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Journal Philosophy
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Editorial

When the European Journal of Homelessness was established in 2007, its express aim was to provide a forum for the critical analysis of policy and practice on homelessness and housing exclusion in Europe for policy makers, practitioners, researchers and academics in order to facilitate the development of a stronger evidential base for policy development and innovation. In this edition of the Journal, we deal with a number of issues that are at the heart of debates on policy and practice in Europe and future afield, in particular defining and measuring homelessness, and the effectiveness of housing first / housing led models of service provision to bring about sustainable solutions to homelessness. To foster debate on these issues, we asked a number of distinguished scholars, practitioners and advocates to critically comment on two articles that appeared in the vol.5(2) of the Journal: the article by Nicholas Pleace on the applicability of the Housing First model to Europe and the article by Kate Amore and colleagues on the robustness of the ETHOS typology of homelessness developed by Feantsa and the European Observatory on Homelessness.

These short, thoughtful and insightful contributions are intended to provoke further reflection on these key issues. For example, over the past year the ETHOS typology has been adopted as the conceptual framework for a new definition of homelessness by the Australian Bureau of Statistics and by the Canadian Homelessness Research Network, in addition to forming the conceptual basis for the New Zealand Bureau of Statistics, which prompted the critical article on ETHOS by Amore and colleagues. Learning from the experiences of others, and the transfer of ideas and models from one country to another are an important part of the policy making process, but the process of reflection undertaken in the Journal helps to ensure that such transfers are evidence based rather than simply implemented as quick fixes. This is particularly the case with Housing First models, where a temptation may exist for both policy makers and service providers, in very different welfare and housing contexts, to adopt such models uncritically, either because they are perceived to be ‘best practice’ or that funding of services is in part dependent on the adoption of such models. A detailed understanding of the ‘varieties of Housing First’ and the welfare context in which specific models are implemented are crucial to the successful transfer of robust and sustainable policies.
The three peer-reviewed articles in this edition of the journal will also have short response pieces next year, as they deal with topical issues that warrant further discussion, debate and clarification. Crane, Warnes and Coward explore the associations between the preparation for independent living that 400 homeless people received in three English cities and the outcomes of their resettlement. While the paper suggests that homeless people benefit from being in temporary accommodation before they are resettled, challenging a key principle of the Housing First model, the authors highlight that the practice across various Housing First models vary, and that their data raises new questions about what works best. The operational manual for Pathways Housing First, the original Housing First model developed in New York by Sam Tsemberis, is the subject of a detailed critical discourse analysis on the meaning of consumer choice in the second article. The authors argue that the very idea of consumer choice is linked to an advanced liberal way of governing subjects, and that clients do not make their choices totally on their own, rather they are governed to make ‘right’ choices as responsibilised autonomous consumers. In the third article, the view that homelessness is increasingly criminalized in Europe is challenged, and suggests that the ‘punitive turn’ is variable and that local circumstances may be more influential in shaping responses to homelessness than neoliberalism. It also suggests that punitive response to vagrancy and anti-begging legislation and policies are not novel, but rather have a long history.

Since the establishment of the Journal, we have reviewed homeless strategies in various member states and to-date, the Journal has reviewed strategies in Scotland, Ireland, Denmark, Finland and France. The Dutch Strategy to Combat Homelessness is reviewed in this edition, and while the outcomes in terms of preventing homelessness are very positive, some elements of the strategy, particularly the coercive strands associated with regulating rough sleepers are subject to some criticism.

The victimisation of rough sleepers is the subject of the first think piece in this edition of the Journal, where Kinsella conclusively demonstrates that while much public discourse highlights the alleged threats posed by rough sleepers, the research evidence shows that rough sleepers are more likely to be victims, rather than perpetrators of crime. Vulnerable populations are tackled in the next two ‘think pieces’, with Paidakaki outlining what may be learnt from natural and man-made disasters in responding to homelessness and Kiss highlighting the vulnerability of refugees to homelessness in a case study in Hungary. In the final think piece of this edition, Allen critiques the push towards quality standards in homeless services, stressing the fundamental distinction between social services which essentially accept the ‘condition’ of the person to whom they are providing services, and those services whose purpose it to assist a transformation of that condition. Homeless services should be transformative and the push towards quality services may potentially clash with Housing First / Housing Led initiatives.
The European Journal of Homelessness also aims to provide up-dates on research in progress on aspects of homelessness in Europe, but not yet completed or published, and to keep readers informed of new publications on homelessness in Europe and elsewhere. We hope readers find these book reviews and updates of interest.

The next edition of the European Journal of Homelessness will publish select papers from the annual Research Conference on Homelessness in Europe, which was held in the University of York in September and will focus on aspects of social housing and homelessness in Europe. We hope that you find the journal of interest and of use, whether you are a policy maker, practitioner, researcher, academic or concerned citizen.
Preparing Homeless People for Independent Living and its Influence on Resettlement Outcomes

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Abstract_ This paper examines associations between the preparation for independent living that homeless people receive and the outcomes of their resettlement. It draws on evidence from FOR-HOME, a longitudinal study in London and three provincial English cities of resettlement outcomes over 18 months for 400 single homeless people. A high rate of tenancy sustainment was achieved: after 15/18 months, 78% were still in the original tenancy, 7% had moved to another tenancy, and 15% no longer had a tenancy. The use of temporary accommodation prior to being resettled and the duration of stay had a strong influence on tenancy sustainment. People who had been in hostels or temporary supported housing for more than 12 months immediately before being resettled, and those who had been in the last project more than six months, were more likely to have retained a tenancy than those who had had short stays and/or slept rough intermittently during the 12 months before resettlement. The findings are consistent with the proposition that the current policy priority in England for shorter stays in temporary accommodation will lead to poorer resettlement outcomes, more returns to homelessness, and a net increase in expenditure on homelessness services.

Key words_ homeless people; hostels; supported accommodation; resettlement; independent living; tenancy sustainment
Preparing Homeless People for Independent Living, and its Influence on Resettlement Outcomes

Rehabilitation and resettlement programmes for single homeless people in England have proliferated and become more elaborate over the last 20 years. There have been few rigorous studies of their effectiveness, however, and there is little evidence about what influences the outcomes and little to guide their further development. This paper examines the help that homeless people receive in readiness for independent living and its influence on their experiences once resettled as well as on their housing outcomes. The data are from the FOR-HOME longitudinal study in England of the outcomes of resettlement for 400 single homeless people. The paper first summarises the policies and approaches to rehabilitation and resettlement for homeless people in England and elsewhere. It then examines the help that the study participants received to address problems and to build or restore the skills needed to manage a tenancy, and presents analyses of the influence of this preparation on their everyday lives and on their ability to sustain a tenancy.

Policies and Approaches to Rehabilitation and Resettlement

Policies in England and elsewhere

Since the late 1970s, British government policies have encouraged the adoption and refinement of resettlement programmes for single homeless people. The first stimulus was the closure of many large, obsolescent hostels and common lodging houses, some inherited from nineteenth-century poor-law institutions. The associated ‘decanting’ programmes increased the involvement of not-for-profit homelessness organisations and led to the first specialist resettlement teams and outcome evaluations (Duncan and Downey, 1985; Dant and Deacon, 1989; Vincent et al., 1995). Late into the 1980s, however, only a few organisations had planned resettlement programmes.

The Labour government elected in 1997 elaborated policies to reduce rough sleeping and to strengthen the spectrum of support from the streets to independent accommodation. In its 1999 strategy document, Coming in From the Cold, key proposals included helping rough sleepers (people that sleep on the streets) most in need, such as those with mental health or substance misuse problems, and providing meaningful occupation opportunities to help people gain self-esteem and the life-skills needed to sustain a lifestyle away from the streets. The prescription was clear: “resettlement support alone is not enough to help people back into mainstream society... our expectation is that immediately on
moving into a permanent home, a former rough sleeper will have taken up appropriate training, education, volunteering, or some form of meaningful occupation” (Rough Sleepers Unit, 1999, p.15).

After the turn of the century, the Labour administration undertook important reforms of funding for homeless people’s hostels and temporary supported housing. The Supporting People (SP) programme was introduced in 2003 as a consolidated grant to local authorities for housing-related support services, and replaced various central government funding streams. An overarching aim of SP was to promote independent living, and there was an underlying assumption that homeless people in temporary accommodation projects would be ready to move on within two years (Harding and Willett, 2008). Recent changes to SP are described later in this paper. In 2005, the government introduced the Hostels Capital Improvements Programme (HCIP), and provided £90m of capital funds over three years to modernise hostels and provide better opportunities for homeless people to overcome problems, to move into education and employment, and to prepare for independent living. HCIP was succeeded in 2008 by the three-year Places of Change Programme with a budget of £80m, and in 2011 the newly-elected Coalition government announced a further £42.5m for a follow-on Homelessness Change Programme.

In many other European countries, the United States, Canada and Australia, it is also accepted that hostels and shelters do not constitute appropriate long-term accommodation for homeless people (Busch-Geertsema and Sahlin, 2007). The European Federation of National Organisations Working with the Homeless (FEANTSA) campaigns to end homelessness throughout Europe, with one goal being that no-one should stay in emergency or transitional accommodation longer than is required for a successful move-on (FEANTSA, 2010, p.9). This is reflected in several national homelessness strategies. For example, Norway’s 2006 strategy, Pathway to a Permanent Home, states that nobody should stay longer than three months in temporary housing, and Ireland’s 2008 strategy, The Way Home, urges that homeless people should be moved into long-term sustainable housing as soon as possible and that nobody should be in emergency accommodation for more than six months (Ministry of Local Government and Regional Development, 2006; Department of the Environment, Heritage and Local Government, 2008). Similarly, the 2008 Australian government White Paper, The Road Home, asserts that homelessness services should focus on getting homeless people into stable long-term housing and into employment, training or other community participation (Department of Families, Housing, Community Services and Indigenous Affairs, 2008).
Approaches to rehabilitation and resettlement

The approaches used to address the needs of homeless people and their re-housing were initially influenced by rehabilitation practices developed in Britain and the US during the mid-twentieth century to resettle the patients of large psychiatric hospitals (Ridgway and Zipple, 1990; Corrigan and McCracken, 2005). The prevailing approach in Britain, Sweden and several other countries uses a ‘Housing Readiness’ or ‘Staircase of Transition’ model, whereby homeless people move progressively through emergency accommodation and transitional housing to independent accommodation, as problems such as alcohol and drug misuse are addressed and they acquire the skills to live independently (Sahlin, 2005; Benjaminsen and Dyb, 2008). A similar ‘Continuum of Care’ approach was introduced in the US in 1995 by the Department of Housing and Urban Development (HUD), although recently it has been seen “not as a sequential series of placements but rather as a menu of options” (Wong et al., 2006; Locke et al., 2007).

The ‘Housing First’ model was developed in 1992 by the Pathways to Housing organisation in New York, and has since spread widely among American non-profit agencies (Tsemberis et al., 2004; Pearson et al., 2007; Kertesz et al., 2009). Its premise is that stable housing for homeless people is the key factor in ‘restoration’ and needs to be secured before other problems such as substance misuse and mental illness can be effectively tackled (Stefancic and Tsemberis, 2007; Atherton and McNaughton, 2008; McNaughton Nicholls and Atherton, 2011). Various configurations of the model and the associated case-management services have since emerged (Backer et al., 2007; Locke et al., 2007). Several countries now advocate Housing First models, including Denmark, Finland, France, Ireland and Canada (Toronto Shelter, Support and Housing Administration, 2007; Tainio and Fredriksson, 2009; Houard, 2011).

Gaining employment is recognised as an important element in preventing and ending homelessness. During the last 10 years in England, the US and elsewhere, education, work-training and employment programmes for homeless people have developed rapidly (US Department of Health and Human Services, 2003; Warnes et al., 2003, 2005; Burt, 2007; Shaheen and Rio, 2007). In 2002, FEANTSA established an expert Employment Working Group, and later identified a need for supported employment schemes for homeless people that provide both transitional and low-threshold, long-term jobs (FEANTSA, 2007, 2009). Such schemes have been established in Copenhagen, Bologna (Italy), Düsseldorf (Germany), and Belgium.

The effectiveness of rehabilitation and resettlement approaches

There is limited evidence about the effectiveness of different approaches to rehabilitation and resettlement. A few British studies in the 1990s found that many resettled homeless people had difficulties adjusting to settled living, managing finances and
bills, and overcoming loneliness and boredom; around 16-31% lost their tenancies, many during the first six months (Randall and Brown, 1994; Pleace, 1995; Dane, 1998; Edwards et al., 2001; Crane and Warnes, 2002). Among 64 older homeless people resettled in the late 1990s, settledness and tenancy sustainment associated with previous stable accommodation histories, contact with family and tenancy support services, and engagement in meaningful activities (Crane and Warnes, 2007).

Several American studies have examined the factors that predict stability and reintegration among re-housed homeless people, mainly with reference to homeless families or single people with mental illness or substance misuse problems. Positive outcomes have been associated with rent subsidies and access to subsidised housing, enhanced support services, treatment for substance misuse, and involvement in employment and training schemes (Susser et al., 1997; Zlotnick et al., 1999; Pollio et al., 2000). Chronically homeless people in Los Angeles who received intensive support through a government-funded housing and employment programme had more favourable housing and employment outcomes than a comparison group without such help (Burt, 2012).

The relative merits of ‘Housing Readiness’ and ‘Housing First’ approaches have stimulated much debate, and several studies (e.g., Tsai et al., 2010; Pleace, 2011). Evaluations in Sweden and the US found the Housing Readiness approach to be ineffective for some chronically homeless people who were unable to comply with the strict regimes of transitional accommodation, such as achieving sobriety or being compliant with case-management programmes, and that shortages of affordable permanent housing hindered the ability of programmes to move people on (Sosin et al., 1996; Hoch, 2000; Burt et al., 2002; Sahlin, 2005). Housing First models have been associated with good housing retention rates among homeless people with mental illness, particularly when combined with intensive support (Tsemberis et al., 2004; Padgett et al., 2006; Siegel et al., 2006; Tsemberis et al., 2012). Kertesz’s et al. (2009) systematic review, however, found no evidence that Housing First projects were effective in reducing substance misuse, and that people entering the projects tended not to have severe addiction problems.

The FOR-HOME Study

The aims of the FOR-HOME study were to collect information about the experiences of homeless people who were re-housed, and to identify the factors that influenced the outcomes of their re-housing. It was hypothesised that the outcomes are influenced by: (i) biographical and behavioural attributes; (ii) help and support received before and after resettlement; (iii) the condition and amenities of the accommodation; and (iv) experiences once resettled. The study was designed in
collaboration with six homelessness service-provider organisations in London and three provincial cities (Leeds, Nottingham, and Sheffield; see Acknowledgements). Research ethics approval was granted by the University of Sheffield Research Ethics Committee.

The three year study (2007-10) involved the recruitment of 400 single homeless people aged 16 years and over who were resettled by the collaborating organisations into independent accommodation, i.e. they were responsible for rent payments, other housing expenses and household tasks. The criteria excluded those who moved into residential or group homes where personal and domestic tasks are carried out by paid staff, and those with dependent children at the point of resettlement. Face-to-face interviews were conducted with the participants just before they moved, and after six and 18 months (for 23% the third interview was at 15 months because recruitment took longer than planned). All were interviewed at the time of moving, 89% at six months, and 78% at 15/18 months. A further 3% were interviewed early because their tenancies ended. Each interview lasted between one and two hours. At the end of the study, the location and housing circumstances of all but 25 participants (6%) were known (Crane et al., 2011).

Using semi-structured questionnaires, information was collected about housing, homelessness and employment histories; finances and debts; engagement in work, training and activities; health and addiction problems; family and social networks; the resettlement accommodation; help and support before and after moving; and experiences since resettlement. At each interview, participants also completed eight questions about their readiness to move, housing satisfaction, settledness and how they were coping. With their consent, a questionnaire about help given was completed by the resettlement worker (387 were completed).

**Sampling and representativeness**

There are no nationally collated statistics in England on the characteristics of single homeless people who are resettled. To maximise the representativeness of the FOR-HOME sample, data on the age, gender and ethnicity of clients resettled into independent accommodation during 2006 by the six collaborating organisations were collated as a sample frame. A recruitment target of 400 over 12 months was set, and a schedule of sampling fractions and age/gender quotas drawn up for each organisation. A link worker was appointed by each organisation to assist with recruitment and the implementation of the sampling quotas. The target number was achieved, but over 15, not 12, months. The organisations had many hostels and temporary housing projects in dispersed locations, and some resettled clients were not initially referred to the link worker. More work was done to raise awareness about the study throughout the organisations, which improved the rate of referrals to the study.
The participants’ age, sex and ethnic profiles in the achieved sample closely matched those of the people resettled in 2006, except for a 20% over-representation of men aged 36+ years, and a 27% under-representation of men aged 16-25 years. All the reported analyses have used weighted data to correct for the under- or over-representation of the sample in four age groups (16-25, 26-35, 36-45, and 46+ years), with separate weights for men and women. The specified age groups were required to pool the 2006 figures from the six organisations. The weights had only minor effects on the frequencies of the variable categories, and in the multivariate analyses described later the effective sample size increased by just one (0.28%) in Model A and by seven (2.8%) in Model B. Weighting slightly increases the likelihood of identifying statistical significance, however, which should be borne in mind when interpreting marginally significant variables (Maletta, 2007).

There is no reason to believe that the characteristics of the sample deviate substantially from those of single homeless people who were resettled into independent accommodation across England during 2007-08. However, this group accounts for only a minority of departures from hostels and temporary supported housing. It does not include single homeless people with severe mental health or substance misuse problems who move to specialist supported housing or treatment centres, or those who are evicted from or abandon accommodation. For example, only 20% of departures from London’s hostels in 2008/09 were into independent accommodation, while 39% were evictions or abandonments (Broadway, 2012). Many in the last groups have concurrent mental health, alcohol and drug problems and chaotic behaviour (Broadway, 2010).

**The Participants’ Backgrounds**

There were 296 men and 104 women in FOR-HOME: 223 were interviewed in London and 177 in Nottingham, Leeds and Sheffield (collectively Notts/Yorks). At the time of being resettled, 28% were aged 17-24 years, 39% 25-39 years, 20% 40-49 years, and 13% aged 50 years and over. 43% in London and 79% in Notts/Yorks were White British or Irish, and 24% were born outside the British Isles. As shown in Table 1, their histories are diverse. Several had been in care as a child, had literacy problems and no educational qualifications, and two-fifths of those aged 40+ had been unemployed for more than 10 years. Mental health and substance misuse problems were common, with mental health and drug problems most prevalent among those aged 30-49 years, and alcohol problems most prevalent among those aged 40 and over (Table 1).
Their reasons for having become homeless varied. Young people were most likely to refer to conflicts with parents; those aged in their twenties and thirties most often mentioned relationship breakdowns, drug problems and leaving prison; people in their forties tended to cite relationship breakdowns or financial, mental health and substance misuse problems; and many of those aged 50+ years cited redundancy, mental health and alcohol problems, or the death of a spouse or parent. The aggregate duration of all homeless episodes ranged from one month to 40 years, with 30% having been homeless more than five years, and two-fifths more than once. People with mental health, alcohol or drug problems, and those aged in their forties, had longer histories of homelessness and higher rates of repeat episodes.

Table 1 Backgrounds, treatment for problems and resettlement preparation by age groups

<table>
<thead>
<tr>
<th>Characteristics (self-reports)</th>
<th>Age groups (years)</th>
<th>Total sample</th>
<th>Significance level</th>
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<tr>
<td></td>
<td>17-24</td>
<td>25-39</td>
<td>40-49</td>
</tr>
<tr>
<td>Backgrounds and problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In statutory care as a child at some time</td>
<td>24.1</td>
<td>24.8</td>
<td>18.3</td>
</tr>
<tr>
<td>No educational / vocational qualifications</td>
<td>33.0</td>
<td>39.7</td>
<td>35.4</td>
</tr>
<tr>
<td>Unemployed &gt;10 years</td>
<td>0.0</td>
<td>22.2</td>
<td>40.7</td>
</tr>
<tr>
<td>Current homeless episode &gt;24 months</td>
<td>34.8</td>
<td>48.1</td>
<td>65.9</td>
</tr>
<tr>
<td>Homeless more than once</td>
<td>20.7</td>
<td>48.4</td>
<td>54.3</td>
</tr>
<tr>
<td>Literacy difficulties</td>
<td>21.6</td>
<td>19.2</td>
<td>18.3</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>42.9</td>
<td>70.3</td>
<td>76.5</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>14.3</td>
<td>28.0</td>
<td>48.8</td>
</tr>
<tr>
<td>Illegal drug use</td>
<td>47.3</td>
<td>66.7</td>
<td>69.1</td>
</tr>
<tr>
<td>Resettlement preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment for mental health problems</td>
<td>79.2</td>
<td>73.4</td>
<td>74.6</td>
</tr>
<tr>
<td>… from mental health team</td>
<td>39.6</td>
<td>44.0</td>
<td>44.4</td>
</tr>
<tr>
<td>Help / treatment for alcohol problems</td>
<td>43.8</td>
<td>70.5</td>
<td>82.1</td>
</tr>
<tr>
<td>… from specialist alcohol worker</td>
<td>18.8</td>
<td>52.3</td>
<td>45.0</td>
</tr>
<tr>
<td>Help / treatment for drug problems</td>
<td>27.3</td>
<td>57.1</td>
<td>67.8</td>
</tr>
<tr>
<td>… from specialist drugs worker</td>
<td>10.9</td>
<td>46.8</td>
<td>49.2</td>
</tr>
<tr>
<td>Training on preparing meals / cooking</td>
<td>42.0</td>
<td>21.8</td>
<td>19.5</td>
</tr>
<tr>
<td>Training on cleaning a home</td>
<td>38.4</td>
<td>10.3</td>
<td>17.1</td>
</tr>
<tr>
<td>Training on paying bills</td>
<td>51.8</td>
<td>35.9</td>
<td>32.1</td>
</tr>
<tr>
<td>Training on budgeting / managing money</td>
<td>49.1</td>
<td>35.8</td>
<td>29.6</td>
</tr>
<tr>
<td>Involved in ETE at resettlement</td>
<td>45.0</td>
<td>25.5</td>
<td>24.4</td>
</tr>
<tr>
<td>Number of participants</td>
<td>112</td>
<td>156</td>
<td>82</td>
</tr>
</tbody>
</table>

Notes: n.s. not significant.
1. For each attribute, chi-squared tests of 4x2 frequency tables (3 degrees of freedom). The table reports analyses using weighted data, but the same variables were significant when using unweighted data.
2. During the last five years.
3. Only participants who reported the problem.
4. ETE: education or work-training programme or employment.
Preparing for Independent Living

The help that homeless people require in preparation for resettlement is related to their individual problems, disadvantages and limitations. Many need support to overcome or come to terms with the traumas and problems that led to their homelessness, and many require advice or training to build or restore independent living skills. This section concentrates on five aspects of preparation for independent living: stays in temporary accommodation, help to address mental health and substance misuse problems, training in household management skills, training in budgeting skills and debt management, and engagement in education, training or employment. Using bivariate analyses, variations in the receipt of help and training have been examined by age and by several personal characteristics that might indicate vulnerability to managing a tenancy, i.e., mental health or substance misuse problems, long or repeat histories of homelessness, no previous experience of living alone, and coping difficulties when previously a tenant.

The following accounts are based on the participants’ reports. There were some inconsistencies with the staff accounts about help received – staff members were more likely than the participants to say that help had been given. One likely explanation is that the two groups’ perceptions of help differed. As the staff explained during workshops to discuss the findings, some service-users do not perceive that they need advice or training, and so the staff pass on ‘household tips’ in spontaneous, wide-ranging conversations and during key-worker sessions where other topics are discussed. Service-users may not recognise or remember exchanges about rent arrears, for example, as ‘advice and training’ on tenancy management. Some might also be dismissive of the advice given, particularly if it is unwelcome (e.g., reduce alcohol consumption) or if they are unhappy about their resettlement. It is also likely that some workers over-estimated the help given by reporting the expected rather than actual delivery (some staff questionnaires were returned after long delays and some were completed by proxies because the key-worker had left).

Use of accommodation preceding resettlement

During the 12 months preceding resettlement, 59% of the participants had resided continuously in one or more hostels or supported housing projects, 15% had slept rough at some time, including a few who had moved frequently between hostels, night-shelters, friends’ accommodation and the streets. Immediately before being resettled, 98% were in hostels or temporary supported housing, while the others were re-housed directly from the streets. The length of stay in the pre-resettlement accommodation varied considerably: 11% stayed three months or less and 23% more than two years. There were no significant differences in duration of stay by age, mental health or substance misuse problems.
Addressing mental health and substance misuse problems

The majority of those with mental health or alcohol problems, and one-half who reported illegal drug use, received treatment or help with the problems during the five years before they were resettled (Table 1). The intensity and professionalism of the help varied from ‘advice and support’ by hostel key-workers to treatment by specialist mental health and substance misuse teams. Among those with mental health problems, 62% had been prescribed medication, 35% had received counselling, and 10% had been admitted to a psychiatric unit or attended as a day-patient. One-third with substance misuse problems had spent time in a detoxification or rehabilitation unit, and 10% had attended Alcoholics Anonymous or Narcotics Anonymous sessions (well-established peer-support groups). 28% with drug problems were prescribed methadone or similar medication.

There was little difference by age in the percentage of those with mental health problems who received treatment, including from mental health professionals. The youngest and oldest age-groups were significantly less likely, however, to have had help for alcohol or drug problems, including from specialist substance misuse workers (Table 1). At the time of resettlement, one-half of the participants still had mental health problems, 13% were drinking heavily (i.e., daily and more than 21 units of alcohol per week), and 30% still used illegal drugs, including 13% who were taking drugs other than cannabis.

Building household management skills

The participants’ previous experiences of looking after a home and paying bills varied greatly. One-half had lived alone but only 29% for more than two years. One-half who had previously lived alone had experienced problems coping, mainly because of financial difficulties, substance misuse problems and poor domestic skills. More generally, most people reported ‘a lot’ of experience of cooking and keeping a home clean, but only one-half were familiar with basic home maintenance (e.g., decorating or carrying out small repairs) and with managing utility payments (electricity, gas, water). Young people had less experience of these tasks – many had lived with their parents or relatives until they became homeless. Interestingly, those aged 50 or more years reported fewer domestic skills than those aged 25–49 years. Several older people had lived with their parents until they had died or had been in lodgings or accommodation attached to a job, and their parents or landlord had been responsible for the bills and upkeep of the property. People with mental health, alcohol or drug problems were more likely to have lived alone for more than two years, and to have experienced problems and been evicted.
Before being resettled, two-thirds of the participants were in ‘semi-independent’ accommodation with self-catering facilities (also known as ‘second-stage’ projects), where they were responsible for cooking and cleaning. Most others were in accommodation where subsidised meals were provided and the communal areas cleaned. In all these accommodation types, the residents paid a small contribution towards the rent and services but were not responsible for the utility payments. The types of life-skills training varied among the collaborating organisations. Some had designated life-skills workers who ran workshops on preparing meals, looking after a home, paying bills, and the responsibilities of being a tenant, while in others, the hostel key-workers provided one-to-one advice. All types of advice and help hereafter are referred to as ‘training’.

As shown in Table 1, between 20 and 40% of people received training on various aspects of running a home and the payment of rent and utility bills. Some had refused training because they felt they did not need it, and a minority said it was unavailable. Young people, followed by those aged 50 or more, were the most likely to have had training. There were also differences among the six homelessness organisations; for example, rates of training in paying bills ranged from 28 to 55%. There was no difference in receipt of training according to whether people had mental health or substance misuse problems, or previous experience of living alone (Table 2). Indeed, those who had been homeless more than once were significantly less likely to have had training; this may reflect poor engagement rather than not being offered help.

**Building budgeting skills and tackling debts**

Managing finances and debts were common problems. One-fifth said that financial problems had contributed to them becoming homeless, and immediately before being resettled, one-third reported difficulties budgeting and making their money last. 39% said they had training on budgeting and debt management, including help to draw up a budget plan. Young people, followed by those aged 50 or more, were most likely to have received budgeting training (Table 1). There was no relationship between reports of budgeting difficulties and having had budgeting training.

At the time of moving, nearly one-half (46%) reported debts that ranged from £20 to £150,000 (€24 to €182,145). A few with exceptionally large debts had seen a specialist debt adviser and were filing for bankruptcy. According to the staff, 38% owed rent to their hostel or housing project, but the variation by organisation was considerable (from 8 to 66%) and was heavily influenced by the nature of different client groups. People with mental health problems were most likely to report budgeting difficulties, and those with drug problems were most likely to have debts (Table 2).
Table 2 Variations in preparation for independent living and in coping after resettlement

<table>
<thead>
<tr>
<th>Characteristics (self-reports)</th>
<th>Problems pre-resettlement¹</th>
<th>Previously lived alone</th>
<th>Homeless experience</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mental health</td>
<td>Alcohol</td>
<td>Drugs</td>
<td>No</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------</td>
<td>---------</td>
<td>-------</td>
<td>----</td>
</tr>
<tr>
<td>Training on cleaning a home</td>
<td>18.9</td>
<td>17.5</td>
<td>19.4</td>
<td>25.2</td>
</tr>
<tr>
<td>Training on paying bills</td>
<td>38.9</td>
<td>34.9</td>
<td>36.9</td>
<td>45.0</td>
</tr>
<tr>
<td>Training on budgeting / managing money</td>
<td>35.1*</td>
<td>37.6</td>
<td>37.2</td>
<td>42.0</td>
</tr>
<tr>
<td>Involved in ETE²,³</td>
<td>23.7**</td>
<td>26.0</td>
<td>23.3**</td>
<td>36.5**</td>
</tr>
<tr>
<td>Rent arrears / other debts⁴</td>
<td>50.2</td>
<td>52.0</td>
<td>52.7**</td>
<td>42.0</td>
</tr>
<tr>
<td>Problems contributing to homelessness completely resolved⁴</td>
<td>44.2***</td>
<td>45.8</td>
<td>51.6</td>
<td>53.5</td>
</tr>
<tr>
<td>Number of participants</td>
<td>245</td>
<td>126</td>
<td>227</td>
<td>203</td>
</tr>
<tr>
<td>Problems managing household tasks</td>
<td>29.6*</td>
<td>23.9</td>
<td>27.3</td>
<td>23.0</td>
</tr>
<tr>
<td>Difficulties budgeting (frequent problems)</td>
<td>32.6</td>
<td>29.7</td>
<td>31.2</td>
<td>29.4</td>
</tr>
<tr>
<td>Problems managing utility bills</td>
<td>41.3**</td>
<td>41.0</td>
<td>42.7**</td>
<td>36.4</td>
</tr>
<tr>
<td>Involved in ETE³</td>
<td>27.0***</td>
<td>21.0***</td>
<td>23.5**</td>
<td>42.1**</td>
</tr>
<tr>
<td>Rent arrears / other debts</td>
<td>60.8</td>
<td>64.0</td>
<td>64.9**</td>
<td>52.9</td>
</tr>
<tr>
<td>Number of participants</td>
<td>223</td>
<td>118</td>
<td>198</td>
<td>178</td>
</tr>
<tr>
<td>Problems managing household tasks</td>
<td>34.4**</td>
<td>39.4**</td>
<td>30.4</td>
<td>24.5</td>
</tr>
<tr>
<td>Difficulties budgeting (frequent problems)</td>
<td>42.4*</td>
<td>35.9</td>
<td>41.8</td>
<td>38.6</td>
</tr>
<tr>
<td>Problems managing utility bills</td>
<td>49.0</td>
<td>46.2</td>
<td>55.3**</td>
<td>48.4</td>
</tr>
<tr>
<td>Involved in ETE³</td>
<td>33.7</td>
<td>34.3</td>
<td>31.6*</td>
<td>37.0</td>
</tr>
<tr>
<td>Rent arrears / other debts</td>
<td>70.9</td>
<td>69.9</td>
<td>76.6**</td>
<td>67.3</td>
</tr>
<tr>
<td>Number of participants</td>
<td>193</td>
<td>106</td>
<td>171</td>
<td>155</td>
</tr>
</tbody>
</table>

Notes: For each problem or background factor except ‘previously lived alone but had problems’, chi-squared tests of 2x2 frequency tables (1 degree of freedom) comparing people with and without the attribute; for ‘previously lived alone but had problems’ comparisons are made with ‘previously lived alone but had no problems’. The table reports analyses using weighted data. The same variables were significant when using unweighted data but note that among those who had ‘previously lived alone but had problems’ rent arrears/other debts at 15/18 months was only marginally significant (p = 0.048). Significance levels *p <0.05, ** p <0.01, *** p <0.001.

1. Self-reports of problems in last five years.
2. Current episode.
3. ETE: education or work-training programme or employment.
4. At time of resettlement.
Engaging in education, work-training and employment

Education, work-training and employment (ETE) programmes were well-established in some of the collaborating organisations, including ‘in-house’ skills-training programmes such as painting and decorating, gardening and carpentry. Some had their own volunteering schemes, and some ran education and training programmes in collaboration with colleges and businesses. Many FOR-HOME participants received encouragement and assistance from staff to engage in ETE activities. At the time of resettlement three-tenths were involved in ETE, including 10% who were in work. Young people were more likely to be involved in ETE, and those with mental health or drug problems less likely (Table 2).

Several who were unemployed said that they intended to look for work as soon as they were resettled but were reluctant to do so while in a hostel because it was financially disadvantageous. If they took full-time employment, they had to pay a higher fraction of the hostel rent because their Housing Benefit (HB) was stopped or considerably reduced (HB is a housing subsidy that normally covers most or all of the rent for the unemployed). They would have also lost entitlement to a Community Care Grant (a non-repayable social security grant for purchasing furniture and equipment when resettled; from April 2013, the grant will cease and local authorities will be responsible for helping vulnerable people in emergency situations). As one employed participant explained, “I am working full-time and pay more than £500 a month hostel rent, and therefore cannot afford to save and buy things for my new home. Yet I will not get a grant when I move because I am working. I’d have been better off if I’d not got a job until after I was re-housed”.

Readiness to be resettled

The timing of resettlement was influenced by restrictions on the length of stay in some projects that are imposed by local authority contracts, by the availability of move-on accommodation, and by the re-housing procedures of local authorities (in one of the provincial cities, the local authority gave people who had been resident in hostels for six months ‘priority status’ for re-housing, regardless of whether the staff believed they were ready). In addition, seven London participants had to be re-housed as they were in temporary projects that closed.

At the time of resettlement, the participants were asked if the problems that had led them to become homeless had been resolved: 52% answered ‘completely’, 33% ‘partly’, and 15% ‘no’. When asked if they were ready to move to their own accommodation, 84% said ‘definitely’ and 15% said ‘I think so’. Very few predicted difficulties managing household tasks, but one-quarter anticipated problems with finances and bills, one-fifth with loneliness, and a few with coping generally without the support of hostel staff. Young people were more likely to be concerned about finances and bills and older people with loneliness. People with mental health problems were less likely to say they were ready to be resettled and were significantly more likely to say that their problems had not been resolved (Table 2).
Staff members were less convinced about the participants’ readiness to move, believing that 65% were ‘definitely’ ready and 30% ‘probably’ ready, but for 5% they were ‘doubtful’. Their concerns reflected those of the participants – how young people would manage finances and bills, and how older people would cope with living alone – but they were also worried about the ability of some to manage household tasks, and about substance misuse problems increasing or resuming.

**Associations between Independent Living Preparation and Resettlement Outcomes**

86% of the participants moved to social or subsidised housing (48% to local authority and 38% to housing association tenancies), and 14% to private-rented accommodation. This section summarises how they coped after being resettled and whether they were still housed at 15/18 months. Associations between aspects of preparation for independent living and resettlement outcomes are examined through bivariate analyses, and the multivariate relationships are presented in two regression models.

**Influences on everyday lives**

Most participants experienced no difficulties with basic household tasks after they were re-housed. Many young people visited their parents several times a week and were given meals and help with laundry. Several in their fifties went to churches or day centres for homeless people that provided free or cheap food, and several in their sixties or older frequently ate in cafes or pubs, a habit they called ‘economical’. One-quarter at 6 and 15/18 months reported difficulties with household tasks, including a few whose homes were very dirty and who hoarded rubbish. Some blamed poor motivation and depression, and some the lack of a cooker or washing machine. Very few said that they did not know how to cook or clean. There was no significant relationship between training received before resettlement and managing a home after moving. People with mental health or alcohol problems were most likely to report difficulties carrying out household tasks at 15/18 months (Table 2).

Three-fifths experienced ‘frequent’ or ‘occasional’ problems managing finances once resettled, and there was a gradual increase over time in the prevalence of rent arrears and other debts (57% at six months and 69% at 15/18 months) (Warnes et al., 2010). Financial difficulties were most common among young people (78% of those aged 17-24 years had debts at 15/18 months compared to 37% of those aged 50+), among those with mental health or drug problems, and among those who had been homeless more than once (Table 2). There was no relationship between training on budgeting and the payment of bills before resettlement and the management of finances once re-housed. There was, however, an association between owing rent on the pre-resettlement accommodation and defaulting with the rent on
the new tenancy: 41% who owed rent to their hostel at the time of moving, but only 19% who did not, had rent arrears on their new tenancy at 15/18 months ($\chi^2=15.4$, degrees of freedom (df) 1, $p=0.000$).

The percentage of people engaged in ETE increased slightly over time, to 37% at 15/18 months. There was a strong, significant association between engagement in ETE at the time of resettlement and at 15/18 months: 62% who were engaged in ETE at resettlement, compared to only 27% who were not, were in ETE at 15/18 months ($\chi^2=32.0$, df 1, $p=0.000$). There was also an association between engagement in ETE at resettlement and employment patterns. People who had a job at 15/18 months were more likely to have been involved in ETE when resettled, but those who worked only intermittently once re-housed were more likely not to have been involved in ETE at baseline. Many of the latter had obtained casual or short-term jobs through an agency or through relatives or friends, but the insecurity of the jobs and inconsistent work patterns led many into financial difficulties. Engagement in ETE also contributed to positive well-being: at 15/18 months, people not involved were more likely to report poor motivation and depression, and were more pessimistic about their achievements, ability to cope and the future.

**Influences on tenancy sustainment**

After 15/18 months, 78% were still in their original accommodation, 7% had moved to another tenancy, and 15% (55 people) no longer had a tenancy. Among the latter, 19 had returned to the streets or hostels, 13 were staying temporarily with relatives or friends, and eight were in prison. Some had been evicted because of rent arrears or antisocial behaviour associated with alcohol or drug misuse, and several had abandoned the property because of harassment from local people or because they were depressed, lonely and unable to cope. There were no significant differences in tenancy sustainment by age.

There were strong associations between the type of accommodation pre-resettlement, duration of stay and housing outcomes. The participants, who had been continuously in temporary accommodation for more than 12 months prior to resettlement, and those in semi-independent projects immediately before resettlement, were much more likely still to be in a tenancy after 15/18 months (Table 3). The likelihood of retaining a tenancy increased with the duration of stay in the pre-resettlement accommodation, from 67% among those who were resident three months or less, to 100% so housed for 25-36 months (Table 4). Additional months of stay beyond three years slightly increased the likelihood of tenancy failure. Higher rates of tenancy failure were also linked to recent histories of rough sleeping. Three of the five people resettled directly from the streets became homeless again.
Table 3 Bivariate associations between housing outcomes at 15/18 months and (a) background attributes and (b) resettlement preparation

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Still housed</th>
<th>No tenancy</th>
<th>Total sample</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentages</td>
<td>p</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Backgrounds and problems

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Still housed</th>
<th>No tenancy</th>
<th>Total sample</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentages</td>
<td>p</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Never previously lived alone: 51.4% (50.0%, 51.2%)
- Past problems coping in a tenancy: 47.1% (42.3%, 46.4%)
- Current homeless episode >24 months: 54.0% (36.4%, 51.4%, 0.016)
- Homeless more than once: 36.6% (43.6%, 37.7%, n.s.)
- Slept rough during preceding 12 months: 10.5% (40.0%, 14.9%, 0.016)
- Mental health problems: 47.9% (46.3%, 47.7%, n.s.)
- Drinking daily and >21 units alcohol weekly: 12.3% (18.9%, 13.2%, n.s.)
- Using illegal drugs: 27.8% (42.6%, 30.0%, 0.029)

B. Resettlement preparation

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Still housed</th>
<th>No tenancy</th>
<th>Total sample</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentages</td>
<td>p</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- In hostels / housing projects >12 months: 64.9% (20.0%, 58.2%, 0.000)
- In last hostel / housing project >6 months: 75.7% (41.8%, 70.7%, 0.000)
- In semi-independent accommodation: 71.7% (40.0%, 67.3%, 0.000)
- Training on paying bills: 44.4% (25.9%, 41.7%, 0.011)
- Training on budgeting: 41.0% (29.1%, 39.2%, n.s.)
- Involved in ETE: 31.2% (14.5%, 28.8%, 0.012)
- Number of participants: 317 (55, 372)

Notes: n.s. not significant. The table reports analyses using weighted data; the same variables were significant when unweighted data were analysed.

1. In the original resettlement accommodation or a new tenancy.
2. Chi-squared tests of 2x2 frequency tables (1 degree of freedom).
3. At time of resettlement.
4. In one or more hostels or supported housing projects continuously during the 12 months preceding resettlement.
5. ETE: education or work-training programme or employment.

Table 4. Housing outcomes at 15/18 months by length of stay in pre-resettlement accommodation

<table>
<thead>
<tr>
<th>Housing outcome</th>
<th>Up to 3</th>
<th>4-6</th>
<th>7-12</th>
<th>13-24</th>
<th>25-36</th>
<th>37-48</th>
<th>&gt;48</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Still housed1</td>
<td>67.4</td>
<td>72.6</td>
<td>83.8</td>
<td>91.4</td>
<td>100.0</td>
<td>95.2</td>
<td>91.7</td>
<td>85.2</td>
</tr>
<tr>
<td>No tenancy</td>
<td>32.6</td>
<td>27.4</td>
<td>16.2</td>
<td>8.6</td>
<td>0.0</td>
<td>4.8</td>
<td>8.3</td>
<td>14.8</td>
</tr>
<tr>
<td>Number of participants</td>
<td>46</td>
<td>62</td>
<td>74</td>
<td>105</td>
<td>52</td>
<td>21</td>
<td>12</td>
<td>372</td>
</tr>
</tbody>
</table>

Notes: This table reports weighted data; the same pattern was found with the unweighted data.

1. In the original resettlement accommodation or a new tenancy.
Training in the payment of bills and involvement in ETE at resettlement were also associated with remaining a tenant, but training in looking after a home or budgeting had no bearing on the outcome. There was no relationship between tenancy sustainment and either mental health or alcohol problems at the time of resettlement or previous experience of living alone. In contrast, the participants who were still using drugs when resettled were significantly more likely to lose their tenancy (Table 3). Although most participants at the time of resettlement believed that they were ready to move, the doubts raised by the staff proved perceptive. 89% of people whom the staff believed were ‘definitely’ ready to be resettled were still housed at 15/18 months, compared to only 53% of the 17 people that the staff assessed as ‘doubtful’.

**Multivariate relationships**

Stepwise logistic regression was used to examine the multivariate relationships between various aspects of preparation for independent living and tenancy sustainment. Model A involves all participants and is of whether a person was still housed (in the resettlement accommodation or a new tenancy) after 15/18 months. The independent variables that associated significantly with tenancy sustainment were entered into the model, and four of the seven variables were retained by the stepwise procedure (using a 5% significance criterion) (detailed in Table 5). Being in semi-independent accommodation and remaining in the pre-resettlement accommodation for longer than six months before resettlement had strong positive associations, and using illegal drugs at the time of resettlement and having slept rough at some time during the 12 months preceding resettlement had negative associations. The model was highly significant ($p = 0.000$) and correctly predicted 86% of the cases.

Model B focuses on the 258 participants who had either no previous experience of living alone as a tenant or had difficulties managing a tenancy when living alone (Table 5). Six variables were entered into the model of tenancy sustainment at 15/18 months, and three were retained. As with Model A, being in semi-independent accommodation and remaining in the pre-resettlement accommodation for more than six months were highly significant, and training in the payment of bills also had a positive association. The model was highly significant ($p = 0.000$) and correctly predicted 88% of the cases.
Table 5 Stepwise logistic regression models of whether or not in accommodation (resettlement or new tenancy) at 15/18 months

<table>
<thead>
<tr>
<th>Variables and model statistics</th>
<th>B</th>
<th>Exp(B)</th>
<th>95% C.I. Exp(B)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. All participants (N = 354)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>1.123</td>
<td>3.074</td>
<td></td>
<td>0.002</td>
</tr>
<tr>
<td>In hostel / supported housing &gt;6 months</td>
<td>1.042</td>
<td>2.836</td>
<td>1.408-5.713</td>
<td>0.004</td>
</tr>
<tr>
<td>Slept rough during preceding 12 months</td>
<td>-1.223</td>
<td>0.294</td>
<td>0.138-0.627</td>
<td>0.002</td>
</tr>
<tr>
<td>In semi-independent accommodation</td>
<td>1.080</td>
<td>2.945</td>
<td>1.512-5.735</td>
<td>0.001</td>
</tr>
<tr>
<td>Using illegal drugs</td>
<td>-0.727</td>
<td>0.483</td>
<td>0.246-0.949</td>
<td>0.035</td>
</tr>
<tr>
<td>Model statistics:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>χ² = 52.05 (df 4, p = 0.000), -2 log-likelihood 236.900</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Participants who had not lived alone before or had lived alone but experienced problems managing the tenancy (N = 258)

<table>
<thead>
<tr>
<th>Variables and model statistics</th>
<th>B</th>
<th>Exp(B)</th>
<th>95% C.I. Exp(B)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-0.175</td>
<td>0.839</td>
<td></td>
<td>0.599</td>
</tr>
<tr>
<td>In hostel / supported housing &gt;6 months</td>
<td>1.523</td>
<td>4.584</td>
<td>2.042-10.289</td>
<td>0.000</td>
</tr>
<tr>
<td>In semi-independent accommodation</td>
<td>1.510</td>
<td>4.527</td>
<td>2.033-10.080</td>
<td>0.000</td>
</tr>
<tr>
<td>Training on paying bills</td>
<td>0.921</td>
<td>2.512</td>
<td>1.013-6.233</td>
<td>0.047</td>
</tr>
<tr>
<td>Model statistics:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>χ² = 43.76 (df 3, p = 0.000), -2 log-likelihood 163.061</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: Weighted data were analysed in both models. Regressions of the unweighted data have the same structure except that the marginally significant variables ‘using illegal drugs’ (Model A) and ‘training on paying bills’ (Model B) were not included. CI: confidence interval. df: degrees of freedom.

Model A correctly predicted 96.2% in accommodation and 23.0% without a tenancy. The variables entered but not retained were: training on paying bills; current homeless episode >24 months; and engaged in education, work-training or employment at time of resettlement.

Model B correctly predicted 95.1% in accommodation and 44.4% without a tenancy. The variables entered but not retained were: using illegal drugs at resettlement; involved in education, work-training or employment at time of resettlement; and current homeless episode >24 months.

1. At time of resettlement.
2. Before resettlement.

Discussion

In both the bivariate analyses and the regression models, the factors that most influenced tenancy sustainment at 15/18 months were attributes of the participants’ accommodation prior to resettlement. Those who had been in one or more hostels continuously for more than 12 months immediately before being resettled, and those who had been in their pre-resettlement accommodation more than six months, were more likely to retain a tenancy than those who had had short stays and/or slept rough intermittently during the 12 months preceding resettlement. This finding supports the hypothesis that the longer (up to three years) a homeless person spends in supported accommodation, the greater is his or her preparedness for independent living.
Several causal influences are possible. It may be that longer stays provide more opportunities for people to resolve or come to terms with the problems that led to homelessness, through self-reflection, advice and support from friends and hostel staff, and through rebuilding family relationships. Once in homelessness sector accommodation, they are also more likely to have access to support services, such as mental health and substance misuse workers, counselling and learning programmes. It may also be that having more time to learn or practise independent-living skills, to develop or restore confidence and self-belief and to plan ahead are important effects. Among the FOR-HOME participants, stays of more than six months in the pre-resettlement accommodation were associated with a higher likelihood of training in budgeting and looking after a home, and of involvement in ETE. Another possible explanation is that the relationship between duration of stay in temporary accommodation and housing outcomes is a selection effect, and that shorter stays characterise those with a more chaotic lifestyle. Given that, as reported earlier, there were no significant differences in durations of stay by age, mental health, alcohol or drug problems, if there is a selection effect it is not a simple function of the problems most commonly experienced by homeless people.

