estimates that a donation of \$7 500 to the Against Malaria Foundation will save someone's life.

In other areas of policy, giving cash grants to people living in poverty in low-income countries has the strongest track record of success. Cash transfers — directly transferring money to poor individuals — are a priority programme of GiveWell as they allow individuals to purchase the things most necessary to them.

² But see the latest 80000 blog on this topic: <https://80000hours.org/articles/effective-social-program/#what-can-we-conclude-from-all-the-above>, [accessed 15 April 2019].

Strong evidence indicates that cash transfers lead recipients to spend more on their basic needs (such as food) and may allow recipients to make investments with high returns, with no evidence of large increases in spending on items like alcohol or cigarettes, in spite of what many unhelpful stereotypes would suggest (GiveWell, 2012).

Homelessness has yet to find its direct cash transfers or insecticide-treated mosquito nets. People are not aware of the best ways to help end homelessness for good, and so miss opportunities to make a tremendous difference. No wonder then that in lieu of evidence, leaders often base their decisions on dearly-held ideologies, the actions of others, and strategies they have used in the past. As a result, we inadvertently risk causing harm in the manner of Louis' bloodletting doctors.

These challenges are not unique to homelessness, of course. We now take it for granted that when our doctor prescribes a treatment, it has good evidence behind it. Yet the body that assembles that evidence for medicine, NICE, only just passed its 20th birthday. The comparable bodies for education and policing are less than a decade old. For many areas of policy and practice, including homelessness, the journey is only just beginning.

What has been the journey in homelessness?

Many things have changed for the better since I first started working in homelessness 13 years ago. We have a much richer understanding of the causes and consequences of homelessness and the need to address its root causes instead of its symptoms (Ministry of Housing, Communities and Local Government, 2019). The types of services offered to individuals and families experiencing housing instability have changed for the better in the past few decades. For example, there has been a shift towards a model of support that prioritises immediate housing and away from the traditional model of requiring preconditions, such as sobriety and employment, before obtaining permanent housing (MHCLG, 2019). Evidence played an important role in building support for this shift, with several randomised evaluations showing that a Housing First approach could more effectively house people experiencing chronic homelessness than hostel-based approaches.³

Evidence also played a key role in the move from a crisis-driven approach to prevention to a more strategic and targeted methodology. In the UK, post-devolution Scotland took the bold step of strengthening its statutory safety net for those affected by homelessness, culminating in the ambitious commitment to house all

³ The next challenge is to ensure that the intervention, in particular given how costly it is, is targeted effectively. There is a danger that, unless local need is understood, more units than strictly required are made available, potentially diverting resources from other promising interventions such as Rapid Rehousing.

those deemed to be homeless (The Homelessness [Abolition of Priority Need Test] [Scotland], 2012). More recently it took the decision to provide people with support from their local authority regardless of whether they have a local connection with them or are intentionally homeless (Scottish Government, 2019). In England and Wales, local authorities now have a duty to help prevent homelessness regardless of a person's level of priority, and the period during which a person is deemed to be 'threatened with homelessness' has been extended from 28 to 56 days. In Finland, the introduction of a new evidence-led strategy in 2008 resulted in a significant decrease in long-term homelessness at a time when numbers were rising in most other European countries.

Also welcome is the increase in the number of rigorous studies on homelessness in recent years. On average, just four studies were published per year from 2000 to 2009, but since 2010 that has increased to nearly 10 per year (CHI, 2018). The Centre for Homelessness Impact (CHI) Evidence and Gap Map of effectiveness studies demonstrates that there is now an evidence base on which to build an infrastructure for evidence-based policies (CHI Evidence and Gap Maps, 2021). With the exception of legislation, there are studies we can learn from in most outcome areas, even if significant gaps remain.⁴

According to a recent survey, 65% of the public think decisions about homelessness should be mostly based on evidence, rather than just views about what is the right thing to do. A majority would like to see important decisions made based upon evidence of what works as well as the views of those affected by or at risk of homelessness. These featured ahead of expert's views, the cost/amount of money needed, and public opinion itself (Ipsos MORI, 2020).

However, you only need to cast a glance at CHI's Evidence and Gap Maps to see that something is off as far as the European research tradition is concerned: while in North America a large number of impact evaluations exist, in Europe researchers have tended to be concerned with more qualitative and conceptual explorations, with profound implications for our ability to answer in a rigorous manner questions about effectiveness and value for money. Very few initiatives have been subject to rigorous evaluation – given the 80% rule (that most interventions turn out to be ineffective when subjected to rigorous scrutiny), this should be a matter of serious concern.

It is time to approach one of the seemingly intractable challenges of our time in a new way. If we fail to do this, then we risk looking unscientific when compared with other fields, further losing the public's trust and, most importantly, failing the people we exist to help.

⁴ The largest concentrations of studies are on health and social care interventions, followed by accommodation-based approaches.

Where Do We Go From Here and Overview of the Special Edition

After nearly a decade and a half of building links between evidence, policy, and practice in homelessness, I have come to understand that we are in the business of capturing hearts and minds. All of us who aim to increase the use of evidence in homelessness and elsewhere should avoid assuming that the magic impact fairy will take our research and turn it into change on the frontline or in policy (Fiennes, 2020). Key to this is to ask what problems decision makers are trying to solve, building demand for more data-driven decision making, and not overselling the availability of evidence-based practices or underestimating what it takes to scale them.

But if we want to gain momentum for evidence-based approaches with a view to ending homelessness for good, we also need to start routinely testing the effectiveness of intervention while taking a bird's eye view of the issue. Only then can we figure out how to achieve breakthrough results at population level and use data to drive improvement on an ongoing basis.

Since its inception in May 2018, the CHI has been reflecting on these questions. Our answer is threefold:

1. Build the evidence of the policies, practices, and programmes that achieve the most effective results to improve the lives of people who are homeless or at risk. Policymakers and practitioners must have good information on which to base their decisions about improving the viability and effectiveness of programmes and policies. Today, there is surprisingly little rigorous research on homelessness policy and programmes (Culhane et al., 2020). Examples of evaluations using experimental and quasi-experimental methods, such as the trials discussed in Chapters 2 and 3 of this special issue, are still rare. Of the 562 studies in CHI's Evidence and Gap Map of Effectiveness studies, 8-9% are from North America and only around 15% of the total (87 studies) are from Europe. These shortcomings need to be addressed: we need more experiments to identify which interventions are effective and cost-effective in addressing homelessness, and we also need more – and better – systematic syntheses of those findings.

We also need to systematically reorient resources to the most promising interventions and drive prevention upstream. For example, work by the CHI shows local authorities in England are spending an average of £12 500 per year/person or £240 per week/person in Temporary Accommodation (TA). CHI estimates that moving 25% of temporarily accommodated households in the 15 local authorities with the highest rates of TA use to 'settled' Private Rented Sector with support could produce savings of up to £500 million over a 5-year period (CHI Analysis, 2020).

Trialling promising interventions, such as family mediation and other prevention activities, in a range of UK settings would both enrich our domestic evidence base and help identify which variations of these interventions would allow a more effective and cost-effective response to the needs of particular parts of the homeless population. Crucially, to stop the flow of people who experience homelessness, we also need to address the larger, systemic housing affordability issues, and ensure welfare support and wages are adequate.

In the first section of this special edition, Tim Aubry and colleagues share their reflections on how insights from major studies they led challenged prevailing assumptions about how best to support people with long term experiences of homelessness in Canada and France. While Juha Kaakinen and Saija Turunen outline the successes and challenges of introducing Housing First at scale in Finland.

This section also addresses systems issues, reminding us that efforts to end homelessness for good will be fruitless unless we create housing systems that leave no one behind, or see homelessness through a public health prism. Kelly Doran and Adam Tinson set out lessons learned from the COVID-19 pandemic, and Rita Ranmal and colleagues explore how health inequalities intersect with housing and homelessness. Also in this section, Hal Pawson explores housing trends in Europe and Australia, and how they intersect with homelessness levels, while Danny Dorling reflects on the use of evidence to tackle homelessness and housing affordability issues. Guillermo Rodriguez-Guzman and colleagues provide an overview of the first ever randomised controlled trials in the field in the UK, covering areas as diverse as cash transfers, out of borough placements, and landlord behaviour. Jonathan Roberts explores how social entrepreneurs and philanthropists can make the most difference and Dennis Culhane and Gary Painter examine the role of social investment in ending homelessness.

2. Build the data infrastructure and capacity needed to act promptly on the best knowledge available to improve decisions and help limited resources go further. Existing data-collection arrangements limit the sector's ability to detect the incidence and duration of homelessness – for example, in the identification and monitoring of people sleeping out or 'sofa-surfing'. Take, for example, how the COVID-19 pandemic brought into focus the scale of street homelessness in many European countries. In England, the numbers accommodated under Everyone In exceeded 33 000 between late March and the end of November last year – suggesting that the street homelessness population over a full year vastly exceeds the Government's annual 'snapshot' headcount statistic (MHCLG, 2021). But outside of London (where the CHAIN database operates alongside the annual

headcount), there is no robust approach to data collection that allows comprehensive monitoring of and insight into this larger street based sleeping population – in aggregate, and into how it changes on a daily basis through inflows and outflows.

Also, existing approaches to the analysis of data sets provide decision-makers with little ability to predict who is at risk of homelessness, limiting the ability of statutory and voluntary agencies to take preventative action. Encouraging initiatives are underway to address aspects of this agenda. But right now, the sector does not know enough about the problem – who is homeless or at risk of becoming homeless, why, and for how long.

In the UK, the Office for National Statistics (ONS) and CHI are taking steps to improve data collection and data architecture in the homelessness sector. A new set of indicators has been created that, for the first time, bring together all the data needed to understand success and track progress towards ending homelessness for good (Share Homelessness Indicators Platform, nd). The reporting platform could be used to support the European work plan, and the Institute for Global Homelessness and UN-Habitat are working hard to improve the state of global homelessness data as described by Louise Casey and Lydia Stazen.

But local areas and communities also need help using data and data analysis more effectively – as a management tool to generate innovation, systems reengineering, and continuous improvement. Local authorities across the UK produce a large volume of performance data, but many of the performance metrics are highly imperfect (e.g. focusing on outputs rather than outcomes), and find it very challenging to go beyond performance reporting to use data to drive performance improvement. CHI's What Works Community (WWC) is helping build the required capacity where it is needed most: in local areas throughout the UK. Focusing on skill-building at the local level, identifying and implementing sentinel practices that can be replicated, and sharing and translating successes and challenges across the UK, the WWC is creating a new way of working for local areas in the UK that values and uses evidence to address and prevent homelessness in both the short and long-term.

In the second section of this volume, Stephen Aldridge sets out how improvements to data and evaluation have influenced policy in the UK and elsewhere, and Emily Tweed and Ian Thomas explore how data linkage is being used to reveal new insights on the root causes of homelessness in Scotland and Wales. Evelyn Dyb and colleagues set out how homeless registrations are being used in the Nordic countries to address homelessness more effectively. Also in this part of the journal, Dame Louise Casey and Lydia Stazen provide an overview of the Global Homelessness Data initiative, which is trying to answer the question “how many people are homeless around the world?” for the first time.

3. Use evidence-led communications to change the conversation around homelessness, challenge stereotypes, and make sure that homelessness is not a defining factor in anyone's life.

Evidence shows how the public see the 'typical' homeless person as an outsider or victim – someone whose circumstances place them in a separate category of society. When asked about their expectations for the future, most see homelessness as an impossible problem that personal actions can do very little to solve. This fundamental misconception may be preventing our work from progressing (Teixeira, 2017).

Sadly, communications from sector organisations and the media are supporting these paradigms and likely increasing the public's sense of fatalism about homelessness. Why? Because we tend to give weight to stories emphasising the depth and scope of the problem, headlining its prevalence and individual impact, while omitting evidence-informed solutions. By doing so we are encouraging the public to believe that homelessness is just an inevitable part of modern society (Teixeira, 2017).

The good news is that we have the power to change this by telling different kinds of stories. Evidence suggests that people are able to think in more productive ways about homelessness when presented with a systems view on the subject. Currently, only one-third of the sector's communications applies a systems perspective on homelessness, suggesting that we are missing valuable opportunities to illustrate consequences and solutions, and to show how wider society benefits from collective action.

We can improve how we communicate about homelessness by following simple rules, e.g. by challenging the public's image of a 'typical' homeless person (including avoiding images that reinforce the public's stereotypes of homelessness), or discussing the social and economic conditions that shape people's experiences, and avoid talking about personal choices and motivation (it may seem like a good idea but evidence shows this strategy backfires). We should also talk about how systems are designed – and can be redesigned. The public should understand that the current situation is largely due to policy decisions and that we can change it by making different choices.

If we follow these guidelines and make sure we tell stories that are concrete, collective, causal, conceivable, and credible, then our communications will be fuller, more systems-oriented, and a lot more likely to build public support, both for direct services and social and policy change. Just as importantly, it will ensure we are not reinforcing unhelpful attitudes and stereotypes. Simply suggesting that somehow communication is 'the answer' to ending homelessness is of course wrong. But strategic communication – when approached thoughtfully, informed by data, and delivered with precision – is an important part of the solution.

In the third part of this special issue we turn to the role of first-hand experiences of homelessness and what works for young people and children in care. Hannah Green reviews what works in engaging people with experiences of homelessness in service design, delivery, and evaluation, while Steve Gaetz and colleagues set out how international collaboration influenced how prevention in youth homelessness is understood in Canada and Wales. Michael Sanders and colleagues address the perceptions of children's social care in England, and we conclude with a paper from Matt Peacock on the role of the arts in preventing or ending homelessness.

Moving Forward

Homelessness is one of the most tragic forms of poverty and it blights rich countries as much as poor ones. A new approach is needed that includes a commitment to improving people's lives through data and evidence as its centrepiece. A huge amount of commitment and effort has only taken us so far until now. And history shows—whether dramatically reducing smoking, alcohol-related traffic fatalities, or deaths from malaria—that bold goals seem impossible until they aren't.

At the CHI and the European Observatory on Homelessness, we make the data and evidence on homelessness more accessible, and support that evidence to be applied in practice. But in this moment of great change, we are also aiming to mobilise a growing chorus of 'what works' champions – from local councils, to central government, and universities across Europe – to ensure that, as part of aiming to end homelessness for good, we use this opportunity to understand how to end it effectively, how to end it sustainably, and, most importantly, how to end it with evidence. Join us.⁵

Lígia Teixeira, Centre for Homelessness Impact

⁵ To sign up to the End It With Evidence campaign, visit <https://www.homelessnessimpact.org/end-it-with-evidence>.

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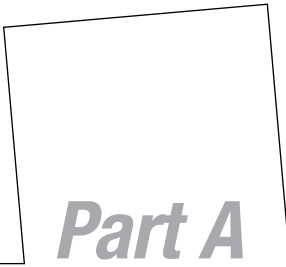
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Articles



Part A



A Tale of Two Countries: A Comparison of Multi-Site Randomised Controlled Trials of Pathways Housing First Conducted in Canada and France

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➤ **Abstract_** *The paper compares the results from the large multi-site trials that examined the effectiveness and cost-effectiveness of Pathways Housing First (HF) in Canada and France. Findings from the two trials on programme fidelity, housing, service utilisation, and other outcomes, and of cost-benefit and cost-effectiveness analyses are presented. Both trials showed Pathways HF to be far superior to treatment as usual in ending homelessness for people with a serious mental disorder. Economic analyses found cost offsets for a portion of the cost of HF programmes in Canada and for the whole cost in France as a result of reduced use of health care, social services, and justice-related services. Findings from the trials have contributed to the scaling up of HF in both countries.*

➤ **Keywords_** *Housing First, homelessness, randomised controlled trials*

Introduction

Over the past 20 years, the Pathways model of Housing First (HF) has garnered the most research attention as an evidence-based approach to ending chronic homelessness (Aubry et al., 2020). The well-defined Pathways approach includes a set of principles, structures, and processes on how housing and support are combined to end chronic homelessness (Tsemberis, 2015). In particular, Pathways programmes provide rent assistance and intensive community support that assist people who are homeless to move immediately into regular housing, which can be in the private market or social housing (Padgett et al., 2016).

The provided rent subsidy facilitates this move by ensuring that individuals pay a maximum of 30% of their income towards rent. The community support is delivered in the form of Assertive Community Treatment (ACT) or Intensive Case Management (ICM). Both support approaches on their own are considered evidence-based with extensive research supporting their effectiveness (Ponka et al., 2020). The objective of the paper is to compare the findings of the two large multi-site trials of the Pathways HF approach conducted in Canada and France.

In response to a major study conducted by the Senate of Canada on mental health highlighting the large number of people with mental health problems who were homeless (The Standing Senate Committee on Social Affairs, Science, and Technology, 2006), the Federal Government of Canada commissioned the Mental Health Commission of Canada, through funding from Health Canada, to conduct research, testing the most promising approach for ending homelessness for single adults with a serious mental disorder. The \$110 million study, known as the At Home/Chez Soi (AHCS) demonstration project, was launched in 2008 and included funding for both the delivery of HF programmes and research focused on their implementation, effectiveness, and cost-effectiveness over four years (Goering et al., 2011). AHCS entailed a pragmatic randomised controlled trial conducted with 2 148 individuals in five cities, evaluating the Pathways model of HF with people with a serious mental disorder who were homeless or precariously housed.

The French Government launched Un Chez Soi d'Abord (UCSA) in 2011, a multi-city trial of Pathways HF, in response to a report to the Minister of Health that highlighted the significant health issues faced by people who were chronically homeless and the lack of effectiveness of crisis services available to them (Girard et al., 2010). Aided by Canadian researchers involved in the AHCS project, the multi-city trial was coordinated by DIHAL (Délégation Interministérielle pour l'Hébergement et l'accès au Logement), a government organisation created in 2010 and mandated to address homelessness in France. UCSA was also a pragmatic randomised controlled trial conducted with 703 participants in four French cities testing the Pathways model of HF (Tinland et al., 2013). UCSA had virtually the same objectives

as developed by the Canadian research team (i.e., evaluation of implementation, effectiveness, and cost-effectiveness analysis). A notable difference in the two trials involved the Canadian trial testing HF with ICM for people with moderate needs in addition to examining HF with ACT for people with a high level of needs (Goering et al., 2011).

In comparing the two trials, the paper presents a description of the research design, findings from the assessment of programme fidelity to the Pathways HF model, programme outcomes, economic analysis results, and the use of the results to scale up HF in each of the two countries. The paper focuses on the findings from the two trials related to HF with ACT for people with a high level of needs

Research Design

At Home / Chez Soi

The research design for AHCS comprised a pragmatic, multi-site trial of the effectiveness of HF using mixed methods that also included an implementation evaluation and economic analyses (Goering et al., 2011). It was intended to provide policy-relevant evidence on the extent Pathways HF was effective in real-life conditions in five Canadian cities of different sizes and population, namely Moncton, Montreal, Toronto, Winnipeg, and Vancouver. The demonstration project provided funding for the development and delivery of HF to existing community agencies, including rent supplements for participants. To facilitate agency buy-in and develop programmes that fit with local circumstances, each city had the option to have a third intervention arm involving an adapted HF program.

Before being randomised in the study, participants were stratified according to the severity of their psychiatric problems and their level of functioning into High Need or Moderate Need groups. In all of the cities except Moncton, those in the High Need group were randomised to receive HF with ACT or treatment as usual (TAU), while those in the Moderate Need group were randomised to receive HF with ICM or TAU. There were not enough participants in Moncton to stratify based on need, and as a result, all participants received HF with ACT. TAU was composed of all other health and social services available in the community except for HF. The focus of the current paper is on the findings on participants with High Needs in AHCS because they were most similar to the participants in the French trial who also received HF with ACT.

Referrals for AHCS were received from a wide range of community agencies in the five cities, including shelters, drop-in centres, outreach teams, inpatient and outpatient hospital programmes, and criminal justice programmes. Participants were

followed for two years after their enrolment. Face-to-face interviews, focused on housing history, health status, functioning, quality of life, and health and social service use, were conducted at baseline, 6, 12, 18, and 24 months. Telephone interviews were also conducted at 3, 9, 15, and 21 months and focused on housing history and employment status.

Un Chez Soi d'Abord

The research design for UCSA consisted of a prospective multi-site randomised trial of the effectiveness of HF using a combination of quantitative and qualitative methods (Tinland et al., 2013). The trial was conducted in four major cities in France, namely Lille, Marseille, Toulouse, and Paris. The primary objective of the trial was to assess the impact of HF relative to TAU on the use of high-cost health services, notably emergency department visits and hospital stays. A secondary objective was to evaluate the impact of HF on health, housing, and psychosocial outcomes. Similar to AHCS, funding for UCSA covered the cost of the delivery of HF programmes and the research. For the study, an HF programme with ACT, that could serve 100 clients, was developed in each of the cities.

Referrals for the study originated from mobile outreach teams, community mental health services, general hospitals, and health care and public service teams. Face-to-face quantitative interviews, focused on health care use, health status, quality of life, and functioning, were conducted at study entry and 6, 12, 18, and 24 month follow-up. A combination of focus groups, interviews, and observations of programmes was conducted to evaluate the implementation of the programmes and inform their scalability to other communities in France.

Study Participants

At Home / Chez Soi

The criteria for inclusion in the AHCS study were the following: (1) Legal adult status (18 years old or older/19 years old or older in British Columbia); (2) homeless (no fixed place to stay for seven nights or more and no immediate prospect for ending homelessness) or precariously housed (primary residence is single room occupancy unit, rooming house, or hotel/motel and having had two or more episodes of being homeless in the past year); and (3) presence of a mental disorder with or without a co-existing substance use disorder as determined by DSM-IV criteria on the Mini International Neuropsychiatric Interview (MINI [Sheehan et al., 2008]) at study entry (Goering et al., 2011). Exclusion criteria were the following: (1) Not receiving services

from an ACT or ICM program; (2) not having legal status as a citizen, landed immigrant, refugee, or refugee claimant; and (3) being relatively homeless (living in inadequate housing, long-term institutions, or temporarily homeless).

The current paper focuses on HF programmes with ACT, which was delivered in AHCS to people with a high need level. The criteria for participants to be identified as being in high need were the following: (1) Diagnosed on the MINI as having a psychotic disorder or bipolar disorder at study entry; (2) assessed on the Multnomah Community Ability Scale (MCAS) as having a score of 62 or less, which falls in the moderate to severe level of disability (Barker et al., 1994); and (3) had two or more hospitalisations for mental illness in any one year in the past five years, or a comorbid substance use disorder, or arrest or incarceration in the six months before study entry (Goering et al., 2011).

Un Chez Soi d'Abord

The inclusion criteria for UCSA mirrored those of the Canadian trial arm focused on people with high need. In addition, to be eligible for UCSA, individuals had to have French health insurance coverage and be able to speak French. Exclusion criteria were: (1) Being unable to provide informed consent; (2) having dependent children or being pregnant; or (3) having a DSM-IV Axis I diagnosis other than schizophrenia or bipolar disorder.

Comparison of the AHCS and UCSA samples

Table 1 presents the demographic and clinical characteristics of the samples for the Canadian and French trials. The sample showed significant differences in gender, education level, housing status at study entry, lifetime duration of homelessness, physical and mental health, and community functioning. In particular, the Canadian sample had a lower proportion of male participants, high school graduates, and participants with diagnoses of major depressive episode, - panic disorder, manic / hypomania episode, mood disorder with psychotic features, and psychotic disorder, compared to the French sample. On the other hand, the Canadian sample had a higher percentage of participants who were absolutely homeless and with a diagnosis of post-traumatic stress disorder and the presence of substance-use problems.

Compared to Canadian participants, French participants reported higher levels of physical health functioning on the SF-36 and recovery on the Recovery Assessment Scale and lower levels of mental health functioning on the SF-36. French participants were also assessed as having lower levels of functioning on the MCAS than Canadian participants. Overall, in line with their eligibility criteria for participants, the sample of individuals in both studies presented with significant mental health difficulties.

Table 1. Baseline Characteristics of Study Participants in the Two Trials

Characteristic	Canada: At Home / Chez Soi (ACHS; N=950)		France: Chez soi d'abord (UCSA; N=703)		p-values [†]
	N	%	N	%	
Age – Mean (M, SD)	39.4	11.03	38.7	10.00	.17
Male sex	648	68	580	83	<.001
Not a high school graduate	561	59	490	73	<.001
Housing status at study entry					
Absolutely homeless	731	79	463	66	<.001
Precariously housed	219	21	238	34	<.001
Current psychiatric conditions					
Major depressive episode	412	43	388	55	<.001
Manic/hypomania episode	153	16	168	26	<.001
Post-traumatic stress disorder	256	27	109	16	<.001
Panic disorder	203	21	230	35	<.001
Mood disorder with psychotic features	194	20	274	42	<.001
Psychotic disorder	492	52	418	59	.002
Substance use problems	692	73	443	64	<.001
SF PCS [‡] (M, SD)	44.3	12.1	50.1	11.6	<.001
SF MCS [‡] (M, SD)	37.8	12.4	34.6	10.0	<.001
MCAS total score (M, SD)	54.3	7.3	51.1	7.2	<.001
RAS total score (M, SD)	79.2	13.6	81.5	17.1	.003

[†] p-values for results of independent samples t-test or chi-square test;

[‡] AHCS based on SF-12;

[‡] UCSA based on SF-362

Programme Fidelity

At Home / Chez Soi

Two fidelity assessments were conducted by an external team as part of implementation evaluations of 10 HF programmes in AHCS (Nelson et al., 2014; MacNaughton et al., 2015). Five of the programmes provided HF with ACT and the other five programmes delivered HF with ICM. The external team conducting the fidelity assessments was made up of clinicians, researchers, housing experts, and a consumer representative with expertise in HF. The fidelity assessments occurred over a full day and included observation of programme staff meetings, interviews and focus groups with programme staff, chart reviews, and focus groups with programme participants.

The first fidelity assessment was conducted 9-13 months after the launch of each of the HF programmes (Nelson et al., 2014). Table 2 presents the scores on the fidelity scale domains and items for the HF with ACT programmes in AHCS from this first assessment. Overall, 71% of the items making up the fidelity assessment measure were rated at 3.5 on a 4-point scale, reflective of high fidelity. Average

scores indicative of high fidelity were evident on items in the domains of Separation of Housing and Services (3.9), Service Philosophy (3.0), and Housing Choice and Structure (3.6). Lower average scores were apparent on the items in domains of Programme Structure (3.1) and Service Array (2.8).

The second fidelity assessment was conducted on HF programmes in AHCS after 24–29 months of operation, at which time programmes were at full capacity (MacNaughton et al., 2015). Programmes showed improvements in fidelity since the first assessment with 78% of the items across the programme averaging 3.5 or more. The average score increased on the items in four of the five domains, namely Separation of Housing and Services (3.9), Service Philosophy (3.6), Programme Structure (3.5), and Service Array (3.4). The average score of items in the Housing Choice and Structure (3.6) domain remained the same.

Un Chez Soi d’Abord

Fidelity assessments of the UCSA programmes located in four cities were conducted as part of a study of 10 HF programmes in nine countries located in Europe and North America (Aubry et al., 2018). The assessments occurred in 2016 after the UCSA trial was completed (Estacahandy et al., 2018). In three of the sites, programmes had been in place for five years. The HF programme at the fourth site had been implemented for four years. The methodology for the fidelity assessment entailed having programme staff complete, independently, a self-administered fidelity measure. Subsequently, programme staff at each of the sites reviewed their responses and worked together to achieve a consensus rating on each of the items.

Table 2 presents the scores on the fidelity scale domains and items across the sites from this assessment of UCSA programmes. The average total score for the four sites was 3.6, falling in the high fidelity range (Estacahandy et al., 2018). Overall, 70% of the items making up the fidelity assessment measure were rated at 3.5 on a 4-point scale, reflective of high fidelity. The average scores of the sites ranged from 3.4 to 3.7, with one of the programme’s average scores falling under the high fidelity cut-off. Average scores on the fidelity measure showed high levels of fidelity (i.e., 3.5 or more on a 4-point scale) on the items in three of the five domains. The domains were Housing Process and Structure (3.7), Separation of Housing and Services (3.9), and Service Philosophy (3.8). For the other two domains, Service Array (3.1) and Programme Structure (3.2), average item scores indicated moderate fidelity.

Table 2. Average Fidelity Scores on Domains and Items across Sites in the Two Trials

Canadian Trial ^a		French Trial ^b	
Fidelity Domains and Items	Avg.	Fidelity Domains and Items	Avg.
<i>Housing Choice and Structure</i>	3.6	<i>Housing Process and Structure</i>	3.7
Housing Choice	3.4	Choice of Housing	3.8
Housing Availability	2.0	Time from Enrolment To Housing	3.5
Permanent Housing Tenure	4.0	Assistance with Furniture	4.0
Affordable Housing	4.0	Affordable Housing with Subsidies	3.3
Integrated Housing	4.0	Types of Housing	4.0
Privacy	3.9	Choice of Neighbourhood	3.5
		Proportion of Income Required For Rent	4.0
<i>Separation of Housing and Services</i>	3.9	<i>Separation of Housing and Services</i>	3.9
No Housing Readiness	3.9	Requirements to Gain Access to Housing	4.0
No Programme Contingencies of Tenancy	4.0	Requirements to Stay in Housing	4.0
Standard Tenant Agreement	3.9	Lease or Occupancy Agreement	4.0
Commitment to Re-house	3.9	Effect of Losing Housing on Client Housing Support	3.8
Services Continue Through Housing Loss	4.0	Effect of Losing Housing on Other Client Services	3.8
Off-site Services	4.0	Proportion of Clients with Shared Bedrooms	4.0
Mobile Services	3.6	Provisions in The Lease or Agreement	4.0
<i>Service Philosophy</i>	3.7	<i>Service Philosophy</i>	3.8
Service Choice	4.0	Choice of Services	3.5
No Requirements for Participation in Psychiatric Treatment	4.0	Requirements for Serious Mental Illness Treatment	4.0
No Requirements for Participation in Substance Use Treatment	4.0	Requirements for Substance Use Treatment	4.0
Harm Reduction Approach	3.9	Approach to Client Substance Use	4.0
Absence of Coercion	3.9	Promoting Adherence to Treatment Plans	3.5
Person-Centred Planning	3.0	Elements of Treatment Plan And Follow-Up	3.8
Interventions Target a Broad Range of Life Goals	3.6	Life Areas Addressed with Programme Interventions	4.0
Assertive Engagement	3.4		
Motivational Interviewing	3.3		
Participant Self-Determination and Independence	3.6		
<i>Service Array</i>	3.2	<i>Service Array</i>	3.1
Housing Support	4.0	Maintaining Housing	3.5
Psychiatric Services	4.0	Psychiatric Services	3.0
Substance Abuse Treatment	2.8	Substance Use Treatment	2.4
Employment and Educational Services	2.2	Paid Employment Opportunities	2.6
Nursing/Medical Services	3.4	Physical Health Treatment	3.4
Social Integration	3.0	Social Integration Services	3.8
24-h Coverage	3.0	Volunteer Opportunities	2.8
Involved in In-patient Treatment	3.3	Paid Peer Specialist on Staff	3.3
		Education Services	3.4

Programme Structure	3.5	Programme Structure	3.2
Priority Enrolment for Individuals with Obstacles with Housing Stability	4.0	Client background	4.0
Contact with Participants	3.6	Frequency of face-to-face contacts per month	3.0
Low Participant/Staff Ratio	4.0	Staff-to-client ratio	4.0
Team Approach	3.8	Team Meeting Components	2.7
Frequent Meetings	4.0	Frequency of staff meetings to review services	3.5
Participant Representation in Program	1.8	Opportunity for client input about the program	2.2
Weekly Meetings/Case Review	3.2		
Peer Specialist on Staff	3.8		

Scores are averaged across sites, representing the five sites in Canada (ACT programs) and four sites in France.

^aFidelity assessments were conducted by an external team at each of the AHCS sites using the fidelity measure developed and validated by Stefanic et al., (2013).

^bFidelity assessments were conducted through conciliation of self-administered of the fidelity measure developed and validated by Gilmer et al. (2013).

Programme Outcomes

Housing outcomes

At Home / Chez Soi

As shown in Figure 1, HF participants in AHCS spent significantly more time stably housed than TAU participants in all of the cities over the 24-month study period (Aubry et al., 2016). At the end of the study, more HF participants were in stable housing and had a longer housing tenure than TAU participants. HF participants also rated their housing quality significantly higher than TAU participants. A large effect was found on housing outcomes in favour of HF when comparing them to TAU (Aubry et al., 2016).

Un Chez Soi d'Abord

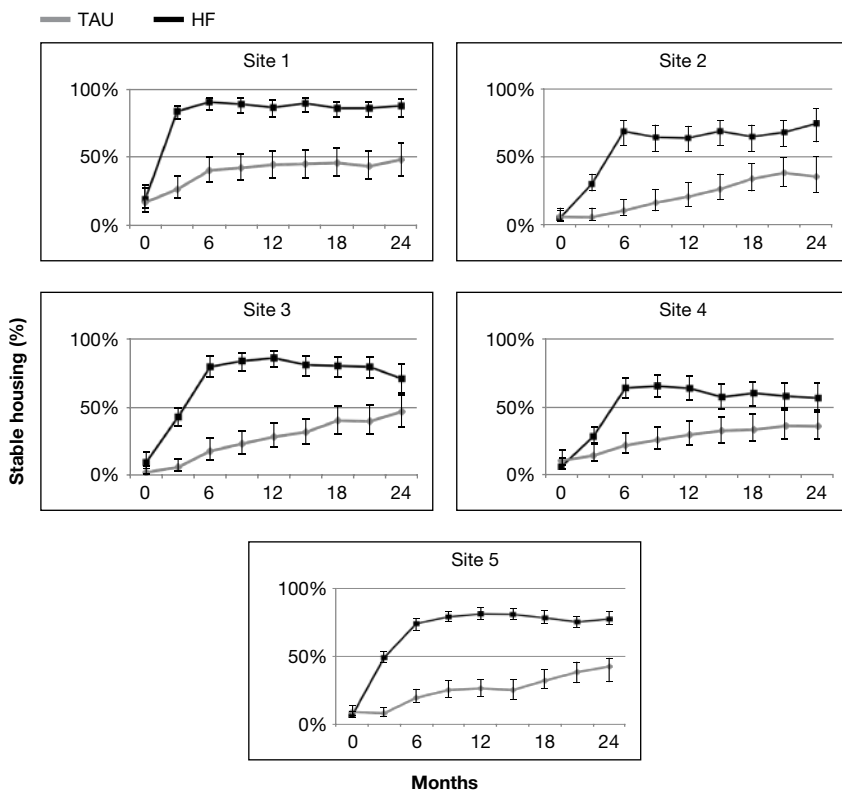
As shown in Figure 2, HF participants in UCSA spent significantly more time stably housed than TAU participants in the four cities over the 24-month study period (Tinland et al., 2020). At the end of the study, more HF participants were in stable housing than TAU participants. The pattern of housing stability at all the sites in the two studies were similar, with proportion of time stably housed for HF participants increasing in the first six months followed by a plateau that remained consistent and was much higher than TAU participants for the remaining time in the study.

Emergency department visits and hospitalisations

At Home / Chez Soi

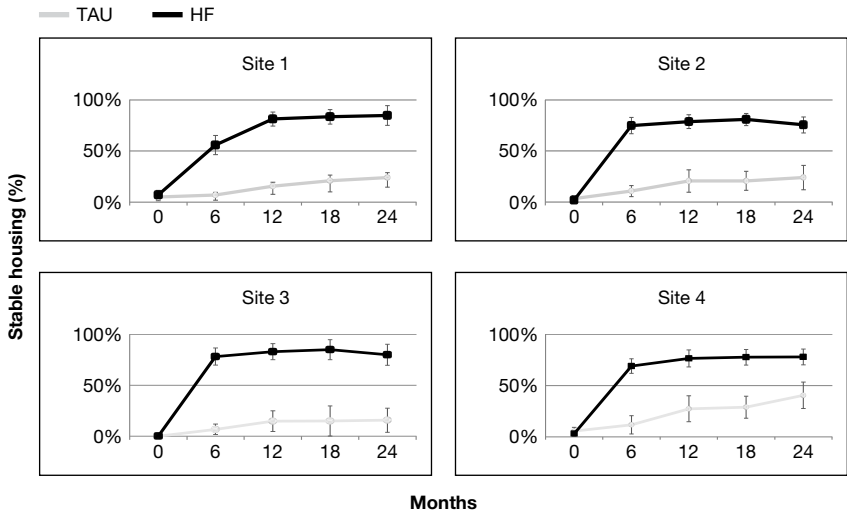
In AHCS, both HF and TAU participants showed significant decreases in days hospitalised (pooled decrease=53%) and in emergency department visits (pooled decrease=62%) over the 24-month study period (Aubry et al., 2016). There were no significant HF and TAU group differences for these outcomes over the 24 months of the study.

Figure 1. Site-specific per cent of time in stable housing in 3-month periods during 24 months of participants in Canadian sites



Site 1=Moncton; Site 2=Montreal, Site 3=Toronto, Site 4=Winnipeg, Site 5=Vancouver

Figure 2. Site-specific per cent of time in stable housing in 6-month periods during 24 months of participants in French sites



Site 1=Lille; Site 2=Marseille; Site 3=Paris; Site 4=Toulouse

Un Chez Soi d'Abord

HF participants in UCSA spent significantly fewer days hospitalised than TAU participants throughout the study (average of 52 days vs. 84 days [Tinland et al., 2020]). Both groups showed similar decreases in hospital admissions and emergency department visits over time (Tinland et al., 2020).

Other outcomes

At Home / Chez Soi

Both HF participants and TAU participants showed substantial improvements in community functioning throughout the AHCS study (Aubry et al., 2016). While HF participants' community functioning improved more rapidly in the first year of the study (Aubry et al., 2015) and improved more throughout the study as a whole, at the end of the study there was no group difference in community functioning due to the TAU group's continued improvement in the second year (Aubry et al., 2016).

The quality of life of both groups showed a moderate to large improvement over the study period (Aubry et al., 2016). Similar to community functioning, HF participants' quality of life improved more rapidly than TAU participants in the first year (Aubry et al., 2015), and they had higher average scores throughout the study period. However, at the end of the study period, the gap had narrowed and the quality of life of the two groups was not significantly different (Aubry et al., 2016).

Both HF and TAU participants showed significant improvements in health status, mental health symptoms, and a significant reduction in substance use problems, and arrests (Aubry et al., 2016). There were no significant differences between the HF and TAU groups for these outcomes except for a small group difference in mental health symptoms at the final follow-up, favouring TAU. Physical integration did not change significantly for either group (Aubry et al., 2016).

Un Chez Soi d'Abord

In UCSA, quality of life improved for both HF and TAU groups from baseline to 24 months, but HF participants showed a significantly higher improvement in two areas: psychological well-being and autonomy (Tinland et al., 2020). These subscale scores on the quality of life measure were significantly higher than the TAU group. HF participants also showed greater improvements in mental health functioning than TAU participants (Tinland et al., 2020).

Both HF and TAU participants showed improvements in recovery, severity of mental health symptoms, and medication adherence over the study period (Tinland et al., 2020). There were no significant differences between the HF and TAU groups for these outcomes. There were also no significant differences between the HF and TAU groups in terms of the presence of substance use dependence and level of physical health functioning (Tinland et al., 2020).

Cost-Benefit and Cost-Effectiveness Results

At Home / Chez Soi

An economic analysis was conducted that entailed comprehensive costing of health care, social services, and justice-related services as reported by participants in study interviews (Latimer et al., 2020). It also included social assistance and disability benefits as costs. Unit costs for different services were identified based on financial reports of organisations. Converting Canadian dollars into euros using the Purchasing Power Parity for France (OECD, 2022), the annual average cost of HF for people with a high level of need in the AHCS project, including rent supplements and community support provided through ACT, was €13 160 (2016). Of this amount, 69% of the HF programme cost was offset through decreases in health care, social, and justice related services. Relative to the TAU participants, cost reductions were the result of a decrease in psychiatric hospitalisations, outpatient health care, emergency shelter stays, and incarcerations. A cost-effectiveness analysis estimated that an additional day of stable housing through HF cost €26.97 (2016).

Un Chez Soi d'Abord

A societal perspective was also adopted in the economic analysis conducted from self-report data on health care, social services, justice services, and welfare benefits collected in the UCSA study (Lemoine et al., 2021; Tinland et al., 2020).

Similar to the Canadian study, service costs at a unit level were estimated based on the financial reports of organisations. The annual average cost of HF for UCSA participants, including rent supplements and ACT support, was €14 000 (2016). More than this entire amount was offset through savings associated with decreased service use – taking all costs into account, HF participants cost €217 less than control group participants over the 24-month study (Tinland et al., 2020). A major portion of the reduced health service use was the result of reduced length of stay in psychiatric hospitals relative to TAU participants. A projection over 35 years, incorporating data from the trial into a Markov model, estimated that each additional day in stable housing cost €5.31 (2017) more compared to standard care. HF was a strictly more effective and less costly intervention over the first 14 years.

Scaling Up of HF Post-Trial

At Home / Chez Soi

The positive results of AHCS led to changes in policy and practice. First, the Government of Canada shifted its funding for homelessness programmes to HF. The 10 largest Canadian cities were to allocate 65% of their federal funding to HF, and smaller and Indigenous communities were to allocate 40% of their funding to HF (Macnaughton et al., 2017). Previously, such mandates did not exist.

