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

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Editorial

The eclectic range of research methodologies evident in researching people experiencing homelessness in Europe is well reflected in this edition of the *European Journal of Homelessness*. From ethnographic work in Copenhagen, to quantitative analyses of aspects of homelessness in Belgium, Estonia and Ireland with policy analysis of trends and issues in Sweden and Northern Ireland, a welcome diversity of research methodologies are being utilised to explore dimensions of homelessness in Europe and elsewhere. Over a decade ago, Fitzpatrick and Christian (2006) in a comparison of research on homelessness in the UK and the US noted the dominance of qualitative methods in the UK and the dominance of quantitative methods in the US. In the intervening decade we have seen increasingly sophisticated quantitative research in the UK (e.g. Bramley and Fitzpatrick 2018) and nuanced qualitative research in the US (e.g. Metraux *et al.*, 2017). Across the European Union, qualitative approaches and the analysis of secondary data are the most common research methods utilised on homelessness research. Interestingly, the importance of ethnographic research in the commencement of a new wave of research on homelessness in the 1970s (e.g. Wiseman, 1970 in the US and Archard, 1979 in the UK) was not sustained and the potential of ethnographic methods to illuminate our understanding homelessness was never fully realised. Fieldwork sites for ethnographic work tend to be in the US and UK, with only occasional contributions from the rest of Europe (e.g. Lancione, 2014; Fahnøe, 2018).

Since the establishment of the *European Journal of Homelessness* in 2007, the editorial team have adopted a pluralistic approach to theory, methodology and academic discipline, albeit with a strong focus on the social sciences. However, we welcome contributions from researchers exploring aspects of homelessness that are methodology robust and intellectually rigorous, irrespective of the discipline. We do so in the belief that methodological and disciplinary pluralism is crucial in fostering evidence based responses to homelessness.

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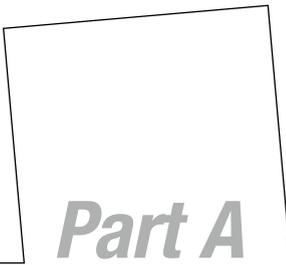
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Articles



Emotional Geographies of Urban Homeless People's Avoidance of Places Providing Social Services

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- **Abstract** *The article presents an analysis of how homeless people's negative emotional experiences of places providing social services leads to their avoidance of those places. The article is based on ethnographic fieldwork conducted in urban Copenhagen. Focusing on emotional experiences of fear and disgust, the analysis shows that emotional experiences that lead to avoidance are linked to certain spatial dynamics that are intertwined with specific places such as homeless hostels and day centers. These spatial dynamics relate to the materiality, symbolic dimensions, and the use of the place in question. The article also reveals how policies directly and indirectly affect the spatial dynamics of such places and, by extension, the related emotional experiences of homeless people. Further, the article shows that homeless people's avoidance, which results from their emotional experiences, constitutes a subtle form of socio-spatial exclusion from social services. Hence, the article argues that in order to counter this form of socio-spatial exclusion, the interplay between places, policies and emotions needs to be taken into account in policymaking processes as well as social work practices that aim to assist homeless people.*
- **Keywords** *Homelessness, Social Services, Place, Socio-Spatial Exclusion, Emotion, Social Policy*

Introduction

In order to advance our knowledge of homelessness as an extreme form of socio-spatial exclusion, we “need careful accounts” of people and places, as Lancione (2016, p.167) puts it in the 10th anniversary issue of this journal. Such accounts of people and places are necessary in order to gain insight into the lives and struggles of homeless people, and to advance our understanding of how policy interventions work in practice, since such interventions shape and are shaped by the interplay between people and the places where they are implemented. This article addresses the dynamics related to people and places by exploring how homeless people’s avoidance of places where services are offered to them (e.g. homeless hostels, night shelters and day centers) is related to their emotional experiences of these places. The article also links homeless people’s emotional experiences of these places providing social services to policies and to a subtle form of socio-spatial exclusion from the very same services. The article therefore contributes to our knowledge about how specific places evoke emotions that may discourage homeless people from using services. This knowledge is important if we are to design services that appeal to homeless people. Drawing on the sociology of emotions and emotional geography, I understand emotions as reactions to interaction with humans, objects and places. Moreover, emotions are ways of making sense of social situations (Lupton, 2013) and they motivate human actions (Bo and Jacobsen, 2017).

Existing research on socio-spatial exclusion has addressed the socio-spatial exclusion of homeless people from public spaces (DeVerteuil *et al.*, 2009) and has shown how homeless people are managed through the control of space. This control works through various types of intervention, including policing (Mitchell, 1997), the criminalization of certain behaviours e.g. begging and rough sleeping (O’Sullivan, 2012; Bence and Udvarhelyi, 2013; Coulon *et al.*, 2015), the privatization of public space (Toolis and Hammack, 2015), and deterrence through the design of physical environments (Doherty *et al.*, 2008). This research undoubtedly contributes to the understanding of the processes and outcomes of socio-spatial exclusion, as it shows how these different interventions constitute strategies of displacement and containment (von Mahs, 2005; Doherty *et al.*, 2008) that impact the lives of homeless people and their chance of being housed.

The dominant approach thus studies socio-spatial exclusion as an outcome of direct interventions. This article takes a different approach, showing how the socio-spatial exclusion of homeless people also involves an emotional dimension which is tied to homeless people’s emotional experiences of specific places. These emotional experiences that motivate avoidance of certain places are shaped by the materiality, symbolic dimensions and uses of the places in question. By focusing

on the emotions of the homeless people, the article enables a more nuanced understanding of socio-spatial exclusion that should be taken into account in policy-making processes and in social work practices that aim to assist homeless people, because it may reveal unintentional socio-spatial exclusion produced by policies and social work practices.

The article also contributes to existing knowledge about socio-spatial exclusion as its empirical focus is on the homeless people's emotional experiences of places providing social services. It thereby shows how emotional dynamics form an integral but covert aspect of socio-spatial exclusion from services. Places providing social services for homeless people have largely been neglected in research on socio-spatial exclusion, which has focused primarily on exclusion from public spaces mainly used by 'mainstream' society (Stuart, 2014). The few exceptions include Löfstrand's (2015) study of private security officers' policing of shelters which resulted in the exclusion of potential service users, and Stuart's (2014) study of police patrols in Los Angeles' Skid Row district. Sparks (2010) has shown how, in their struggle for privacy, homeless people avoid shelters that are characterized by pathologization and surveillance in an effort to protect their personal information and maintain control over their social identities. Sparks (2010) points to the need for studies on why homeless people avoid places providing social services. A better understanding of homeless people's avoidance would arguable support attempts to establish and maintain contact with hard-to-reach homeless people. Addressing emotions connected with places providing social services, Johnson, Cloke and May (2005) demonstrate that day centers in the UK constitute *spaces of care*. However, these spaces of care are ambiguous as they are spaces of fear too, because the unusual and often deviant practices of some services users cause fear among fellow service users. I pursue this line of inquiry, focusing on how homeless people's emotions are related to particular places, can lead to their avoidance, and are linked to the spatial dynamics of the specific place and policies.

Theoretical Framework

The article's theoretical framework draws on emotional geography, which seeks to understand the interplay between people's emotions and place (Davidson and Bondi, 2004) and explores 'what happens to who' in specific places, the ambition being to relate to people's "lives and struggles in meaningful ways" (Everts and Wagner, 2012, p.174). Emotional geographies of socio-spatial exclusion of homeless people, like the ones presented here, are relevant to policy making because they draw attention to the often neglected importance of emotions and place. Anderson and Smith (2001, p.7) argue that such neglect "... leaves a gaping void in how to both know, and intervene in, the world" since emotions are one of

the most essential ways in which humans relate to and understand the world (Smith *et al.*, 2009, p.2). Jupp (2013) has shown that social policy interventions and outcomes are interlinked with emotions, as interventions influence the emotions of the affected people and consequently their actions, with implications for how policy interventions work in practice. Clearly, there is a need to acknowledge the importance of emotions if policies are to be successful. Jupp (2013) argues that social policy interventions are shaped by the spatial dynamics of the places where the interventions are conducted. Keeping this in mind, this article's focus on places providing social services is particularly relevant as these are places where supposedly benevolent social policy interventions happen and are experienced and felt by homeless people.

The fields of emotional geography and the sociology of emotion conceptualize emotions as the felt and sensed reactions that arise in interactions between people, objects and places. Given that they are reactions to these interactions, emotions also involve judgements about people, objects and places and they motivate human action in an interplay with cognition and rationality (Bo and Jacobsen, 2017). Thus, emotions are both shaped by and partially shape interactions (Davidson and Bondi, 2004). This understanding of emotions entails a rejection of the dichotomy between emotion and rationality, acknowledging instead that individuals may be rational and emotional at the same time.

There is no consensus on how to study emotions. They are bodily sensations as well as mental phenomena and cannot therefore 'just' be observed. They are also fluid and not easy to represent. Yet although emotions cannot be completely represented through the use of language, it is widely considered valid to study emotions through people's descriptions of them (Williams *et al.*, 2001; Hubbard, 2005; Parr *et al.*, 2005). I therefore focus on how the homeless people describe their emotional experiences of places, drawing on Rose, Degen and Basdas' (2010, p.346) concept of *feelings about buildings* which "... are the considered, reflexive opinions that people hold of buildings [or places] often based on comparisons with other remembered buildings, and which can be bound into their emotions".

Places are not just neutral containers for interaction; rather, they shape and are shaped by people's actions. Places may be understood as social spaces which mean that they are "the product of interrelations, as constituted through interactions, from the immensity of the global to the intimately tiny" (Massey, 2005, p.9). This relational understanding, which draws on Massey's (2005) notion of space/place, implies that places are also the product of relations that reach beyond the specific locality. Such relations include, for instance, policies and economic circumstances affecting a given place. Based on this relational understanding of space/place, explorations of the interplay between emotions and places have the

potential to link the emotional experiences of individuals to broader contexts and structural factors. In this article, I use the notion of 'place' rather than 'space' in order to draw attention to the materiality of the locality where interactions happen, while linking these to the policy context. The relational production of places and their significance can be understood as an ongoing process of interchange between the materiality of the place e.g. built structures, bodies and objects, the use of the given place e.g. sleeping and counselling, and its symbolic meaning e.g. ascribed qualities and discourses. The latter include emotional experiences and, as Cloke *et al.* (2008) write, places become meaningful to people through emotional interactions. It is important to recognize that the meaning of a place differs depending on the individual's age, class, gender, status and point of view (McDowell, 1997). These emotional experiences of places are crucial in order to understand how and why places attract or repel people (Hubbard, 2005). Still, it should not be ignored that emotional experiences of places are dynamic and therefore always have the potential to change, and they may also be contradictory and ambiguous. It is also important to recognize that there are no deterministic or causal relations between specific spatial dynamics and people's emotional experiences.

The interplay between emotional dynamics and place is a fairly new focus in research on homelessness (Marquardt, 2016). It was introduced by geographical research that seeks to draw attention to the emotional dynamics of homeless people's use of places (Johnsen *et al.*, 2005; Cloke *et al.*, 2008; Daya and Wilkins, 2013). In line with that research, this article aims to humanize homeless people by contributing to our understanding of homelessness as lived and felt, and by revealing the agency exercised by homeless people. This approach also raises questions about rationalistic understandings of homeless people's use of places as manifestations of rational regulations and resistance against such regulations. While such an understanding is valuable, it conceals the emotional dynamics that also affect the lives of homeless people (Cloke *et al.*, 2008), including their use of available social services.