There was a strong relationship between being in semi-independent projects prior to resettlement and retaining a tenancy. This type of accommodation not only provides an opportunity for people to practise household tasks, it also encourages them to develop routines and become accustomed to living relatively independently. In addition, it provides extended opportunities for staff to assess a resident’s ability to cope with independent living – it is more difficult to assess independent living skills and motivation if people are in hostels or other temporary accommodation where meals are provided and strict regimes in place, or if they are resettled directly from the streets.

The quality of hostel and temporary supported accommodation in England for single homeless people has greatly improved since the 1990s – many new or refurbished projects include self-contained clustered flats and self-catering facilities (Warnes et al., 2005). The services provided at some projects have recently been curtailed, however, by reductions in local authority contract funding (the primary source of revenue income for 71% of projects), and by a substantial increase in the number of people becoming homeless. As mentioned earlier, after 2003, housing-related support was funded through the Supporting People (SP) programme administered by local authorities. Until 2009, these funds were ring-fenced and from April 2010 the SP allocation was merged into an Area Based Grant but remained as an identifiable funding stream. From April 2011, however, it was aggregated into the local authority Block or Formula Grant with no specific allocation for SP services. This has greatly increased the local authorities’ discretion in how they allocate the funds.
The local authority contracts for some hostels now require maximum durations of stay of three or six months. In some cases the intention is to move hostel residents to lower-intensity support settings rather than directly into independent accommodation. Among 500 homelessness service-providers surveyed in late 2011, 58% reported reduced funding for 2011/12 (on average by 15%) (Homeless Link, 2012). The importance of semi-independent accommodation for homeless people is evident from the FOR-HOME data, but the cuts have led to fewer second-stage accommodation projects in the homelessness sector (from 1,193 in 2010 to 1,104 in 2012) and to 1,657 fewer beds, a reduction of 3.5% (Homeless Link, 2010; Homeless Link, 2012).

A serious and persistent problem faced by many participants was managing finances. Training in the payment of bills had a significant positive association with tenancy sustainment, but the regressions found that such training had a significant effect only for people who had no or a negative prior experience of living alone. Other studies have found that money management problems are common among homeless people and other vulnerable groups, and have recommended more training in the management of personal finances (Davis and Kutter, 1998; Harding, 2004; Department for Education, 2010; Elbogen et al., 2011). Few homelessness organisations in England have specialist financial advice teams, and at workshops with front-line staff, several explained that they lacked the knowledge, skills and time to advise on strategic financial planning.

People who had rent arrears from their pre-resettlement accommodation were more likely to default on rent when re-housed, suggesting that more needs to be done by homelessness sector organisations to address persistent rent default patterns. If residents are allowed to default on their rent while in hostels, then they may not prioritise rent payments once re-housed. If, however, they become accustomed to paying rent regularly before they are resettled, this is more likely to continue once they have a tenancy. While it is recognised that the large variation among the six collaborating organisations in the levels of carried-forward rent arrears is greatly influenced by the different characteristics of their clients, developing new ways of tackling rent arrears among persistent defaulters would be beneficial.

Involvement in ETE before resettlement was clearly advantageous among the FOR-HOME participants, for it positively associated with morale and well-being, tenancy sustainment and stable employment patterns. Many who were engaged in ETE at resettlement had received guidance from staff in training courses and employment, and several had attended in-house work-training programmes. This was more likely to have been followed by stable employment than jobs acquired through family members, friends or employment agencies. However, funding cuts have also had an impact on the provision of ETE programmes – although almost all
(94%) homelessness service-providers surveyed in late 2011 said that ETE services were available for their clients, one-quarter said that these services had been reduced (Homeless Link, 2012). Other studies have shown that long periods of homelessness pose a major barrier to employment, particularly for those who are mentally ill, and that job training and job placement services lead to more stable employment and positive vocational outcomes (Ratcliff et al., 1996; Cook et al., 2001; Cook et al., 2005; Long et al., 2007).

An individual’s support needs clearly influenced how well she or he coped after resettlement. People with recent mental health or drug problems tended to fare least well. Indeed, those who were still using drugs at the time of resettlement were significantly more likely to experience tenancy failure. On the other hand, people who had never lived alone before or had experienced past problems managing a tenancy were just as likely to retain a tenancy, providing they had received training in paying bills. People with characteristics likely to result in difficulties with managing a tenancy were not, however, more likely to have received independent-living training. This is likely to be associated with the low level of engagement with support and training of the more chaotic clients, and again suggests a need to develop new ways of delivering advice and support.

Conclusions

This paper has examined the outcomes over the initial 18 months of the resettlement in England of 400 single homeless people into independent tenancies. Most were successful in retaining tenancies. The help that they received in preparation for resettlement varied considerably and depended partly on the temporary accommodation available to the collaborating homelessness organisations, partly on the training and services that they provided, and partly on their links to external agencies and programmes. Some of the organisations ran structured workshops on independent living, and some had well-established education and job-training programmes. Others relied on key-workers to offer advice and training and to signpost service-users to external agencies.

Stays in the pre-resettlement accommodation of two to three years associated with the highest rate of tenancy sustainment, while stays of less than six months had poorer outcomes and resulted in a higher rate of returns to homelessness. While there may be a selection effect (as described earlier), and personal characteristics may influence the propensity to remain in temporary accommodation, findings are consistent with the notion that additional time spent (up to three years) in temporary hostels is intrinsically beneficial. If this is the case, then the current policy priority
in England to shorten stays in temporary accommodation (at least for those requiring ‘low intensity’ support) is misguided and could increase the likelihood of resettlement failures.

The tentative finding that homeless people benefit from being in temporary accommodation before they are resettled might be taken as contradicting the key principle of the Housing First model, but close consideration finds that this is not necessarily the case. Few Housing First programmes resettle people directly into wholly independent living; in America, many provide staff support and intensive case management services for as long as it is needed (Pearson et al., 2007). Some have staff available 24 hours a day and seven days a week. Similarly, in Finland, emergency shelters and residential homes have been converted into Housing First accommodation units with congregate flats and on-site support services (Tainio and Fredriksson, 2009; Busch-Geertsema, 2010).

The Housing First and UK resettlement pathways have, therefore, important shared features. The semi-independent accommodation provided to the FOR-HOME participants in England is described as ‘temporary’ accommodation, whereas similar housing and support arrangements in the US and Finland are regarded as ‘permanent’ housing. Comparisons of the relative merits of Housing First and Housing Readiness models should therefore pay close attention to the configurations of support and monitoring that accompany the various types of accommodation provided at intermediate steps between rough sleeping and fully independent living. In a review of housing models for homeless people in the US, Locke et al. (2007, pp.10-24) proposed that “housing configuration seems to be less important than the service approach [intensive services], although more research is needed to confirm this.”

Although homelessness intervention and rehabilitation services in England and many other countries have become more comprehensive and sophisticated during the last decade, there have been few rigorous evaluations of the new programmes except in the US. As the presented findings from FOR-HOME suggest, such research can generate evidence that challenges current beliefs and raises new questions about what works best. For example, the FOR-HOME data suggest a positive effect of ‘recovery time’ before resettlement – i.e. of time spent in a hostel or temporary supported housing. This needs further investigation in a controlled study that takes into account selection biases such as who moves into hostels, who stays and who is eventually resettled. The need for a more refined understanding of the effectiveness of various interventions and housing and work programmes for different groups of homeless people is well-documented by researchers in the US and elsewhere (Jones et al., 2001; Caton et al., 2007; Slesnick et al., 2009; Altena et al., 2010).
The FOR-HOME study had both strengths and limitations. It focussed on single homeless people and did not include homeless families with dependent children at the time of resettlement, or people with severe mental health or substance misuse problems who moved to specialist supported housing, or people who left hostels without being resettled. Great care was taken to recruit a sample that represented those resettled in London and in three major provincial cities, by collaborating with well-established homelessness service-providers in the study areas, and by collating and analysing the characteristics of clients they resettled in 2006. It should be noted, however, that service arrangements may differ in other organisations and in other cities and parts of the UK. Several aspects of resettlement practice are also time-specific; for example, the availability of funding for rehabilitation and ETE programmes. FOR-HOME evaluated outcomes over 18 months, longer than most previous British studies, and the three waves of interviews enabled our understanding of the participants’ situations to be progressively refined. A low rate of attrition was achieved through assiduous tracking. The study does not, however, provide information about longer-term resettlement outcomes. The likely biases in self-reports of training should also be kept in mind when evaluating the findings.

Acknowledgements

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References


FEANTSA (2007) *Multiple Barriers, Multiple Solutions: Inclusion into and through Employment for People who are Homeless* (Brussels: FEANTSA).


Padgett, D., Gulcur, L. and Tsemberis, S. (2006) Housing First Services for People who are Homeless with Co-occurring Serious Mental Illness and Substance Abuse, Research on Social Work Practice 16(1) pp.74-83.


Toronto Shelter, Support and Housing Administration (2007) *What Housing First Means for People: Results of Streets to Homes 2007 Post-Occupancy Research* (Toronto: Toronto Shelter, Support and Housing Administration).


Abstract This article focuses on the discourse of consumer choice produced in the Pathways Housing First (PHF) model manual. Relying on Foucauldian discourse analysis, the discourse is examined as embedded in a wider societal discursive formation – an advanced liberal way of governing subjects. The discourse is formed from seven statements organized in relation to each other: 1) emphasizing clients’ own choices is an alternative to traditional professional care, 2) clients are capable of making their own choices, 3) choice-making strengthens clients’ self-determination and individual mastery, 4) more choice opportunities increase clients’ motivation and commitment and lead to recovery, 5) choice does not mean absolute choice – certain limits exist, 6) efforts are made to reduce risks related to choices, but repeated failures diminish client choices, and 7) ‘never-ending’ failures might mean the end of clienthood in the PHF programme. The discourse echoes the ethos of advanced liberalism; subjects are governed to make them responsible choice-makers with the main aim being the achievement of ‘recovered’ people. Clients whose choices are repeatedly regarded as wrong, and whose recovery processes are accordingly considered unsuccessful, risk being excluded from the PHF programmes and forced into a position where individual choice-making is no longer possible.

Keywords homelessness, housing first, consumer choice, responsibilization, advanced liberalism, discourse analysis
Introduction

During the 1950s and 1960s in the US as well as in many European countries, psychiatric hospitals began to close down. In their place, various linear residential treatment (LRT) programmes – sometimes referred to as the continuum of care model or the staircase model – were developed, with the common denominator being the idea that the client needs to go through a series of steps, each step linked to a certain type of treatment and other services, and each step bringing the client closer to the goal: an ordinary flat of one’s own. However, evaluations of these programmes have shown that clients can easily become stuck on a particular step and do not proceed in their housing careers, or are evicted or denied services because of strict rules (Pleace, 2008). The Pathways Housing First (PHF) model began to gain acceptance in the USA and later on also started to attract interest in many European countries as a result of longitudinal research (e.g. Tsemberis and Asmussen, 1999; Gulcur et al., 2003) that strongly supported the efficacy of PHF model (Gulcur et al., 2003; Pleace, 2008).

The Pathways to Housing organization, which is a non-profit corporation set up in New York City in 1992, is widely recognized as the originator of the Housing First (HF) model (Tsemberis, 2010). The PHF model specifically addresses homelessness accompanied by mental health and addiction problems and is credited as a unique approach in that it recommends “providing services through a consumer driven treatment philosophy and providing scattered-site housing in independent apartments” (Tsemberis, 2010, p.4). The PHF approach, as a model of service delivery, is distinct not least since it recommends a consumer-driven process to end homelessness, which means that the PHF invites the homeless individual – variously and interchangeably referred to as the client, the consumer, the participant and the tenant – “to be their own decision-makers – to drive the process themselves” (Tsemberis, 2010, p.8). This kind of a consumer choice is stated as one of the core principles of the PHF model.1

There are many words to describe the relationships of users with welfare services. The concept of client, associated with professionalism and ‘clientism’ emerging in post-war services, wherein the professional’s judgement is seen to have priority in dealing with the client’s needs and problems (Powell et al., 2009). Over the last three decades another word – consumer – has become well established. In contrast to

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1 The stated principles of the PHF model are: (1) housing as a basic human right; (2) respect, warmth and compassion for all clients; (3) a commitment to working with clients for as long as they need; (4) scattered-site housing, independent flats; (5) separation of housing and services; (6) consumer choice and self-determination; (7) a recovery orientation and (8) harm reduction (Tsemberis, 2010, p.18).
professionalism and to the concept of client, it refers to an economic kind of relationship, where the user acts on the basis of his/her needs and interests, makes service choices freely and individually, and carries the risks of these choices (Clarke et al., 2007). It has been claimed that citizens in western societies are increasingly understood as citizen-consumers rather than as collective and political actors (Clarke et al., 2007). In the PHF-model the idea of consumerism is strong, but its discourse of consumer choice also has elements of professionalism and ‘clientism’, as we will show.

In this article we focus on the notion of consumer choice and analyse how the discourse based on it is produced in the PHF model presented in the Housing First manual (Tsemberis, 2010). The author of the manual is Sam Tsemberis, founder of Pathways to Housing. In addition to this internal reading of the consumer choice discourse, we aim to analyse its relations to wider, societal discourses. The ideas and strategies based on consumer-driven services spread to a wide range of policy contexts in the last decades of the twentieth century, and can “be observed in national contexts from Finland to Australia, advocated by political regimes from left to right, and in relation to problem domains from crime control to health” (Miller and Rose, 2008, p.212). Following Miller and Rose (2008, p.18), we connect consumer choice to the advanced liberal way of governing subjects emphasizing “the active, choosing, responsible and autonomous individuals obliged to be free, and to live life as if it were an outcome of choice.”

We start out by describing the introduction and relative popularity of the PHF model in the US and later in Europe, as well as its main characteristics. We then briefly define consumerism and its links to advanced liberalism. Next we account for the type of discourse analytical approach applied, before presenting an in-depth analysis of how the discourse of consumer choice is produced within the PHF model. This specific discourse is then linked to a more general trend in western welfare societies, namely the discursive formation of advanced liberalism, and more specifically its way of governing subjects. Finally, we discuss the main findings.

The Pathways Housing First (PHF) Model

Since the PHF model was created in response to the problems identified in the LRT programmes, its philosophy cannot really be understood without understanding the premises of the LRT approaches, which are still predominant in combating long-term homelessness in the US and European countries. The LRT model emphasizes the need to enhance the ‘housing readiness’ of homeless clients. This is achieved by encouraging sobriety and demanding compliance with treatment, deemed as preconditions for successful transition to independent housing (Johnsen
and Teixeira, 2010). The basic assumption here is that many homeless clients are incapable of managing independent housing and of setting goals for themselves, and in order to develop these necessary skills they need transitional housing and continuum of care systems. Further, the model categorizes special housing units as ‘rungs on a ladder’. Homeless individuals are, ideally, to move steadily upwards on this ladder, beginning at a shelter and ending with an apartment of one’s own (Padgett, 2007), and eviction might be used as punishment for the clients who relapse into alcohol use (Tsemberis et al., 2004). Thus, housing must be earned (by compliance with rules and regulations), and housing is represented as a privilege.

In contrast to LRT approaches to combating homelessness, the PHF approach puts a priority on immediate access to independent housing. In addition to a flat, homeless clients are offered treatment and support, although clients may refuse treatment without immediate consequences for their housing status and tenure. A harm reduction approach is applied, meaning that the risks associated with such a choice should be prevented or the harms related to them reduced. Housing is regarded as a basic human right and homeless people are viewed as competent individuals capable of making their own choices. Tsemberis (2010, p.16) claims that “not only are consumers capable of making choices, they are far likelier to stay in housing programs that allow them greater choices.” The separation of housing and support services is a basic principle of the PHF model, and one of its defining characteristics is that support and treatment is provided flexibly by multidisciplinary PHF teams. Weekly visits by the PHF team are mandatory but the type, sequence and intensity of support and treatment services are decided by the client in direct contrast to LRT approaches, where these are determined by professionals, and where access to housing is conditional upon the client’s acceptance of a certain type and intensity of support. However, as will be illustrated in this article, the client does receive help from the PHF team in deciding, and in crisis situations decisions are made by the PHF team (Tsemberis, 2010). Immediate access to independent housing, the separation of housing and support, and the highly individualized support services provided by multidisciplinary teams (based on the idea of harm reduction) may be seen as the defining features of the PHF model.

2 There are two types of PHF teams providing treatment and support: the ACT (Assertive Community Treatment) teams provide treatment and support to clients with ‘severe psychiatric disabilities’, and the ICM (Intensive Case Management) teams provide services to clients with ‘moderate [psychiatric] disabilities’. As stated in the PHF manual, both types of clients “may also have alcohol and other substance abuse problems”, and both types of PHF teams “are community-based and interdisciplinary, and both meet clients in their own environments to flexibly provide a wide array of support and treatment services” (Tsemberis, 2010, p. 77).
As mentioned, the PHF model began to win acceptance in the US after the first related longitudinal study was published, and has also, since then, become very popular in Europe, not least because the research showed better results for the PHF model with regard to housing resettlement and sustainment outcomes when compared with traditional models (e.g. Tsemberis and Asmussen, 1999; Gulcur et al. 2003; Tsemberis et al., 2004; Padgett et al., 2006; Atherton and McNaughton Nicholls, 2008; Pleace 2008, 2011). Research results also show that the PHF programmes are cost effective; costs are lower in comparison with people remaining homeless as well as in comparison with traditional models (Gulcur et al., 2003; Culhane, 2008; Culhane and Metraux, 2008; Atherton and McNaughton Nicholls, 2008; Tsemberis, 2010). In fact, Willse (2010, p.168) claims that in order to understand what made it possible for the PHF model to win acceptance in the US, one has to understand “the economic dimension of the invention of chronic homelessness”. Through the research put forward by Culhane and colleagues, the PHF model has become regarded as a more economically viable and efficient solution than other models. From this perspective, it is limited economic resources, rather than the needs and wants of homeless individuals, that motivated the policy change (Willse, 2010).

Over the last ten years, the PHF model and its variants have attracted growing interest internationally. The model has been replicated or applied in the homelessness strategies of over a hundred cities in the US and Canada, and has been implemented in Europe as well (Tsemberis, 2010), yet few researchers have discussed the ambiguities of the model and the difficulties and risks involved in the implementation of the PHF model in a European perspective (Atherton and McNaughton Nicholls, 2008; McNaughton Nicholls and Atherton, 2011; Pleace, 2011; Hansen Löfstrand, 2012).

**Consumerism and Advanced Liberalism: Choices and Responsibilities**

Consumerism in public services has spread across western welfare societies in recent decades. It claims that service users’ own preferences, i.e. their ‘felt needs’, rather than expert-led need definitions should be the first priority in organizing services (Needham, 2009). The assumption is that a right to make choices of their own makes the aim to strengthen service users’ own expertise more real. As Glendinning (2008) points out, there are strong arguments for emphasizing user choice; it can be seen as fundamental to achieving citizenship, social inclusion and independence, it can be claimed to reduce power inequalities between care providers and receivers, and the capacity to exercise choice and control in one’s own life can be regarded as an important care outcome in itself. In consumerism, service users are seen as individual and rational actors who know what they need and who make
decisions that maximize their preferences (Fotaki, 2009). Seeing service users as consumers is rooted in rational choice theories ‘borrowed’ from neoclassic economics. According to these theories, people make decisions by comparing the benefits and costs of existing choices from their own point of view (Greener, 2007).

Consumerism is often introduced as a taken-for-granted ‘good idea’ in policy level rhetoric in changing welfare states, yet researchers have presented plenty of concerns and critical comments about it. One serious criticism is based on the premise of understanding service users as rational calculative actors who can make the right choices. Miller and Rose (2008) define this development as advanced liberalism, entailing a new idea of the subjects to be governed; subjects are understood as autonomous and responsible individuals who can freely choose their way of behaving and acting. Furthermore, when advanced liberalism emerged, it brought along novel strategies of activation and novel professionals of activation (Miller and Rose, 2008). Rose (1996, 2000) connects this development to the discourse of responsibilization, meaning that citizens are expected to become ‘enterprising selves’ who can manage and empower themselves, and thus produce their own independence and well-being (see also Kemshall, 2002; Clarke, 2005; Scourfield, 2007; Teghtsoonian, 2009). However, along with the increased opportunity to make choices, service users have to carry the risks of making potentially ‘bad’ or ‘wrong’ choices; they may face blame and even punishment if they make the ‘wrong’ choices (Kemshall, 2008).

Analysing the Statements of Consumer Choice and the Subject of Government in the PHF Manual

Sam Tsemberis wrote the Housing First manual (2010) as a guide for planning and structuring PHF model-based policies and programmes. It clarifies the philosophy and the principles of the model, and offers concrete tools for, and examples of, implementations of the model. The manual contains plenty of descriptions of how clients ought to be encountered, how they should be guided towards self-determination and recovery, and what their rights and responsibilities are during the process. Consumer choice as one of the core principles of the PHF model is strongly present in the manual, although it is not introduced under a separate heading; rather, it is referred to and combined with several other topics throughout the book.

In the analysis of the manual, we apply Foucauldian discourse analysis. This means firstly that we approach discourse as a group of statements that are organized in relation to each other, forming a system (Foucault, 1972), and we examine how statements related to consumer choice are created and organized in a systematic way in the manual (Kendall and Wickham, 1999). Our second special interest is in
how the discourse produces the PHF clients as subjects, i.e. the attributes and expectations connected to clients, and the kinds of subject positions the discourse invites them to take (Hall, 2001).

The third step in the analysis is to read the PHF discourse as embedded in a larger discursive formation called advanced liberalism. By ‘discursive formation’, we refer to a type of discourse that appears simultaneously in various policies, texts and institutional sites sharing a common style, strategy, political drift or pattern etc., and in this case in particular a common way of constructing subjects (Hall, 2001). When analysing the PHF consumer choice discourse as part of the widespread discursive formation of advanced liberalism, we pay special attention to governmentality (Foucault, 1991), i.e. how clients are constructed as subjects of government. In the advanced liberal way of governing, consumer choice is essential, as is explained by Miller and Rose (2008, pp.213-214):

“The enhancement of the powers of the client as customer – consumer of health services […] – specifies the subject of rule in a new way: as active individuals seeking to ‘enterprise themselves’, to maximize their quality of life through acts of choice, according their life a meaning and value to the extent that it can be rationalized as the outcome of choices made or choices to be made.”

The problem within advanced liberalism is “to find means by which individuals may be made responsible through their individual choices for themselves and those to whom they owe allegiance”, i.e. how to regulate people’s self-regulation (Miller and Rose, 2008, p.214). Accordingly, the expressions of endeavours to regulate clients’ self-regulation are important in examining the discourse of consumer choice in the manual.

In practical terms, we conducted the analysis by reading the manual and picking out all the sentences, sections and chapters dealing with client choice. We then coded these individual findings according to the premises and rules connected to client choice. We identified seven codes in total. Following Foucauldian discourse analysis, we call these codes the statements of the discourse of consumer choice in the PHF model. In the next section, we present and analyse these statements one by one, using illustrative extracts from the manual. We explicate how they form an organized system and how this system creates subjects and subject positions, and we demonstrate the similarities between the internal PHF discourse and the larger discursive formation of advanced liberalism.
The Discourse of Consumer Choice in the PHF Model

Statement 1: Emphasizing clients' own choices is an alternative to traditional professional care

The manual discusses and defines a specific relationship between clients and professionals as an important cornerstone of the PHF model. This is often done by contrasting old and ‘bad’ forms of relationships with the new and more functional ways used in the PHF to create relations with clients:

“The general philosophy and practice of traditional mental health care system, at the core, is to tell clients, ‘This is what you need to do’. In stark contrast, PHF continually asks, ‘How can we help?’ and then listens to the answers” (Tsemberis, 2010, p.41, emphasis in original).

“Most traditional supportive housing programs are highly structured and permit only a narrow range of client choices. By limiting choice, these highly structured programs discourage autonomy, and they erode the very skills recovering people need to function effectively in the community. In sharp contrast to such programs, client-determination drives the PHF philosophy” (Tsemberis, 2010, p.26).

“Clients’ service plans are based not on clinical assessments of their needs, but on the clients’ treatment goals” (Tsemberis, 2010, p.27).

Sometimes the manual explicitly points out the differences between a traditional system (linked to the LRT model) and the PHF model (‘In stark/sharp contrast…’), but most often it indicates the content of bad and good relationships. How, then, are the features of a non-functional client-professional relationship defined? In the above three extracts, just like in the manual in general, these features include the following: professionals define client needs on their behalf (clinical assessment); relationships are based on structured (pre-defined) programmes; clients are treated in an authoritarian and judgmental manner; clients are confronted so that they feel attacked and coerced; client autonomy is discouraged and client skills eroded, and, all in all, clients’ own choices are limited. These ‘bad’ features comprise something that can be understood as top-down professional power. The client-professional relationship in the PHF is to be read inversely from these features: professionals listen to clients and ask how they can help them (clients as experts); clients are encouraged to define their own needs; the relationship is a collaborative one in which plans are discussed and made jointly; clients are treated with respect and without judgment; change is not insisted upon; client autonomy is underlined; and, all in all, clients’ own choices form the basis for the work.
Hence, both models and their related discourses (re-) produce knowledge about clients and certain kinds of actions associated with clients as subjects. In the above excerpts, Tsemberis accounts for these perceived differences. Accordingly, two mutually distinctive images of the traditional LRT models and the PHF model are constructed as binary opposites. The essential distinction has to do with the way the subject is produced or positioned in relation to the professional expertise. Within the traditional and LRT-related discourse – at least as it is discursively constructed in the manual – clients are positioned as ‘incompetent’, in need of professionals as experts and thereby objects of professional interventions, rather than subjects with their own wants and wishes to be realised. Within the PHF-related discourse, in contrast to this image and as evidenced in the next statement, clients are positioned from the outset as competent and capable of making their own choices, and clients’ own definitions of situations, as well as their needs and wants, constitute the point of departure of, and shape, professional intervention.

Statement 2: Clients are capable of making choices of their own

Emphasizing client’s own choices – one of the core principles in the PHF model – presupposes the discursive positioning of clients as subjects capable of making their own choices. Again, this is represented as a major distinction from the LRT approaches, which are based on the representation of clients as incapable. According to the manual, the latter representation of clients is based on ‘erroneous assumptions’ (Tsemberis, 2010, p.16). Through the PHF-related discourse of consumer choice, the manual claims new knowledge entailing “a new conception of the subjects to be governed” (Miller and Rose, 2008, p.212); clients are represented as subjects of a certain kind:

“... in light of a growing body of research that indicates consumers as capable of setting their own goals and, with support, living independently without first living in transitional settings. Indeed, the evidence suggests that not only are consumers capable of making choices, they are far likelier to stay in housing programs that allow them greater choice” (Tsemberis, 2010, p.16).

In this extract, the construction of clients as consumers is related to their capability to set their own goals, i.e. to make reasonable choices regarding their future. Respecting this capability and allowing clients the freedom to make choices of their own is claimed to produce good outcomes, as the freedom to make one’s own choices increases the likelihood that clients stay in housing programmes. According to the experiences of the PHF programmes and related research, the first preference of clients is almost always an independent flat. However, clients are not only capable of making choices, but also of making rational, responsible and correct choices regarding their own future. Understanding this ‘double capability’ is presented as a big discovery of the PHF and related models. As Leonard I. Stein,
co-founder of the assertive community treatment model, quoted by Tsemberis (2010, p.92), puts it: “When we moved our services out of the hospital and started working with people in their own community, we discovered that people were capable of so much more than we had imagined possible.”

Interestingly, the ‘discovery’ that clients are capable of so much more than previously imagined simultaneously produces subject positions for clients of the PHF model where ‘doing much more’ is actually expected. Capable people can take on more responsibilities in their own lives and they have the right to do so. What's more, they are expected to exceed expectations and to excel at responsible choice-making. Hence, the statements internal to the discourse of consumer choice analysed thus far create a firm and justified basis for the shift towards governing ‘in the name of freedom’ (Rose, 1999), and for the production of self-regulating actors as entailed in the PHF model. The discourse produces subjects “that are to do the work on themselves” in order to “achieve responsible autonomy” (Rose, 2000, p.334).

**Statement 3: Choice-making strengthens clients’ self-determination and individual mastery**

Although clients are, in principle, defined as capable of choice-making from the very moment they enter the PHF programme, there is still work to do in order to strengthen the capability or capacity of the client further. The manual constructs this as a positive circle. Through the opportunity to make choices of their own, clients’ self-determination and sense of individual mastery increase and this further increases the capacity for responsible choice-making.

“By making their own choices in difficult circumstances, clients learn about how they deal with the decision-making process, and they become better equipped to make sound decisions in the future” (Tsemberis, 2010, p.27).

“Every opportunity to make a decision increases the client’s sense of ownership, self-confidence and mastery” (Tsemberis, 2010, p.59).

As in the above extracts, making one’s own choices is not ‘just’ choice-making, but also a learning process with positive outcomes in and of itself. The process facilitates improved decision-making and equips clients with greater self-confidence and mastery of the process. The aim is responsibilization, i.e. to (re-) construct clients as self-reliant and self-determined actors. This is something that clients could not achieve completely by themselves, but can with the support of the PHF.
“PHF takes a client-centred approach that ends homelessness for people who have remained homeless for years. From the point of engagement, PHF empowers clients to make choices, develop self-determination, and begin their individual journey toward recovery and community integration” (Tsemberis, 2010, p.12).

Instead of doing things for clients, the PHF teaches and supports clients to do things for themselves and to take ownership of their own lives (Tsemberis, 2010). In this sense, the PHF model could – as will be elaborated below – be regarded as an example of the novel strategies of activation and responsibilization associated with ‘advanced liberalism’ (Miller and Rose, 2008).

**Statement 4: More choice opportunities increase clients’ motivation and commitment and lead to recovery**

The last extract, illustrating the third statement of the discourse of consumer choice, refers to the clients’ individual journeys to recovery and community integration. This leads us to the fourth statement: more opportunities to make choices means increased client motivation, and it leads to recovery. The ultimate goal of the PHF is neither consumer choice nor better self-determination and individual mastery – it is recovery. Lacking self-esteem and skills of self-management are problems to be overcome through motivation and empowerment, whereby the individual is to accept responsibility for change and moving towards the goal of recovery, something that is not possible without the client having his/her own motivation and commitment. Hence, the positive circle is completed with still other elements; having more opportunities to make one’s own choices strengthens clients’ self-determination and individual mastery as well as their motivation and commitment, and this helps lead to recovery:

“With the PHF program recovery begins with client choice and self-determination. Clients’ service plans are based not on clinical assessments of their needs, but on the clients’ own treatment goals. This approach helps clients stay motivated and engaged with the team” (Tsemberis, 2010, p.27).

“Its overarching concept is that change is possible and that the desire for change must come from the individual. PHF teams can increase this motivation in a variety of ways, but the client is ultimately responsible for, and in control of, making the change” (Tsemberis, 2010, p.155).

Tsemberis argues that if clients can make their own choices, especially regarding their own treatment, they become more motivated and participate more fully in the PHF programme. Another side of this client choice ‘coin’ is responsibility – client choice brings responsibility for the process of one’s own change and recovery. The PHF model underlines the importance of change as a result of the clients’ own choice-making and self-management skills. Although governing is
not based on coercion, professional power is still present. The ultimate goal is change (recovery). Governing is based on freedom through regulating clients’ self-regulation so that they become more responsible actors; creating an alliance between professionals and clients is seen as an important tool where the need for clients to get engaged with PHF professionals can be achieved by respecting the choices and decisions of clients:

“Treating clients in a non-judgmental manner and allowing them to make their own decisions – even when the team disagrees – is the key to building strong therapeutic alliances. For wellness and recovery to occur, there needs to be a fundamental shift in power from the clinician as expert to the client as expert. Decisions of treatment are ultimately made by the client” (Tsemberis, 2010, p.158, emphasis in original).

What is meant by recovery is not explicitly defined in the manual. In general, as in the above extract, it implies wellness and integration into the community. Just living in a flat of one’s own is probably not equal to recovery; while having a home of one’s own is said to be the most important goal of homeless clients, this goal is also defined as a means to the end goal of recovery:

“Moving into an apartment of their own creates a fundamental change in clients’ motivation; it increases their investment in participating in the program and becoming an active participant in their recovery” (Tsemberis, 2010, p.82, emphasis in original).

Hence, while a flat of one’s own might be regarded as an end goal of homeless clients, they are expected to change their view of what the goal really is after the commencement of, and during, the PHF programme, and capable and responsible clients will sooner or later come to realize that there is another more basic and more important goal – recovery.

Statement 5: Choice does not mean absolute choice – certain limits exist
Again, client choice is a highly valued principle in the PHF model, especially because of its positive effects on the recovery process. According to the manual (Tsemberis, 2010), clients’ choices include the type, sequence and intensity of services and treatment options, as well as the type of housing (almost all choose a flat of their own), its location, furnishings and other personal amenities. However, within the discourse of consumer choice there are also certain limits; clients cannot choose to reject weekly flat visits by programme staff or refuse treatment plans, and they are not allowed to disagree with the terms and conditions of a standard lease, including paying 30% of their income in rent (Tsemberis, 2010). Thus, choice does not mean absolute choice. Rather, in order to be a client in the PHF programme, clients must accept certain institutional demands and responsibilities. If they do
not choose to agree with these, their clienthood will be called into question. When it comes to services and treatment, the limits of client choice is justified, for instance, in the following way:

“Self-determination in the PHF program means that clients are encouraged and supported in selecting which priorities to address as they begin to build the life that they want. There are some non-negotiable requirements, however. All clients are required to meet with program staff at least once a week. The channels of communication between clients and program staff must be kept open – especially in times of relapse and crisis. Although these meetings are mandatory, client self-determination remains the touchstone of the PHF program” (Tsemberis, 2010, p.27, emphasis in original).

“The home visit is truly a requirement that must not be waived, because of its many valuable functions” (Tsemberis, 2010, p.49, emphasis in original).

“Clients who are reluctant to accept the weekly visit are often the ones who need it most. Resistance to the visit may mean the client is in a crisis and avoiding the PHF team” (Tsemberis, 2010, p.35).

“In crisis situations, such as when a client is having a psychotic episode and has become afraid of the team, the team must be very assertive and see the client very frequently – even if the client resists these visits – in order to try to avoid hospitalization” (Tsemberis, 2010, p.95).

Thus, although the self-determination and priorities of clients are emphasized, there are some simultaneous ‘non-negotiable requirements’ for which good professional reasons are presented; without weekly visits there is no real communication between professionals and clients. Interestingly, home visits are regarded as especially important in situations where clients explicitly resist them (i.e. do not want to choose them). This is, again, justified with good professional reasons; the reluctance to make the ‘right’ choice in such a situation is, according to the professional definition of the situation, a sign of a psychotic episode, and without professional intervention the client’s situation can become even worse. Here, the good intentions of professionals motivate the curtailment of clients’ choices or choice-making.

Requirements concerning housing form another area where the possibilities for choosing and not choosing are limited:

“Client choice is a central guiding principle of the PHF program, but also one of the concepts most frequently misunderstood by those seeking to replicate the program – and even by PHF staffers and clients themselves. In the housing world, choice does not mean absolute choice. Choice of the first apartment is tempered by the economic realities of the rental market and by the state or federal ‘fair
market value’ rent stipend. There is no choice about signing a lease or paying the rent, and there is no choice regarding lease violations. The client faces the same responsibilities and consequences that other renters do. The main difference is that most other tenants in scattered-site housing do not have a case manager looking after their interests” (Tsemberis, 2010, p.71, emphasis in original).

This extract begins with the reminder that client choice is an important principle in the PHF model, and follows with an explanation as to why unlimited choice-making is not possible in the housing world. First, clients cannot make unrealistic flat choices because “naturally, some housing and neighborhood choices are restricted by affordability of neighborhoods and units” (Tsemberis, 2010, p.22). Secondly, clients cannot choose not to fulfil normal tenant responsibilities. Hence, what we have seen is that there are certain limits to the choice-making of clients. Within the PHF-related discourse of consumer choice, clients are positioned from the outset as competent and capable of making their own choices, possibly also realizing their true potential as responsible choice-makers within the framework of the PHF, through a relatively high degree of freedom of choice. However, there are certain requirements that must be accepted – certain rules for the self-regulating actors that are not possible to reject. If the ‘right’ choices are not made (e.g. if home visits are rejected), the position of the client as a competent choice-maker is heavily circumscribed or even, in situations of repeated failures, completely altered.

Statement 6: Efforts are made to reduce risks related to choices, but repeated failures diminish client choices

The opportunity for clients to make choices of their own might bring risks and even failures, which are accepted as part of the PHF model. However, this acceptance does not mean that risks should be entirely the responsibility of the clients. Instead, the model underlines the importance of recognizing risks associated with possible choices (‘wrong’ choices) so that they can be either prevented or the harms related to them reduced (the principle of harm reduction) (Tsemberis, 2010). For instance, if clients choose to use drugs or refuse medication, professionals try to reduce the possible harm that could be caused by these choices. However, ‘wrong’ choices leading to repeated failures are not accepted indefinitely without consequences, and this non-tolerance is connected to housing requirements in particular.

“When the client demonstrates disruptive behaviors, the program manages risks by restricting choice, but still keeps the door open and continues to work with the client through the crises until another unit is found. Every client gets a second chance and a third chance, and then everyone begins to have doubts about the possibility of housing the client successfully (…). Each failure slightly diminishes
client choice. The first apartment failure is often expected: the second is even understandable, but by the third, there is no longer the assumption that the team will proceed with looking for another unit under the same contract. At this point the client must actively persuade the housing agency and the team that this time it will be different – and describe how it will be different. This is not simply a verbal commitment. The ‘walk must match the talk” (Tsemberis, 2010, pp.71-72).

Conduct such as disruptive behaviour, not signing a lease, not paying rent or destroying furniture is referred to as a violation of the housing requirement (Tsemberis, 2010). If clients ‘choose’ to commit such violations repeatedly, there are consequences – i.e. increasingly restricted opportunities to make one’s own choices regarding housing. To a certain extent, failures belong within the PHF model but only to a certain extent – the fourth failure is not regarded as ‘normal’. At this critical stage, clients are responsible for persuading both housing agencies and professionals that their habits will change in the future.

**Statement 7: ‘Never-ending’ failures might mean the end of clienthood in the PHF programme**

According to the manual, the majority of PHF clients use their right to make their own choices responsibly – i.e. they acquire the preferred self-management skills – within a short period of time, or they succeed after a small number of failures (Tsemberis, 2010). However, at the same time, the discourse also includes the idea that some clients cannot manage the freedom of living independently.

“Still there are a few clients who cannot manage the freedom of living independently. This is discovered after several apartments are ‘lost’ and after several unsuccessful relocations. For these clients, a different type of housing arrangement is needed. A building with a secured front door will often do the trick because the client cannot control the front door and will need someone to manage that for him or her” (Tsemberis, 2010, pp.73-74).

In the above extract, the distinction is made between the many clients who have proven to be capable of responsible choice-making and the few that are incapable of making their own choices. This is ‘discovered’ by staff. If clients are resisting the responsibilization process, the subject position changes – professionals become the only ones capable of choice-making when clients are not, i.e., when they do not accept their responsibility or refuse to govern themselves. Clients incapable of making their own choices need someone to make the choices for them; since they “cannot control the front door”, they “need someone to manage that for him or her” (Tsemberis, 2010, pp.73-74). For these clients, a different type of housing arrangement than that which can be provided by the PHF programme is thought to be needed, and they can no longer choose to stay in the PHF programme.
Advanced Liberalism, Governmentality and the PHF Discourse of Choice

Within the discourse of consumer choice in the PHF model, it is claimed to be necessary to break away from expert-led, professional care models and instead take the clients’ own choices as a starting point. Clients are positioned from the outset as actually or potentially competent and capable choice-makers. However, at the same time, the choice-making capabilities of clients are seen as in need of further strengthening in order for them to realize their true potential as responsible choice-makers. Choice-making is furthermore represented as an essential tool for individual mastery. Responsible choice-making is not an end goal in itself, but a means to achieve the ultimate goal of recovery. Moreover, within the PHF model, there are certain limits for the choice-making of clients. There are ‘right’ choices and there are ‘wrong’ choices. Making ‘wrong’ choices (e.g. choosing not to pay rent or resisting the PHF teams’ home visits) is represented as individual ‘failures’. These are tolerated, and regarded as natural to some extent, but repeated ‘failures’ means that the choice-making of clients is curtailed. In such situations the position of the client as a responsible choice-maker is altered. Repeated ‘failures’ might, for some, mean the end of clienthood in the PHF model.

The internal PHF discourse outlined above bears a stamp of the larger discursive formation of advanced liberalism. It produces subjects “that are to do the work on themselves” in order to “achieve responsible autonomy” (Rose, 2000, p.334). The very idea of consumer choice is linked to the advanced liberal way of governing subjects emphasizing “the active, choosing, responsible and autonomous individuals obliged to be free, and to live life as if it were an outcome of choice” (Miller and Rose, 2008, p.18). Individuals are obliged to fulfil themselves. However, within advanced liberalism, “there are always rules of regulation for the self-regulating actors” (Larsson et al., 2012, p.11; Miller and Rose, 2008). The problem within advanced liberalism lies in finding the means through which “individuals may be made responsible through their individual choices”. The actively responsible individual of advanced liberalism is shaped, and his or her capacities, competences and wills are governed, yet this is generally done “outside the formal control of the ‘public powers’, with this way of governing from a distance creates individuals who “appear to act out their most personal choices” (Miller and Rose, 2008, p.214). This does not mean that the role of the state (or ‘the public powers’) has ceased and programmes targeting citizens who are “unable to accept their moral responsibility as citizens” have proliferated (Miller and Rose, 2008, p.102). The aim of such programmes is to monitor and reshape the conduct of these citizens. The PHF model can be described as an example of such a programme. Within the PHF model, the PHF teams could be described as examples of ‘new experts of conduct’, and subjects are construed as ‘actually or potentially’ active ‘in their own self-
government’ (Miller and Rose, 2008, p.105). The target group of the PHF model – homeless people with mental illness and addiction – constitute an example of the category of ‘abjected persons’ discussed by Miller and Rose (2008), and as such:

“... their alienation is to be reversed by equipping them with certain active subjective capacities: they must take responsibility, they must show themselves capable of calculated action and choice, they must shape their lives according to a moral code of individual responsibility and community obligation” (Miller and Rose, 2008, p.105).

As mentioned previously, within the discourse of consumer choice in the PHF model, choice-making is not a goal in itself. The ultimate goal is recovery, to be achieved through motivation and empowerment, which then becomes a matter of experts trying to teach, or sometimes coax, clients to conduct themselves in the required ‘responsible’ manner (Miller and Rose, 2008). Hence, although empowerment is linked to the strengthening of clients’ own choice-making capabilities, it does entail professional efforts to reform the conduct of clients in relation to the norms of the PHF model. Certain types of behaviour are seen as amenable to reform through ‘empowerment’. The PHF teams, as an example of a type of ‘new experts of conduct’ within advanced liberalism, apply a “new way of managing professional-client relations” (Miller and Rose, 2008, p.107) in order to reach the goal of changing the clients’ conduct. Within the discourse, autonomy is represented as the “capacity to accept responsibility” (Rose, 2000, p.334), and ‘repeated failures’ as the inability to become responsible. The latter, as we now know, might mean the end of clienthood in the PHF model. Thus, for clients who repeatedly choose to refuse to govern themselves in the preferred manner, harsh measures are regarded as entirely appropriate (Rose, 2000). Hence, in the PHF model – just as in traditional professional care models – the continuation of clienthood is conditional to some extent upon conduct. On the one hand, the PHF model aims at re-affiliating the excluded through the strategy of empowerment and the strengthening of individual choice-making capabilities, thus producing the subject position of the active and responsible choice-maker. On the other hand, the very same strategy produces a notion where this goal is seen as unattainable for some individuals, who are then excluded from the PHF model. This is perceived as the only right thing to do, since they are represented as in need of something other than what can be offered by the PHF model.
Conclusion

In this article we have analysed the discourse of consumer choice in the PHF model as displayed in the Housing First manual. We have demonstrated how seven related statements form the discourse, and how the discourse has clear similarities with the wider discursive formation called advanced liberalism. When conducting this analysis, our aim has not been to claim that the PHF model has been intentionally based on the ideas of advanced liberalism, but rather to make it clear that the model was not born in a vacuum but echoes prevailing societal discourses. Neither has our aim been to downgrade the principle of consumer choice in the model, but to discuss its complexity. Emphasizing clients' own choices is a good premise for all kinds of professional work, yet it becomes complicated in institutional practice. We argue that, in the end, clients' choices are often the results of negotiations between clients and professionals. The concept of an informed choice is helpful here (Greve, 2009). It refers to the fact that clients do not make their choices totally on their own. Instead they are governed to make ‘right’ choices.

As was explained in the beginning of this article, the PHF model has been constructed as an alternative to the LRT model and its erroneous assumptions (Tsemberis, 2010). There is no doubt that the PHF model has many advantages when compared with LRT programmes. Housing as a basic human right, the separation of housing and support, and belief in the capacity of homeless people to succeed in independent housing are principles that have challenged LRT-based institutional practices and their deficiencies. However, having analysed the discourse of consumer choice in the PHF model, our conclusion is that the two models should not be seen as entirely different, as they both aim to support clients’ independence, motivation and recovery; in other words, both aim to render people as self-responsible as possible. In both models a distinction is made between ‘capable’ and ‘incapable’ clients, the difference between them being that LRT programmes define clients as incapable of independent living and choice-making from the outset, but, if successful, ‘capable people’ are produced.

Both programmes can also fail some clients, who can then easily get stuck in a situation of homelessness or at the lowest level of special housing without any real choice in improving their housing conditions. In the PHF model, clients are initially regarded as capable of living in independent housing and making their own choices. Even after a first, a second and sometimes also a third ‘failure’, they are still regarded as (at least potentially) capable. After ‘failing’ several times, clients need to earn another chance, and if they are not successful in persuading the professionals involved to give them yet another chance they might become categorized as ‘incapable’ and thus in need of another kind of service than the PHF. The question is whether there are real or proper service choices available for these
‘excluded’ clients or whether they end up in choiceless situations similar to those of homeless people in LRT programmes who are not given the opportunity to proceed from the lowest housing levels. As the PHF manual claims, the share of clients assessed as not succeeding in the PHF model and defined as needing another solution is very small (and clearly smaller than the share of unsuccessful clients in the LRT programmes) (Tsemberis, 2010). However, the risk that some homeless people still might end up in choiceless situations should be taken seriously when implementing the PHF model in different countries, in different societal contexts and in different client groups.

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References


Varieties of Punitiveness in Europe: Homelessness and Urban Marginality

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Abstract. This article reviews the on-going debates on the use of criminal justice systems to manage homelessness. Many scholars have argued that countries have responded to the growing visibility of homelessness with exclusionary measures that have sought to restrict the rights of homeless people to occupy and inhabit public spaces and which prohibit behaviours such as sleeping in public or begging. These restrictions are manifest through the enactment of specific laws targeting the homeless and policing practices (including private security), often with the consequence of incarceration. It seems that homelessness is increasingly criminalised either through segregative incarceration amongst the growing prison populations in Europe and North America, or rendered invisible through spatial restrictions. Driven by the ideology of neoliberalism, this process started in the United States and has become increasingly influential in Europe as evidenced by recent restrictions in some member states on sleeping in public places and begging. The article challenges some of the assumptions underpinning this master narrative and suggests that the ‘punitive turn’ is variable and that local circumstances may be more influential in shaping responses to homelessness than neoliberalism. It also suggests that punitive response to vagrancy and anti-begging legislation and policies are not novel, but rather have a long history.

Keywords. punitive turn, criminalisation, vagrancy, neoliberalism.
Introduction

At the dawn of the 21st century, a growing number of observers were suggesting that the last quarter of the 20th century had seen the emergence of *inter alia*, a ‘culture of control’ (Garland, 2001a) and a ‘new punitiveness’ (Pratt et al., 2005), where societies are ‘governed through crime’ (Simon, 2007), contributing to the emergence of ‘mass imprisonment’ (Garland, 2001b) whereby unprecedented numbers were banished to penal institutions (for an overview, see Daems, 2008). It is incontestable that by the beginning of the second decade of the twenty-first century, prison populations in many advanced industrial nations had undergone a period of significant expansion. While the pace of expansion varied considerably, the overall trend was unequivocally upward. The ninth edition of the *World Prison Population List*, published in 2011, estimated a global prison population of more than 10.75 million compared with around eight million when the first edition of the list was published in 1999 (Walmsley, 2012).