Second, the Mental Health Commission of Canada, which administered AHCS, created a training and technical assistance programme to expand HF in Canada. A three-year programme was led by HF founder, Dr. Sam Tsemberis, and implemented in 18 communities. The programme in each community included an initial training and consultation, a follow-up training for the team that implemented HF, a fidelity assessment conducted one year from the beginning of the HF programmes, all conducted in-person with periodic telephone consultations (Nelson et al., 2019).

Macnaughton et al. (2018) conducted in-depth case studies to examine the scaling up of HF across Canada following AHCS. A total of 14 new HF programmes were created and nine existing programmes were enhanced in six communities (Macnaughton et al., 2018). The average fidelity score for these programmes across domains was 3.3/4, which is comparable to those found in AHCS (Macnaughton et al., 2018). In addition to increased capacity and coordination related to the development of new HF programmes, a community of interest for the province of Ontario was formed to promote HF education, advocacy, and high-quality implementation (Worton et al., 2019).

Un Chez Soi d'Abord

The positive impacts and large cost offsets of the demonstration project in France led to the consolidation of the DIHAL and to scaling up a plan for HF that the National Government adopted as its five-year strategy (2018 to 2022) to combat homelessness (Estacahandy et al., 2018). The main elements presented in this plan were based on HF principles, including the provision of immediate access to affordable housing and flexible and individualised support, the separation of housing and support, and challenging the notion of a lack of capacity to be able to live independently for this population. For people experiencing homelessness with psychotic disorders, the French Government decided to not only sustain UCSA programmes in the original four sites, but also to create and fund four new sites per year over the five years from 2018 to 2022, resulting in HF programmes in 20 new cities.

Conclusion

Both trials showed HF to be superior to TAU in assisting people with serious mental disorders and a chronic history of homelessness to become stably housed. Moreover, the effect size for housing outcomes in favour of HF is very large in both studies. These findings join the other trials conducted in the United States in clearly demonstrating that HF is more effective than standard care in ending homelessness (Aubry et al., 2020; Baxter et al., 2018). These results showing large impacts in RCTs conducted in three different countries suggest that HF can be adapted to different contexts without losing its potency on housing outcomes.

Both HF and TAU participants in the Canadian trial showed similarly significant decreases in the number of days hospitalised (Aubry et al., 2016). Compared to TAU participants, HF participants in the French trial showed a greater decrease in number of days in hospital but a similar decrease in hospital admissions (Tinland et al., 2020). These different results suggest that participation in HF programmes is leading to shorter hospital stays compared to receiving TAU services in France, but not in Canada. It is possible that HF participants in France are being discharged faster from the hospital because they are more likely to be able to return to their housing to convalesce. In contrast, a lack of community services including accommodation options in France may delay discharges for TAU participants. Deinstitutionalisation of psychiatric hospitals that started in the 1960s in Canada occurred much earlier than in France, resulting in more community services being currently available (Henckes, 2016).

In both studies, HF and TAU recipients showed significant improvements on many of the health and psychosocial outcomes. These findings are in line with other studies that have shown strong effects of HF on housing outcomes relative to

standard care but similar impacts on non-housing outcomes (Aubry et al., 2020; Baxter et al., 2019). These equal improvements for HF and TAU on some outcomes may be reflective of regression to the mean as well as the effectiveness of community services without housing (Aubry et al., 2016).

As well, the fact that the fidelity assessment findings in both studies found HF programmes to have the lowest scores on items in the Service Array domain (i.e., capacity to deliver a wide range of services either by the programme or through community resources) may also play a role in the limited effects of HF on health and psychosocial outcomes. An international study of fidelity on HF programmes located in nine countries found average scores on the Service Array items to have the lowest score, indicating that the issue of providing support that targets the range of HF recipients' needs is a very common challenge faced by HF programmes (Greenwood et al., 2018).

It is noteworthy that HF participants in the French trial reported greater improvements in their quality of life concerning psychological well-being and autonomy compared to TAU participants. This finding joins some previous research that has shown HF to produce greater improvements in quality of life than standard care (Aubry et al., 2020). In contrast, HF participants in the Canadian trial showed greater improvements in quality of life than TAU participants in the first year of the trial (Aubry et al., 2015). However, differences between the two groups were no longer present at the end of the second year (Aubry et al., 2016). The different findings for the two studies may be the result of using different measures of quality of life (AHCS: Lehman's QoL Interview [Lehman, 1996]; UCSA: S-QoL 18 [Auquier et al., 2003]).

Taken together, the two trials provide strong evidence that there are significant cost offsets to the costs of HF programmes as a result of decreases in service use once HF recipients are housed. The calculated costs for HF to produce each additional night of stable housing are very modest in Canada (€26.97). In France, the intervention is cost-saving; a projection over 35 years estimates the additional cost of a day of stable housing is only €5.31. These findings combined with the large effects on ending chronic homelessness for individuals with serious mental disorders have made HF attractive for governments in Europe and North America.

Indeed, the findings of both trials led the Canadian and French Governments to integrate HF into their national housing policies (Laval & Estahacandy, 2019; Macnaughton et al., 2017). In the case of Canada, new HF programmes were created in response to new federal targeted funding in the promotion of the approach (Nelson et al., 2020), and some provinces endorse the approach at least to some extent and fund it accordingly (Alberta Government, 2022; Gouvernement du Québec, 2021). Nonetheless, considerable funding continues to be directed towards non-evidence-based approaches (Nelson et al., 2020). In contrast, the

French Government's decision to systematically scale up and scale out the Pathways model of HF into 20 cities over five years is a shining example of research informing policy (O'Sullivan et al., 2021).

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Finnish but not yet Finished – Successes and Challenges of Housing First in Finland

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Introduction

In 2008, the Government of Finland decided to implement a national programme to end long-term homelessness (PAAVO I 2008-2011). The programme was targeted at people experiencing long-term homelessness - people who had been homeless for over one year or recurrently homeless during the last three years and with serious social and health problems. The target group consisted mainly of the most vulnerable group of people who were staying in temporary accommodation in shelters and hostels or sleeping on the streets.

The programme was based on the Housing First philosophy, which means providing, unconditionally, a person experiencing homelessness with an independent rental flat with their own rental contract and support if needed and wanted. As the programme was built on the provision of permanent housing, it had direct consequences for the shelter sector. It was through this national programme that a process of renovating and converting the existing shelters and hostels into supported housing was started. This structural change was mainly accomplished between 2008 and 2011. Since then, PAAVO I has been followed by other national programmes targeting homelessness: PAAVO II 2012-2015 which also focused on long-term homelessness, AUNE 2016-2019 focused on prevention, and the current cooperation programme 2020-2022 aims to halve the number of people experiencing homelessness by 2023.

It can be argued that a systemic change in the Finnish homelessness policy and service system has been accomplished. Homelessness in Finland has decreased continuously since 2013. This is particularly noteworthy as Finland suffered from a serious economic recession in 2008 leading to high unemployment and economic problems which normally result in the increasing risk of homelessness. Also, the trend of homelessness in Finland in recent years has differed markedly from the all-European trend. For example, the vast majority of people experiencing home-

lessness in Finland stay with friends or family and, according to the statistics, the number of people sleeping on the streets is low. The total number of people experiencing homelessness and who live alone has decreased by 45% since the beginning of the first national programme in 2008, and by 75% since 1987 when the data on homelessness was first collected. On an individual level, the latter means almost 13000 permanent homes, and in many cases, new beginnings.

The success of the Finnish model has been attributed to an integrated strategy. But is it possible to distil those elements of the Finnish model that have worked well and those failures or missteps that should be avoided in the future? This article is a preliminary exercise for that kind of analysis.

Ending Homelessness by 2027

The successes and failures can be analysed on two main levels: policy level and service level. Undoubtedly the greatest achievements have been on the policy level. Since 2008 there has been a strong political consensus on the importance of tackling homelessness in a radically new way. All governments, despite different political coalitions, have agreed to continue programmes to end homelessness. This political consensus has enabled the implementation of Housing First as a national policy and has secured sufficient funding, especially during PAAVO-programmes 2008-2015. Funding has been targeted especially for housing investments and for increasing support work in cities.

The implementation of the PAAVO programmes was a showcase of wide partnership and collaboration between several state authorities, ministries, cities, and NGOs both on local and national levels. Implementation was based on letters of intent and contracts between the State and big cities. This meant that there was a shared understanding of common goals and a very practical plan for execution which had a direct impact on the service level. The role of the Ministry for the Environment in coordinating and steering these national programmes cannot be underestimated.

The current Government has an even more ambitious goal. The aim is to halve all types of homelessness by 2023, and to completely end it by 2027. Although Housing First is now mentioned in the Government's programme for the first time, the role of the State is much lighter and there is no actual national coordination or leadership. The responsibility has been transferred to the municipalities which now implement and develop Housing First according to their own plans without the synergy of the national level work as seen on the previous programmes. This may be reflected in uneven development on the service level in programme cities. In addition, there is no ear-marked funding for the support services. This development may, unfortunately, endanger the goals set in the Government's programme.

On a service level the renovation and conversion of shelters and hostels into supported housing with individual flats and on-site support has had a profound impact on the landscape of the homelessness services. The almost total disappearance of traditional temporary accommodation, such as hostels and shelters, has induced a real systemic change. This renovation has also shown that it is possible to find an active, progressive role for traditional organisations like the Salvation Army, and the fear of losing bed places and jobs proved to be unfounded. For example, the Salvation Army now has a labour force four times greater to provide support services than they had in the shelter and hostel system.

These single site supported housing units have proved to be an integral part of the housing options for people experiencing homelessness. These buildings have provided around 20% of all housing options during PAAVO programmes, whereas scattered flats in the private or municipal rental sector have been the main option all along. These supported housing units have proved to be important in providing intensive support for those who need it. Buildings vary from size between 16 to 125 flats. Smaller units might form a tighter community whereas bigger units provided a fast solution for prolonged problem of homelessness. All units are in good locations, normal surroundings among services, and close to public transport. Experiences from these units have shown that to achieve a well-functioning, rehabilitation orientated community, it is the service attitude of the on-site personnel which plays a more important role than the size of the unit, as demonstrated by the Salvation Army when replacing the security staff with support workers. One rather unique phenomenon related to these single-site units has been the development of environmental work with neighbourhoods. The work responds to any concerns the neighbourhood may have and creates working relations with people living near the unit. The Helsinki Deaconess Institute, in particular, has developed this work form systematically.

The support in the Finnish Housing First model is based on the idea of combining intensive case management with the use of general basic social and health services. This idea has, however, been over-optimistic as the accessibility to the services has not always been adequate, nor sufficient, to meet the support needs. Life situations of people experiencing homelessness may often be complex and this should also be taken into account when municipalities are tendering for housing services. For example, problematic substance use is deeper and human tragedies more severe with the increased use of designer drugs. This poses a challenge for support services. Competitive tendering should not overly tie down or limit the work with residents. It is also evident that developing support in scattered housing has not been systematic enough. To develop and provide tailor-made support simply requires more resources.

We are also acutely aware of the need to develop answers to providing adequate housing and support for those who fail in Housing First. This group, which has been labelled the '10-20%', is without a doubt the common development target in all countries implementing Housing First. Fortunately, the focus has finally started to shift. Instead of trying to find reasons for the failures from individual characteristics, more emphasis is being put into looking at faults at the structural level.

Although in Finland we have a long timeline of reasonably reliable statistics on people experiencing homelessness, we are still in the early stages of collecting systematic data on the other aspects, especially on the effectiveness of services. To assess and organise adequate support, there is a need for more specific information on a client level about the actual housing arrangements and their permanency. In particular this information is needed for the largest group of people experiencing homelessness – those who are living temporarily with friends and relatives.

Conclusion

It is appropriate to end on a positive note. It is clear that one of the main reasons for the decreasing trend in homelessness in Finland is the successful work on prevention, about which a couple of measures need special mention. The most important structural element of prevention has been the increase in affordable social housing supply, especially social housing targeted at young people under the age of 30. This youth social housing was an integral part of the PAAVO programmes. Furthermore, the development of the housing advice services have been phenomenal and has successfully prevented extensive evictions. Finally, Finland has long traditions in the development of measures against homelessness in a number organisations and projects. This work is most often done in cooperation between numerous actors, highlighting the involvement of people with lived experience.

Homelessness and Public Health: Lessons Learned from the COVID-19 Pandemic

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Introduction

Homelessness has long been recognised as a health issue – how could it not be when people experiencing long-term forms of homelessness have mortality rates many times higher than those of the general population (Baggett et al., 2013; Cheung and Hwang, 2004; Hwang et al., 2009; Ivers et al., 2019)? But the COVID-19 pandemic has illustrated sharply how homelessness is not only connected to individual health but to public health. In this article we give examples of successes as well as missteps in public health responses to homelessness during the COVID-19 pandemic in the United Kingdom (UK) and the United States (US) and describe lessons for the future.

Absent Data

Nobody knows the true toll of the COVID-19 pandemic on people experiencing homelessness because this data is not uniformly tracked. In the UK, the Office for National Statistics (ONS) estimated the deaths of 16 people experiencing homelessness as a result of COVID-19's first wave, through June 2020 (ONS, 2020a). To provide some context, the ONS estimated that 778 people died while homeless in England and Wales in 2019. Data on testing from London suggests more outbreaks and higher levels of infection in the second wave (Story and Hayward, 2021). Fuller evidence on the extent of infections and possible mortality among people experiencing homelessness is not yet available for the UK's second wave.

In the US, Federal agencies do not report on deaths of people experiencing homelessness, but one website has counted 462 deaths across 23 U.S. localities from COVID-19 through August 2021 by aggregating information from news articles and

local websites (Fowle and Gray, 2021). In Los Angeles alone, there were 1 637 hospitalisations and 219 deaths from COVID-19 among people experiencing homelessness as of late August 2021 (LAC Dept of Public Health, 2021). These numbers fall short of early US projections that, absent intervention, over 21 000 people experiencing homelessness would require hospitalisation for COVID-19 and over 3 000 would die (Culhane et al., 2020), likely due in part to undercounting (McFarling, 2021) and in part to the health-protective responses described later in this article.

The pandemic has illustrated deficiencies in public health data keeping and reporting as it pertains to homelessness. In many cases, public data on homelessness was simply absent. In the US, reporting of much COVID-19 data – particularly in absence of strong federal leadership in the first year of the pandemic – generally fell to states and cities. Many localities presented data stratified by age, gender, race, ethnicity, and other characteristics but fewer reported specifically on homelessness. The National Health Care for the Homeless Council (a non-governmental organisation) has compiled data on COVID-19 specifically reported by health centers that receive Health Care for the Homeless funding (NHCHC, 2021). In the UK case, data on a range of COVID-19 outcomes is difficult to come by, largely being collected by individual organisations and not retained centrally, although the ONS expediting mortality statistics is a notable exception.

Lack of data on COVID-19 infections among people experiencing homelessness hampered efforts to plan and respond appropriately and may have even lulled some into a false sense of confidence that people experiencing homelessness were not at significant risk. Illustrating the limitation of our knowledge, one large study found that 52% of people experiencing homelessness in Paris tested positive for SARS-CoV-2 antibodies, most of whom did not report having had COVID-19 symptoms and would have been uncounted among official tallies of those infected (Roederer et al., 2021). A key component of post-pandemic work should include greater collaboration between homeless service and public health sectors to ensure future inclusion of homelessness in public health data in a manner that is complete, timely, transparent, and accessible. Some such collaborations have been born or built upon during the pandemic and will hopefully continue to grow and address the health crisis of homelessness even absent the additional crisis of an infectious disease pandemic.

Rethinking Communal Shelters

If not already evident, the COVID-19 pandemic illustrated with certainty that communal shelters are not conducive to good health. In the US, shelter outbreaks – where up to 66% of a given shelter's residents were found to be infected with the virus – were reported across the country (Karb et al., 2020; Mosites et al., 2020). Most individuals were asymptomatic, illustrating the challenges of relying on symptom screening and highlighting the importance of addressing the environment itself. In New York City, age-adjusted COVID-19 mortality rates were over 50% higher among single adults living in shelters compared to NYC overall (Routhier and Nortz, 2020). While many shelters were spared – whether due to protective measures within the shelter or primarily to luck remains unclear – research clearly illustrated the potential of SARS-CoV-2 to spread rapidly once introduced into a communal shelter (Mosites et al., 2020). The outbreaks observed in communal shelters stand in contrast to relatively lower numbers of COVID-19 infections observed among people experiencing unsheltered/street homelessness (albeit with the obvious limitation of incomplete data), which now makes some sense given what scientists have learned about airborne transmission of SARS-CoV-2.

The pandemic led to dramatic new responses to homelessness implemented with a speed previously only dreamed about. In the UK, it was recognised that communal shelters meant self-isolation for those with symptoms was impossible, and so the Everyone In scheme in England, and similar initiatives in the rest of the UK, focused on self-contained units, frequently in hotels (NAO, 2021; O'Carroll et al., 2021). Everyone In was enacted quickly in March 2020 despite lacking any form of contingency planning and had housed 33 000 people by the end of November 2020. Everyone In has been accompanied by other funding streams, including those increasing the COVID-19 security of communal shelters and funding for local authorities to increase GP registration among people experiencing street homelessness in order to increase vaccination rates (NAO, 2021). A Faculty for Homeless and Inclusion Health report covering the first wave argued the minimal use of communal shelters was a significant contributor in preventing widespread infection among people experiencing homelessness in the UK, with a contrast drawn with higher infection levels in the US (Story and Hayward, 2020). Everyone In, alongside the national lockdown and increased infection control in hostels, has been credited with preventing around 21 000 infections and 266 deaths among people experiencing homelessness in the first wave up to May 2020 in the UK in one estimate (Lewer et al., 2020). However, in the second wave in the winter of 2020/2021, communal shelters were permitted to be used as a last resort in cold weather. As a result, there are indications the public health response was less effective. In London during the second wave, those in communal hostels had an infection level around twice that of the general population, while those in self-contained accom-

modation had an equivalent level (Story and Hayward, 2021). There were also a significant number of outbreaks in hostels compared to emergency hotels, 22 compared to two in the second wave (Story and Hayward, 2021). This highlights the trade-off for health since the beginning of the pandemic, between cold weather exposure and communal shelters with a high risk of infection. In part due to this concern, the Scottish Government announced plans to phase out the use of communal night shelters in favour of rapid rehousing welcome centres (Scottish Government, 2020).

Similarly, widespread efforts in the US (Rice et al., 2020) to move individuals out of unsheltered settings or communal shelters and into non-communal settings such as hotel and motel rooms have been credited with preventing the feared massive number of COVID-19 infections among people experiencing homelessness (Colburn et al., 2020). The total number of individuals moved to hotels during the pandemic in the US is unknown since these efforts occurred by locality, but to give some sense of scope, over 14 000 people were moved in California, 9500 in New York City, 2 000 in Vermont, and 1 100 in Washington State.

Health impacts of such hoteling efforts have spanned beyond prevention of COVID-19. The initiatives are not without complexity, of course. For example, interviews with those who lived in the emergency hotels in the UK revealed some found it harder to manage health conditions (Cookson and Orchard, 2021). More research is needed, but most findings from early evaluations have been quite positive. One study in Washington State found movement of people experiencing homelessness into hotels was associated with improvements in self-reported health and wellbeing, reduced interpersonal conflict, increased feelings of safety, and reduced 911 emergency calls (Colburn et al., 2020). Similarly, a small study in Manchester, UK found that people who moved to hotels reported improved physical and mental well-being, stability in substance use treatment, and increased hope for the future (Harrison, 2020). The University College London Hospitals (UCLH) COVID-19 study found 35% of those assessed in emergency hotel accommodation in London said their physical health had improved (Cookson and Orchard, 2021). Researchers at the St Mungo's homelessness charity attributed this improvement in health to safe and secure accommodation, on-site support workers, and problems viewed holistically rather than in isolation (Cookson and Orchard, 2021). Others have reported promising new adaptations of substance use treatment and harm reduction combined with hoteling efforts (O'Carroll et al., 2021; Fuchs et al., 2021).

We have also seen benefits from hotel schemes spanning beyond effects on health. Impressively, Everyone In led to a significant number of people experiencing homelessness quickly helped into settled housing, around 23 000 (NAO, 2021). In New York City, unsheltered people who were offered hotel rooms were more likely to

accept and remain in a placement than those who were only offered communal shelter (Routhier, 2021). And the Washington State study referenced earlier found that placement in hotels was associated with higher quality engagement with homeless services staff and a greater focus on future goals (Colburn et al., 2020).

Of course, it seems obvious that providing people with accommodations that offer safety and dignity would result in improved mental health and wellbeing, and increased ability to work on the next steps out of homelessness. Particularly as we consider a future where the COVID-19 pandemic smoulders or other pandemics brew – not to mention ongoing presence of other infectious diseases such as tuberculosis and influenza – concern for public health should increasingly push us away from mass communal sheltering models.

Collaboration Between Healthcare and Homeless Services

The pandemic underscored the interconnectedness of the healthcare and homeless service systems and the necessity of bidirectional communication and active collaboration. It also magnified gaps in such coordination. Early in the pandemic, 500 New York City health care providers, frustrated with their inability to safely and seamlessly discharge patients experiencing homelessness who did not require hospital-level care, signed a letter to local leaders urging greater communication and collaboration between the healthcare and homeless services systems (Health and Housing Consortium, 2020). In some US cities, hospitals arranged their own ‘recuperation units’ or other alternate discharge locations for people experiencing homelessness who otherwise were feared might overwhelm the hospitals (Barocas et al., 2021). The lack of a national healthcare system in the US obviously made it more challenging for any sort of national-level coordination, and some localities fared better in this regard than others. Somewhat surprisingly, the US Centers for Disease Control and Prevention (CDC) did enter the housing space quite directly by declaring a national moratorium on evictions to prevent the spread of COVID-19. While some saw this as an overstep of the agency’s authority, in this action the CDC demonstrated its understanding of the interconnectedness between housing and health.

At the beginning of the pandemic in the UK, the Everyone In type schemes and messaging led to a period in which “collaboration between sectors and organisations was a defining characteristic” (Fitzpatrick et al., 2021, p.26). This was broader than simply between the NHS and local authority housing departments, including a range of charities and service providers, although councils did benefit from NHS guidance and cooperation on the homeless sector plan. This relied on triaging people experiencing homelessness into separately housed cohorts based on symptoms and vulnerability (Local Government Association (LGA), 2020). There

were differences in organisation and collaboration across the UK. London, which has a disproportionate share of those experiencing street homelessness, had additional developments. For example, two developments specific to London were the COVID-19 Homeless Rapid Integrated Screening Protocol (CHRISP) and the Hotel Drug and Alcohol Service (HDAS). CHRISP is a remote health assessment to inform housing and individual health and support needs, and a modified version has been created for use post-pandemic (Callaghan et al., 2021). The Hotel Drug and Alcohol Service (HDAS) was a multi-agency response to substance use during Everyone In (LGA, 2020). Although the particular moment in March 2020 when a public health mission co-aligned with increased funding and strong cross-sector leadership has ended, there are still lessons from Everyone In for local government. Some councils have reconsidered existing pathways which placed a period of hostel accommodation before self-contained accommodation, while others are committing to continuing joint work and comprehensive rather than simple accommodation assessments of need (LGA, 2020). Problems also arose during Everyone In, both pre-existing – such as coverage of those with no recourse to public funds – and more specific to the programme, although still generalisable, such as the portability of services and prescriptions across areas (Cookson and Orchard, 2021).

One basic prerequisite to cross-sector collaboration is cross-sector data sharing. Ideal cross-sector data sharing would allow easy, real-time access to pertinent information necessary to improve services while also including appropriate privacy protections. In the US, HIPAA (the Health Insurance Portability and Accountability Act, a law that protects privacy of patient information) is often cited as a barrier to data sharing to or from the healthcare system. The actual provisions of HIPAA, however, are narrower than often assumed and do not preclude data sharing across systems. In New York City, for example, some hospital workers have access to a database called Worker Connect which shows, in near-real time, individuals' shelter assignments. Such information is useful for hospital workers in discharge planning, particularly during a pandemic when there was a desire not to send people infected with COVID-19 into communal settings. The system is not without its limitations; it is only accessible at public hospitals, only certain workers have been trained in its use, and it requires use of a separate system rather than being integrated into the existing electronic health record. We should expeditiously build upon such integrated, real-time data sharing systems, so that they are fully functional well before the next pandemic.

Importantly, during the COVID-19 pandemic we have also seen how the condition of homelessness itself presents barriers to adequate healthcare. In the US it was observed that while emergency department use among the general population plummeted dramatically during the pandemic as many avoided hospitals, people experiencing homelessness did not have similar reductions (Castillo et al., 2020).

This observation is likely due to a combination of high burden of illness (including physical illness, mental illness, and substance dependence) and poor access to other sources of healthcare, including new telehealth modalities. Similarly, in London, some of the new service delivery models such as the Hotel Drug and Alcohol Service were largely delivered remotely, with limitations around English proficiency, mental health, and access to telephones posing a barrier to intensive engagement (Pathway, 2020). We have also seen how homelessness has presented practical barriers to COVID-19 vaccine delivery. While communities have risen to the challenge through initiatives such as using mobile vans to deliver vaccines (Pereira, 2021), we would not need to jump through such hoops to provide the very fundamentals of healthcare (e.g., vaccines) if so many people were not homeless to begin with.

Health and Social Inequities

In the US, pervasive systemic racism underpins the fact that 39% of the US homeless population is Black compared to 12% of the US general population (HUD, 2021). The same racism is reflected in significantly higher COVID-19 infection and mortality rates for Black versus White US residents (Cowger et al., 2020; Gross et al., 2020; Millett et al., 2020). Similar inequities—with common upstream drivers—in both homelessness and COVID-19 mortality rates have been observed in the US among Hispanic/Latinx, American Indian, Alaska Native, Pacific Islander, and Native Hawaiian populations (HUD, 2021; Rodriguez-Diaz et al., 2020). That the fate of people experiencing homelessness in actuality reflects larger inequities in social structures and systems became all the more apparent during the COVID-19 pandemic.

There are also considerable inequities in relation to race and ethnicity in the experience of housing in the UK. In England, those from a Black, Asian, or other minority ethnic background make up 30% of those owed a homelessness prevention or relief duty, compared to 15% of the population of England overall (MHCLG, 2020). Data on the street homeless population is not available by ethnicity for England or the UK as a whole. Ethnic minority groups in the UK have experienced higher levels of age-standardised mortality from COVID-19 (ONS, 2020b). Housing conditions such as overcrowding are thought to have contributed to this higher mortality (PHE, 2020). The success, in the first wave at least, in preventing widespread infection from COVID-19 among the population experiencing homelessness prevented this from contributing to a widening of health inequalities further.

The colour of one's skin or one's country of origin do not themselves inherently cause homelessness, nor proclivity to dying from COVID-19; the common pathways lie not in biology but in unequal access to uncrowded housing, quality healthcare,

secure well-paying jobs, and agency in determining workplace location, among other social factors. Ultimately the COVID-19 pandemic underscored how larger social inequities can result in health inequities. The pandemic also demonstrated how our lack of investment in 'upstream' goods such as social housing and public health infrastructure contribute to worse health and more spending on crisis management such as intensive care units. The inequities that we observe both in homelessness and in COVID-19 are not inevitable: they are expected outcomes from policy choices and priorities many years in the making. Different outcomes would require different choices.

Conclusion

People experiencing homelessness — we hope — will always represent a relatively small proportion of any given country's total population, and thus may not be at the forefront of most public health leaders' minds. Therefore, explicit steps are required to ensure that the unique needs of this group are adequately considered in pandemic planning. Among the most impactful studies during the COVID-19 pandemic are those that have shown how the condition of homelessness and housing instability affected the course of pandemic more broadly. A range of studies in the UK have pointed to how housing conditions such as overcrowding have contributed to the transmission of COVID-19 (for example, Raisi-Estrabragh et al., 2020; Aldridge et al., 2021; Soltan et al., 2020). A study in the US showed higher incident rates of COVID-19 in states that lifted their eviction moratoriums, translating to an estimated 433 700 excess COVID-19 cases and 10 700 excess deaths nationally (Leifheit et al., 2020). One study used phylogenetic analyses of SARS-CoV-2 virus strains to discover that homeless shelters in Boston, Massachusetts were among the early sites for spread of SARS-CoV-2 in the city, after it had been introduced at a medical conference (Lemieux et al., 2020). These studies show that the social conditions and health of a few can significantly impact public health more broadly. To take an optimistic view, one might hold hope that the COVID-19 pandemic has shown how all of us humans are interconnected, how the health and wellbeing of some affects the health and wellbeing of all. It remains to be seen whether such awareness prompts concerted investments in the basic building blocks of health — including a guarantee of a safe, secure home — for everyone.

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How do Health Inequalities Intersect with Housing and Homelessness?

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Introduction

Housing is an important determinant of health. A healthy home is somewhere that provides for our needs, makes us feel safe and secure, and allows us to stay connected to our community. In contrast, poor housing – such as cold, damp homes, insecure tenancies, overcrowding, and lack of affordability – can have a detrimental effect on people’s mental and physical health. Housing problems are not equally distributed. Inequalities in society drive inequalities in health. Certain social groups and communities such as low-income households are more likely to be affected by housing problems which can harm their health. The COVID-19 pandemic has further exposed existing health inequalities and the stark differences in housing conditions may have contributed to the unequal impact that the pandemic has had on different groups in the UK. In this article, we outline the links between health and health inequalities with housing, drawing on evidence from the UK. We then set out how taking a complex systems perspective may help identify solutions to address health inequalities related to housing. Many of the issues that we highlight here are common to other European countries and elsewhere.

Where we live is important for our health and wellbeing. Not having a place to call home, insecure tenancies and living under the threat of eviction, high housing costs, housing in poor condition, and overcrowding can all have a detrimental effects on people’s mental and physical health (The Health Foundation, 2017; Tinson, 2019). For example, living in a cold, damp home can lead to poor physical health and respiratory problems. High housing costs may place a strain on people’s finances, limiting the amount they have to spend on other goods that are needed for good health such as quality food.

In England 2016/17, about a third of households – that is 7.5 million – were living in poor housing, involving either overcrowding, an affordability problem, or living in a non-decent home (Tinson and Clair, 2020). More recent data from 2018/19, shows

that 2% of households had someone living with them in the last 12 months who would otherwise be homeless (MHCLG, 2020). Eurostat data on housing conditions shows that in 2019, 17.1% of the EU population lived in overcrowded households, 9% faced affordability problems, and about 7% were unable to keep their home adequately warm (Eurostat, 2021).

The relationship between health and housing is a complex one, influenced by many related factors such as income and individual factors, but the links need to be understood to help reduce health harms and inequalities. The main mechanisms through which housing intersects with health are in relation to three broad areas: housing affordability, housing conditions and housing stability and security (Tinson and Clair, 2020). This is explained further below with data from the UK.

Housing affordability relates to the financial pressure caused by housing payments, both for housing itself and for utilities and maintenance. It affects health directly, for example causing stress and anxiety but also indirectly – particularly through reducing the resources available to spend on other things which may promote good health such as healthy food. Affordability problems can also contribute to overcrowding as households seek to share the fixed costs of accommodation across more individuals, as well as potentially undermining housing security. A range of studies in the UK have found associations between housing affordability and worse health, beyond general financial difficulties (Taylor et al., 2007). For example, Raderman et al. (2021) found affordability problems were associated with worse mental, physical, and general health, robust to choice of affordability measure.

Housing conditions include the physical characteristics of homes, including the quality, amount of outdoor space, as well as levels of overcrowding. Poor quality housing – such as being damp or mouldy – can directly affect respiratory health, particularly for children (Shaw, 2004). The alleviation of general housing quality problems is associated with reductions in hospital admissions (Rodgers et al., 2018). Overcrowding – too big a household for the dwelling – was associated with psychological distress and respiratory conditions (ODPM, 2004) before the COVID-19 pandemic, and the spread of COVID-19 since (see for example, Raisi-Estrabragh et al., 2020). In England, overcrowding has been increasing while fewer homes are classed as ‘non-decent’, a measure of housing quality.

Housing stability and security relate to the extent to which people have control over how long they live in their homes and how secure they feel. Housing instability can act as a stressor which can harm health. The imminent threat of eviction is associated with psychological distress, particularly for owner-occupiers (Taylor et al., 2007; Pevalin, 2009).

The impacts of different aspects of housing on health can be difficult to unpick. For example, living in the private rented sector is associated with worse biomarkers of health, but it is unclear whether this is due to the tenure's higher levels of insecurity, unaffordability, or poorer quality homes (Clair and Hughes, 2019).

Impact of Poor Housing for Different Groups

Not everyone has the same opportunity for good health throughout life. Inequalities in health (differences in health between groups of people and communities) arise because of the conditions in which we are born, grow, live, work, and age – from the support we receive during our early years to our living and working conditions and local communities throughout life. They influence our opportunities for good health and can either enable individuals and societies to flourish or not (The Health Foundation, 2017).

Poor housing plays a key role in driving health inequalities, with some groups of the population more likely to experience poor housing. The consequences of this for people's physical and mental health therefore fall unequally on these groups.

People in low-income households are more likely to be affected by housing problems, such as living in a home that is considered to be non-decent or overcrowded. They are also more likely to experience a higher housing cost burden. In 2018/19, 21% of those in the lowest income quintile spent more than a third of income on housing costs compared with only 3% of those in the highest income quintile (The Health Foundation, 2021). Data on the EU population indicates that in 2019 about a third of people at risk of poverty spent 40% or more of their household disposable income on housing (Eurostat, 2021).

Poor housing influences health throughout the life course, starting even before we are born. It can affect children's life chances, health, and wellbeing, and effects can be lifelong. For example, experiencing homelessness can lead to poor mental health for pregnant women and impact their physical health, making it harder for them to access good quality food to keep healthy. Evidence suggests homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay (Stein and Gelberg, 2000; Richards, et al., 2011).

Research on the impacts of bad housing on children's lives has shown that growing up in poor housing conditions increased the risk of severe ill-health and disability during childhood and early adulthood by up to 25% (Shelter, 2006). There are also mental health impacts for children who experience homelessness. Children living in temporary accommodation for over a year are three times more likely to experi-

ence anxiety and depression than children without that experience (Shelter, 2006). Frequent home moves are also associated with poor child mental health (Tinson and Clair, 2020).

Adolescence is a critical period for preparing for adulthood, but also for building the foundations for future health, such as good quality work and housing. But as a Health Foundation inquiry into the health and life chances of 12-24-year olds highlights, too many young people are living longer in poor quality, shorter-term rental properties and are being priced out of long-term homes (Jordan et al., 2019). These are a range of factors that can put young people at risk of ill health in later life. A recent FEANTSA report paints a similar picture in Europe (FEANTSA, 2021).

Ethnicity is another inequality in society. Housing problems are more prevalent among people from ethnic minority backgrounds. Analysis of an English survey showed that just under half of people from minority ethnic groups experienced a housing problem compared with just under a third of those of White ethnicity (The Health Foundation, 2021). Households headed by those from minority ethnic backgrounds are also more than twice as likely to experience two or more housing problems (The Health Foundation, 2021). Across many European countries, Roma communities face significant challenges in accessing good quality housing compared to the general population. For example, they are more likely to live in overcrowded households but less likely to have access to indoor tap water (European Commission, 2020).

Some of the worst health outcomes and health inequalities are experienced by people experiencing homelessness, with the mean age of death in England and Wales (which mainly includes people experiencing street based homelessness or using emergency accommodation at or around the time of death) is about 30 years lower than that of the general population (ONS, 2020). The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing will be at risk (Public Health England, 2019).

Unequal Impact of the Pandemic on Health and Health Inequalities Related to Housing

The COVID-19 pandemic has brought health inequalities into sharp focus and there is growing evidence that the stark differences in housing conditions may have contributed to the unequal impact that the pandemic has had on different groups in the UK (Abbs and Marshall, 2020). For example, living in overcrowded accommodation – which is more prevalent for those on lower incomes – may have contributed to the spread of COVID-19. More people living in the same household can increase the risk of infection and make self-isolation more difficult (Tinson, 2020).

The UK Government stay at home guidance and lockdown restrictions also quickly highlighted the importance of access to adequate indoor and outdoor space. Research carried out in June 2020 found that almost a third of adults in the UK experienced mental or physical health problems related to lack of space or the condition of their home during lockdown (National Housing Federation, 2020). Lack of adequate space has been a particular concern for young adults during lockdown, making it difficult to focus on studies or work, socialise, and access remote support (Leavey, 2020).

Taking Action Through a Complex Systems Approach

Our housing can therefore influence our health in many different ways throughout our lives and is intricately linked to other determinants of health, including our finances and our communities. In common with many public health challenges, housing and homelessness (the severe end of poor housing) are complex problems that form part of complex systems of multiple, interrelated factors that influence our health and our opportunities to live healthier lives. Complex problems do not have a single risk or causal factor, and they cannot generally be addressed through a focus on one aspect of behaviour or the environment. As such simple linear models of cause and effect are insufficient to create solutions for prevention. Instead, an understanding of the wider influences and the complex relationships between them is needed.

A complex systems approach conceptualises public health challenges such as poor health and health inequalities as outcomes of a range of interrelated factors within a connected whole. These factors affect each other, with changes potentially impacting throughout the system (Rutter et al., 2017). Developing a comprehensive understanding of the complex system from which public health challenges emerge – the interrelationships between the components within a system and system dynamics – can help identify multiple points of action and intervention to reshape the system and inform policy development (Marshall and Bibby, 2020).

A key step in understanding a system is to map out the components and the connections between these. Involving as many relevant stakeholders as possible, including people with lived experience in system mapping, is important in order to gather views from all parts of the system. Building a visual representation of a system around an issue in this way, with interconnections, pathways, and feedback loops, can provide insight to help policymakers, practitioners, and researchers make better informed decisions.

The system view can identify contextual factors that should be measured in evaluation to understand the context within which the intervention is effective and any potential barriers to its effectiveness (Marshall and Bibby, 2020). The UK Collaborative Centre for Housing Evidence has produced a checklist of questions to support systems thinking in housing research, policy, and practice (UK Collaborative Centre for Housing Evidence, 2019).

In addition to understanding the system, and careful and appropriate design of research, it is also important to effectively communicate with policy makers and commissioners to build understanding of systems approaches and translate evidence into action and achieve impact. This systems approach is currently being used by the Centre for Homelessness Impact to map the complexity of the homelessness system and help identify practical areas for policy and practice and what works in different parts of the system.

Conclusion

The relationship between housing and health is complex. Taking a complex systems approach – one that considers the multiple and interrelated ways in which housing influences health, and vice versa, and the factors that influence both, can help in understanding and addressing the inequalities in housing and in health and the links between these. Applying a systems approach involves building a shared understanding of the system of causes and consequences, using appropriate research methods including ongoing monitoring, and evaluation. The value of such an approach is in identifying what evidence exists, or not, in understanding the contextual factors that need to be in place for action to be as effective as possible. A systems approach can also help identify ways of assessing and understanding the broader consequences of actions – both intended and unintended – and the process that may lead to them (Marshall and Bibby, 2020). Therefore helping to identify where action is most needed, based on the evidence, and help shape policy.

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Housing Affordability and Homelessness: Probing Australian Evidence

Hal Pawson

➤ **Abstract** *In Australia, as in many other countries, housing affordability has become a more prominent policy challenge in recent years. While policymaker and media attention tend to focus on the house price threshold for first home ownership, the linked problem of declining rental affordability for low-income tenants should be a matter of equal or greater official concern. As embodied in Australia, this damaging trend is apparent through a variety of metrics. Importantly, while it is usually only implied or asserted rather than conclusively proven, there is sound statistical evidence of the inverse relationship between housing affordability and homelessness in the Australian setting. Surging rental prices seen during the latter phase of the COVID-19 pandemic – particularly in non-metropolitan areas – therefore seem likely to foreshadow a reconfiguration in the geography of homelessness in the immediate post-pandemic era.*

Introduction

Housing affordability describes the relationship between the cost of housing and household incomes. Housing affordability stress is when the former is 'excessive'. Across much of the world it has come to form a prime focus of attention for housing analysts and researchers, but in few countries more so than in Australia.

Housing affordability matters for two main reasons. First, since adequate shelter is a fundamental of existence, having sufficient financial resources to pay for suitable housing is critical to individual welfare and the ability to participate in society as a citizen. Beyond that, if minimum price housing absorbs 'too much' of a low-income person's resources, they may be left with insufficient means to meet other basic requirements such as food and clothing. In other words, a situation of socio-economic deprivation where the person is pushed into poverty by an excessive

rental cost burden. Given that the strong relationship between poverty and homelessness is already well-established (Bramley and Fitzpatrick, 2018), there is an immediate connection here with housing (un)affordability.

The second factor underpinning the priority attached to housing affordability as a public policy issue is the posited benefit of owner occupier status. This is both in terms of stability and control over one's environment, but also as a savings vehicle, and as a means of accumulating wealth that is (in many countries) effectively taxpayer subsidised. Therefore, in nations like the UK and Australia, the affordability of entry-level housing for sale – access to lowest rung of 'the housing ladder' – is nowadays ever-present as a topical issue.

In several high-income countries, a twenty-first century reversal in previously rising home ownership rates has been widely interpreted as due to declining house price affordability. Thus, property price concerns have been elevated to a higher level. In Australia, for example, owner occupation has been trending gradually down since the early 2000s (Burke et al., 2020). Indicating its newfound post-millennial prominence, housing affordability featured prominently in three of the five general elections between 2007 and 2019, despite previously low electoral salience. More importantly for the present paper, an interpretation of rising homelessness as a consequence of growing (rental) housing affordability stress has also recently featured in this debate (e.g., Flood, 2017; Anglicare, 2021).