Data and Methods

This article is based on empirical data from a research project on lived citizenship among homeless people (Warming and Fahnøe, 2017). The data was generated during six months of ethnographic fieldwork in which participant observation and qualitative interviews served as the main methods. The study focused on homeless people's experiences of social outreach work and the related practices and negotiations between outreach workers and homeless people. The participant observation was conducted by accompanying outreach workers from the municipality. This allowed me to gain access to encounters between outreach workers and homeless

people, that took place throughout the City of Copenhagen from parks, streets, and squares, to day centers, night shelters, homeless hostels, and social services offices. The outreach team's main task was to help reduce homelessness in Copenhagen, however the outreach workers did not have a mandate to offer social housing or to grant social services, substance abuse treatment or social benefits; instead, they helped the homeless people to apply for such services. The outreach work often involved conversations about homeless hostels, night shelters and day centers and whether they were suitable options for meeting the homeless people's needs. The interviews with social workers and homeless people were conducted on site as "conversations with a purpose" which (Burgess, 1984, p.102) describes as "a series of friendly exchanges in order to find out about people's lives". The interviews with the homeless people centered on their experiences of being housed and unhoused, their contacts with the social services, and their use of public space. Emotions were not a focus at the outset of the research project, so I did not touch upon the theme of emotions with the participants during the fieldwork. However, due to frequent references to emotions related to specific places both during the outreach encounters and the interviews, it became clear that emotions were vital in order to understand how the homeless people made sense of and used different places. The interviews were documented in field notes jotted down between encounters which were subsequently written up as comprehensive field notes. I coded the field notes based on various themes divided into sub categories. One theme was the spatial dimension of the outreach work and related social services. Subgroups under this theme included: the use of places, accounts about places, and the physical layout and location of places. In this article, I exclusively analyze accounts that occurred during encounters between homeless people and outreach workers where the homeless person talked about specific places. I have analyzed these accounts as *emotional talk*, which Williams *et al.* (2001, p.211) explain as the ways in which "people convey their feelings". Williams *et al.* argue that a focus on emotional talk might be a suitable way to explore people's reactions to specific social situations – and to places, I would argue.

Besides the outreach workers, the people I was in contact with during my fieldwork included homeless people and people with a history of being homeless who still spent time on the streets for various reasons. The people who figure in the material that I analyze here were all homeless at the time of our contact, according to the ETHOS typology of homelessness. They were sleeping rough, couch surfing, or staying at night shelters and homeless hostels or illegally in non-conventional buildings. Further, they had all agreed to collaborate with the outreach workers and most of them had had long lasting and often difficult relationships with the authorities. It is also important to note that all the homeless people included in this study had legal Danish citizenship and consequently full citizen's rights, which meant that

they were entitled to social benefits, social services and health services according to their individual needs. Thus, barring any local and temporary individual sanctions at certain places, these homeless people had legal access to the services provided at the places included in the analysis.

In order to secure the participants' anonymity, all names in the article are pseudonyms, including those of the outreach workers. All participants participated voluntarily, and were told they could withdraw from the study if they wished to. I also informed the participants about my research project and my role as a researcher, but despite that, some of them apparently regarded me as social worker trainee at times.

The Study Setting

The Danish welfare state can be categorized as a social-democratic welfare regime with a relatively high level of income redistribution and welfare provision and low levels of poverty and unemployment (Benjaminsen, 2016). According to the national homelessness count (Benjaminsen, 2017), in 2017 there were approximately 1,500 homeless persons in the City of Copenhagen municipality, which has a population of 611,000 people. The number of homeless people in the municipality of Copenhagen has remained constant since the first national homelessness count in 2009, while homelessness has increased at the national level. Homelessness in Denmark is most prevalent among people with complex support needs (Benjaminsen, 2013). At both national level and local level, Housing First is the guiding principle in Copenhagen municipality policies. However, there are major barriers to the implementation of Housing First in Copenhagen. First of all, there is a lack of affordable and adequate housing (Rigsrevisionen, 2014; Benjaminsen and Lauritzen, 2015) and the number of cheap rental apartments in Copenhagen is decreasing while the population is growing significantly (Rigsrevisionen, 2014). This should be seen in the light of a trend towards more market-oriented solutions to housing provision and less state intervention (Pettersson, 2017). Consequently, waiting lists for housing are long (Benjaminsen, 2013). Secondly, a treatment first approach is still widespread in practice (Benjaminsen, 2013).

These barriers mean that temporary accommodation still accounts for a significant portion of the services provided to homeless people in Copenhagen, where 42 percent of the homeless population has been homeless for more than two years (Benjaminsen, 2017). While night shelters and homeless hostels are intended to be temporary, in practice people stay there for longer periods (Rigsrevisionen, 2014; Benjaminsen and Lauritzen, 2015). In this context, research on what happens to homeless people at these places of temporary accommodation and other social services to homeless people is relevant to policy-making.

The local municipalities are responsible for housing citizens in Denmark, including the provision of temporary accommodation. The City of Copenhagen municipality acts as a major provider of temporary accommodation, both in the form of homeless hostels and night shelters. Some NGOs also deliver temporary accommodation, which is subsidized by the service user's home municipalities. There is a total of approximately 600 beds in temporary accommodation facilities in the City of Copenhagen (Rigsrevisionen, 2014). Regional authorities monitor the quality of the temporary accommodation. The municipalities are also responsible for attending to the needs of homeless people in accordance with the Social Assistance Act, either by funding or providing services themselves, including the day centers that this article addresses. The day centers targeting homeless people are primarily run by NGOs that often rely partly on private funding. Access to the night shelters, homeless hostels and day centers is granted by the staff at the place in question.

Analysis

During the encounters that I observed between homeless people and outreach social workers, and during my interviews with homeless people, they often described why they did not use certain places and services. Their accounts frequently revealed that they had had negative emotional experiences in connection with the places being discussed. These negative emotional experiences included fear, disgust, humiliation, boredom, anger, distress, and discomfort. The places they avoided included apartments, residential areas, neighbourhoods, parks, squares, and welfare offices. Night shelters, day centers, and homeless hostels providing services specifically intended for homeless people were also avoided. The experiences associated with fear, disgust and humiliation were among the most striking negative emotions brought up in the accounts about avoiding or leaving these places providing social services.

Although my analysis explores the link between these emotions and avoidance of places providing social services, it is worth noting that negative emotions did not necessarily lead to avoidance. Indeed, many of the informants used these places and their services despite harboring negative feelings about them. This finding should be seen in the light of the ambiguity associated with emotional experiences of places as well as the acute need for care and/or physical shelter that some people experience. Moreover, the avoidance of places providing social services is, for some homeless people, related to positive emotional experiences of other places. Elsewhere, I have documented how a sense of belonging plays a part in homeless people's use or lack of use of social services (Fahnøe, 2017).

In the following, I explore how fear and humiliation, respectively, arise in interplay with specific places. The two selected examples represent two distinct ways in which polices affect the spatial dynamics of places and the related emotional experiences, and how different individual attributes (i.e. age, gender and ethnicity) influence the emotional experiences of the places in question.

“I am not going back there”

Fear was a common emotion expressed by the homeless people about the shelters and hostels. In most of their accounts, fear related to episodes of violence occurring in and around such places. This was the case, for example, in Peter’s approach to hostels.

Ann, an outreach worker, meets up with Peter, a man in his fifties. His long-term substance abuse has left its mark on his body. He is quite thin and his movements are slow. At the moment, he is sleeping at his friend Michael’s place. Ann and Peter discuss alternatives to sleeping at Michael’s. Ann says that the only realistic possibility right now is for Peter to stay at a homeless hostel. Peter is quick to respond, saying that he has stayed at the nearby hostel but that he does not want to do that anymore. The hostel is located in one of the buildings belonging to a larger complex that was built at the beginning of the 20th century as a workhouse. Today, the buildings house a couple of homeless hostels, a combined night shelter and day center, a health clinic for homeless people, and some workshops, among other municipal welfare service organizations. The complex that was erected outside the city is now surrounded by apartment buildings but is encircled by two larger streets on opposing sides and fences and buildings on the other two sides. It almost functions as a ‘village’ enclave populated by marginalized people within the urban neighbourhood. The outdoor areas serve as meeting places for homeless people and other marginalized people. Although staff members do not patrol the outdoor areas, they do keep an eye on the surrounding areas and intervene if tempers flare too much. Alcohol drinking and cannabis smoking are widespread and very visible in the outdoor areas. Although the atmosphere is generally friendly, emotions often run high and at times aggression and violence break out. Peter sounds upset when he talks about the hostel. He says that he does not like it there. He mentions some stabbings that happened there recently, making him feel unsafe. He adds that there are several unpleasant people there and concludes: “I am not going back there”. He sticks to his refusal to stay at the hostel, despite admitting that there is a limit to how long Michael will let him sleep at his apartment. Peter repeated several times that he did not want to go back to the hostels. I met him a few times and when he later talked about the hostels, he persistently referred to them using a pun in Danish that includes the word “slum”.

Peter's fear of violence relates to use of the hostels and surrounding areas, as well as the materiality of the place. Being physically enclosed and characterized by a high concentration of homeless services and other social services, the complex where the hostel is located is a highly contained environment and as such unusual behaviours and attitudes are accepted as they do not pose a nuisance to mainstream society. This acceptance of behaviours that would be deemed unacceptable elsewhere makes it possible to practice alternative activities and lifestyles. However, at the same time such a place of containment and its associated practices may be intimidating for people like Peter. Johnson *et al.* (2005) showed, for instance, that unusual behaviours may make fellow service users fearful. The way the staff use the place underscores their acceptance of unusual behaviours, as they provide assistance inside the buildings and keep supervision of the outdoor areas to a minimum, especially during evenings and nighttime when few staff are present. This place, characterized by unusual behaviours and norms, is used by many people who hang out in the outdoor areas but who do not constitute a single integrated community. Rather, various people and groups of people who are not necessarily friends or even acquaintances share the place. Under these conditions, tensions can escalate into violence before anyone can intervene.

The fear of crime and violence in relation to women's use of space is well documented in feminist geography (e.g. Valentine, 1989) where it is viewed in terms of gender relations. In Peter's case, his experience of the hostel as a frightening place must also be understood in relation to his age and physical condition, which is marked by his long-term substance abuse and which makes him more vulnerable to violence. This kind of vulnerability was brought up by other homeless men who were beginning to feel the effects of their hard lives on their bodies. Charlie was among them. He described how he had calmed down and withdrawn from specific meeting places now that he had become weaker. Charlie added that he was not acting so cocky and wild anymore. Instead, he was letting the younger (men) mess around and act rough. Such changes in behaviour and Peter's unwillingness to stay at the hostel could be regarded as what Warming (2017, p.82) has termed "a rational act based on emotional meaning". It seems rational that Peter, whose ability to defend himself has declined, avoids the hostel due to his fear of violence in connection with that particular place which resulted from political decisions to cluster homeless services in the enclosed complex.

Peter's feelings about the hostel are not just connected to his physical ability to protect himself. Instead, his use of the derogatory pun about the hostel suggests that his feelings about the place also relate to the symbolic dimension of the hostel. The complex and hostel are infamous both among homeless people and social workers, who label it as one of the toughest environments among places providing services to homeless people, and as a place frequented by the most vulnerable.

The hostel and the complex are thus symbolically positioned as undesirable places inhabited by the most deviant people. Seen in this light, Peter's emotions may reflect a perception that sharing spaces with deviant people might erode his social identity (Johnsen *et al.*, 2005). This could be understood as part of a struggle for dignity in which Peter avoids a place that is symbolically tainted and where he would be exposed to behaviours that transgress the cultural norms of mainstream society, and might even become associated with such behaviours himself.

In Peter's case, fear prompts him to stay at his friend's place, although this alternative place is associated with anxiety related to uncertainty about if and when he will be forced back on the streets. This indicates how avoidance of a specific place offering services is also intertwined with relationships to other places and people's emotional experiences of these. And as Rose *et al.* (2010) suggest, judgements about a place may involve comparisons with other places. This points to how experiences of available alternatives influence the way emotions motivate human action, including the use of places.

"They are nasty"

The emotional experiences that the homeless people described in connection with shelters, hostels and day centers sometimes included disgust. Disgust was often expressed in relation to other people's behaviour and hygiene. At times, disgust was linked to gender and ethnicity as well as the physical layout of a given place. This was the case when Kate turned down an opportunity to use the shower at a day center.

Kate is a young woman who has been sleeping in a car for the past couple of weeks. She rents an apartment but is scared of staying there because she had an altercation with some of the neighbours and now she feels intimidated by some of them. Kate is talking to the outreach worker Susan. Kate is cheerful and energetic this morning. She says, "I really need a shower". Kate explains that she is eager to have a shower at the day center which is just around the corner because she feels dirty and wants to be clean before she puts on her cool new clothes. The day center is located on a lower ground floor. The main room is decorated in a homely style with paintings by service users. It is obvious that attempts have been made to make the day center feel like a cozy haven away from the streets and parks where many service users spend most of their time. The vast majority of services users are homeless male immigrants from Central Europe and Africa. The place is normally crowded in the mornings as the immigrants, who usually sleep rough, come to have breakfast, take a shower or a nap. The two small showers are accessed from a small passage that also leads to a laundry room and a sleeping area furnished with a few bunk beds and mattresses on the floor. This narrow passage is often cramped and the people passing through it sometimes bump into each other accidentally. Kate

asks Susan when the day center opens and whether they have towels. Susan calls the day center to find out. Afterwards, Susan tells Kate that the day center opens in 15 minutes and that they have towels for her. Kate then says that she just remembered that the day center is “where the Romanians are”. So now, she does not want to go there. “They are nasty” she says referring to the “Romanians” and she does not want to shower while they are around. She almost sneers and her smile has disappeared. Susan tries to laugh it off and says that they will not be in the shower with her and that she can just lock the door. Nonetheless, Kate does not want to go and she says “I would rather stink” and she once again refers to “the Romanians” as filthy. It is unclear whether she is referring to their hygiene, behaviour, mentality or all three. Susan suggests that Kate should think about it. Later, Kate goes into the city center with her Ukrainian boyfriend, Leonid, without showering or putting on her new clothes.