In one of the best known accounts, David Garland argues that the emergence of a ‘culture of control’ can be evidenced through a decline in the rehabilitative ideal that dominated thinking on criminal justice until the early 1970s; the re-emergence of punitive sanctions and expressive justice; changes in the emotional tone of crime policy; the return of the victim; a concern that the public be protected; a new populism and the politicisation of crime; the reinvention of the prison; a transformation of criminological thought; an expanded infrastructure of crime prevention and community safety; a commercialisation of crime control; new management styles and working practices; and finally, a perpetual sense of crisis (2001, pp.8-20). The apparatus of crime control that had emerged from the beginning of the 20th century, what Garland terms ‘penal welfarism’, which had at its core the correction and rehabilitation of offenders through reasoned knowledge and professional intervention, has been displaced by a consensus that offenders should be punished.

For Garland, these changes need to be seen as part of the broader social and economic changes associated with late-modernity, and he poses the question as to why contemporary crime policies so closely resemble the anti-welfare policies that have grown up over precisely the same period. His answer is: “[b]ecause they share the same assumptions, harbor the same anxieties, deploy the same stereotypes, and utilize the same recipes for the identification risk and the allocation of blame. Like social policy and the system of welfare benefits, crime control functions as an element in a broader system of regulation and ideology that attempts to forge a new social order in the conditions of late modernity” (2001, p.201).
Garland provides a compelling account of the interlocking social, economic and political changes since the 1970s that have allowed the prison – particularly in the US where the rate of incarceration rose from 110 prisoners per 100,000 in 1975 to 730 prisoners per 100,000 in 2011 – to function “as a kind of reservation, a quarantine zone in which purportedly dangerous individuals are segregated in the name of public safety” (2001, p.178). Although Garland’s book focuses primarily on the USA and England, as do many of the more dystopic accounts of the present (Zedner, 2002), it has been suggested that the USA “has emerged as the principal ‘exporter’ of policy ideologies, governance systems and program routines in the field of post-welfarist social and penal policy” (Peck, 2003, p.228), and that the key culprits for this unexpected increase in prison populations and dissemination across the advanced industrial countries are, variously, globalisation, right wing-party domination, high anxiety societies and neoliberalism (for an overview, see Simon, 2012).

This is part of the larger story in which prisons have increasingly abandoned any pretense of rehabilitation and instead operate simply to warehouse increasing numbers of the poor, often infused with a racist hue (Simon, 2012). Neoliberalism is, in many cases, the preferred explanation for increases in the numbers incarcerated and their characteristics, as prison is viewed as a mechanism for managing the advanced marginality or social insecurity generated through the systematic dismantling of the welfare state and a veneration of markets.

Variations in Incarceration Rates

While the rate of incarceration per 100,000 population varies considerably by country (and within the United States, very considerably by State), in broad terms, the majority of advanced democratic countries have seen some increase in their prison populations – some very modest, some very dramatic – over the past two decades. This variation in rates of incarceration suggests, as Nelken (2011, p.105) argues, “that there are multiple cultures of control rather than just one culture of control.” Explanations for these variations range from the country-specific to global trends, but an increasingly influential viewpoint explains both the variations in rates of incarceration and reasons for the variations in growth rates as linked to both the nature of a country’s organisation and scale of welfare provision, and the institutional mechanisms in place to manage the economy.

These accounts argue that penal growth is not inevitable, but rather that the use of prison as means of managing marginal populations is, in the first instance, shaped by the degree to which countries adopt either neo-liberal or co-ordinated market economies, and from these macro-economic structures, how the organisation of welfare broadly follows in terms of both the generosity and coverage of social...
protection measures (Downes and Hansen, 2006; Lacey, 2008). For Lacey, the co-ordinated market economies of Northern Europe and Scandinavia, and the liberal market economies of Western Europe and the United States, generate different penal outcomes. This is as a consequence of co-ordinated market economies depending on a high degree of skills among its workforce, which results in a substantial investment in workers with education and training, and requires stability in the labour market over time.

Providing this stability requires co-ordinating (and well co-ordinated) institutions that regulate and run the market, and provide more security for workers, both in the sense that they are less likely to lose their jobs and also in that if they do, the welfare state will maintain them well until they are redeployed. A liberal market economy, on the other hand, relies on ‘flexibility’ in the labour market; thus, there is less job security, less social security for the unemployed, and less regulation of the market in general. Individual workers are more dispensable (being less skilled), and the system is also more likely to generate periods of high unemployment, when large numbers of potential workers are surplus to requirements. As a consequence, Co-ordinated Market Economies “may be more likely, other things being equal, to generate incentives for the relevant decision-makers to opt for a relatively inclu-

sionary criminal justice system. For it is a system which is premised on incorpora-
tion, and hence on the need to reintegrate offenders in to society and economy” (Lacey, 2008, p.58).

Others, most notably Cavadino and Dignan (2006), following the influential work of Esping-Anderson on welfare regimes, argue that the organisation and generosity of welfare shapes penal populations – the more miserly liberal welfare regimes of the US and the UK with the largest penal populations, and the comprehensive and generous welfare social democratic welfare regimes of the Scandinavian counties with the lowest. Thus, the organisation of the economy and the nature of welfare provision shape both the size and nature of imprisonment. The table below outlines these variations by the organisation of welfare, with the Social Democratic regimes having the lowest level, and the Post-socialist Liberal regimes having the highest, albeit that the rate in the Post-socialist regimes is declining. The Liberal regimes also have the highest flow, rather than stock, of prisoners. The Table also uses public social expenditure as a percentage of GDP to measure the generosity and coverage of welfare regimes, and it demonstrates two key findings. First, that public social expenditure has increased in the majority of countries over the past decade, and secondly, that those countries with consistently generous public social expenditure have modest prison populations. As Downes (2012, p.33) argues:
“It is difficult to believe that the consistent finding of an inverse relationship between the commitment to welfare and the scale of imprisonment, both cross-nationally and across the United States, is simply accidental or coincidental, especially when such variations cannot be accounted for by crime rates... these studies imply that a substantial welfare state is increasingly a principal, if not the main, protection against the resort to mass imprisonment in the era of globalization.”

Pratt (2011, p.252), in his comparative study of the prison populations of Anglophone countries and social democratic countries, comes to a similar explanation for the variation in incarceration rates, suggesting that:

“the Scandinavian model, by generating a politics of acceptance and inclusion, helped to act as a barrier against the tendencies to penal excess that became so pronounced in these Anglophone countries. The Anglophone model, in contrast, has helped to make such excess possible by generating a politics of resentment and exclusion.”
In addition to the organisation of welfare, Snacken and Dumortier (2012) and Lappi-Seppala (2011) argue that countries with the following characteristics tend to be less punitive: consensual rather than majoritarian democracies; countries where judges and prosecutors are not elected; countries where expert opinion is valued; countries where there are high levels of trust in political institutions; and countries where human rights are balanced with crime control imperatives. The countries in the table above with low and moderate rates of incarceration tend, indeed, to have some or all of these characteristics. Thus, the degree to which societies resort to incarceration as a means of managing marginality varies enormously. For the majority of countries in Europe, inclusive rather than exclusive policies dominate.
responses to marginality, and in countries where increases are evident, as Tonry (2007, p.1) persuasively argues, “the reasons are not rising crimes rates, increased awareness of risk, globalisation, or the conditions of late modernity, but rather distinctive cultural, historical, constitutional and political conditions.” Significantly, even in a country like the Netherlands, which saw a dramatic growth in its prison population between 1985 and 2005, rising from 30 per 100,000 population – the lowest in Europe – to 120 per 100,000 population – one of the highest – and then dipping again below 100 a number of years later (Downes and van Swaaningen, 2007), the conditions within the prisons are less damaging than those in the UK (Kruttschnitt and Dirkzwager, 2011).

Crime Control, Welfare and Punitiveness

In seeking to account for the transformation of the penal sphere and the rise of prison populations, it is increasingly evident that we need to look outside the sphere of the criminal justice system. For example, it is clear that the relationship between rates of crime and rates of incarceration are largely independent of one another. Lappi-Seppala (2007) highlights this very clearly in relation to the Scandinavian countries, where from 1950 onwards, Finland, Sweden, Norway and Denmark showed very similar crime patterns, but while Finland experienced a very dramatic decline in its imprisonment rates, the other countries remained stable. Similarly, the extraordinary decline in crime in the United States from the early 1990s to the present is attributed by some to the massive increase in imprisonment over the same period. However, as Zimring (2007) points out, north of the American border in Canada, crime declined at a similar rate over the same period, but while the imprisonment rate in the United States tripled between 1980 and 2000, it increased by a modest 4% in Canada. Although the relationship between crime rates and incarceration are independent, crime control strategies and rates of incarceration are demonstrably linked.

Contemporary crime control strategies, according to Rose, can be divided into “two families: those that seek to regulate conduct by enmeshing individuals within circuits of inclusion and those that seek to act upon pathologies through managing a different set of circuits, circuits of exclusion” (Rose, 2000, p.187). Rose points to a series of strategic control mechanisms and technologies that aim to regulate conduct by placing individuals in ‘circuits of inclusion’, and by acting on social pathologies through these circuits of exclusion. Inclusion is achieved through the use of circuits of security manifested in institutions, conventions and associated rights; prime examples of such inclusionary circuits are nationality, citizenship, standards and actuarialism, welfare services (‘security net’), and they also extend into consumerist identities.
Conversely, exclusion is achieved through circuits of insecurity, which express themselves in individual liabilities and responsibilities, and under the guises of risk management technologies. The circuits of inclusion are also designed and formalised in such a way as to allow for the easy policing of their entry points – for example, the use of credit cards in relation to consumerist identities, and the necessity of bills, permanent addresses and specific identity documents to access services. As Rose has argued, in practice, such policies ensure that “(e)xclusion itself is effectively criminalized, as crime control agencies home in on those very violations that enable survival in the circuits of exclusion: petty theft, drinking alcohol in public, loitering, drugs and so forth” (2000, p.204).

**Punitive Responses to Homelessness**

Over the past decade or so, scholars and activists have highlighted increasingly punitive responses to homelessness, particularly street homelessness in the United States, which for some scholars has resulted in “annihilating public space” and making it “impossible for homeless and other street people simply to live (at least without breaking any laws)” (Mitchell, 2001, p.63); a consequence of this is the disproportionate representation of homeless people in the criminal justice system (Blower *et al.*, 2012). In a recent report, the International Council on Human Rights Policy stated that:

“..a number of North American and Australian cities have passed ordinances that have the effect of banning homeless people from the streets; one even penalizes individuals from providing food to the homeless in public parks. Such controls deprive the homeless not only of places to sleep but also access to water, other public conveniences and crucial economic opportunities. Criminalised and imprisoned or forcibly relocated to shelters at the peripheries of cities or isolated by urban planning codes from economically vibrant areas, the homeless and the extremely poor (including migrants) are effectively segregated from society.”(International Council on Human Rights Policy, 2010, p.29).

Similarly, in a report on Extreme Poverty and Human Rights by the Secretary General to the General Assembly of the United Nations, it was claimed that “[c]riminal or regulatory measures (e.g. ordinances) that make vagrancy and begging unlawful are becoming increasingly common across developed and developing countries” and that “[b]ans on begging and vagrancy represent serious violations of the principles of equality and non-discrimination” (Carmona, 2011, p.10). In early 2012, the United States Interagency Council on Homelessness (2012) gave examples of practices that criminalized homelessness, which included:
- Legislation that makes it illegal to sleep, sit, or store personal belongings in public spaces
- Ordinances that punish people for begging or panhandling in order to move people who are poor or homeless out of a city or downtown area
- Local measures which ban or limit food distribution in public places in an attempt to curb the congregation of individuals who are homeless
- Sweeps of areas in which people who are homeless are living in order to drive them out of those areas
- Selective enforcement of neutral laws such as jaywalking, loitering, and open container laws against people who are homeless
- Public health ordinances related to public activities and hygiene (e.g. public urination) regardless of whether public facilities are available.

Thus, it seems that across advanced industrial nations, after half a century or so of broadly social inclusive policies and practices geared at ameliorating the plight of the homeless and destitute, vindictive punitive polices are increasingly becoming the norm. In a recent special volume of the journal Urban Geography, it was argued that across post-industrial countries “a kind of Americanization of homelessness and homeless policy is certainly occurring” and that “(the) most commonly reported evidence for a potential Americanization pertains to the proliferation of punitive approaches to address increasing street homelessness and other undesirable ‘fringe’ groups” (von Mahs, 2011, pp.928-929).

The New Vagrancy Laws

Over the 20th century, in the majority of advanced industrial countries, responses to homelessness had gradually moved from the punitive, based on an understanding of vagrancy as a source of disorder and criminality (Rangasinghe, 2012), to inclusive welfare services, based on an understanding of homelessness as a varying balance of personal and structural deficiencies. As a consequence of this shift, there was “no historical or normative justification” for the criminalisation of street activities such as begging (Baker, 2009, p.212). Despite this broadly inclusive turn, from the early 1980s certain cities in the United States began passing laws that involved the prohibition of begging, loitering, and sleeping in public, as well as other public space restrictions (Foscarinis, 1996; Simon, 1996; Beckett and Herbert, 2008). These enactments, in large part, reversed the constitutional rulings between 1965 and 1975 that limited the powers of urban authorities to criminalise vagrancy, begging and public drunkenness (Ellickson, 1996). In addition to the constitutional rulings, a broader view had taken
hold that argued against, for example, criminalizing public drunkenness, as the outcomes in terms of arrests simply demonstrated the “ultimate futility of handing this social and public health problem through the criminal justice system” (Aaronson, Dienes and Musheno, 1982). Spradley, for example, in his ethnography of Skid Row in Seattle noted that in 1965, one-third of all arrests in the United States were for public drunkenness and in Seattle “70 percent of police man-hours are spent on this type of offences and 80 percent of the jail population throughout the year are the chronic drunkenness offender” (1970, p.9).

In light of the discussion above, what drove the return of the criminalization of homelessness and related activities? For some, it was compassion fatigue towards homeless people, and the desire to revitalise and gentrify city centre areas in order to enhance business and tourism, as well as to encourage middle class consumerism. Arguably, however, these influences dovetailed and were subsumed within the increasingly dominant view that homeless people were disorderly, and, thus, a coercive response was required to maintain order in the cities of North America.

Despite critiques of the both the efficacy and outcomes of order-maintenance policing (Harcourt, 2001; Sampson, 2012), it spread across the United States from the early 1990s, and was then exported to parts of Europe (Wacquant, 1999). Order maintenance policing had gained popularity following the publication of the now famous article by Wilson and Kelling in 1982 on ‘Broken Windows’, where they argued that minor acts of incivility would lead, in a developmental sequence, to an environment where more serious crimes could flourish. They gave the example of a broken window, which, if not quickly fixed, would send a visible symbol that nobody cared, which would in turn lead to further broken windows. For Wilson and Kelling (1982: 30), “[t]he unchecked panhandler is, in effect, the first broken window”. This is despite the fact that both fear of crime and actual victimisation is a significant part of the experience of homelessness for many people (Huey, 2012).

Despite the scant research evidence for the efficacy of order-maintenance policing in reducing crime, and the fact that homeless people were more likely to be victims than perpetrators of crime, many American cities – particularly cities with low levels of welfare benefits – adopted order maintenance ordinances, in particular anti-begging regulations, from the 1990s onwards (Smith, 2005), and by 2000, over 30000 arrests had been made under various vagrancy statutes. Anti-begging legislation was also introduced in a number of Canadian cities during the 1990s, most controversially the British Columbian Safe Streets Act, implemented in January 2005, which aims “to ensure public street safety of citizens from aggressive solicitation” (Hitchen, 2005). In England, certain areas were targeted by the police to tackle street level
disorder, including begging (Hopkins-Burke, 1999). In Australia, vagrancy legislation and similar laws have resulted in ongoing arrests for not having visible means of support, for begging and for habitual drunkenness (Walsh, 2005).

In addition to the widespread adoption of order-maintenance policy, what Beckett and Murakawa (2012) have termed ‘innovative bureaucratic actors’ have also developed hybrid social control mechanisms to deal with ‘urban disorder’. As an increasing number of city ordinances and statutes in the United States that were introduced in the 1980s and which criminalised begging, sitting on pavements etc., were successfully challenged and deemed in some cases to be unconstitutional (Foscarinis et al., 1999; Hansel, 2011), civil orders that imposed spatial restrictions were instead increasingly introduced, but violations of these civil orders could also trigger criminal sanctions (Beckett and Herbert, 2010a, b). In addition to this blurring of civil and criminal law, there is increasing evidence of other arms of the State policing homelessness (Walby and Lippert, 2012), and of private companies such as Business Improvement Districts (Lippert, 2012) further contributing to the extension of the penal or carceral state.

Managing Marginals

In his influential book, Punishing the Poor, Loic Wacquant (2009b, pp.xxi-xxii) argues that at least three mechanisms exist for states to manage marginality and behaviour that is deemed “undesirable, offensive or threatening”. Using the example of homelessness, he argues that homeless people can be socialized “by building or subsidizing accommodation, or by guaranteeing them a job or an income that would enable them to acquire shelter on the rental market”; they can be medicalized, in that by understanding homelessness as a consequence of addiction or mental illness, a medical remedy can be sought “to the problem that is defined from the outset as an individual pathology liable to be treated by health professionals”; and they can be penalized. The latter strategy criminalizes homelessness by outlawing begging and regulating the use of public space, thus eliminating homelessness through incarceration, with the prison operating as “a judicial garbage disposal into which the human refuse of the market society are thrown” (Wacquant, 2009b, pp.xxi-xxii) Much of his analysis has focused on what is happening in the United States, but he goes on to note in another publication that:

“harassment of the homeless and immigrants in public space, night curfews and ‘zero tolerance,’ the relentless growth of custodial populations, the disciplinary monitoring of recipients of public assistance: throughout the European Union, governments are surrendering to the temptation to rely on the police, the courts,
and the prison to stem the disorders generated by mass unemployment, the
generalization of precarious wage labour, and theshrinking of social protection” (2009a, p.1).

The development of these policies in the United States and their transfusion across
the European Union are consequences of the making and remaking of what Wacquant
terms the neoliberal state. In brief, he argues that a combination of ‘workfare’ and
‘prisonfare’ have provided the means to regulate the poor intensively while simultaneously withdrawing any regulation from the wealthy, resulting in a “centaur state, liberal at the top and paternalistic at the bottom” (2012, p.250). As neoliberalism as an ideology becomes increasingly embedded in transnational institutions such as the International Monetary Fund and transmitted via a series of influential think-thanks, the penalisation of poverty becomes increasingly evident across the Member States of the European Union. The emergence of this penal state is increasingly displacing the welfare state as the mechanism for governing the poor.

Detailed case studies of processes through which neoliberalism, or indeed other forces, have reshaped homelessness to position it as requiring an exclusionary, rather than an inclusionary, response are relatively rare, but Steffen (2012a), for example, demonstrates how the corporate sector of Atlanta, Georgia in the United States redefined homelessness as a public safety problem in their pursuit of mobile capital and their efforts to revitalise downtown Atlanta. Steffen (2012b) also highlights the fact that homeless people and some of their supporters resisted these changes, but were ultimately unsuccessful. Mitchell and Staeheil (2006) document the transformation of public space into private space in San Diego through various business interests and the consequent displacement of homeless people. This issue of resistance to the punitive term is important as it is clear that the “homeless are not just voiceless and hapless victims of state oppression, but actors who navigate a complex landscape with impressive skill and creativity” (Herbert, 2010, p.258).

Challenging the Dystopian Narrative

Despite the dystopian tone of much of the research on recent responses to home-
lessness that has stressed the punitive nature of these responses, other analyses, which challenge this master narrative of punitiveness, are also available. DeVerteuil et al. (2009) argue that while there is ample evidence of punitive responses, other more inclusive responses are also evident and that this is particularly the case when the focus shifts from the US to other jurisdictions (see also Cloke et al., 2010). Laurenson and Collins (2006, 2007), for example, in their analysis of homeless policies in New Zealand, a country generally viewed as neo-liberal in comparative public policy terms, demonstrate that while some punitive responses
have been introduced, they have been counterbalanced by supportive, non-punitive responses. Similarly, Huey (2007) in her comparative study of Edinburgh, San Francisco and Vancouver could discern no overall uniform punitive response to homelessness. Even within the United States, as Murphy (2009) highlights in San Francisco, there is a dual strategy of punitive responses to non-service compliant homeless people, and the provision of housing placement and supportive services for those who engage with services. The motivation for the ‘punitive shift’ was explored by Johnsen and Fitzpatrick (2010) who concluded that coercive policies on homelessness were in part motivated by the desire to assist service-resistant rough sleepers engaging in self-destructive behaviour, rather than being simply vengeful actions against the powerless. Forms of urban surveillance such as CCTV, rather than merely policing and excluding homeless people from public spaces, may also provide a degree of security to some vulnerable homeless people (Huey, 2010).

In addition, the homeless strategies developed and implemented by a large numbers of EU Member States (Benjaminsen et al., 2009), as well as the increasing popularity of Housing First as a means of addressing homelessness across the EU (Pleace, 2011), all point to a counterbalancing, inclusionary strand of the punitive turn. Furthermore, although Wacquant (2004, p.163) has argued that “the new penal common sense fashioned in America and aiming to criminalize poverty is being internationalised” via a network of neo-liberal policy think tanks (the Manhattan Institute in the US, the Institute of Economic Affairs in the UK and their equivalents in Sweden, Holland, Belgium, Spain, Italy, Germany and France), the degree to which the rhetoric and polemics of these agencies have translated into practice is slight. For example, in the UK, where it might be expected that the influence of the ‘new penal common sense’ would be most pronounced, Newburn and Jones (2002, p.189) argue that “police forces in Britain have rejected both the terminology and the practices associated with zero tolerance.” Elsewhere in Europe there is little evidence of order-maintenance policing displacing existing models of policing, or of increasing punitiveness (see for example, Roche, 2007 on France; Lappi-Seppala, 2012 on Finland).

Penalisation, Criminalisation and Migration

In response to his critics, Wacquant (2012, pp.246-247) has argued that “penalisation takes many forms and is not reducible to incarceration”, while at the same time noting, first, that levels of incarceration have risen; secondly, that many European societies utilise the police more than prison to curb social disorder, which he refers to as the front end of the penal chain rather than the backend; and thirdly, that European societies have simultaneously and contradictorily expanded police inter-
vention and welfare intervention, which has “both stimulated and limited the extension of the penal mesh.” A further argument against the apparent penal moderateness of most EU Member States is that migrants / foreigners are substantially over-represented in the prisons of Europe, particularly in the Southern and Continental Member States as shown in Table 2 (see Barker, 2012).

<table>
<thead>
<tr>
<th>Country</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estonia</td>
<td>40.3</td>
</tr>
<tr>
<td>Latvia</td>
<td>1.3</td>
</tr>
<tr>
<td>Lithuania</td>
<td>1.3</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>7.2</td>
</tr>
<tr>
<td>Poland</td>
<td>0.7</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>1.8</td>
</tr>
<tr>
<td>Hungary</td>
<td>3.4</td>
</tr>
<tr>
<td>Slovenia</td>
<td>11.7</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>8.5</strong></td>
</tr>
<tr>
<td>Portugal</td>
<td>20</td>
</tr>
<tr>
<td>Spain</td>
<td>34.2</td>
</tr>
<tr>
<td>Greece</td>
<td>57.1</td>
</tr>
<tr>
<td>Italy</td>
<td>36.2</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>37</strong></td>
</tr>
<tr>
<td>Austria</td>
<td>46.4</td>
</tr>
<tr>
<td>France</td>
<td>17.8</td>
</tr>
<tr>
<td>Belgium</td>
<td>41.1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>26.2</td>
</tr>
<tr>
<td>Germany</td>
<td>26.7</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>68.7</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>38</strong></td>
</tr>
<tr>
<td>Norway</td>
<td>32.5</td>
</tr>
<tr>
<td>Sweden</td>
<td>27.6</td>
</tr>
<tr>
<td>Finland</td>
<td>13.3</td>
</tr>
<tr>
<td>Denmark</td>
<td>21.7</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>24</strong></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>7.8</td>
</tr>
<tr>
<td>Ireland</td>
<td>13.6</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

Source: World Prison Brief (www.prisons.org)
This overrepresentation led De Giorgi (2010, p.156) to claim that “when observed from the perspective of those who cannot claim full membership in the EU but only some form of subordinate inclusion in its flexible labour markets, the picture of European societies as strongholds of penal tolerance and moderation becomes increasingly blurred, leaving room to a reality of selective criminalization.”

Historical Perspectives

There is a long tradition of scholarship in examining vagrancy laws and how they have been introduced, adapted and modified to ensure the maintenance of social order (for an early example, see Gillin, 1929, who provides a brief overview of the development of repressive methods and institutions to manage vagrants and beggars in the latter half of the 19th century, drawing largely on the seminal work of Ribton-Turner, 1887). However, the origin of vagrancy laws and their role in maintaining social order is subject to considerable debate. Chambliss (1964) argued that vagrancy laws provided an example of how elites utilized the legal system to maintain their dominant economic position, or as Chambliss himself expressed it: “shifts and changes in the law of vagrancy show a clear pattern of reflecting the interest and needs of the groups who control the economic institutions of the society” (1973, p.442). For Chambliss, vagrancy laws were a legislative innovation that reflected the socially perceived necessity of providing an abundance of cheap labour to land-owners during a period in which serfdom was breaking down and the pool of available labour had been depleted.

With the eventual breakup of feudalism, the need for such laws eventually disappeared, and the increased dependence of the economy upon industry and commerce rendered the former use of the vagrancy statutes unnecessary. As a result, for a substantial period, the vagrancy statutes remained dormant, undergoing only minor changes and, presumably, being applied infrequently. Finally, the vagrancy laws were subjected to considerable alteration through a shift in the focal concern of the statutes. Whereas at their inception, the laws focused upon the ‘idle’ and ‘those refusing to labour’, after the turn of the sixteenth century their emphasis switched to rogues, vagabonds, and others who were suspected of being engaged in criminal activities. Alder (1989a, p.222) has criticized Chambliss, arguing that his historical analysis was flawed and that detailed case studies invalidate his thesis, suggesting instead that “economic concerns were but one among a multitude of pressures that influenced the development of criminal law” (see also Chambliss, 1989 and Alder, 1989b for rejoinders).
Whatever the motivation of these statutes, it is clear that punitive vagrancy and anti-begging legislation and policies are not novel, but rather have a long history. Vagrancy codes were substantially modified in the 19th century to regulate those who threatened social order, particularly tramps and beggars, with the key objective of ensuring that the undeserving poor did not consume the food and occupy the shelter reserved for the deserving poor. To safeguard against relief programmes that could spawn the rise of a dangerous class of wanderers, laggards and parasites, casual wards, separate from the workhouse, were provided for. From both historical accounts and contemporaneous accounts of the lives of tramps and vagrants, it is known that these facilities were punitive, degrading institutions (Freeman, 2001; Higbie, 1997), or as Vorspan (1977, p.60) put it: “official Poor Law policy towards vagrants combined a legal recognition of their right to relief with a determination to award this relief under intensely disagreeable conditions with the result that prisons were viewed as less punitive than the Casual Wards.” Even for those who did not end up in the Poor Law facilities, as Kimber (2010) has shown in her case study of a homeless woman in Australia in the first 40 years of the 20th century, long sojourns in criminal justice facilities were often the fate of those at the margins of society.

The policing of homelessness, particularly in the United States, shifted as homeless people began to cluster in ‘skid row’ areas, with the key objective being to contain homeless people within these urban spaces and to ensure the observance of certain basic rules. In his classic study of the policing of Skid Row, Bittner (1967, p.706) outlined why the inhabitants thereof required such intensive policing:

> “From the perspective of society as a whole, skid-row inhabitants appear troublesome in a variety of ways. The uncommitted life attributed to them is perceived as inherently offensive; its very existence arouses indignation and contempt. More important, however, is the feeling that persons who have repudiated the entire role-status casting system of society, persons whose lives forever collapse into a succession of random moments, are seen as constituting a practical risk. As they have nothing to forsake, nothing is thought safe from them.”

Those who patrolled skid rows displayed a degree of paternalism in their dealings with the homeless men and women who inhabited them, which was interspersed with an abuse of their power (Schneider, 1988), or, as described by Wiseman in her ethnography of skid row alcoholics, the police officers “operate with a rare mixture of almost paternal indulgence, strictness and *ad hoc* decision-making not found else where in the city” (1970, p.65). Skid rows survived until the early 1970s (Bahr, 1967), but were gradually destroyed as business interests sought to acquire the valuable sites on which they were often situated. However, in dismantling skid rows, as Metraux (1999, p.706) argues in relation to Philadelphia, city planners “all but
ignored Skid Row’s historical function as an inexpensive refuge for the economically and socially down and out.” Not surprisingly, once Skid Row was destroyed in Philadelphia, an increasing number of homeless people became visible in the business district, which in turn led to a raft of ordinances that attempted to restrict the mobility and survival strategies of these visibly homeless people.

It is not clear to what degree skid rows existed outside of the United States and Canada. Ward, in his analysis of skid rows in North America, noted that it was puzzling that these did not exist in Australia, particularly when “many of the economic and historic forces that were important in maintaining skid rows in Canada and the United States found similar expression in the Australian context” (1975, p.294). Some authors described ‘skid rows’ as scattered derelict areas where a very small number of rough sleepers tended to congregate, usually attracted by soup kitchens, rather than as specific residential areas of a city (Edwards et al., 1966). The absence of these skid row zones in most cities in Europe may explain in part the later and more muted punitive response to homelessness when compared with that experienced in North America.

**European Labour Colonies**

In much of the recent commentary on contemporary punitive events, Europe is portrayed as succumbing to the punitive dogma emanating from the United States. However, at the beginning of the 20th century, the punitive practices of many European countries were under envious scrutiny from American visitors. In England, Vorspan (1977, p.75) argues that by the 1880s, labour colonies were “promoted by every conceivable public and private organisation”, where

“professional tramps should be compulsorily detained for lengthy periods in penal colonies modelled on existing German, Belgian, Dutch and Swiss settlements. This course of action would accomplish numerous objectives. It would deter prospective vagrants, not merely from public relief but from the nomadic life altogether; it would remove vagrants from the public domain and thereby lessen the incidence of sleeping out, petty crime and begging; it would facilitate the reclamation of habitual tramps; and, finally, it would prevent professional vagabonds from exploiting public assistance to the ‘deserving’.”

Analogous in some ways to contemporary debates about the use of shelters for homelessness, most observers of the continental labour colonies were underwhelmed by the actual practice and outcomes of these colonies in comparison with the *rhetoric* of the promoters of such institutions. For example, the Rev. J.J. McCook, havening reviewed the labour colonies in Germany, France and England in the last decade of the 19th century, concluded that “[the labour colonies are by
no means an unmitigated good. They have not come up to the expectation of their founders. But there seems no reason to doubt that things are better with than were without them” (1893, p.763).

In a review of the efficacy of these colonies by a Departmental Committee on Vagrancy in England, the Committee found that such colonies had little long-term positive effects. Despite the limited effect of these colonies, the Committee (1906, p.74) was of the view that:

“We consider that the need of some power of keeping habitual vagrants in detention for long periods is clearly proved, and in view of the impossibility of making prison serve that purpose, we feel we have no alternative but to recommend that compulsory labour colonies should be established in this country. Even if they are not successful in achieving greater reformatory effects than the existing labour colonies abroad, we think that they may clear the streets of the habitual vagrant and loafer, and make him lead a more useful life during his detention.”

The Departmental Committee was not alone in its advocacy of labour colonies for vagrants; Edmund Kelly, for example, in his 1908 treatise on how to eliminate the tramp in the United States by introducing the European labour colony system commented favourably on the system that pertained in Holland, noting that:

“Obviously a labour colony must not be made a place so agreeable that it will constitute a resort for all those who prefer freedom from responsibility to the freedom of competitive life. In Holland every person who is found begging in the streets is imprisoned for at least two weeks as a punishment. Imprisonment in a dark cell with nothing to eat or drink but bread and water might usefully be resorted to as a deterrent in cases where perfectly able-bodied men show a disposition to abuse of the hospitality of the labour colony system.” (1908, pp.78-79)

Similarly, in 1910, William Harbutt Dawson, an English Poor Law Commissioner, was convinced of the efficacy of the continental system, stating that:

“It is now some twenty years since I first directed attention to the Continental method of treating vagrants and loafers in Detention Colonies and Labour Houses. Repeated visits to institutions of this kind, both in Germany and Switzerland, together with active work as a Poor Law Guardian, only served to deepen my conviction that prolonged disciplinary treatment is the true remedy for the social parasite whose besetting vice is idleness” (1910, p. x).

The aforementioned Gillin (1929, pp.430-431) singled out Belgium, in particular, as an exemplar of best practice in managing vagrancy:
"The best institutions in Europe for the treatment of beggars and vagrants are to be found in Belgium and Switzerland… When I visited Merxplas (Belgium) in the spring of 1928 the inmates were employed either on the land or in the extensive shops at the institutions. At that time there were 600 employed in the workshops and 100 on the farm. There are four divisions: (1) division for old men who cannot work; (2) one for the immoral man, i.e. homosexuals and those who visit prostitutes (3) one for feeble-mined vagrants; and (4) one for young men from 16 to 21 years who have been committed for vagrancy before. All of these are detained from 3 to 7 years."

By 1930, a Departmental Committee on the Relief of the Casual Poor in England had developed a nuanced and welfarist approach to vagrancy, declaring that they found it “difficult to recommend the establishment of labour colonies as a deterrent to vagrancy” (1930, p.29), and that based on the evidence obtained from other countries, “the reformative effect of a compulsory detention colony is very little” (1930, p.30).

However, a Departmental Committee on Vagrancy in Scotland reported in 1936 (1936: 67) that it remained “convinced that habitual vagrants cannot be dealt with, as the Royal Commission on the Poor Laws put it, ‘humanely, adequately and restoratively, unless there is power to subject them to continuous control under conditions which can be enforced.’ We, therefore, definitely recommend the setting up of such institutions to which these vagrants could be committed for such periods as an appropriate judicial authority may consider necessary with a view, if possible, of inculcating in them the better traits of citizenship.”

While labour colonies fell out of favour, the casual wards and allied institutions associated with the Poor Laws remained in place in many countries, surviving until the late 1960s and early 1970s. The inhabitants of these institutions were surplus to labour requirements and, hence, the application of vagrancy laws gradually dissipated. As the relationship with the labour market declined and this surplus population was contained either within the skid rows of North America or within various charitable or poor law institutions in Europe, there was no “need nor rationale for disciplining them” (Hopper, 1990, p.24).
Neo-liberalism and the Punitive Turn

It is difficult to sustain the thesis that the contemporary punitive turn towards homeless people is a consequence of a neoliberalism largely exported from the United States, when the historical record shows that a core response to homelessness was always punitive and that it originated in countries like Belgium and Switzerland. While the underlying motivation may have shifted over time from controlling landless labourers to gentrifying city centres, a punitive element has been ever present.

Different economic forces generate different responses to homelessness, and neoliberalism may well be the driver of the current impulse towards punishing the poor and homeless, but Lacey (2013, p.277) has argued that “the conceptual vagueness of neoliberalism, and the institutional deficit which characterises the neoliberal penalty thesis, dooms it to failure as an explanatory account of contemporary punishment.” She further argues (2013, p.277) that “[h]istorical and comparative analysis….. comprehensively undermines the idea that ‘neoliberalism’ is plausible as an explanation of current trends in punishment, striking though it may be as a characterisation of a certain kind of political reaction to a constellation of current geo-political and economic conditions.” The elasticity of the notion of neoliberalism has also allowed the term to be applied both to policies that punish the poor through criminalisation and incarceration and to policies that aim to house them via ‘Housing First’ type projects (Willse, 2010).

Conclusion

Over the past two centuries, we can trace a relationship between elite perceptions of homeless people and the broad state response. From the beginning of the 19th century until the post-second world war period, the elite view of homeless people was that they were dangerous – a danger to compliance with the needs of industrial capitalism – and thus required resocialisation in labour colonies to ensure participation in the labour market. Coinciding with the growth of welfare states in the post war period, the elite view of homelessness was of disaffiliation – homeless people as mildly deviant and undersocialised, but small in number and corralled in declining skid row areas, or festering in casual wards and other remnants of the institutions of the great confinements of the 19th century, and requiring the intervention of welfarist type agencies, bolstered, if necessary, by the truncheon of the neighbourhood cop.

From the early 1970s, as visible homelessness increased, the dominant view of homeless people was that they were disturbed; this view was based on an assumption that they had been discharged from various psychiatric institutions, and the response was to place them in shelters. The perception of homeless people as
disturbed, and the relatively benign response of placing them in shelters, was gradually replaced with a view that homeless people were either disorderly in and of themselves, or else that they contributed to a disorderly environment that was detrimental to public safety and economic revitalisation. Whatever the motivation of these statutes, it is clear that punitive vagrancy and anti-begging legislation and policies are not novel, but rather have a long history.

Starting in the mid-1970s, the role of prisons in the United States shifted from rehabilitating individuals to becoming sites for the mass incarceration, or warehousing, of marginal populations. This shift occurred in tandem with a shift of economic and social policy towards neoliberalism, which argued for a diminished role for the state and an increased role for markets. This in turn led to a shift in social policy from welfare to workfare to ensure participation in labour markets and prisonfare for those who would not comply. Homelessness, as a visible symbol of destitution and disorder, came under the scrutiny of those arguing for new forms of public policing, and the alleged disorder caused by those sleeping on the streets or begging became the target of those advocating ‘broken windows policing.’ Arguing that the behaviour of those consuming alcohol in public, begging and sleeping rough was criminogenic, in that it fostered a milieu that encouraged criminality, a range of punitive measures was enacted, firstly in New York and then spreading across the United States and to Europe, to restrict the movement and activities of those sleeping rough.

There is clear evidence across the EU of the re-introduction of legislation regulating behaviour in public spaces, begging in particular. However, the evidence that this is part of a strategy of punishing the poor or annihilating public space is scant. Homelessness policy is still largely driven by the politics of social inclusion rather than the politics of social exclusion, as evidenced by homeless strategies in the majority of EU Member States. However, future research needs to explore fully the intent of legislatures, the operationalisation of policy and the outcomes of interventions, and detailed case studies are required in different welfare regimes to tease out the implications of these policies.
References


Barker, V. (2012) Global Mobility and Penal Order: Criminalizing Migration, a View from Europe, Sociology Compass 6(2) pp.113-121.


Chambliss, W.J. (1989) On Thrashing Marxist Criminology, Criminology 17(2) pp.231-238.


Departmental Committee on Vagrancy (1906), Report (London: Stationery Office)

Departmental Committee on the Relief of the Casual Poor (1930) Report (London: Stationery Office)

Departmental Committee on Vagrancy in Scotland (1936) Report (London: Stationery Office)


Kelly, E. (1908) *The elimination of the tramp by the introduction into America of the labour colony system already proved effective in Holland, Belgium, and Switzerland, with the modifications thereof necessary to adapt this system to American conditions* (New York and London: G.P. Putnam’s Sons).


Policy Review

Part B
The Dutch Strategy to Combat Homelessness: From Ambition to Window Dressing?

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Introduction

This policy review focuses on the Dutch strategy to combat homelessness. In the first years of this century, a sense of urgency with regard to combatting homelessness was growing. This resulted, in 2006, in an action plan created by the four large cities (Amsterdam, Rotterdam, the Hague and Utrecht) in conjunction with the national government and based on an ambitious vision in which a structural approach to ameliorate the situation of homeless people was combined with a more hidden paternalistic approach, which involved cleaning the streets and curbing public nuisance. The action plan 2006-2013 consists of two phases, with the action plan becoming a national action plan in 2008 when the other 39 smaller cities were encouraged to develop their own regional action plans. At present, the implementation of the second phase is evolving, but a growing gap between the discourse and the actual implementation can be observed. This paper starts with a short introduction into the Dutch welfare state and the specific position of the services for the homeless. Next, the paper describes the two plans and reviews the results. The last part of the paper focuses on the current austerity measures and the restricted rules concerning the ‘regional bonds of the homeless’, which, possibly, temper the results gained during the first phase of the action plan.

The Dutch Welfare State and Services for the Homeless

The Dutch welfare state was, during the 1990s, usually regarded as a ‘hybrid’ type, in between Esping-Andersen’s regime types of corporatism and social-democracy (Arts and Gelissen, 2002). Although Esping-Andersen (1990) classified the Dutch welfare state as ‘corporatist’, Goodin et al (1999) concluded that the Dutch welfare state comes closer to the ‘social-democratic’ type, because of its universal ‘people’s
insurance’ that covers all citizens, and because of the generosity of its social benefits. However, during the 1990s the Dutch welfare state was under pressure not only because of financial problems, but because it was also considered an uncontrollable system. The social security reforms of the 1990s were therefore primarily aimed at influencing the behaviour of social benefit claimants, social security institutions and all the societal organizations connected to the Dutch social security system (Snel et al., 2008). Van der Veen (1999) describes the new social security reforms of the 1990s as the transition from a social right paradigm to an incentive paradigm because of the reduction of the level and duration of benefits, the more selective and conditional access to these benefits, and the strong emphasis on ‘activating’ labour market policies. These policy measures implied a strong diminution of social spending. While in 1980, at the end of the post–war period of European welfare state growth, the Dutch Welfare State spending of 26.9% was third in the league table after Denmark (29.1%) and Sweden (28.8%), by 2001 the Dutch level had fallen to 21.8%, while Denmark and Sweden stayed at the top with 29.2% and 28.9%, respectively. Thus, while Dutch spending was well above the EU15 average in 1980, in 2001 it was considerably below this average (Van Oorschot, 2006).

The services for homeless people (‘Maatschappelijke Opvang’) are private, non-profit organisations that offer different kinds of services and accommodation (night shelters, homeless hostels, temporary supported accommodation, women’s shelters and crisis shelters). Until 1994, these services were subsidized by the central government. In 1994, the Welfare Act (Welzijnswet) decentralized homelessness policies (as well as drug addiction services). Since then, all municipalities have to implement them, but only a small number of larger municipalities receive financial means from the central government to subsidize services for homeless people in their region. In 2007, the Social Support Act (WMO) replaced the Welfare Act and implied an even stronger decentralisation of social welfare and health policies. More specifically, this Act defines 9 performance fields: (1) promotion of social cohesion and quality of life, (2) the provision of prevention-focused support to young people, (3) the provision of information, advice and client support, (4) support for informal carers and voluntary workers, (5) promotion of social participation of people with disabilities (including mental health problems), (6) provision of services to people with disabilities, (7) policies on homeless services, women’s refuges and domestic violence, (8) policies on addiction, and (9) the organisation of public mental health care. The municipalities are responsible for the implementation of this new Act, and as a consequence, they are responsible for the development and the coordination of local homelessness policies.

With regard to housing policies, the Netherlands is the country with the largest share of social housing in the EU, where it accounts for about 32% of the total housing stock, and some 75% of the rental stock in the country. Registered social
housing organisations in the Netherlands (‘woningcorporaties’) are private, non-profit organisations with a legal duty to give priority to housing households on lower incomes. They are independent organisations, setting their own objectives and bearing their own financial responsibilities. Their task is not only to build, maintain, sell and rent social housing stock, but also to provide other kinds of services (such as social services), which are directly related to the use of the dwellings, to the occupants. In other words, these social housing organisations have an important role in preventing homelessness. There are currently about 425 such registered social housing organisations.

A Sense of Urgency in the Four Large Cities

In 2003, the IBO study (Inter-departmental policy research study; IBO, 2003) was conducted by all relevant national public services (social welfare, health care, housing, social security, justice, police and health care) as a reaction to a report about care for homeless youth by the Court of Audit, which monitors whether the government spends public funds, and conducts policy as intended. The Court of Audit started their research because the Minister of Health, Social Welfare and Sport couldn’t answer questions concerning the numbers of homeless youth and service capacity in the Dutch parliament. In their report, the Court of Audit affirmed the lack of national data on young homeless persons, the lack of clarity about the type of services available, the way these services are financed, and the responsibilities of the different actors involved. The Court of Audit also argued for greater cooperation between local social services, mental health services, the police and the juridical department.

The IBO study itself focused on all services for homeless people, and its main target was to formulate policy recommendations. With regard to the main ‘bottlenecks’ in homelessness, the study states that too many people apply for shelters and that homeless people stay too long in these shelters. This is due to a shortage of decent housing opportunities and to the discrimination towards homeless people on the housing market (outflow bottleneck). Also, more and more people apply to shelters, having lost their house because of nuisance behaviour or rent arrears. A third bottleneck is the lack of openness of regular health and social services to homeless people with complex and enduring needs. A fourth bottleneck is the inflow of former prisoners into shelters because of the lack of well-adapted care after incarceration. As a consequence, more and more people have to live on the streets, which causes nuisance and criminal behaviour. The report also highlighted the need for a more coordinated strategy against domestic violence and the need for valid statistics on the numbers of homeless persons. The main policy recommendations relate to an increase in services for homeless people and a stronger policy focus on prevention.
and outflow out of homeless services. The report pleads for (1) prevention services to avoid evictions and to avoid an accumulation of financial debts, (2) a coordinated approach for persons who leave care institutions or prison, (3) the development of more expertise and competence as regards social workers, (4) a national framework to collect data on homelessness, (5) a stronger governance role for local authorities, and (6) the introduction of a client-centred approach and case management techniques to accelerate the outflow out of homelessness. These recommendations laid the foundation for the national strategy in 2006.

In 2006, the national government and the four major cities (Amsterdam, Rotterdam, Utrecht and the Hague) agreed to develop a common long-term strategy (2006-2013) to fight the current bottlenecks, to diminish public nuisance behaviour by homeless people and to develop a client-centred approach combining care and housing opportunities for each individual. The driving force behind this strategy was Zalm, the Minister for Finance, who was responding to the impassioned plea by Ine Voorham, head of the Dutch Salvation Army on the situation of homeless people in the Netherlands. After visiting some shelters and discovering the complexity of homelessness policies on the local level, the Minister brought together the local governments of the four cities to develop a coordinated strategy to combat homelessness. In the four cities, a sense of urgency was also caused by the safety problems arising in the cities as a consequence of the large numbers of people living on the streets, often drugs addicts and people with severe mentally illness. A further impetus to developing the national strategy were the financial means that were promised by the Minister of Finance; he promised €480m for the period 2006 to 2010.

The G4 Homelessness Action Plan 2006-2013

The Strategic Plan has four major aims:

1. To provide the current 10,000 homeless persons with incomes, structural forms of living accommodation suited to the individuals concerned, evidence-based care programmes (temporary if possible, structural where necessary) and, as far as possible, realistic forms of employment.

2. To render homelessness as a result of eviction almost non-existent, with the number of evictions to be reduced by 30%. To the extent that evictions still take place, alternative and suitable living accommodation has to be offered.

3. To render homelessness as a result of detention or leaving residential care institutions almost non-existent.

4. To reduce significantly the level of public nuisance caused by homeless people.
Relating this to the ETHOS typology, the strategy is aimed at categories 1-4, 6 and 9 – that is, people living rough, people in emergency accommodation, people in accommodation for homeless people, people in women’s shelters, people due to be released from institutions, and people living under threat of eviction. The national government earmarked a budget of €170m (2006-2009) for the four big cities, two thirds of which comes from health insurance, and one third from the municipal budget. In other words, the central, as well as local governments invested to a large extent in this new approach to combatting homelessness.

The fulfilment of these aims was monitored by means of five indicators measured on a yearly basis:

1. The stability index (the number of homeless people with stable accommodation, a regular income, a solid contact with the support services and a form of daily occupation).

2. Number of evictions per year and number of evictions leading to homelessness per year.

3. Number of cases of homelessness after detention.

4. Number of cases of homelessness after leaving residential care.

5. Number of convictions and number of reports of harassment.

Trimbos, an independent research institute, publishes a yearly report on these indicators, in which separate scores for the four cities are displayed. As a consequence, the four cities challenge each other to deliver better results. At the same time, the operationalization of these indicators raises questions. More specifically, the last four indicators are based on a time period of one month. This implies that homeless people who apply for services more than 30 days after they ended detention, left residential care or were evicted aren’t counted. The stability index indicates whether the homeless person can be classified as relatively stable for at least three months in terms of the different services offered (income, housing, daily occupations).