In Australia, growing concerns about housing affordability as seen over the past 20-25 years are also importantly set against a post-1990s housing policy orthodoxy that it is the private market (and not the State) that can most appropriately accommodate low-income households. Apart from the minimal maintenance of a legacy social rental sector, the government role in enabling access to adequate housing for socio-economically disadvantaged households should be largely limited to demand side assistance – e.g., through income support and 'private rental products' such as tenancy deposit (or 'bond') assistance. Accordingly, Australia's national social housing construction programme effectively ended in 1996 (Pawson et al., 2020). The minor new supply initiatives (e.g., the NSW Government's Social and Affordable Housing Fund – SAHF; the Victoria Social Housing Growth Fund – SHGF) witnessed over the past decade in certain states and territories have been barely sufficient to keep pace with public housing sales and demolitions (Pawson, 2021).

The purpose of this paper is to review recent evidence on the relationship between housing affordability and homelessness as this plays out in Australia. It therefore focuses on rental stress as it affects low-income tenants. Naturally, Australian experience and evidence in this field will be partly specific to national administrative and residential property market circumstances, as well as available statistical data. Arguably, however, Australia's economy, housing, and social security systems have

enough similarity with those of many other high-income countries to facilitate the broader relevance of research evidence from this source. Moreover, such a national focus for the paper can be justified in terms of exploiting the especially extensive analysis of housing affordability by Australian researchers over recent decades.

The hypothesis of housing affordability as a contributory factor for housing precarity connects with long-running debates on the causes of homelessness. In particular, the extent to which the problem reflects personal vulnerability or personal circumstances on the one hand, versus structural economic disadvantage and inadequate housing provision, on the other. Arguably, if the first of these is more important, the appropriate policy response would be stepped-up provision of personal support services, whereas, if the latter, more fundamental reform and/or more substantial investment in income support and/or affordable housing would be called for. Which of these competing hypotheses has greater validity is partly dependent on how 'homelessness' is defined. Dominant conceptualisations of homelessness are themselves, of course, partly the outcome of country-specific national traditions.

The remainder of the paper is structured as follows. First, we discuss approaches to measuring housing affordability in relation to people renting on a low income. We then review evidence on recent rental housing affordability trends in Australia as demonstrated by analyses using various metrics. Next, we take an overview of recent Australian homelessness levels and trends. We then review recently published evidence on homelessness drivers that sheds light on the importance of housing affordability. Finally, in our conclusion we briefly reflect on the analysis.

Measuring Housing Affordability

In measuring rental housing affordability, there are two basic approaches – the residual income method and the ratio method. The residual income approach involves calculating a socially defined minimum standard of adequacy for non-housing consumption. Where housing costs exceed a household's 'residual income' above this threshold, a situation of rental affordability stress or 'shelter poverty' exists (Stone, 2006).

However, partly because of associated technical and data availability challenges in calibrating and monitoring the residual income measure of rental stress, the ratio method is preferred by most housing analysts. For a low-income household, a housing affordability problem is generally considered to exist when their housing costs exceed 30% of gross income – essentially a rule of thumb, but one of long standing (Hulchanski, 1995) and wide application. 'Low income' is often defined as the lowest quintile (or sometimes lowest 40%) of the income spectrum. Through a

comparative analysis of different metrics derived from UK survey data, Bramley (2012, p.133) concluded that ratio yardsticks remain “probably the best objective measure [of housing affordability]” available.

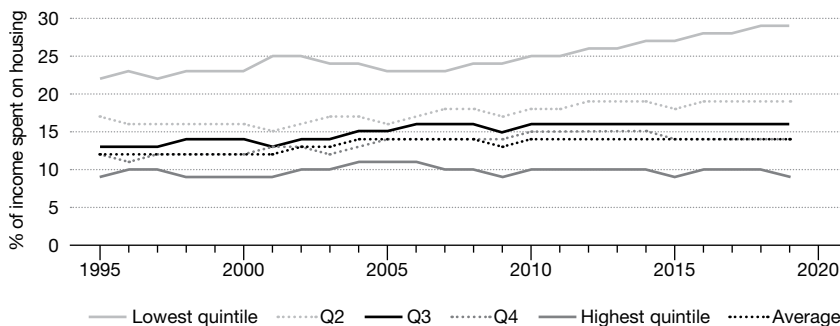
Related to the ‘simple’ ratio method for calibrating the incidence of low-income rental stress is the measurement of actual housing costs borne by households across all tenures. In Australia, a long-running statistical series records average housing expenditures of distinct income cohorts, population-wide (ABS, 2019).

Finally, premised on the argument that housing for low-income groups is most appropriately provided by the market (see above), a series of census-based analyses has tracked the extent to which Australia’s private rental sector in fact generates tenancies affordable (and available) to this cohort (Wulff et al., 2011; Hulse et al., 2015 2019). This is valuable as a means of calibrating low income (private) rental affordability in terms of both change over time and spatial variation.

Housing Affordability Trends and Patterns

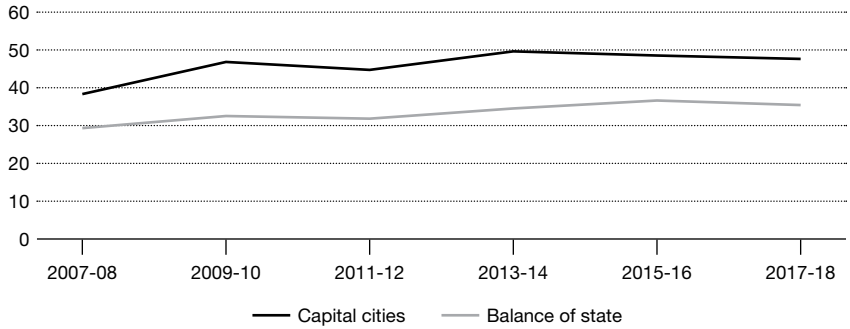
At the national scale, Australian statistics suggest that the past 10-20 years have seen measurably increased rates of rental affordability stress. Firstly, as shown in Figure 1, the period from 2005 saw a marked and sustained housing cost increase for the entire lowest quintile cohort. Most, although not all, of these households will be renters. Secondly, from Figure 2, it can be seen that over the past decade the incidence of rental stress generally rose for both capital city and regional renters, ending the period some nine percentage points higher for the former and six percentage points higher for the latter.

Figure 1: Housing cost ratios by income quintiles, Australia: 1995 to 2018



Source: ABS Survey of Income and Housing – ABS (2019) Table 1.2. Note: Housing cost ratios based on gross household income; income quintiles based on equivalised disposable household income. Data interpolated for missing years.

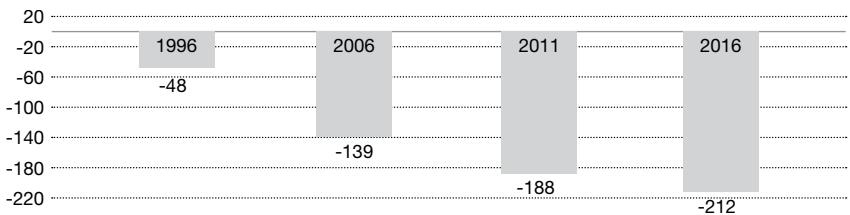
Figure 2: Proportion of lower income renter in rental stress, 2007-2018



Source: ABS Survey of Income and Housing – ABS (2019) Table 21.1. Note: stress measures are based on net housing costs and income (both exclude Rent Assistance) and equivalised disposable household income quintiles (excluding Rent Assistance) are calculated for capital city and balance of state, on a state-by-state basis.

Lastly, as an indirect measure of housing affordability for lower income households, and based on the ‘affordable and available’ analysis noted above, Figure 3 demonstrates the steadily growing national deficit of private rental housing within the means of this cohort. As elaborated by Hulse et al. (2019) (see also Hulse and Yates, 2017), the sector’s rapid expansion over this period has brought little or no additional provision at the lower end of the market – provision needed to affordably accommodate the country’s growing low-income population.

Figure 3: Deficit of private rental properties affordable to income quintile 1 households, 1996-2016



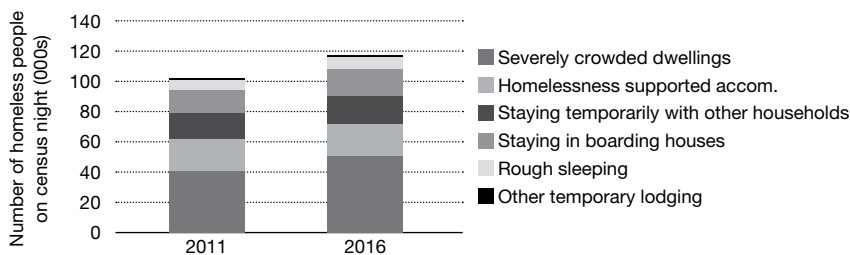
Source: Hulse et al. (2019) Figure A4. Note: Graphed figures calibrate the Australia-wide total of private rental tenancies affordable to quintile 1 households, minus the number of quintile 1 households.

Homelessness Incidence and Trends

In Australia, as in many other countries, the specification and measurement of homelessness is a controversial topic. In part, this relates to the competing conceptualisations of homelessness as rooflessness, versus homelessness more broadly defined. A particular point of contention concerns the inclusion of severe overcrowding within the overall ABS definition¹ (ABS, 2012; d'Abrera, 2018; Shelter NSW, 2019).

Both street homelessness and broader homelessness are enumerated in the five-yearly census, Australia's prime source of homelessness prevalence statistics. Over the most recent five-year period, across the six ABS categories, the overall total rose by 14% (see Figure 4), bringing the 10-year increase to 30% (ABS, 2018). Thus, homelessness can be unequivocally termed 'a growing problem' in that it has been rising at a rate somewhat ahead of overall population growth (9% and 13%, respectively).

Figure 4: Homelessness in Australia, 2011 and 2016 – five yearly census estimates

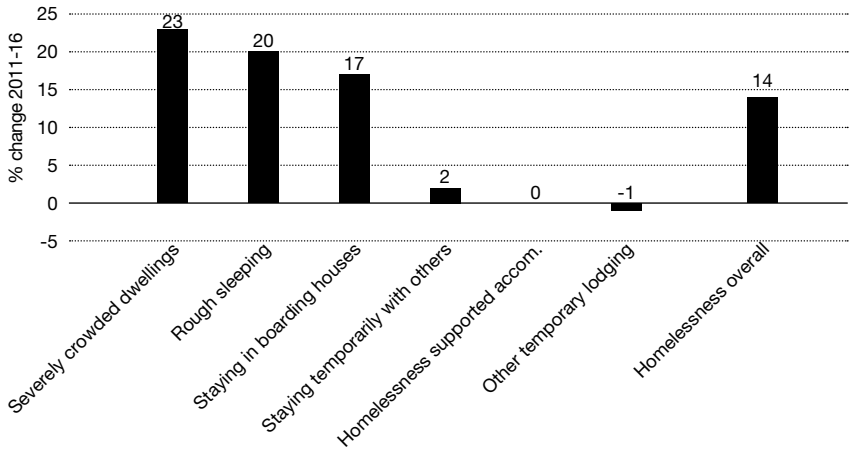


Source: ABS (2018)

Notably, as illustrated in Figure 5, different components of the group of people experiencing homelessness changed at very different rates in the most recent inter-censal period. The cohort subject to severe overcrowding² grew by almost a quarter (23%). Moreover, since this was already the largest single sub-group in 2011, expansion of this cohort alone accounted for the greater part of 2011-16 growth overall.

¹ According to the ABS definition, a person is 'homeless' if, without accommodation alternatives, their current living arrangement is in a dwelling that is inadequate; or has no tenure, or if their initial tenure is short and not extendable; or allows them no control of, and access to, space for social relations.

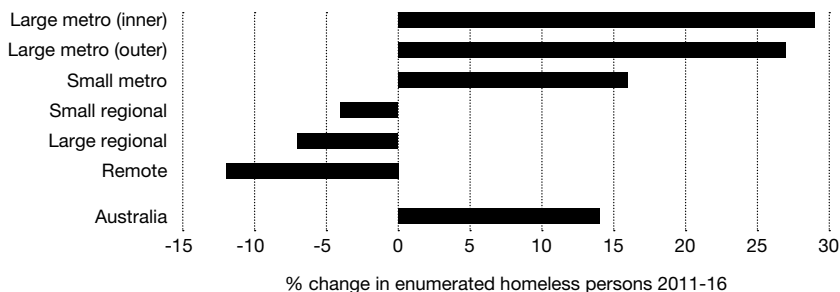
² This relates to residents of dwellings needing four or more extra bedrooms to adequately accommodate the household.

Figure 5: Homelessness in Australia – 2011-2016 change by sub-group

Source: ABS (2018)

Just as in comparable ‘settler societies’, such as Canada, an important feature of homelessness in Australia is that the problem is far more common for Indigenous people than for the population as a whole. The incidence of census-defined homelessness involving Australia’s Aboriginal and Torres Strait Islander populations is ten times that of the population-wide figure. Albeit involving numbers very small in absolute terms, rates of Indigenous homelessness are extraordinarily high in remote outback communities – as further discussed below. However, a major remote Indigenous housing initiative enacted by the Australian Government in the early 2010s (mainly in the Northern Territory) (Commonwealth of Australia, 2017) was probably a major factor underlying the marked reduction in homelessness recorded in remote localities in the 2011-16 period – see Figure 6. Under the National Partnership Agreement on Remote Indigenous Housing (NPARIH), 4 000 homes were built across 300 remote Indigenous communities in the period 2008-2018 (National Indigenous Australians Agency, 2021).

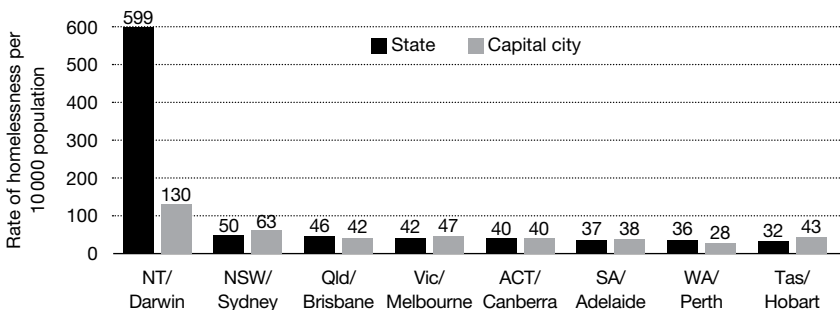
Figure 6: Change in the incidence of homelessness 2011-16 by settlement type



Source: Original data from ABS Census of Population and Housing – ABS (2018); Pawson et al. (2018).

Rates of homelessness are also highly variable across Australia. Setting aside remote areas containing very small populations, Parkinson et al. (2019) calculated the 2016 homelessness rate for capital cities as 47 per 10000 people, as against 31 per 10000 for regional (non-remote) areas. However, especially when remote areas are included (as in Figure 7) – and mainly due to its proportionately large Indigenous population – the Northern Territory homelessness rate (especially outside Darwin) is of a completely different scale to the rest of Australia.

Figure 7: Homelessness rates by state and capital city, 2016



Sources: Original data from ABS Census of Population and Housing – ABS (2018); Pawson et al. (2018).

How far can the incidence and changing rate of (census-defined) homelessness in Australia be ascribed to housing affordability variations and trends? To put this more broadly, how much is the problem subject to housing market conditions? Certainly the very marked variations in recent rates of change for different geographies (see Figure 6) strongly suggest that housing market and/or other regionally specific economic factors exert significant influence.

Beyond this, employing regression analysis, Parkinson et al. (2019) explored possible explanatory factors underlying varying rates of homelessness as calibrated by the 2016 census (see Figure 7). As an affordability indicator, the analysis focused, in particular, on the local availability of private rental housing affordable to households in the lowest quintile of the income distribution – as calculated by Hulse et al. (2019).

Albeit excluding the (relatively small) supported accommodation cohort, identified as a confounding factor, Parkinson et al. (2019) identified a measurable relationship between affordability and homelessness. Thus:

A 1 per cent increase in the supply of affordable private rentals to those in the lowest 40 per cent of the income distribution decreases the area rates of homelessness by around 0.7 per cent' [Additionally] for every \$10 increase in area-based median rents, homelessness rates rise by 1.1 per cent. (pp.56-57)

The relationships were even stronger in relation to the rate of homelessness involving 'severely overcrowded' households.

The Parkinson et al. (2019) conclusions also build on earlier Australian work by Johnson et al. (2015) that identified a positive relationship between private market rents and the incidence of homelessness. Specifically, "an increase in the median market rent of \$100 [a 30% increase at the national median weekly rent] lifts the risk of entry [to homelessness] by 1.6 percentage points, or from a sample mean of 8% to 9.6% (a 20% increase in risk)" (Johnson et al., 2015, p.3). These findings are, moreover, consistent with robust international evidence on the inverse relationship between housing affordability and homelessness (e.g., Bramley and Fitzpatrick, 2018; Quigley et al., 2001).

Conclusion

This paper has briefly reviewed the concept and measurement of housing affordability as it relates to low-income renters, exemplifying this through affordability analyses, illustrating the recently changing scale of the rental stress in Australia. It has related these assessments to the recorded incidence of homelessness – in particular, recent changes in the scale and spatial distribution of people experiencing homelessness. Building on this story, it has highlighted statistical evidence on the relationship between census-defined homelessness and the local availability of rental housing affordable to low-income populations. It is hoped that in highlighting some Australian rental affordability metrics, the paper may provide inspiration for parallel research in other countries.

The severity and/or extent of rental housing affordability stress no doubt varies from country to country, and the same will be true in terms of change over time. However, although there is an OECD series that attempts to do this (OECD, 2020), cross country comparisons on this issue are fraught with difficulty due to varied national contexts. It is, in particular, difficult to control for differences in the scale, distribution, and administrative treatment of housing allowances and other social security payments, as well as varied levels of social housing provision. Major cross-country inconsistencies in definitions of housing precarity and homelessness also, of course, apply (Edgar et al., 2007; Clair et al., 2019).

For all the above reasons, a cross-country comparative statistical analysis of housing affordability stress and homelessness would probably be possible only through reference to transnational survey data such as EU-SILC – albeit that adequate coverage of populations at the margin of homelessness is challenging for data collection methods of this type. Nevertheless, the interconnectedness of national economies and finance systems in the modern world makes it likely that meta-level processes exacerbating rental stress during the 2010s – and thereby increasing homelessness pressures – in countries such as Australia will be felt in many other countries.

In the immediate past, of course, the COVID-19 pandemic has wrought huge impacts on housing markets as well as on household incomes and economic activity. In many high-income countries, effects on rental affordability and homelessness were substantially dampened by emergency measures early in the public health emergency.

As the crisis progressed into 2021, however, Australia saw rapidly accelerating market rents. Nationally, in the year to June 2021, rents rose by 6.6% – the highest rate of rental inflation for more than a decade (CoreLogic, 2021). Similarly in the UK, rents were up 5.9% over the same period, again an unusually large rise, far ahead of CPI (HomeLet, 2021). Meanwhile in the US, rents rose at three times the typical rate in the first half of 2021 (Long, 2021). More importantly, however, all these countries have seen a striking tendency for elevated rates of rent inflation outside of the largest cities. For example, rents rose by 11.3% in Australia's regions in the year to June 2021 compared with only 5% in (state/territory) capital cities; and while London's rents rose by 1.5% over this period, the comparable figure for the remainder of the UK was 8%. Such patterns are likely influenced by pandemic-generated 'remote working' practices, perhaps at least partially embedded for the long term. If the relationship between rental affordability and housing insecurity reported in this paper remains true, it seems likely that the geography of homelessness will be likewise reconfigured, with non-metropolitan populations disproportionately impacted.

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Houses, Not Homelessness

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Introduction

Just over a year before the pandemic began to have a possibly temporary (beneficial) effect on homeless policy and statistics, on the 31st of January 2019, the Ministry for Housing, Communities and Local Government (MHCLG) reported that an estimated 4677 people were now sleeping on the street on any one night in England, almost three times as many as in 2010 (MHCLG, 2019). While 2019 now seems like the distant past, these numbers are still very likely to reflect the reality of street homelessness in the year 2022 (though the figures have long been disputed, with the true number estimated to be at least twice as high). In the same timeframe, the number of families housed by Local Authorities in temporary accommodation rose significantly, but at a lower rate, from 50000 in 2010 to 78000 in 2018. In London alone there are 225000 'hidden homeless' people aged 16-25 arranging their own temporary accommodation with friends or family (Fransham and Dorling, 2018).

Reporting on its own rough sleeping initiative (RSI) in the same publication, MHCLG (2019, p.12) claimed: "There were 2748 people recorded as sleeping rough across the 83 RSI areas in autumn 2018, this is a decrease of 639 or 23% from the 2017 figure of 3387." As the total figure for England hardly changed, there will have been a similar rise in those areas where the initiative was not undertaken. This could have been for many reasons, which might include people being displaced away from the 83 RSI areas to be homeless in other areas of England. MHCLG's (2019, p.12) report on itself continued:

There are a range of other factors that may impact on the number of people sleeping rough including the weather, where people choose to sleep, the date and time chosen and the availability of alternatives such as night shelters.

The Government Ministry did not mention its overall approach to housing as a potential problem, let alone that it is in fact one of the most significant factors. This isn't surprising. If they realised that they were part of the problem they would surely have done something about it by now, unless the view of the ministers in charge is that some level of homelessness is necessary or inevitable.

|||||

This is not a phenomenon limited to the MHCLG (in 2021 renamed the Department for Levelling Up, Housing and Communities). In 2017, there were estimated to be 527 deaths of people experiencing homelessness in England and Wales (ONS, 2018). The Office for National Statistics (ONS) reported these numbers in December 2018, and said that:

Understanding a problem is the first step to solving it, and producing these statistics will help society make better decisions to tackle homelessness and stop people experiencing homelessness dying in our communities. These statistics aren't just numbers, behind each death is the story of some of the most vulnerable members of society (Humberstone, 2018).

So what is the next step? Counting the rising number of deaths with increasing accuracy is certainly essential, but only illustrates how large the underlying problem has become. It does not tell us where the causes of that problem lie or what can be done to prevent it from happening again. The same can be said of the myopic focus on street homelessness.

While officially supporting the target of “halving rough sleeping by 2022 and ending it by 2027,” in truth, policymakers are unlikely to meet these goals if the default is to blame the weather (recent warmer winters) and suggest that a few more night shelters could help. Despite acknowledging that street homelessness is just the tip of the iceberg, in England the decision was taken not to focus on the root causes. In Scotland, the approach is different and takes all forms of homelessness into account. Neither go into detail about evidence underpinning their plans or how the impact of policies will be evaluated — a missed opportunity. These Government documents are an important source of evidence for other parts of the sector, and their choice of language and areas of focus affect which issues are dealt with or ignored.

Unexplained but Not Suspicious

In general, policy suggestions on homelessness only address the most precarious and heart-wrenching cases. While this is useful to galvanize sympathy, it unintentionally implies that by helping those whose need is greatest the problem can be eradicated. This is wrong. It can also create negative side effects among the wider population who, when confronted with endless terrible individual stories, begin to feel that things will never change, becoming apathetic, desensitised, and fatalistic.

In spring 2018, in one of the streets where I used to play as a child, a homeless man died in a council-funded hostel. The newspaper report was brief: “The 61-year-old was found dead in a room in Marston Street in East Oxford on April 20. The city council said it believed there was nothing suspicious about the man’s death” (Oxford Mail, 2018).

We have long become accustomed to such deaths, and an unhelpful tradition has developed whereby it is deemed sufficient to express shock and horror instead of using these tragedies as an opportunity to learn and improve. Perspective matters, because unless we can be confident that we are framing the challenge in the right way, we may be misusing vital resources and wasting precious time and energy. To achieve real, lasting change it is vital that we take a much wider view of homelessness, one that considers the bigger picture of the drivers and root causes of the issue as informed by current evidence and a historical context and understanding.

In 2018, The Centre for Homelessness Impact advocated exactly this approach in a report that went on to suggest that we must also better understand “... how housing equity is connected to opportunity and life chances” (Teixeira et al., 2018, p.14). To achieve a step change in our efforts, a new evidence-based approach to homelessness is needed, one that aggregates evidence from other countries and our own former successes in addition to generating new research.

Luck Matters Most

Generating and utilising the right kind of evidence also requires that we ask more complex questions, like why it is that more men die homeless. The superficial reason is that there are simply more men sofa surfing, in hostels, and on the streets. And the reasons for that? Women are more likely to be parents with young children and thus have a right to be housed, while men are more likely to take to drinks and drugs to an extent that leads to homelessness. However, the explanations are more complex still.¹

¹ The consultant child and adolescent psychiatrist Sebastian Kraemer collated the evidence and has found that in a surprising large number of aspects of life men might be more likely to ‘succeed’, be promoted and be higher paid, but they are also more likely to do badly as compared to women. His examples ranged from male humans being more likely to be miscarried as a fetus, to failing to gain any qualifications at school, through to dying earlier. In the detailed notes to his analysis he made it clear that women often do very badly too, and suffer systematic discrimination in society. Sebastian summed up the fundamental difference as ‘Men die, women suffer’ Kraemer, S. (2017) Notes on the fragile male (an extension of the paper he published on December 23rd 2000, ‘The fragile male BMJ. 2000 Dec 23; 321(7276): 1609–1612), the extended notes are on-line only, see: <http://sebastiankraemer.com/docs/Kraemer%20notes%20on%20the%20fragile%20male%202017.pdf>

The number of people dying while experiencing homelessness is now so high that it is possible to break the figures down by the characteristics of those who die and the immediate, if not underlying, cause of death. Only one in six of those who die while experiencing homelessness are women, but the women in England and Wales who die while experiencing homelessness are, on average, two years younger than the men (42 rather than 44 on mean average) (ONS, 2018).

Some 21 years ago, as homelessness was starting to become normalised in the UK, Mary Shaw and I made similar calculations and found that the death rates of men experiencing street homelessness aged 16–29 years were almost 40 times higher than those of the general population. For all men aged 16–64 years, this number is about 25 times greater (SMR=2587). Very little has changed in these death rates even while the numbers of people experiencing homelessness fell and then rose (Shaw and Dorling, 1998).

The picture for women is a little different. Back in 1998 there were too few women on Britain's streets to be able to calculate their mortality rate by age. The latest data from before the pandemic began (ONS, 2018) suggested that the number of younger women experiencing homelessness is on the rise. Men experiencing homelessness die 34 years earlier than the average while women experiencing homelessness die 39 years earlier than the average. People who are homeless are at highest risk of death where they are most numerous: in London and the surrounding urban areas of the North West of England, and more recently in Oxford. In early 2019, Oxford had the second highest mortality rate for people experiencing homelessness in the UK², with the majority of those who died having grown up and gone to school in the city or a village within a ten-mile radius (ONS, 2018).

A third of the deaths of people experiencing homelessness in the UK are now attributed to drug poisoning (ONS, 2018). Doctors know that the cause they write on the death certificate is not the true underlying cause. If they knew the person and were permitted to write a more nuanced description, a few might write something far more useful. This could give a human face to people who would otherwise become statistics and present a more honest picture of the structural causes of death for people experiencing homelessness. As things stand, once the pandemic has abated, we are likely to see the same fairly inhuman statistics emerge again. They might possibly be worse as so many people fell into rent arrears during

² On February 25 2019, the BBC reported that Blackburn had the highest death rate amongst people who were homeless by area, followed closely by Oxford, and then Camden. BBC News (2019) Homeless deaths nine times higher in deprived areas, 25 February, <https://www.bbc.co.uk/news/uk-england-47357492>.

the pandemic in England in 2020 and 2021. By late 2021 “1.8 million private renting adults in England were worried they would lose or be asked to leave their current home” (BBC 2021).

Luck matters above all else to individuals, but at the aggregate level, all the luck is ironed out. At the aggregate level the evidence is not about luck at all, it is perception that matters most and the biases inherent in the interpretation and presentation of statistics. This is *always* the case. Individuals all operate with a worldview that they carefully structure their evidence to support. This means that simply gathering more evidence is not enough. To accelerate progress, the sector must be prepared to put its basic assumptions to the test on an ongoing basis.

What Constitutes Good Evidence?

The current pervading narrative places the responsibility for homelessness on the individual. But the causes of homelessness do not lie with the people that it affects. Consequently, the solution to the underlying problem is not just intervention on the streets. Neither is it limited to the ‘payment by results’ of ‘local social enterprises’, or the issuing of ‘social bonds’. Individual interventions may be well-meaning, but they can often be superficially successful. That is why it is vital to both address the dearth of causal evidence as highlighted by the Centre for Homelessness Impact Evidence and Gap Maps, while also ensuring we take the bird’s eye view of homelessness.

When the ONS released their first estimates of the number of people experiencing homelessness dying on the streets on December 20th 2018, section seven of their report was titled ‘*Proportion of deaths of homeless people that are due to drug poisoning has increased by 51 percentage points relative to the overall number of drug deaths over five years.*’ The next day the title of that section was changed to, ‘*Drug-related deaths of homeless people increased by 52 per cent over five years*’ (ONS, 2018).

This attention to detail and correction of a single statistic by one percentage point gives the impression that what matters most when gathering evidence is statistical exactness, and then issues such as drugs — the precise drug that lead to death is identified in individual cases. In 2018, the ONS notes that one-person experiencing homelessness died from smoking cannabis, while 115 died while under the influence

of opiates.³ The fact that somewhere a doctor noted cannabis consumption as a cause of death while homeless may well be the least useful piece of information ever released by a government funded agency.

The ONS should not be singled out here. The same could be said of much of the literature on homelessness. A report from Housing First England (2019) cites, “A long history of alcohol dependency, heroin and crack use and anti-social behaviour” as the main cause of homelessness for one of its service users.

The language used by leading sector organisations matters. Simple statements can, when repeated again and again in aggregate, frame a story, shifting focus from the causes to the symptoms of a problem. With homelessness, the emphasis is so often on how the people affected suffer from problematic alcohol or drug use, have ‘high/complex needs’ or all of the above, while forgetting that the evidence suggests (BBC, 2017) most people affected by homelessness (for example the vast majority who sofa surf and so on) never come into contact with the homelessness system, and can therefore not easily be labelled under any of these categories. They may be no different from you or me.

In its 2018 annual accounts, Homeless Link describes roughly five million pounds of spending in a year, and in its introduction notes that in order to achieve its ambition of halving rough sleeping by 2022, the Government must allocate “significant additional resources” (Feilden, 2018, page 1). The call for ‘significant additional resources’ is a recurrent refrain in the sector, when in fact the massive injections of funding every decade or so have probably contributed to the problem. While adequate resources are key, throwing money at the problem doesn’t necessarily mean those affected by homelessness will benefit. In 50 years, the system has grown in complexity and is more costly than ever, yet the impact of the work has not reduced the scale of the problem.

For this reason, the sector needs new types of evidence — particularly causal and comparative — in addition to greater accountability and transparency to ensure policymakers are indeed drawing on bodies of knowledge when developing policy. We know from other social policy fields like international development and education that better use of data and causal evidence can help accelerate progress and help target resources more effectively.

³ Report of December 20th 2018, referenced above (ONS, 2018), Table 1: Drug poisoning deaths of homeless people (identified) by substances mentioned, persons, 2017

Progressing Policy

Preventing homelessness in the UK requires significant reformation of housing policy. In most areas, it is currently not fit for purpose. It is not just those who are homeless who suffer as a result. Millions of others pay exorbitant rents for low-quality homes over which they have insecure rights. In this instance, we would do well to draw on evidence from the past and look at similar failures in public policy where an emphasis on the symptoms, not the causes, has prevailed. Acknowledging systemic problems is a rare occurrence in UK public policy and government often focuses on treating the symptoms of a problem for short-term gain.

In the past, it has tried to address the prevalence of babies with low birth weights by focusing on the health and wellbeing of individual mothers, rather than addressing the systemic factors that mean the UK has one of the worst records for underweight infant births and highest neonatal mortality rates in Western Europe (ONS, 2017). It has looked at the individual cases of children excluded from school instead of the wider social issues that mean school exclusions are rare elsewhere in Europe and were quite rare in the UK in past decades. It has designed measures to address poverty that mitigate only the worst effects of living on a low income rather than acknowledging that its tolerance and exacerbation of high levels of income inequality is fuelling the problem.

Without new mechanisms to instigate change, this status quo will prevail. In a complex system, better use of evidence to identify how to prioritise things that do the most good and stop doing what does not work (or causes harm) is vital.

What is to be Done?

It is not just housing policy, but social policy in general that has exacerbated homelessness by creating an environment of precarious inequality. Reliable evidence at the micro and macro levels needs to be collected and acted upon more promptly. We need to know what works in the short-term, but also keep our eyes on the long-term prize. A piecemeal approach that seeks to improve one area will have little overall effect if other areas of public life are not also improving.

In the UK, we seem unable to scale up promising interventions largely because they are never subject to rigorous evaluation, meaning that projects then close down as and when the fashion passes, but also because the root causes of new homelessness are almost never treated as a political priority. In England, there are a few new schemes being piloted that have fared well in Nordic nations, like 'Housing First'. In Finland, 'Housing First' as a policy was successful predominantly because of Finland's stronger social safety net — one that the UK has now largely lost.

We should recognise that almost all European countries have lower income inequality than the UK and enshrine more tenant rights into law. Rent regulation is a vital part of that. It is the only defence against arbitrary eviction.⁴ In Germany half of all householders rent privately, often using standard leases, which permit tenants to live in a property for the duration of their lives (Hickey, 2016). Rent caps are enforced to stabilise rates for new tenants, and closely monitored to ensure they don't increase too quickly. Tenants' groups organise to complain when landlords are not penalised for breaking the law.

In Sweden, private-sector rent levels are set through negotiations between representatives of landlords and tenants in a very similar way to how trade unions and employers negotiate pay. In 2014, the whole of Stockholm was limited to increasing rents by only 1.12% as a result. In the Netherlands, monthly rental fees are fixed by government. Government officials inspect properties for quality and decide rents accordingly. Denmark has two forms of rent regulation and does not suffer homelessness on the scale of countries with a supposedly more 'free market'. 'Free' housing markets serve only to benefit those with the most money.

In France, a new set of rent regulations came into force in the capital in August 2015, stating that private rents "must be no more than 20 percent above or 30 percent below the median rental price for the area" (Aldridge et al., 2019, p.16). Of course, the rules prompted anger among property agencies and landlords, who claimed they would deter investment. But the evidence from less equal countries is clear: landlords charging whatever rent they choose does not result in more housing becoming available. These controls have helped reduce rent inflation as firms and European agencies move parts of their workforce to Paris during the Brexit process.

The dominant narrative in most countries remains one that always focuses on the apparent deficits and perceived failures of people who become street homeless. Victim blaming is an area in which much of Western society excels. Thankfully, there is now growing evidence that this may be changing, and that attitudes in the UK are rapidly altering today (Dorling, 2018). Changing old habits will not be easy but nurturing a learning sector that acts more promptly on existing knowledge and tests its assumptions about what works will improve the positive impact of our efforts.

⁴ This section is based on work done for the book: "The Equality Effect" written by the author of this paper published by New Internationalist (Oxford) in 2017, see: <http://www.dannydorling.org/books/equalityeffect/>

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Accelerating Learning – Lessons and Reflections from the First Randomised Controlled Trials in Homelessness in the UK

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Introduction

Preventing homelessness has increasingly become one of the key policy objectives for the UK nations. These objectives include a commitment to end street homelessness by 2024 in England; an ambitious plan to end all types of homelessness and make the transition to a housing-led model in Scotland; a plan to prevent all forms of homelessness in Wales, and where it cannot be prevented ensure it is rare, brief, and un-repeated; and in Northern Ireland an overall vision of eliminating long term homelessness and street based sleeping, with prevention and early intervention at the core. Homelessness prevention is also identified as a priority in national homelessness strategies of many countries in the European Union, North America, and Australia (Mackie et al., 2017). Despite these commitments, the numbers of people experiencing homelessness remain stubbornly high across the UK nations. These trends add urgency to the need for proven policy interventions that can effectively reduce the number of people experiencing homelessness, and prevent cases in the future.

There is a wealth of research that can help us to understand the drivers and triggers of homelessness and the population sub-groups most at-risk (Bramley and Fitzpatrick, 2018), but comparatively less evidence on 'what works' in tackling home-

lessness, compounded by significant challenges in finding evidence that is reliable, understandable, and accessible (Teixeira and Cartwright, 2020). The Centre for Homelessness Impact's (CHI) mapping of the international evidence on homelessness interventions revealed that despite a body of evidence that encompasses almost 700 studies, the gaps in the evidence base are vast: while some interventions like Housing First have been thoroughly examined internationally, there are many other commonly used approaches (e.g. soup runs, reconnections) that lack causal evidence of their effectiveness. Seventy percent of the intervention categories in CHI's evidence and gap maps have been evaluated fewer than 10 times, with over 88% of the effectiveness studies conducted in North America, while the UK represents less than 7%, Australia 3%, and the Netherlands 2% (White et al., 2020).

This lack of causal evidence of homelessness interventions means that we know very little about the impacts of most of our actions with people experiencing or at risk of homelessness; including the potential for some interventions to even cause harm (Keenan et al., 2021; McMordie, 2021). Many of the interventions targeted at this group that have been tested found causal evidence that they worked (e.g. Keenan et al., 2021; Hanratty et al., 2020), but even if every intervention improves outcomes, some may work better than others or may achieve similar outcomes at a lower cost. Thus, we need a better understanding of the relative effectiveness and cost effectiveness of these interventions: not only if something works, but how well it works.

Expanding this understanding will mean that we reduce the chances of potentially misallocating precious resources into ways of working that could be improved and optimised to ensure people receive the services they need and achieve better outcomes for all.

Central and local governments, as well as multiple organisations in the sector trying to articulate their value to funders, have been rallying behind the need to understand 'what works' and make the best use of limited resources (Teixeira and Cartwright, 2020).

This also echoes the demand from the public. For example, a recent poll representative of the UK population conducted by CHI in collaboration with Ipsos Mori (Marshall and Day, 2021) found that a majority would like to see important decisions about homelessness made based upon evidence of what works, as well as the views of those affected by or at risk of homelessness (57% and 55% respectively).

A more robust evidence infrastructure will be a key enabler to identify practices and interventions that deliver better outcomes for people, and the most cost-effective ways of doing so. This requires investments both on primary studies, for example, using Randomised Controlled Trials (RCTs); as well as robust syntheses using internationally recognised methods for systematic reviews. Introducing these methodologies in Europe will help us accelerate impact, but we do not have a tradition

of such approaches. The Centre for Homelessness Impact commissioned several systematic reviews in those areas where sufficient evidence of effectiveness was identified (Hanratty et al., 2020; Keenan et al., 2021; Campbell UK and Ireland et al., 2021). Given the substantial gaps in our knowledge and the very limited number of RCTs in homelessness interventions in Europe, in this paper we explain the potential value of RCTs before reflecting on the experience of commissioning and running some of the first RCTs in homelessness in the UK.

Why do we need Randomised Controlled Trials?

RCTs offer a solution to what is called the fundamental problem of causal inference (Rubin, 1977) and thus are often credited as the ‘gold standard’ to evaluate the impact of an intervention.

Imagine that you want to assess whether programme A helps to reduce homelessness and improve mental health: what would the comparison be? Ideally, we would like to compare the outcomes of people who received the programme and those same people’s outcomes if they had not received it. Of course, this is not possible – once someone has received a programme, it is impossible to know what their outcomes would have been if they had not received it. This latter outcome is often called a ‘counterfactual’. To try and approximate the counterfactual, we need to find another group of people – a comparator group – who didn’t receive the programme, and whose outcomes can be a credible approximation of the outcomes the treated group would have had without treatment.

The problem with most options for comparator groups is that the individuals might be different from those in the treated group in ways that affect the outcomes they achieve. This is called ‘selection bias’. They might be in a different location, they might have other demographic characteristics, or motivations that explain why they did not receive the programme, and also affect their outcomes. For example, if one group has volunteered for an employment programme, they may be more motivated to gain employment than those who did not, which would likely also affect their chances of getting a job. Therefore their chances of getting a job would likely be higher than a comparator group who did not volunteer, and this comparison would overestimate the impact of the employment programme.

In an RCT, whether someone receives an intervention is determined by chance. If done properly, the treatment and comparison groups can be seen as equivalent (there is no selection bias) and the comparator group can be assumed to be a ‘true’ reflection of what the treated group’s outcomes would have been without treatment.

While there are other alternatives to create a comparison group, RCTs can be more intuitive to understand and offer a higher standard of evidence of the likely impact of an intervention on the outcomes of interest.

As part of an RCT it is usually necessary for the intervention being tested to be withheld from some participants. This is a reality of the world: people miss out on potentially beneficial opportunities all the time. However, an RCT generally modifies the way in which people are chosen to receive the intervention or not, and it is important to think through the ethical implications of this. In the context of clinical trials, the concept of ' equipoise ' is often used as an ethical guide. A community is in ' equipoise ' about an intervention if there is genuine uncertainty or disagreement among experts about its advantages and disadvantages in comparison to alternatives (Beauchamp and Childress, 2009; Freedman, 1987). In this context, it is not unethical to withhold the intervention or offer an alternative in order to test effectiveness. This principle can also be applied to social policy and government interventions (MacKay, 2018; 2020) where there is an agreement on the goals of action (e.g. reducing homelessness), but uncertainty as to the effectiveness of the potential intervention. As we described above, the evidence base for homelessness interventions remains scant, and thus, in many cases, there is a lack of evidence that would enable the community to reach an informed consensus about the benefits and disadvantages of a given intervention. From a societal perspective, uncertainty over the cost-implications of a given intervention to achieve certain goals (i.e. cost-effectiveness) may also create a case for testing. We need better mechanisms to ascertain the value for money of different interventions: not only whether something works, but what works best, pound-by-pound.