Kate’s disgust should be seen in the light of intersecting gender and ethnicity relations. Her disgust is directed at men she refers to as “Romanians”, who use the place and its services. This disgust serves as a marker of ethnic differences (Zembylas, 2011) and it reflects tensions related to ethnicity which also manifest in practices on the street where homeless ethnic Danes and Greenlanders rarely mix with homeless immigrants. Both the social workers and the homeless ethnic Danes and Greenlanders articulated these tensions in different ways. Besides stereotyping, prejudice and derogatory remarks, there is a widespread narrative about how certain day centers – including the one mentioned here – have been “taken over” by homeless immigrants and that the ethnic Danes and ethnic Greenlanders avoid these places because they do not want to interact with the migrant people or are “pushed out” of these places. Since it is known to be one of the places “taken over” by homeless immigrants, the day center is also symbolically tainted.

Moreover, the tensions reflected in Kate’s feeling of disgust are also affected by an ethnic hierarchy that is enshrined in policies which exclude homeless immigrants from the definition of homeless people that the City of Copenhagen aims to help (Pettersson, 2017). This hierarchy is, moreover, supported by laws that restrict homeless immigrants’ access to public social services such as shelters, hostels and social benefits. What is more, there is very limited funding for NGOs providing services to homeless immigrants (Djuve *et al.*, 2015). This restricted access compels the homeless immigrants to use the few NGO-run day centers and the one shelter that accept them and, as in this case, these places are often very crowded. The use of this specific day center, and its overcrowding, are thus a result of policies that restrict access to other places providing services and limit funding. This shows how places are not only affected by policies directed at them specifically and the practices that take place there, but also by policies that target other places. Kate’s

emotional experience of the day center as a place of disgust is shaped by this combination of policies that restricts access to services to a few places and affects the physical layout of the day center.

With this combination of policies and the materiality of the day center, the intersecting gender and ethnic relations that affect Kate's feeling of disgust are accentuated by the fact that the vast majority of the service users are immigrant men and that Kate's purpose for going there would be to take a bath in one of the communal showers where her naked body would only be shielded by a door leading directly on to the busy passage. The risk of being exposed to unwanted contact or sexual attention, or at least feeling exposed to this, is intensified because the place is so cramped that it takes some effort to dodge physical contact and the glaring eyes of the other service users. The materiality of the place, which affects how these intersecting gender and ethnic relations intertwine with Kate's emotional experiences of it, is characterized by a lack of private space which limits the service users' privacy.

Such limited privacy at day centers, hostels and shelters is widespread in Copenhagen. Busch-Geertsema and Sahlin (2007) have noted how lack of privacy hampers efforts to help service users towards inclusion in mainstream society. But, as in Kate's case, lack of privacy also prompts homeless people to avoid these places in the first place due to various emotional experiences. Being humiliated was one of the predominant emotions associated with lack of privacy, as expressed by the homeless people.

Kate's disgust could also be seen as a reaction to the fact that the majority of the immigrants using the day center were sleeping rough and had limited access to services, including sanitary facilities, and therefore found it difficult to maintain their personal hygiene. Again, this experience of disgust arises both because of the lack of places providing the needed services for homeless immigrants, and because of the physical layout of the crowded day center which makes it difficult to ignore the personal hygiene standards of those using it.

The disgust that Kate and others feel may not only increase the distance between people (Zembylas, 2011) but also between places. The distance that arises due to disgust and other negative emotional experiences of places, including fear and being humiliated, produces a subtle form of socio-spatial exclusion from the services offered to homeless people at specific places. This form of socio-spatial exclusion is more about the spatial dynamics of places than the services per se, and it indicates that services targeting homeless people and their impact are inseparable from the places where they are delivered. In effect, this subtle socio-spatial exclusion from services prevents the realization of whatever benevolent intentions that may lie behind the service delivery.

Conclusion and Outlook

Focusing on the emotions of fear and disgust, my analysis shows how homeless people's emotional experiences of places providing social services lead them to avoid these places. However, it should be stressed that despite the fact that the homeless people – like the ones presented in the analysis – explain their avoidance of places providing social services with reference to emotional experiences, this does not mean that their avoidance is not rational. Such avoidance may well constitute a rational act based on emotional meaning-making. The analysis demonstrates that different individual attributes influence emotional experiences of places offering services. The analysis highlights age, physical capabilities, gender, and ethnicity as some attributes that intersect and influence the emotions that arise in connection with a specific place and its related spatial dynamics.

The analysis showed that the emotional experiences that motivate avoidance are linked to certain spatial dynamics associated with the specific places. These dynamics consist of, first, the materiality of the place in question, where a locality and its surroundings may be places of containment that evoke fear, as in Peter's case. The material aspects that influenced emotional experiences included the place's physical layout e.g. the interior layout which restricted opportunities for privacy, and led to it being associated with disgust and feelings of humiliation. Second, the symbolic dimensions of the place define the kind of place it is and who its occupants are. The analysis shows that a place can be perceived as so defiled that using it seems to threaten one's dignity or social identity. Third, the way the place is used, i.e. its occupants' behaviour, may transgress cultural norms in ways that evoke emotions such as fear or disgust.

The interplay between emotions and the spatial dynamics of places that I describe in my analysis is significant to policy-making. On the one hand, the spatial dynamics that evoke emotional experiences of places that can lead to homeless people's avoidance of those places affect how the policies regulating social services work in practice. In this way, spatial dynamics shape policies. This underlines the fact that services are inseparable from the places where they are delivered. On the other hand, the spatial dynamics related to materiality, symbolic dimensions and practices are shaped by policies. My analysis shows how containment, lack of private space, restricted access for some groups, and overcrowding are influenced by policies which, to a greater or lesser extent, define what should happen to whom and where, for example by clustering services for homeless people. It is worth noting that policies shape the spatial dynamics of places both directly and indirectly. Directly in the sense that policies are meant to do something at and/or to a given place and thus affect that place. And indirectly in the sense that policies that are intended to do something at and/or to one

place affect other places too. In the analysis, the symbolic dimension and overcrowding of the day center are indirectly shaped by policies, and in Kate's case this plays a role in her avoidance of the day center.

The homeless peoples' avoidance of places providing social services which is due to their emotional experiences of those places, constitutes a form of socio-spatial exclusion from services. Williams *et al.* (2001) has termed the avoidance of places due to negative emotions *self-exclusion*. However, this concept is misleading because such avoidance is not just an individual choice. This socio-spatial exclusion from services should instead be understood as driven by the spatial dynamics of certain places which prompt negative emotions. And it is the exclusion of homeless people from the very same services that should ameliorate their life situation and ideally direct them to proper and stable housing. Such socio-spatial exclusion from services shows that both spatial and emotional dynamics, as well as the interplay between them, must be taken into account if policies and services are to appeal to homeless people and help them to act as citizens by exercising their legal rights. It should be clear that this has cross-country relevance. Although policies, the provision of services to homeless people, the conditions under which these services operate, and access to permanent housing differ between European countries, the interplay between spatial and emotional dynamics affects the lives of homeless people and their use of services in all national contexts.

The provision of temporary accommodation is one area where attention to homeless peoples' emotional experiences of places is needed if such services are to be successful as stepping stones for those in need (Deverteuil *et al.*, 2009). As Busch-Geertsema and Sahlin (2007) suggest, temporary accommodation will most likely play a role in future policies. Despite efforts to implement Housing First, this also applies to Denmark, and especially Copenhagen. Awareness of socio-spatial exclusion from services, as addressed here, should, for one thing, lead us to jettison arguments that hostels and night shelters should not be too comfortable because this might reduce people's motivation to find other solutions (Busch-Geertsema and Sahlin, 2007). If such notions continue to guide policy-making and social work practices, this will not only negatively impact the people who actually use these places, but also others in need of a physical shelter or other services who might be repelled by the emotional experiences that arise in such "not too comfortable" places. If the places where services are provided trigger negative emotional experiences, this may make some homeless people harder to reach.

The above analysis of how policies and spatial and emotional dynamics interlink in ways that influence how policies take effect in practice has relevance for other areas of policy that influence homeless people's lives and housing. These include Housing First policies (and the ongoing discussions about these), where it is crucial

to recognize that housing occurs in a specific place with particular spatial dynamics related to its material and symbolic dimensions and use. These spatial dynamics affect the place's attractiveness or repulsiveness in the eyes of potential residents. Spatial dynamics also influence people's experiences of being housed, which impact housing retention.

The article presents an analysis of homeless people, places and emotions, and identifies a subtle form of socio-spatial exclusion from services. However, it describes just one aspect of how spatial and emotional dynamics affect homeless people's use of places and the way this is connected to policies. In order to advance our understanding of homeless people's use of places and their lives, we need more in-depth studies of the relations between specific spatial dynamics, individuals' positions and their emotional experiences.

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More Than a Roof: A Statistical Profile of Homeless People in Belgium

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- **Abstract** *Better understanding of hidden groups of poor people in Belgium is highly pertinent and it is essential to collect information on the demographic profile and the living conditions of homeless people and monitor it across time. The goal of this article is to fully exploit the statistical profile and the living conditions of homeless people in Belgium, referring to a unique survey targeting those hard-to-reach groups: the SILC-CUT survey of homeless people, a pilot of a 'satellite survey' to EU-SILC among specific high-risk groups in Belgium. This paper concentrates on several aspects of the living conditions of homeless people such as their demographic profile, including nationality and education, housing situation, income, participation in the labour market, and health profile. Despite sampling challenges and the necessity to simplify and adapt the questionnaires, we can conclude that the use of 'satellite surveys' is feasible and useful. Although it was impossible to compare the full profile of homeless people with the general population, and with the population at risk of (financial) poverty, our analysis confirms the exposure of homeless people to more extreme harm from poverty in several dimensions of life: education, family life, income, work, housing and health.*
- **Keywords** *Homeless policy, satellite surveys, living conditions of homeless, demographics of homeless in Belgium*

Introduction

Despite the existence of indicators in the Eurostat database such as severe housing deprivation, overcrowding and housing affordability, none of the official EU statistics directly cover homelessness (Gosme, 2013; Eurostat, 2015), and consequently neither the number nor the profile of homeless people in EU member states are known (FEANTSA, 2012; Bowpitt *et al.*, 2014; Denvall, 2016). Methodologically speaking, estimations based on the census are not reliable as people without a fixed residence are not included in the census. In addition, homelessness is not a permanent status, with people frequently moving into and out of homelessness. High-profile European social and political debates have incrementally focused on statistics on income, poverty and social exclusion, therefore collecting valid and reliable qualitative and quantitative data with regard to homelessness is crucial.

Research methods for identifying the number and the characteristics of homeless people are controversial and remain in a developmental phase (for an extensive review, see Tipple and Speak, 2009). Key tools for acquiring knowledge about poverty and social exclusion and monitoring the progress from a national or a European perspective are the European Community Household Panel (ECHP) and its successor EU Survey on Income and Living Conditions (EU-SILC). One of the major shortcomings is the under- or even non-representation of certain (vulnerable) populations in these surveys, due to non-response or because they are not part of the sample framework (Adriaensens *et al.*, 2003). These excluded groups are relevant because of their quantitative magnitude and more importantly their specific living conditions or their extreme poverty. In addition to groups that 'by definition' fall outside the sampling frame, some groups, such as rough sleepers and homeless people, rarely or never stay at their legally registered address and, consequently, cannot be reached.

Better understanding of the characteristics and the living conditions of these hidden groups of poor people in Belgium are highly relevant, as we suspect that they not only suffer from a lack of financial resources, but also from inadequate housing, limited access to essential services, mental and physical health problems, and other forms of exclusion. It is therefore essential to collect information on the demographics and the living conditions of homeless people by monitoring it across time.