The action plan rests on two central pillars: (1) a client-centred approach using tailored, phased programmes and personal client managers, (2) 100% seamless co-operation between all the parties and agencies involved. This individual treatment will eventually cover all 21,800 homeless people (Table 1). During the first phase (2006-2009) it will start with the 10,150 actual homeless people and residentially homeless persons. This categorisation of homeless persons was developed by Wolf (2002). Actual homeless peoples are those persons that do not have their own living accommodation and who have to sleep for at least one night a month outdoors, in the open air or in covered public areas, such as doorways, bicycle sheds, stations, shopping centres or cars, or who make use of one-day emergency accommodation.
Residential homeless people live in residential homelessness services. In other words, the first part of the strategy is mainly focused on categories 1-4 of the ETHOS typology – that is, people living rough, people in emergency accommodation, people in accommodation for homeless people, and people in women’s shelters. In the four major cities, the size of these groups together amounts to over 10,000. However, these are only estimates, since no valid and reliable data are available.

| Table 1. Target Groups for Social Relief (based on the situation as on January 1, 2006) |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|
|                                   | Amsterdam      | Rotterdam      | The Hague      | Utrecht       | Total          |
| Actual homeless                   |                |                |                |                |                |
| Addicts                           | 1500           | 1035           | 700            | 350           | 3585           |
| Mentally disturbed                | 1000           | 530            | 400            | 250           | 2180           |
| Addicted and mentally disturbed   | 400            | 300            | 250            | 150           | 1100           |
| Other                             | 100            | 435            | 150            | 100           | 785            |
| Total                             | 3000           | 2300           | 1500           | 850           | 7650           |
| Residential homeless              |                |                |                |                |                |
| Addicts                           | 450            | 200            | 200            | 150           | 1000           |
| Mentally disturbed                | 450            | 250            | 200            | 150           | 1050           |
| Addicted and mentally disturbed   | 100            | 150            | 100            | 100           | 450            |
| Total                             | 1000           | 600            | 500            | 400           | 2500           |


A client-centred approach implies that the situation is better diagnosed, that an integral plan with actions in different life domains is developed, and that the actions of different actors in different life domains (housing, health, income…) are coordinated. This means that every homeless person will receive a personal plan with services like health care, housing, income, labour and so on. This individual approach is executed under the direction of the municipality. A local co-ordination centre is installed and is run by the joint homeless services. The field co-ordinators have the following tasks:

- To function as a link to other bodies (e.g. the judiciary)
- To organise screening committees for registered users with complex problems
- To allocate users to (the client managers of) administrative institutions (taking account of existing contractual frameworks, e.g., the volume of purchased care programmes)
- To register and monitor user data and treatment programmes
• To provide general support for client managers and administrative institutions.
• To intervene when a treatment programme stagnates, for example by initiating consultation and co-ordination between the relevant services

Within this approach, every client has a client manager who has the following tasks:
• To develop a user-centred plan
• To co-ordinate all activities that are to take place within the framework of the plan
• To manage the client’s electronic file (client tracking system)
• To report monthly to the local co-ordination centre
• To assist the client during the diagnostic process, and with care and support, income (including budget management and debt rescheduling), accommodation and daily occupation.

The client manager monitors the execution of the plan and informs the field co-ordinators or the co-ordination centre on progress, but doesn’t intervene. The field co-ordinators intervene when the plan’s implementation is stagnating.

This seamless co-operation can be situated at the administrative and operational level. The municipalities act as policy co-ordinators as stipulated by the Social Support Act. In that role, they take the initiative of agreeing (long-term) contracts with local welfare and health agencies and social housing corporations with regard to the supply of care and living accommodation for the target group. Alongside accelerating the outflow out of homelessness, prevention strategies are developed at the local level. The cities cooperate with housing corporations and private landlords to prevent evictions by means of early acknowledgement of the signs and problems that could eventually lead to eviction (such as indebtedness, criminal activity or anti-social behaviour), and by means of assertive outreach.

However, not all homeless people are targeted by this plan. A first exclusion criterion is age. Only adults older than 18 can apply for these services. Minors are the responsibility of youth services. A second exclusion criterion is immigration status; asylum seekers and undocumented immigrants are not included. A third exclusion criterion concerns ties with the local area, or ‘local bonds’; this means that homeless people can only apply if they have been in the particular city for more than six months. Through this rule, the four cities try to avoid ‘shopping’ by homeless people that travel from city to city. The four cities make operational agreements about how to deal with these homeless people; this is called a ‘warm transfer’ from one city to another.
From a G4-plan to a National Strategy

The plan of action, which was first implemented by the four large cities, became a national strategy in 2008. The 39 other smaller cities also received national financial means to develop and implement regional plans of action. Evaluation research by Movisie (2009) and Planije, Maas and Been (2010) shows that the 39 smaller cities are developing local coordination centres, procedures and forms to measure the extent of homelessness. These cities are also implementing a person-centred approach with an individualised plan as their central instrument (Movisie, 2009). These smaller cities are not only responsible for their own territory, but they also have a coordinating role for the whole region. Starting from 2009, a national monitor includes the results of the five indicators for every smaller city.

Article 20 of the Social Support Act stipulates that services for homeless people that are financed by the central government have to be accessible to every Dutch inhabitant. At first sight, this seems a strong legal protection of the right to support for every homeless person. However, the operationalization of these accessibility rules raises questions concerning this legal enforcement. The cities made an arrangement whereby they provide the necessary first shelter (bed, bath and bread) and decide together with the client which city or municipality is responsible for the client-centred approach based on the chance of a successful trajectory. An assessment is made based on five factors (VNG, 2011): (1) whether the person has lived at least two years of the last three in a particular municipality, (2) whether the person has a social network in this locality, (3) whether the person is known by local care agencies or the police, (4) the person's place of birth, (5) if the municipality with which the person has the strongest bonds will not be chosen, the reasons for this choice. All this is discussed with the individual concerned. These rules create a good deal of discretion at the local level. This creates advantages as well as disadvantages. The main qualities of this kind of decentralisation are (1) adaptation of policies to local conditions and needs, (2) co-ordination of the activities of the range of national, regional and local policies, (3) mobilisation of local public authorities, employers and others supporting policy goals. At the same time, this kind of discretion can lead to uneven provision between localities and to a ‘race to the bottom’ between regions, in which homeless people become the targets of municipalities trying to get rid of homeless people. It also remains unclear to what extent homeless people themselves have a voice in this decision.
Interim Results in 2010

The first phase of the national action plan ended in 2010. Based on the national monitor, the four large cities have realised the four central goals comprehensively (Maas and Planije, 2010). The monitor shows that, at the end of 2010, 12,436 homeless people had a personal plan and 7,476 were in a stable mix of housing, a legal income and relatively stable contact with the social services. This is even more than was estimated in 2006. The other goals were also accomplished. The total number of domestic evictions was diminished by 30%. Only 9% of new entries in local coordination centres were people who had been evicted in the last month. Also, the targets for care leavers and ex-prisoners were realised, and the indicator showed a striking decrease in public nuisance caused by homeless people.

The national action plan mainly involves a continuum of care approach, supplemented by some Housing First initiatives. The continuum of care model requires clients firstly to address their health needs (drug misuse, mental health issues, etc.). Clients progress up a staircase of transition, with an independent tenancy as the ultimate objective. If the client fails, this results in moving down the staircase, with independent housing becoming an even more distant possibility. In the Netherlands, this is illustrated by the use of the ‘housing ladder’, which shows the level of autonomous living the client is capable of. The lowest spot is sleeping rough and the highest spot is living independently. Between those two extremes, different types of temporary accommodation and supported housing are distinguished.

Despite the dominance of the continuum of care model, some Housing First experiments have also been introduced. The first was ‘Skaeve Huse’, based on the Danish model, which involves container units meant for those people who can't live within the regular housing market, and who are not allowed to live in residential services for homeless people because of extremely disruptive behaviour. Evaluation studies by SEV (2009) and Van den Handel (2009) show that ‘Skaeve Huse’ dwellers, as well as the local community, are positive about the results. Public nuisance also remains limited. Another example is the ‘Discus Houses’ in Amsterdam, which can be considered as a relatively pure form of Housing First. The houses are meant for persons with complex problems. The only condition is that they receive professional financial help. The homeless people themselves are responsible for their housekeeping. A recent evaluation study by Maas et al. (2012) shows very positive results. The target group is chronic homeless people. 80% were actual homeless for an average period of 8 years. About two thirds of the 123 persons still make use of these houses. They are very enthusiastic about this kind of housing and testify that their quality of life is greatly ameliorated. The researchers admit that this isn’t a pure effectiveness study, but they are convinced that this innovative kind of housing targeted at chronic homeless people is a success.
Concerning the diminution of evictions, an effectiveness study by Van Laere et al. (2008) investigated the approach of assertive outreach services for people with rent arrears or who were responsible for nuisance in social dwellings. The services use a form of soft coercion for people who refuse help. The study shows that the quality of the home visits explains the positive effects on avoiding evictions. More specifically, it depends on the way the social workers try to build a relationship of trust and pay attention to the social and health problems behind the rent arrears. The researchers recommend that the social housing companies improve their system of home visits to detect risk situations more appropriately. Another team of researchers has made a cost effectiveness study of this system of home visits. They estimated the housing company’s cost of such a home visit method at €3300 per year. By comparison, the cost of an eviction is €7000. In addition, the cost of services for a homeless person is estimated at €53000 on a yearly basis (Van Summeren and Bogman, 2011). The researchers conclude that this intervention is cost-effective.

In addition to the quantitative scores on the main policy indicators, the Trimbos Institute also conducted a more qualitative process evaluation (Maas and Planije, 2010). The analysis shows that the four cities have organised a central coordination centre, which also checks the regional bonds, executes an inquiry into the social situation of every new homeless person and dispatches them to the indicated service. The evaluation also shows the growth of the service’s capacity. One of the difficult aspects of the action concerns the regional bonds, for which it remains difficult to make arrangements. The researchers interviewed homeless representatives. They point to increased user participation trajectories, more services, and better cooperation between services. However, a lot of progress can be made in the way these services cooperate and the way they inform their clients of procedures, and of available services and support. They criticise the fact that the action plan focuses too much on homeless people with addictions and those who cause public nuisance. The cooperation between services can ameliorate a lot, as can the way user organisations are involved in policy processes.

At the end of the first phase, the National Federation of Services for Homeless People (Federatie Opvang, 2009) also did an evaluation of the G4-strategy. The Federation acknowledges the positive effects of the action plan, such as the realization of the four main targets, the implementation of the client-centred approach and the use of trajectory plans, the improved cooperation between cities, the increased user participation and the expansion of services. However, the Federation is critical of the way in which the four cities implemented the action plan, specifically in relation to what the Federation perceives as increased bureaucratization, and a culture of control and accountability created by the four cities, and a perception that new services are not being delivered due to concerns by local communities to the location of homeless services. The Federation argues that there is a thin line in
the action plan between ameliorating the living situation of homeless people from an emancipatory point of view, and implementing punitive, repressive treatment of people at the margins of society in order to clean the streets, as cities sometimes use compulsion to get people into a trajectory plan.

In conclusion, it is pertinent to highlight the strengths and limitations of the first phase. The approach is based on a holistic vision, which focuses on the different causes of, and solutions to homelessness. This vision combines the following essential elements: (1) prevention of homelessness by assertive outreach, (2) getting people off the streets and stopping rough sleeping, (3) the creation of more shelters and housing opportunities, (4) strengthening the outflow out of shelters through a client-centred approach and case management techniques. The client-centred approach has resulted in better cooperation between mental health services, local social assistance agencies, social services, the police and the judicial system. The goals were defined in measurable terms, which facilitated monitoring and evaluation. A national system of monitoring was developed to measure the performance of the various services. With regard to limitations, the exclusion criterion of ‘region bonds’, which hasn’t yet been clarified, should be highlighted. Homeless people need to have links to the city in which they apply for help. The large cities have no clear agreements on the definition of this concept. As such, this criterion acts as an important threshold for getting help. In addition, Dutch homelessness policies are characterised by a combination of emancipatory and disciplinary arguments. It is not always clear which underlying motives dominate the plan of action: security arguments to clear the streets and to diminish the public nuisance caused by homeless people, or a structural approach to ending homelessness. The results show that the latter dominates, but the former have an important effect on the way local services deal with homeless people, and more specifically, the way a client-centred approach based on freedom of choice is threatened. Finally, the yearly monitor only shows the results of the plan’s four targets, but doesn’t gauge whether the current supply of services meets the needs of homeless people.

The Second Phase of the Plan of Action 2010-2013

The first phase of the plan of action ended in 2009. In the beginning of 2010, the four big cities and the central government signed a declaration of intent, in which they stated that homeless persons and persons at risk will be helped to reintegrate into society. This letter of intent was translated into a new plan of action. The new plan was presented in parliament, together with a cost benefit analysis by Cebeon (2011). The report highlights the positive benefits of the prevention policies, the client-centred approach, and the assisted living opportunities for different groups.
of homeless persons. More specifically, the prevention of homelessness and immediate action in terms of assisted living results in a strong societal return on investment. €1 for this target group results in benefits of €2.2. The largest benefits are established for the group of residential homeless persons. An investment of €1 for this group generates benefits of €3.5. In other words, preventive policies are cheaper than curative policies, and residential services and assisted living is cheaper than sleeping rough because other costs (in the sectors of care and safety) are avoided. This report acted as a legitimation of the homelessness policies and, more specifically, of the second phase of the plan of action.

This plan retains the goals of the first plan, but adds three additional goals: (1) to prevent homelessness and to prevent re-entry into homelessness, (2) to avoid rough sleeping by getting people into homelessness services, (3) to accelerate the exit out of services and to integrate homeless people (back) into society. More specifically, new methods are developed to detect risk situations by developing a neighbourhood-based approach, by preventing debts and evictions, and by diminishing the risk of young people becoming homeless. The main innovation is permanent recovery strategies focused on persons at risk and realized through continuity of care, developing local care networks and activating informal social support.

The second phase expands the target group of homeless persons to persons at risk, which are captured in the concept of ‘socially vulnerable’ groups. This concept has been used in the Netherlands since the beginning of 2000 to describe those who don’t have sufficient sources to deal with their difficulties and misfortunes on their own. They have complex problems in different life domains, although they don’t seek help. It is believed that they need informal social support and formal care to function well in society. It is estimated that 1% of all inhabitants of the large cities are socially vulnerable. More specifically, in the four big cities, at least 20,000 people fall into this category. This number is a rough estimate made by the large cities. Social vulnerability is caused by larger social factors such as economic recession and by personal risk factors such as broken family relationships, abuse, and a history of care placements.

With regard to the governance structure, the 39 smaller cities are responsible for services for actual and residential homeless persons. They coordinate the network of services, which consists of the local social services, mental health care services and drug addiction services. All municipalities have a broader responsibility for socially vulnerable persons (‘potential homeless’) who are still living at home. This broader task fits the Social Support Act that imposes a responsibility on the municipalities to develop local social policies that prevent social exclusion and that enhance social participation. In other words, the second phase of the Plan of Action is coupled with the broader Social Support Act.
The policy indicators are also reviewed in the new plan of action. First, with regard to evictions and people leaving youth care, mental health care institutions or prisons, the period that will be considered is expanded to 3 months, and a new target group is added, namely people leaving specific services for homeless people. Second, the concept of a client-centred approach is operationalized in three indicators: (1) the number of homeless persons with an individualized plan, (2) the number of homeless persons that have had a relatively stable income, housing and contact with the support services over the last three months, (3) the number of homeless persons that have had a relatively stable income, housing, daytime activities and contact with the support services over the last three months. Third, the amount of public nuisance is measured. Fourth, all of these indicators are divided into two groups: young people under 23 years of age, and adults. The new indicators imply a stricter monitoring of the services’ performance. However, at the time of writing (October 2012) there is no public report available yet.

In conclusion, the second phase continues the first plan's policy actions that are focused on actual and residential homeless persons and adds a new target group of potential homeless persons, which are captured within the concept of social vulnerability. The policy indicators are stricter and put more pressure on the cities. The elaboration of the target group implies even more cooperation at the local level between different policy sectors such as poverty policies, housing policies, labour market policies and mental health care. In addition, this extension implies greater accountability for all municipalities. However, this new target group is a lot harder to demarcate and isn’t monitored in the new set of indicators.

Implementation under Pressure?

Since 2011, the four cities have operationalised these targets in their own plans of action. However, the implementation is coming under pressure because of the current austerity measures. First, the national action plan itself calls for a sense of realism because of the current economic situation in the Netherlands. As is mentioned in the plan, “in times of recessional budgets, the national government and the municipalities have to use the current available means in a creative and efficient manner” (G4 en het Rijk, 2011: 45-46). In addition, the plan recognizes that its new financial implications can’t be overseen well. Second, there is a growing gap between the plan’s discourse on the fight against homelessness and actual local policies that restrict accessibility to services for homeless people.
**Austerity measures**

The first plan of action was based on research into the numbers of actual and residential homeless persons in the four cities. The current plan of action enlarges the target group, but, as was mentioned earlier, the group of socially vulnerable people is much more difficult to map and to measure. This new plan of action is coupled with the policy intentions of the Social Support Act. However, an evaluation study by SCP (2010) into the implementation of the Social Support Act concludes that socially vulnerable people, such as persons with learning disabilities and chronic psychiatric disorders, are not a real policy priority at the local level:

“Local authorities have taken a step forwards in the development of better local social policy, and this process is still in full swing. Despite this, there are a number of areas where things have not quite gone to plan. One such area relates to small target groups, such as people with learning disabilities or chronic psychiatric disorders; their interests are not always represented by a Social Support Act board, and they indicate that obtaining support demands skills which they do not always possess. Local authorities do little for people with an impairment who have difficulty in making social contact, despite the fact that the compensation principle requires this”.

The new plan of action can have a positive effect on the cities and municipalities in terms of investing more in these vulnerable groups and giving them a higher priority at the local level. However, the implementation of the plan coincides with considerable budget cuts in the social assistance system, in the implementation of the Social Support Act and in mental health care. In 2004, the Social Assistance Act was amended. Under the amended law, there is a greater emphasis on labour market activation and municipalities have to develop active strategies to detect social fraud. Entry into the social assistance system has also tightened. For instance, young people under the age of 27 have to wait four weeks before obtaining benefits. The declaration of the new government in 2010 was that certain types of clothes or behaviour, which are believed to impede integration into the labour market, could lead to a refusal or diminution of a social assistance benefit. A recent study into the behaviour, clothes and hygiene of social assistance claimants shows that the impact of this declaration cannot be denied (SCP, 2012). During 2012, there was also a parliamentary discussion about the tightening of the language requirements of claimants. Those between the ages of 18 and 20 without children receive a social assistance benefit of merely €228 a month.

The national organisation of municipalities (‘VNG’) pointed out at the end of 2011 that the central government was demanding cuts at the local level. The municipalities were forced to economize €200m in the Social Support Act and €669m in Social Assistance. These cuts are being realized in a period of rising numbers of
social assistance claimants. In 2011, 315,700 persons claimed social assistance, a rise of 57,000 persons since 2008. Since many entry rules and conditions have changed, it is difficult to interpret these rising numbers.

The mental health care system is also touched by the recent cuts. In the past, the costs of mental health care were mainly covered by health care insurance. From 2012, patients have to pay their own contributions for specialized mental health care services; this contribution will be higher for specialist services in comparison to primary mental health care. Patients will also have to pay for their stay in an institution.

**Regional bonds and immigrants**

The Dutch Federation of Services for the Homeless (‘Federatie Opvang’) has criticized the tightening of rules concerning the local bonds of the homeless person. As was mentioned earlier, one of the controversial elements of the plan of action is the condition of having regional ties or bonds in order to apply for services. These rules create a great deal of discretion for the municipalities. The rules were tightened over the last years (for instance, a stay of at least two years in the region is required in order to apply for a night shelter). Homeless people have to provide documentation that shows residency within the region over a period of two out of three years. This implies that the national stipulation of the WMO Act that every person has a right to be helped is hollowed out at the local level. In July 2012, FEANTSA (2012) asked the European Committee of Social Rights if current policy and practice on sheltering the homeless conflicts with the relevant provisions of the Revised Social Charter. FEANTSA states that the criterion requiring regional bonds is problematic for at least four groups: (1) homeless persons without proof of registration in the municipal registry, (2) former addicts who wish to escape their drug dealers and addicted friends, (3) new migrants, and (4) Roma and other marginalized groups that don’t have formal proof of identity.

The stricter rules on local bonds coincided with a public and parliamentary debate on the role of East- and Middle-European migrants living on the streets and causing public nuisance linked to excessive drinking. Since they have no local or regional bonds, they mostly don’t have a right to apply for regular services for homeless people, and, as a consequence, they are forced to live on the streets. Only during the winter are they allowed into specific winter shelters. The Salvation Army also provides shelter for this group. The largest group is situated in the Hague, where in 2009 and 2010 about 700 people applied for help from the Salvation Army.¹ They hardly speak Dutch, face psychological problems and are often heavily addicted to

alcohol. Recent research by Snel et al. (2011) shows that this target group is very small in other cities. It also points to the perverse effects of the current rules on regional bonds. At the same time, however, the portrayal of these immigrants in the media diminishes public and political support for the fight against homelessness.

Conclusion

From the beginning, the Dutch approach has been characterized by three core objectives: (1) to fight homelessness through preventive measures, (2) to use a client-centred approach to ameliorate the living and housing situations of homeless people, and (3) to minimize public nuisance caused by people living on the streets. The evaluation of the first phase of the plan of action shows impressive results with regard to both the preventive and curative measures, but more critical voices have emerged, which point to the diffuse ‘sticks and carrots’ approach and the use of compulsion to clean the streets. The second phase started from a broader conception of the target group and from an even stronger preventive approach. However, the implementation of the second phase is under strain because of the austerity measures in mental health care, social assistance and local social policies. In addition, the municipalities have introduced stricter rules on regional bonds. As a consequence, although at the national level a right to help exists, municipalities and cities have enough discretion to exclude homeless people. At the same time, homeless people have less freedom of choice. It’s striking that the new action plan mainly focuses on evictions and people leaving institutions as main triggers of actual and residential homelessness. Other institutional or structural factors, such as changes in the social protection system, remain out of the picture. In other words, a broader anti-poverty strategy to prevent homelessness is absent. The future will show the effects of the current institutional measures on the rise of homelessness in the Netherlands, to what extent the plan of action of the second phase is adequate to deal with these challenges, and to what extent current local policies limit the rights of homeless people.
References


Federatie Opvangst (2009), Daklozen aller Steden Verzamelt u, Maar Niet op Straat! [Homeless people from all cities unite, but not on the streets] (Amersfoort: Federatie Opvangst).


Think Pieces

Part C
Re-locating Fear on the Streets: Homelessness, Victimisation and Fear of Crime

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Abstract Fear of crime has been explored from an academic perspective for some decades now within the sphere of criminology. Within this exploration, the focus has consistently been on clearly identifiable and opposing ‘actors’ cast in the roles of ‘feared’ and ‘fearing’. In this think piece, I argue that the binary format upon which fear of crime discourse has developed is inherently flawed, in that those groups who are cast in the role of ‘feared’, in this case homeless people, are denied the status of ‘fearing’, which has a significant and detrimental impact on both homeless people from a policy perspective and the academic study and understanding of fear of crime. The paper starts with an overview of traditional approaches to conceptualising fear of crime, then moves on to explore constructions of homeless people as always feared and never fearing. Drawing on victimological discourse, the paper then makes the case that a re-framing of street homeless people as fearing subjects is required. The piece closes with a call for the academic study of fear of crime to move away from its traditional binaries and embrace a new approach to locating street homeless people within fear of crime discourse.

Key words Street homelessness, fear of crime, cities, public space, victimisation, welfare policy.
Introduction: Street Homeless People and Fear of Crime

The fear of crime first emerged as an area of criminological enquiry after it was ‘discovered’ in 1960s America via household crime surveys (Hale, 1996). Over a period spanning more than forty years it has developed into a fully-fledged sub-discipline of criminology, a phenomenon worthy of attention both in terms of furthering academic knowledge and developing criminal justice and policy responses that reflect the impact and serious nature of the issue (Lee, 2007). Indeed, as Walklate (2007, p.82) puts it, the fear of crime “… now has a life that is somewhat independent of the actual experience or risk from crime itself”. Research into fear of crime among women tends to dominate this area of enquiry (Sutton and Farrall, 2005), and such studies continually find women to be predominantly fearful of men (Stanko, 1985, 1990; Kelly, 1988; Madriz, 1997; Fairchild and Rudman, 2008; Sheard, 2011). Although research has diversified to consider fear among a range of social groups, including the elderly (Pain, 2001; De Donder et al., 2005; Beaulieu et al., 2007), children and young people (Tulloch, 2000; Cockburn, 2008; Cops and Pleysier, 2011) and ethnic minority communities (McDevitt et al., 2001; Perry, 2009; Mears and Stewart, 2010), fear of crime as a discipline can be said to have developed on a binary format whereby, as old fear young, black fear white, women fear men and so on, the ‘actors’ within fear of crime are cast in the role of weak and strong, powerless and powerful, good and bad. Within these perceived boundaries for examining fear of crime as a social phenomenon, it is unusual to encounter a study that identifies individuals or groups as simultaneously fearful and fearing, or that identifies the ‘good’ as feared and the ‘bad’ as fearful.

The purpose of this think piece is to move beyond this dualism to consider fear of crime among a group who would ordinarily be considered a source of public fear – street homeless people. I argue that, rather than groups like rough sleepers only having a relationship with fear of crime in the sense that they cause it, the very nature of street homelessness is inherently linked to fear of crime in terms of effect, in that being fearful of crime is, for many, central to the status of being homeless. Moreover, whilst fear of crime is an everyday feature of life for rough sleepers, it is also a both a key reason for people becoming homeless, and a problem exacerbating the difficult transition from being homeless to having a home. I argue, thus, that fear of crime discourse, rather than highlighting the role that rough sleepers play in creating public fear of crime, should be instrumental in illustrating harms caused to rough sleepers, both in terms of the stress and anxiety that fear causes them, and in terms of the mis-categorisation of rough sleepers as always feared, and never fearing, subjects. In doing this, I consider the influence of constructions of fear of crime as a feminine phenomenon, the influence of constructions of rough sleeping as a masculine phenomenon, and the implications for both policy responses and the academic study of fear of crime.
Responding to Street Homeless People as Always Feared and Never Fearing


Lee (2007) identifies two central yet opposing actors within mainstream fear of crime discourse: the fearing subject – she (or occasionally he) who routinely fears crime, and is targeted, or even created, by governments via crime reduction strategies and self protection ideologies; and the feared subject – the ‘other’ actor, less known and understood than the fearing subject, upon whom all our vague fears, pertaining to crime or otherwise, can be projected. Within fear of crime discourse, Feared subjects are constantly and easily created. The experience of fear makes us hungry for a range of stereotypical others through which our anxieties can be justified (Lee, 2007, pp.154-5, emphasis in original).

Taking Baudelaire’s conceptualisation of the flaneur – the man who walks the streets of the city in order to understand it, so much so that he ultimately represents and even embodies the public nature of the city (Pope, 2010) – as his starting point, Lee identifies the ‘feared subject’ as replacing the harmless, even playful flaneur as the representation of street life, usurping him and rendering his public playground an unsafe place. The tension between the feared subject and the fearing subject, and the notion that each is the polar opposite of the other (Lee, 2007), is my starting point for exploring the positioning of rough sleepers within this binary.

People who live their lives on the street are frequently understood, from a policy perspective, as a feature of public life that exacerbates fear of crime. Indeed, when it comes to attempts to alleviate fear of crime,

... crime prevention efforts can have a contradictory impact and significance for those who are at once frequent victims, frequent offenders and frequently ‘moved on’ (Newburn and Rock, 2005, p.18).

Consequently, policy measures are put in place to clear areas of rough sleepers and ‘beggars’ in an attempt to ‘sanitise’ the streets and, as a result, reduce levels of fear (Cochrane, 2007). Moore (2008) discusses the elimination of “street-life people” (p.180) and identifies the requisite characteristics for a group to be eligible for eradication from an area: visibility, particularly when this occurs against a backdrop of urban regeneration and/or gentrification; demonization, characterised by processes of ‘othering’; and pollution – the contamination of an area by activities such as street drinking and illegal drug use, performing bodily functions in public, and street sleeping – collectively “regarded as an aberration in affluent Britain”
(ibid). This is apparent in policy approaches to such phenomena as street drinking and begging (Johnsen and Fitzpatrick, 2010), both of which were highlighted and directly linked to homeless populations in Respect and Responsibility – Taking a Stand against Anti-Social Behaviour (Home Office, 2003), the basis for the Anti-Social Behaviour Act 2003.

Whilst some European countries have re-visited their punitive position regarding public displays of homeless ‘lifestyles’ (Flint, 2009), the picture in England and Wales arguably remains one within which ‘homeless’ and ‘criminal’ are interchangeable terms (Tosi, 2005) and rough sleepers in particular are, as a result, denied the benefits of welfare policy (Kinsella, 2011). Frequently, this punitive pattern is a reflection of the contemporary dual agenda of advancing economic growth, in the form of private entrepreneurialism, and halting anti-social behaviour (the latter being constructed as a hindrance to the former), a function of what has come to be known as governance (Coleman et al., 2005; Crawford and Flint, 2009). For street homeless people, this effectively amounts to a criminalisation of culture (Ericson, 2007), leading to the creation in the popular imagination of the rough sleeper as the archetypal ‘feared subject’. In the next section I will make the case that this is a grave flaw in both academic and policy understandings of fear of crime, and argue that a reversal, i.e., the re-imagining of rough sleepers as ‘fearing subjects’, is required.

(Re) Constructing Street Homeless People as Fearing Subjects

... it [is] not unreasonable to see the street-life people as victims themselves – often of sexual abuse when children, of marital disharmony, of mental illness, of drug and alcohol dependency – rather than necessarily as aggressive trouble-makers (Moore, 2008, p.194)

In spite of the plethora of research and subsequent literature in existence on fear of crime, there is actually little attention paid to the fear of crime experienced by homeless people. This is ironic, given that research continually finds that the lives of homeless people are often characterised by fear and/or anxiety (Hagan and McCarthy, 1997; Crane and Warnes, 2005; Newburn and Rock, 2005; Baron, 2011; Huey, 2012).

In many cases, fear of crime is a key characteristic of the lives of rough sleepers before they become homeless. In fact, criminal victimisation as a feature of home life is frequently a push factor in terms of people leaving an existing place of residence. Young people who are homeless regularly cite violence within the home, including sexual assault, at the hands of family members and step-parents as a key reason for leaving home in the first instance (Hagan and McCarthy, 1997; Centrepoint, 2005; Hyde, 2005; Mallet et al., 2005; Alvi et al., 2010). Fear of repeat victimisation frequently renders rough sleeping preferable to the risks present in
the home; as Hagan and McCarthy (1997, p.36) put it, “... it is difficult to accept the notion that most youth would choose this lifestyle without some sort of dread, desperation or despair about returning home”. Similarly, Newburn and Rock (2005) identify ‘domestic’ violence as a causal factor in homelessness. Meanwhile, fear and anxiety can also continue to be problems after people have been re-housed (Tosi, 2005). Commonly, people for whom a home has been found after a period of rough sleeping struggle to ‘settle’ and continue to spend long periods on the streets as they did before, subject to many of the same problems, circumstances and fears (Randall and Brown, 2006).

However, it is fear of crime as a feature of life during periods of rough sleeping that I am most concerned with here. For example, Newburn and Rock (2005) found that homeless people who took part in their research frequently experienced fear of the anti-social behaviour and ‘hate crimes’ of the general public. Similar to the regular low level intimidation and harassment experienced by women as described by Stanko (1985), these homeless people were routinely subjected to insults and incivility by passers-by, increasing their feelings of vulnerability to crime. Moreover, there is evidence to suggest that some homeless people fear each other. Hagan and McCarthy (1997) found that younger homeless people reported fear of older homeless people, particularly in hostels, who appeared intimidatory – a source of fear which can lead young people to choose to sleep rough rather than take up a hostel place (Centrepoint, 2002). Conversely, however, Crane and Warnes (2005, p.141) encountered older homeless people who were reluctant to avail themselves of services “… for fear of violence, intimidation and disturbance from younger clients”. Meanwhile both Newburn and Rock (2005) and Huey (2012) identified homeless women as being fearful of homeless men both in hostel settings and on the streets.

Thus, the popular understanding of street homeless people as a homogenous group that are feared rather than fearful is misleading. In fact, fear on the streets can extend further than fear of crime generally or fear of victimisation specifically. Homeless people report fear and anxiety concerning a range of disparate issues including health, hygiene, food, clothing and shelter (Hagan and McCarthy, 1997), all of which are exacerbated by feelings of loneliness and isolation (Rokach, 2005) and, in some cases, substance misuse (Randall and Brown, 2006). As Newburn and Rock (2005, p.15) put it:

*The homeless… are forced to experience the world as an insecure, uncertain and troubled place where they are required to be wary.*

Homeless people are adept at developing strategies to minimise both fear of crime and the likelihood of victimisation. Like the coping mechanisms and personal safety strategies employed by women to manage fear and mitigate against vulnerability (Stanko, 1985; Kelly, 1988; Walklate, 2001), people who live on the streets devise
methods to maximise their feelings of safety. A good example is the ‘street families’ identified by Hagan and McCarthy (1997). Here young people form bonds and trust relationships with others like themselves in a ‘safety in numbers’ approach, establishing relationships based on mutual concern in an attempt to defend themselves against potential aggressors. In other cases, homeless people will turn to drugs and/or alcohol to lessen feelings of fear and anxiety (Hagan and McCarthy, 1997; Johnson et al., 1997; Dashora et al., 2011), and also to gain access to a peer group to minimise feelings of isolation (Rowe, 2005). Thus, homeless people, rather than being a distinct ‘other’ to be feared, both experience and manage fear of crime in a similar way to more ‘traditional’ fearful groups.

In spite of successive research projects repeatedly finding that fear of crime is a common feature among rough sleepers, popular discourse around rough sleepers continually casts them in the role of sources of fear – a public incivility which gives public spaces an air of danger and risk. Arguably, labelling rough sleepers as a key cause of fear results in them being denied, as a collective, the label of ‘fearing subject’ – in terms of research into fear of crime, they are eternally presented as the ‘other’, which is feared, rather than the ‘us’ that is fearful (Killias and Clerici, 2000). It is possible that these repeated constructions of rough sleepers as always feared and never fearful stem from conceptualisations of victimhood apparent in victimological theory.

Since the emergence of academic interest in the victims of crime, a preoccupation with the status of the victim has, either explicitly or implicitly, been a feature of victimology in all its forms. More specifically, academics exploring victimisation have prioritised establishing who is to blame for victimisation, and who is worthy, or deserving, of support, respect, and dignity – who is in the ‘right’. From the positivist approaches of Von Hentig, who attempted to identify proneness in victims via the development of victim typologies (Mawby and Walklate, 1994), and Mendelsohn, who categorised crime victims “from the ‘completely innocent’ to the ‘most guilty victim’” (ibid, p.12); through feminist critiques of victimology, which highlighted women as the forgotten victims of crime and sought to absolve them from ‘blame’ (Wolhuter et al., 2009); and radical victimology, which shifted blame by shining a light on the crimes of the powerful (Quinney, 1972); to critical victimology, and its concern with who has the power to attribute victim/perpetrator status – the notion of who is at fault, who is in the ‘wrong’, is key. Within each of these victimological frameworks, the demarcation between who the victims are and who is to blame for their victimhood is clearly established according to the standpoint and political motivation of those academics developing the theory. Be it the traditional approach of the positivists focussing on the crimes of the street, or the radical approach of those drawing attention to more abstract understandings of criminal ‘harm’, there are always symbolic conceptions of ‘good’ and ‘evil’ at play (Weisstub, 1986).
However, when considering the victim status of those who conduct their lives wholly or mostly on the streets, applying a straightforward good/bad, victim/aggressor binary analysis becomes trickier. Cohen and Felson (1979, cited in Garofalo, 1986) posit that, for certain crimes to take place, a particular dynamic between three types of actors has to occur: “motivated offenders, suitable targets, and absence of capable guardians – must converge in space and time” (ibid, p.138). In terms, however, of the victimisation of rough sleepers, the presence of ‘capable guardians’, for example, the police, may not reduce or negate the possibility of becoming a victim, not least because, in many cases, the police are more inclined to respond to rough sleepers as offenders rather than victims (Newburn and Rock, 2005). Further, it is not always easy or even possible to categorise rough sleepers into distinct groups of perpetrators and victims, or ‘motivated offenders’ and ‘suitable targets’, as the boundaries move and blur frequently (Hagan and McCarthy, 1997; Ballintyne, 1999; Newburn and Rock, 2005; Rowe, 2005; Grover, 2008) – the state of being homeless is, as Hagan and McCarthy (1997, p.103) put it, a “criminogenic situation”.

In terms of both fear and the risk of victimisation generally, some academics refer to lifestyle models to theorise the likelihood of becoming a victim of crime (see e.g. Walklate, 1989 for further discussion). Here, the chances of becoming a victim of crime are closely linked to the circumstances and routine activities that characterise people’s daily lives:

... criminal victimisation is not randomly distributed across time and space and because offenders in personal crimes are not representative of the general population – but rather there are high-risk times, places and people – this implies that lifestyle differences are associated with differences in exposure to situations that have a high victimisation risk (Hindelang, 2009, p.29; emphasis in original).

Whilst various critiques can be made of the lifestyle approach (Garofalo, 1986), it is arguably useful when considering the victim/offender status of rough sleepers. Mitchell (2003; cited in Cochrane, 2007) notes that rough sleepers, by virtue simply of their circumstances, are compelled to spend much of their daily lives in public space – evidence suggests that this renders them vulnerable to victimisation by other rough sleepers (Ballintyne, 1999; Newburn and Rock, 2005; Huey, 2012). As Hindelang (2009, p.35) puts it, “[a]n individual’s chances of personal victimisation are dependent upon the extent to which the individual shares demographic characteristics with offenders”. In this context particularly, there is a fine line between the victim and the offender (Miers, 2000). Perhaps because of this, a grey area exists in terms of academic, ‘victimological’ knowledge about rough sleepers:

Victims and offenders overlap in such groups, but criminologists know only too little about how patterns, moralities and narratives of offending and victimisation intertwine and co-exist (Rock, 2002, p.21)
In any event, rough sleepers are victimised by other rough sleepers. However, this is not to say that rough sleepers do not suffer criminal acts at the hands of other people. Ballintyne (1999) identifies the general public as perpetrators of crime towards rough sleepers in significant numbers. Newburn and Rock (2005) established that the greatest risk of crimes such as theft, burglary and acts of violence comes from the public, not other rough sleepers. Further, they are routinely subjected to negative comments, looks and derogatory behaviour indicative of a general lack of respect from the ‘respectable’ non-rough sleeping population (ibid). Grover (2008) understands this to be a function of what Young (cited in Grover, 2008, p.160) calls a ‘sociology of vindictiveness’, whereby the working class appraises those ‘below’ them, and

... the group gazed down upon is seen as making a disproportionate, compared to its actual, contribution to the problems of society and its members are represented as the main players in the creation of social problems (ibid, p.161).

Thus the conceptualisation of rough sleepers as never victims, unless they are victims of each other, is erroneous. It is perhaps easy, however, to understand how this faulty conceptualisation has emerged and developed. Traditional victimologists and policymakers alike start from the premise of an ‘us’ and ‘them’ binary split which “cast[s] victims as the invariably affronted ‘Us’ and criminals as the alien ‘Other’ who are locked into a state of warfare” (Rock, 2002, p.22), where images of good and bad are invoked and attached to victim and offender respectively, and actors who do not fit this mould disrupt victimological understanding (Christie, 1986). Whilst the community – the ‘us’ in this binary – is inherently ‘good’ (Rock, 1986), rough sleepers are immediately and inherently ‘bad’ – outsiders who threaten the community and constitute a significant threat to order (Grover, 2008). Questions of who are the victims and who are the aggressors depend on “the political and ethical values according to which we fashion our victimology maps” (Weisstub, 1986, p.317). Particularly from a policy perspective, it appears difficult to re-imagine rough sleepers as potential victims and simultaneously fearing subjects. Instead, rough sleepers are always and already attributed the status of feared subject (Lee, 2007).

Rethinking Street Homelessness and Fear of Crime Discourse

“Academic criminology in the UK has fallen out of love with the fear of crime” (Farrall and Lee, 2009, p.3).

Fear of crime as an academic discipline and a ‘strand’ of criminology has done much to advance criminological knowledge of victimisation and the impact of the threat/risk of crime. Further, it has resulted in the development of praxis by influencing policy and establishing the need to take fear seriously. However, the devel-
opment of fear of crime discourse as a means of securing social change and empowering those who are disempowered by crime has arguably withered on the vine, in that it only goes so far; some groups disadvantaged through their fear of crime are prioritised whilst others are, to a large extent, ignored.

It must be noted that the well-established dynamics of fear of crime as identified within traditional discourse, i.e., that women are fearing and men are feared, are reflected within the street homeless community, and that the street operates as a microcosm of public life more broadly in terms of fear of crime. Huey and Quirouette (2010) identify homeless women’s perceived vulnerability to crime and, subsequently, fear of crime, as both wholly acknowledged by homeless men and justification for alerting the police to victimisation. Constructions of hegemonic masculinity and appropriate femininity are at play within the rough sleeping setting as much as they are elsewhere, and dictate that women are allowed to respond to (fear of) crime in a way wholly different to that of men. Whilst Huey and Quirouette uncover the reality that the “chivalry exception” (ibid, p.279) constitutes a façade in many cases, in that it frequently does little to protect women from harm, the façade remains intact as an ideal regarding street life. Thus, constructions of women as holding the monopoly on personal fear of crime, and men as holding the monopoly on altruistic fear of crime for women (Warr, 1992; Warr and Ellison, 2000; Snedker, 2006; Kinsella, 2007; Rader, 2010) pervade all aspects of social life, including life within rough sleeper communities.

In this sense, fear of crime discourse that revolves around gender divisions can be used as a model to understand both academic and policy responses to rough sleeping and fear of crime. As noted, the vast majority of academic discussion on fear of crime concludes that women are more fearful than men, and that men are, almost universally, both the root cause and the target of women’s fear (Hale, 1996). Further, women experience fear of crime most in connection with the potential for crimes to occur outside of the home, i.e., in public space rather than within the home (Stanko, 1985, 1990). Returning to classic feminist discourse around access to and use of space (Walby, 1990), the public, ‘outside’ domain is traditionally understood as male space, whilst the private, ‘indoor’ domain is constructed as female space. Arguably, these long-established notions of male dominated and female dominated spaces influence conceptualisations of rough sleepers – the street is an inherently masculine arena (Huey and Quirouette, 2010), and rough sleeping is an overwhelmingly male phenomenon (Shelter, 2006); therefore, the rough sleepers who occupy this public space are immediately constructed as non-fearing. To put it another way, the masculine nature of rough sleeping, and the inherent masculinity of the domain within which it occurs, render it difficult, if not impossible, for it to be constructed within fear of crime discourse as anything other than a cause of fear of crime for non- or minimal-street users, as opposed to a
cause of fear of crime for those it effects most – the rough sleepers themselves. Fear of crime as a result of the existence of rough sleeping is constructed solely as the preserve of those most associated with indoor life, assimilated with the traditional crime-related fears of women. Ultimately, rough sleepers as a group – the feared subjects or latter-day flaneurs as conceptualised by Lee (2007) – cannot be constructed as fearing subjects, as they share too few characteristics with the group most identified as fearing – women.

Conclusion

“Victimisation, even more than beauty, is in the eye of the beholder” (Weisstub, 1986, p.318).

It is important to contextualise fear of crime, including fear experienced by homeless people, within broader current ideas surrounding the concept of fear. Fear of crime, fear of terrorism (Lee, 2007), fear of social change (Delanty, 2008) and ideologies of risk (Beck, 1992) have become so enmeshed that fear is the context for modern life (Johnston, 2001). Strategies employed by homeless people to minimise feelings of anxiety, fear and social isolation, such as begging and street drinking, are criminalised (Randall and Brown, 2006) under the guise of minimising the fear of crime, and maximising the spending power (Kinsella, 2011), of the ‘acceptable’ public. Huey (2012, p.19) notes that both the media (in terms of selling stories) and the state (in terms of individualising responsibility for security) profit directly from fear of crime; indeed for the state “... the message that people should look after their own security interests... has had at least three significant net effects”: first, public fear is stirred up; second, this fear is harnessed by “ambitious politicians... [seizing] opportunities to capture power through electoral platforms that promise to placate fears” (ibid); third, individuals financially able to do so feel compelled, as a result of fear, to purchase forms of private security over and above that provided by the public sector. In this sense, fear of crime is used as a justification for increased governance, social control and management of the marginalised, legitimated by discourse around social inclusion (Johnston, 2001; Coleman, 2004; Lee, 2007), and as a lever for promoting the purchasing of private security (Loader, 1999). As Huey (2012, p.20) puts it:

... the homeless citizen frequently becomes the target of public demands for exclusion-oriented and extra-legal practices aimed at erasing their visible presence from public space.
Meanwhile, the notion that groups like rough sleepers are unaffected by the fear of crime, in that they do not themselves experience it, is a serious flaw in both the development of policy and the development of academic discourse. To deny rough sleepers the status of fearing subject is to narrow the focus of the field erroneously. As Ballintyne (1999, p.20) puts it:

Rough sleepers’ fear of crime appears to differ from the wider population in two significant ways – in the overall level of fear (rough sleepers are more fearful) and in the crimes which give rise to that fear (rough sleepers’ fear reflects their experiences and is more likely to be a fear of personal rather than property crime.) In this instance, fear of crime would seem to reflect experience and reality.

Given this, a fruitful and indeed more academically rigorous approach might be to attempt to re-theorize the actors within fear of crime discourse by moving away from binary, oppositional ideals whereby ‘bad’ always equals ‘feared’ and ‘good’ always equals ‘fearing’. A re-imagining of street homeless people, which recognises the reality of their subordinate position in the fear of crime hierarchy, would provide the opportunity to re-establish homeless people as deserving of welfare policy that is designed to alleviate both their fear of crime and their victimisation, whilst diminishing the impact of the ‘feared subject’ label. Further, a revised approach to locating homeless people within the spectrum of fear of crime might act as a springboard for the overdue re-invigoration of its academic study, instilling in it the potential to uncover the hidden victims of fear of crime rather than simply re-visiting its traditional targets.
References


Addressing Homelessness through Disaster Discourses: The Role of Social Capital and Innovation in Building Urban Resilience and Addressing Homelessness

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Abstract_ Natural disasters and homelessness are two urban pathogens witnessed in most large cities. While at first glance they may be seen as two separate policy domains, they can also be interlinked. A conceptual analysis of this inter-linkage is necessary before we start imagining and giving shape to holistic approaches to address them. This think piece focuses on the notion of resilience-building through social networking and innovation, especially when initiated by adopting housing-led initiatives.

Key words_ Natural disaster, vulnerability, resilience, housing, social innovation

Introduction
Natural disasters are becoming more frequent and threatening worldwide, and Europe, specifically, is threatened by a series of natural hazards; while Northern and Central Europe are more at risk of storms, floods and extreme temperatures, Southern Europe is mainly vulnerable to earthquakes and wildfires (EM-DAT, 2012). Against this background of risk, Europe is also threatened by a number of socioeconomic risks such as a lack of adequate and affordable accommodation, high unemployment rates and increased poverty, the extreme form of which is homelessness. Can these phenomena be interlinked? At first glance it would seem that natural and social
phenomena should be addressed separately. Indeed, natural causes are an inherent element of disaster phenomena, while homelessness has systemic, social and individual causes. However, untangling the links between poverty, homelessness and disaster vulnerability is an interesting exercise to test alternative approaches to treating the structural causes of both problems simultaneously.