We also often find that potentially beneficial opportunities are capacity-constrained. If there is more demand for the intervention than there is capacity to deliver it, then randomisation does not change the number of people who receive the opportunity; it just changes the mechanism by which they are chosen. In this case, randomisation could be a fairer way of choosing who will have access to the intervention than other selection methods, e.g. first-come, first-served or prioritisation potentially affected by unfairness or implicit bias (Stone, 2011). It is worth noting that policy makers sometimes use randomisation as a fairer method of determining who receives what; for instance in the US it is used in school placements (Unterman, 2018); Medicaid cover (National Bureau of Economic Research, n.d.); and even conscription into the armed forces (Angrist, 1990). Lastly, it is often possible to conduct RCTs without preventing access to the intervention. For example, randomly selecting some participants to be encouraged to take part by using a reminder phone call or letter. This approach is usually called an ' encouragement design '; or

‘waitlisting’ some people to receive the intervention later than others. RCTs can also compare variations of similar interventions; for example, a standard model of support vs an enhanced model that includes an additional component.

Because RCTs affect people’s everyday lives, it is particularly important to consider informed consent. If people have had the RCT explained to them, and given free, informed consent to participate, then this provides a strong ethical foundation for the research. However, there is often a case for scaling back or omitting informed consent, either because it will affect people’s behaviour in a way that harms the validity of the trial (or puts them at risk), or because gaining the consent would be more intrusive and unnatural than the intervention itself – for example, if the intervention is a letter or set of text messages (List, 2008). With vulnerable groups, such as people experiencing homelessness, we also need to be concerned about pressure to participate as they may not view themselves as being able to decline to participate if they do not want to participate, and may be concerned about the effect of declining to participate on their standing with project partners such as Local Authorities (LAs) or charities (Welch et al., 2017). We also need to be mindful of the extent to which they have had time and opportunity to understand the information about the study. There are no easy answers to these considerations, but as with all research it is important to prioritise what is best for participants, and to calibrate the consent process to the risks of harm or distress.

As with any research method, there are ethical dimensions that need to be incorporated into the design. However, in many contexts, an RCT is both ethical and can generate evidence to help accelerate practices that are effective and shift resources away from ineffective interventions which may be causing harm. Indeed, it could be considered more unethical to roll out an intervention that could be ineffective or doing harm instead of investing some resources to test it robustly, learn, and adapt accordingly.

In this paper we reflect on the experience of commissioning and running three of the first RCTs in homelessness in the UK context:

- Testing the impact of providing a one-off payment of £2 000 to people currently in temporary accommodation (a ‘Personal Futures Grant’);
- Understanding the impact of providing support to people who wish to voluntarily move from a high-cost, high-demand housing area to a lower-cost and demand area; and
- Evaluating whether settled accommodation more effectively prevents COVID-19 infection and reduces housing instability compared to temporary accommodation.

Introducing New Practices: ‘Personal Futures Grants’

Direct cash transfers involve providing cash directly to people living in poverty. Most interventions in homelessness involve other people deciding how to spend the funding to support individuals, or at best working with the individual to identify ‘approved’ ways for them to spend financial assistance. Cash transfers recognise the right of those in poverty to choose for themselves how to improve their lives. There is a very strong evidence base across the globe in support of cash transfers. For example, the Overseas Development Institute (Bastagli et al., 2016) reviewed 165 studies of 56 different programmes and found evidence of improvements in household expenditure, poverty measures, education, health and nutrition, and savings and investment; with mixed effects on employment.

However, this evidence arises mainly in the field of international development – cash transfers remain an underutilised tool for poverty reduction in the Global North, and particularly in the field of homelessness. In homelessness, the New Leaf project (Foundation for Social Change, 2021) was an RCT testing the impact of providing a one-off unconditional cash transfer of CA\$7 500 (about GB£4 250). The sample for this project was 115 individuals who were aged over 18; newly homeless and living in either temporary accommodation or shelters; Canadian citizens or permanent residents; and who had low risks of mental health challenges and problematic substance use. Preliminary findings suggest that those who received the cash transfer reported moving into stable housing faster, increasing their spending on food, clothing, and rent, reducing their spending on ‘temptation’ items (such as alcohol and tobacco), and reduced their reliance on shelter accommodation (Foundations for Social Change, 2020). Importantly, this research also demonstrates the feasibility of both providing cash transfers to people experiencing homelessness and rigorously evaluating their impact via RCT.

The Personal Futures project is being led by the Centre for Homelessness Impact, and researchers at King’s College London are conducting the evaluation. The project is a collaboration between them and researchers at Cardiff and Heriot-Watt Universities; the Greater Manchester, Swansea, and Glasgow Local Governments; and the charities St Martin-in-the-Fields, the Wallich, Simon Community Scotland, and Great Places. We are undertaking a pilot to test the impact of what we are calling Personal Futures Grants with 180 people currently in temporary accommodation, evenly distributed across three sites: Swansea, Glasgow, and Manchester. The design is an RCT, clustered at the postcode level. This means that everyone at the same accommodation postcode who is in the project will be allocated to the same condition – they will all either receive the cash transfer, or not. This reduces the risk that ‘control’ participants become aware of who has received the cash transfers. Those allocated to ‘treatment’ will receive a one-off cash

transfer of £2000 to their bank account. In order to mitigate risks around the provision of a cash lump sum, the delivery partners in each city will screen potential participants to ensure that they are not at risk of increased harm from receiving the transfer (e.g. because of drug use/alcoholism, poor mental health, or vulnerability to exploitation). As part of the trial, participants will have the option of speaking to a support worker about how to spend the cash transfer, but it will be up to them whether they want to take this up or not. We will contact all treatment and control participants at three, six, and 12 months to conduct a phone survey about their financial and housing security, their social connections, their use of services, and their contact with the criminal justice system (as a victim or perpetrator). By comparing these outcomes for those who received the transfer and those who did not, we will be able to estimate the impact of the transfer.

We hope to launch the Personal Futures Grants RCT in late-2021, and to report on its impact at the 6-month mark and the 12-month mark. We see the Personal Futures Grants project as a programme of work that, considering the findings of this first phase, could be expanded to support other cohorts like people leaving prison, families in Temporary Accommodation, or young people aging out of care, among others. We also hope in future to explore aspects like the magnitude of the grant or the frequency of payments that achieve better outcomes.

Working with Organisations to Assess their Impact: Homefinder UK

Under the Housing Act 1996, when making a housing offer to an applicant experiencing homelessness, LAs should try to secure housing within the applicant's local area (Housing Act, 1996). However, demand far exceeds supply in the social rented sector across England: UK government data suggests that over one million households were waiting for social housing in 2020, with almost 250 000 of those households on waiting lists for social housing in a London borough (Ministry of Housing, Communities and Local Government, 2020a). Paired with affordability problems in the Private Rented Sector, LAs in high-demand, high-cost areas often struggle to place homeless households within their own area. Given these limitations, LAs may offer applicants housing outside of their local area. The number of UK households in temporary accommodation outside of the placing authority rose by 391% in the 10 years between June 2010 and June 2020, with almost all of these placements being offered by London boroughs (Barton and Wilson, 2020). These out of area placements have received criticism within the homelessness sector, yet there is a lack of robust evidence about the impacts of such moves on individuals and households to inform any debate about the policy and practice.

For some people, moving to a new borough might be the best option, if it is what they wish to do, and if their needs and agency are respected. Homefinder UK, a housing mobility service managed by Home Connections, works with individuals and families in high-cost, high-demand areas, who are at risk of or experiencing homelessness and are willing to move to a lower-cost, lower-demand area. Homefinder UK enables applicants to express interest in housing in lower demand areas, and provides applicants with case management to understand their needs, identify suitable properties in lower cost and lower demand areas, and supports them to submit successful applications. Understanding the impact of (voluntary) out-of-area moves via Homefinder UK contributes to the conversation about out-of-area moves more generally.

The Centre for Homelessness Impact commissioned King's College London to undertake this research, working with Home Connections. The Homefinder UK service offered by Home Connections is oversubscribed – they receive more applications than they can support with their existing capacity, which provides an opportunity to use randomisation to identify those who are offered support within the limited resources available. Although we can assign people to either work with Homefinder UK or to the comparison group (who would not receive the same type of support), we could not (and would not) randomly assign people to either move out-of-area or stay put. This means we are using what is called a 'randomised encouragement' design, where we randomly allocate people to Homefinder UK or the comparison group. Even in the comparison group, some people (e.g. those who are more resourceful or motivated) might move out-of-area themselves or with support (e.g. from their LA). In this type of analysis, we focus on those who 'complied' with their assignment; that is, we compare those who were allocated to Homefinder UK and then moved out of area with those who were in the comparison group and stayed put. This gives us what is known as the 'complier average causal effect'¹, an estimate of the effect of voluntarily moving out-of-area (with the support of Homefinder UK) on outcomes such as housing stability, social connectedness, and wellbeing.

People can either be referred to Homefinder UK by their LA, or self-refer if they are in an LA who is a member of the scheme. In order to recruit participants for the evaluation, for a six to eight week period, all individuals who are referred to or self-refer to Homefinder UK and are eligible for the service will be randomly allocated to Homefinder UK or the comparison group, and then we will approach them regarding the evaluation. We expect that this will be approximately 320 indi-

¹ To estimate the Complier Average Causal Effect there are other assumptions that need to be met such as the absence of 'deniers', i.e. people that would move out of area *only if they are assigned to the comparison group*. For a more detailed discussion of Complier Average Causal Effects see Angrist and Imbens (1995) and Gerber and Green (2012).

viduals. Home Connections is currently experiencing excess demand for the service, both in terms of the team's capacity to screen self-referring applicants and confirm their eligibility, and in terms of the casework support they provide to applicants to help them apply for properties and move successfully. By randomising, we are changing the mechanism by which Home Connections prioritises who they work with, but we are not leaving Home Connections with excess capacity.

Participants will be contacted for three phone surveys (at enrolment, three, and nine months) to understand their housing and general situation. Individuals allocated to the control will be able to access Homefinder UK once the final data collection is complete; however, anyone whose housing need is urgent (e.g. they are sleeping on the street or experiencing domestic violence) will be outside the randomisation and able to access support immediately.²

We hope to launch the evaluation in late-2021 and report on outcomes in late-2022.

Leveraging Opportunities to Understand Existing Practice: Moving On

The onset of the COVID-19 pandemic elicited a historic swift and determined effort to ensure people experiencing homelessness in the UK were safely accommodated (Fitzpatrick et al., 2021). Quick action was taken to commission a very wide range of new temporary accommodation; including: hotels, B&Bs, holiday lets, university accommodation, and RSL properties to ensure everyone had space to self-isolate and to reduce the risk of transmission of COVID-19. In England, between March and September 2020, as part of this initial 'Everyone In' government response to COVID-19, 10 566 people were living in emergency accommodation and nearly 18 911 people had been moved on to settled accommodation (Ministry of Housing, Communities and Local Government, 2020b). The Government committed to prevent people from going back to the streets (Ministry of Housing, Communities and Local Government, 2020c) but the limited supply of settled accommodation meant that swift access to settled accommodation would not be possible for all households. Within this context, we secured funding from the Economic and Social Research Council to undertake an RCT to evaluate whether Settled Accommodation

² We also considered participants who declined to participate in the research. Every person will be randomised. People will still be able to work with Homefinder UK if they are allocated to the treatment, even if they decline to participate but in that case they will not take part in the data collection. This approach was put forward by Welch et al. (2017) for situations where the randomisation related to allocation to a service and there might be a higher risk of individuals perceiving that participation in the research would increase their ability to influence service-related decisions made about them.

(SA) more effectively prevents COVID-19 infection and reduces housing instability compared to Temporary Accommodation (TA). The study is important, not only for its contribution to understanding responses to the pandemic, but more broadly to understand the impacts of temporary and settled housing in the UK homelessness system, which differs markedly to the North American context where most existing trials have been undertaken.

The 'Moving On' study is led by Cardiff University and CHI, bringing together homelessness researchers and a team with experience in RCTs (the Centre for Trials Research), as well as Alma Economics, and the additional support of leading trials and homelessness experts from North America and King's College London.

The study aimed to recruit approximately 1 200 people experiencing homelessness, and temporarily accommodated, across up to six local authorities in England between October and December 2020. Participants would be randomly allocated to either settled accommodation or to remain in temporary accommodation (treatment as usual). This was considered a fair allocation because even if LAs had wanted to move everyone to settled housing immediately, it was not possible due to limited supply. Importantly, all participants would continue to receive the levels of support that were deemed relevant regardless of the type of accommodation they were allocated to.

The intention was to quickly administer an adapted version of an existing Ministry of Housing, Communities & Local Government survey by telephone, with follow up surveys to be completed at three, six, and 12 months. The process evaluation would include interviews with three individuals using services and three members of staff in each of the participating LAs and the economic evaluation would draw on participant survey data and costs provided by LA homelessness teams. Despite support for the project at the proposal stage from several LAs, recruiting LAs proved challenging. The study team reached out to approximately 144 English LAs, held detailed meetings with 10 of these, and ultimately recruited two authorities into the study.

Given this was the first RCT with people experiencing homelessness in the UK, and the lessons to be learned were of potential value, the study design was amended to become a pilot RCT. Having recruited 50 participants into the study from the two LAs, the objectives now focus on the feasibility and acceptability of randomising participants to Settled Accommodation (SA) or Temporary Accommodation (TA), delving deeper into the learning from attempts to recruit LAs and participants, and developing an understanding of retention rates. As part of the pilot RCT, the study team is also undertaking additional exploratory work on the potential use of linked administrative data in homelessness trials.

Efforts to recruit LAs into the 'Moving On' study provide important lessons for future RCTs and trials in this field in the UK. The study demonstrates the importance of engaging with staff at different levels within LAs. The research team often had excellent buy-in at higher levels of the organisation, but those on the frontline either had greater reservations about randomisation, often because they would be the ones ceding control over accommodation allocation, or they were able to identify operational issues that would render randomisation implausible. As an example of the latter, one LA was keen to engage in the study until a member of the frontline team identified that individuals randomised to settled accommodation could not be guaranteed accommodation – private landlords are presented with five potential tenants and the landlord then chooses who will be offered the tenancy.

Final remarks

The homelessness sector needs a robust and extensive evidence base to identify practices and interventions that deliver better outcomes for people. Introducing new ways of thinking is never a simple endeavour. However, as the three projects discussed in this paper highlight, it is possible to work collaboratively across the academic community, central government, LAs, and third sector organisations to bring about these new methodologies to the homelessness sector. Across these initiatives, there are three key themes that stand out.

Firstly, investing in relationships within the homelessness sector is key. We need to understand the aspirations, challenges, and realities of organisations working to alleviate and reduce homelessness as a key mechanism to identify promising practice and harness opportunities, navigate challenges, and collaboratively address concerns; but most importantly, to forge partnerships with the common objective of improving services for people.

Secondly, we need to continue building capacity in the academic sector. This requires bringing together homelessness academics and impact evaluation expertise locally; and learning from international experiences identifying promising practices to be adapted and tested in the UK and running robust evaluations targeted at people experiencing homelessness. Building on these experiences and knowledge is helping us foster collaboration across borders, both geographical and epistemological.

Thirdly, these trials are laying the groundwork for future UK trials in the homelessness sector, but there is still much to learn. Until now we were dependent on experiences of studies from other regions, primarily North America, or from other disciplines to inform our first UK trials. In the process, we have started to accumulate lessons around the feasibility and ethics of randomisation; recruitment and retention rates; strategies to increase both recruitment and retention; the

development of locally appropriate data collection tools, etc. This knowledge is crucial to the success of robust future studies that will inform policy and practice and help end homelessness.

As these three examples highlight, there are many considerations when running RCTs in the homelessness sector in the UK. We have been making strides to address some of these challenges, and have started to gather momentum across policymakers, academics, and delivery organisations to bring about the changes that are needed to transform the homelessness sector in the UK. We knew that introducing robust evaluation methodologies, particularly RCTs, into the UK homelessness sector would be a journey. These three studies are a promising start.

The Moving On study was supported by the Economic and Social Research Council [grant number ES/V011855/1]

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Social Entrepreneurship and Entrepreneurial Philanthropy: Their Contribution to a 'What Works' System in the Homelessness Field

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Introduction

Historically it has not been only (or even primarily) governments that have sought to respond to the complex challenge of homelessness. From alms-houses for the elderly funded through religious charity, to large-scale social housing provided by philanthropists, to refuges for women who are escaping domestic violence provided by non-profit organisations, private actors have intervened in diverse ways. Over the last decades there has been a significant re-emergence of such private action for public benefit across multiple fields of social action. Examples of this re-emergence include a global increase in non-profit associations, growing numbers of philanthropic foundations, and the emergence of hybrid organisations such as social enterprises that combine social purpose with commercial activities (Salamon, 1994; Defourny and Nyssens, 2017; Johnson, 2018). These developing phenomena have complex origins, but a consistent theme is awareness of the limits of government and the market to resolve persistent social problems (such as poverty), or tackle new ones (such as climate change).

This re-emergence has been characterised by a concurrent re-imagining of the function and approach of private action, including a sharpened focus on impact and evidence. This article explores two influential and interconnected examples of this reimagining of private action for public benefit – social entrepreneurship and entrepreneurial philanthropy – and reflects upon their potential contribution to an evidence-based system of innovation and intervention in the homelessness field. The paper first introduces the concept of social entrepreneurship, exploring its potential contribution to a what works system, and describes the role of entrepreneurial philanthropy in funding such approaches. It then makes tentative proposals about the specific functions of social entrepreneurship in the homelessness field.

A final section explores criticisms of social entrepreneurship and entrepreneurial philanthropy, especially with regard to the distribution of power, and identifies possible mitigations.

Social Entrepreneurship

Social entrepreneurship is an approach to social change that fuses social purpose with the behaviours and processes of commercial entrepreneurship. Its precise boundaries and characteristics are often unclear (Dacin et al., 2011), and narratives around social entrepreneurship can be prescriptive, uncritical, or celebratory. At the core of the concept, however, are a set of behaviours and approaches that have the capacity to add significant value to attempts to solve social problems. This section presents a short overview of key dimensions and processes of social entrepreneurship as a foundation for understanding its potential contribution to an evidence-based ecosystem.

What is social entrepreneurship?

Commercial entrepreneurs create private economic value. Social entrepreneurship is an activity that has an explicit intention to create social value or repair an 'unjust equilibrium' (Dees, 1998; Mair and Marti, 2006; Martin and Osberg, 2007, p.35). Social value is created explicitly through innovation and social change; social entrepreneurs are 'change agents' (Dees, 1998, p.4). It is, moreover, social change of a particular nature that is frequently emphasised: drawing on the classic description of commercial entrepreneurship as "creative destruction" (Schumpeter, 1942/1976, p.81ff), the focus is not on small-scale incremental change, but on the reconstruction of systems, long-term solutions, and "transformational benefit" (Martin and Osberg, 2007, p.34; Dees, 2012).

Descriptions of social entrepreneurship commonly identify five processes or dimensions:

1. *Opportunity identification*: social entrepreneurs identify opportunities through a strategic exploration of the field (Phillips and Tracey, 2007; Haugh et al., 2018); Martin and Osberg (2015, p.79) describe a process of "intensive understanding of a particular status quo". There is a suggestion that social entrepreneurs do not simply recognise opportunities to enact social innovation, but also in some cases actively create those opportunities by framing a problem differently (Tracey et al., 2011).

2. *Resource mobilisation*: commentators describe ‘bricolage’ – ‘making do’ with limited available resources, creating innovative new resource combinations, or applying existing resources to new situations or problems (Baker and Nelson, 2005; Janssen et al., 2018).
3. *Intervention design and business model*: social entrepreneurs design an appropriate product or service and, given both the nature of the intervention and available resources, select a business model. There is often a focus on action – a swift move to empirical testing of the key assumptions of the proposal, drawing on approaches such as the lean start-up or the rapid prototyping techniques characteristic of design thinking (Blank, 2013; Ideo.org, 2015).
4. *Organisational construction*: social entrepreneurs build organisations to implement their interventions. They may use either for profit or non-profit organisational forms, depending upon the nature of the social needs and other characteristics of the operating environment (Mair and Marti, 2006). Often social entrepreneurs may use hybrid organisational forms: the creation of a hybrid organisation, combining behaviours or processes from different sectors, or from different fields of activity, can itself be an important act of social innovation that enables new ways of working for social impact. Powell and Sandholtz (2012), for instance, describe the development of the biotech firm by entrepreneurial actors working across institutional boundaries.
5. *Scaling*: if an intervention or product is successful, the social entrepreneur seeks to move to scale, whether through open-source dissemination, collaboration, expansion in the market through organisational growth or social franchising, or through take-up by government (Heinecke and Mayer, 2012; Martin and Osberg, 2015). The focus on scale is not upon expanding an organisation’s size, but upon increasing and maximising social impact (Martin and Osberg, 2015).

An important definitional question is whether social entrepreneurship necessarily involves the creation of economic value through market trading. Numerous commentators insist upon some degree of such economic value creation (for instance, Mair and Marti, 2006; Dacin et al., 2011). This firm link to commercial activity helpfully narrows the boundary of the phenomenon for the purpose of critical analysis. But it comes at the expense of limiting the range of possible solutions available to the social entrepreneur, pushing the practice of social innovation towards market solutions. This paper takes a broader view: its focus is on

entrepreneurial activity by private actors that intentionally seeks to create social change, and there is no requirement that solutions should include commercial activity as part of their business model.¹

Social Entrepreneurship: Its Contribution to a ‘What Works’ System

How can social entrepreneurship contribute to an evidence-based approach to tackling homelessness? To answer that question, we must first step back to consider the perceived weaknesses of traditional modes of resource allocation (government, market, non-profit sectors) in supporting evidence-based innovation. Meaningful innovation for social good can, of course, be created within traditional economic sectors: government can drive social innovation through funding and facilitation of partnerships (Mazzucato, 2021); civil society is a ‘creative chaos’ from which new ideas emerge, especially at the grass-roots level (Dahrendorf, 2000; Osborne, 1998); the market has contributed to social benefit through innovations ranging from hearing aids to energy-saving technology to developments in housing construction. There can, however, be specific barriers in each sector that constrain innovation or the pursuit of maximum social impact. In the homelessness field specifically, there can be a lack of experimentation, a failure to tackle the root causes of problems, and a tendency “to do what we have always done in the past” (Teixeira, 2020, p.3). Three specific problems can be identified – risk aversion, a focus on remedial interventions rather than lasting solutions, and the undersupply of social innovation in markets. For each of these problems there are arguments that the social entrepreneurship approach can provide a remedy.

First, there is the problem of *risk aversion*, especially within government. We look to government to tackle and solve social problems, but frequently its responses seem inflexible, slow, and unadventurous, including in the homelessness field. Part of this lack of innovation can be attributed to bureaucratic systems that lack agility and do not easily facilitate the development of new ideas. Perhaps more importantly, governments can be conservative and risk-averse (Rose-Ackerman, 1980; Howlett, 2014). Innovation risks failure, and failure risks accusations of wasted taxpayer funds and incompetence. Social entrepreneurs, by contrast, are willing to take risks to create social impact. Part of this risk-taking is attributable to an entrepreneurial mindset of innovation and disruption; it is supported by entrepreneurial

¹ There is no reason why the concept of social entrepreneurship should not include state actors creating change within the government sector. For the purposes of this article, however, the primary focus is upon private action for public benefit.

tools such the lean start-up and techniques from design thinking that encourage the swift testing of ideas and assumptions, and which limit the expense and cost of failure. The capacity to take on risk is further enabled where entrepreneurial initiatives are funded through philanthropic resources, as discussed further below.

Second, there can be a tendency to focus on *short-term remedies* rather than to innovate for long-term solutions for social problems. Government behaviour can be driven by the electoral cycle and crisis management. Third sector organisations have been criticised for focusing on remedial work and symptom alleviation, rather than solutions. Compassion and the charitable impulse may encourage help to those immediately in need, but does not support the rigorous and dispassionate work required to prevent need from occurring (Dees, 2012). Social entrepreneurship advocates, on the other hand, emphasise a focus on solutions and disrupting entrenched and ineffective systems (Dees, 2012; Martin and Osberg, 2015). As an example, consider homelessness in situations of natural disaster such as earthquakes. The response by non-profit and state agencies is emergency humanitarian relief. Such interventions are of course vital in the moment of disaster – but they do nothing to break the cycle of vulnerability and crisis. The response of the social entrepreneur is to seek a solution. Thus the mission of NGO Build Change is to reduce deaths, injuries, and economic disruption when earthquakes strike by increasing the stock of disaster-resistant houses and schools in emerging economies (Build Change 2015). It does not undertake construction itself, but facilitates partnerships, trains local builders, engineers, and officials, and spreads knowledge about the latest developments in earthquake-resistant design. The organisation is seeking to disrupt the cycle of disaster through its work; we can note too that the focus is not on scaling the organisation, but on scaling impact through knowledge dissemination and transfer of expertise to local actors.

Finally, the *market can undersupply goods that are of benefit to society*. Social innovation is an example of a positive externality: some innovations may carry significant social benefits beyond the firm that produces them and the customer that receives them. The market actor, focused only on the extraction of private value through profit, does not consider wider social benefits in decisions about production or investment. Private profit alone may be insufficient to justify the risk of investment, and an opportunity to make social change is overlooked. But social entrepreneurs, because their motivation is social impact and not profit maximisation, can push through market-based social innovation that would otherwise be undersupplied (Le Grand and Roberts, 2020). M-KOPA, for instance, is a for-profit firm that uses a combination of solar-powered technology and mobile phone finance systems to deliver affordable and sustainable electricity to off-grid homes and businesses in Africa. For conventional profit-making actors, the balance of risk and private financial return would be unfavourable for investment. Instead, the

founders of the firm were social entrepreneurs, and the initial funders were social investors and development finance institutions who sought social impact as well as financial return. Where a market-based approach is not feasible, the social entrepreneur can instead make visible the social innovation and its market under-supply to government, in the hope of government intervention through subsidy or other mechanisms (Santos, 2012).

Such arguments make a persuasive case for the role of social entrepreneurship as a driver of change. The mixing of social purpose with entrepreneurial energy and structure can generate innovation, disruption and experimentation with an intention to solve social problems. A central function of social entrepreneurship is to provide evidence and information about what works, and this evidence and information can be of different kinds. Social entrepreneurship activities can, of course, provide evidence about the effectiveness of a specific service, product, or therapy. But they can also establish the market viability of certain goods and services: by taking the role of first mover in a market, the social entrepreneur can provide evidence about the profitability or not of a new and potentially valuable product or service, information that may encourage the entrance of conventional market actors.

Resourcing Social Entrepreneurship: Entrepreneurial Philanthropy

Given the weaknesses of the state and mainstream market in supporting social innovation, funding for social entrepreneurship from these sources, while possible, can be limited. Social entrepreneurship can thus lean heavily on philanthropy. This section briefly describes the role of entrepreneurial philanthropy in supporting evidence-based social innovation and social entrepreneurship.

The concept of entrepreneurial philanthropy has two essential underpinnings. The first is a powerful analytic and normative case for the innovation or 'discovery' function of large-scale philanthropy (Anheier and Leat, 2006; Reich, 2018). Philanthropic foundations have an unusual freedom. They are constrained neither by electoral popularity nor by the pressure to make profit. They are, aside from broad tax regulations around public benefit, largely unaccountable. This lack of accountability presents opportunities to take risks and to wait patiently for impact without regard for short-term electoral and investment cycles – it is, in other words, an opportunity to fund innovation for public benefit. Complementing this discovery function, there is also a function of pluralism: philanthropy can support the needs of those marginalised in society, whose voices are not heard within a majoritarian political system, whether because of disadvantage, ethnicity, gender, or belief, or because they are a future generation not represented in present-focused elections

and markets (Anheier and Leat, 2006; Reich, 2018). Taken together, these proposed functions of pluralism and discovery create a powerful case specifically for philanthropic funding of innovation for social justice.

The second underpinning of entrepreneurial philanthropy is the emergence over the last three to four decades of outcome-based or strategic philanthropy (Brest, 2020). The outcomes-based movement responds to the perceived lack of impact of traditional philanthropic giving and its failure to attend rigorously to performance management, impact, or the root causes of social problems. Drawing tools and processes from fields such as business, finance, and social science, the outcomes-based approach privileges approaches and techniques that are largely consistent with a 'what works' and evidence-based system: a focus on solutions and, sometimes, large-scale systems change; clear delineations of intended outcomes and impact; a theory of change that provides an explanation of the predicted path to impact; impact evaluation and cost-benefit analysis; and a commitment to learning from interventions whether successful or not (Brest, 2020).

From these two underpinnings – the freedom to finance innovation and the commitment to rigour, impact, and solutions – comes the idea of entrepreneurial philanthropy: focused and rigorous grant-making (and sometimes investment) that takes risks, seeks to catalyse innovation, and aims at solutions, not remedies, to social problems. Taken together, the combination of entrepreneurial philanthropy and social entrepreneurship creates a powerful axis of risk-tolerant and impact-focused resourcing and innovative design and delivery for social impact.

Social Entrepreneurship and Homelessness: Multiple Inflection Points

How might social entrepreneurship approaches be applied in the homelessness field? The potential contribution to innovation and long-term solutions is broad. Homelessness is a diverse phenomenon with multiple causes and consequences; people experiencing homelessness have different and complex individual journeys. As a result there are multiple points in the system – or inflection points – where there are opportunities for significant entrepreneurial impact. A typology of different potential functions of social entrepreneurship in the homelessness field is offered below.

1. Evidencing systems of injustice

An evidence-based approach to social change is not only about designing and testing interventions. It can also imply close examination of a social problem or an unjust equilibrium, so that strategies for social change are well-informed and appropriately framed. Polaris is a US non-profit organisation that seeks to

disrupt human trafficking, which can especially target young people experiencing homelessness (Murphy 2017; Chisolm-Straker, 2019). It operates a national human trafficking hotline to support victims and survivors of trafficking. The aspiration of Polaris, however, is not simply to offer remedial support, but to be “a movement that reduces, prevents and ultimately ends sex and labor trafficking” (Polaris, 2021). It does so by collecting data and evidence on trafficking operations and business models in the US, and mapping how these intersect with financial institutions and other mainstream institutions. The focus of information-gathering is not upon the extent and symptoms of suffering (although this is important); it is upon investigating and providing evidence about the systems that cause the suffering. The close mapping of (in this case) a criminal market of exploitation can inform efforts to disrupt it, and uncover new opportunities for social intervention.

2. *Creating interventions to tackle the root causes of homelessness*

Social entrepreneurship can support innovation in the introduction and design of interventions that tackle the perceived root causes of homelessness. One such root cause, for instance, has been identified as dislocation from the labour market. Much attention has been focused on the work of social entrepreneurs in this area, especially in the development of work integration social enterprises that support those experiencing homelessness or those at risk of homelessness to return to mainstream employment (Teasdale, 2010; Tracey et al., 2011); work integration social enterprises may offer the possibility of a long-term solution to economic exclusion by providing individuals with a stable income, by acclimating them to the world of work, and by providing training and psychological support packages (Tracey et al., 2011). These organisations are now a familiar phenomenon across Europe (Spear and Bidet, 2005); examples in England include Luminary, a bakery which supports women who have experienced domestic violence, and Brigade, a restaurant that supports and employs people who are deemed to be vulnerable (Luminary, 2020; Brigade, 2021). Work integration activities are only one example. Just as the root causes of homelessness are diverse and cut across spheres of public policy, so too the opportunities for social entrepreneurship approaches are multiple.

3. *Technological innovation*

Much contemporary social entrepreneurship pushes forward technological solutions for social problems. Build Change, as described above, develops and disseminates technical knowledge about improving the resilience of houses in earthquake zones. Digital technology, such as blockchain, may have a particular function to play in supporting people who struggle to prove their identity to health or financial providers on account of homelessness (for instance, Mercer and Khurshid, 2021).

4. *Market development*

Social entrepreneurship can play a role in developing or repairing markets. The activities of M-KOPA, described above, have established both market viability and consumer demand for solar-powered off-grid energy; Muhammed Yunus famously established the viability of a market in microloans to disadvantaged women in Bangladesh (Yunus 2007). There may be potential for such market development in the homelessness field – for instance, in social housing or fintech products for those who are unbanked. By establishing the viability of a market for a social innovation, there is the possibility of taking the innovation to scale.

5. *New forms of organisation and governance*

Social entrepreneurship can create disruptive innovation not just at the micro-level of services or products, but also at the level of organisational or institutional structure. In particular, as described earlier, social entrepreneurs can combine mechanisms or characteristics from different economic sectors into hybrid organisations that can be better tailored to create specific social value. The market-based work integration social enterprise is an example of the emergence of one such hybrid within the homelessness field. Tracey et al. (2011) describe how social entrepreneurs in the UK fused together the contrasting processes and values of commercial retail and non-profit homeless support to form a for-profit business, *Aspire*, that employed people experiencing homelessness; they attempted to expand the organisation through a franchise model and, unusually, planned that it would be commercially sustainable. While the specific organisation failed, the new organisational form – the commercial work integration social enterprise – became recognised and widely replicated as an innovative means of organising and resourcing work integration interventions. Innovative, complex and sometimes controversial hybrid organisations can be identified in particular in the provision of social housing. Nguyen et al. (2012) describe *Charlotte Housing Association*, a US government housing corporation that has both non-profit and for-profit subsidiaries, an arrangement that facilitates the provision of multiple services, enables flexibility in delivery, and creates the possibility of private investment.

6. *Disseminating and embedding evidence*

Creating innovative interventions and creating a rigorous evidence base of their effectiveness does not guarantee implementation. Social entrepreneurship approaches can support innovation in knowledge dissemination. A significant focus of *Build Change*, for instance, is both the dissemination of technical knowledge about disaster-resistant housing to communities, professionals, and government, and also the facilitation of collaborations for change between such actors. In the UK the *Centre for Homelessness Impact* has identified weak-

nesses in the dissemination of evidence in the homelessness field and in its use in policy and practice; its activities facilitate the generation, dissemination, and use of evidence by policymakers and practitioners.

Social and political activism too can play an important role in an evidence-based system. Activists can raise the profile of what works and pressure key decision-makers to enact necessary political change or scale a particular innovation. For some authors, activism is considered conceptually distinct from social entrepreneurship: the focus is on influencing, and not on designing and delivering direct social value (for instance, Martin and Osberg, 2007). In practice, however, there is often a blurred boundary between entrepreneurship and activism, with the two functions merging within the same organisation. SDI, for instance, is a global federated organisation that seeks to mobilise and give voice to residents of slums and informal settlements. Its local community organisations gather data to build a portfolio of evidence about the informal settlements as an informed baseline for change, and create innovative solutions for local communities, such as savings plans. Activism takes place through the mobilisation of local collective action and, where necessary, attempts to influence government and other institutional actors (SDI, 2016). US-based NGO Landesa has identified land rights as a fundamental solution for poverty in developing countries, creating economic empowerment, driving gender equality, and ensuring shelter for people experiencing disadvantage. The establishment of land rights demands structural change and political action: Landesa operates a diverse system of advocacy and consultancy across government, private sector investors, and civil society; it supports its advocacy with its own research activities (Landesa, 2021). Entrepreneurial activism, finally, may be directed not simply at political institutions, but also at normative social discourses that tolerate homelessness and act as barriers to the enactment of evidence-based solutions (Sparkes and Downie, 2020).

In sum, a 'what works' evidence-based system is multifaceted and multilevel. Innovation can be about the design and evaluation of products and services, but also extends to organisational and institutional structures for delivery. A 'what works' system also requires effective evidence dissemination, and campaigning and advocacy so that evidence-based solutions are enacted by decision-makers. Social entrepreneurship can be enacted across these diverse functions and levels; as the varied examples indicate, it can also be enacted across the multiple domains of action that affect homelessness, from support to access the labour market and freedom from human trafficking, to housing quality, land rights, and informal settlements.

We can note, finally, some evidence of entrepreneurial philanthropy in the homelessness field. Many of the social entrepreneurship ventures described above have been funded by philanthropic foundations or corporate philanthropy, including

Polaris, Build Change, Luminary, and Brigade. Such investments indicate a commitment to innovative solutions and in some cases systems change; the extent of rigorous impact analysis is, however, not always so clear, a point to which we return later. Particularly in the US, there is an explicit commitment among some philanthropic foundations to find solutions that will end homelessness, including emphasis on systems change, campaigning and knowledge dissemination, new preventative initiatives, and tackling broad root causes such as poverty and racism (for instance, Butler Family Fund, 2021; Melville Charitable Trust, 2020; Conrad N. Hilton Foundation, 2021).

Challenges and Ways Forward

Social entrepreneurship and entrepreneurial philanthropy are both contested approaches. Criticisms arise from the perceived tension of *private* action for *public* benefit, and also from the particular mechanisms of private action that social entrepreneurs and outcomes-based philanthropists use. In this final section five such challenges, and possible mitigations, are presented, all of which have significant application to the homelessness field.

Power: the first challenge is around power. There can be uncomfortable and illegitimate power dynamics within both social entrepreneurship and philanthropy. The practice of social entrepreneurship suffers from the discourse of the heroic individual social entrepreneur, to whom spectacular narratives and a long list of enviable character traits are often attached. Such discourses encourage individual, not collective, action, and create a culture in which solutions are imposed top-down on communities by those who have little experience of a social problem (Dacin et al., 2011; Papi-Thornton, 2016). Philanthropy too can be top-down and paternalistic; it is accused in some circumstances of imposing ideologically-driven solutions to social problems against the wishes of local people and local civil society and outside the democratic process (Horvath and Powell, 2016). Such exercises of power are inappropriate for two reasons: they disempower the disadvantaged, and they are also likely to reduce impact, since interventions are not informed by the lived experience of the end user.

Such criticisms draw attention to the 'social' nature of social entrepreneurship: this is an act of collaboration between multiple stakeholders (Spear, 2006). The social entrepreneur has a responsibility to deeply engage with the lived experience of communities and of individuals experiencing or facing homelessness in order to understand the problem and in order to co-design effective solutions. This implies ethnographic approaches – observation, interviews, explorations of meanings and behaviours – in order to develop local and situated knowledge and to identify inter-

sections of social structures that affect actors' experiences. Increasingly too, there is attention to how power and decision-making can be devolved to disadvantaged communities and individuals. There are various mechanisms. The Olamina Fund, an impact investment vehicle, seeks to develop local entrepreneurship within the BIPOC (black, indigenous, and people of colour) community in the US by investing in small businesses, worker cooperatives, and low-income housing (Candide Group, 2019). Participatory grant-making enables communities to take part in decisions on the allocation of funds (Gibson, 2017). Trust-based philanthropy seeks to transfer power to disadvantaged communities by offering multi-year unrestricted grants (Trust-based Philanthropy Project, undated). There is, however, a tension here for a 'what works' system. Light-touch philanthropy can transfer power and may create conditions for flexibility and innovation, but it can be at the expense of establishing a rigorous evaluation mechanism and theory of change that supports evidence development.

Accountability and transparency: freedom from the accountability and governance systems of both the market and state is, as has been discussed, one of the essential advantages of social entrepreneurship and philanthropy that enables risk-taking and innovation. But the involvement of private actors and private funders in the resolution of social problems creates concerns about the privatisation of decisions about the public good and about the lack of accountability to users or to citizens (Reich, 2018). There are also concerns about transparency: social entrepreneurship interventions are often fragmented, and philanthropic foundations do not always disseminate information about their activities. Transparency is, of course, essential so that a full picture of what works and what does not can be constructed (Brown, 2020). The challenge is to create a sophisticated and constructive system of accountability that does not inhibit risk-taking, but enables openness about decision-making and transparency for mutual learning.

Marketisation and mission drift: a third challenge relates to the marketisation of social action. Social entrepreneurs frequently use market-based mechanisms to achieve change: such mechanisms can support financial sustainability through commercial income and investment; they can offer the opportunity to achieve scale through market expansion. But there is a concern about mission drift – that commercial objectives will drive an organisation away from its social mission. Thus, work integration social enterprises may choose only to support individuals who are easiest to help, because this reduces support costs and such individuals are more efficient as workers (Teasdale, 2012; Garrow and Hasenfeld, 2012). Protections against mission drift include emphasis on social objectives in the organisation's governance and constitution, and avoiding over-reliance on commercial income through continued philanthropic support or government subsidy.

Misunderstanding social change: a further criticism suggests that social entrepreneurship approaches obscure or misunderstand how impactful social change happens. By encouraging multiple, uncoordinated innovations, the social entrepreneurship movement risks fragmenting the response to problems that are complex and interconnected (Edwards, 2010). Moreover, an excessive focus on market approaches can drive out other productive and appropriate ways of achieving social change, including collective political action: the business mindset focuses on technological innovation and knowledge development, and neglects central issues of power and politics (Ganz et al., 2018). Work integration social enterprises, for instance, focus on making the individual ready for employment, but they do not address structural issues of pay and job security in the labour market that may contribute to homelessness and that require political action. In response there is growing emphasis on entrepreneurial approaches that focus on understanding and changing complex social systems and power relations (Rayner and Bonnici, 2021). Innovative philanthropic funding seeks to support collaborations of actors rather than isolated entrepreneurs (for instance, Co-Impact, 2021).