The current living conditions of homeless people in Belgium are alarming, as they do not only suffer from the lack of integration into the Belgian society, but they are often faced with inadequate living conditions, limited access to necessary services, mental and physical health problems, and a precarious socio-economic situation.

This paper concentrates on several aspects of the living conditions of homeless people such as their demographic profile, including nationality and education, housing situation, income, participation in the labour market, and health profile. After briefly reviewing homelessness studies and providing some background information about homeless people in Belgium, the data source and the methodology will be discussed. Not only will the demographic characteristics and education levels of these vulnerable groups be examined, but also their housing situation, income and economic status, labour market participation and health status. The goal of this paper is to fully explore the statistical profile and the living conditions of homeless people in Belgium. We must keep in mind that we have attempted to reach as wide a proportion of the target population as possible, but we did not achieve a large sample. We, therefore, abstain from statements about the volume of homelessness. Our profile data should be considered as merely tentative too.

Statistical Studies of Homelessness

The European Federation of National Organisations Working with the Homeless (FEANTSA) has developed a typology of homelessness and housing exclusion (ETHOS-European Typology of Homelessness) as a means of improving the understanding and measurement of homelessness across Europe (Edgar and Meert, 2006; Edgar *et al.*, 2007; Busch-Geertsema *et al.*, 2010). This typology distinguishes between ‘rough sleepers’ (who sleep in the open air or in public spaces), homeless people living in shelters, households in insecure housing and households in inadequate housing.

Since the early 1990s, a substantial body of literature about homeless people has emanated from most western and Scandinavian European countries, with minimal pursuit from other European countries (Avramov, 1995; Busch-Geertsema *et al.*, 2010). Many countries such as Italy (2000), Spain (2004), Portugal (2005), France (2012), and Slovakia (2016) have undertaken national counts of people sleeping in public places or rough sleepers.

There have been significant increases in housing exclusion and homelessness in EU Member States during the crisis. Recent data from a variety of Member States indicate “an on-going trend of increasing homelessness in many contexts” (see SPC, 2014; Busch-Geertsema *et al.*, 2014). Likewise, FEANTSA (2012) states that during the last decade, a substantial increase in homelessness in many EU countries is recorded in the national monitoring reports. The OECD (2017) confirms that homelessness has increased in recent years in Denmark, England, France, Ireland, Italy, the Netherlands and New Zealand, but has fallen in Finland and the United States, based on the data from the 2016 OECD Questionnaire on Affordable and

Social Housing (QuASH 2016) for 29 out of 35 reporting countries. Estimates of the number of homeless people (2015 or latest year available) are missing for Belgium, Bulgaria, Cyprus, Iceland, Israel, Italy, Korea, Malta, Romania, the Slovak Republic, Switzerland and Turkey.

Belgium's homeless people should be enumerated as part of the census (FEANTSA, 2008). The results of the 2011 censuses in Belgium indicate "0" homeless. It is obvious that "0" stands for the nonexistence of numbers rather than nonexistence of homeless people in Belgium. Since 2008, there has been a biennial count of homeless and inadequately housed people in the Brussels-Capital Region by *La Strada*, which is a support centre for homeless people in Brussels. Based on the count of the night of 7 November 2016, a total of 3,386 people were counted, of whom 35% were roofless (in public spaces or in emergency or crisis shelters), 25% were homeless (in temporary accommodation) and 39% were living in inadequate housing (including squats). The total number of rough sleepers and homeless people living in shelters in Belgium was estimated to be 18,700 by the FEANTSA in 2016. They particularly pointed out a 33% increase in the number of homeless in the Brussels region in the last four years and a 96% increase in the last 8 years.

SILC-CUT: Data and Methodology

Homeless people are one of the main excluded groups from the EU-SILC (Survey of Income and Living Conditions). Therefore, as the data source, we refer to a unique survey targeting those hard-to-reach groups: the SILC-CUT survey of homeless people (2010; funded by the Belgian Science Policy, BELSPO). The Belgian data of EU-SILC for 2009 will also be referred to, to enable comparisons among homeless people and the Belgian poor.

The SILC-CUT survey was carried out in 2010 as a pilot of a 'satellite survey' to EU-SILC among specific high-risk groups in Belgium, including homeless people, using simplified versions of the EU-SILC questionnaires so that comparisons could be made with the 'mainstream' EU-SILC data (SILC-CUT project – see Schockaert *et al.*, 2012; Nicaise and Schockaert, 2014 for methodological details). The concept of 'satellite surveys' means that targeted surveys are carried out among specific subpopulations with an increased poverty risk, using questionnaires and methods that are adapted to the realities of these populations and yet as comparable as possible with the instruments of the main EU-SILC survey.

The SILC-CUT research was funded by the Agora Research Programme of the Belgian Science Policy (<http://www.belspo.be>) upon request from the "Combat Poverty, Insecurity and Social Exclusion Service" (<http://www.combatpoverty.be>), which was established by the Federal Government, the Regions and Communities

as a platform for co-ordination of the fight against poverty, insecurity and social exclusion. Simplified versions of the EU-SILC questionnaire were used in order to maximize response rates, while keeping the data from our surveys as comparable as possible with the mainstream EU-SILC data; on the other hand, we also included a few additional questions on essential topics relating to the living conditions of homeless people such as access to water and sanitary equipment.

The SILC-CUT data collection was organised with the assistance of an interdisciplinary team and finalised between 1 February 2010 and 31 July 2010. A total of 445 interviews were conducted; of those, 277 were with homeless people.

Our sample focuses on rough sleepers and people living in shelters. The sample of homeless people was drawn through non-random, stratified indirect sampling in collaboration with organisations and services working with the target group. The two-stage sampling process, beginning with a selection of intermediaries, obviously involved a risk of missing the most marginalised people in our target groups – particularly rough sleepers. In order to reach this target group, various channels were used: NGOs, street workers and the snowball method. However, the snowball method yielded only 5% of the completed interviews. Homeless people were addressed during begging or in sites where they gather such as bridges and stations. For another 15%, other recruitment channels were used, such as interventions in the streets, in stations, or in abandoned buildings. The majority of the respondents (79%) were contacted through the intermediary of a social service or community workers. Of all individuals contacted for an interview, 70% completed the interview.¹

Survey research among homeless people involves several challenges, beginning with sampling. For organisations working with homeless people, registration of such a relatively hidden group is a sensitive issue. In most cases, the information is limited to the name, gender and sometimes the age of the person, as many homeless people do not provide information about themselves even if they possess an identity card.

For the second sampling stage, interviewers were asked to select their respondents as randomly as possible. The pilot survey had revealed that the use of client lists for random sampling within organisations was either difficult due to obstacles such as mental health problems of sampled individuals, or that such lists were not available. The interviewers had to make use of a selection and communication sheet on which the contact was recorded per gender and age group, as well as the outcome of it (taking the interview, refusal or appointment) and the reason for non-response.

¹ Rates of (un)reachability could not be measured as interviews mainly occurred on the spot, or in the buildings of collaborating organisations.

Quotas were set per region on the basis of different sources that provided approximate information: for homeless people, we benefited from registers of the associations of shelters. Table 1 gives an overview of the anticipated and achieved quota per cell for the target group.

Table 1. Anticipated / achieved number of interviews

Flanders 91 / 141			Brussels 71 / 68			Wallonia 88 / 68		
Men		Women	Men		Women	Men		Women
61 / 89		30 / 52	57 / 41		14 / 27	64 / 38		24 / 30
Rough sl.		Shelter	Rough sl.		Shelter	Rough sl.		Shelter
13 / 19		78 / 120	11 / 19		60 / 49	13 / 26		75 / 42
< 30	30-50	>50	< 30	30-50	>50	< 30	30-50	>50
47 / 50	31 / 66	13 / 21	30 / 15	29 / 37	12 / 16	37 / 17	36 / 39	15 / 10

All quotas for women were exceeded, partly because women appear to make up a growing proportion of service users, but also because they tend to have less addiction or mental health problems, or simply because the response rates among women were higher.

Despite the valuable help received from the organisations working with homeless people, some restrictions were imposed in terms of time that could be spent in centres for the survey (as the presence of an interviewer might deter people from using the centre), and in terms of the selection of respondents. In some cases, the organisations arranged the appointments with respondents themselves or it was agreed not to interview respondents with acute alcohol or drug addiction problems or in a state of poor (mental) health.

Non-response can be attributed to the unreachability of targeted persons rather than refusals or failed interviews. Overall, only 29% of the contacted respondents refused to participate: either they had 'no interest', 'no time' or (most often) 'no reason'. The willingness to cooperate was higher among younger respondents. Language barriers reduced the response rates to some extent too. When interviews with non-native speakers who accepted to take part in the survey were postponed until an interpreter could be present, respondents often did not show up at the next appointment.

A final issue to be mentioned relates to the interviewer team. During the survey period, it became clear that the psychosocial aspect of the training and the supervision of the interview team were underestimated. During interviews, confrontation with the dire living conditions and the sometimes dramatic life experiences of the target groups touched several interviewers deeply and there often was a feeling of powerlessness. One interviewer dropped out, but many struggled with

the assignment. Moreover, they were faced with suicidal ideas, criminal practice, police interventions and cases of abuse by aid organizations – situations in which support and advice to the interviewer were necessary. We therefore advise other research teams to provide the necessary preparation and guidance of interviewers in future surveys.

In spite of the limitations to the research methodology which ought to be recognised, this dataset provides a unique opportunity to illustrate the characteristics and the living conditions of this hidden group of poor people and this knowledge is certainly useful for policy makers and organisations working with target groups such as rough sleepers and other homeless people.

Socio-demographic Profile

Age and gender

The SILC-CUT sample consisted of 61% men and 39% women. Although the homeless population is clearly dominated by men, the shares of women in our samples were greater than we had expected based on material from other sources. This suggests that women may be somewhat overrepresented in our studies due to higher response rates.

Table 2. Age distribution

	Min.	1st Quartile	Median	Mean	3rd Quartile	Max.
Male	18	29	41	39.84	48	80
Female	18	27	38	37.53	46	66
Total	18	28	39	38.95	47	80

The age–gender distribution is shown in Table 2. The median age is 39 years and the oldest respondent is just 80 years of age. Regarding nationalities, 73% of the homeless people we surveyed are Belgian nationals, while European Union country nationals account for 12.5% of the homeless.

Table 3. Nationalities at birth

Belgian	EU country	Non-EU country
72.9%	12.5%	14.5%

Socio-economic background

Parents' employment status is an indicator of the socio-economic status of the household in which the respondent grew up. Table 4 below provides information on mother's and father's employment status when the respondent was (approximately) 14 years old. Only 57.7% of the homeless people in the sample had a working father while more than half (54.3%) of the mothers were either housewives or unemployed. On the other hand, 65% of the institutionalised people in the sample reported growing up in a household with a working father and 50.9% with a mother staying at home.

Table 4. Parents' employment status when the respondent was 14 years old

	Institutionalised		Roofless	
	Father's employment status	Mother's employment status	Father's employment status	Mother's employment status
Employee	51.9%	28.5%	49.2%	19.6%
Self-employed	13.1%	7.5%	8.5%	8.9%
Work with family	0.5%	1.4%		
Unemployed	6.1%	4.7%	6.8%	8.9%
Retired	1.4%			
Househusband/housewife	0.5%	45.8%	1.7%	55.4%
Other	9.8%	3.7%	3.4%	
Don't know	5.6%	4.7%	11.9%	3.6%
N/A	11.2%	3.7%	18.6%	3.6%
Total	100.0%	100.0%	100.0%	100.0%

Household composition

As the question about *household* composition in the EU-SILC questionnaire refers to 'persons living together', the figures do not take into account family members that were left behind either through separation or through migration. This may result in very complex, multiple households and discrepancies between household size and family size.

Table 5 sketches the household composition also by gender. Unsurprisingly, the vast majority of the homeless respondents were single. This is the case for men and women, but the share is significantly greater for men than women (86.3% for men compared with 58.8% of women). Men seldom live in two-person households

(5.3%) whereas a quarter of the women live with another person. The remainder (8% of the total sample) live in a household with more than three people. This is the case for 16% of the women and 8.4% of the men.

In total, 14.9% of the homeless respondents have children that live in the same household. This is approximately 4% among men; however, this percentage climbs to 31.7% for women. In other words, most of the women (who are not living alone) live with their children. Needless to say, this is a particularly vulnerable group.