**Disaster Discourse**

Disaster discourse involves debates and interpretations of what disasters really are, how to measure their impact, and how to address the impact in an efficient and effective way. The dominant paradigm in disaster research is characterized by “a straightforward acceptance of natural disaster as a result of extremes in geophysical processes” and a technocratic view that the only way to address the problematic is by public policy application of geophysical and engineering knowledge (Hewitt, 1983, pp.5-7, cited in Delica-Willison and Willison, 2004). The main assumption is that natural and social domains are separate entities. Dividing the social from the natural has led to the construction of hazards as disorder, namely as interruptions of order by a natural world that is external to the human world (Oliver-Smith, 2004), or as indiscriminate ‘acts of God’ that affect communities in a random way (Fothergill and Peek, 2004).

This rhetoric ultimately leads to some perverse responses to disasters; first, it may lead to policies and practice that only address symptoms but are hesitant to target the structural causes of vulnerability to hazards (Oliver-Smith, 2004). In addition, we enter a vicious cycle where too much emphasis is put on natural processes, while the social framework within which these processes manifest themselves is neglected (Oliver-Smith, 2004; Masozera et al., 2007). Consequently, this produces, as Swyngedouw (2006, p.117) eloquently describes it, “a spectacularized vision of the dystopian city whose fate is directly related to faith in the administrations, engineers and technicians who make sure the taps keeps flowing and land keeps being ‘developed’”.

However, in the 1980s, new scholarship reoriented disaster discourse by questioning the spirit of the dominant paradigm. Disaster phenomena are increasingly analysed through the lens of coupled human-environmental systems, and disaster planning is being sketched not only by intervening in physical domains, but also by changing and modifying societal forces; in disaster terms, this means reducing vulnerability through strengthening resilience (Haque and Etkin, 2007).

The newly emerged paradigm introduces and examines the notions of vulnerability and resilience with the aim of showing how disasters can be perceived within the broader patterns of society (Masozera et al., 2007). A commonly accepted definition
of vulnerability in the disaster context, produced by Blaikie et al. (2005), is a person’s or group’s incapacity to anticipate, cope with, resist and recover from the impact of a natural hazard. It involves a combination of determinants (social, economic and political) that define the level to which one’s life and livelihood is put at risk by a discrete and identifiable natural process. Herein, the time parameter plays an important role. Since damage to livelihood, and not just life and property, is an issue, the more vulnerable groups are those that also find it hardest to reconstruct their livelihoods following disaster (Blaikie et al., 2005).

On the other hand, resilience can be defined as the ability of people to withstand, prepare for, and bounce back from natural hazards (Colten and Sumpter, 2009). However, the political activation of vulnerable groups and affiliated third sector organisations in the governance of disaster intervention is currently being reduced, resulting in affected communities being perceived as victims without resources or resourcefulness. People’s struggles and bottom-up strategies to cope with adverse conditions remain little noticed and understudied. Without a proper understanding of them, policy- and decision-makers are more likely to resort to stereotyped responses to disaster phenomena (Corbett, 1988 in Blaikie et al., 2005).

Poverty and vulnerability can be regarded as two sides of the same coin. The same rhetoric applies to poverty and resilience. For example, a poor family who has insufficient income cannot afford to own land in a safer location or invest in protections for their dwelling. Moreover, poor people do not have the required economic standing that would allow them to mitigate the negative consequences of hazards (Watts, 1983, cited in Delica-Willison and Willison, 2004). Other examples include the absence of effective state protection (for example, in relation to weak access to information or resources/benefits due to bureaucratic obstacles), being forced to engage in dangerous livelihoods, or receiving only minimal entitlements. The losses for the poorest and the most vulnerable are frequently smaller in absolute terms when compared with wealthier people, but they are proportionally larger, especially in terms of the recovery process (Blaikie et al., 2005). Vulnerability analysis, therefore, is a broad theoretical approach to investigating environmental hazards coupled with questions of social inequalities (Bolin, 2006). It also moves the focus of the disaster discourse from ‘risky’ regions, to individuals or social groups that are ‘at risk’ (e.g. Kasperson et al., 1995, cited in Forsyth, 2008).

The resilience analysis is a conceptual approach to examining how communities organize themselves by mobilizing social networks and immediate resources to address future hazards (Delica-Willison and Willison, 2004). This approach opens a discussion on what role those people vulnerable to natural hazards should play in forming disaster policies and discourses.
Most often, the socioeconomic means that poor people need in order to secure their livelihoods are rarely ‘handed down’ to them through hereditary lines (Blaikie et al., 2005). Quoting Swyngedouw (2009, p.606) “neither freedom nor equality are offered, granted or distributed. It can only be conquered. Real changes are born when those who are not equally included in the existing sociopolitical order, demand their right to equality”. This is especially relevant for the recovery/reconstruction era, during which people must not be assumed to be passive recipients of aid while also being constrained by an ambiguous political economy. On the contrary, as Blaikie et al. (2005) rightly highlight, the pattern of access in every society is the result of struggles over resources. The combined knowledge of a society about the risks it faces and the means to prepare for and respond to the distress often produced in the aftermath of a disaster are fundamental to understanding how resilient a group may be (McIntosh, 2000, cited in Colten and Sumpter, 2009).

But how can resilience-building be initiated, supported and sustained? Disasters represent emblematic moments that shed light on socioeconomic dysfunctions. I argue that a progressive way to embark on institutional transformation to address these dysfunctions lies in the opportunities the recovery period provides in connection to issues like housing. The creation of platforms for exchanging views on addressing immediate housing needs following a disaster is key in collectively learning how to deal with future risk and unpredictability. It also helps reorganize and bring into focus new paradigms based on a participatory understanding of the conditions generating the disaster, as well as new alternatives to disaster governance models aimed at building resilience. The reconstruction stage is an excellent opportunity to test resilience-building among those affected and to consider the creation of new institutions for disaster risk reduction through socially innovative interventions in the housing domain.

**Building Houses, Building Resilience**

There is a broad consensus on the fact that housing is of key significance in one’s quality of life. Besides having wide economic, social, cultural and personal importance, housing construction techniques and location can also influence environmental sustainability and natural disaster prevention (Erguden, 2001; Bullard and Wrigth, 2005, cited in Masozera et al., 2007).

However, the issue of housing is becoming more and more problematic for low-income households around the world. These social groups often occupy mobile or poorly-constructed houses that are easily destroyed or readily incur damages from storms or other disasters (Pastor et al., 2006, cited in Masozera et al., 2007); urban squatter camps, for example, are usually concentrated in the most precarious areas
on marginal urban or peri-urban land, and homeless people living in cardboard boxes, under expressways or in inadequate hostels can be witnessed in nearly all cities. For homeless people, who constitute the poorest of the poor in an urban environment, not only are their lives in constant threat during a storm or flood, but they are also at risk of losing any possessions they may have accumulated (Phillips, 1996, cited in Morrow 1999). After a disaster, they are even less likely to find a place to settle and the numbers of those who are homeless can be expected to increase (Cherry and Cherry, 1996, cited in Morrow, 1999).

Any attempts to provide safe and affordable housing will inevitably be subject to two challenges: 1) official regulations governing the acquisition and use of land for housing, which often limit its availability and further increase its price and 2) housing, as Satterthwaite (2010) rightly points out, refers not only to ‘the home’ but also to ‘access to income’ and ‘access to services’, and for those with limited or unstable incomes, the location of the house in relation to where its dwellers work is often as important as the quality of the house and the security of tenure. The problem of these top-down approaches is that they emphasise what they can do for the victims, and not what needs to be done by them (Satterthwaite et al., 2010), yet any really effective disaster risk reduction intervention is not just what a local government does but also what it encourages and supports others to do (Hardoy et al., 2010). The Asian Coalition for Housing Rights also notes that, unless disaster aid and civil protection mechanisms are quickly adapted to enable working with the untitled, the unregistered, the unlisted and the undocumented, they can function to support and even reinforce the inequalities and vulnerabilities that existed prior to the disaster (Satterthwaite, 2010).

An interesting angle from which to conceptualize alternatives to the housing problematic is Turner’s analysis (1972); he suggests that the word ‘housing’ can be used as a noun or a verb. When used as a noun, housing describes a commodity. When used as a verb, it describes the process of housing. Consequently, any housing measurement criterion will differ according to the meaning of the word adopted. In the first case, the measures of housing products are the physical standards commonly used, while from a verbal perspective, the vital aspects of housing are not quantifiable at all (like meeting the needs of people).

In a disaster context, and especially against the background of disaster reconstruction, it is crucial to follow Turner’s approach and distinguish between what things are, materially speaking, and what they can do in people’s lives. This approach raises, however, an important question: who will decide how these needs will be satisfied? The answer is twofold and depends on what interpretation one gives to the word ‘housing’. If housing is treated as a noun, then different kinds of agencies will plan for and provide for people’s housing needs with the result that homeless
people become consumers or passive beneficiaries. On the other hand, if housing is treated as a verb, decision-making power is equally distributed and homeless people may participate in directing the construction of their own houses (Turner, 1972). The International Federation of Red Cross and Red Crescent Societies again echoes implicitly the core of Turner’s idea: “[i]t is increasingly recognized that the meeting of shelter needs in the aftermath of disaster should be seen as a process of 'sheltering' undertaken by the affected household with varying types of material, technical, financial and social assistance as appropriate rather than simply the provision of a per-determined shelter ‘product’” (in Satterthwaite, 2010, p.25).

This logic could be also applied in the European context. The Housing First approach, which treats stable housing provision as a priority, is incrementally gaining ground in several Europe member states. If this housing-led approach is coupled with the support of social innovation (meaning innovative initiatives that are social both in their means and their ends) and applied in a post-disaster background, then it is highly possible that Europeans will have at their disposal a wider array of choices as to which can be the most economically, environmentally and socially sustainable way to rebuild a city (both physically and socially). This does not mean that any discussion comparing top-down and bottom-up approaches should be halted, but it is more to discuss how the coexistence of both processes can produce the optimal social outcome.

What Lessons for Homelessness can be Learned from Disaster Discourses?

An integration of disaster knowledge and homelessness is not yet fully adopted or understood in all social policy debates. This can be partly explained by the fact that both phenomena are already individually complex and dynamic. However, I argue that a critical epistemology to generate information about vulnerability to natural hazards in order to assist crucial developmental problems such as homelessness is necessary to better conceptualize urban complexities and synergetically address some of its social pathogens. This is a politicized acknowledgement of the co-production of environmental knowledge and social values in ways that, albeit in a wavering manner, attempt to reconstruct environmental interpretations and interventions in favour of vulnerable people, including homeless people. The latter are, thus, empowered by political ecologists through careful participatory research or through building political arenas where they can speak and shape the future knowledge generation (Escobar, 1996, cited in Forsyth, 2008). In this think piece, I deal with homelessness as a manifestation of social vulnerability to natural risks.
This provides the discussion on homelessness with new insights as to how the phenomenon can be conceptualized and addressed through the eyes of the ongoing disaster vulnerability/resilience paradigm.

Traditionally, vulnerability to hazards has been viewed and treated as more of a physical exposure to a natural threat. As such, there has been a dependence upon technological solutions to respond to disasters. Attempts to control floods, for example, have largely involved the construction of dams, reservoirs, levees and flood-protection structures (Anderson and Woodrow, 1989, cited in Delica-Willison and Willison, 2004). This pragmatic view of how to deal with disasters makes the natural hazard itself the principal object, and often treats the underlying causes of the dangerous situation as irrelevant and immaterial (Blaikie et al., 2005). The scale and nature of vulnerable groups, as well as the complexity of urban processes and their capacity to increase or decrease risks from disasters, are generally ignored, and any links to jointly address urban problematics are inevitably missed.

However, not all extreme weather or geological events result in disasters (Bull-Kamanga et al., 2003). Disasters only occur when a physical hazard meets a vulnerable population. People living certain types of housing – poor quality housing; insecure, hazardous and overcrowded housing; housing located on dangerous sites such as flood-plains, steep slopes and soft or unstable ground – are more vulnerable to disaster risk. Such housing is at greater risk from storms/high winds, earthquakes, landslides, floods and fires, and can also help facilitate disease transmission, which may lead to epidemics (Satterthwaite, 2010). Disasters thus produce even more homeless and vulnerable people. These are the ones who have survived but are unable to recover their livelihoods and do not have access to safe and affordable housing, credits and insurance (Walker 1989, cited in Wisner and Luke, 1993). Traditional risk assessment, focusing on magnitude, fails to account for the higher relative burden born by low income populations and those excluded from housing (Adger, 1996, cited in Masozera et al., 2007).

The tendency to see an earthquake or flood as the disaster rather than the catalyst for disaster means missing the opportunity to conceive of disaster as an emblematic moment that sheds light on societal inequities witnessed both in pre-existing patterns of community settlement and in post-disaster recovery and reconstruction processes (Morrow 1999, Bull-Kamanga et al., 2003). Natural processes need to be understood in conjunction with the social production of vulnerability. People who are economically marginalised (such as rough sleepers or urban squatters) tend also to be vulnerable in relation to their access to livelihoods and resources before and after a disaster hits, yet are likely to be a low priority for government interventions intended to deal with hazard mitigation (Blaikie et al., 2005).
In order to overcome disaster vulnerability, the root causes of poverty and homelessness must be addressed. Even though there are many practical and political obstacles, there is, at least, a clear agenda for the required changes (Green and Warner 1999, cited in Hilhorst, 2003). Homelessness is identified as a major factor in increasing vulnerability to hazards, and homeless people or the housing excluded are more exposed to the risk of disaster. As homelessness is the most extreme manifestation of poverty, a poor, homeless individual or family does not have sufficient income to buy or rent safer housing or improve their dwellings, either before or after a natural disaster. Thus, when a major cyclone or strong earthquake hits a poor area, there is a high probability that their house will be damaged and that they will be rendered even poorer. Poverty will therefore always be a problem and addressing vulnerability also necessitates addressing poverty, and hence homelessness (Watts, 1983, cited in Delica-Willison and Willison, 2004).

For people who cannot afford to pay for repairs, reconstruction or relocation, it may take years to recover from the aftermath of disasters. In fact, the effects of a disaster may still be felt by the next generation because of a lack of resources to recover (Adger, 1996, cited in Masozera et al., 2007). Newly homeless people run the risk of getting into the ‘homeless system’, which is largely centred around service provision consisting mainly of temporary accommodation and emergency interventions. This type of provision (required due to, inter alia, natural disasters) should serve only as a short-term gateway to a permanent accommodation solution within a reasonable time frame, wherein people are not left in a vicious circle of precarious conditions and insecurity. This logic could simultaneously apply both to a disaster mitigation strategy and to a homelessness prevention tool. Hence, safe housing with security of tenure can be seen as the initial step for, and the gluing element between decreasing vulnerability and resolving situations of homelessness.

The difficulty with the vulnerability discourse comes when one tries to apply the concept of vulnerability to concrete situations. How can disaster and urban planners as well as social workers effectively work together and socio-spatially identify and appraise the unique patterns that result in accentuated risk for some categories of people in their communities?

A first step could be the development of a community vulnerability inventory (Geis, 1997, cited in Morrow, 1999) or access profile (Blaikie et al., 1994; Morrow et al., 1994, cited in Morrow, 1999). Planners could maintain databases reflecting the extent to which highly vulnerable groups are represented in each locality. An example might be the mapping of rough sleepers and people living in precarious settlements and pin-pointing where these high-risk groups are concentrated. The resulting community vulnerability maps can become invaluable tools for emergency planning and intervention.
managers and disaster responders, allowing informed estimates of anticipated community needs at all levels of crisis mitigation, response and recovery (FEMA, 1997, cited in Morrow, 1999).

The proposed identification and targeting of at-risk groups does not imply a lack of agency on their part. Truly 'disaster-resistant communities' (Geis, 1997, cited in Morrow, 1999) depend on meaningful grassroots activism. Effective hazard mitigation and emergency response must begin with an acknowledgement and understanding of the complex ways in which social, economic and political structures result in important differences in the vulnerability of those they are meant to protect and serve. One example of a grassroots strategy would be to use the current movement towards sheltering people in their local neighbourhoods as a basis for organizing neighbourhood response networks. Planners and managers who make full use of citizen expertise and energy will more effectively improve the safety and survival chances of their communities (Morrow, 1999). And this participatory process is the building block of the notion of resilience.

Resilience is understood to be the degree of disturbance an urban socio-ecological system can absorb while maintaining its essential structures and functions. Returning to the same state that existed prior to the event demonstrates a failure to utilize the knowledge gained through the experience to address previous dysfunctions. Thus, a resilient community can be seen as one that, while similar in many respects following a disaster to any other community, will intentionally use what it learned to change itself (including the limitation of pre-disaster structural homelessness, and the prevention of new, post-disaster homelessness).

A combination of interaction, coordination and an understanding of the organizational capabilities of homeless people themselves helps build social capital and provides the basis for coordinated prevention and rehabilitation planning and enhanced resilience (Baker and Refsgaard, 2007). There are many examples demonstrating the resilience of homeless people around the world, especially in the less developed world, where these form federations in order to negotiate right to land, shelter and basic services within their cities. Their aim is to rebuild communities in the post-disaster era and safeguard the right to safe tenure. The latter is of particular importance because there are worries about the increased risk of eviction for those that did not have secure land rights before the disaster. Homeless people engage with micro-finance instruments and are involved in developing life-size models of houses that can be low-cost, can satisfy governmental safety regulations and can be built incrementally (D’Cruz et al., 2009).

Access to permanent housing is a shield both against natural risks and a vicious circle of poverty. Socially innovative initiatives in the housing domain have the potential to give people the self-confidence and organization to demand more at a
later stage in relation to other spheres of their predicament (such as access to health care, livelihood opportunities etc.). Therefore, housing-led approaches could be considered the starting point for a circle of resilience in which different elements of development support and augment each other through improvement in the quality of life of the homeless community (Baker and Refsgaard, 2007).

Conclusion

Natural disasters put the social spotlight on affected communities, but also open a window of opportunity to address fundamental problems such as homelessness that during normal times seem impossible to address (Pomeroy et al., 2006). There is thus a need for a better understanding of how social, economic and political structures construct urban risk. Following that, disaster prevention or recovery provides the best platforms on which pro-active and pro-poor approaches can be adopted to address urban risk in the most integrated way.

Starting from the perspective of the housing domain, individual and community empowerment can be central to building resilience through social mobilization, coordination, participation and social innovation. People can take their destinies in their own hands, join with other social actors and develop innovative ways to address their predicaments. Echoing Blaikie et al. (2005), a simple limitation to voting every few years is not a sustainable approach; the sustainable reduction of disaster vulnerability, of which homelessness or risk of homelessness is a core parameter, requires the full, day-to-day participation of ordinary people and their affiliated organizations, and an ongoing struggle to increase choice.
References


EM-DAT (The International Disaster database), Country Profiles.


Homeless Refugees in Hungary

Adrienn Kiss

Abstract. This think-piece outlines the complexity of how recognized refugees and beneficiaries of subsidiary protection are becoming homeless in Hungary, broadly speaking, and their insufficient access to secure housing. Although it discusses the situation in only one country, it has indirect relevance for the care systems of other member states of the European Union. Due to the lack of national research, relevant statistics, or other indicators of a specific refugee aid system that could be used to explore this issue widely, only certain trends and patterns can be revealed. The relationship between the state and the internationally protected person is characterized by the exclusion of refugees from meaningful access to social rights. Two case studies will be presented in the latter half of this paper.

Key Words. refugees, homelessness, housing exclusion, Hungary, integration policy, social security
Introduction

In Hungary, the political changes that occurred in 1990 and the radical changes in the economic system resulted in the loss of thousands of jobs, resulting, for some, in homelessness. In the past 21 years, a multi-level, professionalized and elaborate system of institutions has been constructed, yet the core of the problem has not been dealt with successfully. Social care policy primarily serves as crisis intervention, and does not offer a solution and a way for homeless people to re-integrate successfully into society. As a result of the austerity measures introduced by new legislation in 2011, entitlement to certain welfare benefits, including the housing support that facilitates access to independent housing and subsequent integration, have been taken away. While refugee law continues to maintain this type of welfare benefit, satisfying all the entitlement criteria is problematic in practice. In the Hungarian social care system, it is only possible for families to enter into temporary accommodation after a long waiting period. Furthermore, homelessness has become an issue of law enforcement. New legislation came into force on 1 December, 2011, which declares that anybody sleeping rough in the street can be fined an amount of 150,000 HUF (€538), or can be punished by 90 days detention. This is the wider context of the current political power’s approach to homeless people.

Asylum Seekers in Hungary

The Hungarian Asylum Law is based on the 1951 Geneva Convention, and refugee status is granted a very high position in the Hungarian legal system. Under the asylum legislation, this status is almost equivalent to Hungarian citizenship, with refugees having, for all intents and purposes, the same rights and obligations as Hungarian citizens. The Office of Immigration and Nationality stated that there were 1,187 refugees and 391 persons with subsidiary protection in Hungary in December 2010. However, these statistics do not show the reality of life in Hungary for refugees and this think piece aims to highlight the difficulties that exist.

Hungary is not classically a target country for those who have to flee from wars and persecution in their country of origin – it functions more like a transit one. This tendency has increased in the past year. In the years after Hungary joined the EU, the number of asylum applications first increased, but then they dropped by half in 2010 (1,609 applications were registered in 2005, and after the peak in 2009, with 4,672 registrations, the numbers dropped to 2,104 in 2010). Approximately 160-170 persons were given refugee status each year between 2007 and 2009, declining to 74 in 2010; and 88 people were recognized as having subsidiary protection in 2008, 62 in 2009 and 115 in 2010.
Since the beginning of 2011, according to a new piece of law, foreign citizens who enter the territory of Hungary illegally will be detained in detention centres for 6 months, and this can be extended for another 6 months. The number of asylum applications has dropped significantly in the past year, with asylum interviews now taking place in detention centres; once an asylum-seeker is granted status, they can move to a reception centre. As refugees arrive from countries that are afflicted by war, persecution, extreme breaches of human rights or ethnic conflicts (e.g., Afghanistan, Somalia, Iraq, Sudan), most of them are seriously traumatized and victimized, a significant number have poor literacy skills, and some had never even left their country of origin or their villages before they escaped. Usually they do not have any relatives or family members in Hungary, so there are neither natural support networks nor any migrant or refugee communities that can provide stable and long-term resources for them. The Hungarian state finances only 520 Hungarian language lessons – a language that is one of the most difficult in the world.

**Homelessness and asylum**

Homelessness among refugees can be observed as a cause and as a consequence of intensive mobility towards western countries. On the one hand, many refugees and beneficiaries of subsidiary protection continue their journey directly after they are given status, presumably towards their original travel destinations. Due to the absence of accurate statistics it is difficult to estimate, but everyday experience in this area of social work suggests that due to illegal residence, deportations from another EU member state back to Hungary are quite frequent under the Dublin 2 regulation, which is in effect inside the Schengen area. The Hungarian Helsinki Committee provides a definition on Dublin procedure in their explanatory guide: “In the European Union only one EU member state should deal with the case of an asylum-seeker. This country is usually the first country that the asylum-seeker entered. Therefore, in the admissibility procedure, the Immigration Office will first check which EU country is responsible for examining (...) asylum application.” (Helsinki Committee, 2008).

On the other hand, a significant number of people have been making great efforts to integrate in Hungary; they look for accommodation, search for a job, learn Hungarian, or try to get a qualification. Where such persons experience a series of failures, perhaps most significantly unsuccessful job-seeking and housing insecurity or a lack of housing, they will explore options in another country.

Refugees can be found in many of the ETHOS typology homelessness categories. Homelessness amongst refugees is a dynamically changing phenomenon, which can include sleeping rough, or sleeping on public transport or in Internet cafés; mosques can also provide temporary shelter for Muslims. Actual rooflessness is rare in this group, as is the use of night shelters; the Hungarian state allows...
foreigners to stay habitually in refugee reception centres, in detention centres, at community shelters, in the homes of unaccompanied minors and young adults, as well as in aftercare institutes of the child protection care system. However, these kinds of places can be defined as the scenes of *houselessness*; also included in this category is living in temporary accommodation for homeless people, women’s shelters, or dormitories, where housing is not provided during the school holidays.

In the category of *insecure housing*, the most common solution is the use of a courtesy flat: staying for a shorter or longer period of time at the place of a compatriot who is able to rent a flat, something that is largely based on reciprocity. However, we have little information about these kinds of relationships, and we do not know what is expected in exchange for the help.

Living in rented flats creates a heterogeneous group of people, as many of them are not able to register an address, even with a valid tenancy agreement and by paying rent monthly. Thus, the address card they can acquire only states the name of the particular city/town (and district); this card is called a ‘homeless address card’, as it is actually assigned to a public place. In Hungary, both permanent and temporary addresses exist, but the latter cannot be created without the former. However, most landlords refuse the registration of a permanent address, and without this, submitting a citizenship application or starting a business is impossible.

For *recognized refugees*, there is only one institution available that is financed by the Hungarian state: a reception centre run by the Office of Immigration and Nationality, located at the outskirts of a rural town, Bicske. This centre provides accommodation for a maximum of 6 months, which can be extended for another 6 months in special cases. After leaving the reception centre, one is not allowed to move back in, even if one becomes homeless in the meantime, and even though the reception centre has the capacity – as the number of people being granted refugee or subsidiary protection status keeps falling, capacity has not been reached.

Whether one is kept in a closed, prison-like place or in an open institute that allows free movement but where a large number of people are accommodated, integration into the host society is difficult. Furthermore, no integration programmes or organized services exist at the national or regional level, in the capital, or in any other cities. Neither have we any information about the housing needs of internationally protected people, or about the scale of their access to any type of housing. According to the experience of the Menedék – Hungarian Association for Migrants, a non-governmental civil organization that has regular contact with, and provides social assistance to people in need, there is a cyclically returning problem that needs attention paid to it, and needs to be reflected upon by professionals – homelessness amongst recognized refugees and persons with subsidiary protection.
Menedék – Hungarian Association for Migrants ran a successful housing programme for refugee persons for years, financed by the European Refugee Fund, which offered eight beds. The application of selection criteria in choosing the participants included previous work experience, current level of employment suitability, level of Hungarian, or at least English language skills, and cooperation skills. The reformed Church Refugee Mission has also been providing 10-12 supported tenancy opportunities of a 2-year duration for single refugees and for refugee families.

In 2011, there was a total of 21 night shelters and special shelters in the mainstream social care system of the capital city, which could provide accommodation only for night-time and was free of charge. These shelters have rooms with 10-15, or 35-45 beds. This low-threshold social service can help those who are effectively homeless. In addition, there were 28 temporary hostels in Budapest available for a monthly fee, for which a regular income is necessary. Fewer people share the rooms of these hostels, with an average of 1-4 or 10-15 people. There are several problems in both of these types of mainstream homeless institutions, such as the lack of specific knowledge among the social workers about the situation of refugees, and the lack of any foreign language skills (although to acquire any degree in Hungary, a certificate of an advanced foreign language exam is necessary). The management of these institutions is also reluctant to receive refugee clients. In addition, there are some workers’ hostels, run on a for-profit basis, but they are not available to homeless refugees, who do not usually have a regular salary or any regular social support.

Leaving the Bicske pre-integration camp is a determinant for the successful beginning of new life in the host country, and it can cause anxiety but also create the feeling of liberation for individuals. Before the new legislation, an amount of 171 000 HUF was available as an initial support for all refugees leaving the camp. However, the current eligibility criteria are determined by law in such a way that it is now all but impossible to meet them (in 2011 only one person received it). Many cash benefits exist only on paper; usually the only social income available is monthly support in the amount of 28 500 HUF, for a maximum of 1.5 – 2 years.

The official reason given by the Office of Immigration and Nationality for their dramatic tightening of the refugee support system is ‘social justice’, as they outlined in their explanatory guide to the new legislation.

There is no system of tax benefits or contribution allowances that supports labour market integration for refugees. The involvement in adult vocational trainings is quite impossible without one’s own resources, and the acquisition of any type of driving licence is not possible either, because of the lack of primary school papers.
The mainstream Hungarian social (homeless) care system makes already disadvantageous processes even more so, including the housing of refugees because of the inequality of their treatment. The uncertainty and the fragmentation of aims and responsibilities in refugee (migrant) integration is well-reflectied in the positions currently taken by professional bodies; prestigious representatives of a consultative body for homeless organizations have said that all of the above problems should be dealt with by border guards and not by social professionals. The following two case studies illustrate the issues highlighted above.

Case Study 1

A 23-year old Afghan man arrived in Hungary at the beginning of 2008, but he planned to enter another European country. The asylum authority granted him subsidiary protection in the spring of the same year. According to this man, he wanted to avoid becoming homeless after leaving the reception centre, so he travelled to his brother in another Western European state. There was a kind of security web around him, and he had been working illegally for months in different jobs.

I became acquainted with him after his deportation from an EU member state back to Hungary (but not from the one where he originally went). He had left his official Hungarian documents behind him; he had no money, but carried only a bag; and he wanted to return abroad immediately. His mental state had deteriorated, he was very distressed, and his thoughts were completely focused on only one thing: leaving Hungary. Communication between us was difficult because of his intensified agitation and extreme distrust, though his English speaking skills were quite good. He wanted to give up his subsidiary protection status so that he could return to Afghanistan (“to die there rather than starve to death here”). Despite his crisis situation, he refused guidance to a homeless shelter. After two consultations he dropped out of our sight.

Two weeks later, a worker from the Office of Immigration and Nationality indicated that this young man had recently travelled abroad illegally and had been caught and deported again by the foreign authorities. He was in the same homeless situation; he rejected the possibility of any institutional accommodation, and he finally found a place for a few days in a mosque in Budapest. After a few more consultations and the completion of his Hungarian identity card, our contact ended again. The third time he turned up was in November 2010, when a third EU member state deported him back to Hungary. At that time he was suffering the results of physical abuse by policemen. He was in pain, so immediate medical aid was necessary, which caused serious administrative difficulties for the hospital that carried out the examinations as he could not show any kind of personal documents. In this period of our collaboration,
he asked for social assistance with a greater degree of trust and he had become much more cooperative than before. It had become more or less clear to him that a social worker does not function as a policeman.

We started working out his step-by-step personal integration plan, as his biggest wish was to get a job and start working. His personal documents were replaced and his health problems ceased. He started to use the accommodation of one of his Afghan friend’s as a courtesy flat, and his situation was finally consolidated. His lack of Hungarian communication skills was a major barrier to the labour market (this deficiency is quite understandable, considering his intensive psychological resistance towards the country). During a 3-month period he came to our counselling office on a daily basis looking for an adequate job, but his frustration increased and increased –there were only a few unskilled job advertisements.

After December he disappeared for another 3 months, during which time he probably stayed in Hungary. Using money he had borrowed from his brother, he moved into a rented flat. He had tried to accredit his Afghan driving license, but due to the lack of an official school certificate of a minimum of 8 years this was unfeasible (the process is the same for Hungarian citizens, and no exception is made for foreigners even if they can be much more vulnerable); this young man had, in any case, completed only 6 years of school in his country of origin. He was totally fed up after encountering this extra obstacle and due to the difficulties of living in Hungary, and he never turned up at our counselling office again.

In November 2011 he sent a very polite e-mail from somewhere to find out whether the accreditation of his original driving license had become possible, but unfortunately the answer to this question was no.

**Case Study 2**

The young man in this second case study first arrived to Hungary in January 2008 at the age of 20, also from Afghanistan. After his recognition as a subsidiary protected person, he travelled to another EU-member state. In the summer of 2009 he came back to the country, presumably not voluntarily (but we had no background information on the potential deportation), and he asked for social assistance in our counselling office. After applying for the specific refugee welfare benefits available, he was still faced with the problem of housing. The government-run homeless temporary accommodation with the biggest capacity in Budapest rejected his application for shelter. A smaller, temporary homeless institute, run by a non-profit organization, is located at the outskirts of the capital city, and they had accepted his request, but after he had realized that he would have to share the room with Hungarian (homeless) roommates, he did not move in.
He received some money on an irregular basis from his compatriots, and he was able to complete his missing Hungarian personal documents. He became a user of a courtesy flat when he moved into the flat of one of his Somali friends, but financial transactions were always quite chaotic and he always lost in ‘negotiation situations’. In the end he had had enough; he moved into a workers’ hostel that was run by an Afghan man and spent a few nights there. Later, he lived at his friend’s flat again. In August he wanted to travel to Austria, but was captured at the border and deported back by the Austrian foreign police.

Independently from all of the above-mentioned problems, this young man, who was originally shy, started to become more self-confident and able – he managed his case almost alone. His job-seeking efforts ended with no result, but he later he told us that he had found a car mechanic job in a country town and was leaving. After this we had no contact with him. In March 2010 he appeared once again in our office, and there was only one consultation with him. He said that he had been working abroad for 7-8 months as a car mechanic. He was preparing to visit his family, who lived in an Asian country, in the spring.

One year later, in April 2011, we met again. The change that he had gone through was spectacular. From the totally timid and quiet ‘adolescent’ that he was, he had become an assertive young man. He had been working in Western Europe continuously and legally (albeit doing the work, according to what he said, of two people), he had been able to save some money, and he had concrete plans to come back to Hungary. As he had been repairing cars since childhood, he wanted to start a car mechanic business in Budapest and he had already found a partner.

At that time, he was totally out of homelessness and had rented a flat. He gave himself 2-3 months to start up his enterprise, and calculated his financial resources realistically. Becoming an entrepreneur would not have been an obstacle in and of itself, but he could not overcome the fact that he needed an original school certificate of car mechanic education; this requirement came as a shock. Our contact ceased once again, as he was unable to realize his aspirations for financial independence in Hungary.
Conclusions

The two case studies illustrate several examples of the difficulties faced by internationally protected refugees in Hungary. They also reveal that many refugees are faced with very difficult situations. The most vulnerable of them are totally excluded from access to adequate housing for financial reasons, including joblessness and an inadequate social care system. Having a small number of non-profit organizations that are responsible for the integration of refugees and homeless refugees is important, but it is not enough, and public engagement is also essential. Accurate statistics and regular follow-ups of the number of refugee (migrant) service-users of different social institutes – particularly those who use homeless care services – are needed. The asylum legislation was modified without any impact assessment with regard to the radical reduction of visible public expenditures that the government intended.

This current system does not seem to be in any way beneficial in terms of solving the housing exclusion issue. The legal background allows wide discretion in the fragmented cost-of-living allowance system, which is confirmed by everyday practice. It is almost always unpredictable as to whether the applicant will get any kind of cash benefit or not. Professionals that provide social assistance to refugees must work in a regulated situation where there is no opportunity to give inaccurate information about entitlement to support and about the regulation of other segments of their lives (for example, the registration of birth of a baby born to refugee parents can be done smoothly in one Budapest district, but it is very problematic in another district). All these financial and administrative difficulties together weaken predictability and stability, and endanger the enforcement of social rights.

The government and local authorities, as well as non-profit and church organizations that provide social assistance to refugees, should fulfil an intensive role in elaborating the refugee (migrant) strategy in Hungary, as should, of course, refugees themselves. Without this collaboration, their plight may never be improved and they will continue to lose, or be excluded from access to accommodation, forcing them to change country of residence again.
References

Quality Standards in Homeless Services, Housing Led Approaches and the Legacy of ‘Less Eligibility’

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Abstract_ The European level debate about quality standards in homeless services has developed largely in isolation from the growing consensus that homelessness is a social phenomenon that can be ended through ‘housing led’ approaches, and as a result it runs the risk of setting homeless policy back by a generation.

Key Words_ Quality standards, poor law, less eligibility

Introduction
Over the last two decades, a key element of European Union economic policy has been to increase economic growth through further developing a single EU-wide market in the provision of services. It is argued that deregulation of service provision results in improved productivity, competition between providers, consumer choice and lower prices. However, such policies have also attracted criticism about their negative impact on social cohesion and equality (Héritier, 2001). Specifically, there has been concern that broader public service standards such as accessibility, continuity, security and affordability will be undermined in a deregulated environment. While this debate relates to a range of services, including utilities, one element of it has been concern about the implications of such deregulation on certain forms of social services, which are “solidaristic or redistributive, not for profit, protective and have an ‘asymmetric’ relationship between producer and consumer” (Spicker, 2011) – these have become known as social services of general
interest (SSGI). Legislation in this area includes regulations governing public procurement of services, state aid to public services, and the establishment of a European market of services.

As FEANTSA has pointed out, services for people who are homeless clearly fall under the concept of SSGI as defined in the European Commission’s Communication on SSGI, 2007 (FEANTSA, 2010; European Commission, 2011). The overriding criticism of deregulation policies in the area of SSGI is that they will result in a ‘race to the bottom’, as providers seek to gain competitive advantage through cutting the quality of services. While concern about falling standards is common in the broader debate about deregulation, it has particular relevance for SSGI for a number of reasons. The first is that there is a relative absence of formal standards for the quality of service provision. This arises partly because these services were historically run as ‘public services’, driven, at least nominally, by the needs of the citizen requiring care. Furthermore, the idea of ‘quality standards’ is harder to stipulate and monitor in the area of social care than it would be in, for example, manufacturing or other parts of the service industry. As a result, there is no consensus about what forms of cost-cutting should be construed as generating legitimate efficiency savings, and what should be considered unacceptable reductions in service. This is further compounded by the general absence of consumer choice as a regulating force in this form of service. This is because of the ‘asymmetric’ relationship between the producer and consumer – such services are frequently provided to people who are too poor to be paying for the service from their ‘own pocket’ or too infirm to actively engage in selection of the service provider.

FEANTSA has played a positive role in actively supporting and encouraging a debate about the standards that should apply to homeless services. However, because of the large number of people requiring these services and because they are more likely to provide some areas of profit, the debate around, and the generation of new quality standards has been focussed on services for people who are elderly or have a disability. There is, of course, much to be learnt from the standards set in these well-developed social services, but the result has been to frame the discussion in such a way as to sidestep some of the crucial dilemmas that homeless services must confront if they are to promote a genuinely effective idea of ‘quality’ for people experiencing homelessness.

Many of these dilemmas have been manifest in the history of provision for people who are homeless or destitute, and, significantly, they re-emerge as challenges in light of the new ‘housing first’ or ‘housing led’ approaches, which are currently finding some favour.
Homelessness is Not a Condition to be Maintained

The quality discourse, which relates to services for people with disabilities and elderly people, is insufficient for a discussion of services for people who are homeless because they serve a fundamentally different purpose. At the core of my argument is a distinction between social services that essentially accept the ‘condition’ of the person to whom they are providing services, and those services whose purpose it is to assist with a transformation of that condition. Services for the elderly attempt to deal with the consequences of ageing and to ensure that, to the greatest extent possible, a full life can be lived in old age, but they don’t, at least in reputable services, propose to make a person any younger.

On the other hand, the primary purpose of labour market services for people who are of working age and unemployed is to end the person’s period of joblessness. Labour market interventions may aim to ensure that a full life can be led during the experience of unemployment, or they may aim to make the period particularly repellent, but this is either an instrumental or an accidental aspect of the intervention – it is not its primary purpose.

Of course, social services do not exist just at the extremes; there is a complex range of approaches, often changing on the basis of empirical evidence, progress or fashion. The situation of social services for people with a disability is particularly complex, with the ‘medical model’ of response – which would see people ‘recovering’ from their disability – increasingly being challenged by approaches that see disability as a form of diversity, and so focus on assisting the person to live as full a life as possible but without, in general, aiming to change the person themselves (Shakespeare et al., 2009; Roush and Sharby, 2011). Different approaches may be appropriate for different forms and extent of ability/disability, with much of the discourse in social services concentrating on people with chronic and debilitating disabilities.

Historically, homelessness, like disability, can be found at various points along the spectrum during different periods of time. Approaches that attempt to manage homelessness or to respect a culture of homelessness (Law and John, 2012) are closer in nature to services for the elderly. However, services that adopt a ‘housing led’ or ‘housing first’ approach have the same fundamental objective as services for the unemployed – they see homelessness as a ‘transitional socio-economic condition’, out of which the service is designed to support a transition.

The idea of ‘quality of service’, therefore, means very different things at either end of this spectrum, and in the middle it can be very challenging indeed, raising a number of fundamental contradictions.
The problem is that if we apply an inappropriate concept of ‘quality of service’ to the provision of services for people who are homeless or unemployed, we make it more difficult for them to progress into independent living. For instance, one expectation of a good ‘quality’ welfare state might be that it would provide a person who is unemployed with sufficient income to live their life with dignity while they are out of work. However, it might also be true that if such welfare rates were significantly higher than the income the particular individual might obtain in the labour market, we would make it more problematic for that individual to take up a job. For individuals with low earning potential or labour markets with low wage levels, this can create a real dilemma in establishing adequate welfare levels. At the other end of the spectrum, there is no level of old-age pension provision that can create an incentive to get older, or indeed to remain stubbornly youthful.

In the case of homelessness, this tension can be seen when we consider the quality of accommodation that can be provided to people in emergency homeless services. In a service for the elderly, quality provision would aspire to at least the standards available to someone able to exercise choice on an average income in the open market. In a homeless service, providing such accommodation in emergency situations is sure to raise the question of whether you are creating an incentive for people to opt into homelessness or remain ‘stuck’ in emergency provision.

This is not just true of physical accommodation, but also of food, income, medical care and other homeless services. So, for services which reject the ‘managing homelessness’ approach and adopt the ‘housing led’ approach, the quality of services must not just be considered in and of themselves, but also in relation to the prospects of transitioning out of homelessness. An inappropriate approach to ‘high quality services’ can trap people in their social exclusion, and there is, thus, a deep and largely unacknowledged tension between high service standards and expectations of exits from homelessness. There are resolutions to this tension, but importing the debate from essentially static services for the elderly and the chronically disabled does not help.

The problem is that the question of how to ensure that high quality services for those who are destitute does not trap people in their destitution resonates with some of the darker episodes of services for homeless people; it is uncannily similar to the concept of ‘less eligibility’, which was one of the underlying concepts in the Poor Laws of the 19th Century. The rule of ‘less eligibility’ meant that people seeking poor relief “were to be granted relief only in conditions so rigorous that no-one would voluntarily seek it in preference to work” (Thane, 1978, p.30).

These issues are not unique to the housing led approach, but apply to all models that seek some form of transition. Busch-Geertsema and Sahlin (2007, p.78) point out that “hostels are often embedded in a system of sanctions, such as a staircase
of transition, which tend to need a lowest rung to intimidate or motivate residents elsewhere to behave where they are. To keep that inferior status implies that hostels should not be too comfortable or nice, as people should be motivated to work for other solutions.” The ‘housing led’ approach and the question of ‘quality standards’ bring these questions back into relevance in a most uncomfortable way.

Services for the Homeless, Shelters and the Poor Laws

During the period of industrialisation in the 19th Century, workhouses or similar institutions were established in many countries throughout Europe and in the US. These institutions developed as a response to the perceived failures and cost of ‘outdoor relief’ (Harvey, 1984; Culhane, 1996), and they provided people who were poor with some form of support on the condition that they reside in the workhouse and submit to its regulations. Workhouses were seen as a solution to a number of problems associated with ‘outdoor relief’ – they were intended to be less expensive, rehabilitative and also provide a deterrent to able-bodied people preferring relief to employment.

Workhouses brought together the whole spectrum of people who were poor, and linked the provision of shelter with the provision of other forms of relief. In Ireland, the UK and the US, like many other parts of Europe, homeless services are the direct descendants of Poor Laws and specifically the provision of workhouses from the middle of the 19th Century. For example, in Ireland the workhouses were rebranded as ‘County Homes’ in the early 20th Century and their ‘casual wards’ continued to be the main refuge of the homeless until the mid-1980s (Harvey, 1984); part of one former workhouse building continues to be used as a homeless shelter.

Katz argues that the lodging houses and boarding houses, which were the successors to workhouses in the US in the early 20th Century, “inherited the mixed goals of the poorhouse: shelter, punishment, deterrence” (quoted in Culhane, 1996). Poorhouses were ultimately seen as failing due to the contradictions in their objectives. Initially, a ‘rehabilitative’ objective had been central to their role; this was gradually replaced with a punitive function, partly as a result of ‘rehabilitative’ approaches turning out to be less successful and more expensive than expected (Culhane, 1996), but also because they conflicted with the objective of deterrence, the primary objective of which was to distinguish between the ‘deserving’ and the ‘undeserving’ poor.

This distinction is, at one level, a moral one; the ‘deserving’ are those who require assistance through no fault of their own (largely widows, the sick, the elderly and children, particularly orphans) and the ‘undeserving’ are those whose own behaviour is responsible for landing them where they are (drug takers, gamblers, drunks and
the lazy). Those who have too many children to support move from ‘deserving’ to ‘undeserving’ depending upon their marital status and as social attitudes to birth control shift (Thomas, 1997). A lot has been written and said about these kinds of distinctions but for our purposes another distinction, which occurred repeatedly in Poor Law legislation, is more relevant – the distinction between those who are ‘able-bodied’ and those who are not.

Historically, public provision for people who are poor, homeless and destitute has been almost universally appalling. This is not simply a function of their poverty in itself; it is the mechanism through which free provisions have been rationed. If we are to start handing out food and shelter to people without control over who will take it up, there may be no end to the takers. However, if we make the quality of provision and the circumstances of its distribution humiliating and demeaning, we will go some way to ensuring that only those who really need it actually come forward.

In 1848 the Irish Poor Law Board, for instance, complained that “the roughness of the lodging and the coarseness of the fare provided are not sufficient to deter the dishonest vagrant” (Harvey, 1984). In the industrial era, if the working and living conditions for most working people were extremely harsh, it was essential that conditions in the provisions for the poor were even harsher. Emerging capital needed labour in the factories, but needed it at very low wages. While social concern required that there be some provision for the genuinely needy, it must be such as to ‘deter’ those who had any alternative.

Few, if any, modern homeless services operate with this form of overt moralising approach. But behind the cruel and moralising approach of Victorian Poor Law there is a real tension, which we continue to grapple with today. At least we should grapple with it, if we are to understand properly the meaning of ‘quality’ as we shift towards a ‘housing led’ approach to homelessness. To close our eyes to this tension and how it is rooted in the history of the services we offer will draw us back to a ‘managing homelessness’ approach that is sensitive to every human right – except the right to a home.

**Conclusion**

I have repeatedly drawn the parallel between homelessness and unemployment because I think that there is a lot of learning that homeless services can draw on, perhaps not from the practice of state employment services, but certainly from some of the better research and NGO interventions in the field. Historically, the approach to tackling unemployment is drawn from the same workhouse approach that informed historic views of homelessness. It was not called the ‘work’ house for nothing; often,
people who were homeless were required to undertake ‘hard labour’ in exchange for shelter. For economists, the underlying labour market equation has always been that low welfare rates plus regular humiliation is equal to an incentive to work.

However, a great deal of research and experience has made the surprising discovery that human beings are a bit more complex than this. Particularly in a modern economy where people require complex social skills to be productive employees, obtaining and holding a job requires self-confidence and skills (Nicaise, 2011). Contrary to all the predictions of the economists, it turns out that such skills and confidence are rarely developed through poverty, fear and insecurity. While constant encouragement and even pressure may be required, the best outcomes seem to emerge when this happens in the context of recognition of the humanity and needs of the individual. Thus, the evidence suggests that a decent income plus decent treatment plus a persistent supportive push equals a progression to work. Or to put it more crudely, ‘a kick in the arse is not the cure for a life of being kicked in the teeth.’

By recognising that we are looking at social services with a different purpose than those which support the elderly, and by drawing from some of the better insights from the labour market, I hope to bring two key elements into the quality debate.

First, a recognition that the notion of standards and their evaluation must be carried out in the context of the needs of the person who is homeless. Within the housing led approach these needs are best understood through the customer care plan established with the person himself or herself, including a plan for ultimate disen-gagement and independent living. All questions of quality need to be assessed in the context of how they serve this plan.

Secondly, while physical standards for accommodation are, of course, important and must be established and maintained, the quality of the human relationships are the central feature of quality. Means of assessing and valuing these relationships are crucial. By no means do I think that these are the only lessons to be learnt from broadening the quality debate – they are only a preliminary stab from someone not involved directly in front line services. But I do believe that a more honest appraisal of the history and inherent tensions within homeless provision will help us to assemble a framework of quality assessment that is appropriate to achieving a ‘housing led’ approach to tackling homelessness.
References


Spicker, P. Services of General Interest – What does the Jargon Mean? (Online: Public Service Europe).