Rigour: a final challenge is rigour and the production of reliable evidence. Social entrepreneurship can be done well or badly. There are examples of energetic but poorly designed social entrepreneurship initiatives that have not failed swiftly, but have consumed considerable resources as they chased flawed ideas (see, for instance, the examples cited in McAskill, 2016). Problems include lack of knowledge of the complexity of a social problem; failure to engage with the existing evidence base, so that mistakes of the past are repeated; lack of evaluation; and confusion about causation. There is growing recognition, however, in the social entrepreneurship movement of the need for robust impact evaluation; organisations such as Build Change and M-KOPA incorporate social impact measurement into their programmes. There are also innovations in the process of evaluation and generation of evidence: Lean Data, for instance, is an evaluation process that seeks to obtain fast but useable information on the effectiveness of market-based social entrepreneurship ventures (Dichter et al., 2016).

Conclusion

Social entrepreneurship is a particular means of approaching a social problem. Financed by risk-taking entrepreneurial philanthropy, social entrepreneurship initiatives can be field laboratories of social innovation. It can respond to the failures of traditional approaches – whether the risk aversion of the state, under supply of social innovation in the market, or charities' failure to address the root causes of social problems. It is proposed here that there is potential for social entrepreneur-

ship to create innovation in the homelessness field across multiple functions at multiple levels – and by so doing to contribute powerfully to the production of evidence-based innovation.

Social entrepreneurship approaches have, however, been subject to significant challenge, much of it well-founded, around power, accountability, fragmentation of social action, marketization, and rigour. These challenges are not insurmountable. Thoughtful consideration of them can create a more thorough and robust approach to social entrepreneurship; as indicated briefly in the preceding section, various innovative responses and processes are emerging. But these criticisms do reveal tensions in the practice and theory of entrepreneurship – whether between devolution of power and the assurance of rigour and accurate measurement, between commercial and business practice and social impact objectives, or between individual action and complex systems change.

Is there, finally, rigorous empirical evidence that social entrepreneurship and entrepreneurial philanthropy work in supporting an evidence-based system? The answer is at present in the negative – the argument here is theoretical, supported by anecdotal examples. There is much more to be learned about what impact these approaches have, in what contexts, and in what sort of collaboration with actors from state, market, and non-profit sectors. The extent and pattern of social entrepreneurship and entrepreneurial philanthropy in the homelessness field is also likely to vary cross-nationally, depending on the different philanthropic traditions in different countries, and the level of tolerance for private, often market-based action for public good.

Acknowledgement

I am very grateful to Ligia Teixeira for her suggestions and observations on the final draft of this paper.

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Social Investment in Ending Homeless

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Introduction

Throughout the world, homelessness is recognised as a grand challenge (Padgett et al., 2016). As such, innovations in policy and practice are required to address that challenge. To that end, social investment from both the public and philanthropic sectors have been activated to test innovative new approaches to ending homelessness. These approaches span the development of new programmes, creations of new networks, and reorganising efforts from the public sector. In this study we will review three innovations (Social Impact Bonds, Collective Impact Networks, and New Approaches to Address Equity) that have been funded to end homelessness and will provide an assessment of the progress to date.

Impact investing (Bugg-Levine and Emerson, 2011) has emerged as an approach to catalysing funding to address ‘wicked problems’ (Rittel and Webber, 1973). As Bugg-Levine and Emerson (2011, p.1) note, “there is not enough charitable and government capital to meet the social and environmental challenges we face.” In the US, this has led to an increased focus on social enterprises (Dacin et al., 2011) as a vehicle for private capital to enhance the capacity of social impact organisations. In Europe, there has been an increasing focus on deployment of public resources in new and creative ways (Mulgan et al., 2011; Social Impact Investment Taskforce, 2014; European Commission, 2013). While the literature has certainly highlighted successes (Seelos and Mair, 2017), it remains an open question how best to organise social investment efforts to address grand challenges generally, and to address homelessness specifically.

Housing First has been one of the innovations in homelessness that has achieved global success (Padgett et al., 2016). Housing First emphasises consumer choice in housing, and prioritises housing placement without service or sobriety requirements. Previously, ‘staircase’ models placed service and treatment requirements before housing placement, which created substantial barriers to housing placement.

Despite the documented successes of Housing First, only a few countries and regions have been able to achieve scale, in part, due to limitations in funding and adapting this approach to diverse populations.

In this paper, we will highlight three innovative investment approaches to accelerate solutions to end homelessness. In each, we will highlight the mechanisms by which the approach leverages public, philanthropic, and private capital to address a particular challenge that may be slowing progress toward the goal of ending homelessness. The approaches have similarities, but also differences in how they invest in networks, set programme goals, and create payment mechanisms to enhance the success of efforts to end homelessness.

Outcomes Based Contracting

The first approach we study is the use of outcomes based contracting (Payment by Results in the UK and Pay for Success in the US). These forms of public sector contracting (Fry, 2019) are often linked with the term Social Impact Bond (SIB) and may be attractive to bring additional capital to fund homelessness interventions. Because most of the SIBs to date are in the US and the UK, that is where we will concentrate our analysis. SIBs are not strictly speaking bonds (debt instruments) but are rather a 'pay for success' contract where the up-front finance for delivery is made available by third-party investors rather than service-providers. To date, finance in the UK has tended to come from government or social investors (Ronicle et al., 2014). In the US, philanthropies are involved as investors in 95% of the cases, and there is often (66%) a private sector participant (Olson et al., 2021). This capital funds a programme or intervention seeking to improve the prospects of a target group in need of public services (Mulgan et al., 2011). To attract investors, SIBs require commitments by a government at the local or national level to make payments linked to the achievement of specific social outcomes by the target group (Mulgan et al., 2011). At the conclusion of the programme, the SIB partners assess the extent to which the programme has achieved these outcomes. In the US, assessment is more likely done through an independent evaluation and in the UK more likely based on a rigorous audit of agreed outcome measures (Albertson et al., 2018). On the basis of the value of these outcomes (if any), payment is provided to investors based on the agreed upon return. In the UK and the US, there are 21 SIBs and 6 SIBs, respectively, focused on homelessness, suggesting that this strategy may be consequential.

Collective Impact Approaches

A second approach that we will highlight recognises that part of the challenge of ending homelessness in the US is the fact that responsibility for providing housing, health services, and employment services often cross layers of government,

different departments within a given layer of government, and involve a complex network of non-profit organisations. To the extent that there is insufficient funding within the homeless service system, investors may seek to catalyse approaches to leverage resources in broader systems. While not unique to addressing homelessness, 'collective impact' approaches (Flood et al., 2015) have been increasingly used to address issues that involve multiple actors and sectors. The more successful collective impact efforts have focused on improving educational outcomes by working within and outside the schools (Edmonson and Hecht, 2014). Key to these efforts is a backbone organisation, which is usually non-profit or public, that can catalyse a common vision, a shared measurement system, and ensure that there is common communication and mutually reinforcing activities among system actors (Kania and Kramer, 2013). To that end, we will focus on a single case study in Los Angeles that was launched with funding from the Conrad N Hilton Foundation.

Racial Disparity Approaches

A third approach considered here is the emerging interest in directing private and public investment using a racial equity perspective. In the wake of growing recognition of systemic racism and its impact on disproportionate rates of homelessness, many funders are seeking to assure that their resources are mitigating and not aggravating racial disparities. This emphasis is consistent with a recent Executive Order by President Biden directing all federal agencies to examine how federal programmes are addressing racial disparities (The White House, 2021). We will discuss the needs assessment approach here, and illustrate its utility with a recent example from Philadelphia.

Social Impact Bonds and Homelessness

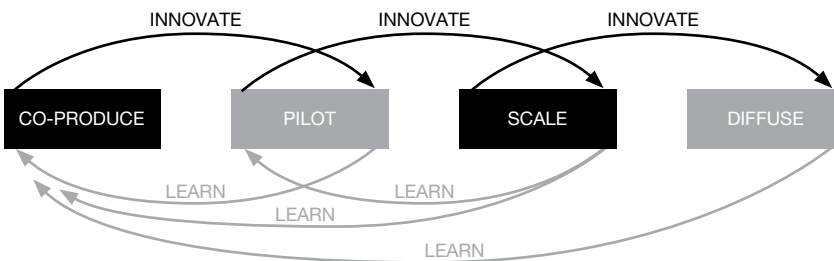
Social Finance (2009) notes that SIBs may be able to accelerate positive social change in four distinct ways: 1) unlocking an untapped flow of social finance, 2) creating an incentive to develop the evidence base for funded interventions, 3) creating an incentive to innovate, and 4) changing the role of government so that its focus is on defining and costing social priorities rather than bringing resources and expertise to bear. The literature on SIBs has not specifically distinguished impacts by policy area, despite so many SIBs dedicated to homelessness. However, the goals of SIBs apply well to addressing the funding shortfall in providing homeless services. If we assess SIBs according to the framework from Social Finance (2009), we can first note that it is difficult to determine whether the SIBs can help accelerate public sector reform to focus on defining and costing social priorities. Fraser et al. (2018) do view SIBs as a part of public sector reform, but

other than a few isolated cases (e.g., Santa Clara County, CA) where an initial SIB led a government to shift its assessment strategies broadly, it is difficult to pinpoint a distinct shift in public sector practices.¹

To date, SIBs have also not shifted practice to more rigorous evaluations of government outcomes. In fact, almost all SIBs in the UK do not require an experimental or quasi-experimental evaluation (Albertson et al., 2018). On the other hand, SIBs in the US have almost always included rigorous evaluations on programme outputs and/or outcomes, but there is little evidence that the state of evaluation practice more broadly has shifted. This is in part due to the fact that only one SIB in the US has reached completion and there are only 27 total underway.

But what of the role of SIBs in promoting innovation and in catalysing finance for social sector programmes? A recent paper (Olson et al., 2021) provides a framework for addressing both questions. First, the study tests whether SIBs are innovative (Chesbrough 2006; Chesbrough and Bogers, 2014) or accelerates the process of social innovation (Liebman, 2011). By situating SIBs within the Process of Social Innovation (Figure 1 – Beckman et al., 2020), Olson et al. (2021) test whether SIBs help coproduce early stage innovation and whether SIBs can be used to scale promising pilots. The evidence suggests that less than a third in the UK and less than one in ten SIBs in the US are testing early stage pilot programmes. However, the ability to use SIBs to scale and diffuse existing innovation is promising and requires additional research.

Figure 1: Social innovation process



Note: Beckman et al., 2020

Olson et al. (2021) highlight that SIBs have been used as a vehicle for impact investors to deploy resources. Two-thirds of SIBs have received an investment from the private or social enterprise sectors. The study also notes that private capital is rarely the sole

¹ It is worth noting that some funders in the US have shifted their focus away from a narrow focus on SIBs to a broader focus on public sector outcomes based evaluation. Indicative of this change is the shift of Harvard's Social Impact Bond Lab to the current Government Outcomes Lab.

or majority sources of financing of SIBs. The public sector in the UK and the philanthropic sector in the US are the primary source of investment capital. However, the fact that impact investors are able to be secondary investors suggests an appetite for mechanisms to allow more blended capital arrangements in the future.

Homelessness related SIBs have typically involved Housing First approaches, targeting either chronic homelessness or homelessness among frequent jail users. Thus, they have tended to fit the model of bringing in additional capital for evidence-based programmes rather than testing innovative new models for homeless populations. In the case of Massachusetts, the SIB led to an expansion in state government support for supportive housing that will continue after the end of the SIB (Dugyala, 2017). Other homelessness related SIBs, like the London Homelessness Social Impact Bond (2017), focus on changes in support services for people experiencing homelessness that are based on personalisation. Such SIBs may uncover new models that can be tested later at scale.

Collective Impact Approaches to End Homelessness

Homeless services are often overseen by a range of government departments and provided by a complex network of public, non-profit, and social enterprise actors. In part, this is due to the fact that the risk factors to become homeless range from economics to health to past histories of incarceration or living in foster care.² It is rare for both housing and health care services to be overseen by a single entity, although there is growing recognition that housing and health are linked (Hernandez and Swope, 2019). This suggests at the very least that coordination is required across departments to serve those experiencing homelessness, and there are an increasing number of housing offices in health departments in recognition of this. While these linkages are important, the span of systems that contribute to solutions to end homelessness are myriad, suggesting a different social investment approach than simply funding services to achieve system wide impact.

Prior to 2007, the ecosystem of organisations serving people experiencing homelessness in Los Angeles County can be described as fractured (Williams and Ferris, 2019). City governments were responsible for housing and sanitation, while county governments were responsible for health care and a myriad of social services. Both governments blamed each other for a worsening problem. Mayor Villaraigosa's ballot measure to secure \$1 billion for more affordable housing in Los Angeles failed in 2006 because of a lack of support among the business community and indi-

² The term 'looked after children' is used in parts of Europe to describe children under the primary responsibility of the State.

viduals. The Los Angeles Homeless Service Authority (LAHSA) released a ten-year strategic plan to end homelessness, but the plan quickly failed due to a lack of funding, opposition, and stakeholder in-fighting.

Gradually, funders in Los Angeles led by the Hilton Foundation shifted strategies away from simply funding services to building a broad coalition to end homelessness. This required investments like the \$450 000 grant to the United Way of Greater Los Angeles in 2009 to develop a Business Leaders Task Force with the LA Chamber of Commerce to focus on issues of housing and homelessness (Williams and Ferris, 2019). In 2011, the Home for Good Funders Collaborative was formed to raise philanthropic resources to leverage and amplify public sector dollars to better align funding for homeless services.³ Again, the Hilton Foundation provided a \$1 million matching grant to seed the effort (Williams and Ferris, 2019). Home for Good also started convening key city, county, and non-profit providers to align service provision and to build support for additional resources by identifying the costs of not providing for those experiencing homelessness. Finally, the Hilton Foundation and the Home for Good Funders Collaborative launched the Homelessness Policy Research Institute in 2018 to connect a research network to help assess progress in rigorous ways toward achieving the goal of ending homelessness (Ciudad-Real et al., 2020).

These efforts can be understood as the building and sustaining of a collective impact initiative with a collective action network to end homelessness (Ciudad-Real et al., 2020). As summarised by Kania and Kramer (2011), a collective impact initiative refers to “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.” They note that such efforts must have a shared vision and measurement system, mutually reinforcing activities, continuous communication, and a backbone organisation. Edmondson and Hecht (2014) also note that successful initiatives require system leadership and a focus on addressing disparities across racial and ethnic groups. By 2018, 46 of the 100 largest foundations referenced collective impact in their websites or annual reports (Barboza-Wilkes et al., 2021) suggesting the rapid increase in the popularity of social investment in these approaches.

This structure describes the current approach to ending homelessness in Los Angeles well. Home for Good is clearly the backbone organisation and plays the key roles of convening system actors and communicating key issues on a regular basis. The collective action network has grown over the years to include not only key government and non-profit leaders, but also funders and a network of researchers (Ciudad-Real et al., 2020). Weaver (2016) notes that systems leadership relies not just on a heroic individual, but upon multiple leaders who can assess

³ Home for Good is administratively housed in the United Way of Greater Los Angeles.

challenges at both a micro and macro level. Again, the Home for Good network possesses these characteristics (Ciudad-Real et al., 2020). Finally, these efforts are organised around 47 key strategies and a singular goal to end homelessness.⁴

Sadly, the number of people who experience homelessness has been growing in Los Angeles despite these innovative efforts to change how homeless services are coordinated and organised. This is not because of a failure of the enhanced homeless service system per se, which is housing over 207 people experiencing homelessness per day. Rather, it is because 20 more people fall into homelessness each day than are housed (LAHSA, 2020). This suggests that the collective impact efforts will need to grow to include the broader housing market actors as well as broader support for low-income workers to reduce the number of people at risk of homelessness.

Investing in Equity: Using Funding to Address Disparities in Service Use and Access

Homelessness in the US is known to disproportionately impact Black persons, by as much as three times their representation among the general population (39% versus 13%), and by 1.5 times their representation among the poverty population (39% versus 27%) (US DHUD, 2021). Latinx persons have been found to be under-represented in some surveys (Olivet et al., 2018; Khadduri et al., 2018), but national data show that Latinx persons are represented among people experiencing homelessness proportional to their representation among people living in poverty (Henry et al., 2021). These national disparities by race have prompted some calls for further inquiry into the role of systemic racism in homelessness (Olivet et al., 2018). An Executive Order by President Biden has asked all federal agencies to assess disparities in programme access and use (The White House, 2021), across the whole of government. Racial and ethnic disproportionalities are often best understood at a local level, where the housing, education, and labour market factors that underlie homelessness risk are more directly experienced, and where homelessness assistance programmes are deployed to address the problem. As a result, government and private funders of homelessness assistance are increasingly asking local communities to undertake assessments of equity issues in homelessness, and to consider how their funding can be used to mitigate disparities.

At the most basic level, funders want to know whether people who need homelessness assistance are indeed accessing them, regardless of their race, ethnicity, gender, gender identity, sexual orientation, or age. They also want to know whether different groups are getting access to the higher quality programmes (i.e. housing

⁴ <https://homeless.lacounty.gov/wp-content/uploads/2017/01/HI-Report-Approved2.pdf>

subsidies), and whether comparable outcomes are being achieved. The primary class of methods used to make these determinations are often called 'needs assessments', which examine rates of services use by type and outcome, demographic subgroups, and relative to their representation among local populations (US DHHS OPRE, 2017). Odds ratios can show over or underrepresentation, and very often underrepresentation can signal a gap in supply or access to resources, which informs the 'gaps analysis' in a standard needs assessment.

If community stakeholders have not already been engaged (often these needs assessments are requested by groups who feel they are underrepresented in service access), when quantitative assessments of service use have been tabulated, results are brought to community members to discuss possible interpretations. Focus groups are typically held with citizen clients, advocacy groups, providers, and government agencies to elicit discussions of disparities that are found. These conversations are further probed to explore potential remedies. Analysts and others working on the needs assessments then generate lists of potential policy or programme changes that are also shared and discussed with stakeholders. Corrective actions may also be recommended, with timelines for achieving them and numerical targets intended to be achieved.

As an example, this process was recently undertaken in Philadelphia, when representatives of Latinx advocacy organisations expressed concern that people from their communities were not able to access homelessness assistance, and that no providers of such services targeted the Latinx population (Culhane et al., 2019). A quantitative assessment using Homelessness Management Information System data found that indeed, Latinx households were underrepresented among homelessness assistance users relative to other poor persons. Latinx households comprised 23.5% of the poverty population, but only 9.1% of shelter users and 10% of people served by street outreach. Black persons were overrepresented among shelter services and white persons overrepresented among street outreach services. Focus groups and interviews with key stakeholders identified several likely explanations for the Latinx disparities, including language barriers at the city's central shelter intake site, lack of geographic access to intake and assessment services in Latinx neighbourhoods, and an absence of homeless services providers in those areas. Recommendations developed in consultation with the stakeholders included creating an intake site with Spanish language services at a Latinx social service provider; establishment of a mobile intake unit that would serve predominantly Latinx neighbourhoods, and cultivation of Latinx service providers to apply for homelessness assistance service contracts with the City of Philadelphia. Within a year of the report, all of the recommendations were adopted, including the funding of two new homelessness assistance programmes within existing Latinx social service organisations.

Disparities in access to homelessness assistance, especially to the highest quality programmes, such as permanent housing subsidies, remains an issue of concern in many communities. Public and private funders can request that needs assessments be undertaken to document these disparities, and to engage local stakeholders in conversations about barriers and challenges to equitable access. Community leaders can then develop action plans to address these barriers, and set clear goals and timelines. On-going data analysis can be used to assess progress, and to continue the cycle of problem-solving dialogue.

Concluding Remarks

This paper reviewed three innovative approaches to link new social investment to address homelessness. As discussed, new contracting approaches like SIBs have the potential to bring in new capital for evidence-based approaches and to diffuse promising practices into current systems. However, it is worth noting that the transaction costs of developing SIBs have been high and should be carefully evaluated vis-à-vis other approaches to innovate to end homelessness. Collective impact approaches have the potential to leverage resources across a variety of systems and improve coordination to address homelessness. These approaches take long term investments and the conclusion remains uncertain as to their efficacy. Finally, social investors need to focus on culturally specific solutions in order to address the disproportionality that exists in racial and ethnic minority representation among homeless populations. These critical shifts recognise that the previous evidence base with housing first approaches need to be applied in more nuanced ways than may exist in current housing first models. In sum, social investors have a growing set of ways to address homelessness, but must have a long term perspective as the evidence on the efficacy of these approaches is not yet established.

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Seeing Homelessness through the Sustainable Development Goals

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Introduction

The United Nations' Sustainable Development Goals are a powerful mechanism for spurring nations to make progress towards shared goals. They generate collaboration, funding, definition, targeting, and measurement for many social problems, such as poverty and sanitation for all. Yet homelessness is not explicitly mentioned in the Sustainable Development Goals. Thus, the global movement to end homelessness is missing major opportunities to jointly define, measure, and coordinate efforts to end homelessness. Meanwhile, the pandemic has both heightened our awareness of our interconnectedness, and has underscored the important role of data in solving homelessness. Cities with good homelessness measurement were able to more quickly pivot and address homelessness during the health crisis.

In the following pages, we outline why 'seeing' homelessness through definition and measurement is more important now than ever, and the challenges and opportunities that lie ahead in solving homelessness globally through the Sustainable Development Goals. We show where progress has been made to date with a detailed account of the events leading to the first-ever United Nations resolution on homelessness, adopted by the Economic and Social Council in June 2020. This paper outlines the importance of building on this Resolution, especially its call to Member States "to harmonize the measurement and collection of data on homelessness to enable national and global policymaking" and new partnerships that have been established to plan for and conduct better global homelessness data collection.

About the Sustainable Development Goals

In June 2014, after two years of negotiations, the United Nations (UN) formally adopted the 17 Sustainable Development Goals, subsequently known as the 2030 Agenda. These goals build on previous plans like the Millennium Development Goals and together chart an ambitious plan to drive integrated and sustainable development across all UN Member States (Dodds et al., 2016). The goals and their indicators may seem repetitive, but they are designed to interlink and reinforce each other. Indeed, a key principle of sustainability is that solutions connect across social, economic, and environmental spheres and the Sustainable Development Goals reflect this principle (Fowler, 2009). See Table 1 for all 17 goals (United Nations, 2021).

Table 1: United Nations Sustainable Development Goals

Goal 1	End poverty in all its forms everywhere
Goal 2	End hunger, achieve food security and improve nutrition and promote sustainable agriculture
Goal 3	Ensure healthy lives and promote well-being for all
Goal 4	Ensure inclusive and equitable quality education and promote life-long learning opportunities for all
Goal 5	Achieve gender equality and empower all women and girls
Goal 6	Ensure availability and sustainable management of water and sanitation for all
Goal 7	Ensure access to affordable, reliable, sustainable and modern energy for all
Goal 8	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
Goal 9	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
Goal 10	Reduce inequality within and among countries
Goal 11	Make cities and human settlements inclusive, safe, resilient, and sustainable
Goal 12	Ensure sustainable consumption and production patterns
Goal 13	Take urgent action to combat climate change and its impacts
Goal 14	Conserve and sustainably use the oceans, seas, and marine resources for sustainable development
Goal 15	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
Goal 16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
Goal 17	Strengthen the means of implementation and revitalize the global partnership for sustainable development

Source: The United Nations

Each of these goals has a set of aligned indicators or 'targets', for a grand total of 169. These targets are more specific and aim for measurability. For example, Goal 1, 'End poverty in all its forms everywhere' notes its Target 1.1 as "By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day" (United Nations, 2021a). Member States then report their

national progress towards the various goals and targets during their Voluntary National Reviews. Local governments are also increasingly reporting on their progress via Voluntary Local Reviews. The UN's Secretariat collates and reports global progress on the Sustainable Development Goals and their targets. For example, the UN notes against Target 1.1:

Poverty reduction progress since 2015 has been set back further by COVID-19 and the extreme poverty rate rose in 2020 for the first time in over 20 years. The COVID-19 pandemic is set to increase the number of poor in 2020 by between 119 and 124 million people, causing the extreme poverty rate to rise for the first time in a generation, from 8.4% in 2019 to 9.5% in 2020 (United Nations, 2021a).

Further, the global SDG indicator framework has an overarching principle of data disaggregation that supports the objective of 'counting the unaccounted.' Namely:

Sustainable Development Goals indicators should be disaggregated, when relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographical location, or other characteristics.

Though by no means perfect, the Sustainable Development Goals and their measurable indicators are clearly a powerful mechanism, and indeed the only truly international mechanism, for spurring nations to make progress towards shared goals. Yet there is one major problem: the exclusion of homelessness.

Homelessness is Missing from the Sustainable Development Goals

Homelessness is completely absent from all 17 Sustainable Development Goals and their 169 indicators. This jeopardises the ultimate success of nearly all the Goals. If we are, as a global community, to end poverty, ensure healthy lives for all, ensure sanitation for all, and make cities and human settlements inclusive, safe, and resilient, we must explicitly address homelessness. Homelessness is "one of the crudest manifestations of poverty [and] inequality" (United Nations, 2019) and is present in every country around the world to some degree. Harkening back to old management maxims, we know that 'what gets measured gets done.' Without explicit mention of homelessness in the Sustainable Development Goals, our neighbours who are experiencing homelessness around the world will continue to be ignored, unattended to, and "left behind" (United Nations, 2018) in the global push for progress. The Institute of Global Homelessness, alongside many critical partners, aims to fill this gap.

Defining and Measuring Homelessness

It has been noted by the homelessness sector for decades that there is no commonly agreed upon definition for homelessness. Perhaps this lack of consensus is one of the factors that led to the exclusion of homelessness in the current set of Sustainable Development Goals. The Institute of Global Homelessness addressed this gap in 2015, working with leading academic researchers to develop a global framework for conceptualising and measuring homelessness. The result was a flexible framework “that national and local definitions can be set in relation to, so that it can be clarified which of the subcategories are included and which are not in various policy conversations, service planning efforts and enumerations” (Busch-Geertsma et al., 2016, p.126). See Table 2 for the complete framework.

Table 2. Global Framework for Homelessness

Category	Subcategory		
1	People without accommodation	1 (a)	People sleeping in the streets or in other open spaces (such as parks, railway embankments, under bridges, on pavement, on river banks, in forests, etc.)
		1 (b)	People sleeping in public roofed spaces or buildings not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings, etc.)
		1 (c)	People sleeping in their cars, rickshaws, open fishing boats and other forms of transport
		1 (d)	'Pavement dwellers' – individuals or households who live on the street in a regular spot, usually with some form of makeshift cover
2	People living in temporary or crisis accommodation	2 (a)	People staying in night shelters (where occupants have to renegotiate their accommodation nightly)
		2 (b)	People living in homeless hostels and other types of temporary accommodation for homeless people (where occupants have a designated bed or room)
		2 (c)	Women and children living in refuges for those fleeing domestic violence
		2 (d)	People living in camps provided for 'internally displaced people' i.e. those who have fled their homes as a result of armed conflict, natural or human-made disasters, human rights violations, development projects, etc. but have not crossed international borders
		2 (e)	People living in camps or reception centres/temporary accommodation for asylum seekers, refugees and other immigrants
3	People living in severely inadequate and/or insecure accommodation	3 (a)	People sharing with friends and relatives on a temporary basis
		3 (b)	People living under threat of violence
		3 (c)	People living in cheap hotels, bed and breakfasts and similar
		3 (d)	People squatting in conventional housing
		3 (e)	People living in conventional housing that is unfit for human habitation
		3 (f)	People living in trailers, caravans and tents
		3 (g)	People living in extremely overcrowded conditions
		3 (h)	People living in non-conventional buildings and temporary structures, including those living in slums/informal settlements

The Institute of Global Homelessness has piloted this definitional framework in its 13 'Vanguard Cities.' The Vanguard Cities are a pioneering cohort of communities on six continents comprised of Adelaide, Australia; Brussels, Belgium; Bengaluru, India; Chicago, USA; Edmonton, Canada; Glasgow, Scotland; Manchester, England; Little Rock, USA; Montevideo, Uruguay; Rijeka, Croatia; Santiago, Chile; Sydney, Australia; and Tshwane, South Africa. These cities have each used this framework to define homelessness and set specific goals towards reducing or ending homelessness. The framework has resonated in all areas of the globe. The Vanguard Cities were able to use the framework according to their local contexts, selecting the categories that represented the manifestations of homelessness in their communities.

When properly applied, definitions can be transformative. Once defined, the number of people who are in each category can be calculated, interventions can be effectively targeted, the overall success or failure of addressing homelessness can be tracked, and governments and the homelessness sector can ultimately be held responsible for maintaining the issue instead of resolving it. Therefore, we do not just want data for data's sake, we want data for change – data helps us to create successful solutions and shows us what good looks like.

The collaborative effort to include homelessness in the Sustainable Development Goals

The importance of collaboration when tackling homelessness has been well evidenced on both the national and international scale – one key example of this in operation is the UN's NGO Working Group to End Homelessness (WGEH). The WGEH was founded in 2017 and is comprised of approximately 30 organisations, including the Institute of Global Homelessness, who are "committed to advocating for the alleviation and eventual elimination of homelessness, at the United Nations, in collaboration with global platforms to end homelessness, and academic centers" (2020, p.2-3)

After three years of collaborative and steady efforts to raise awareness of homelessness at the UN, the Commission on Social Development selected 'Affordable housing and social protection systems for all to address homelessness' as the Priority Theme of their 58th Session. The Institute of Global Homelessness and other members of the WGEH participated in the Expert Group Convening on the Priority Theme (United Nations Department of Economic and Social Affairs, 2019), a critical preparatory meeting organised by UN DESA and UN-Habitat leading up to the 58th Session. There, IGH's global framework for defining homelessness and the need for global homeless measurements were discussed. Several members of the Institute of Global Homelessness' Advisory Committee moderated and presented at key high-level panels at the 58th Session itself, which took place from 10 to 19 February 2020 (United Nations Department of Economic and Social Affairs, 2020).

The Institute of Global Homelessness further partnered with the NGO Committee on Social Development to plan and conduct the Civil Society Forum, the main channel by which NGOs contribute to the Priority Theme, on 14 February 2020. Colleagues from the Vanguard Cities attended and served as panellists to share strategies to address homelessness from India and Uruguay, and to ensure that the perspective of the lived experience of homelessness was heard.

This was the first time in more than 30 years that homelessness was the primary focus of a UN commission. It was a watershed moment in the efforts to elevate homelessness as an issue worthy of deep attention by the UN. As a result of the Commission's 58th Session, Member States drafted a resolution on the priority theme that was later fully adopted by the UN's Economic and Social Council in June 2020.

The resolution underlines the fact that homelessness is mainly driven by structural causes and discusses various intersections with poverty, climate change, health, and human rights. It states with concern that our children and young people are particularly vulnerable to homelessness. The resolution notes that homelessness "needs to be addressed through urgent national, multilateral and global responses" and describes homelessness using very similar language to The Institute of Global Homelessness' framework. The resolution states:

... depending on national context, [homelessness] can be described as a condition where a person or household lacks habitable space, which may compromise their ability to enjoy social relations, and includes people living on the streets, in other open spaces or in buildings not intended for human habitation, people living in temporary accommodation or shelters for the homeless, and, in accordance with national legislation, may include, among others, people living in severely inadequate accommodation without security of tenure and access to basic services.

The resolution then makes several specific calls on Member States. It calls for "comprehensive, intersectoral national strategies and specific policy interventions to address homelessness" that go beyond affordable housing policies alone. It calls for better collection of disaggregated data on homelessness and "to harmonize the measurement and collection of data on homelessness to enable national and global policy-making." It highlights the importance of the Statistical Commission in creating measurable indicators and targets for the Sustainable Development Goals. Overall, the resolution is a touchstone that our global movement can point to as we continue to advocate for homelessness to be included on the international development agenda.

The next key tasks are for academics, policymakers, and sector leaders across Member States to partner and build on this resolution. One example of this is the continued proactivity of members of the WGEH in advocating for homelessness to

be included in additional resolutions and declarations, so that there is an ever-expanding body of language within the UN driving action on homelessness. Another example is that more Member States and local municipalities could report on homelessness and housing in their Voluntary National Reviews and Voluntary Local Reviews. Yet another example is the partnership, through a Memorandum of Understanding, between the Institute of Global Homelessness and the UN's Human Settlement Programme (UN-Habitat). The partnership will work to operationalise key components of the Resolution. This has translated into mainstreaming the issue of homelessness, its definition, and data across different high-level fora (e.g., World Homelessness Day Roundtable in October 2020; the ECOSOC Youth Forum Side Event in April 2021; High Level Political Forum Side Event on "Homelessness, SDG 1 and Sustainable Recovery from COVID-19" in July 2021). Together, we will also provide technical assistance and capacity building to Member States who are developing and implementing the "comprehensive... strategies... and policy interventions" on homelessness. The key challenge is that there is no consistent approach to data collection across different contexts. We will jointly convene stakeholders to help plan for and conduct better global homelessness data collection, and work in partnership with the UN's Statistical Commission to draft potential indicators and targets on homelessness for the Sustainable Development Goals.

Seeing homelessness during the pandemic

Since the resolution was passed in June 2020, homelessness became widely acknowledged as a public health issue during the COVID-19 pandemic. The pandemic had a disproportionate impact on people experiencing homelessness, and what has been particularly interesting is that many of the solutions discussed before the crisis – the need for collaboration, definition, and measurement – became more apparent and vital in practice during the pandemic.

'Seeing' homelessness has never been more important than during the pandemic – the cities with the best data on homelessness were able to create strategies more quickly during the crisis. In the United Kingdom, for example, the 'everyone in' strategy was developed, which saw 90% of people known to be experiencing street homelessness given accommodation within two weeks. In total, more than 37 000 people in the UK were sheltered during the pandemic. The key to this success was data; local governments collected the data that enabled them to move quickly to get 'everyone in' to temporary accommodation and save lives. If they did not first 'see' homelessness by enumerating people out in the street, encampments, and shelters then they would have lost valuable time in searching for people to move to safe accommodation.

Elsewhere, we saw that the pandemic created greater collaboration opportunities than ever before: colleagues in Tshwane, South Africa and Santiago, Chile, established collaboration among a broader group of stakeholders. They were able to bring homelessness, health, and law enforcement together to develop collaborative strategies for how to handle the crisis and serve those living on the streets. Those relationships have continued beyond the crisis. Moreover, colleagues in Brussels, Belgium were able to use the pandemic as an advocacy opportunity, creating a petition to protect and house people experiencing homelessness that dozens of organisations signed onto. Communities that had strong political will, data, and resources were able to make the *most* progress, but we saw progress in all cities that had committed to work collaboratively to define and address homelessness.

Conclusion

We are determined not to let the resolution end with pretty words alone or the lessons learned from the pandemic go to waste. Together with our partners, we are now using the resolution to drive action within the UN and its Member States.

Defining and measuring homelessness are critical tools in helping homelessness be 'seen' by governments and then tended to, via informed and targeted action. Definitions and measurement of issues such as homelessness and poverty will never be one hundred percent perfect or accurate. We must also continue to be wary of the power of definitions to exclude or stigmatise, the danger of measurement to obscure issues or be used for political talking points, and the risks of data being co-opted for harm, such as in the case of criminalising homelessness. However, despite the imperfections and risks, definition and measurement are critical building blocks to progress. While being aware of the pitfalls of both, we should actively and transparently use common definitions and measurements, and reiterate, refine, and improve them over time.

We welcome all collaboration to start by 'seeing' homelessness and by naming and measuring it through the Sustainable Development Goals. Behind the words and behind the numbers are our neighbours, human beings who each deserve a place to call home and the foundation by which they can realise their full human potential. We join in solidarity with them to bring their experiences into the halls of governments, working together to achieve the promise of the 2030 Agenda for Sustainable Development and truly 'leave no one behind.'

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Homelessness and Street Homelessness in England: Trends, Causes and What Works

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Introduction

Homelessness is a major issue facing countries across the world, including the UK. Latest estimates from the United Nations suggest that, globally, over 100 million people don't have a home or shelter (OHCHR, 2009). In the context of ongoing economic uncertainties across the world, post-Covid19, this number is expected to grow in the absence of effective policy intervention (Speak, 2019). The impacts on individuals who experience homelessness are wide-ranging and factors that precede, and are associated with, an episode of homelessness are often exacerbated when someone becomes homeless.

There is no universal or consistent definition of what constitutes homelessness, with the term being used to refer to a broad range of individuals and circumstances from living in unsuitable or inadequate housing to experiencing street homelessness (Fitzpatrick et al., 2000; DLUHC, 2018a). In English legislation, homelessness means “*a person or a household does not have accommodation that is available for them to occupy, that they have a legal right to occupy and that is reasonable for them to continue to occupy*” (DLUHC, 2018a p.13). This includes people experiencing street homelessness, those living in hostels and refuges, and individuals experiencing hidden homelessness where they have to stay temporarily with friends or family, often in precarious circumstances.

The purpose of this article is to set out the policy context on homelessness and street homelessness in England and to provide an overview of how improvements to the available data and evidence have contributed to, and influenced, policy-making.

As a significant social problem that impacts thousands of individuals every year, preventing and relieving homelessness is a major priority for the Department of Levelling Up, Housing and Communities (DLUHC)¹, who are the Ministerial department responsible for homelessness in England. In Scotland, Wales, and Northern Ireland, it is the responsibility of the Devolved Administrations. Due to the transient nature of homelessness, enumeration is extremely challenging. Despite this, we do know that in England between April 2019 and 2020, 288 470 households approached and received help from Local Authorities² due to housing problems (DLUHC, 2020a). Of those, 148 670 households were initially assessed as 'threatened with homelessness' and 139 800 households as 'homeless' at the time of assessment (DLUHC, 2020a). In regard to street homelessness more specifically, according to the latest statistics, there were 2 688 people estimated to be experiencing street homelessness on a single night in Autumn 2020 (DLUHC, 2021a).

DLUHC has carried out and commissioned a number of rigorous policy and programme evaluations to explore the impacts of homelessness policies and interventions and developed new analytical tools and models to assess the impact of different interventions. However, there are numerous challenges associated with research in this space and as we look to the future, particularly in light of the potential impact of the Covid-19 pandemic for those at risk of homelessness, it is critical that we continue this work and adopt innovative approaches to strengthen our knowledge and understanding of this complex social problem.

Aims and Ambitions for Reducing Homelessness and Street Homelessness

Reducing homelessness and ending street homelessness in England are major priorities for the UK Government and over the last five years there has been significant investment and changes in homelessness legislation to achieve this aim.

In 2017, the Homelessness Reduction Act (HRA) was introduced, which expanded the provision of statutory prevention and relief duties owed to households by Local Authorities (Mackie et al., 2018). The HRA introduced a broader remit to Local Authorities to ensure that households, regardless of their priority need, are supported by statutory services. This has meant that more single people experiencing homelessness receive help and there are more routes into housing options.

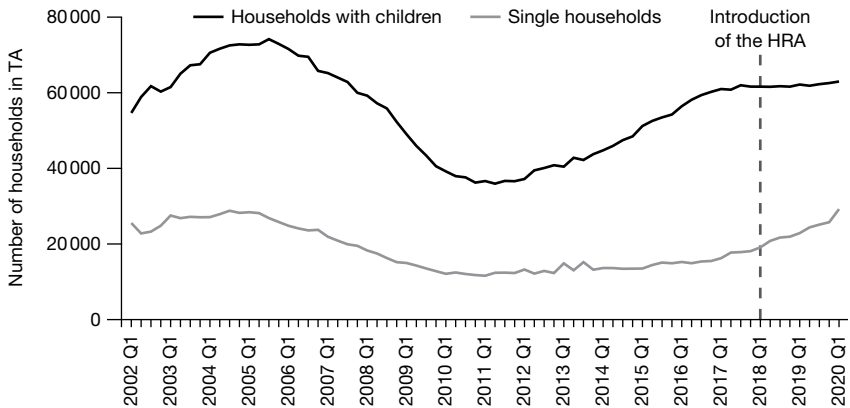
¹ Formerly the Ministry of Housing Communities and Local Government (MHCLG)

² Local Authorities are organisations responsible for the provision of many local services in England including homelessness and housing policies.

For example, there has been a 15% increase in households owed the relief duty, of which 71% is attributable to single, adult households, suggesting that more single, adult households are approaching Local Authorities for help (DLUHC, 2020a).

Along with the rise in the number of people approaching and receiving assistance from Local Authorities, there has also been a rise in the number of households in temporary accommodation (a form of accommodation used until long term accommodation can be offered to end homelessness duties) arranged by Local Authorities under homeless legislation, as demonstrated in Figure 1. The number of households in temporary accommodation was 95 450 in March 2021 – an increase which may be partially attributed to the temporary accommodation placements organised to help protect people experiencing street-based homelessness during the Covid-19 pandemic (DLUHC, 2021b).