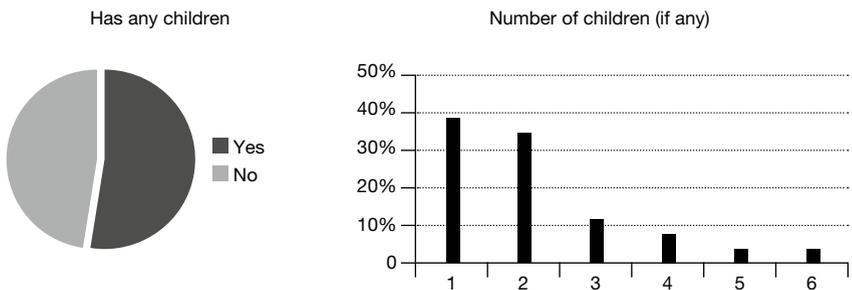
Table 5. Household composition

	Single	2 persons	3 persons	More than 3 persons
Male	86.3%	5.3%	0.6%	7.8%
Female	58.8%	25.2%	9.3%	6.7%
Total	78.9%	13.1%	2.5%	5.5%

Table 6. Marital status

	Roofless
Single	62.7%
Married	15.3%
Living together	3.4%
Divorced	16.9%
Widow	1.7%
Total	100.0%

Figure 1. Number of children (if any)



Education level

The level of education of most respondents is (very) low. There are similarities between both sexes; around 25% of men and 31% of women in the sample do not have any qualification or only possess a certificate from primary school. Another 45% of the men have a lower secondary education certificate. This is the case for 39% of the women. In other words, 71% of the homeless people (men *and* women) left school with no certificate of upper secondary education. On the other hand, we note that 9% of the men and 6% of the women have a degree in higher education.

Table 7. Education level

No Diploma	Elementary Education	Lower Secondary Education	Higher Secondary Education	Higher Education
10.7%	18.0%	42.6%	20.2%	8.5%

Table 8. Difficulties with reading, writing and calculation in the native language

	Institutionalised			Roofless		
	reading	writing	calculation	reading	writing	calculation
None	80.6%	72.6%	74.8%	68.4%	63.8%	62.1%
Sometimes	11.6%	18.1%	15.4%	21.1%	20.7%	24.1%
Often	7.9%	9.3%	9.8%	10.5%	15.5%	13.8%
Total	100%	100%	100%	100%	100%	100%

Acquiring a lower education degree by the respondents does not necessarily demonstrate their proficiency in their native language. More than 30% of the homeless people reported having difficulties with reading in their native language. This ratio is lower for those who are institutionalised (19.5%). Problems with writing and calculation in native language are more dramatic for roofless people, 36.2% reported that they experienced difficulties with writing and 37.9% had difficulties with calculation in their native language.

Housing Situation

Most homeless respondents were contacted in a shelter (almost 80%), while we found some people who spent the night in a private home as non-paying residents, and 14% lived on the streets.² Contacts with women occurred more often in shelters than those with men. Note that this distribution is largely the result of the procedure adopted to contact the respondents, which took place via social services and associations, and therefore cannot be viewed as representative of the entire target group. Nevertheless, it is common that most homeless people usually spend nights in shelters. Rough sleeping (on the street) appears to be uncommon among women (partly for security reasons, partly because they may live with children and have better access to shelters).

Table 9. Housing situation

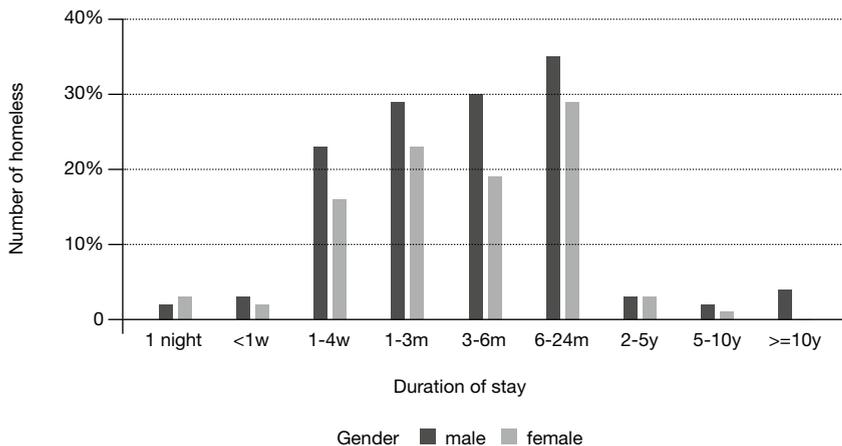
	Shelter	House	On the street
Male	73.6%	9.8%	20.1%
Female	88.9%	4%	3.0%
Total	79.1%	7.7%	13.9%

Shelters and institutions

Figure 2 shows that more than half of the homeless respondents in an institution (shelter or home) have already been residing there for over three months – with some outliers over ten years. The same distribution pattern holds for men and women. Most (86.6% of men, 89.7% of women) stay there overnight on a daily basis. However, note that the share of the homeless people who permanently reside in an institution is unavoidably overestimated, given that these people have a higher probability of being sampled than those who only stay in an institution occasionally³. Culhane and Metraux (2008) suggest that the vast majority (up to 4/5) of homeless people entering a shelter escape this situation within a few days and do not fall back into it. The majority of the homeless people (87%) pay for the night's stay; the price is less than 27 euros for 82.6%. Thirty percent of the respondents declare that they work or do odd jobs in exchange for a night's stay.

² The SILC-CUT survey offered the possibility of reporting an 'alternative' housing situation besides those defined ('in an institution', 'in a home' or 'on the streets'). When this option was selected it always concerned temporary accommodation in a property or other sheltered place or with friends. They were incorporated in the category 'home' or 'on the streets'.

³ This concerns the so-called 'stock sampling' approach. Suppose that all surveys take place in an institution on one random day in a year, and that all guests present are interviewed: a person that resides in the institution the entire year has 365 chances out of 365 of being included in the sample, whereas a person that spends just one day there has only one chance out of 365.

Figure 2. Duration of the stay in a shelter

Sleeping rough

The housing situation of homeless people outside institutions (we call them 'rough sleepers' or roofless) varies a lot: 24.6% reside in an abandoned property, 26.2% on the streets, under a bridge or in the park, and 23% occasionally with family or friends. The rest find shelter in cellars, car parks, entrance halls, the underground, stations or shopping centres. These sleeping areas are relatively stable. Approximately 20% have already stayed in the same place for at least a year and almost 60% for at least a month.

Twenty one percent of the sample 'rarely or never use a shelter'. When asked why, 26% cited a lack of places, 18% found shelters too expensive and 16% had bad experiences. Some respondents said that they were not eligible according to the regulations, that animals were not allowed or that they preferred to live on the streets rather than in an institution. 'Other reasons', including conflicts or fear of being expelled from the country, were also cited (33%).

Table 10 indicates that rough sleepers often lack the most basic amenities. Only half of the rough sleepers have access to potable water, and even fewer to a hot drink, in the spaces where they are spending the night. Half have access to a toilet, whereas less than a third have access to washing facilities.

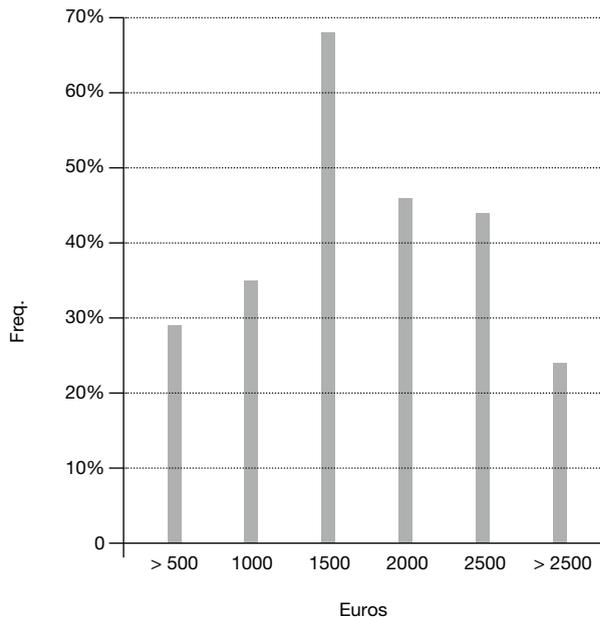
Table 10. Access to basic services

Services	% With Access
Drinkable water	53
Warm drinks	35
WC	50
Communal bathroom or shower	31

Income and Material Deprivation

For low-literate respondents, EU-SILC is extremely hard to fill out. Therefore, in the SILC-CUT questionnaire, we decided to confine the questions to monthly net income data in the month preceding the interview.

Figure 3 illustrates the distribution of net monthly equivalised income amongst homeless people. To begin with, the SILC-CUT results reveal very high financial poverty risks: 71.8% of the homeless people have incomes below the financial poverty threshold (60% of the median equivalised income in the country) – against 14.7% on average for the Belgian population.

Figure 3. Distribution of equivalised net household income (Euros per month, 2010)

Despite the fact that most homeless people draw some kind of social benefit, and despite the existence of special regulations to facilitate their access to the guaranteed minimum income⁴, the majority of the homeless people surveyed appear to live below that minimum level. This suggests either that administrative obstacles remain important, or that homeless people fear the interference of official services (such as debt management, conditions relating to activation, or compulsory medical treatment).

Table 11. Equivalised net income distribution of the sample compared with average Belgian households (Euros per month, 2010 prices)

		Min.	1 st Quartile	Median	Mean	3 rd Quartile	Max.
Homeless	Total	4	590	790	801.7	999	2,500
Belgium	Total	0	1,056	1,735	1,300	2,834	89,793

For comparison with the overall subgroup of *financially poor* households in Belgium, we selected the relevant variables for households whose total gross household income was lower than the financial poverty threshold (60% of median total equivalised disposable household income).

As seen in Table 12, the percentages of the population with an income lower than 40%, 50%, 60% and 70% of the median equivalent income illustrate the severity of poverty. We see that one in thirteen individuals (7.5% of the population) has to survive on less than half the median equivalent income and 4% on less than 40%. Of the homeless population, we find 58.4% below the 50% median equivalent income level and 31.1% has less than 40%.

Table 12. Poverty in the Belgian population and homeless people, in%

	Belgium (EU-SILC 2010)	Homeless
Population with income below 70% of median equivalent income	23.8%	85.2%
Population with income below 60% of median equivalent income	14.6%	71.8%
Population with income below 40% of median equivalent income	3.7%	31.1%
Population with income below 50% of median equivalent income	7.5%	58.4%
Relative median poverty gap (income deficit relative to poverty line)	17.2%	29.3%
Difficulties or great difficulties to make ends meet	21.6%	23.1%

⁴ Taking an official reference address at a municipal social service gives access to social assistance (including the minimum income) in that municipality.

Another commonly used indicator is the relative median poverty gap. The general population at risk of poverty has an income, on average, 17.2% lower than the poverty line. Among homeless people, this is on average 29% lower than the poverty line⁵.

The figures relating to subjective poverty stand out. When Belgian people were asked whether they find it extremely easy, easy, rather difficult, difficult or extremely difficult to make ends meet on a monthly basis, 23.1% position themselves in the last three categories. Remarkably, this is barely higher among homeless people. One possible explanation may be respondents' attempts to conceal their poverty, or adaptation to their difficult living situations.