Responses to “The Ambiguities, Limits and Risks of Housing First”

Part D
Housing First: Basic Tenets of the Definition Across Cultures

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Introduction

Pleace’s thoughtful analysis of some of the issues related to the definition and implementation of Housing First (HF) in Europe opens the door to a conversation that may prove useful in clarifying some of the ambiguities emerging from the recent widespread adoption of HF programs. It also sheds light on the prevalent use of the term HF to refer to an array of programs, approaches, and policies without an adequate explanation of the differences. Pleace poses three questions to frame his discussion: What is HF? What are the potential limits of HF? And, what is the nature of homelessness and the operational assumptions of HF? These questions, certainly not exhaustive of the topic, provide a useful framework for addressing some key issues surrounding the classification, operation, effectiveness, and dissemination of HF.

Service Diversification

Given the emergence of programs that significantly deviate from the original HF model, Pleace rightfully expresses concern about model drift, and states “there is a need to understand properly what is being delivered by various HF services.” In order to understand the relevance of what services are being delivered by programs calling themselves HF, it is useful to have a common definition of the type of programs we call HF. Housing First is a complex clinical and housing intervention comprised of three major components, a) program philosophy and practice values (referred to as “shared ethos” by Pleace), b) permanent independent housing, and c) community-based, mobile support services. Each of these factors includes both structural and operational aspects. For example, the first component – program philosophy and values – includes principles of psychiatric rehabilitation, recovery, consumer choice, and the belief that housing is a basic human right, among others.
These values directly correspond to HF practices such as the extent to which programs offer immediate access to housing without requiring psychiatric treatment or sobriety as preconditions, provide services in the sequence and intensity desired by the client, and support clients economically and clinically to live in the housing and neighbourhood of their choice. The extent to which a program embraces the HF philosophy and operates in a manner that is consistent with these principles is in large part a measure of its’ fidelity to the HF model.

For the second component – permanent independent housing – two clearly delineated approaches have emerged in HF, with some variation in between: scatter-site individual apartments and single-site, congregate buildings with individual units. The Pathways Housing First model is identified with scatter-site individual apartments. This model of permanent independent housing emerged as the dominant approach in direct response to the program’s commitment to honour client choice; for the vast majority of clients, the most requested option is an independent apartment of their own (which includes a rent subsidy). However, this option is not always available in other programs. This may be because a program does not have the funds or means to obtain rent supplements or, as in the case of Finland, public policy dictates that only single site, congregate housing can be offered to people who are homeless. Similarly, in countries where there is a national housing policy committed to providing public housing for people who are poor or homeless, there is often reluctance to offer supplementary rent stipends, thus eliminating the option of scatter-site housing and using rental units in the private market. However, there are also exceptions to this rule across Canada and several EU countries (notably Portugal and France) where there are large-scale demonstration projects testing the effectiveness of the HF model in the context of public housing and the use of rent supplements. Finally, some programs philosophically and operationally prioritize the creation of intentional communities of persons with psychiatric disabilities.

While the scatter-site apartment approach tends to be the model of choice for persons exiting homelessness, years of experience have shown that it is useful to have at least both types of housing (scatter-site and single-site). A segment of the homeless population may prefer single-site housing and not everyone succeeds one hundred percent in either model. We know that the evidence base for retention in the scatter site model is approximately 85%. We do not yet have an evidence base for the single-site model. Anticipating that a small percentage of clients will be unable to maintain an independent apartment, or would prefer more congregate living, single site programs with on-site services offer a useful and effective alternative.
The third component is community-based support services, referred to as “floating support services” by Pleace. An understanding of the type of services delivered and the manner and frequency in which they are delivered requires an understanding of whom the program seeks to serve. One operating principle of HF is that services must be client-directed; another is that they must meet the needs of the client. Services must be understood in the context of the wants and needs of the population served. Thus, in HF, the services component should take different forms depending on the severity of needs of clients served. For clients with severe co-occurring diagnoses, an Assertive Community Treatment (ACT) team is well-suited; for those whose mental health and addiction problems are moderate but not severe, Intensive Case Management (ICM) is a fitting clinical intervention. For HF programs that serve families, support services teams are also staffed by a family system therapist and child development specialist.

When HF programs serve different segments of the homeless population, they do not constitute a different model; they are HF programs with support services tailored to best fit the needs of that particular population. The key to maintaining a high degree of program fidelity in the services domain is to ensure that the support services are client-directed, recovery-focused and that there is a good fit between client needs and services provided. That said, modifications to the original model certainly do not always occur for explicitly consumer-centric reasons and are not necessarily viewed as enhancements. When inadequate funding, competing philosophical views (often under the guise of traditional assumptions as to what will or will not work in a certain context or assumptions of what is or is not best for clients), desires to adopt an evidence-based label but not the practice, or lack of understanding of the model dictate modifications and a diversity of services may be instituted that results in unwelcome model drift. An understanding of the core HF fidelity service elements and the rationale behind their adoption or modification is central to evaluating dissemination and program effectiveness.

In summary, programs defined as HF vary in the degree to which they meet criteria of program philosophy, housing, and services, and this variation, ranging from high to low, determines a program’s fidelity to the HF model. Using a multi-dimensional fidelity framework avoids the narrow constraints of dichotomous appraisals (is it or isn’t it?) and can offer a guide regarding which program dimensions are consistent with the model and which need to be adjusted to achieve higher fidelity. This type of approach to dissemination and fidelity has been used with several other complex evidence-based interventions such as ACT and Supported Employment has proven useful and effective in assessing the implementation, operation, and management of these programs to achieve the best possible outcomes for the clients they serve.
Potential Limits of Housing First

Approximately 15% of clients served in HF programs providing independent scatter-site apartments do not manage well. Place correctly identifies that this is typically a group with severe alcohol and drug addiction. Since the vast majority of clients served by HF programs are admitted with drug and alcohol problems, and there is no reliable way to predict who will and will not do well, it is not a viable option to screen out clients who will not succeed at intake. It takes months and sometimes years to sort out who among this high risk group will have numerous evictions and ultimately need more structure and services. The one consolation is that many among this small subgroup are able to adjust to living in a more supervised, harm reduction, congregate setting.

Place refers to research suggesting that while drug or alcohol use for people in HF programs “falls off to some degree,” it “does not stop”. It is important here to revisit the mission of HF: it is to end homelessness for people with complex needs. Of course, the ideal outcome would be to end homelessness and solve all problems related to mental health, addiction, and social exclusion, but we are not there yet. As Place points out, beyond a program intervention, larger shifts in social contexts and policies are needed to achieve greater success in alleviating poverty, facilitating recovery, and promoting social inclusion. Further, with respect to substance use, a philosophical issue often undergirds objections to harm reduction wherein sobriety is set as the standard for success – but we must ask, by whom? If sobriety is a client’s choice, then the program works with the client to achieve that goal. If a client chooses to drink in a mild or moderate way, perhaps no more or less than his or her neighbours, is that a problem? Sobriety is not a program mandate, but it is certainly supported if that is the person’s goal. The price of social assistance all too often comes in the form of sacrifices to self-determination and perhaps it is time to ask whether self-determination has greater psychological benefits than abstinence or sobriety. Further, the effectiveness of harm reduction must be evaluated in highly individualized ways across multiple domain of quality of life and this has made it an extremely difficult intervention to research and with which to make generalizations about success. Promising research is emerging, however, and we hope that future studies will continue to achieve higher levels of sophistication with respect to evaluating harm reduction techniques.

Also included in this question are concerns about cost. A proper analysis of HF program costs is best understood when we consider ‘floating support services’ as a fluid not a static entity. In fact, the question about how much support and what is considered optimal support is a more important question than the cost of the service. From a program perspective, the titration of services is related to the question of how best to support the client’s recovery. As clients improve, they can
be transferred from higher intensity services such as ACT to lower intensity support such as ICM, later to a light form of case management, and eventually, to no services at all. The reduction of services over time is not only a cost savings issue; it concerns the well-being and community integration of the client. Expectations for program interventions, such as HF, run high to produce drastic improvements in the outcomes mentioned by Pleace – improved mental health, reduced substance use, reduced social isolation, improved employment – yet simultaneously questions regarding the extent to which services can be lessened in the interests of cost savings are equally, and often more vociferously, posed. The question then becomes to what degree will we trade-off the potential for improved outcomes and personal recovery to achieve the maximum possible benefit to cost savings?

**Conclusion: The Nature of Homelessness and Operational Assumptions**

Pleace raises the concern that HF programs may draw too much attention to the most severely impaired and most vulnerable among the homeless at the expense of advocating for resources for people who are homeless solely because they are poor and need housing without services support. This issue is critically important when we consider how best to end homelessness for everyone who is homeless. HF has demonstrated that even the most vulnerable people need, first and foremost, a decent affordable place to live. They also need the support services to help maintain their housing and treat their problems. For the vast majority whose homelessness results from poverty without the complications of severe mental illness, decent affordable housing would be sufficient. Pleace warns that too much focus on the subgroup with clinical problems may distract us from addressing the larger social issues that contribute to homelessness: the role of labour markets, lack of affordable housing, inadequate welfare systems, and others. We couldn’t agree more. But this need not be a zero-sum game.
On the Translation of the Pathways Housing First Model

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In his think piece entitled *The Ambiguities, Limits and Risks of Housing First from a European Perspective* (2011), Pleace starts out by outlining the origins of the ‘Housing First’ model, nowadays almost invariably described as a success. The Pathways to Housing organization, set up in New York City in 1992 by Sam Tsemberis, is widely recognized as the originator of the Housing First model. Pleace’s description of the ethos and principles of the Pathways Housing First (PHF) model is based on the PHF ‘manual’ issued by the organization in 2010 as a reaction to the recent development of many different housing services presenting themselves as Housing First services. In the rest of the think piece, and in light of the establishment of Housing First services in a European context, Pleace puts forward three main sets of questions or comments that deal, in turn, with (1) the ambiguities and diversification of Housing First, (2) its limits and (3) the risks of Housing First. I appreciate the invitation and the opportunity to comment on Pleace’s text, which is thought-provoking, as he poses many questions that need to be asked but are not easy to answer.

On the Ambiguities and Diversification of Housing First

Pleace urges the reader to ask what is meant by ‘Housing First’ as an ethos and as a model of service delivery today, as very different housing and support services in different European countries claim to be delivering Housing First services. Pleace warns that the ‘Housing First Movement’, now spreading across Europe, “brings various distortions of the original PHF model” (p.122). At the same time, he emphasizes the need to evaluate existing Housing First versions in Europe “in order to assess which variants work well and which may work less well” (p.119). The tricky question is: by what criteria do we assess this, and which criteria are basic to any Housing First service – in other words, cannot be disregarded if claiming the mantle of Housing First and are necessary to produce good results?
Translation is the process by which a policy model (such as the PHF model) is uncoupled, in time and space, from the context in which it was originally developed (New York), and used as a model for change in a new context (Europe) (Johnson, 2003). Any organizational change entails a translation of ideas into concrete local practices, and thus results in reproduction as well as change (Czarniawska and Joerges, 1996). Hence, the fact that what is being implemented is not the same as the original is inevitable (Czarniawska and Joerges, 1996) and might – in terms of the Housing First model – be necessary to meet local needs (Atherton and McNaughton Nicholls, 2008), as well as for the Housing First model to continue its success in ‘new’ contexts. However, at the same time, there is a need to tease out the most essential characteristics (of the original model) that should not be disregarded if aiming for success. Pleace mentions the ‘Housing First ethos’ as a common denominator of Housing First services, i.e.

the assumption that chronically homeless people do not have to be sober and compliant with psychiatric treatment before they can be successfully re-housed, and that giving choice and control to service users will provide more sustainable exits from homelessness. (Pleace, 2011, p.118)

This ethos provides us with a different image of homeless people (their needs and capabilities) than the ethos of traditional models to combat homelessness, and is, of course, of vital importance in order for Housing First services to be successful. Yet this basic assumption leaves many questions unanswered as to how to translate the model in full. Here, I will use Sweden (and a case study of the interpretation and translation of the PHF in the municipality of Gothenburg) as an example that we might learn from.

According to Pleace, Sweden is one among the European countries that “have put Housing First at the centre of their national homelessness strategies” (Pleace, 2011, p.118). However, a different picture emerges if one takes a closer look at the translation process: the Swedish government’s most recent homelessness strategy (2007-2009) stated that all people should be guaranteed a roof over their head, and that reintegration into the ordinary housing-market should be facilitated. This is certainly not characteristic of the Housing First ethos. In Sweden the responsibility for the problem of homelessness rests primarily with the local social authorities at the level of the municipality. As the cornerstone of its homelessness strategy, the Swedish government has been, for a number of years, providing funding for ‘local development projects’ in the municipalities, none, however, inspired by Housing First (Denvall et al., 2011). The National Board of Health and Welfare (NBHW) has conducted mappings of the homelessness problem in Sweden (commissioned by the government), and has issued reports on the issue. In one recent report – a guide
for the municipalities on housing for homeless persons – the NBHW expresses a positive attitude towards Housing First as a model of service delivery, and some of their recommendations reflect this attitude (NBHW, 2010).

The Housing First model has, however, been advocated slightly more successfully by Swedish researchers at Lund University, where it was heavily promoted as the best choice for Swedish municipalities. Housing First, according to the Lund researchers relies on the basic principles that (1) homelessness should first and foremost be considered as a housing problem, (2) homeless persons should be re-established in the regular housing market as quickly as possible, (3) access to housing of one’s own forms an important precondition for subsequently solving other problems, and (4) permanent and safe housing is to be considered a basic human right that belongs to everyone (Heule et al., 2010). The authors recommend that these basic features be incorporated into local homelessness work in general. Furthermore, first-hand rental contracts are recommended, and that any support offered is optional. Lund University offers education and evaluation services to the municipalities willing to try the model, as well as access to research on the topic. Two Swedish municipalities – Stockholm (the capital city) and Helsingborg – have tried the model within this framework, although neither has fully adhered to all the principles and recommendations guiding Housing First as set out by the Lund researchers.

The municipality of Gothenburg has its own Housing First variant named ‘Housing as Foundation’ (Hansen Löfstrand, 2012). None of the three Housing First projects have secured regular first-hand rental contracts and tenures for its clients. Within PHF, as Pleace points out, a large share of service users do actually sign subletting agreements. Tsemberis (2010) strongly recommends that clients sign first-hand rental contracts, although he acknowledges that any Housing First programme is dependent on the goodwill and co-operation of landlords, and that landlords sometimes cannot be convinced to sign such contracts. Hence, according to the originator of the model, this is not one of the criteria by which we should assess the quality of a Housing First service. This, in turn, brings us back to the tricky question of how to assess and evaluate different variants of Housing First as developed in a European context. I agree with Pleace that securing strong housing rights for the Housing First tenants is an important criterion.
On the limits of Housing First

Pleace (2011, p.113) discusses the possible limits of Housing First and asks to what extent such services can “address the needs of ‘chronically homeless’ people that exist alongside a fundamental requirement for sustainable housing”. The section on the limits of Housing First can, I believe, be read as a list of possible criteria by which to assess and evaluate variants of Housing First services in Europe, apart from the basic criterion of housing sustainability. Another criterion, introduced by Pleace, is cost efficiency: can Housing First services be delivered at lower costs? Pleace argues that this can be done by ensuring that service users have access to ordinary housing (stronger housing rights) and by providing lower intensity floating support (subjecting clients to less regulation). I am inclined to agree, and I support Pleace’s (2011, p.121) recommendation for “a longitudinal evaluation comparing the success of PHF and some existing EU services that use low intensity floating support and ordinary housing, looking at housing sustainment, quality of life and total costs” in order to develop a European Housing First version.

However, when discussing costs and the intensity of support, it is important to remember that this will ultimately be determined by the choice of target group – whether mentally ill substance abusers only, or the homeless population as a whole – as well as by the wishes and choices of the services users. The point is that the intensity of support and hence the costs will (have to) vary between individual service users as well as over time. The cost will also depend, of course, on what the goal is to be.

Other possible criteria for successful European Housing First services introduced by Pleace are the cessation of drug and alcohol use (the PHF model delivers ‘harm reduction’, but few service users stop altogether, and “PHF tends not to engage the heaviest users” (Pleace, 2011, p.119)), the take-up of paid work, and the end of social isolation. My critique of this part of the text are based on what I interpret as an implicit assumption about the ‘ideal citizen’, who, apart from regular housing, has paid work, is sober, does not use drugs, and is not socially isolated, and, thus, does not represent a cost but, rather, a source of income for society. On the one hand, the success of each Housing First service variant (whether it works or not) can hardly be judged by whether it manages to produce such ideal citizens. On the other hand, at the other end of the continuum, homelessness cannot be regarded as some kind of incurable condition – a view based on the notion of homeless people as ‘hopeless cases’, where integration into society, an independent apartment and a first-hand rental contract are seen as unattainable and unthinkable. There have to be variants delivering something in between these extremes that are good enough. Again, which goals to set in this respect and, hence, which criteria to use for evaluative purposes depends on the target group chosen.
Please points out that the principle of harm reduction is not always viewed positively by policy-makers, and that there might be a need for services designed to achieve sobriety and the cessation of drug and alcohol use (Pleace, 2011). In doing so, Pleace makes a distinction between the staircase model, represented as having been designed to achieve sobriety, and the PHF as aiming only to reduce the harms of alcohol and drug use. This is a kind of ideal-typical representation and comparison – which comparisons always are if we compare policy models as blueprints (not as concrete practices). When it comes to the staircase model, one could claim, it does not really produce sober and drug-free individuals, but only refuses them admission to the next step or evicts/excludes them (Löfstrand, 2005). When it comes to the PHF model, it is my impression that Housing First (i.e. access to ordinary housing first) is represented as only the first step to the end goal of ‘recovery’.

As explained by Pleace (2011) in the PHF manual, ‘recovery orientation’ refers to the delivering of mental health services based on the choices of the service user, while ‘harm reduction’ refers to supporting the minimization of problematic drug/alcohol use (while not insisting on total abstinence). However, I believe that the reference to ‘recovery’ seems also to include, more broadly, general wellbeing and integration into society, thereby including both ‘recovery’ from mental illness and problematic alcohol/drug abuse. From that perspective, it seems to me that the staircase model and the PHF model aim for the same end goal of housing sustainability, recovery (in the inclusive sense discussed above) and integration into society. In practice also, both models tend, in the end, to exclude clients unwilling or unable to live up to these expectations. As Tsemberis states, in the PHF, “each failure slightly diminishes client choice” (Tsemberis, 2010, p.71), and too many ‘failures’ result in exclusion from the programme, because some “cannot manage the freedom of living independently” (Tsemberis, 2010, p.73).

Despite the above similarities, the PHF model and the staircase model are based on very different assumptions about homeless people (competent choice-makers at the outset versus those who are initially incompetent but have the potential to become competent), use different means (housing first versus treatment/sobriety first) and recommend different ways of exercising power or authority on the part of professionals (consensual power versus coercive power).
On the risks of Housing First

Pleace (2011, p.122) discusses the operational assumptions of Housing First; as already mentioned, he warns that the ‘Housing First movement’ now spreading into EU brings with it both “various distortions of the original PHF model” and “a particular image of what ‘homelessness’ is” – an image of “chaotic people with high support needs”. This is a dangerous image, since it “downplays the scale of homelessness” as well as “the role of labour markets, welfare systems and limited access to affordable housing in homelessness causation” (Pleace, 2011, p.122). I believe that it is extremely important to acknowledge this risk, and I share Pleace's concern that both the policy focus and the research focus on Housing First might result in one aspect of the wider social problem of homelessness becoming overemphasized. In fact, this has been the result so far in Gothenburg, and it is my impression that this is true also for the two other Swedish municipalities trying the PHF model.

Instead of marking a genuine shift in Gothenburg’s homelessness strategy, the PHF model has been adapted with the purpose of finding a way to deal with the problem of those homeless persons referred to as ‘the truly homeless’, depicted as mentally ill substance abusers with generally aggressive behaviour (Hansen Löfstrand, 2012).

Hence, in Gothenburg, the homelessness strategy as a whole is not based on a Housing First approach, nor are the strategies in Stockholm and Helsingborg. Instead, local adaptations of the Housing First approach, in contexts that generally prescribe disciplinary measures, have led to two different coexisting models. The first of these I have referred to elsewhere as ‘homelessness as an incurable condition’ (Hansen Löfstrand, 2012), and the second model as ‘homelessness as a curable condition’.

The reasoning behind the two models goes, respectively, as follows: if suffering from an incurable condition, the homeless individual should be entitled to permanent housing, even when he or she acts in contravention of the relevant rules (e.g. continues to use alcohol), for which reason Housing First is prescribed as a last resort solution. If still ‘curable’, the individual has to earn his or her way to housing by demonstrating an ability to comply with the harsh regimes of the staircase system.
The borrowing of the rhetoric of the Housing First model, and the translation of the model to fit local purposes, hide what is going on in reality: an intensified medicalization of homelessness, and a constant narrowing of the category of homeless people – a development that, as pointed out by Pleace (2011), downplays both the scale of homelessness and its structural causes. I would argue, in fact, that an intensified medicalization of homeless people was actually a prerequisite for the consideration of the Housing First model as a possible solution in Gothenburg in the first place. This is dangerous, since homeless people not fitting within this narrow target group are at risk of being excluded from homelessness services altogether and, hence, left to fend for themselves (see Hansen Löfstrand, 2012).
References


Housing First ‘Down Under’: Revolution, Realignment or Rhetoric?

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Introduction

The emergence of Housing First as an approach to ending chronic homelessness has gained widespread attention around the world. A Housing First approach has much to offer – it has shifted long held assumptions about people who are chronically homeless and who have complex needs, re-affirmed the importance of housing, and helped to consolidate the link between evidence and practice. In the Australian context, Housing First has also broken the long standing and often acrimonious debate about whether support or housing is the most important factor in resolving homelessness. While the shift towards providing direct access to permanent housing has the potential to enhance existing service responses in Australia, there are concerns that many of the complexities and challenges that services face in implementing a Housing First approach have been ignored.

In this context, Nicolas Pleace’s paper The Ambiguities, Limits and Risks of Housing First from a European Perspective (Pleace, 2011) provides a timely opportunity to reflect critically on a Housing First approach. Although written from a European perspective, the issues that Pleace raises are relevant to policy-makers and service providers in Australia.

This article considers the ambiguity, limits and risks of a Housing First approach from an Australian perspective. The paper starts with a short description of existing responses to homelessness in Australia. It then examines the issue of programme drift (or what Pleace terms ‘service diversification’), drawing on material from a paper released in Australia in early 2012 (Johnson, Parkinson and Parsell, 2012). Next, it critically examines claims about Housing First in Australia and compares them against the available evidence. In general, many claims overlook key limitations of what a Housing First approach is capable of. The final part examines whether the focus on Housing First has unwittingly narrowed the debate on home-
lessness. Although this is an important consideration, the bigger risk is the way Housing First has been positioned as a ‘better’ alternative with little consideration of the structural constraints that have limited the effectiveness of other responses.

Homelessness Responses in Australia and Recent Policy Development

For almost three decades there has been a national response to homelessness in Australia. Originally called SAAP¹ and subsequently rebadged in 2009 as the Specialist Homelessness Service system (or SHS), there are over 1,200 services spread across the country. These services provide case management to people experiencing homelessness, but there is also a strong focus on early intervention, particularly among young people, families and women experiencing domestic violence. Although there is a distinctly linear feel to some parts of the homelessness service system, with many services relying on priority access to short and medium-term accommodation, there is nonetheless a great deal of diversity. Many agencies eschew linear models and seek direct access to permanent housing through both the private rental market and the public housing system.

In recent times the policy agenda has shifted. In 2009, the Australian Government released the first white paper on homelessness – *The Road Home* (FaHCSIA, 2008) – which identified two overarching policy goals: to halve overall homelessness by 2020; and to offer supported accommodation to all rough sleepers who need it. The Government called for bold, new services and evidence-based approaches in recognition of the fact that “services targeting people sleeping rough are underdeveloped” (FaHCSIA, 2008, p.50).

Ambiguity: Fidelity and Diversification

Although Housing First has gained widespread attention, it is clear that it means different things to different people. Crudely put, Housing First is generally treated in one of two ways. On the one hand, it is presented as a specific service response. Here, the issue of programme fidelity is paramount. The basic idea behind programme fidelity is that services should be based on a common set of clearly articulated operational principles or critical elements. In this context, the Pathways to Housing model from New York is often thought of as the “original program model” (Rosenheck, 2010, p.19).

¹ The Supported Accommodation Assistance Program
On the other hand, there is a view that Housing First should be treated as a broader philosophical approach that embraces a diverse range of service delivery models, which share a common focus on rapid access to permanent housing. European researchers arguing along this line have promoted the idea of ‘Housing Led’ as a way of extending the basic principles behind a Housing First approach into a more enduring and system-wide set of principles (Busch-Geertsema et al., 2010).

The tension between fidelity and diversification is relevant to Australian policy-makers, as Australia’s social and economic conditions differ markedly from the US and Europe. Given the different conditions it would operate under, the direct transfer of the Pathways to Housing approach would therefore be problematic. Housing First services in Australia need to take into account the specific characteristics of Australia’s welfare and housing system, and this implies that a drift away from the original Pathways approach is inevitable.

This drift or “attenuation of fidelity” (Rosenheck, 2010, p.19) raises the question of whether Housing First models in Australia can deliver the same outcomes. As Pleace notes, the existence of ‘programme drift’ emphasises the importance of establishing an evidence base that identifies which variants work well and which do not. While an Australian evidence base is emerging (albeit slowly), in relying exclusively on evidence from Pathways to Housing to demonstrate the efficacy of Housing First, policy-makers and advocates have ignored the implications of programme drift and have set up a range of potentially unrealistic expectations about what Housing First services can achieve in Australia.

Capabilities and Claims

Some Housing First services in the US have delivered impressive results. Australian advocates enthusiastically claim that a Housing First approach has a “well documented success rate of 85%” (Taylor, 2012). To be sure, some services such as Pathways to Housing do have impressive housing retention rates (Gulcur et al., 2003). However, a more recent randomised control study of 407 chronically homeless adults found that 66% of those who were provided with immediate access to housing remained housed after 18 months (Sadowski et al., 2009). Although the later findings are still impressive, in focusing on the best outcomes, advocates leave Housing First open to criticism and run the risk that any service that fails to achieve similar success rates will be seen as failures.

There are also repeated claims that a Housing First approach is more effective at reducing “rates of problematic alcohol and drug use, including injecting drug use” (Gilbert, 2012). But the evidence from the US is patchy – some studies report declines in alcohol intake (Larimer et al., 2009), but others do not (Tsemberis et al.,
2004; Padgett et al., 2006). Similarly, some studies report declines in illicit drug use (Milby et al., 2005), but other studies find that rates of illicit drug use among chronically homeless people remain fairly constant (Tsemberis et al. 2004; Padgett et al. 2006; O’Connell et al., 2009). Furthermore, there is a concern that some Housing First services in the US have excluded chronically homeless people with serious addictions (Kertesz et al., 2009). While this selection bias reflects, in part, social security arrangements in the US, whereby chronically homeless people with a mental illness are eligible for social security payments while those with a serious addiction are not, such exclusionary arrangements do not exist in Australia. As the mandate for Housing First services in Australia is to assist chronically homeless people irrespective of whether they have a mental illness or a serious addiction (or both), it is crucial that more thought is given to what resources and specific practices are required to reduce the risk posed by serious drug dependency.

It has also been claimed that participants in Housing First enjoy “much improved mental health” (The Australian, 2011). However, a number of qualitative studies have found that issues of social isolation and loneliness exist among long-term homeless people who are in permanent accommodation (Padgett, 2007; Yanos et al., 2007). The issue of isolation is particularly evident among those who live in dispersed housing. However the alternative – congregate living arrangements – often have high concentrations of people with drug and/or alcohol problems, which creates its own problems. Despite the inherent problems in both approaches, there has been no critical discussion about the limits (or relative benefits) of either type of accommodation.

Finally, what the literature makes plain is that many of the problems faced by chronically homeless people remain even when the people are housed. As Tsemberis (2010, p.52) notes:

Housing First and other supportive housing interventions may end homelessness but do not cure psychiatric disability, addiction, or poverty. These programs, it might be said, help individuals graduate from the trauma of homelessness into the normal everyday misery of extreme poverty, stigma, and unemployment.

Many US researchers are quite forthright in acknowledging the limitations of a Housing First approach, while European researchers have engaged in greater critical analysis of Housing First (Pleace, 2010; McNaughton Nichols and Atherton, 2011). However, in Australia the tendency has been to ignore the problems identified in the literature. The evidence certainly highlights that a Housing First approach has many strengths, but inasmuch as good policy is based on a clear understanding of what works, good policy is equally cognizant of what does not work, for whom and why.
Risk: Making Assumptions about Homelessness and Existing Service Responses

The third issue raised by Pleace has to do with the possible ‘pathologizing’ effect of a Housing First approach. With its focus on chronically homeless people, Housing First certainly presents a truncated picture of homelessness. This is an important issue in Australia, where Housing First has captured considerable media attention, and where public perceptions of homelessness generally ignore larger issues such as poverty and a lack of affordable housing.

However, a potentially bigger risk is if the policy focus on chronic homelessness comes at the expense of early intervention and prevention programmes – two areas where there has been considerable investment and success in Australia over the last two decades. There is clear evidence that certain groups, for example young people who have experienced trauma and/or been in the child protection system, are not only at risk of homelessness but at acute risk of long-term homelessness. If resources are shifted from blocking these pathways into homelessness, the prospects of ending long-term homelessness are significantly reduced.

There is another risk. In Australia, as in the US, a key element in the argument for a Housing First approach is the perceived failure of existing services to provide long-term solutions to chronic homelessness – a fair enough point. However, Australian supporters of the Housing First approach have appropriated arguments used in the US, claiming the existing system is based on the assumption that “people need to show themselves capable of sustaining a tenancy before they get housing” (Australian Common Ground Alliance, 2012).

While services funded through the various state health systems (e.g., mental health or drug and alcohol services) typically adopt a housing ready/treatment first approach, to claim that the SHS in Australia is a housing ready/treatment first approach is disingenuous. The claim ignores the fact that some Housing First features – notably choice, harm minimisation, and long-term intensive support – are present in the current system. In fact, in some important ways, there are similarities between Housing First and the SHS, so much so that some Australian academics have labelled the SHS a Housing First programme (Brueckner et al., 2011), and some agencies claim to have been ‘doing’ Housing First for years. Certainly the SHS has limitations, but characterising the SHS as a ‘housing ready’ approach is unwarranted.

Furthermore, what has been overlooked in the critique of the existing system is the way that the housing market has re-shaped the SHS over time. When the SHS started in 1985 it was designed to assist people into and/or maintain their housing, as well as to support people in addressing individual issues. In the 1980s, housing was relatively affordable and finding housing comparatively easy. This has changed. Over
the last 10-15 years, house prices have risen dramatically across the country and, despite the global financial crisis, remain relatively high. Figure 1 shows that in 1985 the median cost of buying a house in Australia was 3.3 times average annual earnings. By 2009 this had risen to 8.2. As a result of the sustained appreciation in house prices, many people can no longer afford to buy a home. This has put increased pressure on the private rental market, literally squeezing out the most vulnerable households. With few options in the private rental market and a small, highly residualized social housing system (about 5% of Australia’s housing stock), services have increasingly struggled to find affordable housing. As the white paper noted:

Existing specialist homelessness services are at capacity and unable to improve outcomes without greater access to exit points such as permanent housing (FaHCSIA, 2008, p.11).

Figure 1: Ratio of median house prices to average annual wages, Australia 1986-2010

Inasmuch as problems accessing affordable housing have resulted in bottlenecks in the existing system and undermined the capacity of the SHS to achieve its goals, they also have the potential to threaten the capacity of new Housing First services to deliver the outcomes they are intended to. In fact, there are already signs that housing supply issues are distorting Housing First models – a number of Housing First services have publically stated that they have had significant difficulties accessing housing and have been forced to rely on interim arrangements such as boarding houses and transitional accommodation (Regan, 2012). In short, by ignoring the structural constraints which have undermined the SHS, Housing First supporters have failed to develop counter-measures to ensure that Housing First services do not also drift from the core operational principle of direct access to permanent housing.
Conclusion

The challenge facing Australian policy-makers and advocates of a Housing First approach is to embrace a more critical and reflective approach, one that acknowledges the risks, limits and ambiguities of the model, and seeks creative ways to resolve them. As it currently stands, expectations about Housing First are high and quite possibly unrealistic. If Housing First services fail to achieve their objectives, there is a danger Housing First will be seen as a failure. Further, the potential benefits of a Housing First approach could well be lost if Housing First continues to pitch itself as a narrow alternative rather than a broader national approach to addressing homelessness across all relevant services.
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Shifting the Balance of the Housing First Debate

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Introduction

Early Housing First literature, which draws almost entirely upon evaluations in the model's country of origin, the United States (US), provides a very positive account of its effectiveness for chronically homeless people with severe mental illness. It is widely agreed that the housing retention outcomes documented are highly impressive. Such outcomes, combined with the apparent cost-effectiveness of Housing First in the US, have inspired its rapid replication across Europe. In some contexts the championing of Housing First as a service response has arguably been quite 'evangelical' in tone (Johnsen and Texieria, 2012).

Nicholas Pleace’s contribution to a recent volume of the European Journal of Homelessness, titled The Ambiguities, Limits and Risks of Housing First from a European Perspective (Pleace, 2011), contributes to a burgeoning literature that is shifting the balance of academic debate regarding Housing First. He raises three key questions: first, what is meant by Housing First and is a better understanding of these services required in order that the success reported in the US may be replicated elsewhere?; second, can the gains in housing stability delivered by the Pathways model address all aspects of chronic homelessness?; and third, does the current policy and research focus on Housing First risk over-emphasising one aspect of homelessness at the expense of others? Pleace concludes that whilst the achievements of Housing First must be acknowledged, the model should not be regarded as a panacea as it does not meet all the needs of the target group. Furthermore, he cautions that while Housing First is designed to deal with ‘the most difficult’ aspects of homelessness, it does not tackle the ‘bulk of homelessness’.

Pleace thus joins an (as yet still relatively small) number of scholars who are questioning the wisdom of the rapid replication of Housing First outside the US in the absence, to date, of evidence that it ‘works’ elsewhere or is effective with client
groups other than the group targeted by Pathways to Housing (henceforth ‘Pathways’), the founders of the model. Kertesz and colleagues, for example, call for the tempering of claims that Housing First has the capacity to ‘solve’ chronic homelessness, given a lack of evidence regarding its applicability to people with substance misuse problems (Kertesz et al., 2009; Kertesz and Weiner, 2009). Further, Johnson et al. (2012) have argued that whilst the evidence base on Housing First is impressive on many accounts, there has been a tendency for commentators to oversimplify, or even ignore, some of the complexities and problems identified in implementation. Waegemakers Schiff and Rook (2012) claim that endorsements of Housing First as ‘best practice’ in North America are poorly founded, given the limitations in methodological rigour of some studies, and the fact that independent evaluations are relatively few in number.

It seems, then, that academic debate surrounding the transferability of Housing First is being injected with caution and/or scepticism – perhaps, one might even argue, ‘agnosticism’. What follows, therefore, are some reflections on the questions raised by Pleace (2011), in light of broader discussions regarding Housing First.

Assessing Ambiguities, Limits and Risks

In exploring the first of the questions identified above, Pleace argues that a better understanding of what is actually being delivered by programmes branded ‘Housing First’ is needed if we are to assess which variants work well and/or less well. There has been, as he notes, significant variation in the interpretation of Housing First, particularly as regards the type of housing provided. As a consequence, Pathways are in the process of developing a scale which may be used to assess project fidelity (Tsemberis, 2010).

Proponents of the original Pathways approach argue that fidelity ‘matters’ because projects that adhere most closely to the Pathways programme deliver the best outcomes (Stefancic and Tsemberis, 2007), and because evaluations of weak fidelity projects risk diluting evidence of the model’s effectiveness (Greenwood et al., forthcoming). Yet, as Johnson et al. (2012) argue, ‘programme drift’ is in many ways not only inevitable, but also necessary if Housing First is to be effective in countries with very different welfare regimes, housing market structures and so on. The key challenge lies in identifying which elements contribute to programme effectiveness for different groups – that is, in establishing what works for whom in what circumstances, as Pawson and Tilley (1997) famously note.

The fidelity debate also highlights an important, but rarely (if ever) acknowledged, tension within the Housing First approach – that the centrality of Housing First’s ‘consumer choice’ tenet does not sit easily alongside ‘prescriptions’ regarding
aspects of programme delivery, most notably the type of housing provided. It is possible that some service users may, for example, prefer communal housing to an independent tenancy. This presents a significant challenge to service providers, for in attempting to maintain a high degree of programme fidelity in following some of Pathways’ guidance, they may (potentially) compromise the consumer choice principle. The fidelity scale may nevertheless prove to be a useful tool in lending greater clarity to the characteristics of individual projects (in terms of target group, modes of support delivery etc.), thus facilitating the identification of elements critical to positive outcomes in different contexts.

The second question Pleace (2011) poses relates to the potential limits of Housing First as regards target groups and/or deliverable outcomes. He makes reference to critiques that question the effectiveness of Housing First for homeless people with drug or alcohol problems. Teixeira and I have expressed similar reservations, given weaknesses in the existing knowledge base on this issue (Johnsen and Teixeira, 2012). It is worth noting, however, that very recent research into outcomes for people involved in drug misuse report very promising findings as regards the retention of addicts in Housing First programmes (see Edens et al., 2011; Padgett et al., 2011). This is most definitely a space worth watching.

On the issue of drug misuse, Pleace (2011, p.119) also argues that “the harm reduction philosophy underpinning Pathways Housing First may not always be viewed sympathetically by policy-makers”, on the grounds that harm reduction policies have been subject to criticism, with some authorities calling for a re-emphasis on abstinence. I would, however, argue that recent developments in UK drugs policy are not incompatible with the principles of Housing First. Whilst advocating harm minimisation practices, Pathways endorse a ‘recovery orientation’, stating that all Housing First staff should view every service user as being capable of ‘recovery’ (from addiction, poor mental health, and so on), and convey this belief to clients continually (Tsemberis, 2010). Recent UK drug strategies promote a ‘recovery’ approach, which views recovery as an individual journey, experienced differently by different people, the ultimate goal of which is freedom from dependency (Scottish Government, 2008; HM Government, 2010). This acknowledges that harm minimisation has a role to play in treatment, but that maintenance should not be ‘accepted’ as an end-point if addicts are (or can be) motivated toward a ‘drug-free life’. There remains a lack of clarity regarding the concept of recovery employed in the strategies (Monaghan, 2012), but even so, their overall premises do not conflict with the person-centred recovery orientation advocated by Pathways. Certainly, the ongoing evaluation of the UK’s first Housing First pilot in Glasgow indicates that the Scottish Government considers the Housing First model to dovetail effectively with its national drugs strategy (Johnsen and Fitzpatrick, 2012).
Pleace (2011) also highlights the lack of evidence that Housing First is effective at counteracting worklessness or social isolation. McNaughton Nicholls and Atherton (2011) have deemed the non-housing outcomes of Housing First ‘underwhelming’ on these very grounds. Pleace (2011) also notes, however, that there is little evidence that such problems are being effectively counteracted by other service models. In a similar vein, I believe that to discredit the approach on the basis of its limited impact in terms of combating social isolation and poverty is to apply higher thresholds of ‘success’ than would normally be the case for other services working with Housing First’s traditional client group – that is, long-term homeless people with complex support needs (Johnsen and Teixeira, 2012). Advocates of Housing First have never claimed that it can (or should) ‘normalise’ homeless people, but rather that it provides a stable platform from which they can begin to address issues such as poor mental health or substance misuse.

The final question posed by Pleace (2011) relates to whether the policy and media attention received by Housing First risks distorting understanding of what homelessness is, given its focus on “chaotic people with high support needs” (p.122). He argues that the focus on the vulnerable minority downplays the scale of homelessness and the influence of structural conditions on its causation. Such a view is totally understandable in light of the arguably evangelical tone of some discourses surrounding Housing First and the potential temptation this may present for politicians and policy-makers wanting to be seen to promote new ‘innovative’ and ‘evidence-based’ policy solutions.

It could be argued, however, that an emphasis on interventions for this client group is not only necessary but should also be welcomed, in the UK at least, where homeless people with complex support needs have been failed by mainstream interventions for many years (Communities and Local Government, 2008; St Mungo’s, 2009). Of relevance here are the findings of recent research exploring the extent of, and pathways into, ‘multiple exclusion homelessness’, which has identified a ‘forgotten middle’ of men (mostly in their 30s) who experience the most extreme forms of exclusion, yet have received comparatively less policy attention (and public sympathy) than younger or older homeless people and homeless families, for example (Fitzpatrick et al., 2013). In some ways, then, an explicit focus on interventions targeting the most excluded individuals merely redresses their prior neglect.

It is true, as Pleace (2011) argues, that Housing First should not be viewed as a panacea. But, in fact, I see reassuringly little (if indeed any) evidence that anyone actually regards it as such, in the UK context at least. Here, stakeholders view Housing First as a potentially useful complement to existing services, not as an antidote or panacea to homelessness per se. Even so, many remain firmly wedded to the ‘treatment first’ philosophy – especially regarding individuals with complex
support needs – such that substantial evidence as regards the model’s effectiveness on UK soil seems necessary before any widespread ‘conversion’ in attitudes toward Housing First is likely (Johnsen and Teixeira, 2012). That said, I fully agree with Pleace (2011) that we should continue to investigate and compare the effectiveness of alternative (non Housing First) approaches for both complex and low needs groups.

**Conclusion**

Pleace’s (2011) paper contributes to an emergent literature that is shifting the balance of academic debate regarding Housing First. These more sceptical, or agnostic, contributions urge us to not lose sight of the potential limits of Housing First and/or the needs of other subgroups of homeless people in the drive to find the next ‘new’ initiative to combat homelessness (see for example Johnson et al., 2012). Such arguments are important, as Dolowitz and Marsh (2000) note, for policy transfer can (and sometimes does) go very wrong, if borrowing countries omit components crucial to programme effectiveness in the nation of origin or pay insufficient attention to socio-political differences between contexts. The ethical implications of such an outcome should not be understated, given the very real risk of exacerbating circumstances for very vulnerable individuals should any intervention have unintended, possibly damaging, impacts.

There is a clear need for robust evidence regarding the efficacy of Housing First and/or derivatives thereof outside the US. Until such evidence exists, an agnostic standpoint – neither fully ‘pro’ nor fully ‘anti’ Housing First – really remains the only truly defensible one. The findings of evaluations currently in progress across Europe and elsewhere internationally (see for example Busch-Geertsema, 2011; Goering et al., 2011) are thus eagerly awaited by many, myself included. Then, and only then, will we be able to assess with confidence how firm the evidence base is and thereby gauge the extent to which Housing First should (or should not) be promoted in other contexts and/or for other client groups.
References


Considering Alternatives to the Housing First Model

Jack Tsai and Robert A. Rosenheck

Introduction

The ‘Housing First’ model of permanent supported housing developed at Pathways to Housing in New York (Tsemberis, 1999; Tsemberis et al., 2004) is being implemented by many service providers in the United States and is quickly becoming a key model for homeless services in many countries in Europe. However, as discussed by Pleace (2011) in The Ambiguities, Limits and Risks of Housing First from a European Perspective, the scope and applicability of the Housing First model, particularly in European countries, should be considered further before widespread implementation and endorsement of the model. Pleace (2011) outlines three central questions about the Housing First model, which can be summarized as: 1) What is Housing First? ; 2) Does Housing First adequately address the needs of homeless people? ; and 3) What is the role of Housing First and who does it serve? In this commentary, we contribute to the discussion in these three areas by drawing upon our experience, along with the work of others, to expand our critical understanding of this high-profile topic, and add our thoughts to ongoing policy discussions in Europe regarding Housing First.

Defining the Housing First Model: What is Housing First?

The first point made by Pleace (2011) is that the Housing First model is imprecisely defined and there is wide variability in the services provided by programmes claiming to be Housing First programmes. Pleace astutely differentiates between the Pathways to Housing First (PHF) model and a vaguely defined set of services called the Housing First model. Although a manual, along with a checklist (not a fidelity scale), of the PHF model has been published (Tsemberis, 2010), there are no studies showing that greater adherence to checklist items results in greater effectiveness as has been found in other evidence-based practices whose implementation is guided and can be evaluated with fidelity scales (Teague et al., 1998;
Bond, 2004). This means that the necessary and sufficient elements of the Housing First model for client success have not been determined, and it is unknown whether it is important for programmes to adhere strictly to the PHF model. Our previous review suggested that the central active ingredient in such models is the ready availability of housing subsidies, and that evidence that assertive community treatment is essential for the effectiveness of these programmes is weak, at best (Rosenheck, 2010).

A meta-analysis of 44 unique community housing models, including Housing First, found that all housing models achieved significantly greater housing stability than ‘non-model housing’ (i.e., treatment with no specified housing component), but no housing model was found to be more successful than all other models (Leff et al., 2009). Therefore, having a model may be better than having none, but there has not been adequate research to herald one model over the others. It is notable that published randomized controlled trials of PHF have often used unspecified usual care programmes as the comparison group (Gulcur et al., 2003; Tsemberis and Eisenberg, 2000; Tsemberis et al., 2004) instead of programmes with a particular housing model. Importantly, there have been no randomized controlled trials – that we know of- of Housing First specifically in Europe to provide confidence that the results found in the U.S. are generalizable to the European context, in which subsidized housing for disabled people may be more generally available. Some European researchers have argued that the Housing First model will not be applicable in some contexts and that the model will need to be tailored to meet local needs, although the ways in which it should be modified are not entirely clear and have not been studied empirically (Atherton and Nicholls, 2008).

In defining what Housing First is and how effective it is, it may be important to point out that although Housing First claims not to require clients to comply with psychiatric treatment, they are actively connected to an assertive community treatment team and subject to assertive engagement strategies, which may be the functional equivalent of ‘required treatment’ and thereby stigmatizing (Strickler, 2011). In essence, the term ‘Housing First’ may be misleading, in that it is really ‘Housing and Case Management First’. Also, as mentioned by others familiar with the PHF model (Kertesz et al., 2009), clients are required to participate in a money management programme to pay 30% of their income in rent and to have bi-monthly contact with staff. These additional requirements seem inconsistent with the claims that client choice is the predominant value, and they muddy the waters for those planning to implement Housing First.
The Needs of Homeless Adults

The second question posed by Pleace (2011) is whether provision of Housing First meets the needs of homeless adults, and what potential limitations of the model need to be considered. Housing First, along with less clearly defined permanent supported housing programmes, have primarily shown success in housing outcomes, with minor or no improvements observed in clinical, social, and quality of life outcomes (Rosenheck et al., 2003; Tsemberis et al., 2004; Leff et al., 2009; Tsai and Rosenheck (forthcoming)). As discussed by Pleace (2011), unemployment and social isolation are problems for homeless adults even after they have obtained housing. In fact, subsidized housing may create disincentives for employment (Tsai et al., 2011) and for independent housing (Messenger, 1992), much in the way that disability benefits and public income support have been found to be associated with less employment (Drew et al., 2001; Resnick et al., 2003). Thus, the field may need to move beyond providing Housing First to consider how to improve life after supported housing is obtained, i.e., what is Second?

Several studies have begun to address social isolation in supported housing through alternative treatment models. One programme, called the Peer Housing Location Assistance Groups (PHLAG) (Lucksted et al., 2008), offers homeless veterans peer support groups to help them find and obtain housing in the open housing market. The PHLAG programme has shown some success in helping clients obtain independent housing and has demonstrated the potential of peer support.

Another programme is the group-intensive peer support (GIPS) (Tsai et al., 2011) model that was developed for the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) programme, a national supported housing programme for homeless veterans. Clients in GIPS are expected to attend weekly group meetings as their default psychosocial intervention, to learn from their peers how to obtain a housing voucher, search for housing, sustain housing, and integrate into the community. Group meetings are led by case managers, but clients act as active peers providing content and feedback to each other. Individual assertive community treatment is provided to clients only on an as-needed basis, instead of serving as the default mode of support. At the study site that implemented GIPS, clients not only reported acquiring housing vouchers faster, but reported greater social integration as compared to those at comparison sites (Tsai and Rosenheck, under review). This may reflect the fact that clients were attending groups and interacting with peers in the community instead of waiting for case managers to meet them in their homes. In theory, such a model should be less costly and thus more cost-effective than conventional assertive community treatment-based models, but randomized trials have yet to be published.
Apart from programmes linked with supported housing, there have also been ‘citizenship’ interventions developed to encourage homeless adults with mental illness to take more active, civic roles in their communities (Rowe et al., 2001) and ‘supported socialization’ programmes to encourage interpersonal development (Fisk and Frey, 2002). How these interventions, along with established evidence-based practices like supported employment (Becker and Drake, 2003), might fit into permanent supported housing models has not been explored and may be neglected when there is a narrow focus on Housing First.