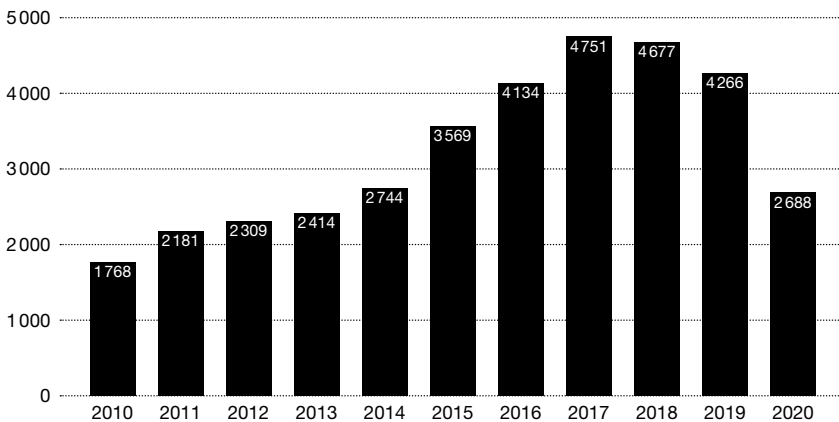
Figure 1: Number of households in temporary accommodation in England, by household type



Following the implementation of the HRA, in 2018 DLUHC moved to a case-level system to collect data on individuals who presented to a Local Authority as homeless. This replaced what was known as the P1E aggregate return which Local Authorities had previously provided and captures information on all households who are homeless or at risk of homelessness rather than just those who are considered priority need. This case level information has already provided better data on the characteristics of people who experience homelessness and how outcomes vary between groups. As this data collection system becomes more embedded, it will facilitate a much better understanding of the effectiveness of different interventions and people's journeys into and out of homelessness.

There have also been improvements in the data collected on street homelessness. Due to the concealed nature of street homelessness, accurately estimating the number of people who experience street homelessness is inherently challenging (DLUHC, 2021a; Office for National Statistics, 2021; Speak, 2019). Working with Local Authorities and the homelessness sector, DLUHC has developed a consistent – and independently verified – time-series which provides a single night snapshot of the number of individuals experiencing street homelessness in each Local Authority at a given point in time each year, as a measure of the stock of people who are experiencing street homelessness (DLUHC, 2021a). As demonstrated in Figure 2, 2,688 individuals were estimated to be experiencing street homelessness on a single night in the most recent snapshot (DLUHC, 2021a).³

Figure 2: Estimated number of people who are street homeless on a single night in the autumn in England⁴



³ Local Authorities decide which approach to use for their snapshot of rough sleeping – they either use a count-based estimate, an evidence-based estimate meeting with local agencies, or an evidence-based estimate meeting including a spotlight count. Fewer Local Authorities used a count-based estimate for the 2020 rough sleeping snapshot compared to 2019 which in some cases was due to areas changing approaches following the announcement of a national lockdown during the COVID-19 pandemic. The 2020 rough sleeping snapshot coincided with a national lockdown throughout November and tier restrictions were in place in October, which is likely to have impacted people's risk of rough sleeping. The 'Everyone In' scheme, launched in March 2020, was also providing ongoing support to protect thousands of people at risk of street homelessness during the pandemic. These factors are likely to have impacted people's risk of rough sleeping and need to be taken into consideration when comparing the 2020 rough sleeping snapshot count with previous years.

⁴ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020>

The number of individuals who flow in and out of street homelessness over time is greater than this. For example, according to the Combined Homelessness and Information Network (CHAIN) database, which records information about the total number of people seen by outreach teams in London, 3307 individuals experienced street homelessness between October and December 2020 (DLUHC, 2021a; CHAIN, 2021). Whilst this provides an estimate of flows in and out of street homelessness, there is no equivalent data collection outside of London to estimate the national scale or change in the flow of street homelessness across England. However, as demonstrated in Figure 2, in the past three years there has been a reduction in the number of people recorded as street homeless on a single night. Following a peak in 2017, levels of street homelessness have been steadily reducing (DLUHC, 2021a). This is in part a result of the investment in tackling rough sleeping over the past three years (DLUHC, 2019).

In 2018, DLUHC published a rough sleeping strategy (DLUHC, 2018a) which outlined plans for reducing street homelessness in England. The strategy was part of the UK Government's ambition to end street homelessness and included over £100m of funding to help support people out of homelessness. Investment in street homelessness has continued to rise, and in March 2020, an emergency support scheme was established to help people into emergency accommodation during the Covid-19 pandemic. This provided an opportunity to collect more frequent monitoring information from Local Authorities across England to get a better picture of the number of people supported and flows in and out of street based homelessness. This data suggests that by January 2021 over 37 000 individuals were supported, with over 26 000 moved on into longer-term accommodation (DLUHC, 2021c). This data also shows that 1 461 people were experiencing street based homelessness across England at the end of January (DLUHC, 2021c). As recognised in the Rough Sleeping Strategy, it is essential that evidence is used to inform the design and delivery of interventions to ensure that they are effective and meet the needs of people experiencing homelessness (HM Treasury, 2020a; DLUHC, 2018a). The emphasis on evidence-based policy making is also acknowledged more widely across government, as exemplified in the 2020 Budget where it was acknowledged that *'in order to ensure government programmes deliver for the public, it is crucial that spending decisions are based on robust evidence and evaluation of their impact'* (HM Treasury, 2020b p.35).

Causes of Homelessness and Street Homelessness

Explanations of the drivers of homelessness are commonly split between two broad categories: individual and structural (Alma Economics, 2019; Busch-Geertsema et al., 2010; Fitzpatrick et al., 2000).

Individual explanations of homelessness typically focus on factors which comprise the personal circumstances of individuals experiencing homelessness, such as relationship breakdown, domestic abuse, trauma, mental health, and substance use (Alma Economics, 2019). Structural explanations of homelessness, on the other hand, emphasise the role of macro-economic and social forces (Alma Economics, 2019; Fitzpatrick et al., 2000). Structural factors which have been found to influence people's susceptibility to becoming homeless include poverty, housing supply and affordability, unemployment, and leaving institutions (Busch-Geertsema et al., 2010; Fitzpatrick et al., 2019; Johnsen and Watts, 2014). These factors are thought to impede opportunities, housing options, and resources (Alma Economics, 2019; Johnsen and Watts, 2014; Rugg, 2008). For example, gaining access to the private rented sector (PRS) can be challenging for individuals on a low income due to the difficulties faced in making advance payments for deposits and rent (Fitzpatrick et al., 2005). Using UK longitudinal survey data, researchers found that housing market conditions, followed by the labour market and poverty, were the most important explanatory drivers of someone becoming homeless (Alma Economics, 2019; Bramley and Fitzpatrick, 2017). However, different results are found in different studies suggesting the importance of structural factors may vary depending on individual, geographical, and temporal contexts (Alma Economics, 2019; Bramley and Fitzpatrick, 2017).

The current body of knowledge supports a so-called intersectional approach, whereby homelessness is caused by an interaction between structural and individual factors. In other words, structural factors create varying levels of risk and individual characteristics influence the resultant likelihood of becoming homeless (Alma Economics, 2019; Busch-Geertsema et al., 2010; Fitzpatrick et al., 2005). Individuals who become homeless are typically those who are vulnerable to structural factors because they face barriers or lack the social and human capital and resources to alleviate these external risk factors, characteristics which also could have developed from structural influences (Busch-Geertsema et al., 2010; Pleace, 2000; Fitzpatrick et al., 2019). This could help to explain the high proportion of individuals experiencing homelessness with support needs – 51% of households owed a homelessness duty between January to March 2021 had one or more support needs (Fitzpatrick, 2005; DLUHC, 2021b).

In 2019, DLUHC commissioned a review with the UK Department for Work and Pensions (DWP) to assess the existing evidence base on the causes of homelessness in the UK. This review considered three forms of homelessness: statutory homelessness, single homelessness, and street homelessness (Alma Economics, 2019). Statutory homelessness refers to homeless households in priority need that apply to Local Authorities for temporary accommodation, whilst single homelessness incorporates individuals without dependent children who could be living in hostels or be part of the hidden homeless population.⁵ The findings from the report suggest that structural factors were more important in explaining family homelessness while individual factors were more important in explaining street homelessness (Alma Economics, 2019). It could be argued that these individual factors may themselves be a result of structural factors, but further research is needed to understand how these causes interact and change over time.

Improvements to the statutory homelessness data system have allowed the gathering of more comprehensive data on the factors resulting in homelessness. The ending of assured shorthold tenancies (AST)⁶ in the private rented sector has long been recognised as a reason for homelessness in the UK, especially in London and the South East of England, and the most recent data collected on statutory homelessness supports this (Alma Economics, 2019). For households who were owed a prevention duty, 29% were due to a termination of a private rented AST (DLUHC, 2020a). The second most common reason for loss of a person's last settled home was friends or family no longer being willing to accommodate households, which accounts for 24% of households owed a prevention duty (DLUHC, 2020a).

First developed by Kuhn and Culhane (1998) in the United States using cluster analysis, and since replicated in a number of countries, homelessness has been classified into three typologies constituting different durations of homelessness: "transitional, episodic and entrenched". Kuhn and Culhane classified 80% of individuals as episodic, whereby homelessness experiences are brief but occur more than once throughout a lifetime and 10% as entrenched, where individuals have long histories of homelessness (Kuhn and Culhane, 1998). Evidence suggests that those individuals classified as episodic and entrenched have high levels of support needs, which is partially supported by recent research carried out by DLUHC.

⁵ Under the HRA 2017, the definition of statutory homelessness has now been extended to include all people experiencing homelessness, including single homeless and hidden homeless, who apply to Local Authorities for assistance with housing problems.

⁶ Assured shorthold tenancies (ASTs) are the most common type of tenancy in the Private Rented Sector in the UK and were introduced by the Housing Act 1988.

In 2019, DLUHC conducted research with people who had experienced street homelessness to understand their support needs, vulnerabilities, and experiences and to better determine the costs associated with street homelessness. The study was one of the largest surveys of people experiencing street homelessness ever undertaken in England, interviewing over 900 people (DLUHC, 2020b). Published in 2020, it found that people who experience street homelessness often have multiple co-occurring vulnerabilities, strengthening the notion that homelessness needs to be considered within the broader realm of heterogeneous circumstances that affect individuals (DLUHC, 2020b; Williams, 2001). For example, of those interviewed, 91% had at least two support needs or vulnerabilities (DLUHC, 2020b).⁷ The most frequently cited reasons for leaving long-term settled accommodation were related to financial difficulties, evictions, and relationship breakdowns, highlighting the multifaceted drivers in street homelessness (DLUHC, 2020b). It was also found that over a third of individuals who have problematic substance use and mental health issues develop these support needs before sleeping on the street, highlighting the importance of early interventions in preventing street homelessness (DLUHC, 2020b).

Research clearly demonstrates that pathways to homelessness are complex and often unique (Alma Economics, 2019; Pleace, 2000). This heterogeneity can present challenges in developing policy responses (Mackie et al., 2018). In the wake of the growing recognition of the multifaceted nature of homelessness, policy responses are increasingly focusing on cross-cutting programmes that address multiple outcomes with the aim of preventing and relieving homelessness. This presents its own challenges in designing robust evaluations, which will be explored in the remainder of this paper.

DLUHC Policy and Programme Evaluations – What Works?

DLUHC is committed to robust impact and process policy and programme evaluations to ensure an evidence-informed approach is adopted to reduce homelessness and street homelessness. Conducting research with individuals who experience homelessness presents particular challenges – services often struggle to engage with this transient cohort so recruiting and retaining individuals who are experiencing homelessness into research programmes can be difficult. This cohort often has multiple support needs, so safeguarding is paramount when household

⁷ The following were considered an indicator of need or vulnerability: a current mental health vulnerability, a current physical health need, a current problematic drug use need, a current problematic alcohol use need, if they had reported ever having been to prison, if they had been a victim of crime in the last 6 months, and if they had reported ever having been a victim of domestic abuse since the age of 16.

level impact evaluations are being carried out. Alongside these practical and ethical considerations, interventions are typically carried out in an environment where multiple initiatives are often being run simultaneously or where initiatives are funding different interventions in different areas. Conducting evaluations in this environment is challenging and requires a variety of approaches, including process and impact evaluations of specific initiatives.

Despite these challenges, DLUHC has carried out an extensive programme of policy and programme evaluations. This section provides an overview of some of the key findings.

Prior to the introduction of the HRA, the Homelessness Prevention Trailblazer programme was launched which aimed to help local authorities implement innovative approaches, such as training work coaches to identify at risk individuals and providing mediation services for families and young adults to prevent homelessness (DLUHC, 2018b). Trailblazer areas adopted a variety of interventions; however, every area implemented interventions to identify groups that were at-risk or who required upstream early prevention and provided advice and information (DLUHC, 2018b). By comparing average rates of homelessness acceptances, decisions, use of temporary accommodation, and cases of prevention and relief in Trailblazer areas with a matched comparison group the evaluation found that the rate of homelessness acceptances in the Trailblazer areas was 13% lower than the comparison areas (DLUHC, 2018b). The impact evaluation suggests the programme had an attributable effect on the number of cases of homelessness prevention and relief (DLUHC, 2018b). The accompanying process evaluation suggested that a flexible approach grounded in collaboration between health partners, private landlords, and third sector organisations was crucial to the success of the programme (DLUHC, 2018b). Enhancing advice and support for households at risk of homelessness and mediation services were among the interventions that were identified as effective in case studies with Trailblazer areas (DLUHC, 2018b).

Following the introduction of the HRA, a post-implementation review was conducted to understand how the Act was working in practice and what outcomes had been achieved. Using a range of research techniques, the independent study found that the extended prevention duty from 28 days to 56 days was perceived to be the most positive outcome of the Act, with more people being supported out of homelessness (DLUHC, 2020c). Similar to the Prevention Trailblazer evaluation, the review stressed the importance of a flexible approach using the Duty to Refer (a duty to encourage public authorities to refer individuals at risk of, or, homeless to statutory services) to join up service delivery to meet multiple needs (DLUHC, 2020c).

In 2017, DLUHC published an evaluation of a Social Impact Bond (SIB) designed to encourage innovative approaches and new sources of funding to address street homelessness in London for a group of individuals with long histories of homelessness (DLUHC, 2017a). A Navigator approach was employed by areas, whereby key workers adopted a personalised approach to support individuals to access and engage with existing provision (DLUHC, 2017a; 2017b). The evaluation found that, when compared with a well-matched comparator group, the intervention significantly reduced street homelessness over a two year period (DLUHC, 2017a). Using propensity score matching, the impact evaluation found that on average the intervention group experienced significantly fewer episodes of street homelessness than the comparison group (DLUHC, 2017a). After two years, the mean number of episodes of street based sleeping was 9.2 for the intervention group and 13.9 for the comparison group (DLUHC, 2017a). Extrapolating from this, the evaluation estimated that across this period, 3900 episodes of street homelessness were avoided as a result of the intervention (DLUHC, 2017a). Whilst this evaluation suggests that the SIB worked effectively, the programme only took place in London and the available data meant it was not possible to disentangle the effect of the intervention service from the social investment model (DLUHC, 2017a).

Whilst the payment by result structure adopted for the SIB was new to providers and complex to develop, the accompanying process evaluation found that the payment by result structure supported a flexible approach to the delivery of tailored, personalised interventions – delivering stable accommodation outcomes for 53% of the cohort. The evidence from the evaluation stresses the importance of support workers building long-term and trusting relationships with people who experience homelessness, which is responsive to their various needs (DLUHC, 2017b). This requires effective working between partners and a skilled and capable workforce (DLUHC, 2017b).

In March 2018, the Rough Sleeping Initiative (RSI) was launched which targeted 83 local areas in England with the highest levels of street homelessness to reduce the number of people sleeping out in these areas (DLUHC, 2018a). The RSI aims to support individuals who are experiencing street homelessness through delivering a series of interventions designed and delivered at Local Authority level, either through developing new services or expanding those already in existence (DLUHC, 2018a). Interventions delivered using RSI funding include outreach services, day-centre provision, specialist non-housing roles, and hiring rough sleeping coordinators who coordinate partnership working across local services. In its first year, the £30m fund provided over 1750 new bed spaces and 500 staff (DLUHC, 2019). In 2019, an impact evaluation was conducted which demonstrated that the RSI was having a significant effect on reducing street homelessness in the areas that had received RSI funding compared to a counterfactual group (DLUHC, 2019). Using a

difference-in-difference design, the evaluation found that the actual number of people experiencing street homelessness was 32% lower than the predicted number had the initiative not been in place (DLUHC, 2019). This is equivalent to an overall net reduction of 1 321 people sleeping on the streets across the 83 RSI areas in 2018 compared to the counterfactual (DLUHC, 2019). The RSI is now in its fourth year and provides funding for over three quarters of Local Authorities in England.

Housing-led responses which focus on providing sustainable accommodation, alongside the provision of person-centred support, have been found to be an effective intervention for individuals who require support and who have previously experienced street homelessness (Busch-Geertsema et al., 2010; Mackie et al., 2018; Parsell and Watts, 2017). Housing First, which has been extensively evaluated in the US, has been found to be successful in improving housing retention and health outcomes, particularly for individuals who might benefit from high levels of support compared to other forms of accommodation-based responses (Padgett, 2007; Parsell and Watts, 2017).

In 2017, three Housing First Pilots were set up in England across Greater Manchester, Liverpool City Region, and the West Midlands combined authorities, accompanied by a before and after evaluation to assess the effectiveness of the Housing First model. Initial findings from the process evaluation suggest that Housing First can take time to set-up and that challenges in securing accommodation may pose a barrier for the Housing First principle of individuals having choice over their accommodation (DLUHC, 2020d). Learning from early delivery of the programme supports previous findings that adequate time needs to be taken to build relationships with support workers, which is facilitated by the Housing First model of flexibility and lack of conditionality (DLUHC, 2020d).

There are several elements which feature throughout these evaluations that appear to be conducive to designing effective services that alleviate homelessness. As recognised by Mackie et al. (2018), the existing evidence base suggests that the heterogeneity of support needs and local housing markets need to be recognised when designing interventions, whilst person-centred support is crucial to successful service delivery.

Plans for the Future

Whilst the department's evidence base on what works to prevent and alleviate homelessness has grown, there is more to do. Indeed, the Centre for Homelessness Impact Evidence and Gap Map which reviews available evidence on homelessness interventions found that whilst there has been a rise of over 50% in the number of rigorous effectiveness studies carried out in the UK between 2018 and 2020, this only accounts for 7% of nearly 400 studies reviewed (White et al., 2020).

There is a paucity of evidence on longer-term outcomes due to the practical challenges of collecting this data from a mobile population. However, understanding the long-term effectiveness of interventions is crucial as individuals often return to the streets following an intervention (Fitzpatrick et al., 2019; Mackie et al., 2018).

DLUHC's evaluation of the Next Steps Accommodation Programme aims to follow individuals who were moved into settled accommodation, defined as accommodation intended to last for a minimum of six months, following the Covid-19 pandemic in order to better understand what factors are associated with tenancy sustainment and how outcomes vary for different groups of people. DLUHC has plans to use linked administrative data to develop a better understanding of a breadth of outcomes over time for this and other evaluations. As demonstrated in the latest research on the trends and causes of homelessness, tackling this social problem requires insight into a broad range of factors, characteristics, and outcomes across policy areas to understand whether and why interventions are effective. Work is currently underway to create a linked dataset of information about homelessness in England, by matching DLUHC's homelessness case level information system to data gathered from other government departments and agencies.⁸ Administrative data linking will provide invaluable information about homelessness journeys and their impact on a range of outcomes, as well as enabling the exploration of the effectiveness and cost-benefit returns of different interventions aimed at reducing homelessness which will enable better-informed service design and policy intervention.

Alongside improvements to data linking, there is also a need for further research to understand why interventions are effective. For example, while the Trailblazers impact evaluation suggested that the prevention activity had a positive effect on the rate of acceptances and on the rate of cases of prevention and relief, the accompanying rapid evidence assessment found a lack of robust quantitative evidence on the impact of different types of preventative activity.

⁸ Further information about this project can be found here: <https://www.adruk.org/our-work/browse-all-projects/homelessness-data-england-linking-local-authority-data-to-evaluate-homelessness-policy-267/>

These plans are not without challenges. Administrative data linking requires mechanisms to be put in place for data sharing that take into account varying legal and ethical considerations – these include legally binding agreements between data controllers and data processors when sharing and processing personal data.⁹ Whilst this resource is time intensive, it will ultimately provide us with a much richer source of data that has benefits beyond homelessness policy.

Establishing the effectiveness of programmes is fraught with difficulties due to the localised context of homelessness service delivery and that many individuals will often be receiving multiple interventions at the same time. This is a complex policy landscape and methodologies need to be adapted to take this into consideration. As set out in the Magenta Book (HM Treasury, 2020a)¹⁰, evaluating interventions in a complex system where it is often inappropriate, ethically or logistically, to standardise an intervention means that an adaptive approach, drawing on theories of change, and innovative counterfactuals needs to be adopted.

Building service and system capacity is also crucial in meeting ambitions for improving the evidence base and reducing homelessness. This involves working closely with the sector and Local Authorities to build our understanding of their capacity and share good practice. A recent example of this is sharing the findings from the Rough Sleeping Questionnaire in the form of local data reports for participating Local Authorities and posters for research participants (DLUHC, 2020b). As we look forward, it is important that research is disseminated in a way that can help services make decisions based on the most appropriate evidence.

However, as this paper has shown, the evidence base on understanding the drivers and what works in ending homelessness and street based sleeping has made tremendous progress in recent years.

⁹ In England, codes of practice for data sharing fall under the General Data Protection Regulation (GDPR) which was enacted under the Data Protection Act 2018 and which all organisations must abide by when using people's data. These require a lawful basis for any data sharing and promote accountability and transparency when using personal data.

¹⁰ The Magenta Book provides central guidance and best practice on evaluation in government.

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The Promises and Pitfalls of Administrative Data Linkage for Tackling Homelessness

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Introduction

To meet the challenges of tackling homelessness in a changing world, we need to understand its extent, causes, and consequences, and the impacts of efforts to prevent and alleviate it. Robust evidence from a diverse range of sources is therefore required to inform policy making and service delivery. One approach to meeting this need is the use of administrative data and data linkage. Administrative data refers to information generated as a by-product of the day-to-day activities of services and organisations (Hand, 2018). Examples of administrative data are records of interactions with housing services, healthcare diagnoses, and benefits received. Although not collected for the purposes of research or evaluation, these data can be enormously useful for studying homelessness, particularly when linked together over time and/or with other data sources (Culhane, 2016). Data linkage involves the joining together of information, usually at an individual level, either using personal details (e.g., name, date of birth, address), or through a unique identifier (e.g., health or social security number).

The use of administrative data linkage in tackling homelessness differs internationally and is largely a product of the availability and quality of homelessness data, alongside the presence of data linkage infrastructures, both technical and legal, where data can be processed, linked, and made available for research use. For example, Denmark has collected administrative data on people using homeless shelters since 1999 and has a well-developed national data linkage infrastructure, where administrative data are collected on the basis that they will be routinely linked. Combined, these two factors have enabled natural experiments and population-level data linkage analysis of patterns of shelter use (Benjaminsen and Andrade, 2015), family backgrounds of shelter users (Benjaminsen, 2016a), factors that increase the risk of shelter use (Benjaminsen, 2016b), and psychiatric disorders

and mortality amongst shelter users (Nielsen et al., 2011). In this article we draw on published research and use case studies of linkages undertaken by one of the authors to reflect on the promises and pitfalls of administrative data linkage to understand and tackle homelessness.

The Promises of Administrative Data Linkage

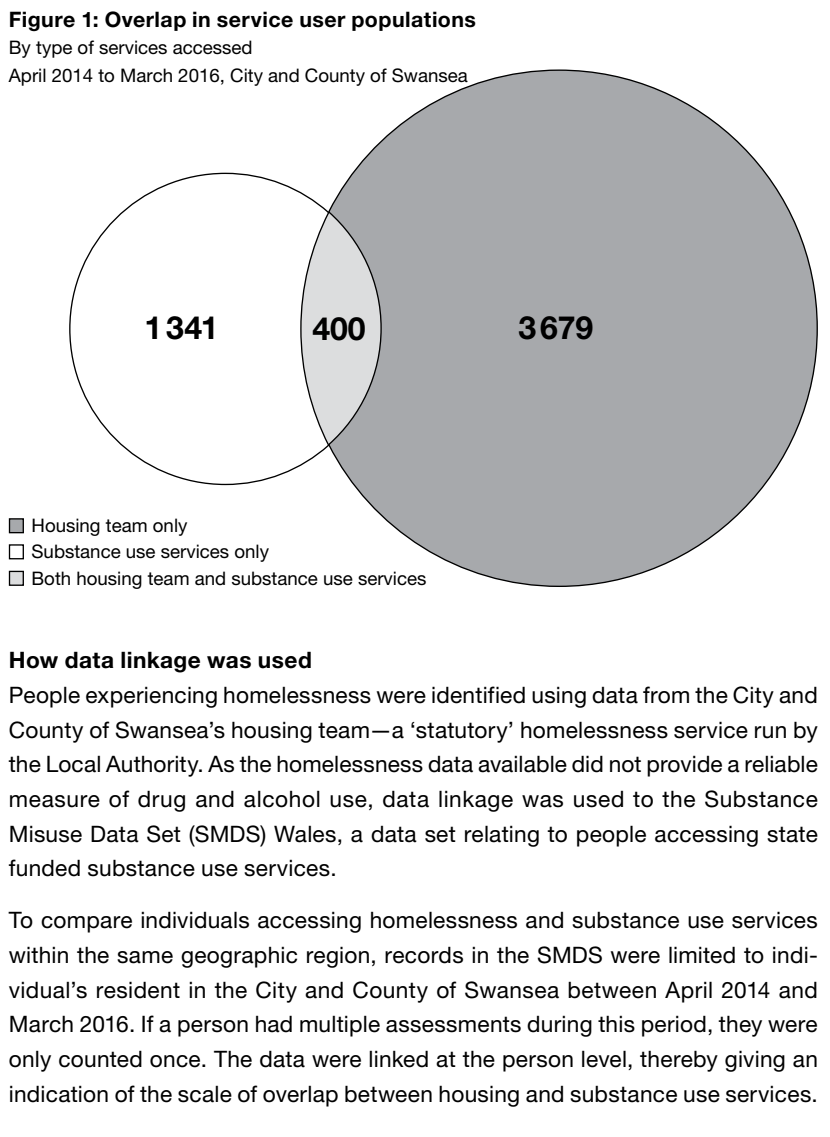
Administrative data have several key features that make them an invaluable source of information on homelessness. They represent people's interactions with organisations and services ('systems') in the 'real world', often over extensive periods of time (depending on how long a service has been running). They often contain larger samples of people experiencing homelessness than possible through surveys, sometimes covering entire populations of people accessing services. However, administrative data are usually limited to information needed by an organisation to undertake their work and are not collected for the purposes of research, which may limit the extent and quality of information available.

Data linkage can enhance individual administrative data sources by contributing additional information on people's characteristics and experiences: for instance, access to substance use services (see case study 1) or educational history (see case study 3) among people experiencing homelessness. This can provide a greater understanding of the population affected by or at risk of homelessness, as well as the impact of interventions. For instance, Benjaminsen (2018) linked data from Housing First records to those on shelter use nationally to assess the coverage rate of Housing First and evaluate its scaling-up.

Case study 1: Understanding access to substance use services amongst people experiencing homelessness (Thomas, 2021)

What was found

1 741 people living in the City and County of Swansea were assessed by substance use services during the two-year period between April 2014 and March 2016. A total of 4 079 heads of households were accessing services for housing related issues during the same time period. Twenty three percent of people accessing substance use services were also accessing the housing team; whilst 10% of heads of households known to the housing team had accessed substance use services.



Administrative data linkage becomes especially powerful when combining data from different policy areas and services to explore cross-sectoral solutions. Case study 2 provides an example of how record linkage has helped develop our understanding of the health needs of the homeless population in Scotland. Similar techniques can also be used to evaluate interventions: in Canada, survey data collected

as part of the At Home/Chez Soi homelessness intervention is being linked to administrative health data in order to evaluate the impacts on healthcare utilisation (Wiens et al., 2020).

Case study 2: Understanding the health needs of people experiencing homelessness in Scotland (Vaugh et al., 2018)

What was found

The study identified 435 853 individuals assessed by local authorities as homeless during the period 2001-2016, a coverage of 76% of homelessness assessments undertaken during that time. This indicated that at least 8% of the Scottish population had been homeless at some point during the study period. Of these, 119 786 (27%) had been homeless on multiple occasions.

People who had experienced homelessness were more likely to have used healthcare services than their non-homeless peers, with Accident and Emergency departments attendances being 1.8 times higher among the ever-homeless cohort compared to controls living in the most deprived areas of Scotland; mental health admissions were 4.9 times higher. Interactions with health services also peaked just before the date of first homelessness assessment, but had been increasing relative to controls for some years before that point. This suggests crucial opportunities for early intervention in the healthcare sector to prevent or mitigate episodes of homelessness.

The results were featured in the Scottish Chief Medical Officer's report and have influenced the work programme of the Scottish Government policy team, particularly in relation to the needs of people experiencing severe and multiple disadvantage.

How data linkage was used

This project linked national administrative data on people applying to Local Authorities for homelessness support between 2001 and 2016 with health datasets on hospital admissions, interactions with drug treatment services, medication dispensing, and deaths. This linkage represented a major scaling-up of a previous demonstration project undertaken in a single Local Authority (Fife), and an opportunity to understand this relationship at a whole-population level rather than through small-scale studies.

Each individual in the 'ever homeless' cohort was matched on age and sex to two controls without experience of homelessness: one person from the 20% most deprived areas in Scotland and one person from the 20% least deprived areas in Scotland.

Data linkage can therefore help push for greater joined up working, by evidencing the impacts this can have in preventing future homelessness or reducing costs in other policy areas (Downie, 2018). In case study 3, data linkage between housing team data and education data enabled analysis of the association between homelessness and absenteeism from school. This same data linkage could equally be used to explore the impacts of school-based homelessness prevention efforts on the retention of pupils in school—such as Upstream Cymru (End Youth Homelessness Cymru, 2020).

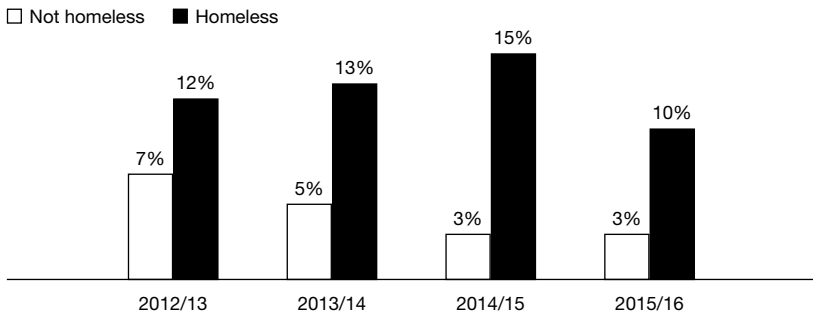
Case study 3: Exploring the impacts of homelessness on pupil absenteeism (Thomas and Mackie, 2020)

What was found

Persistent absenteeism, as defined as missing more than six weeks of school, was higher amongst 'homeless' compared to 'non-homeless' pupils, even after taking into account characteristics such as gender and socioeconomic deprivation. On average, homeless pupils missed five days more of school than their non-homeless peers (Thomas and Mackie, 2021).

Figure 2: Persistent absenteeism

Percentage pupils absent for more than 6 weeks of school
By academic year and pupil housing status



How data linkage was used

The data sets used included the City and County of Swansea statutory housing team's data, attendance and exclusions data, the Pupil Level Annual School's census (PLASC), which records information on every pupil attending school in Wales, and the Welsh Demographic Service (WDS), a list of people registered with a GP as living in Wales. The education data sets (i.e., attendance, exclusions, and PLASC) were combined to form an education panel covering all pupils aged roughly 5 to 16 years old in state funded schools in Swansea for the academic years 2012/13 to 2015/16—roughly 27 000 pupils per year.

A complicating factor in this linkage analysis was that the housing team data related only to the main 'adult' head of household who had applied to the housing team. Children and young people living with the adult applicant were therefore identified by linking to the WDS, which contains a unique residential identifier. A flag was then included in an education panel data set for whether a pupil lived in a residence accessing the housing team—taken to be an indication of homelessness/housing instability.

Though administrative data can be used to undertake research and evaluative work, it can also help answer one of the more basic questions when tackling homelessness: how many people are experiencing homelessness? 'Triangulating' data from different administrative sources by linking them together can help make up for any potential bias from using a single data source. In Scotland, for example, combining data on people applying to councils for statutory homelessness support (the HL1 dataset) with those accessing the preventative pathway known as Housing Options (PREVENT1), can ensure a broader spectrum of those experiencing homelessness and housing insecurity are represented in research.

Moreover, linkage to non-housing administrative data can help identify people not approaching housing services who are nonetheless homeless and who may fall under a much broader definition of 'hidden homeless' (Pleace and Hermans, 2020). In case study 4, linkage between data from housing services, primary healthcare, and substance use services helped identify a group of people who were experiencing homelessness but were not accessing statutory services.

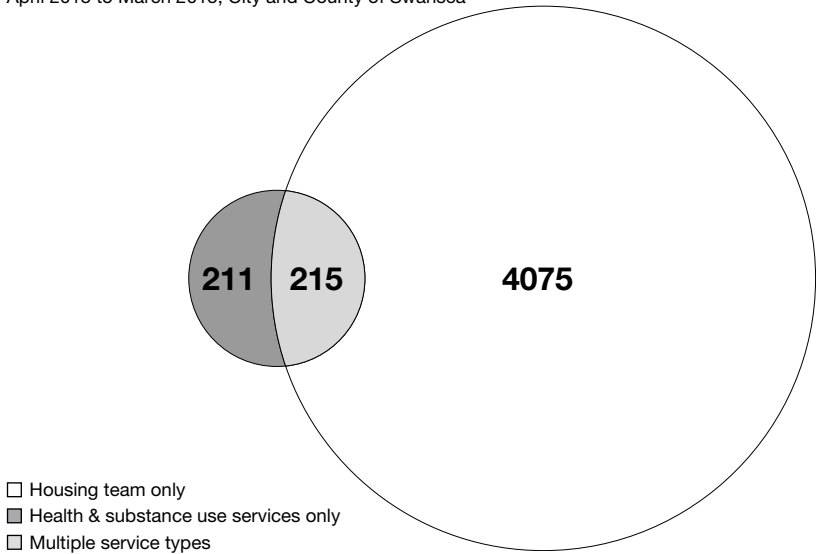
Case study 4: Improving estimates of homelessness using linkage to non-housing data (Thomas and Mackie, 2021)

What was found

There were 4290 people experiencing homelessness attending the City and County of Swansea housing team during the April 2013 to March 2015 period. There were 426 people who had attended either their GP or accessed a substance use programme during the same period and were recorded as experiencing homelessness. The combination of SMDS and GP data with the Swansea housing team data increased estimates of homelessness in Swansea by roughly 5%, or 211 unique individuals.

Figure 3: Number of people experiencing homelessness

By type of services accessed
April 2013 to March 2015, City and County of Swansea



How data linkage was used

This analysis used data from the Substance Misuse Dataset (SMDS) Wales, General Practice (GP) data, and data from the Swansea Local Authority housing options team. The SMDS includes information on a person's 'accommodation need', covering a range of homeless situations, including sofa surfing, rough sleeping, staying in hostels, Bed and Breakfasts, or squatting. The GP data uses specific codes where a diagnosis is linked to homelessness. As with the SMDS, the homelessness codes can relate to general 'homelessness', or to specific forms of homelessness, such as sleeping on the streets or in shelters. The GP data and SMDS were combined to create a flag for whether a person had been recorded as experiencing homelessness/housing related issues outside of a housing setting.

Main analysis explored the overlap of the combined 'homeless-in-health-data' indicator with people approaching the Swansea housing options team at any point during the period from April 2013 to March 2015.

Conclusion: The Pitfalls of Administrative Data Linkage

Despite the potential promise of homelessness research using administrative data linkage, it is important to acknowledge several important challenges. For someone to be visible in administrative data, they must have some form of contact with the systems which generate that data (Pleace and Hermans, 2020). As a result, those who are not engaged with services – or on a sporadic basis – may be missed. However, research suggests that most people who are experiencing homelessness are in contact with some sort of service at some point (Pleace and Hermans, 2020). Maximising the period of time for which data are available to ensure inclusion of those engaging on a sporadic or transient basis (Benjaminsen and Andrade, 2015), and triangulating across datasets from multiple sources, as in our third case study, can therefore help fill in the gaps of people's homelessness pathways.

Where data on personal identifiers (such as name, date of birth, or health or social security numbers) are incompletely or incorrectly recorded, individuals may be missed from the linkage process, potentially skewing results. For example, 25% of records from the City and County of Swansea housing team data used in the three research case studies could not be assigned to a unique person and were not linkable, compared to less than 5% from the SMDS, where personal details are a requirement of the collection. We would therefore advocate systems collect personal identifiers where feasible and legal for them to do so, and to maintain the quality of this data, to maximise the potential for linkage research. However, we recognise that some homelessness services, particularly low threshold services such as 'soup-runs' and other meal programmes, may have transitory interactions with people using their services, during which it is not appropriate or feasible to collect personal details. There may therefore always be some services and interactions with people experiencing homelessness that are outside the realms of feasible administrative data collection, and therefore data linkage research.

A fundamental aspect of administrative data are their origin from organisational processes; they therefore reflect these processes and the ways in which they are socially constructed by policy, practice, and human behaviour (Gomm, 2004). For example, statutory homelessness data collections across the UK reflect housing legislation, and how it is enacted by local authorities and 'street level bureaucrats', more so than they do an objective reflection of the state of 'homelessness' in the UK. Their use and interpretation require an understanding of the process by which they are created, how processes and data have changed over time, and who might be missed as a result. For instance, correct interpretation of linkage projects using statutory homelessness data in Scotland requires the knowledge that not everyone applies for such support on every occasion they are homeless; that eligibility for support has changed over time (for instance, with the abolition of the 'priority need'

test in 2012); and that recent policy developments on prevention, rapid rehousing, and Housing First may have changed the characteristics of people requiring such support (see Waugh et al., 2018). Close collaboration with data providers and people with lived experience of these systems can help researchers understand the value and limitations of these data in the context of the real-world processes that created them.

A final consideration in data linkage is the unique ethical and legal challenges of using these data. The size and historic nature of many administrative datasets means that gaining individual consent to use these is rarely practical. Use of administrative data therefore tends to occur under other legal provisions, such as 'public benefit'. Evidence suggests that public attitudes towards administrative data use and linkage under these provisions are generally positive, though not unconditional (Aitken et al., 2016). Fewer studies have specifically examined this question among people with experience of homelessness; a workshop in London found positive views towards the use of administrative data for health research, including the linkage of sensitive health and social data (Luchenski et al., 2017), but there is a need for more detailed research and engagement on this topic.

Public acceptance of administrative data linkage is higher where extensive safeguards are in place to ensure data are analysed safely, securely, and with the smallest possible risk of inadvertently revealing people's identities (Kispter, 2019). However, creating these 'safe settings' for administrative data research and linkage requires extensive technical infrastructure, as well as appropriate legal and governance structures—see Harron et al. (2017) for more details. Where infrastructures exist, navigating them can be a lengthy and bureaucratic process, especially when combining data from multiple providers. To avoid the challenges described here and realise the potential of administrative data use and linkage, future priorities in the UK and internationally should include the routine integration of datasets across the complex system of sectors and services relevant to homelessness. This ensures any homelessness data that is collected for linkage research can be re-used by others where data providers agree in order to maximise the future impact and value of these resources. There should also be a focus on using administrative data to evaluate 'what works', including the impacts of large-scale policy and service changes; and there should be close collaboration among data providers, researchers, and those with lived experience of homelessness to ensure a rich understanding of the data within its real-world context.

Acknowledgements

Research case studies 1, 3, and 4 were carried out as part of the ADR Wales programme of work. ADR Wales brings together data science experts at Swansea University Medical School, the Wales Institute of Social and Economic Research, Data and Methods (WISERD) at Cardiff University, and specialist teams within the Welsh Government to develop new evidence to inform Welsh Government priority areas. ADR Wales uses the SAIL Databank to link and analyse anonymised data. We would like to acknowledge all the data providers who make anonymised data available for research. ADR Wales is part of the Economic and Social Research Council (part of UK Research and Innovation) funded by ADR UK (grant ES/S007393/1). Case study 2 was carried out by Andrew Waugh and colleagues under the auspices of Scottish Government Social Research and National Records of Scotland; findings are reproduced here with permission and under the terms of the Open Government Licence. EJT is funded by the Chief Scientist Office (CAF/17/11 and SPHSU17) and the Medical Research Council (MC_UU_00022/2).

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Governing Through Definitions and Numbers: Analysis of the Nordic Homeless Registrations as Instruments of Governing Homelessness

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Introduction

The four Nordic countries, Denmark, Finland, Norway, and Sweden, have for many years carried out periodic national surveys of homelessness. These surveys constitute time series, which make it possible to follow the development of the number of persons and the profile of those experiencing homelessness. The starting point of the time series differs between the countries. Finland's surveys date back to 1987, while Denmark, which has the shortest series, conducted the first survey in 2007. The studies in Denmark, Norway, and Sweden are widely similar with regard to the definition of homelessness and the method for carrying out the surveys, while Finland has a somewhat different approach. The surveys in the four countries are closely linked to governing homelessness, though in different ways. In some cases they are used partly as direct instruments of governance in monitoring the developments, but also provide a response to whether political initiatives to prevent and counteract homelessness are effective or not. The collection of the data, even if they are included in the comparable time series, adapt to some extent the questions that the authorities want to know something about. This is also a way in which the mappings are included in the management of the area. Finally, the very definitions of homelessness, who is included and excluded, is a form of management of the field.