Figure 4. Ownership of durables

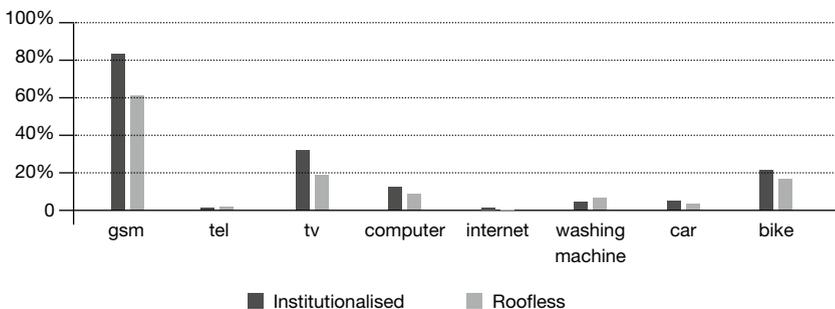
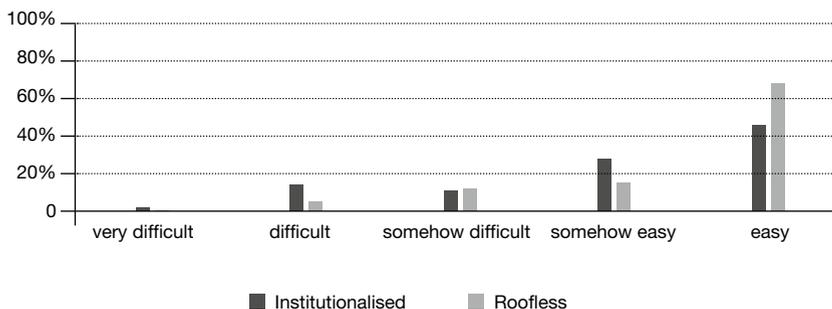
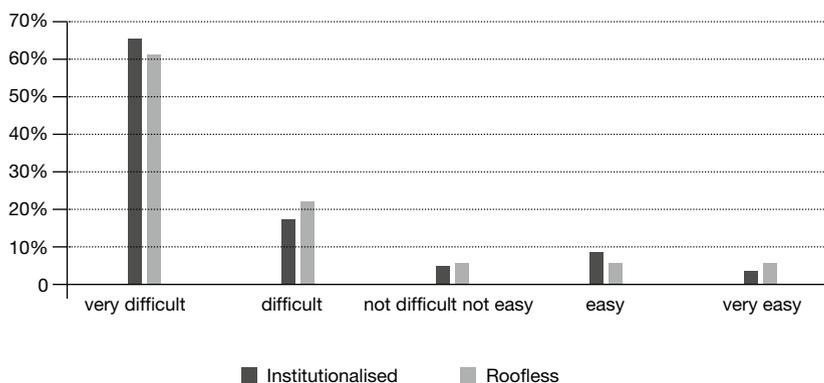


Figure 4 reflects the ownership status of durables for the homeless people we surveyed. Highest percentages (83.2% for institutionalised, 61% for roofless) are mobile phones, followed by TV (32.2% for institutionalised, 18.6% for roofless) and bicycle (on average 20%). Considering the lack of basic amenities such as water, the low rate of washing machine ownership (around 5%) is not unexpected.

Different perceptions of making ends meet and paying off debts can be seen in the two next figures. Figure 5 demonstrates the difficulty experienced by the homeless people surveyed to make ends meet with their current household income. Almost half of the homeless people in the sample reported that either themselves or a member of their household had to pay off debts in the previous month. Figure 6 shows the level of difficulty to pay off debts with the current household income (only among those who had debts in the previous month). The struggle with paying off debts is apparent and the contrast of the trends between two graphs is striking.

⁵ The relative median poverty gap is calculated as the difference between the median equivalent income of the persons below the poverty line and the poverty line, expressed as a percentage of the poverty line.

Figure 5. Difficulty level to make ends meet with current household income**Figure 6. Difficulty level to pay off debts**

Labour Market Position

Among the homeless people we sampled, one in five men and almost one in twenty women performed paid labour in the previous week. Approximately a third of those in employment have a standard fixed-term contract or a contract for an indefinite period; approximately a third participate in a training course to retain their benefits, work under Article 60⁶ or another subsidised employment scheme. Another third has a job in the informal economy (undeclared work). These jobs concern part-time work for over half those in employment. The monthly median income is 400 Euros, whereas a quarter of the respondents earn even less than 120 Euros a month.

⁶ Article 60 of the law on municipal welfare centres enables the centres to employ their minimum income clients for as long as necessary to get access to unemployment benefits. The minimum income benefit is then converted into a wage subsidy.

Additionally, it appears that 18% were sometimes not paid any wages. Of the respondents who do not work, over half have been unemployed for over two years. On the other hand, just 10% have been unemployed for less than six months.

Table 13. Paid work status in the previous week

	Yes
Male	20.2%
Female	6.0%
Total	15.0%

In Belgium as well as other European countries, employment offers considerable protection against poverty. Nevertheless, slightly more than 12.5% of the Belgian population aged between 18 and 59, live in a household with no paid employment. This rises to 84% among the homeless respondents. The poverty risk for people in employment in Belgium is very low (4.8%). However, homeless people in employment are subject to a poverty risk of almost 47%, which confirms once again the precariousness of their jobs.

Health Situation

General health situation

Table 14 gives an impression of the general health condition of the respondents. The respondents' subjective assessment of their own health needs to be interpreted carefully, as the respondents often tend to underestimate their problems. Yet, almost one in four homeless persons consider their general health to be in a poor or extremely poor condition. Moreover, 37% have a disability or long-term illness and 39% felt limited in their daily activities during the past six months due to health reasons. The health profile of women appears to be worse than that of the men.

Table 14. General health condition

	Male	Female	Total
Bad to very bad general health	20.9%	28.3%	23.8%
Disabled or long-term ill	31.7%	46.2%	37.2%
Limited or very limited in daily activities	35.7%	43.2%	38.7%

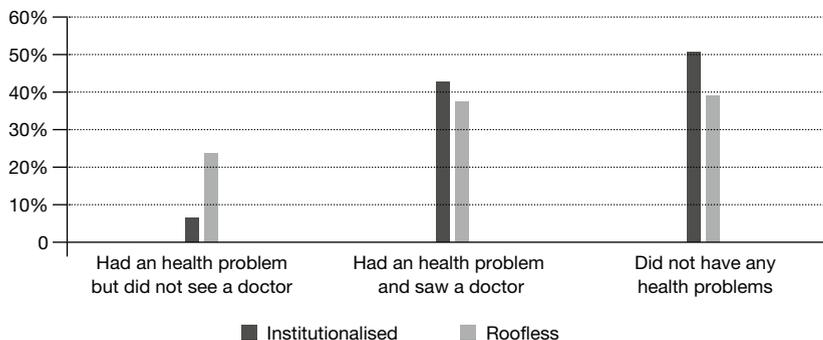
In addition to chronic diseases such as asthma, rheumatism, cardiovascular diseases or diabetes, mental health issues constitute a major problem among people living in poverty. Table 15 analyses some of the common mental health issues. Lack of sleep is typical of homeless people, given their harsh living condi-

tions, which in the case of rough sleepers combines with stress from insecurity. A significant share of the homeless population (29.5% of the men and 26.6% of the women) sleep just five hours or less a night; 39% of the men and over half the women also report frequent or extremely frequent sleep problems. Nervousness and loneliness are also issues, experienced frequently by 40% and 45% of the men, respectively. Both issues are experienced frequently by 55% of the women.

Table 15. Common health issues

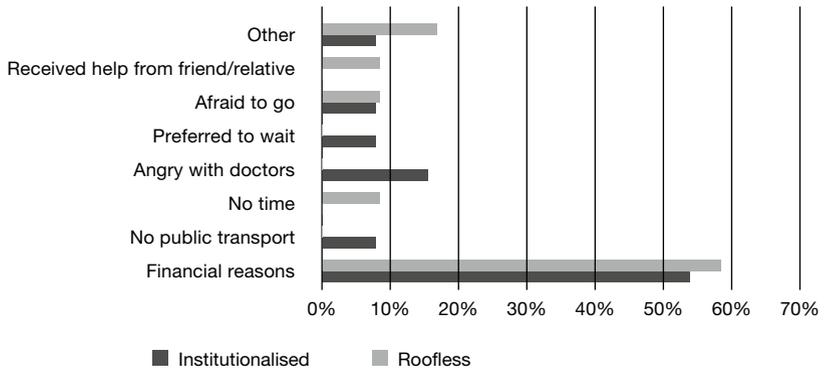
	Male	Female	Total
Sleeps less than 6 hours	29.5%	26.6%	28.2%
Often or very often sleeping problems	39.2%	51.4%	44.8%
Often or very often nervous or tense	40.4%	55.1%	46.1%
Often or very often lonely	45.2%	55.1%	49.1%

Figure 7. Need of medical treatment in the last 12 months



Affordability of healthcare is measured by the percentage of respondents who had to postpone or forego necessary care within the last 12 months due to financial reasons. In 2010, this was the case for just 0.5% of the total Belgian population and 1.5% for households with an increased poverty risk. For homeless people, the corresponding percentage was 10.5% and the details are illustrated in Figure 7 above. With regard to the main reasons for not going to a doctor in case of a medical need, Figure 8 lists the most common reasons given by the homeless people in the sample. Financial restrictions constitute the main rationale for not visiting a doctor despite the need of a medical treatment.

Figure 8. Reasons for not seeing a doctor in the last 12 months when a medical treatment was needed



Mental health

Table 16 analyses the use of sedatives, alcohol and narcotics. A fifth of the homeless men and women use sedatives often to very often. Excessive alcohol consumption (3 glasses a day or more) applies to 24.3% of the men and 3.8% of the women. Narcotics are rarely used by the women (2.8%), but more often by the men (13.6%). The use of sleeping pills, alcohol, drugs and psychiatric problems indicates the prevalence of major mental health issues among homeless people.

Table 16. Use of sleeping pills, alcohol and narcotics

	Male	Female	Total
Often to very often use sleeping pills	21.5%	20.5%	21.1%
Three or more glasses of alcohol a day	24.3%	3.8%	16.4%
Often to very often use narcotic drugs	13.6%	2.8%	9.4%

Another indication is the fact that more than 25% of respondents reported having stayed in a psychiatric institute.

Conclusions and Implications for Policy and Research

Research shedding light on the potential causes of homelessness and the main characteristics of homeless people (Fitzpatrick *et al.*, 2009; Busch-Geertsema *et al.*, 2010; Jones and Pleace, 2010) has recommended a more structural analysis acknowledging that, as with poverty, homelessness needs to be interpreted as a dynamic and a multifaceted phenomenon. The main goal of this paper was to sketch the socio-demographic profile and the living conditions of homeless people who are not represented in official poverty statistics in Belgium. Nationwide socio-demographic data on homelessness in Belgium is very scarce. Specific 'satellite surveys' were carried out to collect data on groups excluded from the statistics, that should be comparable to the mainstream EU-SILC data. Despite the sampling challenges and the necessity to simplify and adapt the questionnaires, we can conclude that the use of 'satellite surveys' is feasible and useful. Although it was impossible to compare the full profile of homeless people with the general population, and with the population at risk of (financial) poverty, our analysis confirms the exposure of homeless people to more extreme damage from poverty in several dimensions of life: education, family life, income, work, housing and health.

With regard to the housing situation we can conclude that roofless people are deprived of more than just a roof: often they have no access to the most essential amenities such as drinking water, a toilet or washing facilities. They also report obstacles in the access to shelters, as well as persistent difficulties obtaining a reference address (which is crucial to access other rights). Homeless people living in shelters also face the latter obstacle. Further measures to improve their access to shelters, as well as reference addresses, are therefore needed.

Poverty and material deprivation and housing circumstances are interweaved. With respect to income, our analysis confirms that all homeless people experience severe financial hardship. The figures suggest that more than 7 out of 10 homeless people live below the financial poverty threshold, and approximately half of them below the guaranteed minimum income level in Belgium⁷. The existing legal arrangements concerning reference addresses, designed to ensure access of homeless people to the minimum income benefit, appear to be ineffective.

One in six to seven homeless adults (mainly men) is '*in work*'. It goes without saying that their jobs are highly irregular and precarious. Poor education and health appear to be the main causes of this marginal position of homeless people vis-à-vis the labour market. This also means that simple activation schemes will remain ineffec-

⁷ Depending on the household type, the guaranteed minimum income level in Belgium lies 23-28% below the at-risk-of-poverty threshold.

tive unless they go in pair with investments in literacy and numeracy training as well as health care. Enforcing decent minimum standards and fighting discrimination are equally needed.

Another key dimension of the living conditions of homeless people is their *health status*. Twenty four percent of the interviewees estimate their general health to be poor to extremely poor (with a higher incidence among women than men). The fact that 37.2% of them are disabled or chronically ill suggests that their subjective assessment must be viewed as an underestimation. Moreover, our survey also suggests that homeless people tend to suffer more from stress and mental health issues. Given that the health insurance system in Belgium is far less generous in reimbursing expenses for mental health care, this is an important point of attention for future policy.

Despite the small sample size of this 'satellite survey' and some doubts concerning its representativeness, our findings do provide useful insight into the relative severity as well as some key dimensions of poverty among this hidden high-risk group. They also demonstrate the feasibility of such satellite surveys, using simplified, multilingual and more flexible questionnaires. We would, therefore, recommend a systematic replication at regular time intervals. Whereas qualitative research can provide a more detailed and deep understanding of poverty issues, statistical surveys allow for comparisons between groups and countries, and for monitoring of the effectiveness of policies over time.

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Downward up the Stairs. How Effective is Estonian Homelessness Policy?