**Costs and Clientele of Housing First**

The final question of Pleace (2011) may be the most important, and that is: who should Housing First be for? Asked another way, are Housing First services more intensive than needed for some homeless adults? And are they cost-effective for some groups but not others? The Housing First model is expensive to implement and incurs large programme and capital costs that have not always been included in analyses of Housing First cost-effectiveness (Kertesz et al., 2009; Kertesz and Weiner, 2009). Consideration of whether Housing First is needed for all homeless clients is an important question, the answer to which is likely to be ‘no’ in some cases. It may be necessary to differentiate between chronically homeless or dually diagnosed adults and other homeless populations. Chronically homeless adults constitute a minority of the total homeless population (U.S. Department of Housing and Urban Development, 2011).

The cost-effectiveness of Housing First has not been demonstrated in a cost-effectiveness analysis, and the only cost study of PHF published thus far did not include the costs of the intervention, which have not been assessed. In addition, some cost reductions have only been shown for chronically homeless adults with severe mental illness who are heavily dependent on public assistance and have shown repeated failures to stay housed through other services (Kertesz et al., 2009; Kertesz and Weiner, 2009), and 25% of participants in the seminal trial in this area were hospitalized at the time of programme entry (Tsemberis et al., 2004). There has been much less research showing the clinical and cost-effectiveness of Housing First with homeless adults who are not chronically homeless or who have, primarily, substance abuse problems. In a randomized controlled trial of supported housing, homeless adults who were not assigned to receive subsidized housing were still able to obtain independent housing through employment and living with others (Tsai et al., 2011). Some have argued that shared housing or ‘doubling up’ is more economical and does not have adverse health effects (Ahrentzen, 2003; Yinghua et al., 2010).
Housing First is not only expensive because of the use of housing subsidies and associated capital costs, but because assertive community treatment is provided as part of the model. Assertive community treatment is a costly, staff-intensive model of treatment and its costs likely to be offset only if treatment is designed for the most severely mentally ill clients with high cost hospitalizations (Stein and Test, 1980; Latimer, 1999). However, studies have shown that some clients can be graduated from assertive community treatment to lower-intensity, presumably less expensive, services without any adverse clinical outcomes (Salyers et al., 1998; Rosenheck and Dennis, 2001), and that such time-limited treatment can reduce post-treatment costs (Jones et al., 2003).

Time-limited intensive case management for homeless clients has also been found to be useful for some homeless populations (Susser et al., 1997; Kasprow and Rosenheck, 2007). Group-based models like GIPS (Tsai et al., 2011) and PHLAG (Lucksted et al., 2008) could potentially be more cost-effective, as staff may be able to be more efficient with their time and carry larger client caseloads. Additional research is needed on alternative supported housing models as they are being developed. Further investigation is also needed on how to improve the outcomes of supported housing clients in domains other than housing and on how to move clients to greater independence over time.

**Conclusion**

In conclusion, we are in accord with Pleace (2011) that there many important questions that remain about Housing First, in general, and particularly in regards to implementing it in European countries. Clearer definitions of what Housing First is, what types of clients the model serves, and how limitations of the model might be addressed would be important for both future research and implementation of the model. We suggest that research on Housing First is in its early stages and that the model may not warrant widespread adoption without exploration of diverse models. Viable alternative service models need to be considered and empirically evaluated so that European countries can make informed policy decisions regarding Housing First.
References


The Potential of Housing First from a European Perspective

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Introduction

‘Housing’ and ‘First’ are two words that, when used together in the context of the provision of homeless services, are often understood very differently by different people and in different jurisdictions. Bearing this observation in mind, it is useful to remember that only in one specific sense are the two words ‘Housing’ and ‘First’ co-joined to describe a very specific model of long-term supported housing for (formerly) homeless people with mental illness and co-occurring substance abuse. This specific model is that developed by the organisation Pathways to Housing in New York. It is of note that the name of the organisation ‘Pathways to Housing’ (PtH) could be misunderstood as implying that a number of steps need to be taken along a pathway before appropriate accommodation is secured. However, as we know, the founder of the organisation, psychiatrist Sam Tsemberis, and his colleagues set out to challenge models that assumed that homeless people with complex problems must be ‘housing ready’, and must have moved through several stages of a ‘continuum of care’, before they can move into independent housing, and they have challenged these models very successfully.

What is Housing First?

This philosophy of reintegrating homeless people very quickly into regular self-contained housing and providing the necessary support to them after they have moved in for as long as they need is by no means the invention of Sam Tsemberis, nor is this philosophy restricted to the specific target group of PtH. For example, the organisation ‘Beyond Shelter’ claims that the Housing First approach was developed by their founder, Tanja Tull, for homeless families (Lanzerotti, 2004). As Nan Roman (2011, p.22) has pointed out “the principle of Housing First is also applicable to people
with less significant or more temporary problems, such as families or individuals who are homeless for economic reasons.” Roman also lists some critical elements, which can be used to set the limits of what Housing First is, and what it is not:

- There is a focus on helping individuals and families access housing as quickly as possible and the housing is not time-limited (it is not shelter, transitional housing, etc.).
- While some crisis resolution and housing search services might be delivered in the process of obtaining housing, core services to promote wellbeing and housing stability (treatment, education, child development, etc.) are primarily delivered following housing placement.
- The nature and duration of services depend upon individual need and services are voluntary.
- Housing is not contingent on compliance with services; however consumers must typically comply with standard requirements of tenancy (paying the rent, etc.)” (Roman, 2011, p.22)

The author of this response would emphasise that the absence of these elements clearly disqualifies an approach as Housing First. A service is not Housing First if access to housing is conditional on someone being ‘housing ready’ because they have moved along a ‘staircase’ or ‘continuum’ or have undergone treatment and/or are showing abstinence. It should also be emphasised that Housing First is not ‘housing only’, but involves pro-active services visiting homeless people at home.

While there are clear limits to what can be defined as Housing First, it can be argued that it makes sense not to set overly strict limits. Nicholas Pleace, in a Report for the French Government, uses a wider definition by distinguishing between ‘Pathways Housing First’ services, ‘Communal Housing First’ services and ‘Housing First Light’ services (Pleace, 2012). In this sense, Housing First is not only of interest for servicing the “high-cost, high-risk group of very vulnerable homeless people” (Pleace, 2012, p.122) as it was designed to do by Tsemberis and colleagues. The basic model of immediate provision of housing with support provided by mobile teams may also be used for other groups of homeless people. It is also worth noting in this context that, of the ten projects involved in the current ‘Housing First Europe’ social experimentation project funded by the European Commission, not one single project is an exact replica of what PtH practices in New York, although most of them are, indeed, serving homeless people with complex needs.

Housing First understood in the sense just outlined above is an approach that may be applicable far more widely among homeless people. However, the PtH model has gained particular attention, as it has shown that the Housing First philosophy is highly
effective for chronically homeless people with a dual diagnosis, who for a long time were considered proof that some homeless persons are unable to sustain a tenancy and need to be made ‘housing ready’ outside regular housing in special institutions and hostels on a step-by-step basis through staircase/continuum services.

Housing First as practised by PtH has been shown through robust research (including randomized control trials, often praised as the gold standard of scientific evidence) to deliver much better outcomes for this target group than ‘treatment first’/Continuum of Care/staircase approaches (see Tsemberis et al., 2004; Padget et al., 2006; Tsemberis 2010a and b). It is very important to be aware of the specific principles and practices and the ethos followed by PtH to understand the success of the approach for this target group; for example, the use of Assertive Community Treatment for those with severe mental illness, and of Intensive Case Management for those with less severe problems; the emphasis on consumer choice and self determination, on recovery and community integration; the clear preference for scattered housing; and also the ethos of showing respect, warmth and compassion for all clients (see Tsemberis 2010a and b).

Housing First in Europe

Housing First has raised a lot of interest in Europe for a number of reasons. As a philosophy, it is in line with important developments in other areas of welfare provision for people in need of support (mentally ill, frail older people, vulnerable young people) such as (Edgar et al., 2000):

- De-institutionalisation and decentralisation
- Normalisation of living conditions (including housing conditions)
- Individualisation of support
- Move from place-centred support (supported housing) to person-centred support (support in housing).

Housing First can also be seen as addressing the core concerns of the critique of the staircase of transition, which still dominates service provision for homeless people in the majority of European countries. This critique was formulated most explicitly by Ingrid Sahlin during her time as Swedish correspondent for the European Observatory on Homelessness (see Sahlin, 1998 and 2005; Busch-Geertsema and Sahlin, 2007), but found a wide and sympathetic audience across many European countries. Finally, Housing First as a philosophy, together with an emphasis on prevention to stop homelessness from occurring in the first place, also matches the aim of ‘reducing homelessness instead of managing it’, which is central to many of the national homeless strategies of European member states.
While some of the basic ideas of the Housing First approach are not novel in some European member states, most services are far from ‘doing it already’ (see Johnsen and Teixeira, 2010 and 2012 for the UK).

Most of the risks mentioned in Pleace’s (2011) think piece, only apply if a very narrow definition of Housing First, equating it with the approach of PtH, is chosen. For example, it is true that many homeless people with support needs will not need the particularly expensive Assertive Community Treatment but might be equally well served with less expensive and less intensive types of floating support, but these types of services can nevertheless be organised following the main principles of Housing First as listed above by Nan Roman. As noted above, PtH does not use the ACT approach exclusively, but also utilises Intensive Case Management for clients with less severe mental health problems.

Pleace himself has confirmed this in his creation of the category ‘Housing First Light’ in a recent publication (Pleace, 2012). Whether this type of Housing First is really already as widely implemented as he claims might be debated, at least in the case of the UK (“the single most common form of homelessness services in the UK”, Pleace, 2011, p.32) (Johnsen and Teixeira, 2012). In many EU countries, floating support in regular housing is still reserved for homeless persons who have been made ‘housing ready’ in a staircase system, in which the last step on the ladder is resettlement into housing with floating support. The number of steps might differ, and the system might be renamed as ‘elevator’ (Johnsen and Teixeira, 2010), but the basic idea that homeless people need preparation outside regular housing before they can have access to it still predominates.

While it is of course correct that a number of homeless people need support enabling them to manage a tenancy those in favour of providing this support outside regular housing cannot explain why it could not be much better delivered in a more systematic and effective way as floating support after rapid re-housing, instead of during long stays in hostels and temporary accommodation. It is obvious that, just as it is easier to learn to swim when practising in water (with support of course), it is easier to learn to manage a tenancy while having one.

In the European context Housing First should not be mixed up with permanent supported housing in the literal sense. While it is true that support is provided to tenants as long as they need it, it is one of the specific advantages of this approach that if support needs diminish or can be covered by mainstream services, the tenant does not have to move out of the dwelling; instead, the support services withdraw and the tenant can stay. This gives service users ‘ontological security’ (Padgett, 2007; Watson, 2012) and might be one of the most important keys to the success of this approach. This sense of security may be strengthened if a permanent tenancy contract gives service users the security to keep their apartment. At least in some of
the European Housing First projects this is the case. Indeed, if we think of Housing First as a basic philosophy for wider groups of homeless people, it is essential to develop methods of needs-assessment and flexible types of financing of services to allow for on-going adequate support for those in need (and as long as needs are complex and multidimensional, multidimensional and intensive support must be provided), but also to reduce and limit support when it is not needed any more.

However, many of the communal (or project based) types of Housing First services for homeless people with complex problems, which offer only congregated housing with on-site support, do, indeed, lack some of the important advantages of the Housing First philosophy as practiced by PtH. Communal Housing First services are also not in line with the developments mentioned above, as they are still ‘supported housing’ and not ‘support in housing’, i.e., they are centralised and not decentralised, they provide less normality than scattered housing, and there are fewer opportunities for community integration outside the homeless milieu (see Hansen Löfstrand’s (2010) critique of ‘category housing’ in Sweden, and the doubts raised about some of the Finnish examples by Busch-Geertsema, 2010; see also Benjaminsen (2012) for a direct comparison of experiences in congregated and scattered site-housing).

These approaches – and to some extent those of Common Ground, an approach developed in the 1990s in New York by Rosanne Haggerty to provide congregated permanent housing with onsite support for chronically homeless people with a ‘social mix’ within the building and which is now relatively widespread in the big cities of Australia – might well be seen as the solution for today (by creating additional self-contained and permanent housing for vulnerable homeless people in very tight housing markets), but they may create the problems of tomorrow in continuing to concentrate formerly homeless people in particular areas and continuing to isolate them from the rest of society, and in denying them access to regular housing outside these (often expensive) buildings specifically designed for them.

In the author’s view, Housing First as a philosophy to provide services for a large proportion (in some countries, indeed, the bulk) of homeless people will not lead to structural problems, such as the lack of affordable housing being ignored – as feared by Pleace in his think piece. On the contrary, Housing First places access to housing (and the means for financing it) at the very centre of the debate. Housing First acknowledges that for many homeless people ‘housing only’ is not a sufficient answer to their support needs, but the discussion about Housing First can only lead to a ‘medicalisation’ and ‘individualisation’ of the image of homeless people if the approach and the target group are defined very narrowly.

The warning of Pleace and other authors that the results of Housing First projects are underwhelming in terms of employment, recovery from addiction, overcoming social isolation and improvements in well-being in general (McNaughton-Nicholls
and Atherton, 2011) might be needed to prevent people from expecting miracles of the approach within extant structural constraints. Expectations have to be realistic; while the recovery orientation is vital, ending homelessness “… is not identical to ending poverty, curing mental illness, promoting economic self-sufficiency, or making needy people healthy, wealthy, and wise” (Shinn and Baumohl, 1999). Further integration into society may need time and for some severely marginalised people, ‘relative integration’ is a more realistic goal (Busch-Geertsema, 2005). It is well known – and acknowledged by Pleace – that more traditional services struggle equally with achieving far-reaching aims (such as integration into regular employment) for most homeless people with very severe and complex problems. However, despite the high housing retention rates achieved by PtH and up to now also by four of the five test sites of the Housing First Europe project (each with a slightly different approach and different clientele), there is always a small proportion of homeless people who are not successful in sustaining a tenancy in Housing First projects and who might need other forms of support. The question here is one of proportions, not of strict dogmas.

Conclusion

One does not need to have evangelical fervour (see Johnsen and Teixeira, 2012), nor does one have to stick to sophisticated fidelity scales, to recommend the Housing First philosophy and housing-led policy strategies for European contexts as well. Of course, national and local contexts and the specific needs of the particular target group have to be taken into consideration, and the Housing First approach will often have to be adjusted without giving up its essential ethos (see also Johnson et al., 2012). However, Housing First projects and housing-led policy strategies have a great potential to change more traditional homelessness policy approaches (based on staircase systems) that still dominate in large parts of Europe by emphasising the importance of rapid access to permanent housing and the need for adequate pro-active support in housing for those in need. Housing First successfully challenges traditional images of homeless people with multiple needs as incapable of living in mainstream housing. The debate about Housing First helps to understand and promote housing, not as a distant goal, but as a very important ingredient for the integration process of homeless people, together with adequate support in housing. There is growing evidence that social service interventions are more successful if provided to people in their own home, but no miracles are to be expected. Housing First is neither a miracle cure for all homelessness people, nor should it be seen as an isolated approach for a tiny proportion of the most excluded.
References


Responses to “The ETHOS Definition and Classification of Homelessness”
The ETHOS Definition and Classification of Homelessness and Housing Exclusion

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Background

The ETHOS definition of homelessness and housing exclusion was developed by the European Observatory on Homelessness, initially, to allow members of the Observatory to collate statistics on homelessness in a more consistent manner across Europe (Edgar et al., 2004). The operational model was developed in the context of European Commission funded research, which examined the measurement of homelessness in Europe (Edgar et al., 2007). Both documents need to be read to understand the context and development of the definition. The MPHASIS project (MPHASIS, 2009), funded by the European Commission, examined the robustness of the ETHOS definition and methods of measuring homelessness in 20 European member states through discussion with key stakeholders in those countries.

A key purpose of a theory is to generate scientific debate and generate innovation in ideas. The article by Amore et al. (2011) offers some useful insights into the debate on the meaning of homelessness and housing exclusion, and the significant issues that need to be addressed in accurately measuring it in a manner that can lead to effective evidence-based policies. Their insights are important and can hopefully inform the development and evolution of ETHOS as an empirical and policy tool. ETHOS was developed in the European context and was not designed as a universal model. However, it is testament to the usefulness of the conceptual model that New Zealand has used the ETHOS typology, with some adaptation to local circumstances, as the basis for its official definition of homelessness. It is therefore pertinent to remind readers of the context in which ETHOS was developed.
Development of ETHOS

The enlargement of the European Union following the Lisbon Treaty (in 2000) placed the right of access to decent and affordable housing firmly in the policy arena for (what became) the 27 member states. The challenge was to provide a definition of homelessness and housing exclusion that could address the diversity of experience, governance and policy frameworks to allow national governments and the European Commission to monitor progress in this vital social policy arena. The challenge was, in my view, fourfold. First, the majority of member states either did not recognise homelessness as a policy issue or only understood it as street homelessness – a broader definition was essential. Second, given the diversity of housing market systems and welfare regimes (Edgar et al., 2002), it was important to posit a definition in the housing context and, in so doing, to recognise the dynamic nature of the issue. Third, cultural, policy and linguistic diversity meant that a definition had to be conceptually robust while allowing adaptation of classification and typology. Fourth, the drive towards evidence-based policies needed to recognise the weak structures of data collection at official level in many member states and, thus, the approach to definition and data collection should build on both civil society and state structures.

The European Observatory on Homelessness worked with the FEANTSA membership of national homelessness agencies. The real politik of the situation was to provide a definition that was more broadly based than street homelessness, but could be accepted as more than a lobbying tool of the homeless sector. FEANTSA already had a fourfold definition of homelessness – homelessness, houselessness, inadequate housing and insecure housing. Some member organisations had been involved in building definitions in their country (most notably in North-Rhine Westphalia and in Finland). Developing an ETHOS definition had to be sensitive to this circumstance.

The Search for a Conceptual Model

In the search for a conceptual model, it was important to build on what was there, to develop a conceptual model that could straddle the diversity that is Europe, and to establish an operational definition within this model that could be adaptable to local / national circumstances or sensitivities. The author’s experience of research in Scotland, which defined tenancy rights in supported accommodation (Edgar and Mina-Coull, 1999), suggested that the legal basis for habitation of a structure or building for residential purposes can be reduced to four main concepts, which underpin a residential contract (Edgar et al., 2007). This gave the basis for the three
conceptual domains – physical, legal and social. The fourth concept, the time dimension, which is present in establishing a tenancy contract, becomes relevant in the operational definition of homelessness. We return to this below.

The Criticism of the ETHOS Model

Amore et al. focus on three ‘differences in conceptualisation’ of the ETHOS model. First, they argue that the model should only relate to people who are living in inadequate situations due to lack of access to adequate housing. In fact, the development of ETHOS was undertaken in the context of the EU social inclusion strategy that was launched by the European Council of Lisbon in 2000. Within this framework, common objectives were agreed on by all EU countries to stimulate coordinated national policy developments in this area. These common objectives included promoting access to housing and preventing homelessness. Hence, the understanding of homelessness as a lack of access to housing underpins the whole development of the model (and follows the publication of a key book on the subject: Edgar et al., 2002). Edgar et al. (2007), in developing ‘ETHOS light’, draw upon the UNECE/EUROSTAT report (2006) to consider the relationship between population and living quarters as “those housing types which are the usual residences of one or more persons” (para. 590). The report recommends a simple three-fold definition of conventional dwellings, other housing units and collective living quarters. Homeless people can be found in all three categories. Edgar et al. (2007) specify the different forms of living situation.

Figure 1. Types of Housing Unit and Living Situation

Source: Adapted from UNECE/EUROSTAT (2005) Chart 4, p.123 (cited in Edgar et al., 2007)
Second, Amore et al. argue that there is an “arbitrary threshold between homelessness and housing exclusion” (p. 25). With regard to Categories 3 and 4 in the ETHOS model, this was indeed the subject of extensive debate within the FEANTSA membership and the European Observatory. In one view, people living in dwellings that are determined, by national standards, as unfit for habitation should be regarded as homeless. However, in some countries a high percentage of dwellings are officially unfit for habitation.

Third, they argue that there is an inconsistent application of the three domains of home. This argument relates to the second. Clearly, across Europe there are many households living in dwellings that are defined by national standards as unfit for habitation but where family life continues and people at least have access to private space for normal conjugal relations. This is the case both in relation to the physical standard of the dwelling and the overcrowding standard. Elsewhere, the author has discussed the issues of defining adequacy of housing and the concept of housing exclusion and housing deprivation (Edgar et al., 2007; Frazer et al., 2010). The ETHOS model can be employed to determine both the physical standard of the dwelling and the social dimension – i.e. overcrowding.

Amore et al. argue, in reference to the operational model of ETHOS, that there is an inconsistent use of ‘reference periods’. The specific operational categories (e.g. due to be released from prison within 3 months with no home to go to) were derived after a review of existing European practice (this example is used in Finland and other countries). The category of young people leaving care is included, since this is a major issue in homelessness, especially in the new member states. Observatory members in the Czech Republic asked for the inclusion of this category following a year-long EU funded study using ETHOS in that country. They refer specifically to category 5 (accommodation for immigrants) and category 7 (supported accommodation for homeless people), and claim that these populations are not part of the homeless population. This is to misunderstand the European context of ETHOS, where different forms of provision exist for homeless people, and Housing First options are manifest in diverse accommodation forms (see Busch-Geertsema and Sahlin, 2007).

Their criticism of different reference periods is valid if one is considering ETHOS from the standpoint of a statistician. A statistician is concerned to ensure, as Amore et al. state, that “a person must be actually homeless at the time of enumeration to be counted as homeless” (p. 30). However, ETHOS is intended as a policy tool, and since homeless policy should be concerned with prevention as well as alleviation, there is a requirement to monitor those who are at risk of homelessness and those who have been re-housed due to homelessness (i.e. under Housing First or supported housing initiatives). Furthermore, in developing ETHOS, the authors were concerned to develop a mechanism that would allow some harmonisation of
continuous recording systems in use in homeless hostels, supported housing and related situations. The FEANTSA data collection group has reviewed and provided guidance to its members on the development of data collection systems, and ETHOS categories provide an important aspect of that work (see Edgar et al., 2007). The Feantsa Data Collection Working Group are currently working on providing further guidance on this aspect.

With regard to the privacy criterion of the social domain, Amore et al. make a valid argument. The notion of the privacy criterion is intended to capture the situations of people in collective living quarters. However, the authors’ claim that the typology is a non-exhaustive classification reveals a lack of understanding of the issues involved in developing a typology for 27 member states, which have diverse structures of collective living situations and homeless infrastructures. The situation of homelessness and institutional living are clearly different for the three categories — penal institutions, hospital institutions and children’s institutions. Amore et al. (p.30) do not appear to see the distinction: “if no housing has been organised for a person in an institution to be discharged to, then it is entirely appropriate for them to remain in the institution until it is” (p.3). Clearly, prisoners cannot be kept in prison for this reason, and neither can children who reach the age of maturity be kept in a children’s home. With regard to hospitals, there is, again, diversity between types of hospital in relation to discharge regulations (and this varies both within and between countries).

Equally, they appear to be unaware of the work of the Observatory members over several years that examines linguistic differences in an attempt to harmonise terminology (see, for example, Edgar, 2009). Hence, the use of terms such as ‘temporary accommodation’ and ‘transitional supported accommodation’ are translated into national contexts in a way that reflects the national realities. The ETHOS typology has been translated into all major European languages. Despite this effort, it remains a difficult task to draw clear comparisons between different forms of accommodation, and especially collective living situations. Indeed some forms of accommodation exist in only one or two countries (for example, the Danish ‘skaeve huse’ or the French ‘baile glissant’ and ‘foyers’). Indeed, we would argue that a key driver for the development of the ETHOS model was to allow national adaptation of the categories to fit local policy circumstances. Hence, even if it had been possible to develop an exhaustive typology in the diversity that is Europe, it would not have been a sensible approach.
Conclusions and Future Development

Amore et al. claim that the New Zealand definition is significantly different to ETHOS, something that was necessary largely due to the perceived conceptual weaknesses of ETHOS. In fact, the NZ statistical office website states that “[t]he definition is based on the concepts of the ETHOS typology, a framework used by European statistical offices. Following consultation, the ETHOS categories have been narrowed down and adapted for the New Zealand environment”. It appears, then, that our intention of providing a robust conceptual model that would allow adaptation to local circumstance has been vindicated by the NZ experience.

Their views, especially in relation to the reference periods and the privacy criterion, reveal a tension between the sensu strictu interpretation of statisticians, who are used to dealing with point-in-time surveys based on representative sampling, and the needs of professionals involved in policy development, evaluation and implementation. There remains work to be undertaken to ensure that continuous recording systems employ consistent classifications and systems. In this regard, ETHOS is an important tool. The Data Collection Working Group in FEANTSA continues to work on this issue, but perhaps there is insufficient academic review being undertaken. The time dimension is not well resolved in the ETHOS model, but it allows the local adaptation of practice to modify categories, particularly in relation to different forms of collective living situations.

ETHOS was developed in the context of the complexity and diversity of the European Union – a situation that Amore et al. do little to acknowledge; certainly, if the approach developed in the model is to be applied more universally, then some of their arguments do need to be addressed. As the MPHASIS project revealed, even where the approach developed by ETHOS is widely adopted, there remain serious issues related to the governance of data collection, and the integration of survey methods and continuous recording methods of data collection.
References


The Logos of ETHOS

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Introduction

In a thorough and compelling analysis of the ETHOS typology of homelessness, Amore, Baker and Howden-Chapman (2011) scrutinise and suggest revisions of the ETHOS model of homelessness and housing exclusion. They identify problems with firstly the conceptual model and, secondly its relation to the typology of homeless subgroups that it covers (or should cover), and suggest instead a modified approach, where homelessness is defined as a living situation characterised by exclusion from two of the three domains (the physical, legal and social domain). I will comment on their criticism and their suggested solution in this order, and conclude with suggesting a second alternative, which is a return to the basic ideas – the logos – of the ETHOS concept.

ETHOS Conceptual Logic and the Threshold between Homelessness and Housing Exclusion

Amore et al. accept the conceptual basis of ETHOS – i.e., that an adequate home includes a physical, a legal and a social domain. However, they question the logic behind the divisions between the four main conceptual categories (roofless, houseless, insecure housing and inadequate housing), especially the fact that the first two of these are defined ‘homelessness’, while the latter two fall under ‘housing exclusion’. I agree with the authors that the line drawn between ‘homeless’ and ‘housing exclusion’ in the ETHOS typology is not convincing and that people living in uninhabitable dwellings, as well as those who share accommodation with friends and relatives, should be counted as homeless, and not only as living in a situation of housing exclusion. However, since those who are roofless or houseless are indeed
subject to housing exclusion, I would propose that no such general line be drawn at all between the different conceptual categories, but not at the cost of excluding the situations currently defined as housing exclusion in ETHOS’ (see below).

In principle, I also agree with Amore et al. that it is problematic to include ‘risk of homelessness’ in a typology of homelessness and housing exclusion. On the other hand, many situations involving such risks are actually identical to being excluded from the legal domain. A house of excellent standard and with space for privacy and a social life that is borrowed or squatted in would still not be an adequate home, because its residents cannot trust that they can remain there, and those facing eviction or repossession no longer have legal tenure. Accordingly, insecure housing equals exclusion from the legal domain, and is an important element in homelessness per se, and not only a risk for future ‘real’ homelessness.

ETHOS’ Classes or Operational Categories in Relation to the Conceptual Model

The second major criticism made by Amore et al. concerns ETHOS’ “failure to take account of why people are in a living situation that is inadequate for permanent habitation” (p. 25). The authors note that ‘lack of housing’ is used in the ETHOS typology only to differentiate homeless people staying in hospitals and prisons, or with relatives and friends, from those with access to housing of their own, but suggest that this criterion be spelled out in the conceptual framework and not only in the operational categories. For example, tourists sleeping in tents should not be counted as homeless if they have homes to return to after their vacation. This is reasonable.

However, the discussion on the need for such a ‘circumstances criterion’ is quite at odds with the authors’ claim that only the immediate living situation should be considered. In the section on reference period consistency, it is argued that people who are in institutions due to a lack of housing should not be counted as homeless at all, since this would be “based on the subjective assessment of what a person’s housing situation may be in the future (...). If a person is usually homeless but is in hospital at the time for enumeration, they should not be counted as homeless” (p. 30, emphasis in the original text). To me, this is a highly questionable conclusion for three reasons.

First, a hospital or a prison is certainly not a place where a person may enjoy any dimension of a home, whether physical, legal or social, and, second, a strict look at only the immediate situation would lead to exactly the situation that the authors want to avoid through making ‘lack of housing’ a general circumstances criterion. Third, and maybe most importantly in this context, a future perspective is always
involved in the concept of (in)secure housing and, hence, in the issue of legal tenure. Put differently, the legal domain necessarily implies a control over the future housing situation, which people staying temporarily in hostels (or with friends or in boarding houses) lack. On the other hand, I think the authors do have a point in not including people who used to be homeless, such as the operational category ‘people receiving long-term support (due to homelessness)’ in ETHOS. Formerly homeless people should not be included unless their current living situation is inadequate – for example, if they do not have legal tenure or access to a social domain.

The authors also find in the ETHOS typology – but not in the conceptual model – a ‘targeting’ criterion, which differentiates accommodation for homeless people or immigrants from similar kinds of accommodation that do not explicitly target these groups, such as boarding houses and youth hostels. I think this is a good point, but I’m not convinced by the suggestion to include the targeting criterion in the conceptual model (see below). Rather, targeting criteria risk consolidating existing local policies, instead of inspiring their contestation. For instance, if homeless hostels reject undocumented migrants or teenagers, these groups will remain unacknowledged as homeless.

However, there is another circumstance criterion that I think is important to take into account, namely the size and internal relations of a household. It makes sense to consider these aspects in judging the adequacy of the physical domain, and they have implications also for the legal and social domains. Although the authors indicate a similar reasoning when they include ‘sharing accommodation’ as a distinct homeless category in their revised typology, they have excluded people being threatened with violence in their homes, as well as those living in circumstances of overcrowding. Both of these categories are (and should in my opinion remain) included in the ETHOS typology and qualify as homelessness.

A third criticism put forward by Amore et al. is that the operational categories in ETHOS are mutually exclusive but not exhaustive. This is true, but operational categories can hardly cover all relevant housing situations in all countries all of the time. Rather, they should be understood as suggested concrete applications of the conceptual categories. ETHOS has been tried and tested in thorough discussions between the coordinators of the European Observatory of Homelessness, its national correspondents from EU member countries, and with the staff and members of FEANTSA. Like other, similar typologies, it is the result of a compromise between considerations of logical accuracy, and its adequacy for policies and counting in a great number of countries. None of these countries could make use of it without adapting it to its own context.
The Alternative Approach of Amore et al

In trying to resolve the problems they have identified, the authors stick with the ETHOS principle that homelessness is defined as a living situation where two of the three domains are missing. Their proposed modified typology comprises four broad homelessness categories: without accommodation, temporary accommodation, sharing accommodation and uninhabitable accommodation. However, housing exclusion, where only one domain is missing, is not included.

Two necessary conditions for being considered homeless are stipulated, each with one principal exception: 1) living in an inadequate place of habitation (unless these places are institutions, which are “culturally recognised exceptions’ to the minimum adequacy standard”), and 2) lacking access to adequate housing (except for people staying in accommodation targeting homeless people) (p. 32).

An initial question here is whether the first condition is necessary, given the second one, in which it is implied. Put differently, you can hardly live in adequate housing unless you have access to it. I have already dealt with, and questioned, the exception that people in institutions should not be counted as homeless. A third comment concerns the exception to the category ‘lacking access to adequate housing’, which implies that accommodation for homeless people is actually adequate housing. The basic problem is that Amore et al., on the one hand, define adequate housing as comprising all three domains, but, on the other hand, define homelessness as being excluded from two of them. They then have no concept for the situation where only one domain is missing: it is neither adequate housing nor homelessness. In addition, this exception threatens to obscure the grounds on which somebody is being defined as homeless, and the modified approach risks falling into the same trap as the one they identified in ETHOS: the living situation becomes defined by the residents’ former status as homeless (as defined by the providers of accommodation), rather than by its qualities.

The great improvement in the revised typology is that people living in uninhabitable places or sharing accommodation are included as homeless (they are only counted under ‘housing exclusion’ in ETHOS). However, other important categories in the ETHOS typology are completely left out. Above all, the authors neglect the important conceptual category of ‘insecure housing’, even though it is implicitly included in the category ‘temporary accommodation’. This is always insecure, but the authors include here only collective housing, whereas insecure housing situations in physically adequate homes – such as staying temporarily without tenure in a borrowed or squatted flat, living under special terms such as sobriety conditions, living in a rental flat having been served with an eviction order, or living with parents or partners who threaten ejection – are all excluded from the typology.
My main objection, however, is that the authors fail to adhere to the logical requirement that they identify as the reason for altering the ‘homeless’ category in the first place. Their primary criticism of ETHOS is that two of the four intersections, which are defined by exclusion from two (or three) domains, are not included in the ETHOS homeless category. I agree that exclusion from the physical and the social domain (intersection 4) should be included, thereby defining as homeless those staying in uninhabitable housing, but this also applies to overcrowding, which is left out in the suggested modified typology. The household members in an overcrowded home are unlikely ever to be alone in a room or in control over its visitors, and, hence, can neither meet with friends nor enjoy privacy in their home, i.e., they lack a social domain; sharing a room with many others is not physically adequate either. Living in an overcrowded situation should therefore be included in a homeless typology.

A final remark is that Amore et al. themselves find in the end that intersection 3 – exclusion from the physical and the legal domain, but not from the social one – is inapplicable in New Zealand, where it is subsumed by the first intersection (without accommodation or ‘roofless’), in the same way as it was subsumed by the ETHOS constructors in Europe.

**Unpacking the Domains**

In Table 2 in Amore et al., ‘without accommodation’ (like the ‘roofless’ category in ETHOS) is characterised by exclusion from all three domains, and ‘uninhabitable housing’ by exclusion from the physical and social domains, while all kinds of temporary accommodation and sharing accommodation have the same exclusion makeup, where the legal and social domains are missing. However, an important function of a conceptual model is that it helps identifying possible subgroups or situations that are not already recognized, as (in this case) homeless people or being subject to housing exclusion. This is why I want to suggest a third version, which takes all logical combinations of missed or available ETHOS domains into account.

Starting from the conceptual model, it is essential to recognise that each domain, first, is relatively autonomous from the others, and secondly, has (at least) two aspects:

- physical (standards, i.e., sanitary facilities and heating, and space)
- social (privacy, and room for social interaction)
- legal (externally, with respect to owners/landlords, and internally, based on the individual’s relationship to the household member that holds the legal tenure)

Thirdly, these aspects are also dimensions, which means that exclusion from a certain domain/aspect is often a matter of degrees and that a host of different combinations are logically possible. Fourthly, and finally, some of these dimensions
are also related to the size of the household and its internal relations. This is why a household of seven in a particular flat may imply exclusion from the physical and social domain, and an abused woman, whose husband is the sole contractor of their flat, may be excluded from the social and legal domain, even though the formal tenure and flat would constitute an adequate home for a single person.

The Logos of ETHOS (Modified)

However, a conceptual model should only outline and possibly name the logical possibilities that it implies, and not go into all of the operational, contextual details. Below I have tried to list and (re-)name the general combinations. Each domain is regarded as a variable (or several variables), and ‘missing’ implies inadequate, and does not necessary imply that there is, for example, no physical domain whatsoever.

<table>
<thead>
<tr>
<th>PROBLEMATIC HOUSING SITUATIONS</th>
<th>PHYSICAL DOMAIN</th>
<th>SOCIAL DOMAIN</th>
<th>LEGAL DOMAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. WITHOUT ACCOMMODATION (ROOFLESS)</td>
<td>missing</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>B. INSECURE HOUSING = physically adequate but no legal tenure.</td>
<td>(available)</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>i) socially inadequate (e.g., temporary collective accommodation, shared accommodation)</td>
<td>(available)</td>
<td>(available)</td>
<td>missing</td>
</tr>
<tr>
<td>ii) socially inadequate (e.g., flats that are borrowed or rented with special contracts)</td>
<td>missing</td>
<td>(available)</td>
<td>(available)</td>
</tr>
<tr>
<td>C. INADEQUATE HOUSING = legal tenure of a physically inadequate home.</td>
<td>missing</td>
<td>missing</td>
<td>(available)</td>
</tr>
<tr>
<td>i) socially inadequate (e.g., a shed or a tent, OR a house insufficient for its residents and with no social space due to overcrowding)</td>
<td>missing</td>
<td>(available)</td>
<td>(available)</td>
</tr>
<tr>
<td>ii) socially adequate (e.g., a cottage without water and electricity but still with room for a social life)</td>
<td>(available)</td>
<td>missing</td>
<td>missing</td>
</tr>
<tr>
<td>D. INSECURE AND INADEQUATE = no legal tenure and physically inadequate. Rare but not wholly inapplicable (e.g. like C (ii) but involving squatting)</td>
<td>missing</td>
<td>(available)</td>
<td>missing</td>
</tr>
</tbody>
</table>
The remaining situation is having access to all three domains, and this is, according to the ETHOS definition, what is needed for a home. All other possible combinations of missing/available domains are covered in the matrix. As Amore et al., as well as Edgar et al. (2007) have already stated, the last kind of housing situation (D, i.e., intersection 3) will collapse into the first situation (A) if the social domain is also missing. However, it is not logically contradictory to imagine access to a social domain in a physically and legally inadequate situation, as long as the domains are seen as (composite) dimensions rather than absolute and fixed qualities. For instance, an illegally constructed or squatted shed or cottage without heating or a bathroom could still provide a social domain in terms of privacy and/or space for social interaction (D); if it is privately owned it would instead fit with C(ii).

Whether a housing situation is ‘insecure’ or ‘inadequate’ depends, respectively, on whether it is the legal or the physical domain that is absent. In both cases, a social domain may or may not be available. Like Amore et al., I think this domain is in need of elaboration, but unlike them, I find it useful for thinking about what homelessness implies, especially if one tries to unpack the domains. For example, physically inadequate housing in terms of bad quality or standards does not necessarily exclude a social domain, but in terms of there being insufficient space for the household member(s) living there, it probably will: overcrowding (always) and sharing accommodation (mostly) imply exclusion from the privacy aspect of the social domain.

Importantly, in this matrix, which is an attempt to demonstrate the original logos of ETHOS, there is no distinction between situations characterised by exclusion from two domains and those missing only one of them, and no attempt to separate homelessness from housing exclusion. As far as I remember, one purpose of ETHOS was to avoid policy quarrels over what homelessness is, and therefore to avoid that concept. Recognizing that exclusion is a matter of degrees, one can easily think of situations where severe exclusion from one domain would be just as bad a situation as one characterised by more moderate exclusion from two domains. In addition, ‘homeless’ is already defined and translated differently in different countries. Hence, which of these situations, and which relative degree of exclusion from each domain that should be labelled ‘homelessness’ in policies and counts designed by the state, cities or NGOs will always be a political, as well as practical (and perhaps economic) matter and will always be contested. However, by returning to the original idea of the three domains of a home, it is indeed possible to compare problematic housing situations over time, between cities and the countryside, and across countries and regions, and to contest, question and develop homeless and housing policies.
References


ETHOS: A Perspective from the United States of America.

Nan Roman
President, National Alliance to End Homelessness, USA

Introduction

The paper, ‘The ETHOS Definition and Classification of Homelessness: An Analysis’, by Kate Amore, Michael Baker and Philippa Howden-Chapman aims to analyze the ETHOS definition and typology of homelessness, and to remedy certain weaknesses that it finds in them. However, it is not clear that the remedies suggested strengthen a framework that has been widely supported and adopted.

Defining homelessness is a critically important task for a host of reasons that the authors point out. From the perspective of those primarily involved in homelessness policy, data and research are essential to size the problem and identify which solutions work best. The definition, therefore, is a bedrock matter. The definition of homelessness in the US has been an issue of fierce debate for the past decade. This debate has primarily focused upon the critical threshold between homelessness and housing exclusion, which is also a primary focus of the paper’s criticism. The authors’ contention that this issue has serious policy ramifications has been borne out by the close link in the US between the definition and the policy response. In the US, different federal programmes use different definitions, determined largely by what policy resources are available to address the problem. Nevertheless, the definition adopted by the largest federal funder (the US Department of Housing and Urban Development) has been the most commonly used, and has also been the basis of the two most comprehensive national efforts to enumerate the homeless population: the semi-annual point in time count and the homeless management information system. Using these data sources, a baseline was established, and the US set numerical goals for reducing homelessness over time. Federal investments have been linked to progress in achieving these goals, and this in turn has driven public and political will for continued funding, and even increased funding despite the decreased number of homeless people and sub-populations, such as chronically homeless people and veterans. Consistent data based upon a solid definition has been the lynchpin of these efforts.
The ETHOS Framework: Exploring the Critique

ETHOS has made a very important contribution to the international discussion on definitions. It points out that homelessness is something that occurs along a continuum of housing and it provides a way to understand various housing situations. It gives nations a way to ‘think’ about housing problems, therefore, in a more nuanced fashion, and to understand and measure housing adequacy in a relative way. It allows nations to assess how many homeless people there are while not violating their own national or cultural definitions. Within the ETHOS framework, nations can choose what category or categories of homelessness they wish to define and measure, and have this measurement be understandable, comparable and reliable internationally.

The authors of this paper point out what they consider to be weaknesses in the ETHOS framework. The first is that the conceptual model upon which it is based does not draw the line between homelessness and housing exclusion in the proper place – although they agree with the domains (physical, legal and social). The ETHOS framework determines that homelessness occurs when all three domains coincide, or where the social and the legal domains intersect. The authors identify this as a weakness, arguing that homelessness should be defined as either the intersection of all three domains, or the intersection of any two domains. However, although ‘reasonableness’ is cited, there is no clear conceptual rationale for this proposed change. It could as easily be argued that homelessness should only be the intersection of all three domains, or that the absence of any one, rather than two, of the domains would suffice.

Their second argument with the conceptualization of ETHOS is that it does not address the circumstances of those who are homeless, but only their housing status. The point here is essentially that there is a difference between someone who has choice and chooses a certain less than adequate housing type (say, living in a tent while camping) and someone who is forced to live in a less than adequate housing type (living in a tent because they have nowhere else to live). Addressing this could help eliminate the inclusion of people who are not homeless in enumerations of homelessness. However, in their suggested modification of ETHOS, the authors fail to suggest a remedy, beyond saying that “access to economic resources is a key indicator”.

The authors also identify three problems with the ETHOS typology. They find that both its construct validity and its exhaustiveness fall short, and that it does not give sufficient guidance to cover the range of possible housing situations fully in every national or cultural context. They suggest a modification of the model to solve these problems. They propose, as mentioned above, that homelessness be defined as the intersection of all three domains, or any two of the domains. Again, there is no
definitive rationale for this proposed change and it is not clear that it addresses what they see as the problem with ETHOS. Similarly, they present a partial typology based upon their concept, but no clear explanation of how this would address what they see as the shortcomings of ETHOS.

Finally, they point out what may be a more serious criticism with respect to ‘reference period consistency’. They suggest that a definition of homelessness should confine itself solely to identifying those who are currently homeless. While the question of who is at risk of becoming homeless and what happens to people who were recently homeless are of high policy importance, they argue that addressing these questions should not be conflated with defining homelessness itself. However, having raised this important criticism, they fail to suggest how it should be remedied within the ETHOS framework, recommending only that the definition have a ‘reference period’.

**Conclusion**

The importance of having a definition of homelessness is not primarily academic; a definition is needed to help solve the problem. To end homelessness, it is necessary to know how many homeless people there are and how this number changes over time. There is a practical dimension to the matter. A definition must contain data elements that can be collected in the real world. A definition must be consistent over time so that change can be measured. It would also be beneficial to have a definition that had some international comparability so that we could compare the efficacy of approaches in different nations.

ETHOS as constructed may not be perfect in every respect, but it can be expected to improve over time and with use. It has the clear advantage of having been widely vetted and approved by a broad spectrum of nations. It has the further advantage of increasing utilization, as it meets some of the practical tests. Further, as ETHOS is increasingly used it will have the advantage of consistency. In ETHOS there is hope that a workable definition will be coupled with a consistent definition.

It is agreed that a definition of homelessness should have a clear conceptual basis. As the authors point out, however, the definition should be created in pursuit of a series of goals around addressing a social problem. Academic requirements must be fused with workability and linked to policy and practice. The authors point this out, but do not suggest practical incremental adjustments that will improve the ETHOS model.
Research
in Progress

Part F
Housing First Europe: Progress Report on a Social Experimentation Project

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GISS; Bremen, Germany

Introduction

In Vol. 5(2) of this Journal, the background to the Housing First Europe project (HFE), which is funded as a social experimentation project by the European Commission (DG Employment, Social Affairs & Inclusion) under the PROGRESS programme was outlined (Busch-Geertsema 2011). Further details on the project with five “test sites” (Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon) and five “peer sites” (Dublin, Gent, Gothenburg, Helsinki and Vienna) involved in the project may be found on the project website www.housingfirsteurope.eu.

Methodology and Progress to-date

HFE builds on existing and on-going evaluations in the five test sites, rather than attempting to devise a common evaluation methodology for all test sites, primarily due to funding constraints. As a result, diversity in the test sites are observable, in terms of scale and development, in terms of data collection and evaluation methods (retrospective in Amsterdam and Budapest, ongoing in Copenhagen, Glasgow and Lisbon) which poses a challenge for analysis at a cross-national level, but also provide the opportunity to profit from different perspectives on a diversity of project practices.

At a EU level, a number of common key questions have been developed for all five test site projects, and by August 2012 interim results have been made available from the five research units involved in the local evaluations. The key questions were related to the following main topics:
- Numbers and profile of service users (Age, sex, ethnicity/places of birth/nationality, household structure, employment status/income, housing/homelessness history)
- Support needs (and changes over time)
- Support provided/received
- Housing stability / housing retention rate
- Changes of quality of life/recovery
- User’s satisfaction
- Community integration/conflicts
- Costs and financial effects
- Specific positive effects, challenges and lessons learned

The mutual learning strand of HFE (involving the peer sites and the steering committee as well as the test site representatives and researchers) has facilitated intensive discussions of the test sites’ interim results. At the HFE meeting in Budapest, in September 2012, invited guests from Sweden, France, Norway and Finland have reported about Housing First projects which are not involved as partners of HFE and have presented plans and first evaluation results regarding these projects. A number of themes and questions have been discussed at the HFE meetings, such as

- Why Housing First?
- Which target group?
- Which kind of housing?
- What type of support for whom under which circumstances?
- Needs assessment and vulnerability indices
- Cost effectiveness of Housing First
Interim Results of the Evaluations

Although none of the projects replicates exactly the Housing First approach developed by Pathways to Housing (PtH) in New York (see Tsemberis 2010), as far as it was possible to extract from the evaluations (which were not fidelity analyses in the first place), four of the five test site projects share most of the essential elements of the Housing First approach. This includes rapid rehousing of homeless people without pre-conditions; a commitment to working with clients for as long as they need; an emphasis on consumer choice and self-determination (within given structural constraints); and an orientation on recovery and harm reduction.

While it was a condition of HFE only to include projects rehousing homeless people with complex support needs, the profile of service users varied considerably between the different projects. Only in one of the projects (Lisbon), was a psychiatric diagnosis an eligibility criterion for admission, and in this project the proportion of service users with co-occurring substance use was relatively low at 29 per cent. In all other projects, problematic substance use was reported for at least two thirds of the service users, with the project in Glasgow exclusively targeted at problem drug users.

The type of support also varied considerably. Only in one of the projects (Copenhagen) was the support team adhering to the principles of Assertive Community Treatment and including doctors and nurses. In other projects alcohol and drug services were provided by other agencies in close cooperation with the Housing First Service.