Dividing and categorising social conditions, and indeed the population itself, is inherent in governing modern democracies. Principally, there are no phenomenon, conditions, or populations not subjected to division and categorisation into standardised facts. The modern state collects statistics about conditions such as the crime rate, rate of unemployment, poverty rate, level of trust, cross-national happiness, health condition, and wellbeing etc. (Shore and Wright, 2015; Scott, 1998). According to Rose (1991), the relationship between enumeration and politics is reciprocal and mutually constitutive: Politics is involved in both what and how to measure.

Relatively few countries have comprehensive data on their homeless population. The Nordic countries, Denmark, Finland, Norway, and Sweden, all collect statistics on homelessness and are among the exception of countries able to present reliable statistics over a long time span. The definitions of homelessness, although with some differences between the four countries, are characterised as wide and generous; capturing many individuals who are considered 'hidden homeless', described as such because they are hard to find and include in the statistics. After a brief presentation of the 'Nordic method' of data collection on homelessness, the article continues with a discussion of how these data are connected to the governance of the homeless policy. Table 1 includes an overview of timelines of homeless surveys and national governing structure of the homelessness field.

The 'Nordic Method' – A Summary

The surveys of people experiencing homelessness in the four Nordic countries in question are comprehensively outlined by Benjaminsen et al. (2020). They emphasise the similarities and differences, including minor nuances, between definitions of people experiencing homelessness and the methods of implementation of the mappings. The characteristics of the mappings – how they are carried out and who is included in the definition – have a major impact on how the results can be used as steering tools. This section therefore provides a brief review of definitions and methodology.

The so-called 'Nordic method' refers primarily to homeless registrations used in Denmark, Norway, and Sweden. These countries are therefore discussed collectively and with an emphasis on the similarities between the three countries. The very first survey of people experiencing homelessness according to this method was carried out in Sweden in 1993. In 1996, a similar survey was carried out in Norway, where the same definition and methodology were used. Denmark conducted its first survey according to this definition and methodology in 2007.

The conceptual definition, which also applies to Finland, is based on positions in or outside the housing market. The common core states that people experiencing homelessness are people who lack their own dwelling (rented or owned) and who are referred for temporary accommodation; stay in institutions including prison; live temporarily and without a contract with relatives, friends, or acquaintances; and those who do not have an alternative place of residence. Homelessness related to the institutional sphere and imprisonment is limited to people who do not have their own dwelling and who are to be discharged or released within a certain time.

Finland, which has a different definition than the other three countries, makes a distinction between single people experiencing homelessness and families experiencing homelessness as primary categories in the Finnish enumeration. The definition of a single person experiencing homelessness, largely follows the positions on the housing market, which also define homelessness in the other Nordic countries. Families experiencing homelessness are families and couples, who live in temporary housing or live separately due to lack of their own dwelling. Finland's method does not provide a dataset of people experiencing homelessness as entities, and the information collected is limited.

The mappings are cross-sectional studies, which means that they give a picture of the situation in a specific time window. Denmark, Norway, and Sweden conduct the surveys within a week, while Finland registers everyone who is homeless during a particular day. The actual registration is carried out by services who are in contact with or know of people experiencing homelessness. A short questionnaire is completed for each person experiencing homelessness, and provides data on an individual level. A strength of the Nordic surveys is that the respondent group includes a wide range of health and welfare services in addition to the homeless service sector. This method captures people who do not use hostels and services for people experiencing homelessness and achieves to include the so-called hidden homeless, and in particular 'sofa surfers' who stay temporarily with relatives or friends.

Formal Government Lines

The definition of homelessness is based on positions in and outside of the housing market. The field itself – political and administrative governance at the national level – is anchored in different sectors in the four countries (Table 1, row 5-6). In Finland and Norway, the area is governed by the housing sector. In Denmark and Sweden, homelessness policy is rooted in the social sector. However, there is also another difference with regard to who conducts the surveys. In Finland and Sweden, the surveys are carried out by state agencies – the Housing Finance and Development Center (ARA), and the National Board of Health and Welfare (NBHW/Socialstyrelsen)

respectively. ARA is responsible for implementing housing policy in Finland and operates under the Ministry of Environment. NBHW is a government agency under the Ministry of Health and Social Affairs, with responsibilities within the fields of social services, health, and medical services.

Table 1. Timelines of homeless surveys, formal governance of the homelessness field and homeless programs/policy initiatives in four Nordic countries.

Characteristics	Denmark	Finland	Norway	Sweden
First and last homeless survey	2007 2019	1987 2021	1996 2020	1993 2017
Intervals between surveys	2 years	1 year	4 years	6 years
Conducting the survey	The Danish Center for Social Science Research/VIVE	Housing Finance Development Center/ARA	Norwegian Institute for Urban and Regional Research/NIBR	The National Board of Health and Welfare/NBHW
Anchoring in national policy field	Social policy	Housing policy	Housing policy	Social policy
Initiating and/or commissioning the survey	Ministry of Social Affairs and the Elderly	Ministry of Environment	Ministry of Local Government and Modernisation/ The Housing Bank	Ministry of Health and Social Affairs
First distinct homelessness program/policy	National Homeless Strategy, start year 2008	Setting up Y Foundation: 1985	National initiated city program, start year 2001	First national strategy, start year 2007
Prevailing strategy/ program/policy	The Homelessness Strategy, the implementing and anchoring phase	The Government Co-operation programme to halve homelessness 2020–2022	Included in National Strategy for Social Housing Policy (2021-2024)	Prevent and Counteract Homelessness: Supporting the local social services (2021-)

In the other two countries, the mapping of homelessness is carried out by research institutes – the Danish Center for Social Science Research (VIVE) and the Norwegian Institute for Urban and Regional Research (NIBR). The surveys in both countries are dependent on public funding, and they are carried out on behalf of government agencies. In Denmark, VIVE conducts the surveys in collaboration with the Ministry of Social Affairs and Senior Citizens. In Norway, the surveys were carried out on behalf of the Norwegian State Housing Bank (Husbanken), formerly a state bank that is now a directorate under the Ministry of Local Government and Modernisation.

Despite the fact that the four surveys are relatively similar, they were initiated in different ways. With the exception of Norway, the initiative for the first surveys of homeless people was taken by the governments of the respective countries. In Norway, the first survey was conducted by researchers, who in the mid-1990s wanted to copy the mapping in Sweden from 1993. The researchers succeeded in

obtaining funding, i.e., capturing the interest of the authorities, and the first survey was carried out in 1996 (Ulfrstad, 1997), and Denmark followed with their first survey in 2007 (Benjaminsen and Christensen, 2007).

In summary, the collection of statistics in the four Nordic countries has been carried out both by State authorities (Finland and Sweden) and by research institutes on behalf of State authorities (Denmark and Norway). The national authorities in each country decide that the mappings shall be carried out and when they will be carried out. The four countries carry out the survey at different intervals: Finland has annual censuses, Denmark with two years apart, Norway with four years between, and Sweden counting every six years. Although three of the four countries have decades of comparable data, and even Denmark with the shortest time series has data over a period of 14 years, whether the counts will be repeated is generally dependent on the alternating governments prioritising homelessness as a political field. In addition, the Government decides on the definition of people experiencing homelessness and the method of mapping as appropriate and desirable against political objectives.

A Distinct Governance Field Emerges

There may be several reasons why the Nordic states from the late 1980s and early 1990s defined homelessness as a political area. The starting point appears to be quite different in the four countries. Finland experienced a large increase in unemployment and homelessness among young people in the mid-eighties, which far outpaced the other Nordic countries, even though these were also marked by economic recession. In Finland, an important actor to reduce homelessness – the Y Foundation – was established in 1985 based on co-operation between major cities, construction trade unions, construction employer organisations, NGO's, and strongly supported by the State. The Y Foundation, which owns 18 000 social housing dwellings, is active and plays a central role in responding to homelessness today. Also, the UN International Year of Shelter for the Homeless (IYSH) in 1987 was an important booster for government actions, and the eradication of homelessness was, for the first time taken into a government programme in 1987. In Finland, a housing subsidy system has been focused on construction, renovation, and acquisition of social housing since the 1990s, while other parts of rental housing has been liberalised. Subsidy system for social housing operated by The Housing Finance and Development Centre (ARA) has been an important part of coordinated homelessness policies.

In Norway and Sweden, the housing sector was liberalised. Political management and regulation of residential construction weakened and the market gained greater dominance. In Norway, the Housing Bank has been transformed from a state bank,

which has previously both implemented and had a major influence on housing policy, into a welfare directorate with a growing focus on vulnerable groups in the housing market. The transformation of the Housing Bank is not necessarily an explanation for why the authorities paid increased attention to homelessness, but it may explain why the homelessness policy was entrenched in the Housing Bank and the housing sector. In parallel with the fact that general housing policy is increasingly left to the market, homelessness, to varying degrees in the four countries, has become a distinct political field.

In Denmark, the public housing sector did not undergo the liberalisation seen in Norway and Sweden and the focus on homelessness seems rather to have grown out of a general concern with marginalised groups with complex needs falling through the social safety net. However, other developments in the welfare system in Denmark may have played a role, such as welfare benefit reforms, where in particular lower benefits for young benefit receivers may have fuelled the rise in youth homelessness that has been in the centre of the public debate on homelessness in Denmark. In addition, general complexities in the welfare systems – operating in silos making it difficult to meet the complexity of needs amongst many people experiencing homelessness – has been at the centre of attention in framing the focus on homelessness in Denmark, and in Norway as well.

Homeless Strategies and Governance

The data collected in the surveys are used directly to monitor the development of the homeless policy area. The use of the homeless counts as a monitoring tool is the main justification for maintaining the definition of people experiencing homelessness and securing series of comparable numbers. Sweden, which has made significant changes to the definition (see Benjaminsen et al., 2020), has also secured the opportunity to compile time series, illustrating developments over a long period of time. The central authorities, who decide that the surveys should be carried out, use the data as one, and perhaps the most important, measure of whether national policy produces results. In the Nordic countries, the municipalities play a very important role in implementing national policy. The municipalities also have, to varying degrees in the four countries, autonomy in how they will adapt and implement national policies locally. Finally, it must be pointed out that some policy areas, including social housing policy, are to a lesser extent mandatory compared to, for example, certain health services, social assistance, and basic education.

In relation to the municipalities, the collection and use of the statistics has at least two different functions. The figures are primarily collected through the municipalities (supplemented by state and private actors in Denmark, Norway, and Sweden).

Municipal bodies, together with various accommodation services (e.g. homeless shelters), are the most important respondents in the survey. It is crucial for the quality of the statistics that these respondents participate. It is therefore essential that the municipalities believe that they need and benefit from the statistics in local homelessness work and policy. The homeless surveys are also monitoring how municipalities implement the policy and the extent to which municipalities do a 'good job', usually in terms of reducing the homeless numbers.

The surveys are closely related to programmes, strategies, and efforts to counteract and reduce homelessness. This is particularly prominent in Denmark, Finland, and Norway. Table 1 shows the first (row 7) and the prevailing (row 8) national homeless programme or initiative. The Danish Government initiated the first survey in 2007, at the same time as it was drawing up a national strategy to address homelessness. The first national strategy was implemented from 2008. Previously, homelessness was addressed in other programmes, specifically in *The City Programme* (Storbypuljen 2003–2005), but the national strategy was the first to specifically target homelessness and set objectives for achievements. Denmark was the first country in Europe to build a national strategy explicitly on the concept of Housing First, inspired by the original New York model of Housing First. Subsequent surveys of people experiencing homelessness showed that the overall objectives of the strategy were not achieved. Together with separate evaluations of the strategy, the results of the surveys had an impact on the alignment of the next programmes, *The Implementation Programme*, carried out in the period 2014 – 2016 and the programme *Extending Housing First* from 2016 to 2019.

Finland launched its national strategy *Paavo I* (2008–2011) at the same time as the Danish strategy. However, the theme was not new. The Y-Foundation, which plays a central role in implementing homeless policies in Finland, was founded in 1985. As mentioned above, the national surveys of homeless people go back almost as far. But while the measures for the first decade, such as the establishment of the Y-Foundation, were aimed at a larger group, the primary target group in *Paavo I* was people experiencing long-term homelessness, who for many years had stayed in hostels for the homeless, and people at high risk of ending up in homelessness. *Paavo I* was followed by *Paavo II* (until 2015). *Paavo* programmes were followed by the action programme for preventing homelessness (AUNE 2016–2019). At the moment, Finland has a nationally designed 'Housing First' policy based on a government programme in 2019. In order to halve homelessness by 2023, the Ministry of the Environment has launched a three-year cooperation programme with the largest urban regions, service providers, and organisations, including e.g. ARA.

The first programme to counteract homelessness in Norway, *Project Homeless* (2001–2004), was a direct result of the first survey in 1996 and a follow-up study, which showed that the services to this group was very poor (Ulfrstad, 1999). Project Homeless was followed by the national strategy *The Pathway to a Permanent Home* (2005–2007). *The Pathway to a Permanent Home* introduced a housing-led homelessness policy, which has some commonalities with the Finnish variant of Housing First, on a broad basis nationally and in the municipalities. However, the surveys showed that the number of people experiencing homelessness rose during this period and continued to rise during the first period of the subsequent *Housing Social Development Programme* led by the Housing Bank (second phase: The Housing Bank's Municipal programme). Under the national strategy *Housing for Welfare* (2014–2020), which also includes the second phase of the *Municipal Programme*, the number of people experiencing homelessness decreased.

In Sweden, developments have followed a different path. Sweden initiated and designed the definition of people experiencing homelessness and the methodology used in Denmark and Norway to map the homeless population. Sweden has both the largest scope of research and forms the research front in the Nordic region in the field. Sweden is the only Nordic country to have appointed a public committee to investigate homelessness (SOU 2001: 95a). The report was submitted with an extensive research paper (SOU 2001: 95b). Nevertheless, Sweden has had a weaker political interest nationally in this area than the other three countries. The first and only comprehensive national strategy, *Homelessness – many faces, the responsibility of many* (2007–2009), had much in common with the other Nordic strategies. It argues for Housing First models as one of several solutions, but variants of Housing First or housing-led policies have not had the same impact here as in the other three countries. The long intervals between the surveys of homeless people and significant changes in the definition also indicate that these surveys have less significance as a measure of the effects and the policy design.

Steering Logics and Knowledge Production

Homelessness policy finds itself between two types of governance logics. One is governing by setting performance targets that can be measured and monitored through enumeration, and in particular, the homeless surveys. Beside the prime objective of reducing homelessness, many of the strategies discussed above have applied secondary performance targets, like achieving reduction of the number of evictions with 30% (Norway). The municipalities that are responsible for implementing the strategies held a high degree of autonomy. National authorities have limited authority to impose on the local authorities on how to implement the strategy and must lean on other mechanisms and logics to achieve the national set targets.

As phrased in the Swedish strategy, homelessness is the responsibility of many. Large parts of the homeless population in the Nordic countries need services from several service areas, such as housing, social services, and/or health services, and many are in contact with the control apparatus in meetings with the police, the judiciary, and the correctional services. However, the right to housing and assistance in obtaining a dwelling is weakly founded in the legislation. It also means that the State cannot impose on the municipalities to provide housing for people experiencing homelessness. None of the Nordic countries have legislated an individual right to housing. The weak legal framework concerning housing and local autonomy means that the State's steering tools are limited.

The national authorities may choose a governance logic based on knowledge production. An essential element of such a management logic is the launch of programmes and strategies (Rose, 1999; Dyb, 2020) and definitions of target groups for the programmes. The strategies for preventing and reducing homelessness are just one of many government programmes in a number of areas that municipalities are expected to implement. The strategies may be followed by government funds made available to the municipalities to support the objectives of the strategy. In Norway, state earmarked funds were allocated for housing social work, in particular initiatives addressing homelessness, in the municipalities. At its peak (2012 and 2013), the total pot amounted to €8m per year. The premise for access to the funds was that they went to local innovative projects and that the projects were aimed at target groups for the current strategy. In Denmark, a relatively large pool of funding (approx. €65m was provided from the Central Government for the homelessness strategy from 2009–2013), whereas substantially less funding was provided from the Central Government for subsequent programmes.

In Finland, the Government has provided €10m in extra financing to strengthen the homelessness work of local authorities through the use and development of social services in 2020–2022. The reduction of homelessness has also been taken into account in the new MAL agreement, Maankäyttö (Land Use), Asuminen (Housing) ja Liikenne (and Transport), between the municipalities of the seven biggest regions and the State (2020–2031). One aim is to halve homelessness by 2023. Starting in 2022, there will be extra funding (€3m) for developing and enlarging housing counselling services in municipalities.

The Swedish Government decided on state funding (€2.5m annually, 2018–2021) for developing homelessness services. The funding is earmarked towards the 10 municipalities with the highest number of people experiencing homelessness based on the National survey conducted in 2017. The municipalities report to the National Board of Health and Welfare. There is, however, limited demand for funding to develop the services and test out new methods.

The regular surveys of people experiencing homelessness form a key part of the knowledge production within homelessness policy. The definition of homelessness through the operationalisation of positions in the housing market specifies which groups should be included in the population of people experiencing homelessness. In Denmark, Norway, and Sweden, the surveys are more than pure counts of the number of people experiencing homelessness. The scope of the questionnaire filled in for each homeless individual is limited compared to a regular survey, but it nevertheless records a number of characteristics of the individuals. The data from the surveys are used, among other things, to identify specific groups, which are either identified as target groups within the homeless strategies or for other reasons that are considered important to monitor. This applies, for example, to young people experiencing homelessness. The group is established by using the variable year of birth as a basis. Other variables are used to describe and profile the identified sub-group of young people experiencing homelessness. Other groups may be long-term people experiencing homelessness, families with children, or individuals with specific personal challenges. Finland does this the other way around. Specific target groups are identified and entered as a predefined category in the surveys. The Finnish survey is used to monitor the increase or decrease in the number of individuals in the group and whether the goal of reducing the number of people in a specific category is achieved.

Definitions as Exclusion Mechanisms

Statistical categories are expected to be clearly operationalised, leaving as little room for grey zones as possible. Operationalisation shall reduce doubts as much as possible about who is included and who is excluded from data collection. However, there may be other, both intended and unintended elements, which affect the accuracy of data collection. One element mentioned above is that the Nordic registrations are carried out by the services and will thus not capture homeless persons who are unknown to the services. There are other more subtle mechanisms for excluding and including groups across the official definition of homelessness. Here we discuss two different mechanisms with examples from Norway, Denmark and Sweden.

In Norway, as in many other countries, the right to services is related to citizenship. Here, however, there are grey areas. EU/EEA nationals have the right to stay in another country within the area, but the length of stay and rights to social security, healthcare, and help with housing problems are linked to the person's employment status. However, there are migrant groups that cannot find work, and some work in the grey market without a contract, and thus have minimal rights regarding welfare services and other benefits. Despite the fact that they actually live outside

or only have access to night shelters without a place to stay during the day, they are not included in the statistics on homelessness. They are recorded in the censuses as far as possible, but since they have little or no contact with mainstream services, they are, to a limited extent, included in the ordinary censuses. However, it is also a political decision, which is not formulated in any document, but is in reality a requirement, that this group should not be included in the official homeless statistics. One argument is that the inclusion of a new group will distort the time series and the basis for comparing and monitoring those experiencing homelessness. Another argument concerns the legitimacy of the mappings and figures. The municipalities, who are the most important contributors in the collection of the statistics, expect an overview of their own residents experiencing homelessness, including how many and which groups the municipalities' obligations are to. Thus, a tacit criterion arises that excludes a group, who actually experience homelessness in the country. Since the survey in 2012, people experiencing homelessness with temporary residence are to some extent counted by introducing a question about whether the person stays temporary in the country, but the group is treated separately in the presentation and analysis of the homeless survey (Dyb and Lid, 2017). The latest survey was conducted in 2020. Due to closed borders and travel restrictions under the Covid-19 pandemic only a few individuals in this group were counted, and they were included in the population (Dyb and Zeiner 2021).

In Denmark, the issue of homelessness amongst temporary migrants without a permanent stay was not addressed in the first two counts in 2007 and 2009. However, with the onset of the homelessness strategy from 2009, and the increased role of the homelessness count as a key monitoring tool, there was a growing need to address this issue in the counts. In particular, as there was an experience of an increased influx of temporary migrants and a growing sense of a homelessness problem attached to this migration, there was a need to be able to distinguish between people experiencing homelessness with a permanent stay in Denmark (Danes and immigrants with a regular stay) and homelessness amongst migrants without a permanent stay. Otherwise, the ability of the counts to serve as a monitoring tool for the homelessness strategy could be blurred, if the numbers experiencing homelessness were conflated by the influx of new groups of temporary migrants ending up in a homeless situation. In the counts from 2011 and onwards, a new question was introduced in the questionnaire asking whether the person had a permanent/fixed stay in Denmark. Over the coming years, it turned out, that a substantial number of temporary migrants were also counted in the national homelessness count, thus helping to make this group visible in the statistics. Yet, for monitoring purposes, separate homelessness figures were given for people with a permanent residence in the country (Danes and immigrants with a permanent stay) and temporary migrants without a permanent/fixed stay in the country, respec-

tively. Yet, as the access to services is generally more limited and restricted in the latter groups, the overall homelessness figures for this group is generally more insecure than for the former group (Benjaminsen, 2019).

Sahlin (2020) discusses how categories and the use of them, influenced by the political discourse, may change when travelling from one policy area and level to another. As mentioned above, Sweden has at present no comprehensive national strategy addressing homelessness. The legal framework obliges the municipalities to assist with housing problems and not actually to provide housing. Combined with strong local autonomy on how to serve the citizens and a weak legal framework on the right to housing, the municipal authorities held a wide span to define and re-define sub-groups, and thus shift the focus and definition of which sub-groups are most in need of housing assistance. Some Swedish municipalities have transferred, through municipal guidelines, a division between structural and social homelessness, the former reflecting homelessness caused by societal structures like unemployment, poverty, etc. and the latter by individual problems like addiction and mental illness. As Sahlin (2020) pinpoints, strangely enough and contrary to the historical views on who is 'deserving' and who is 'undeserving', the socially homeless with special problems are defined as those most in need. Thus, the prioritised group entitled to assistance with housing is narrowed down close to the image of the traditional 'vagrant' or 'rough sleeper'. The so-called structural homeless, the majority being families with children, are judged as able to solve their housing problems themselves, which in fact means that children's needs are set aside on the advantage of (mainly) white males with addiction problems. The majority of the homeless families are headed by single women, and they are born abroad (Samzelius, 2020). Sahlin (2020) discusses the rather odd re-definition of homeless categories on the background of the discourse on immigration and xenophobia led by a strong extreme right wing party in Sweden.

Conclusion

The article has shed light on how surveys of homeless people are not just a count of heads and registration of a set of characteristics of the homeless population in four Nordic countries. The mapping of homelessness, including the definitions and operationalisation of categories of homeless people, is part of a wider system of how this field is governed. The homeless surveys are actually at the core of the steering mechanism of the homeless politics. The definitions used in the national surveys are incorporated as the official definition of homelessness in the respective countries. The persons registered in the censuses are the official number of people experiencing homelessness in the country. This is one form of governing through categorisation and enumeration. The figures govern priorities in the field, for

example whether homelessness should be prioritised as a political issue, which sub-groups should be prioritised, and which measures are adequate to implement. In turn, the figures are used to monitor developments and are used as one of, but perhaps the most important measure of how successful the policy measures and efforts are. However, the examples in the last part of the article illustrate that the 'official' definition can be circumvented and exclude groups that formally meet the criteria (Norway), or the categories are redefined in the journey from state to local level, so that certain groups, which would normally be of highest priority, are prioritised down (Sweden). It should be emphasised that enumeration of a population is a way of recognition. Rejecting enumeration, including conceptualising, operationalising, and counting, may be considered what Marquardt (2016) characterises as governing by neglect, not recognising legitimate needs and claims of the group.

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The Importance of First-hand Experience in Homelessness Research, Policy and Implementation

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Introduction

Incorporating real, first-hand experiences in a way that is meaningful is a challenge facing many individuals working in, or alongside, the homelessness sector (Centre for Homelessness Impact, 2019). Despite much progress in recent years, and approaches like coproduction appearing higher on the agenda than ever before (Beebeejaun et al., 2015), they are still concepts that many working in research and policy struggle to implement in a way which adds value to their work.¹ People with experience of various social issues are in a unique position to provide insights that would not be possible had they not lived through the things they have (Bimpson et al., 2021), and that others working in the sector may not be able to provide.

Homelessness is a vast and complex issue, with many different components (Teixeira, 2020), which is why it is vital that people who have experienced it first-hand are central to research, policy development, and implementation. Experiences of homelessness are a vital piece of the evidence, so should be treated as such.

Lived experience, or first-hand experience in this article, includes the direct experience of someone who has faced any form of social injustice, e.g., homelessness. It continues to gain little traction as a key part of social change work, even though throughout history it has had a proven and lasting impact, from Alcoholics Anonymous to the civil rights movement (Sandhu, 2017).

One of the key problems with involving people who have experienced homelessness and/or early trauma, is ensuring that their input is meaningful², both for them and anyone they are working alongside, whether it be researchers, policy makers, or

¹ <https://www.homelessnessimpact.org/post/jean-templeton>

front-line workers. Often individuals are seen as informants rather than people who can actually create change themselves. For example in prison settings, research involvement from inmates has been identified as tokenistic (Buck et al., 2020).

This article will outline some of the main challenges that the sector faces when working with people who have experiences of homelessness and related issues, followed by some potential solutions.

We Can't Make Assumptions

Many services, organisations and charities believe they are serving their communities to the best of their ability, but my own personal experiences of services showed me that often these conclusions are reached without gaining extensive feedback from said communities. Surveys or feedback forms which only measure satisfaction at a basic level can lead to missed opportunities to implement changes which could have a massive difference for the people involved. This is why it is important that people who have experienced homelessness are involved in service design and planning from the beginning, so we can ensure the correct things are being measured.

We Can't Be Afraid to Try, Or Fail

You can only spend so much time thinking about doing something. At some point organisations must take a leap and try something new. Failing is inevitable, but it is how we respond to that failure which is important. If everything went right all the time, we would never have the chance to reflect on why, and we would never learn anything. Risk and failure can profoundly challenge us as human beings (Goran et al., 2017). However, this should go hand in hand with proper testing and listening, so we avoid unintentional harm.

From my personal experience, services can get caught up in worrying about doing something different, in particular what that might look like if something goes wrong. Obviously, services should be worried about failing and that what they are doing is effective. At some point you just have to try, even if that means you might fail, otherwise there is never the potential for change. To do this well you need to rigorously test innovations to ensure they are having the desired impact. You also must be open to honest feedback from the communities that you are working with. The feedback which is often the hardest to hear is what you can learn the most from. Services cannot assume that what they are doing is right because staff are working really hard.

I frequently speak about my experiences of homelessness (Green, 2021), as I am comfortable doing so in most settings; however, someone telling their whole story should never be a prerequisite for their involvement. Just because I am comfortable talking about the trauma I experienced leading to homelessness and then ultimately, addiction, it does not mean that everyone who has had similar experiences would be, and that should never be expected. The hostels, temporary flats, and sofas I slept on over the course of more than a year mean that there is a wide variety of situations that I both have knowledge on and am comfortable talking about, however some people may only feel comfortable talking about hostels, or street homelessness for example. Similarly, some people may be comfortable describing themselves as having experienced homelessness, but may not want to go into more detail, and they should not have to in order to participate.

Three Principles for Meaningful Involvement

From the work I have been involved in, both in using my own experience of homelessness to create change and working with other people who have experienced homelessness, as well as the existing evidence base, three principles stand out which can ensure that involvement is meaningful for everyone.

Choice

Choice, and therefore control, are incredibly important factors for many individuals who have experienced homelessness. When you have first-hand experience of any form(s) of social injustice, often these situations are ones where your choices have been taken away from you. Whether that be homelessness, trauma, or the criminal justice system, a common theme throughout is a lack of control.

This is why ensuring anyone who you are working with has choices and control over what they are involved in. This might mean having a conversation about which elements of their experiences they are comfortable talking about, and not presuming that because someone is comfortable talking about homelessness, for example, that they are also comfortable talking about their experiences of trauma or addiction.

If individuals have previously experienced trauma, then feeling that things are not in their control can be triggering, and potentially retraumatising (Levine, 2010). This can be avoided by having open conversations about the scope of the work and the specifics of their involvement. We need to create environments where people are not just saying what they think we want to hear, because that does not help anyone.

Comfort should also be considered. This could mean a few things depending on the situation, but links back to choices and control. People have to feel able to share their honest thoughts, but they also need to feel as if they can say 'no' if they are not comfortable taking part in something. One way of ensuring this is to make the physical environment a comfortable one.

An example of this could be not putting someone who is speaking about their own experiences for the first time in a room full of academics and policy makers.

To give a personal example, I would not be comfortable in a room full of frontline hostel workers after my own experiences of living in a hostel, and in that environment, I would not feel like I was able to share my thoughts honestly.

We also must be mindful of what we are asking people to do and share. For example, we should not be asking individuals to come to panel events and tell their whole story. It should be focused on what we can learn from their experiences in the context of the research that is currently being done and the implications for policy. This also avoids them having to talk about anything that could be distressing.

Having said that, often people will want to share their stories, so then it is about making sure they have the resources and support around them to enable them to do that in a stress free and safe environment that is not triggering.

Strategic Level Involvement

People who have experienced homelessness, or related issues, should be involved from the beginning. It is also vital that people who have never come into contact with homelessness services and found their own way out are included, because their experiences are just as valid as those who have used services. Far too often we are asked for input at the end of a process, when important decisions have already been made. It is almost a tick box exercise, and that is always obvious to those of us being asked to take part. We know when our input is really being valued and when it is tokenistic. In the mental health field for example, peer workers and other lived experience roles are often not accepted meaningfully by the wider workforce which can lead to discrimination and defensiveness, as well as professional isolation for peer workers (Davidson, 2015). The most important strategic question should always be 'are the services that exist what people both want and need?'

This needs to be organisation-wide, not just implemented into one project or a single strand of work. This partly comes down to mindset and organisational culture, and real experiences really being seen as a key part of that and the wider strategy. It has to be seen as a core part of the work.

Accessibility

Incorporating real experiences into front line services means that we have the ability to make them more accessible for anyone who might need help. A key part of accessibility is the language that is used by both frontline services such as housing options, and academics working in homelessness and related fields.

When services use plain language, in both written and spoken communication it enables anyone accessing those services to fully understand what their options are and any processes they might have to go through, no matter what their background is.

Jargon is a huge issue when talking about accessibility. Often professionals have a tendency to use language that most people would not use on a daily basis. Academic language is also known for using sophisticated words and complex grammar which can disrupt normal reading and ultimately block how much we can learn from it (Snow, 2010).

Research should be accessible to as many people as possible, so it can have the biggest impact. If people do not understand the research, they will not be able to understand (Babavemi and Uduak, 2017) and implement it. It is as simple as that.

Data and evidence about what works are interesting to a wide range of people, from those working in frontline services, schools, and universities, as well as government ministers, because they are the people it truly affects and who would benefit from reading it.

There is a lot to be said for simply saying what you mean. When working with expert groups, you should present information that is easy to read. The harder something is to read and understand, the less people will read it. More accessible language means a bigger audience.

In terms of physical accessibility, making sure that spaces, whether that be online or in person, are accessible to everyone who wants to take part is important. When working with people who are experiencing or who have experienced homelessness, we can provide things like phone credit or Wi-Fi access. It is also important to set aside a budget for alternative formats, such as braille, large print, or sign language interpreters.

When thinking about physical environments, the type of room, the layout, and the space can really play into power dynamics. The space has to allow people to feel comfortable, so sitting in a circle rather than at a long table with one person at the end creates a more inclusive environment.

As Sandhu (2017) pointed out, the social justice sector is relatively good at talking about inequalities within society but can often be reluctant to recognise its own contribution to these inequalities. By failing to provide individuals and communities with ownership of activities, we are failing to share power, and therefore disempowering people.

How Else Can We Ensure People with Experiences of Homelessness are Involved Meaningfully?

Payment

Many within the sector find conversations around paying people with experiences of homelessness uncomfortable. Often vouchers or 'experience' are offered instead of payment, which for some may work, but other colleagues with learned experience would never be expected to work for vouchers, or 'experience'. You would never ask an electrician to rewire your house in exchange for a voucher.

Having said that, you should ask the people you are working with how they would like to be paid, in case they do not want cash for whatever reason. A direct cash payment could affect someone's benefit payment – leaving them without enough money the following month. If someone would prefer a voucher to a cash payment, ensuring they have a choice in the type of voucher is also important.

Those of us who have experienced homelessness are often thinking, or talking, about extremely painful experiences, and we should not have to give those insights or knowledge away for free.

When organisations work with consultants or freelancers, they are paid based upon their knowledge, experience, and what you think both of those are worth. There needs to be a way of measuring someone's contribution to your work in line with the other people you work with.

Another thing to keep in mind is that payment should not be used to encourage people to participate in work where they would otherwise refuse. If someone expresses being uncomfortable with a certain project for example, payment should not be used to bribe them into participation.

Fair payment also helps to address power imbalances. If you have some people in the room being paid for their time when others are not, the outcome will be poor (MacKinnon et al., 2021).

Language Matters

The language we use when talking about homelessness, or any social issue, really matters. It can unite and connect people, or 'other' people and put them into boxes.

The following sentence for example, notice your gut reaction as you read it.

'High risk homeless youth with complex needs. They are also a vulnerable substance abuser who is known to be chaotic and troubled.'

What does that description make you think? That description was how I was described in homelessness services less than two years ago. The words used are negative, deficit-based, and immediately make you think negatively about the individual they are describing, in this case, me.

The homelessness field has a habit of labelling, diagnosing, and putting people into boxes. By doing this it means they are putting limits on people, and I know from my own experience that eventually, when these labels are repeated over and over again, you start to believe and internalise them, whether it is 'addict', 'complex needs', or another. By the time I left services, I believed every single label that had been put on me.

Take 'complex needs' as an example. Often, life is complex and messy and usually services are only designed to help someone with one thing at a time, for example homelessness or addiction. When an individual does not fit neatly under just one service, they are told they have complex needs. From birth, some groups of people have more resources at their disposal to cope with challenging life experiences than others. So how does labelling an individual as complex rather than their life experiences as complex, benefit them?

As someone who had the label 'complex needs', and probably still would if I was still accessing services, the reality is that it is not that complex that trauma can lead to homelessness and/or substance use (Mate, 2018). Evidence shows us that often addiction is an adaptation to trauma, so they are very closely linked (Van Der Kolk, 2015).

Similarly, with the phrases 'hard to reach' and 'difficult to engage' – people are not hard to reach, but services are often very hard to access and require you to jump through multiple hoops to be eligible for help.² It is also completely understandable that once someone has had a bad experience with a service, they will not want to engage (Bimpson et al., 2021). Maybe the trust is not there or they do not feel safe,

² <https://www.homelessnessimpact.org/post/improving-services-starts-with-people>

but labelling them as difficult to engage is not helpful. The service should be thinking about what else they could do to try and engage with that person rather than putting the responsibility onto the person.³

The language that we use has the ability to either make the people we are working with feel welcome or feel like they are a problem and do not belong in a certain space.

Examples in Practice

In our work at the Centre for Homelessness Impact, we are actively involving many people who have experienced homelessness from the beginning of all of our projects.

Our most recent policy paper includes the stories of 14 women, including myself, alongside the research.³ Real experiences are a vitally important piece of the evidence and are even more powerful when presented alongside quantitative research.

We have several ongoing projects which look at both the language we use when we talk about homelessness, and the images that are used to represent homelessness in the sector, the media, and beyond. These projects have been designed with groups of people who have experienced homelessness who continue to be involved at every stage.

Our systematic reviews and trials involve expert panels, which include people with first-hand experience, policy makers, frontline workers and academics. The panels meet several times over the course of the project, from the inception of the initial idea and discussing the scope of the project, right through to the policy recommendations.

We work with a range of people who have different experiences, because no two people have the same experience of homelessness. It is also very important to not just include one person with first-hand experience, so as to take the pressure off one individual.

One common problem is the formation of 'advisory groups' which in theory are great. However, in research they would need to be very specific to each individual project. For example, for a project on women's homelessness, you would not include men.

³ <https://www.homelessnessimpact.org/post/an-evidence-based-approach-to-tackling-homelessness-health-inequalities>

Recommendations

In conclusion, people with experience of homelessness should have strategic level involvement from the beginning of any project, which must always involve open and honest dialogues about the scope of their involvement.

Payment should also be fair and reflect the level of involvement. For example, are they being asked to speak directly about their experiences which may be more emotionally taxing, or are they being asked to help design a new accommodation project? Having said that, it is vital that anyone involved is provided with choices and control over any involvement. Providing them with a full overview of what the work will entail means they can come to an informed decision about what they are comfortable with and be made to feel like they can say 'no' should they not want to take part.

Finally, anyone working with homelessness in any capacity should aim to use language that does not include jargon, is strengths-based, positive, and empowers everyone they come into contact with to ensure anyone who has experienced homelessness does not feel stigmatised or 'othered'.

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Social Innovation in Preventing Homelessness amongst Young People in Canada and Wales: International Engagement as a Key Driver

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Social innovation involves finding new solutions to old problems; solutions that are “more effective, efficient, sustainable, or just than current solutions” (Phills et al., 2008. p.2). One of the pathways to social innovation is through international engagement and exposure to new ways of thinking and doing. Using the examples of Canada and Wales, we explore the ways in which international interactions are contributing to the transformation of how we respond to homelessness among young people, involving a shift from an emphasis in both practice and investment from a crisis response, to a stronger focus on prevention. We begin with a review of the shift to prevention in Canada and the role of international engagement, to a discussion of the flow of knowledge between Wales and Canada. We conclude with a discussion of emerging opportunities to enhance international engagement to support the shift to the prevention of homelessness among young people.

As is the case in many countries, young people’s homelessness is a seemingly intractable problem in Canada. Over the course of the year there are between 35–40 000 young people between the ages of 13–24 who experience homelessness, and on a given night at least 6–7 000 (Gaetz et al., 2014).¹ The current and dominant approach to addressing the problem of young people’s homelessness, which typically involves relying on emergency services and time-limited support, unfortunately leaves young people vulnerable and exposed to further trauma, worsening health, declining mental health and well-being, criminal exploitation including

¹ Canada has a population of approximately 37.5 million people.

vulnerability to human trafficking and the sex trade, involvement in the criminal justice system, and social and economic exclusion (Gaetz et al., 2016; Kulik et al., 2011; Kidd et al., 2017). The longer young people experience street homelessness, the greater the challenges of sustainably exiting homelessness. Making matters worse, in Canada 42% of young people experiencing homelessness had their first episode before they were 16, and for that group we generally offer little in the way of support (Gaetz et al., 2016).

There are several conclusions that come from Canadian research. First, we are waiting far too long to intervene for young people at risk of or experiencing homelessness. Second, the prolonged exposure to homelessness can potentially have a devastating impact on the health and well-being of young people. Third, some young people – particularly indigenous young people, LGBTQ2S (in Canada, the ‘2S’ refers to ‘two spirited’ people of an indigenous background), Black youth, newcomer, and young women – experience the additional burden of ongoing discrimination. Fourth, emergency responses that do not prevent or help young people exit homelessness rapidly are ineffective and inadequate solutions. Finally, the need to shift from the crisis response to a focus on prevention and sustainable exits from homelessness is also a view that those with lived experience strongly profess. In a national consultation, young people spoke strongly about the need to focus efforts on prevention, and that “by building a response that is primarily reactive, we not only condemn young to hardship and trauma, we actually ensure it” (Schwann et al., 2018a, p.13).

Making the case for the prevention of homelessness among young people in Canada has been challenging. Since modern mass homelessness emerged in the late 1980s, the main focus of our efforts (and investment) has been in the crisis response – emergency shelters, day programs, soup kitchens, and in many cases the use of law enforcement (Gaetz et al., 2013). In the past ten years, our response has evolved in a positive way, largely influenced by looking south of the border to draw on American strategies (plans to end homelessness), campaigns (100k Homes, Built for Zero), and perhaps most significantly, evidence-based interventions such as Housing First (Tsemberis, 2015; Tsemberis and Eisenberg, 2000; Tsemberis et al., 2004). In Canada, the latter was taken up as government policy after the highly successful At Home / Chez Soi project which was arguably the largest research project on Housing First, resulting in over 130 peer reviewed scientific articles (Goering et al., 2014; Hwang et al., 2012; Aubry et al., 2015; Nelson et al., 2014).

The strong influence of American approaches to addressing homelessness has resulted in a ‘new orthodoxy’ whereby solving or ending homelessness is seen to be possible only if we optimise the homelessness sector to effectively implement Housing First, with a narrow mission focus of prioritising chronically homeless

individuals with mental health and addictions issues. This approach no doubt has its strengths, including emphasising Housing First, the use of data, and implementation of coordinated access. What is notably absent has been any consideration of the role of prevention in ending homelessness. Additionally confounding is that the new orthodoxy exposes individuals facing homelessness, including young people, to the prospect of prolonged experiences that undermine health and well-being while waiting to be sufficiently ill to qualify for housing and support. It should be noted that in Canada, 50% of people currently homeless had their first experience before the age of 24 (Government of Canada, 2019). If we intervened early and effectively to help young people in crisis, could we have a longer term and sustainable impact on chronic homelessness? We need to alter our system that makes people wait for help.