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- **Abstract** *In recent decades, the European Union has increasingly focused its attention on the subsistence (including poverty and homelessness) of its citizens. In 2011, the European Parliament adopted a resolution calling for Member States to initiate housing-led strategies to fight homelessness. This article gives a brief overview of competing models for assisting people experiencing homelessness (traditional 'staircase' and innovative housing-led/Housing First models of rehabilitation). It describes the progress of various interventions for people experiencing homelessness in Estonia during the last decade and analyses the efficiency of existing service models. The paper concludes that the prevailing traditional ways of fighting homelessness are not effective and innovative methods must be implemented.*
- **Keywords** *Housing reform, current housing policy, poverty, homelessness, traditional service model, Housing First model*

Introduction

The housing reform that was carried out in Estonia in the transitional period (1987-2004) radically altered the organisation of housing. Bourne (1981, p.236) describes the housing regime in force until the beginning of the 1990s as “socialist with pure state control” and a shortage of dwellings was characteristic for socialist societies. At the time of the 1989 census, the number of households in Estonia exceeded the number of dwellings. Five per cent of households were living in workers hostels, communal apartments and non-conventional dwellings. Housing reform from 1994 to 2004 comprised three elements: 1) privatisation of state-owned dwellings and the process of returning nationalised dwellings to their former owners (heirs); 2) creating a new system of housing management (housing associations and housing management companies); and 3) formation of a housing market (rental and real estate markets) (Kährik *et al.*, 2003, pp.195-201; Kährik and Kõre, 2013, p.165). Research conducted during and after the housing reform demonstrates that living conditions, on average, improved and investments in existing dwellings and houses increased (albeit more slowly than expected). By the time of the 2011 census, the number of dwellings exceeded the number of households by 16%. Therefore, the numerical shortage of dwellings has long since ended and, statistically, it is possible for everyone in Estonia to find a place to live. But the small number of apartments in public ownership (four per cent of all dwellings), an ill-functioning rental market, rapidly increasing rental costs and the rise in real estate prices make it difficult for people with lower incomes to rent or own a dwelling (Aleksandridis, 2008). Are the underlying shortcomings to be found in the state’s housing policy, or rather its welfare policy?

In this article, housing-led models in the US, Canada and the EU are briefly analysed; the efficiency of the activity of an Estonian service provider utilising the traditional model is assessed; and options for testing and applying innovative solutions in Estonia are examined with the help of interviews with experts working in the field.

The Term “Homelessness” and the Number of People Experiencing Homelessness in Estonia

There is no official (legal) definition of homelessness in Estonia. In analytical studies (Kõre, 2003; Kõre *et al.*, 2006), the definition by Hans Swärd, devised in a Swedish context, has been approved for Estonian circumstances: ‘a homeless person is a person who lacks personal or rented housing, permanent dwelling conditions and who is referred to temporary alternative housing or stays outside’ (Swärd, 1999). Swärd’s formulation grasps, in broad terms, the first two groups

of the ETHOS classification (roofless and houseless). It must be noted that this definition is not an appropriate basis for evaluating housing need, for the planning of social services, etc. Despite the absence of a legal definition of homelessness, an administrative definition is provided by Statistics Estonia which states:

‘Homeless – a person who did not have a place of residence (dwelling) at the time of the census, i.e. the person slept in random cellars, staircases, boiler rooms, abandoned buildings, etc. This also includes persons who stay overnight in shelters for people experiencing homelessness that do not provide 24-hour accommodation. Homeless is not a person who has lived for a longer period in a room which was not designed for habitation or in a shelter that permits 24-hour stays’ (Population and Housing Census 2011. Definitions and methodology).

Table 1. Number of Homeless People in Estonia

	Population and Housing Census 2000	Local government social workers' estimation 2002	Tallinn Social Work Centre homeless census 2011	Population and Housing Census 2011	Statistics on night shelter and temporary accommodation service users 2010-2016
Estonia	369	3,000-3,500	-	864	Between 2,150 and 2,469
Tallinn	141	2,000	1,225	558	-

Source: Kodutud Tallinnas [Homeless in Tallinn], 2012; Kõre, 2003; Population and Housing Census 2000 and 2011; Kodutute öömaja teenus [Homeless Night Service] 2016; Varjupaiga teenused [Asylum Services] 2016

Regarding Tallinn, we can make use of data collected from two censuses that were conducted at virtually the same time: the census of people experiencing homelessness at the end of 2010/beginning of 2011 by the Tallinn Social Work Centre and the national population and housing census of 2011. We calculate the number of homeless people in Estonia based on the number established in the Tallinn census and the Tallinn/Estonia proportion fixed in the local government social workers' assessment of 2002 and the census of 2011 (in these censuses, Tallinn represents 57-65% and 65%, respectively, of those experiencing homelessness in Estonia).

We estimate that between 1,900 and 2,100 people are homeless in Estonia, representing 1.5% of the general population (see Table 1). In the absence of immediate census data, or if the accuracy of the census data is doubtful, we can refer to data on service users in night shelters and homeless hostels. Between 2004 and 2014, no decrease is apparent in the size of the respective service users' group (2,301 people in 2004, 2,551 in 2014; average of the period 2,344). This would suggest that the number of homeless people in Estonia is greater than had been estimated from the census data.

Considering all sources of data on homelessness (census data, service user statistics, peer review), we suggest that in Estonia, the number of people experiencing homelessness has decreased during the last decade. Estonia, as a country that is not particularly attractive to immigrants, does not attract migrants with a high risk of experiencing homelessness. The economic crises following the transition period (1999-2001, 2008-2010) had more serious consequences than in the old European countries, but the crises have not led to an increase in the number of homeless people.

Based on accounts from people experiencing homelessness, reasons for becoming homeless were captured in the Tallinn census. It is recognised in the census report that no major changes had taken place in this regard compared to the past (see Kõre, 2003).

Table 2. Reasons for Homelessness

	N	%
Eviction, forced sale of housing, lease termination (on owner's or tenant's initiative), sale of the apartment	282	22.4
Divorce, end of marriage or cohabitation, death of partner, quarrel with partner, family violence, owner of apartment (parent) institutionalised in nursing home	226	18.0
Rent arrears, insufficient funds for rental payments, eviction from rented dwelling due to rent arrears, tenant-initiated termination of lease	222	17.6
Unemployment, lack of income	97	7.7
Imprisonment	88	7.0
Rejection by the family, loss of housing due to conflicts with family members and relatives, sale of the apartment by relatives, personal reasons	72	5.7
Real estate fraud by a broker, family member or a third person	60	4.8
Demolition, overhaul construction, fire, uninhabitable dwelling	39	3.1
Rejection by relatives, overcrowded living space, quarrels with co-inhabitants	39	3.1
Alcohol abuse	37	2.9
Loan or lease-purchase debts, dwelling was a guarantee of a loan	27	2.1
Illness, disability, injury by accident	20	1.6
Migration from rural to urban area or from abroad to homeland	18	1.4
Leaving orphanage	15	1.2
Mental disability or disorder	12	1.0
Drug addiction	4	0.3
Total	1,258	100.0

Source: Kodutud Tallinnas [Homeless in Tallinn] 2012

Models for Assisting Homeless People

The OECD (2015) differentiates between four complex (integrated) models of service provision aimed at homeless people: emergency accommodation services, outreach and food provision for people living rough (including via daycentre services); permanent supported housing (combined with supported or sheltered employment); accommodation-based transitional services; and “Housing First” and case-management models (OECD 2015, p.12). The OECD analysis regards them as equals, but it is essentially a hierarchy of models. Within the first model, the aim of the services is to make the life of the “street dweller” easier; within the fourth, it is to impede a person inhabiting a conventional dwelling from falling back into homelessness.

Oftentimes the analysis (comparison) is limited to two models: the traditional (staircase) model of rehabilitation and the innovative (complex housing-led) model of rehabilitation. Not only does the technique of rehabilitation differ between the two models, both also assume different positions on the reasons behind homelessness. The staircase model emphasises the role of individual factors and is based on the step-by-step movement of the individual from one stage of rehabilitation (form of housing) to the next. The person’s motivation and will to change their life and get by on their own play an important role (Houard, 2011). Two main forms for the gradual organisation of services are differentiated: the single-site transitional service and the staircase model (OECD 2015, p.131). The “traditional” approach and form of solution to homelessness dominated without opposition until the mid-1960s. The five- or six-step staircase to an independent life was the favoured strategy for combatting homelessness in the Nordic countries (Sahlin, 2005; Benjaminsen and Dyb, 2008, p.57; Tainio and Fredriksson, 2009, p.185). In Estonia, single-site traditional services remain prevalent today. The staircase model developed in Tallinn, based on the example of Scandinavian countries, is composed of four stages: preventive services; night shelter (emergency aid); homeless hostel (rehabilitation); and a social housing unit (a service preventing people from falling back into homelessness; essentially a soft form of supported housing). Wagner *et al.* (2014) rate Tallinn’s model highly in comparison to practices used in the rest of Estonia.

The problems associated with resocialisation after a long stay in regulated-regimented-supported environments are well known, from the experiences of those in foster homes, detention centres and other such institutions. Institutions for homeless people, with their relatively strict rules and, from an individual’s standpoint, scant privacy, are similarly regimented environments. Allen (2012) draws attention to the fact that the traditional approach aimed at managing homelessness

is similar to the service model aimed at the elderly. An alternative housing-led approach is more akin to policies aimed at the unemployed, attempting to lead a person out of their existing state or situation.

The housing-led approach has been used in parallel with the traditional model for a long time (including in Estonia), predominantly in social work involving families experiencing issues with subsistence, in solving cases of domestic violence, etc. The principle of Housing First has been tested in various social and economic environments (Raitakari and Juhila, 2015, p.146). In the US, the success rate of a traditional model resocialising service was 47%; for users of the PHF model it was 88% (Tsemberis and Eisenberg, 2010). In Canada, results of roughly the same proportion were achieved (i.e. twice as much success for Housing First compared to traditional model) in the treatment of people with mental health issues (Nelson *et al.*, 2015). In European projects, similar levels of efficiency are evident: the margin of rehabilitability is 70-90% (Bush-Geertsema, 2011, p.6; Bush-Geertsema, 2012, p.244; Tsemberis, 2012, p.170). Nevertheless, implementation of housing-led approaches is still relatively scarce, and alongside its numerous supporters, it also has its critics (Pleace, 2011; Stanhope and Dunn, 2011, p.275; Johnsen, 2012). The questions most frequently asked are: 1) is the success achieved in the USA possible to replicate in Europe? , 2) is this model applicable for assisting all long-term homeless people? , and 3) is extensive attention to one approach not damaging the use and development of other methods?

Prerequisites for Using the Housing-led Model in Estonia

This paper will now examine the potential for Estonia to put housing-led approaches into use.

Research method

The following section describes the research that was carried out, which used the triangulation model (mixing qualitative and quantitative research methods, Denzin, 1978; Mertens and Hesse-Biber, 2012). Denzin (1978, p.154) identified four basic types of triangulation. Our approach is methodological triangulation, which involves using more than one method to gather data, such as interviews, observations, questionnaires and documents.

Half of those experiencing homelessness in Estonia live in Tallinn, and the count/census of people experiencing homelessness in Tallinn, conducted by Tallinna Sotsiaaltöö Keskus (Tallinn Social Work Centre), was used in this research to analyse the causes of homelessness, describe the characteristics of the target group and analyse social interventions for this group. The census was used in two

ways – firstly, by interviewing people experiencing homelessness on the streets, in the abandoned buildings, or shelters and secondly, by researching administrative files (mostly applications for municipal dwellings). The count found that 1,225 people were homeless, and 75% of them were interviewed as part of this research (926 persons) (Kodutud Tallinnas [Homeless in Tallinn], 2012).

Between 2012 and 2014, expert interviews were conducted to gather perspectives on the housing-led approach in Estonia (Käsk, 2014). Three practitioners working with homeless people in three Estonian cities, Pärnu, Tartu and Tallinn, were interviewed. Two of the cities, Pärnu and Tartu, implement single-site traditional services and Tallinn implements a staircase model in the rehabilitation of homeless people. All of the experts had social work qualifications and had at least eight years' practical experience. Qualitative content analysis was conducted to explore the expert interviews.

The third component of the study, carried out in 2015, provides information for assessing the efficiency of the staircase model of rehabilitation and sets out the arguments for and against the continuation of the approaches used at present (Tint, 2015). The data is derived from three sources: 1) the direct service provider (socio-demographic data, the network (family members, relatives, friends) and its functioning (frequency and character of contact, etc.)); 2) the local government's system of document management (application for housing, granting of applications, termination of the contract, etc.); and 3) the national data registry of social services and benefits (existence of pensions for invalidity and/or incapacity to work, income and services availed of). Only documents were used for the analysis, the clients were not interviewed. The information gathered was saved and processed anonymously using SPSS Statistics programme.