Finally, interesting differences were to be found in the way of procuring the housing needed. Only one project replicates the example of PtH in exclusively using the private rented housing market for procuring housing for homeless people served. As in New York, the project in Lisbon rents apartments from private landlords and sublets the apartments to the service users. In contrast, three projects relied in part or exclusively on social housing. In three projects, direct rent contracts between landlords and the service users were the rule, thereby realising another principle of PtH, the separation of housing and services, in an even stricter sense than the original “model”. Most of the housing procured for the test sites are scattered-site independent apartments, while a mix of this type of provision and congregated housing with on-site support enabled the researcher in Copenhagen to contrast client’s views on both provisions. His conclusion was that:
As no randomization to the different housing forms is involved no conclusive evidence can be given on the relative effectiveness of either independent or category housing from the study. However, the experience from the project points towards a trend in the research literature in favor of independent housing as the most optimal form of housing even for homeless individuals with complex support needs. From the interviews it seems that this is also the form of housing which most of the citizens prefer. (Benjaminsen 2012: 30-31)

The test site in Budapest was an exemption in many ways, as it could not be described as a “Housing First” project, in that it aimed to rehouse homeless people who had lived in a forest on the margins of Budapest, and now had to leave this forest. This project – and also the shortcomings of it – is of particular value for showing the necessary conditions for success in rehousing homeless people with complex needs. Sufficient resources have to be made available on a long-term basis, not only for staff providing the support, but also for covering the housing costs and the costs of subsistence for service users with very limited chances to earn a living through employment.

For some of the Housing First projects, comprehensive data on the outcomes for service users after being rehoused is not yet available. The final evaluation reports, due in 2013, will provide information on these aspects of the projects, and also on the challenges and lessons learned. However, by August 2012 the housing retention rates of four of the five projects (including two projects where the majority of service users had been housed for more than a year) were high, all of them exceeding 80 per cent of those housed by the respective Housing First service. While such interim results need to be treated with caution, they do indicate that the Housing First approach is producing promising results in quite different European contexts, with different organizational frameworks and for different target groups.

**Outlook**

The final round of local evaluation reports are due in early 2013. All results of the Housing First Europe project will be presented at a conference in Amsterdam, which will be open to the general public and will take place 13/14 June 2013. Test sites will present their local evaluation results, a European synthesis and recommendations will be presented by the coordinator of the project and Sam Tsemberis, founder of Pathways to Housing in New York and one of the Housing First “pioneers” in the US will be one of the keynote speakers of the conference. There will also be room for discussing themes and questions in three parallel workshops. Further details will soon be available on www.housingfirsteurope.eu
References


Sustain: A Longitudinal Study of Housing Wellbeing in the Private Rented Sector

Mary Smith, Francesca Albanese and Jenna Truder

A partnership project between Shelter and Crisis funded by the Big Lottery Fund Sustain@shelter.org.uk

Background

There are currently 3.6 million households living in the private rented sector (PRS) in England and the sector has grown by more than 1.5 million households since 2001\(^1\). It is increasingly being used to accommodate people when they become homeless and this growth will continue with the implementation of the Localism Act\(^2\), as local authorities gain new powers to discharge their homelessness duty\(^3\) into the PRS. Statistics also show that in the last year, on average, 18 per cent of all accepted homelessness claims were due to the end of an Assured Shorthold Tenancy\(^4\) in the PRS.\(^5\) More broadly there are also considerable problems in the PRS regarding housing conditions, as well as problems with the landlord/tenant relationship in the sector, which are well documented. These factors raise questions about the suitability of the PRS to accommodate the needs of these households and the long-term stability it offers as a housing option in England.

This three-year study is designed to fill an important evidence gap on the PRS by exploring the long-term experiences, individual outcomes and wellbeing of homeless people who are helped to move into the sector by a range of support agencies. The research will support future policy and service development in the sector.

\(^1\) English Housing Survey: Headline Report 2010–11.

\(^2\) An assured shorthold tenancy is a type of assured tenancy which offers the landlord a guaranteed right to repossess his property at the end of the term.

\(^3\) In England, local authorities have a duty to find suitable housing for certain categories of homeless households, including households with children and ‘vulnerable’ households and others ‘in priority need’.

\(^4\) The Localism Act contains a number of proposals to give local authorities new freedoms and flexibility.

Objectives

The research has four key objectives to bridge the evidence gap that exists in identifying and understanding longer-term outcomes of homeless people who enter the PRS as a result of being resettled after being homeless or in housing need. These are:

- To identify the personal and social factors that affect formerly homeless people’s experiences and wellbeing in the PRS.
- To understand long term well-being and housing outcomes for vulnerable households in respect to sustainability of tenants.
- To produce a series of recommendations for service providers to enable them to support sustainability and wellbeing amongst vulnerable groups being housed in the PRS.
- To make suggestions for future policy improvements to renting that will improve tenant outcomes and sustainability in wellbeing and housing.

Methods

The research is longitudinal in design with qualitative interviews being conducted three times over a two-year period with people in their homes. The research aims to capture the experiences of people once in their tenancies, what might influence tenancy sustainability, and general feelings of satisfaction and wellbeing over a long-term period.

Interviews are conducted in participant’s homes at 0 to 2 months, at 6 to 10 months and at 16 to 21 months, encouraging participants to situate their experience within the property and wider locality. The research is focusing on three English regions to ensure a range of place-specific experiences and practices are captured, and were selected based on PRS density and number of PRS tenancies, ratio of social tenancies, and other factors inherent in assessing homeless and general support needs.

The eligibility criteria for the study included people who were previously homeless or in housing need, and recently resettled into the PRS. At the time of the first interview, participants had been in their tenancy for no longer than two months. Participants were recruited through a range of statutory and voluntary organisations, allowing a greater understanding of available support in each area.
The study’s sample is also split between households with (dependent) children and households without dependent children (single households). This was to ensure that research would capture any potential differences in the experiences of these two groups in relation to support services. The researchers interviewed one person in each household due to the fact that household composition can change over time. Where there were two adults in a household, the researchers generally interviewed the person referred to them as reporting a housing need.

**Progress to date**

In the first round of interviews (Wave 1) 171 eligible participants in the three geographical areas were interviewed, with the sample split equally between each area. All participants received Local Housing Allowance, a type of housing benefit for people living in the PRS. Wave 2 fieldwork took place between January and May 2012 when a total of 150 follow-up interviews (an 88 per cent retention of the participants interviewed in Wave 1) were completed with participants in their homes. A third and final wave of interviews will take place at 16-21 months between November 2012 and March 2013.

**Emerging findings**

In the first round of interviews four key areas formed part of people’s experiences:

- Finding help when they approached an agency as homeless or in housing need.
- Decision making about moving into the PRS and finding a tenancy.
- Life in the early stages of the tenancy.
- The sustainability of accommodation and hopes for the future.

Initial findings show that people have limited knowledge about sources of help for those in housing need and generally find it hard to find support. The type of support varied considerably, by region, organisation and by individual, regardless of need. Across all three regions we found that when people were given specific support to move into the PRS, they were more likely to feel positive when that support was perceived as being of a higher level – for example, given practical help to find a PRS tenancy rather than simply being given a list of landlords.

Most people had moved into the PRS because they felt they had no other choice, due to being told they would be unlikely to access social tenancies, or being refused help by the local authority. There were also a number of barriers which meant it was hard for people to access tenancies without some level of assistance. These
included: not having a rent deposit, landlords not accepting housing benefit claimants, and/or not accepting rent deposit or bond schemes, not having a guarantor and property scarcity.

In the early stages of the tenancy (up to 2 months) people reported having difficult choices to make about how to manage their finances, including going without heating, electricity or food in order to prioritise costs for their children. People experienced a number of practical barriers and constraints to living in their property, some people did not have, or could not rent somewhere with basic white goods, such as fridges and freezers and the means of heating food. For others, having to take any or the first available tenancy had wider negative impacts on their lives, for some this meant moving areas and isolation from informal support networks. For families, it often meant disruption for children’s schooling.

People did feel that their new housing was a ‘stepping stone’ to improving their lives and wellbeing. After a period of disruption people wanted to achieve housing stability, and felt that this would enable them to achieve stability in their lives more broadly. Although people wanted to stay in their tenancies, they often expressed concerns about being able to do so. For example, some worried that their landlords would raise rents or evict them. This was a barrier to considering their tenancies as ‘home’.

A final report with full analysis across three waves of interviews will be available in Autumn 2013.

**Full findings of wave 1 interviews can be found in our Interim Report.**
Part G

Reviews
Jane Ball (2012)

Housing Disadvantaged People? Insiders and Outsiders in French Social Housing

London: Routledge, 314 pp. £34.99.

This book explores the role of French social housing in relation to housing exclusion, homelessness and the provision of adequate housing to vulnerable groups. The author argues that there is evidence that the allocation policies of French social landlords favour specific groups – essentially those who are already strongly represented among social tenants in France – while excluding other, often more vulnerable, groups.

The book is also specifically concerned with critically assessing the operation of French housing laws that were designed to foster housing equality. A key argument of the book is that the law is, in effect, being used to block access to social housing for some vulnerable groups. The emphasis on equality in French law is, in the author’s view, being used as a mechanism by which not to offer specific ‘privileges’ to one particular group (in this instance vulnerable people in housing need) over other citizens. She also asserts that the law governing social housing allocation is sufficiently ambiguous to allow considerable room for manoeuvre for social landlords, and that it contains sufficient ‘procedural complexities’ to effectively mask the details of allocation decisions within a tangle of bureaucracy, making the allocation process less than transparent. Laws that are designed to enhance housing rights are, it is asserted, actually functioning as a mechanism to facilitate exclusion from social housing for some groups in French society.

The first chapter outlines the theoretical framework for the book, which draws upon insider-outsider theory. The chapter describes how the ‘insiders’ of social housing, including landlords, local politicians and existing tenants, have an agenda that involves focusing on groups with lower support needs, who are not perceived as presenting housing management risks to French social landlords. The author argues that tenant organisations have, in the tradition of French collective bargaining, further reinforced a situation in which preference in social housing allocation is given to specific groups – in this instance people who share the characteristics of existing tenants.
The second chapter begins a section of the book that establishes the context for the detailed arguments that are presented further on, summarising research on the roles of social housing across the EU before considering the extent to which French social housing reflects common ideas about what social housing is and what functions it should have. The author notes a wider policy context, also reported in other studies (Pleace et al., 2012), in which it is debatable whether much EU social housing was developed with a primary focus on meeting housing need among homeless people or vulnerable groups, as greater priority was given to other functions such as meeting general housing need or urban regeneration (indeed some EU social housing has no specific role in relation to homelessness). The author also notes how relatively affluent groups can obtain French social housing. While some problems with the evidence base are noted, the INSEE data she refers to from 2002 suggest that only around 37% of social tenants are ‘poor’ by the French definition, while social housing contains around 32% of the poor households in France.

The third chapter explores the development of housing law and housing rights in France, charting the evolution of law back to the 1789 revolution and through the nineteenth century, and describing the rise of French social landlords. Chapter four looks at the right to housing in France in the wider legal context, drawing some contrasts between the French experience and UK housing law. This detailed review concludes that due to ambiguity, a high degree of local discretion, and the local representation of insiders, the law has become a mechanism by which some socio-economically marginalised and vulnerable groups have had their access to social housing blocked. At this point, the book enters into a discussion of the complex local government structures in France, and the interaction of local government with varied forms of social landlord within the housing allocation processes. The fifth chapter looks at organisational change and social housing allocation, charting the decentralisation that began in the 1980s and providing a highly detailed discussion of the evolution of housing allocation governance in France. This chapter describes how social housing allocation started to take place in what the author calls a ‘complex negotiated context’, in which various local actors sought to balance their own interests, different policies and a response to local housing needs.

Chapter six considers the financing of French social housing and reports on the ways in which the mechanisms for funding new housing development, in conjunction with a situation in which some social landlords have no income other than rent, have created pressures to offer social housing to tenants who can pay the rent. The impact of the wider context, in which welfare benefits were sometimes insufficient to allow poorer people to meet the cost of social housing rents, is also noted; in some
locations, restricted budgets and reliance on financial models for social housing
development in which rental income had to be guaranteed, have effectively stopped
French social landlords from helping the most disadvantaged households.

The seventh chapter looks at the process of social housing allocation in detail. Beginning with an overview of the high demand for social housing in France, the chapter moves on to discuss the limitations of legal duties towards vulnerable households in housing need and the ambiguities of the law, as well as the impact of the concern to promote economically ‘mixed’ communities in social housing. The term ‘social mix’ is used in France (as elsewhere in the northern part of the EU and North America, see Busch-Geertsema, 2007) as a euphemism for the avoidance of spatial concentrations of poverty. The author’s interviews with social landlords reveal an attitude of wishing to avoid, as one interviewee put it, a pressure to ‘house all the misery in the world and nothing but the misery of the world’. This is an attitude reflected among social landlords elsewhere in the northern part of the EU who are also concerned with, and influenced by policies designed to promote social mix (Pleace et al., 2011).

Variation in social housing allocation is noted by the author across the three regions where she undertook fieldwork (Hauts-de-Seine, Lyon, Nord), Lyon focusing more on social disadvantage and Nord on poorer workers, while Hauts-de-Seine showed inconsistencies linked to more localised decision-making. A general preference for local people and poorer, but employed, households was noted across all three regions. Again, French law is presented as a mechanism that has facilitated local variation and control over social housing allocation, rather than as a means by which equity or enhanced access to social housing for vulnerable groups has been promoted.

The eighth chapter relates how, in the author’s view, insider-outsider theory explains the inclination of French social landlord to retain existing tenants and to seek new tenants from those with similar socioeconomic characteristics. Local political considerations, including mayors wishing to present social housing as local housing for local people, a concern with social mix, and a concern with avoiding housing management problems and ensuring rent is paid all play a part in influencing allocations, in the author’s view. Collectively, these pressures have created a situation where local, stable families and people not perceived as toxic to ‘social mix’ have been prioritised.

The ninth chapter looks at who the ‘outsiders’ in French social housing allocation are, highlighting – alongside the concerns with ‘social mix’ – a concern with preventing high child density to avoid social problems, a reluctance to house young people who were seen as a bad risk, and barriers to social housing for some cultural and ethnic minorities, including requirements for local residence certificates and
long residence permits that, according to the author, are actually unlawful. More generally, a resistance to housing highly socially and economically marginalised groups and people with high support needs is again described by the author. Again, there is some evidence that the attitudes held by French social landlords towards specific groups in terms of their being ‘difficult to house’ are also prevalent across the northern part of the EU, and that they are nearly identical to those found among British social landlords (Pleace et al., 2012; Bretherton and Pleace, 2011).

The author also notes that some social landlords identified problems with accessing the required health and social care support packages, including problems with joint working and service coordination, which made them reluctant to house people with high support needs. Other research on access to social housing in EU member states has had similar findings (Pleace et al., 2012).

Chapter 10 looks at the role of French social landlords in helping households in situations of housing exclusion, and potential and actual homelessness. Reviewing the earlier discussion, it is asserted in this chapter that localism, contradictory requirements (including the policy pressure to promote social mix), a wish to avoid management problems, a need to ensure rent is paid, and local political influence all affect the allocation process. The author then moves on to discuss the case for making changes.

This is an exhaustive study that represents a huge amount of sustained work by the author. The book is a valuable one because it highlights the complexity of policy implementation around access to social housing for vulnerable groups, including people in situations of housing exclusion and homelessness. It also shows that social housing is not distributed or accessed in a neutral way, that barriers exist for some groups, and that allocation processes are not consistent. The various actors involved in decision-making are sometimes self-interested, sometimes constrained and sometimes caught up in a policy mess that creates inconsistency and inequality of access across the social housing system as a whole.

Some of the core arguments presented in the book are also evidenced in wider reports of problems with the allocation of French social housing, and this reinforces the strength of some of the author’s findings and conclusions. For example, the author refers to the 2007 complaint by FEANTSA against France for breaching the European right to housing, and to the ‘hurried’ implementation of the 2007 DALO statute introducing the right to housing in response to a perceived policy problem (see also Loison-Leruste and Quilgars, 2009).

The book is reasonably clearly structured, but there is an element of repetition, with the same themes and arguments reappearing across several chapters. The level of detail into which the author enters when describing the evolution and operation of
allocation processes is also almost overwhelming at times, but it is difficult to see quite how one can avoid such complexity when writing about such a complex and varied system. The French tendency for the frequent use of long acronyms in public policy means that reference to the four-page glossary at the front of the book is very necessary, and the book might perhaps have benefitted from more diagrams explaining the administrative structures, like those in the first chapter, but again, the author is describing a complex situation and this has to be allowed for.

There is sometimes a sense that the author is someone so immersed and so knowledgeable about her subject that it is challenging for her to convey all that she knows, even within a book of some length. This occasionally means that the text makes leaps that a reader new to French social housing cannot easily follow, and it is likely that someone with prior knowledge of French social housing allocation would derive more insights from this extensive and detailed volume than this reviewer was able to.

As someone familiar with UK social housing allocation processes and with the barriers to social housing in the UK, the reviewer found a huge degree of resonance between what the author reports as occurring within France and the barriers to access into social housing that exist in the UK. UK law governing homelessness and reasonable preference in social housing allocation is, for all its relative simplicity compared to France, still sometimes hazy, ambiguous and possibly open to abuse by social landlords (Anderson and Morgan, 1997; Bretherton and Pleace, 2011b; Bretherton et al., 2012), while other factors influencing access to social housing are often (literally) the same as those reported by the author in France. This raises some questions as to whether or not something unique is happening in France, something that is specifically about French housing law, or whether – albeit with different laws and administrative processes influencing outcomes – a series of shared barriers to social housing exist for homeless people across much of the EU (Pleace et al., 2012).

Overall, this is a carefully put together book that provides a wealth of detail on a subject that is of specific interest within France, but which also discusses concerns that are of direct relevance to several EU member states. The book is recommended for anyone with an interest in social housing allocation and the barriers to social housing that exist for some groups who are in situations of housing exclusion and homelessness. In addition, the book increases the knowledge base on why social housing cannot simply be assumed to be ‘tackling homelessness’, why reform to allocations may be necessary and, at a more basic level, why societies with social housing continue to experience significant homelessness.
References


Nicholas Pleace
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Desiree Hellegers (2011)

*No Room of Her Own: Women’s Stories of Homelessness, Life, Death and Resistance*


The book by Hellegers represents an important contribution to our understanding of women’s homelessness as it incorporates the stories of fifteen women who experience(d) homelessness in Seattle as well as a sound critical analysis of the historical and structural conditions that shape(d) the lives of these homeless women in modern America. The voices and perspectives of these women dominate this comprehensive and in-depth picture of homelessness, which is carefully and thoughtfully framed by the author’s lucid and engaged discussion of the underlying social structures that ‘successfully’ operate to produce, maintain and exacerbate homelessness among women in the US.

From a European perspective, this book is essential reading for all those who are interested in exploring the nature of women’s vulnerability to homelessness and the factors underlying their exposure to the risk of homelessness. Although the reality portrayed by the author is contextually framed by recent US history and politics, by policy developments, and by underlying social and cultural beliefs, the critical insights provided into the multiple challenges to women’s resources and their ability to manage the risks of homelessness are in many respects common to women’s pathways into, through and out of homelessness in the European context.

Increasing levels of poverty and inequality, financial and economic deregulation, the reduced availability of affordable housing, the criminalisation of homelessness, and the relationship between gender-based violence and homelessness are some examples of the relevant structural causalities lying behind the stories of these Seattle women but which also shape the lives and stories of homeless women across European cities – structural causalities that are thus common to the EU and the US.

The first chapter provides a useful and comprehensive overview of the contextual, theoretical and methodological frameworks used to ensure an ‘informed hearing’ of the voices of the women interviewed.
Informed by her personal experience working in homelessness services in Seattle, the author starts by clearly expressing her motivations and choices regarding the desire to explore the oral histories of these women, giving them “the space to represent their lives”. The author’s choice to carry out extensive interviews of homeless women with experience in civic and political participation challenges the dominant perception of homeless people as people with severe and persistent mental health problems, incapable of active participation or of reflecting on their own situation and trajectories. At the same time, the author’s choice to move away from mainstream methodological options in the design of the biographical approach to the experience of women’s homeless has unveiled hidden aspects of women’s intellectual interests and of their political and historical understanding of social realities. These rare and hidden features of homeless women’s perspectives are obviously linked to the author’s intentional choice to hear the voices of a specific group of homeless women.

This introductory chapter also explores mainstream media and public discourses and perceptions on homelessness in the United States, specifically with regard to chronic homelessness. Evidence-based research (Culhane and Kuhn, 1998; Culhane, 2008) indicates that people who are chronically homeless account for a relatively small group of the homeless population in the US, which is otherwise composed mostly of poor people with low support needs, who entered homelessness after losing housing temporarily as a result of episodes of unemployment and family breakdown, but who then rapidly exited homelessness. Although this transitional form of homelessness accounts for the majority of the situations of homelessness in the US, the dominant social perceptions of the phenomenon and homelessness policies do not necessarily correspond to this reality (Culhane, 2008).

It is difficult to compare this evidence to the situation in most EU member states, given the different definitions of homelessness found across the EU (Busch-Geertsema et al., 2010). However, recent EU research (Please et al., 2011) has shown that by most local and national definitions across EU member states, people living rough and people in emergency accommodation are considered homeless. Moreover, the same research highlights the way in which perceptions among social housing providers of homeless people as a group with high support needs group and that present challenging behaviour may constitute an obstacle to social housing access.

Housing policies and access to housing in the US also come under analysis in this introduction to the stories of these fifteen homeless women in Seattle. The lack of affordable housing, inequality patterns arising from the operation of the labour market, the urban regeneration processes expelling the ‘urban poor’, residual social
benefits, ‘grotesque’ housing allocation systems, and the consequences and responses to the current economic crisis are some of the structural roots of homelessness outlined by the author.

An examination of the use of criminal justice systems in managing homelessness presents an interesting portrait of the selectivity processes that target specific groups of the population, e.g. the poor, the homeless, and people of colour. This criminalisation of homeless people has been discussed in other studies (O’Sullivan, 2012), in which it is argued that the ‘punitive turn’, often said to have arisen from an Americanisation of homeless policies in Europe, should be interpreted with caution, given the importance of local contexts and policies and the still predominant social inclusion focus of most homelessness policies across Europe. The narratives collated by the author in the book vividly and bluntly illustrate how these processes actually affect people’s lives and how their consequences last over time, representing a denial of their most basic human rights and their dignity. Often, these institutional incarceration processes include not only jails, but mental health or juvenile institutions, among others.

The experience of gender-related risks and coping strategies are amongst the most powerful episodes of these women’s accounts of suffering and struggle. The introductory chapter addresses these gender-related structural forces and the way in which they contribute to the ‘hidden dimension’ of homelessness among women. Reviews of research on women and homelessness in Europe (Edgar and Doherty, 2001; Baptista, 2010) had already examined some of the frameworks for women’s homelessness and its gendered nature, and identified some of the persisting gaps. The prevalence and intensity of domestic violence narratives – which are strongly and extensively voiced by these women – and their links with women’s homelessness should compel us to explore further this interconnection from a comparative, international perspective. The fact that the extensive presence of gender-related violence, particularly domestic violence, in the women’s biographies is not matched by a deeper theoretical framework may be related to the research and evidence based gaps referred to above.

The introductory chapter includes two final sections: a methodology section and a section on the author’s first Women in Black vigil.

The methodology section provides a thorough description and explanation of the methodological choices made, namely the selection of the women to interview, the locations chosen, the different steps taken (from the preparation of interviews to the editing process), and the ethical concerns related to the whole process, from collecting the stories to publicly exposing them. One aspect that stands out from
the description of, and critical reflection on the methodology adopted is the presence of two underlying assumptions that permeate the biographical approach undertaken to women’s experience of homelessness: first, the adoption of a strengths-based approach focussing on the women’s strengths and survival skills; and second, the role given to the experiential knowledge of these fifteen women as a vital source in the analysis undertaken.

The section on the author’s first Women in Black vigil sets the context for the author’s renewed decision to seek out the stories of women actively involved in political and civic participation on homelessness issues in Seattle. This introductory narrative of the vigil, following a specific dramatic event, sets the scene for the particular way in which the author collates and connects the stories of these women, letting their voices come through.

‘Mama Pam’, Annamarie, Elizabeth, ‘Sweet Pea’, Debra, Anitra, Roxane, Loann, Mona, Jessie, ‘Marie’, Janice, ‘Flower’, Arnette and Marlowe are the homeless women that offer their names to the fifteen chapters of this book. Based on the extended interviews gathered over the course of more than fifteen years, each of these fifteen chapters provides an intense and coherent narrative of each woman’s story. At the beginning of each chapter the author includes an essential introduction, where the reader is given an historical contextualization of the narrative that follows, as well as other important contextual information vital for the interpretation of the woman’s biography (e.g. perceptions of homelessness, organizational and professional practices, community work activism, the role of social services, racist and other discriminatory attitudes). Furthermore, this introduction to each chapter incorporates some background information on the author’s relationship with each interviewee and unveils the women’s empowered interaction with the writing of the book.

The information provided by the author on the background of each of the women and on the interviewing process, together with the vivid and disturbing accounts of the women’s lives, engages the reader in a journey through women’s experiences of homelessness in the US. This journey leads us through the individual and family stories of the women, and through their encounters with poverty, unemployment, eviction, poor education, family and intimate partner violence, abandonment, sexual abuse, physical and mental illness, imprisonment and prostitution, drug addiction and street violence. But the narratives also voice their struggle, their resilience, their achievements, their hope and their dreams.
By interweaving the women’s narratives with the complex historical contexts and societal structures in place, the author’s biographical approach clearly contributes to our understanding of the complex interactions between different levels of structural, relationship and personal factors in women’s experiences of the ‘home-to-homelessness continuum’ (Watson and Austerberry, 1986).

The book concludes with a plea for remembrance and a call for action. The author uses some of the interviewees’ own statements to recall that people experiencing homelessness are facing the violation of a wide range of human rights, including access to safe and adequate housing, to an adequate standard of living, to health care, to social security and to education. Although enshrined and protected by a number of international human rights treaties, these human rights are under severe and continued attack. The author argues that in the USA’s class-divided, strongly unequal and neoliberal society, it seems more and more difficult to find room for the dreams of Marlowe, Janice or Debra for dignity, peace and justice. The author’s description of the long and twisted path followed by two Seattle grass-root organisations, which defend the rights of women and homeless women, to install a public memorial – The Tree of Life – in honour of the city’s homeless dead is an outstanding example of the ongoing marginalisation of the homeless population and the erosion of their memories in the historical context of the modern city’s expulsion of its most vulnerable inhabitants.

The Afterword is an updated account of the author’s ethical concerns regarding the active participation of the women in the narrative process, seeking to acknowledge their informed agreement for disclosing their biographies. But it is also a tribute to the struggles and successes of these women, and a testimony to the importance of creating bonds in making the necessary political and societal transformations to address marginalisation and social exclusion in a meaningful way.

Overall, *No Room of Her Own* is a vibrant analysis of women’s homelessness experiences and trajectories in the US, where individual stories meet historical and societal forces as well as the different constructions of homelessness that have a strong impact on the women’s capacity to face risks, to take up opportunities and to exercise choice and make decisions. This book will be of interest to readers inside or outside the US, given the human dimension of the narratives presented but also the explicit concern with developing explanatory frameworks for our understanding of women’s homelessness in western societies.
References


Isabel Baptista
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Tamara Walsh (2011)

*Homelessness and the Law*

Annandale New South Wales: The Federation Press, 291pp. AUS$45.00 (€35.56).

This is essential reading for all those with an interest in law, policy and homelessness. The breadth of legal and policy issues addressed offers a model for assessing these influences and dynamics as they impact on homelessness (albeit in common law countries only). The author is obviously experienced in homelessness advocacy, but clearly and objectively analyses the myriad of law and policy developments in Australia over the past 20 years. Dr. Walsh provides that valuable but rare knowledge of law, policy and practice, often described as socio-legal studies in the UK, but here displaying a more profound and in-depth approach. Although based on an examination of law, policy and homelessness across the Australian States, the issues are indeed international and the lessons applicable across the developed world. Dr. Walsh has succeeded in demonstrating how federal and state laws and policies operate to cause or perpetuate homelessness, but also how the law could be used to address the causes and consequences of homelessness.

The book begins with an examination of the legal concepts of ‘home’ and ‘homelessness’. A detailed consideration of the extent of homelessness reveals that 1% of Australians receive support from homelessness services every year, including one in every 63 children. Aboriginal or Indigenous persons account for 9% of the homeless population. Homelessness legislation since 1994, although enabling state provision and funding for supported housing, falls short of creating a housing right. One interesting aspect of the analysis relates citizenship and social exclusion to homelessness, with half of the homeless population responding negatively to the question “Are you an Australian citizen?”, even though in legal terms all were such citizens. Food for thought for EU research here.

Chapter 2 assesses legal responses to homelessness, with the Labor Government in 2007 developing a national affordable housing strategy. Public programmes have created public (social) housing, NGO-provided housing, crisis accommodation and rent assistance, but there is insufficient supply to meet demand. Walsh highlights the dynamic between evictions from social housing (increasingly reserved for those
with complex needs) and increasing levels of homelessness. Distinctive Australian housing arrangements, such as ‘rooming houses’ and ‘boarding houses’ for single men are in decline, leaving lodgers thereof in a precarious situation.

Another unique feature of the book is its examination of the ‘blacklisting’ of private sector tenants by estate and letting agents that deny them access to housing. One database holds over 1.5 million individual tenant files. Gaining access to or rectifying this information under data protection laws can be prohibitively expensive. Although consent is required from tenants for the storage of this personal data, this is usually secured through a standard condition in tenancy agreements.

Chapter 3 deals with the criminalization of homeless through vagrancy and other summary offences legislation and ordinances that regulate behaviour and access to public space. Chapter 4 examines the linkages between homelessness and social welfare law, where recipients have obligations to undertake certain tasks and this conditional support is regulated through ‘activity test agreements’. Penalties include eight-week periods of non-payment of assistance, and 30,000 penalties are imposed every year. A distinctive arrangement known as ‘income management’ combines child protection (a state competence) and social security (a federal competence. Here, a quarantined amount (between 50% and 100% of benefits) can be spent only on ‘priority needs’ such as housing, clothing, transport, school or medical expenses; this is facilitated by selected providers and regulated through PIN numbers. Chapter 5 examines disability, decision-making and homelessness, showing that persons with impaired capacity are overrepresented among the homeless population, and some studies demonstrate that those with mental illness account for 20% to 75% of homeless people.

Access to justice for homeless people, set out in chapter 5, reveals that there is no guarantee of equal treatment or equality before the law in Australia, a central tenet of most liberal legal systems. Although anti-discrimination laws exist, homelessness is not a protected category and there is no right to legal representation. However, like other English speaking common law states, some local schemes exist, alongside pro bono and NGO schemes that try to fill the gap. ‘Special circumstance lists’ or diversionary court arrangements exist in Melbourne and Brisbane for disadvantaged persons (including homeless people). These deal only with minor offences and attempt to create practical solutions using a multi-agency approach. Significantly, the court acts as a case manager. Walsh suggests that this model should be developed further, to involve “therapeutic jurisprudence, restorative justice and preventative justice”.

The chapter which treats homelessness as a violation of human rights draws on classical civil and political rights and socio-economic rights arguments, using international human rights instruments as well as Australian law. Clearly, the author views the housing rights approach as offering a valuable source of law and policy-making. Walsh posits that “[t]he overseas experience suggests that it is possible to create social and economic rights that are legally enforceable without seriously compromising the role of the courts or placing excessive burden on the public purse.” There is an interesting examination of housing cases in other English speaking common law jurisdictions, although the author could perhaps be a little more critical of the impact of these decisions on homelessness.

The book concludes with an excellent set of tables, which summarize the housing laws, legislatively backed programmes, legally defined housing application processes, legally defined eligibility criteria, mental health laws and legally defined policies and procedures, as well as an excellent bibliography. The book was clearly written by a lawyer, and the clarity of the analysis, especially in tracing policies and procedures back to their legal bases, offers a valuable model for housing and homelessness research. Perhaps the prevalence in European states of ‘soft law’ concepts and discretionary policies and practices can sometimes hinder a clear analysis of the role and obligations of the state. Here, that clarity is evident. This is an insightful, comprehensive and rigorous examination of the contested connection between homelessness and Australian law, based on many years of research. It is a realistic assessment of the impact of various legal and policy measures concerning homelessness over the past 20 years. Most of all, it demonstrates that law is more likely to be used by modern states to advance neo-liberal economic new public management policies than to advance housing rights for homeless people.

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Ludger Pries and Tülay Tuncer-Zengingül (2012)

Wohnungslose mit Migrationshintergrund in Nordrhein-Westfalen. Eine Untersuchung zu den Lebenslagen. [Homeless with Migration Background in North Rhine-Westphalia. An Explorative Research of Living Conditions.]


In 2009, the Land of North Rhine – Westphalia (NRW) launched a new action plan to tackle homelessness after the previous action plan had been discontinued. Apart from funding innovative projects, the funds of the action plan were used as well to commission targeted research. In 2011, the line Ministry of the Land tendered a research project to assess living conditions and challenges of homeless migrants. This project was carried out through a broad range of methods, focusing on selected Kreise – smaller geographic units comprising mid-sized towns (Kreis Kleve and Kreis Minden-Lübbecke) – and on the cities of Bonn, Düsseldorf, Duisburg, and Munster. A qualitative survey of 39 homeless migrants was supplemented by 41 expert interviews held among service providers and other institutions, and some participant observation in selected services. The goal was to learn more about the variations of paths into homelessness among different groups of migrants, and to explore what major challenges homeless migrants face within the service provision.

This in-depth explorative study picks up on a key message from one of the interviewees who have been the first ever to be included in such a regionally targeted homelessness research: “Institutions claim one must study. And when you study you get homework. But if you do not have a home, you cannot do your homework” (p.8). This message contains several key elements of what the report aimed to further explore, in particular the paths into and barriers out of homelessness for NRW migrants. It reports on the combination of lack of marketable education and the lack of efficient support by institutions and family to obtain such education, and hence lack of access to a adequate employment. However, the study did not only
aim at reconfirming of what has been commonly known about general patterns how people with low levels of integration gets on the housing ladder, but it also aimed to explore the mechanisms of these challenges in a dynamic migration landscape, and why the mechanisms worked for some, but not for other migrants, who generally face higher poverty risks in Germany than non-migrants. The research sought to contribute to an understanding how a general change in migration patterns has been contributing to a perceived nominal increase of migrants in homeless provision in NRW in the recent some years, despite a general decrease of the levels of homelessness.

Who are the Homeless Migrants in NRW?

From among the approximately 10000 people in 2011, who on a given day were homeless and provided with temporary accommodation by municipalities in NRW, an estimated 2600 (over 26% of all homeless persons in this type of accommodation) had a migration background. In addition, 6300 clients of NGO services for homeless persons were counted on the same day and of these nearly a quarter had a migration background. Also, low threshold service providers’ statistics report more and more non-German citizen claimants. There is, however, a large heterogeneity within the homeless population and across the selected geographical units within NRW.

There is a reported increase and overrepresentation of young men. They have more often migrated some time – or even a generation – ago from the former Soviet Union and Poland in particular. New waves of migration have brought about an increase in numbers of Roma from new member states of the EU (mostly from Romania and Bulgaria), people from Africa, and the Arab countries, which has generally changed the composition of the group. Turkish migrants are heavily underrepresented among homeless persons, a result provoking questions which the study could not answer.

Homeless migrants have very different levels of education, but most of them have either lower levels of schooling, or have obtained certificates in their home countries that have not been acknowledged in Germany. Most of them have no jobs; still, many of them have income levels that correspond to the general income levels of the homeless population. The income and labour market situation seems to be considerably better among women.
What are Reasons for the Different Patterns?

Variations in levels of homelessness across nationalities were ascribed to cultural differences, period-effects of migration history, scale of more recent “poverty” migration waves, general labour market conditions around entry times to Germany, discrimination, migration status, language barriers that also affect lack of communication between landlords and tenants and which can effectively lead to evictions, lack of adaptation skills, and various illnesses and addictions. Last but not least, for all groups, a general obstacle is lack of access to adequate housing. The study shows that these reasons are at work one by one across all migrant groups, too, but the decisive element of the variety of paths into homelessness among migrants is to be found in the nature and strength of their family relations.

Family relations that are highly varying across the migrant groups mainly due to cultural embeddedness which can efficiently protect one from losing one’s home. Or, on the contrary, just because it represents the strongest social net especially in the migrant individuals’ everyday life strategy toolkit, for all people who have not or cannot make use of the welfare arrangements and back-up services, losing family ties can be a fast-track to the street. The most important message is, thus, that all service provision should be reflective on the main reasons for this diversity.

The strength of the study is its fine-tuned reflections on the heterogeneity of the migrant groups, their needs, conditions, and the obstacles the service providers have to deal with that are related with this increasing range of demand. The report reads well, it is very informative on previous research findings, the legal framework of migration statuses, (social) services that migrants can obtain, and on types and scope of service provision in the selected geographical units. Its further strength is a conclusive list of recommendations for various stakeholders that could improve the effectiveness of service provision for homeless migrant people, including tackling language and cultural barriers, informing about rights and obligations and support services, better answering housing needs, and beyond some further ones, establishing the essentially basic conditions for better cooperation among partners to ensure migrants would get access to a legal status, and (hence) to more intensive care if needed.
To conclude, the report is a very useful reading for various stakeholders and it feeds into a successful implementation of the action plan for tackling homelessness. It does so by offering new empirical findings and a review of earlier results about the situation in NRW. Nonetheless, the quantitative part suffers from insufficient and inconsistent data availability at services' levels. The report could have been a little more ambitious in linking the emerging homeless migrants phenomena with the broader dynamics of German or NRW welfare arrangements, and exploring intersections of housing risks that are especially faced by the various groups of “poverty” or (new and old) labour migrants more in-depth.

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This book is a collection of eloquent essays about ethical quandaries experienced by ethnographic researchers who study homelessness. The focus for the most part is on adults who are on the streets or (less often) interacting with social service agencies. Youth, families, and people residing in shelters or doubled up with others do not make an appearance. All but one of the researchers worked in the United States (Jürgen von Mahs studied adults experiencing homelessness in Berlin), but the dilemmas they describe transcend national boundaries.

The authors hope to empower participants and reduce stigma by giving voice to their stories. They strive to document participants’ dignity and resilience without romanticizing homelessness, and worry about reinforcing stereotypes by acknowledging substance problems and mental illnesses. They grapple with questions of moral responsibility and whether they should simply document or intervene, whether advocacy might compromise their research, whether radical critiques of social structures might close listeners’ ears to the message. They wrestle with their own power and privilege – their ability to go back to a home at the end of the day – and ask whether they are exploiting the people they study for their own gain, advancing their careers, pocketing their royalty checks, and (sometimes) moving on. Most poignantly, they struggle with their own impotence. As David Cook put it, “I do not know if one single individual has found an end to his or her homeless life because of my research and activism” (p.158).

For the most part, the authors’ activism consists of writing about both the lives of people who experience homelessness and the neoliberal policies that spawn poverty and homelessness for those at the bottom of the social hierarchy. Some simply publish their analyses and recommendations in journals or books unlikely to be read by many outside the scholarly community. Others work collaboratively with coalitions of people experiencing homelessness who fight for their rights, or publish people’s stories in outlets like newspapers where they will be widely read. Still others, such as Trenna Valado prepare customized short reports of their research for audiences such as police and a coalition of social service
providers, and can see some local impact of their work. But the lack of broader impact leads Vin Lyon Callo and others to ask, “Do we really need more research on homelessness?” (p.119).

My view is that the solution Lyon Callo suggests – research that “connect[s] homelessness to broader issues of economic and political restructuring, involve[s] working in collaboration with the subjects of the research, and resonate[s] emotionally with the broader public” (p.130) – is useful but still insufficient. What is lacking in the book is discussion of a middle ground between indictment of broad social structures and local description or local intervention, for example in the treatment a desk clerk at a homeless service agency affords clients. Scholars may rail against structures of income inequality and social exclusion (as others and I have done, if only for our own sanity or intellectual integrity), but I have little expectation that such analyses will provoke change. However, there are interventions at an intermediate level that make meaningful improvements in peoples’ circumstances and prospects.

In response to the Great Recession, the United States invested $1.5 billion of stimulus funds, a non-trivial sum, in the Homelessness Prevention and Rapid Re-Housing Program, which the U.S. National Alliance to End Homelessness credits for the slight decrease of homelessness in America from 2009 to 2011 in the face of economic disaster (Witte, 2012). Cities like New York have used local government funds to offer homelessness prevention services to over 10,000 poor individuals and families. Of course, we would be better off in a society where such interventions were unnecessary because social and economic structures did not put people at risk, but programmes such as these make a difference. So also do Housing First programmes that give longer-term support without coercion to people who may need it to end repeated bouts of homelessness. Research of a sort not documented here, along with collaboration between researchers, service providers, advocates, and local and national officials have helped to shape such efforts. Anthropologist Kim Hopper, himself an ethnographer of homelessness and an advocate, argues that researchers should move beyond chronicling the failures of existing social structures and engage actively with officials to improve them, even if the engagement feels like “waltzing with a monster” (2003, p.211). Such collaboration creates its own ethical dilemmas, which I wish the authors had chosen to analyse, alongside the dilemmas of ethnography that they illustrate so movingly.
Three chapters in *Professional Lives, Personal Struggles* stand out because they go beyond the ethical decisions of ethnographic work about people who are homeless. Michael Rowe describes the evolution of outreach work in New Haven into social programmes to restore citizenship (rights, responsibilities, roles, resources, and relationships) for individuals who have lost those rights through homelessness and marginalization, with each new effort arising from analysis of the limitations of earlier ones. Creating programmes like these has its own ethical dilemmas, but the work, Rowe argues, is ethical at its core.

Randall Amster documents the displacement and abandonment of poor African American residents of New Orleans in the aftermath of Hurricane Katrina, and the remaking of the city in favour of moneyed whites. The transformation of flood victims into homeless people, their deaths and their dispersion, has been likened to ethnic cleansing. Amster’s strategy of relying on published reports more than ethnographic description is persuasive; the narrative would seem implausible if not repeatedly verified from myriad credible sources.

Finally, Don Mitchell and Lynn A. Staheli discuss the ethical dilemmas involved in following the recommendations of several other authors to ‘study up’ rather than down, that is, to study the decision-makers and decision-making that “produce homelessness in specific forms and specific places” (p.162). A central dilemma arises from the usual ethical stricture to do no harm to research participants when one’s political/ethical goal is to work against their interests. Researchers usually promise confidentiality, when ethics might be better served by naming names. The bureaucratic approach of Institutional Review Boards that vet research in the United States is unequal, they argue, to the task of ethical guidance here. The authors ask whether researchers’ ethical obligations change with their political orientation. (An interesting extension might be the differential ethical obligations of researchers and journalists – does one’s ethical obligation change when the task is re-labelled?)

*Professional Lives, Personal Struggles* provides a nuanced examination of the ethical issues faced by ethnographic researchers who work with or on behalf of people who are dispossessed. Even experienced researchers are likely to find the analyses consistently thought-provoking and at times original. Novice researchers might particularly benefit from insightful discussion of the ways in which others have come to grips with the quandaries they are sure to face.
References


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Laura Huey (2012)

_Invisible Victims: Homelessness and the Growing Security Gap_

Toronto, Ontario: University of Toronto Press, 174pp. €25 approximately.

Laura Huey’s book, *Invisible Victims*, focuses on the inordinate amounts of violence and victimization that go along with being homeless. Anyone with experience in a homeless milieu is all too aware of how insecurity – threats to the physical safety and well-being of a person – is omnipresent here and how it impacts the day-to-day activities of a homeless person. Yet while the dangers that accompany homelessness are readily acknowledged, the full magnitude of insecurity is seldom grasped. This encapsulates Huey’s mission in this monograph – to illustrate how insecurity permeates homelessness and to provide a framework that lays out the magnitude of the resulting ‘security gap’.

Most of the book deals with the former aspect – the pervasiveness of insecurity in the context of homelessness. This is a largely uncharted domain, as the typical data used to document the extent of crime and victimization in more conventional settings are unavailable here. Instead, Huey uses data from her ethnographic research in San Francisco, Vancouver and Edinburgh to provide a systematic account of how homeless persons routinely get assaulted, robbed, exploited and otherwise victimized. Although at times she somewhat oversteps her data with lurid claims based largely upon hearsay, the point is clear. Putting destitute, powerless people – many with vulnerabilities such as disabilities, old age, substance abuse, and engagement in shadow work – out into the most unsafe urban areas is a recipe for victimization. It is difficult to imagine a reader left unconvinced by this.

If heightened risk is one side of the security gap, managing this risk represents the flip side. Here, the state security apparatus (not to mention the private security apparatus) has proven unable or unwilling to address this increased state of insecurity with even a normal degree of protection, let alone the increased protection that such a situation would warrant. Chapter 3 details the unresponsiveness of the police to the security needs that accompany homelessness, and the antagonism that has grown between those who are homeless and those who are putatively there to protect them. This leaves homeless persons to fend for their own security, an approach that, as Huey ironically
notes, renders them models of the neo-liberal ‘responsible citizen’. Yet while homeless persons, out of necessity, have used a range of individual (chapter 4) and collective (chapter 5) strategies to maintain some degree of security, such measures are ultimately doomed by the inadequate material, social and political resources at their disposal and will, at best, temporarily stave off the constant threats to physical and psychological well-being that are an integral facet of homelessness.

Having documented this insecurity in the homeless milieu, Huey takes on the more challenging task of situating the chasm-like dimensions of this security gap in a more general context. Providing security is, Huey argues, one of the basic functions of a liberal democracy. Furthermore, a sense of security is one of the hallmarks of citizenship. This ideal, when contrasted with the reality of homelessness, prevents homeless persons from fully exercising their citizenship. Put another way, such extreme insecurity condemns homeless people to being second-rate citizens. Huey methodically lays this process out. However, in chapter 7, she makes it clear that one does not need political theory to understand such differential levels of citizenship. One only needs to read her accounts of how homeless individuals come to realize their limited ability to partake in the benefits of citizenship, and the toll this takes on their lives.

At this point, Huey is one step away from casting the security gap as a trauma, a framework that is increasingly being used to understand homelessness and deliver homeless services (Zlotnick et al., 2007; Hopper et al., 2010). With her focus on the damages that the many forms of homelessness-related insecurity have wreaked upon individual lives, and her emphasis on the need for secure environs, this book potentially lays theoretical foundations for a trauma-based approach to homelessness. However, Huey leaves it for someone else to make these connections explicit.

Instead, Huey sets her sights on broader issues. In casting this security gap as the difference between the real and the ideal, she challenges foundational precepts of citizenship. This brings the insecurity inherent in homelessness from exotic ethnographic locales to a more proximate place. The themes laid out here, of an unresponsive state and the necessity of developing alternative means of providing security, have also been shown in other contexts – Venkatesh’s (2002) study of US housing projects, and countless monographs on prison life are the first examples that come to mind. When Huey applies these themes to the extreme contexts of homelessness, the contradictions of these expectations of self-sufficiency become clear, as homeless persons clearly lack the individual and community efficacy necessary to build their own secure space. Seen through the prism of citizenship, ‘their’ insecurity becomes connected with ‘our’ relative sense of security, which is prized when it is not taken for granted.

So what, finally, does one make of this security gap and what steps can be taken to redistribute security more equitably across all elements of a society? Huey’s answer to this straddles the dilemma between the need for transformative social change and
the limited measures that are available in the absence of this. She draws upon Nancy Fraser (2008) to cast the security gap among the homeless population as the product of ‘misrecognition’, a process culminating in a tacit license to subordinate a particular group in society systematically. Huey turns away from calling for the transformative efforts that would be needed to address misrecognition and to bring on the ‘deep redistribution’ of security, however. Instead, she turns to more pragmatic measures and calls upon the state to take the lead in implementing these measures because, in short, it is the agent most capable of doing so. This includes measures found in other progressive platforms on homelessness and community development, such as more secure and affordable housing, capacity-building in poorer communities, and specific changes in policing and public safety.

This middle path of half measures is inherently unsatisfying, but it is difficult to find an alternative approach that would ultimately alleviate the security gap that Huey vividly illustrates here on a canvas of homelessness. Ultimately, her most promising solution to the security gap is simply to eradicate homelessness. But, as Huey points out at the end of this thought-provoking and very readable book, homelessness is certain to remain. Remaining also will be the rift between ideals and realities in a liberal democracy, illustrated by a homeless individual fending for his or herself in a hostile world.

References


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