The Centrality of International Engagement to the Homelessness Prevention Agenda

The lack of a focus on prevention in policy and practice in Canada led the Canadian Observatory on Homelessness (COH) to actively look abroad for important insights and good examples of prevention supported by evidence. What has been very helpful in contributing to a paradigm shift has been a broader approach to international engagement over the past ten years, which has yielded important insights into the potential value of prevention. First looking to Australia, the COH encountered a profoundly different orientation to young people's homelessness involving the prioritisation of school-based early intervention in order to help young people and their families through Reconnect (Australian Government 2013; Chamberlain and Mackenzie, 1998; Crane et al., 2006) and more recently the Geelong Project (since renamed Upstream) (Mackenzie and Thielking 2013; Kelly et al., 2016; Mackenzie, 2018).

This contributed to the beginning of a paradigm shift in some quarters in Canada. The emergence of A Way Home Canada (AWHC) accelerated broader consideration of the role prevention could play in addressing youth homelessness. AWHC's collaboration with the COH led to the production of the Roadmap for the Prevention of Youth Homelessness (Gaetz, et al., 2018a).

International engagement in pursuit of insights into the prevention of youth homelessness accelerated, resulting in intensive and fruitful collaboration involving a bi-directional flow of information, knowledge, and innovation. Working with FEANTSA Youth brought awareness of the Canadian adaptation of Housing First, called Housing First for Youth (Gaetz, 2014a, b; 2017; Gaetz et al. 2021a, b), leading to a situation where the intervention was taken up more rapidly in Europe than in Canada. Collaboration

yielded the emergence of the A Way Home model in a range of countries and regions in Europe, all of whom were committing to an agenda where the prevention of homelessness among young people would be prioritised. From the Canadian perspective, these international links exposed the COH and AWHC to innovations in the area of homelessness prevention in a number of countries.

International Engagement in Action: Wales and Canada

A key feature of successful international engagement is the exchange of research and practice knowledge. In Canada, understanding the conceptual framing and implementation of the highly innovative Welsh (and subsequently British) legislation on homelessness prevention had a huge impact in how prevention was considered in Canada. The Housing (Wales) Act of 2014 clearly lays out a structure and legislated requirements that would mandate the implementation of early intervention (Mackie, 2015; Mackie et al., 2017; Ahmed and Madoc-Jones, 2020). Central to this legislation is the notion of a 'duty to assist', whereby local authorities, if they become aware that a person is at risk of, or is experiencing homelessness, have a duty to offer assistance, and if accepted, to make efforts to remedy the situation within 56 days. Research has identified the success of this policy, whereby inflows into, and returns to, homelessness have demonstrably been reduced in a number of jurisdictions. Similar legislation has since been passed in England and there is potential for policy transfer elsewhere, including Scotland (Wilding et al., 2020). While in Canada it is unlikely at this time that any order of government would implement such legislation in the near future, there are emerging efforts to retool 'duty to assist' from the ground up, whereby public institutions (such as the education system, child welfare, criminal justice, and the health care system) rather than local authorities would be properly equipped to fulfil a mandate to offer assistance to youth who are at risk of homelessness through connecting them to necessary supports. Work has been underway to utilise human centred design to prototype, plan, and implement 'duty to assist', like an intervention in the public school system in Hamilton, Ontario (Gaetz et al., 2018b; Bridgeable et al., 2019).

Reflecting the flow of knowledge between the two countries, homelessness policy related to young people in Wales has been influenced by thinking from Canada (and, via Canada, from the USA and Australia). This thinking was introduced through a number of interconnected intermediaries, including the coalition End Youth Homelessness Cymru, which brings together NGOs, public bodies, academics, and consultants, and through the Wales Centre for Public Policy (WCPP), a knowledge brokering organisation based at Cardiff University. In 2017 the Welsh Government asked the WCPP to identify research on young people's homelessness prevention in order to support its commitment to end youth homelessness in Wales

by 2027. The WCPP commissioned researchers at the COH and AWHC to undertake an international evidence review, which focussed on the causes of youth homelessness and the characteristics of effective policies, programmes, and strategies to prevent it (Schwan et al., 2018b). The review drew upon Gaetz and Dej's (2017) fivefold typology of prevention, identified models of good practice such as the Geelong Project/ Upstream and Housing First for Youth, and made recommendations including the need for early identification programmes and a sharper and better-informed focus on the specific needs of young people in homelessness and related services.

Housing First for Youth and variants of the Upstream model – one variant piloted by the Welsh Government building on existing structures for early identification of young people at risk, and another developed by End Youth Homelessness Cymru (EYHC) and being piloted in three local authorities – are becoming important elements of the Welsh approach. Announcing in November 2018 the details of the additional funding which the Welsh Government made available for homelessness prevention for young people, the then Minister for Housing and Regeneration based her statement on the framework set out in the WCPP's evidence review and referred several times to the Geelong model of early intervention as one to follow (Senedd Wales 2018).²

Furthermore, the emphasis on early prevention, which directly built on international evidence, has led to an increased role (and increased funding) for local authority youth services in addressing homelessness. Youth work's emphasis on sustained and holistic support meant that it was well aligned with the principles underpinning emerging international models, but although these services are provided by the same local authorities that provide more generic homelessness services, there had often been little connection between the two. This meant that officers were often unaware of what had worked elsewhere and how to best use the resources available to them. WCPP and EYHC worked with the Welsh Local Government Association (WLGA) youth work network to develop understanding of homelessness prevention for young people, and in March 2020, they brought researchers from the COH and AWHC to an event in Cardiff to reflect on progress in Wales and hear more about innovative solutions elsewhere in the world. Bringing homelessness practitioners, experts and youth officers together can spread knowledge of best practice and ensure that a preventative approach can be embedded across systems. But the specific insights about prevention that Wales has accessed from and through Canada have emphasised, for example, the value for a greater role for services such

² 7. Statement by the Minister for Housing and Regeneration: Investing in Early Intervention and Cross Government Approaches to Tackle Youth Homelessness <https://record.senedd.wales/Plenary/5365#C140139>

as youth work, whose principles and practices can underpin a more holistic and effective approach. This is a long-term project and will require resourcing, but there are indications that this is starting to happen in Wales (Price and Russell, 2020).

We suggest that a number of factors have contributed to Wales' openness to international approaches to homelessness among young people. Wales is a small country with a small and comparatively close-knit (young) homeless policy community. Relations between members of that community are generally good, and indeed the Welsh Government has devoted time and effort to building productive relationships with NGOs and local government actors which facilitate shared policy and practice development (Connell et al., 2017; 2019). There is an openness to considering new approaches and funding streams have been made available to facilitate this. But importantly, the community is not exclusively focussed on Welsh issues and practice: it includes academics who are actively involved in groups such as EYHC and in work with NGOs and the Welsh Government and consultants and NGO staff who participate in international fora such as FEANTSA. So, there are routes by which international ideas can enter Wales, and networks through which they can be diffused and adapted within Wales. It may also be that the wider interest generated by the Welsh homelessness prevention legislation helped generate a stronger sense, within the Welsh (young) homelessness policy community, of Wales as an actor on the international policy stage. This may have engendered a further appetite for, and openness to, international policy learning – leading in turn to further distinctive and internationally recognised domestic policymaking.

Bringing It All Back Home: International Learning and Social Innovation and the Impact on Canada

While international engagement has contributed to thinking about how to address young people's homelessness and the important role prevention can/should play, the challenge has been how to enhance uptake of this new knowledge.

Several promising developments over the past five years suggest a shift towards prevention in Canada is possible. First, the Government of Canada, through its Reaching Home Strategy to address homelessness, has for the first time prioritised prevention, making reductions in inflows to homelessness as well as returns to homelessness two out of four mandatory priority outcome areas for communities it funds. The second indicator of change is that while prevention was embraced by only a handful of organisations in Canada in 2016, since that time many more communities have expressed their commitment to move towards prevention, with several implementing preventive interventions.

While there is emerging momentum towards prioritising prevention in Canada, there are still considerable challenges in moving to broad implementation. The first is that there is often a scepticism regarding whether innovations developed in foreign countries can be applied in Canada given the differences in policy context. The second is that many people have internalised the argument that there is an insufficient evidence-base for prevention, thus making it risky to move in this direction – the fact that most of what we do in responding to homelessness lacks a strong evidence-base is notwithstanding. Finally, and perhaps most importantly, there is a lack of knowledge and capacity within community-based organisations and government about how to actually do youth homelessness prevention.

In order to address these concerns and with the goal of facilitating the broader adoption of homelessness prevention in Canada for young people, the COH and AWHC have collaborated on an ambitious project to drive social change. Making the Shift – Youth Homelessness Social Innovation Lab³ (MtS) was launched in 2017 with a mandate to build an evidence base on youth homelessness prevention that will lead to uptake in policy and practice.⁴

Social Innovation Labs provide a structured process for tackling complex societal challenges requiring systems change through developing novel ways of doing things that produce better outcomes for youth and their families. Making the Shift is designed to develop the evidence base for youth homeless prevention, to adapt international innovations to the Canadian context, and to build resources and technical assistance to help governments and community organisations to implement prevention in practice.

Through a community engaged process, Making the Shift has developed and implemented a research agenda with five key theme areas designed to enhance our understanding of how to effectively prevent homelessness among young people. To date, Making the Shift has funded 29 different research projects across Canada, focusing on developing our knowledge regarding what works and for whom in the area of the prevention of young people's homelessness, including early intervention, supporting sustainable exits from homelessness, indigenous led solutions, and exploring how to leverage data and technology to drive policy and practice.

MtS also operates Demonstration Projects that blend experimental programme delivery with research and evaluation. Employing design thinking, the demonstration projects are intended to expand our knowledge by identifying, developing,

³ Making the Shift <https://makingtheshiftinc.ca/>

⁴ MtS has received substantial funding from Canada's Research Tri-Council as well as the Government of Canada's Youth Employment and Skills Strategy.

prototyping, testing, evaluating, and mobilising innovations in policy and practice. It is currently running demonstration projects on Housing First for Youth (4 sites) (Gaetz, et al., 2021a; b) Upstream (2 sites) (Sohn and Gaetz, 2020), Enhancing Family and Natural Supports⁵ (8 sites) (Borato, et al., 2020) and Youth Reconnect (1 site) (Gaetz et al., 2020) with a plan to pilot a youth-focused Duty to Assist in the future (Gaetz et al., 2018c; Bridgeable et al., 2019).

Developing quality research will not on its own drive a transformation agenda. Our approach to research impact begins with a recognition that we must have a solid understanding of knowledge users and their needs, different pathways for mobilisation, as well as the factors that enhance or inhibit the uptake of research and the conditions necessary for policy and practice to incorporate new knowledge. Continuous and meaningful engagement with policy makers and service providers is key to mobilising knowledge for impact. This includes providing support for uptake and implementation including a robust Training and Technical Assistance strategy drawing on the knowledge gained from our research and demonstration projects, supported by practitioners with extensive experience of preventive interventions.

The outputs of the MtS research are intended to support programming, funding, and policy decisions that will lead to better coordination between public systems, break down silos, and reorient investments away from the crisis response to homelessness among young people through foregrounding the importance of prevention. The early success of MtS has led the United Nations Economic Commission for Europe to declare this body of work as the Toronto Centre of Excellence on Youth Homelessness Prevention at York University which will enhance the possibilities for future international collaboration and has been fundamentally important to furthering this work. Taken together, these initiatives are designed to heed the calls of young people: do more sooner; well before young people find themselves in situations where homelessness is imminent and unavoidable.

⁵ Family and natural supports programmes work with young people and meaningful adults in their lives (including family members) to strengthen relationships, keep young people 'in place' in their schools and connected to education, and address underlying issues that increase the risk of homelessness. To find out more, see: **Family and Natural Supports: A Framework to Enhance Young People's Network of Support.** (Borrato, Gaetz & McMillan, 2020)

Conclusion

Canadian efforts to transform the response to homelessness for young people to focus on prevention highlight the importance of international engagement to an innovation agenda. Engagement with Wales in the wake of the application of their prevention legislation has accelerated learning in Canada and presents a real opportunity to disrupt current approaches that focus on emergency responses and which are not rights based. The relationship and interaction with partners in Wales is clearly reciprocal. Welsh researchers, practitioners, and policy makers have worked to learn from and implement preventive interventions, adapting them to the local context. The scale and rapidity of this work is truly impressive. The extent and breadth of collaboration between Canada and Wales on the prevention of youth homelessness in policy and practice demonstrates the efficacy of international collaboration and the possibilities for enhancing social innovation in many other jurisdictions through such strategies of engagement. Going forward, the launch of the Centre of Excellence promises to enhance and broaden such opportunities.

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Homelessness and Children's Social Care in England

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➤ **Abstract** *Young people with a social worker have often experienced very difficult circumstances in their childhood, in many cases leading to a temporary or permanent removal from the care of their parents. In these cases, the State assumes parental responsibility. Unlike biological parenthood, the support afforded by the State is substantially reduced when a child turns 18, and still further when they turn 25. Although the law prevents a child from being made homeless, a young adult until recently in the care of the State does not enjoy such protection. In this paper, we review the incidence of homelessness among young people leaving care, the pathway that leads them there, and the evidence base on how this might be prevented. We conclude that, despite a substantial investment by government, we still know far too little about 'What Works' in this area.*

Introduction

Young people with experience of children's social care, including those who are removed from their parents into the care of the State, as well as those who receive some state intervention into family life short of removal, may experience a variety of challenges in childhood.

The available data suggests that young people in care experience lower grades in their GCSEs (high stakes exams taken at age 16) and their subsequent education (Department for Education, 2020). They are more likely to be the victim of exploitation, either criminal or sexual, and more likely to be a perpetrator of crime

(Department for Education, 2020). They are also more likely to experience mental illness in childhood (Department of Health, 2012; Meltzer et al., 2003). Many, but not all, will have experienced substantial trauma.

Much less is known of outcomes for young people who are known to children's services, but who are not removed from their parents, but the picture is, if anything, less encouraging on some measures. Research has shown that while educational attainment is low for young people in care, it is lower for the wider cohort of young people with a social worker (Berridge et al., 2020; Department for Education, 2019). The National Child Safeguarding Panel's review of Serious Case Reviews (detailed documents that investigate the circumstances surrounding the death or serious injury of a young person with whom children's social workers are or have been involved), found that death of young people involved in exploitation, and sudden unexpected death in infancy, are, at least in absolute terms, more common among those not in care than those in care.

The difficult lives of young people with a social worker, coupled with an anecdotal rise in societal risk aversion, and the scaling back of state intervention since 2010 in other areas of children's and families' lives, has seen a steady rise in the number of young people in care, from 64 400 in 2010 to 80 080 in 2020. We know much less about what happens to these young people when they enter adulthood.

In the year to 31 March 2020, for 17-year-old care leavers 46% were living with parents, 6% were in semi-independent transitional accommodation, and 9% were in custody; accommodation was deemed suitable for 65% (however, for 24% the information was not known). For 18-year-old care leavers 30% were in semi-independent transitional accommodation, 19% were with former foster carers, 11% were in independent living, and 11% were living with parents or relatives. For this cohort, 91% were in suitable accommodation. Information was not known for 5% of young people. For 19–to 21-year-old care leavers 35% were living independently, 15% were living in semi-independent transitional accommodation, 11% were living with parents or relatives, and 8% were living with former foster carers. Information was not known for 9% of young people. Where known, 85% of these young people were deemed to be in suitable accommodation. (Department for Education, 2020)

A survey of care leavers conducted by Centrepoin, a charity offering housing and support for young people, found that 26% of young people leaving have 'sofa-surfed', while 14% had slept on the street (Gill and Daw, 2017). A review by Shelter (2005) found two studies which suggested that between a quarter and a third of people experiencing street homelessness had at some point been in local authority care as children. Although these surveys were historic (1999 and 2001), little more

recent data are available. It should be noted that much has changed since these surveys were conducted, but short of a more than 90% fall in these figures, care leavers would be substantially over-represented in street based sleeping figures.

The decision to take a child into care is never taken lightly, and the benefits and harms of doing so must be weighed up carefully. The provision of section 31 of the Children Act says that a court may only make a care order or a supervision order if “the child concerns is suffering, or is likely to suffer, significant harm, and that harm, or likelihood of harm, is attributable to the care given to the child or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give him” (Children Act, S.31).

Although not explicitly ruling out harms occurring into the longer future, the language of the Children Act is focused around harm to a child, and the ‘reasonable’ expectation of parenting. Given that it is illegal, under section 20 of the same act, for a child to be made homeless, this focus on *childhood* means that the decision to remove a child from the care of its parents implicitly limits the amount of consideration given to whether the child is to become homeless later on – after leaving care, and after the support of the local authority as corporate parent is reduced or removed.

The prevalence of young people leaving care experiencing street based homelessness or in inappropriate or unknown accommodation (the same phenomenon, viewed through different ends of the telescope), suggests three things. First, that the weighing of the decisions to remove a child or not from the care of its parents, if it fails to properly account for this risk of homelessness, will tend to lead to more children being taken into care. Second, it suggests the need for greater, more effective action by children’s services in particular and by the system in general in keeping these young people in good housing and off of the streets. Finally, social workers and the courts cannot make the fine-grained calculation about a child’s likely outcomes in the absence of better data on homelessness for young people leaving care and their peers who have a social worker but are not in care.

Leaving care in England

The Leaving Care Act in 2000 strengthened and expanded Local Authorities’ (LA) responsibilities to young people leaving care, bringing in Pathway Plans and a duty to support and care for young people until the age of 21. A Pathway Plan is a plan drawn up between a young person in care and their LA which sets out how children’s services are going to support the young person to transition to live independently. The Plan should include details about health; education, training, and employment; family and social network; identity; money; accommodation; the wishes and feelings of the young person; and practical skills. Local authorities have

a duty to house all care leavers aged 16 and 17. Once aged 18, young people's accommodation needs are assessed under homelessness legislation and most will need to claim Housing Benefit. From 2014, all young people in Foster Placements are able (with agreement from their foster carers) to stay in those placements until the age of 21, as part of 'Staying Put' arrangements. Of 19- and 20-year-olds, 26% ceased being looked after on their 18th birthday and were taking advantage of 'Staying Put' opportunities and still living with their former foster carers in 2019 (Become Charity, 2016).

For those young people who have been on Child Protection Plans or Children in Need, there is no statutory support available for them. The Homelessness Reduction Act introduced in England in 2018 aimed to ensure housing support for vulnerable people, in particular, care leavers and those who have left 'youth detention accommodation', including Secure Children's Homes and Young Offender Institutions (YOIs).

In the recent 2021 Spring Budget, care leavers up to the age of 25 have been made exempt from the Shared Accommodation Rate. This means that they are able to claim the higher one-bedroom rate of Local Housing Allowance instead of receiving the rate for a room in a shared house, giving a greater chance of accessing the private rental sector.

What Do We Know?

Approximately 10% of people experiencing street homelessness in London in 2018 were in care as a child (Ministry of Housing, Communities & Local Government, 2018). However, the data available on homelessness among young people, and homelessness in general, does have some potential limitations. These include difficulties collecting data on groups of people experiencing homelessness as they are often transitory and have little contact with services, thus data may only be available for those who are in contact with services. More than one quarter of the young people Centrepoint work with have been in care, their research conducted in 2017 found that 26% of young people leaving care had 'sofa surfed' and 14% had slept on the street (Gill and Daw, 2017). In 2019, the Office for National Statistics said that "leaving institutions including prison, hospitals or care is a less common reason cited for homelessness" when compared to factors such as domestic violence, rent, or changes to relationships (Office for National Statistics, 2019, p.42).

In England, it was estimated that 2% of applicants to local authorities to request statutory relief were reported to have an institutionalised background from October to December 2018 (Office for National Statistics, 2019). There is evidence to suggest that the number of people who are homeless who are care experienced is much higher, for example as mentioned above, in London, observed by

outreach workers, the proportion of people experiencing street based homelessness who had experience of the care system was 10% in 2019/20 (582 people) and 11% in 2018/19 (558 people) (CHAIN, 2020). The NAO reports that in 2010, 25% of people experiencing homelessness had been in care at some point in their lives (National Audit Office, 2015).

The differences in the available data illustrates the complexities of recording accurate data on prevalence of care experience among people experiencing homelessness. There are in particular likely to be important differences between the stocks and flows of homelessness across different groups. Care leavers, for example, might be more likely to experience short spells of homelessness than other groups, meaning that they will be more prevalent in 'snapshot' census surveys than in data which seeks to measure e.g. homeless incidents over the course of a year.

While there are difficulties in obtaining robust and reliable data on the prevalence of teenage or early pregnancy amongst those young women with care experience, what is available suggests that they are much more likely to become pregnant early or experience an unplanned pregnancy (Fallon and Broadhurst, 2015). In the year 2014, it was estimated that 22% of female's leaving care became teenage parents (National Audit Office, 2015). Of relevance when considering these issues, people who are pregnant are entitled to emergency housing if they are homeless while the council carries out longer term housing assessments to ensure steps are taken to find a safe place to live.

In 2017, 32% of 18-34-year-olds were living with their parents, the youngest age at which more than 50% of young adults were not living with their parents was 23 (Centre for Ageing and Demography, 2019). However, for the majority of people leaving care this is not an option, with the "accelerated and compressed transitions" to adulthood that these young people are forced to make (Stein, 2016, p.vi). Indeed, Bramley and Fitzpatrick (2018), among others, suggest a key protective factor against homelessness appears to be availability of social support networks. They offer the pertinent example of an adult child being able to live 'in the family home', acting as a buffer against homelessness. The 2014 Homeless Link youth homelessness survey found that 36% of young people were homeless as parents/caregivers were no longer able or willing to accommodate them, with a further 24% no longer able to stay with other relatives or friends (Watts et al., 2015).

Fitzpatrick et al. (2012), used the concept of multiple exclusion homelessness.

People have experienced MEH if they have been 'homeless' (including experience of temporary/unsuitable accommodation as well as sleeping rough) and have also experienced one or more of the following other 'domains' of deep

social exclusion: 'institutional care' (prison, local authority care, mental health hospitals or wards); 'substance misuse' (drug, alcohol, solvent or gas misuse); or participation in 'street culture activities' (begging, street drinking, 'survival' shoplifting or sex work).

As we know, care experienced young people often experience multiple of these 'domains of deep exclusion', as well as the exclusionary nature, as highlighted already by Fitzpatrick, of state care or intervention, making them particularly vulnerable to homelessness and societal exclusion. This is reinforced by their finding that 16% of their sample of MEH service users had left local authority care (Department for Education, 2020).

Care leavers by whether their accommodation is suitable, 2018 to 2020

	Aged 17			Aged 18			Aged 19 to 21		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%
Accommodation considered suitable	68%	63%	65%	90%	90%	91%	84%	85%	85%
Accommodation considered unsuitable	11%	13%	10%	5%	5%	5%	7%	6%	6%
No Information	22%	24%	24%	5%	6%	5%	9%	9%	9%

Where young people under the age of 18 are made homeless, the LA has a duty to house them, but not to take them into care. Often this can mean being placed in 'unregulated accommodation'. Unregulated accommodation, tautologically, is unregulated, unlike Children's Homes they do not have to be registered with Ofsted (the independent body responsible for inspecting a range of institutions from schools to children's homes), and there are no National Minimum Standards, for example, to uphold. These provisions are therefore arguably less suitable to provide 'care', but more suitable for 'support' – that is, for young people who are able to live more independently but need support around their living circumstances, rather than those that are in need of fuller time care such as that provided by a regulated residential setting or a foster placement. There is a mix of voluntary and private providers of unregulated accommodation. However, the majority (73%) is privately run, and the proportion is growing – up from two thirds in 2013. One in every eight children in care during 2018/19 spent some time in an unregulated placement during the year – a total of 12 800 children (Department for Education, 2020). Young people placed in unregulated accommodation tend to be older teens (aged 16-17). Commonly, young people in this provision have experienced a family breakdown and have either been 'thrown out' or have left (Children's Commissioner for England, 2020). Children and Young People living in unregulated provision can be targets for criminals because they are very vulner-

able and often do not have anyone looking out for them. The gangs know where these properties are and they target children to criminally exploit them and to 'cuckoo' their properties, i.e. take them over for criminal activities (The Howard League, 2020). The Government has recently banned the use of unregulated provision for young people under the age of 16.

What Works?

So far, we have described the state of things, both in terms of the legal and policy framework for children's social care in England, and what we know about the relationship between homelessness and care leaving. In this section, we will consider what we know about how to prevent, or limit, homelessness among adults with experience of children's social care.

When comparing interventions and support for care leavers in transitioning to adulthood in England, the United States, and Australia, Mendes and Rogers (2020, p.1525) found that the opportunity to have ongoing stability and continued emotional support from familiar adults offers an optimisation of "their chances for successful transitions including positive engagement with education and/or employment, and lower the prospects of negative outcomes such as homelessness". A number of policies have recently been implemented in England designed to improve outcomes and offer ongoing support and stability to young people leaving care. These are briefly described below.

The latest figures show that for 18-year-olds leaving care, 19% were accommodated with former foster carers, and for those aged 19-21 this figure is 8% (Department for Education, 2020). The 'Staying Put' programme was introduced nationally in 2014, it requires all LAs in England to facilitate, monitor, and support young people remaining in their foster placements until they reach the age of 21, where this is appropriate and desired by the young person and the family. There are intended positive outcomes of these arrangements, including the continuation of supportive relationships and resulting emotional support, as well as housing stability. The goal therefore is to allow young people to make a more gradual transition to adulthood, more in the manner of their peers not in out of home care, and gives more of a chance to engage in education, employment, or training. The evaluation of the pilot of the 'Staying Put' programme found indicative evidence that young people who stayed put were more than twice as likely to be in full time education at 19 compared to those that did not (55% and 22% respectively) (Munro et al., 2012). Since the evaluation of the pilot scheme, there has been no further formal evaluation, although other researchers have conducted analyses. Some of the analyses have highlighted concerns about the varied implementation of the

'Staying Put' offer, and the pressure some young people feel under to contribute financially to the household of the foster carers due to the reduction in allowance offered (Mendes and Rogers, 2020).

Eight 'Staying Close' projects were or are still being funded by the Department for Education Innovation Fund, specifically for care leavers leaving residential care. This series of projects is similar to the 'Staying Put' programme for young people in foster care. 'Staying Close' is designed to allow these children to live independently, nearby to the Children's Home they lived in before, and with ongoing support from the Home. The support on offer through the 'Staying Close' projects differed between the eight different sites. For example, in the service delivered by The Break charity in Norfolk, Cambridgeshire, and Peterborough, young people were allocated semi-independent accommodation in 'Staying Close' house-shares and access to off-site support via a project transition worker and housing support worker. The 'Staying Close' pilot in North Tyneside comprised of Elm House, a six bedroom, fully staffed house owned by children's services nearby two Children's Homes, a two bedroom local authority flat (with options to engage several other local authority flats for 'Staying Close'), and a range of 'floating' or 'outreach' services. A common methodology has been used across the evaluations for each of the 'Staying Close' projects.

Evaluation of The Break's project found that 74% of young people who were followed up with experienced accommodation stability, in fact one of the workers on the project noted that for some young people this period of stability was longer than any of their previous placements while in care (Dixon et al., 2020). Furthermore, findings suggested that independent living skills had improved after six months of entering the project. For example, young people were developing better cooking and housekeeping skills, with the support of their workers, and were aware of what skills they needed for living independently. As described by one young person, "Break project has helped me a lot but I know there's lots of things still to learn but it's getting there, it's great" (Dixon et al., 2020, p.10). The interviews conducted as part of the evaluation of the 'Staying Close' pilot in North Tyneside indicated that the support provided by Elm House was not previously available to young people who were transitioning out of care from Children's Homes. The qualitative evaluation found that overall the model was implemented successfully, and was able to offer flexible support to young people to support their transition to independence, the support was able to be adapted to more suit the needs of the young people. There was a suggestion that the physical proximity of Elm House to the Children's Home did lead to some confusion about the difference between being 'in care' and 'supported living' (Allen et al., 2020).

New Belongings, a pilot project in 28 LAs between 2013-2016, arose from the recognition that care leavers were not getting the support they needed from services. It involved a system redesign for leaving care services in participating LAs and included 10 'Gold Standard Areas', one of which was for care leavers 'Being in Safe and Settled Accommodation'. Over the course of the pilot some of the LAs introduced 'taster flats', or wider ranges of supported accommodation to smooth the transition to independent living for care leavers, this was in response to requests from young people as part of the project methodology. The evaluation of this project found that a key aspect of bringing the programme to its best was the strength of the voice of the young people. The evaluators further highlighted the clarity, and strength of desire, from the young people around having access to accommodation for 'trial runs' or 'taster flats' of living independently. They also strongly advocated for the need for better support to help young people adjust to living on their own (Dixon and Baker, 2016). This adds to the argument that a key pressure point for young people with care experience is the transition to living independently.

Much of the literature discussed identifies poverty, financial instability, and associated risks and burdens as factors in a person's risk or pathway to homelessness. In congruence with this, the Family Options Study, an American project looking at the impact of prioritising families' who are in a homeless shelter access to one of three interventions, found that providing these families with long-term rent subsidies led to a "large reduction in housing instability", along with wider ranging wellbeing benefits, when compared with 'usual care' (Gubitis et al., 2018, p.27). Therefore, financial burden could be a common factor when considering the prevalence of homelessness in people with care experience. From 2018, people leaving care aged 16-24 who embark on an apprenticeship are eligible for a £1 000 bursary to support transition into the workplace. In a similar vein, what began in 2016 with the Department for Education offering an internship in their Care Leaver Policy Team, has developed into a programme which in 2020 saw 145 care leavers successful in gaining a 12 month paid internship across 25 government departments and agencies (Jackson, 2020).

What's Next?

There is a dearth of evidence in this area, specifically around young people leaving care. It is understood in the literature that this population is at significant risk of becoming homeless. However, the majority of interventions that have thus far been evaluated have not focused on them, but on other at risk individuals or groups including, families, men, and youth in a broader sense. From this, there appears to be room for more programmes, interventions, and robust evaluations.

In a review of the evidence on preventing homelessness among young people, it was found that to be the most effective, policy makers should draw on the ‘five strands of prevention’: structural prevention, system prevention, early intervention, eviction prevention, and housing stabilisation (Schwan et al., 2018; Gaetz and Dej, 2017). Of particular relevance is ‘system prevention’ which finds that “youth homelessness can be effectively reduced through interventions that improve housing stability for youth transitioning from public systems”, but that those systems around the young person can contribute and even act as factors that increase their risk of homelessness (Schwan et al., 2018, p.55). The review also highlighted the lack of robust evidence of effective prevention of homelessness for young people who have experienced state care, the authors suggest that a ‘cross-system’ approach is necessary, integrating the varied agencies, systems, and sectors to effectively meet the needs of those young people who are care experienced and are homeless or at risk of homelessness. The necessity of greater support for young people during transitions from out of home care to independent living is reflected in the programmes by the UK Government, ‘Staying Put’, ‘Staying Close’, and the pilot project New Belongings.

Conclusions and Reflections

It is clear that too many young people leaving care are afflicted at some point in their lives by homelessness. The figures, for all their flaws, make for sobering reading. Sobering too is how little we know about how to rectify this situation; either to lift these young people out of homelessness if they arrive in it, or, better still, to prevent it from occurring in the first place.

There are targeted interventions that show promise, like Family Options and ‘Staying Close’/‘Staying Put’, but these need to be rigorously evaluated to identify their impacts. There are other, less targeted approaches, such as basic income, or unconditional cash transfers, which show substantial promise, but with it carry significant risks.

Although a cliché, more research is clearly needed, and greater consideration of the risks of homelessness by professionals considering removal of a child from their parent(s) is needed. If we consider only the risk to the child, and not the adult they will become, then an important potential harm from removal is missed, and the State’s intervention, already finely balanced, could do more harm than good.

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The Role of Arts in Ending Homelessness

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Introduction

Across time, arts and creativity have been an intrinsic part of being human. From the 15 000-year-old cave paintings in Lascaux to football supporters singing at the tops of their voices on a Saturday, it is part of the daily life of many people – from poetry at weddings and funerals to dancing in nightclubs, even if sometimes we don't notice it as creativity. Before we could speak as infants, we communicated through artistic means, from drawing to role-playing stories. It is how we express our feelings, make sense of the world around us, bring comfort to ourselves, and connect with others. After childhood, creativity often becomes less relevant, and then as adults, most of us regard arts as something of a hobby or a memory confined to the past.

So how does this theory of creativity relate to modern day homelessness prevention? In attempting to answer this, I would like to take us on a journey through five key areas to show how a holistic approach to homelessness with arts (and sports) as core components is growing and gaining traction.

Multiple Solutions to Multiple Needs

It has long been accepted that homelessness is not just about a lack of housing and that underneath the 'heading' of homelessness lies a whole story of causes and consequences – from childhood trauma, poor physical and mental health, isolation, family breakdown, addiction, experiences in the military, and more. This is the case primarily for those experiencing long term homelessness, and the majority of those who experience an episode of homelessness do not exhibit the characteristics outlined above.

Homelessness prevention and support has become more sophisticated over the last decades. One way this is manifested is the multiplicity of solutions that are often on offer in many services across Europe. Those familiar with Maslow's

Hierarchy of Needs may see the flaw in an otherwise sound model that humans need primary interventions of food, water, and shelter before other, less pressing needs are met such as education and culture. However, in my experience, humans do not operate like this. From my experience after 20 years of working and speaking with people who are newly homeless, they report needing more than the basics from day one.

We explored this in Manchester in 2018 while working with the Manchester Homelessness Charter and the Booth Centre. We asked people who were using the centre what they felt they needed in order to prevent/move on from homelessness. They came up with a holistic, jigsaw approach with interlocking areas of intervention – health care, housing, arts, sports – coming together in one place and at one time rather than a chronological hierarchy. This model became the Jigsaw of Homeless Support and is now being used in UK Local Authority homelessness strategies in Manchester, with Coventry and Haringey following soon, and was cited as an example of Best Practice by the UN.

Better Evidence

As a Support Worker at the Passage night shelter in London in the late 1990s, I was aware of a handful of ‘formalised’ arts projects such as Cardboard Citizens in London and the Accueil Bonneau Choir in Montreal. As I write this, Arts & Homelessness International (the global network of arts and homelessness) has around 500 members across the world from Sokerissa, a dance company in Tokyo, the Apropos choir in Salzburg, to JAM, a theatre company specialising in Shakespeare in Johannesburg. This growth of activity is the result of many factors, one such being a better understanding and demonstration of impact measurement plus a development of the use of both qualitative and quantitative evidence.

Projects still struggle to put into words and data the changes that result from someone ‘feeling better’, more positive and happier after experiencing or taking part in an arts intervention. We see people smile for the first time in a long time, make friends, get out of their hostel rooms more, have better eye contact, and feel more motivated to try other things. Sometimes it is hard to answer the inevitable question, ‘so what?’

Many impacts are unexpected and depend on the journey someone has taken up to that point – I remember while working for Streetwise Opera, we were putting on a show and were rehearsing in a hostel in Newcastle in the northeast of England. One man sat in the corner not taking part but also not leaving – this carried on for a few months – we always asked him if he would like to join in and he always politely declined. As we got closer to the production, we asked around if anyone not

performing would like to help back-stage. He volunteered and worked in stage management. We always gave everyone free tickets to the show in case they had friends, family, or support staff they wanted to invite. I saw Terry (not his real name) after the show beaming with two women and a child – his two daughters he had not seen for 10 years and his 6-year-old granddaughter he had never met before.

Expressing that story in terms of impact involves an explanation/case study and also a realisation that pride, family reconciliation, and the shift in identity Terry felt are important areas of consideration when evidencing the impact in arts interventions.

This has led many projects to use recognised evaluation indicators and national metrics for positive mental health; better research methodologies and data capture; and using triangulation of evidence from different sources – observers, participants, and support workers. The arts and homelessness sector is still learning and a long way behind other areas of good practice in impact measurement (high quality evaluations with a counterfactual are rare as highlighted in CHI's Evidence Tools) – but it is going in the right direction.

Two years ago, we commissioned the first international Literature Review of impact reports on arts and homelessness (Shaw, 2019). We looked at over 60 evaluation studies about arts and homeless across the world, cataloguing trends and drawing together conclusions. The findings showed that all projects resulted in one or more of four impacts: Improvements in participants' well-being, resilience, agency, and knowledge/skills (Shaw, 2019).

Global Differences and Trends

Where there are specific regional needs, arts projects try to answer these through the design of the projects. In North America, there is a collection of NGOs such as Urban Voices from LA and Sketch from Toronto currently exploring Restorative Approaches where the arts can bring understanding and reconciliation between communities, based on the learning from Restorative Practice in the criminal justice field. The arts can shift perceptions through showing 'another side' of people and challenging myths and stereotypes. Colleagues in North America talk of wanting to shift the perception of homelessness from an individual's responsibility to society's responsibility.

Meanwhile in the Global South, our new research project, Building Transnational Solidarity: Arts and Homelessness in the Global South (Fry et al., 2021a) studied 104 projects across Latin America, Africa, the Middle East, Oceania, and Asia. Projects identified the key challenges as being the privatisation of land and housing, criminalisation of poverty, climate change, war, forced evictions, and economic

crisis. These projects were using nine main art forms from visual arts to fashion and all were addressing one or more of the UN Sustainable Development Goals. A great number strive to create economic empowerment in their communities. A group of young creatives from Mathare, Nairobi's second-largest informal settlement, are paving the way for a creative economy that shapes a more equal and sustainable society (Fry et al., 2021b).

Agency and Co-Production

Agency can be manifested in people feeling that they have something to say, the confidence to say it, and that their views are valid and will be listened to. Arts and sports interventions – any positive activity – focus on what you *can* do rather than what you *can't*: what is strong about you not wrong. This inevitably raises confidence levels particularly in a community who often feel looked down upon and who are more aware of their needs rather than their achievements.

What is interesting in the last five years is that agency and confidence compliments the wave of co-production that is in evidence in many homelessness services in many countries. Services are changing from working 'for' people to working 'with' them – making sure that people with lived experience of homelessness are fully part of the design and delivery of services. Organisations like Expert Link are leading the way in this. At Arts & Homelessness International (AHI), 50% of our board and staff are or have been homeless and we are starting the first leadership programme for creatives who have been homeless in 2022.

There is a great opportunity to capitalise on the agency and confidence people achieve from being involved in the arts to having their voices heard in homelessness more widely. This is not just at service level, but also at policy level. This is beginning to happen in the arts/homelessness sector through Legislative Theatre – a methodology that uses real-life challenges and problems in a social issue to create short plays, which are then presented in front of an audience. The audience is invited to intervene and change the narrative, literally taking to the stage to move the story in a different direction. Often, these plays can find new perspectives on an issue since creativity can approach problems from a different direction. The policy-makers in attendance commit to implementing the suggestions.

This process has worked effectively recently in creating the Greater Manchester Homelessness Prevention Strategy. AHI is now working with Coventry City Council and Haringey Borough Council to use Legislative Theatre to deepen co-creation within the council teams themselves. This will result in people who are/have been homeless having a seat at the table where decisions are made and power sharing

becomes more normalised. Already in Coventry, as a result of the project, the City Council has committed to employing more people who are/have been homeless in the Council and working towards making the Homelessness Forum fully co-created.

Conclusion: The COVID-19 Effect

As the pandemic hit, the homeless sector rolled up its sleeves and began finding innovative ways to house and support people in crisis. Quickly, it became clear that people staying in hotels, temporary accommodation and single occupancy tenancies were facing other challenges such as isolation and poor mental health. In the UK, Local Authorities and homelessness agencies turned to the arts to stave off boredom and build well-being. As one colleague in the arts and social welfare field said, 'The people behind the doors we were once knocking on are now knocking on our door.'

In any crisis, activism flourishes. A huge number of arts projects were started which responded to the fact that many people who were facing homelessness were also digitally excluded. Some highlights included:

- Art packs given to people by hand or post (Accumulate delivered over 4000 art packs to people in hotels and isolation during the pandemic in 2020);
- St Mungo's, Cardboard Citizens and The Reader ran assisted reading workshops over telephones in a hotel as well as other creative projects;
- The Museum of Homelessness became a homelessness hub for a whole borough of London and moved almost all its activities to front line work;
- Artist Geraldine Crimmins raised funds to buy people who were homeless phone credit;
- Underground Lights in Coventry started a postal postcard project called 'Send a Smile' which spread to every continent and is being exhibited at UK City of Culture in Coventry in October – some of these postcards were created at the Days Hotel in Coventry which was run by the City Council who, with Crisis created the UK's largest weekly schedule of arts workshops in any hotel;
- A consortium of European projects from Germany, Spain, Slovakia, and Hungary launched a photography project called Look Talk Act;
- Path With Art in Seattle raised funds to buy all members a tablet so that they could stay connected through online workshops; and

- FEANTSA, the European body for homelessness have been more involved in the arts during the pandemic and organising events about homelessness during the C'est Pas du Luxe Festival in Avignon. It is a privilege to write this piece and celebrate the work of so many projects and people in Europe and around the world. As a sector, arts and homelessness has come so far in a relatively short space of time. AHI will be here as long as we are needed to connect and strengthen projects, give opportunities to artists who are or have been homeless, and use art practice to create more equal power sharing around the homelessness sector.



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



The information contained in this publication does not automatically reflect the official position of the European Commission

European Observatory on Homelessness

European Journal of Homelessness

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

European Journal of Homelessness is published by FEANTSA, the European Federation of National Organisations working with the Homeless. An electronic version can be downloaded from FEANTSA's website www.feantsaresearch.org.

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

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

ISSN: 2030-3106 (Online)

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