Changes in Homelessness According to the Homeless Census and Expert Assessment

The Tallinn homeless persons count and interviews with experts demonstrate the changes that took place in the characteristics of people experiencing homelessness and in the social work interventions utilised over the period of a decade. Firstly, the institutions designated for temporary housing (shelters and social housing units) have in fact turned into long-term housing: an estimated 85% of those arriving there remain clients for more than one year and 50% for more than two years (Kodutud Tallinnas, 2012, p.21). The long-term use of transitional housing does not support resocialisation, but rather increases the risk of falling back into homelessness. Secondly, according to the assessments of the experts interviewed, the percentage of people with complex issues (addictions plus mental health or

other medical issues simultaneously) among the target group is growing. Thirdly, the experts drew attention to the fact that among people experiencing homelessness, the percentage of people who have been owners of a dwelling or whose families have been owners is growing. Often, the behaviour or decisions of the person (or family) – not the actions of a third party (landlord, etc.) – are central to the loss of housing. According to the Tallinn data, 24% of those surveyed had been owners of a dwelling before losing it; 9% had been living with their spouse, 30% had been living with a relative or acquaintance and 30% had previously been tenants (Kodutud Tallinnas, 2012, p.14). Fourthly, owing to a lack of resources, specialists direct their attention to people who have been homeless for a shorter period, as they may be more likely to be rehabilitated. Fifthly, a person experiencing homelessness may have special needs or issues that may be inalterable (for example, a mental disorder, alongside excessive consumption of alcohol or a drug addiction). In such situations, the optimum result may be that a person can, for example, control the issues stemming from their addiction, independently or with support (Käsk, 2014, pp.32–34).

The Service Organisation Using Single-Site Transitional Service Model: Which Way Forward?

The following analysis of client data and activity of a service provider (shelter) from 2014 provides information for discussion about the possible development of services (Tint, 2015). The service provider in question delivers a shelter service with the use of a bed or without one (in an unfurnished room for intoxicated persons to spend the night), a day centre service and transitional housing in the name of a social housing service. Such service organisation has traits of both the staircase model and the housing-led approach. One can turn to a social housing service without having been at a previous service level and can move either downwards (to a shelter) or upwards (to social, municipal, rented housing).

Based on service users' data from shelters, the majority of those having housing issues are single men. One resource that affects the various interventions of people experiencing homelessness is the presence or absence of social networks. According to data from the present study, most service users have a support network, but for varying reasons, it does not function. Thus, enabling the reconstruction of network ties or strong support from the public sector is needed in the first stages of assisting homeless people. For people experiencing homelessness in Estonia, the main factor impeding subsistence is alcohol dependency. This was emphasised by the experts interviewed throughout the qualitative study (Käsk, 2014, p.32); the same fact also emerged in the Tallinn census of people experiencing homelessness (Kodutud Tallinnas, 2012, p.21). According to expert assess-

ments, the percentage of people experiencing homelessness with mental health issues is growing; such issues arise from, among other things, alcohol dependency (Tint, 2015, p.30).

Of the 3,000 people who used the shelter over a 15-year period, 58 applied for social housing during the same period, of whom 42 had it allocated to them. Twenty-five of those 42 rental contracts were terminated during the same period. Of those 25, only five were terminated because of upward movement (in one case conventional housing was allocated and in four cases a person moved to more suitable social housing). This state of affairs forces one to use the staircase as a figure of speech for downward rather than upward movement.

The shelter clients that were analysed from 2014 were divided according to their status into five groups at the end of the year (see Table 3): 1) a housing-led solution was found (living in a rented or social dwelling, has restored network ties and moved to the family) – 11%; 2) staying at another institution (benefitting from social housing, nursing home, rehabilitation or medical services or on the waiting list for services) – 14%; 3) status has not changed throughout the year (staying at the shelter, including awaiting social housing services or supported living services) – 27%; 4) deceased – 7%; and 5) housing status unknown – 41%. Persons whose status was unknown at the end of the year (one-third of the clientele) were excluded from the preceding calculation. We see that clients mostly progress along the institutional path, with the share of housing-led solutions being just 18%.

Table 3. Mobility of Night Shelter Clients in 2014 (data at end of the year)

	Number of service users annually	Percentage of all service users	Number of persons whose housing status was known by the end of 2014	Percentage of persons whose housing status was known by the end of 2014
Advanced from shelter to...				
... rented housing	6	2.9	6	4.9
... public housing	10	4.8	10	8.2
... public housing/supported living service waiting list (persons still in shelter)	2	1.0	2	1.6
... relatives/friends dwelling	4	1.9	4	3.3
... social housing unit (homeless hostel)	20	9.6	20	16.4
... residential care/nursing home	7	3.4	7	5.7
... psychiatric hospital or rehabilitation service with accommodation	2	1.0	2	1.6
In shelter	56	26.9	56	46.0
Deceased	15	7.2	15	12.3
Place and housing situation unknown	86	41.3	-	-
Total	208	100.0	122	100.0

Source: Tint 2015

The Tallinn Social Work Centre is the only agency that has assessed the degree to which people experiencing homelessness in Estonia were assisted (using PPS-1 and PPS-2 scales). The following results were obtained: according to the assessment of 2010, 76% of people experiencing homelessness were deemed suitable for housing; 72% in 2012; and 82% in 2014 (TSK klientide rehabiliteeritavuse hindamine [Assessment of Rehabilitation of TSK Clients], 2010; Tallinna Sotsiaaltöö Keskuse klientide rehabiliteeritavus [Rehabilitation of Tallinn Social Work Center Clients], 2012 and 2014). Based on the number of persons actually resocialized (in 2013, 25 persons were resocialized, while the total number of places for resocialisation was 427, Wagner *et al.*, 2014, p.239) this model cannot be regarded as overly effective.

Practitioners' Knowledge of Different Homeless Resocialisation Models

We now examine the experts' assessment of the staircase model of resocialisation; we look at the criteria they propose for the assessment of the service user's ability to live independently; we examine how familiar they are with the housing-led approach; and finally, we identify what possibilities they envisage for the adoption of this approach in Estonia.

The Estonian experts' assessments of both the traditional staircase model of resocialisation and the innovative housing-led model were contradictory. Expert E2 described the current situation as follows: "... *the staircase model of rehabilitation is like roulette... it is a chain of successes and failures in which the main factor is motivation.*" Motivation is greater at the start of the period of homelessness and diminishes as time passes. The same specialist considers that the likelihood of success is higher if an apartment is found for the person from the housing market, i.e. it is important that one's housing is in an ordinary environment and not in social housing accommodating persons with different social issues. In the latter case, the likelihood of falling back into homelessness exceeds that of succeeding. All three experts held the view that the main motivators for living in independent housing are freedom and independence: the freedom to decide what to do and when and where to do it; minimal outside interference; and privacy. In practice, it is possible for a service user to move from a shelter to a social dwelling, skipping the step of transitional housing (a social housing unit). This kind of housing-led solution to the problem is nevertheless exceptional.

The aforementioned PPS-1 scale assesses the rehabilitability of a homeless person based on 11 attributes. According to information from the experts, the practice is much simpler. Three factors are mainly taken into account in offers of independent housing: "... ability to control one's budget (expenses); ability to take into consideration other people (neighbours); and employment, if one is of working age" (E1). To the question of alcohol addiction, all three responded that demands of abstinence are unrealistic. The criterion they use is that alcohol does not cause major problems for the person and, through their behaviour, their fellow citizens.

Two interviewees (E2 and E3) acknowledged that in the present system, a social housing unit does not constitute transitional housing, but a place of long-term accommodation. An estimated 85% of persons having arrived there remain clients for longer than one year, and 50% for longer than two years. However, such a result is dependent on both the individual and the local government. In a situation where there is a lack of social housing, members of other groups (families with children and elderly people in need) are given preference over homeless people. In other parts of the world, it is possible to use the property of so-called social rental

agencies (the church and social funds) besides public housing to solve the housing issues of people experiencing subsistence difficulties. Should this additional resource also prove not to be enough, the method of socialisation of the housing market will be used (De Decker, 2012).¹ Thereby it is possible to make choices that are suitable from both the service users and the landlord's point of view.

The specialists have abstract knowledge of the housing-led approach in work with homeless people, but of the three interviewees, only one (E3) had been able to acquaint themselves with it in practice, in Finland. Conceding that the method is efficient, he nevertheless doubted the possibility of its adoption in Estonia: "... is it possible to persuade the people with decision-making powers to create a system in which scarce resources (social housing stock) are used for the benefit of people about whom it is known that they are liable to "waste" it within a short period?" His colleague (E2) agreed that the environment influences the behaviour of people and that a positive change in the environment supports positive behaviour. Bearing in mind the predominant issues of the target group (mental health problems and substance misuse), however, she remained sceptical of the method's applicability. Conversely, the most optimistic expert (E3) admitted that she had always dreamed of such a possibility. At the same time, she claimed that three links need to be present in the organisation of services for homeless people: a reception unit (shelter); a unit for independent living; and a unit for supported living (institution) for those deemed incapable of living independently. An opinion voiced independently by all three experts was that in conditions of limited resources they would not want to experiment with a method that appeared risky at first sight, despite its efficiency having been proven elsewhere (Käsk, 2014, p.38). Some studies show that the evidence-based methodology alone is not enough to change the policy pathway. Of similar importance is timing, being able to communicate results as policy windows opened, framed in terms that resonated within the policy-making context (e.g. cost-effectiveness, "ending vs. managing" homelessness, etc.) (Macnaughton *et al.*, 2017, p.125).

¹ The municipality of Tallinn started from 01.02.2018 with a project "Supporting individuals who have completed the re-socialization plan for renting a dwelling from a free market".

Conclusion

In the past 10 years, several EU Member States have drawn up strategies for fighting homelessness. New housing-led systems for people experiencing homelessness have been applied. They rely on two principles: firstly, the prompt locating of a separate housing for a person experiencing difficulties; and secondly, an effective system of services and benefits for solving the person's social, health, employment and other issues.

In Estonia, too, definite objectives should be set for resolving the issue of homelessness and current practice should be scrutinised. As a confusingly large number of national development documents (53 strategies, development plans *et al.* in total) are already in force, the compilation of a separate strategy for homelessness is unlikely. Definitely, a chapter on homelessness is needed in the Welfare Development Plan (a national strategy document which sets the tasks and describes the ways of decreasing poverty in Estonia, 2016). To overcome the out of date paradigms prevailing in the work with homeless people, the referred chapter has to be created in cooperation with external experts (like the way the Finnish Homelessness Strategy was created, see Pleace *et al.*, 2015; Pleace, 2017). Allen (2012) describes the change in social work with people experiencing homelessness people as a shift "from the model of social work for the elderly (maintaining the client's condition) to the model of social work for the unemployed (changing the client's condition)". That change, under the name of working ability reform (see Work Ability Reform/Sotsiaalministeerium), has been effectuated in Estonia with persons partially able to work, thus it is possible to use on re-socializing homeless persons. Based on the results of the count of people experiencing homelessness in 2011 in Tallinn, it can be said that compared to most of the EU countries, the number of people experiencing homelessness has decreased.

Compared to the USA, Western Europe and the geographically close Northern Europe, people experiencing homelessness in Estonia form a more homogenous and hence more easily rehabilitable target group (less people with mental health and drug-related issues, mostly people with alcohol addiction). From the interviews conducted with the experts in this study, it appears that in practice, a shelter designated for short-term housing is a place of long-term accommodation. Families with children are an exception (mostly single parents). Their problems are solved more successfully using a rapid re-housing method. Long-term stays in a system of services dealing with one and the same client group (the example of the work of Tallinn implementing the staircase model in social work with homeless people) or in such an institution (the examples of Tartu, Pärnu and other Estonian cities using single-site traditional service model) do not stimulate people's movement up the stairs towards subsistence. Based on the analysis of client data from a specific

service provider (a shelter), it can be argued that progress mainly occurs on the institutional path; of those clients who had used the shelter service whose life paths were known, most were still staying at the shelter at the end of the one-year observation period or had moved on to another institution (e.g. a social housing unit or a nursing home). Only a small proportion of them went on to live in a rental or social housing unit or had reunited with their family. A housing-led approach to the rehabilitation of people experiencing homelessness could be a credible alternative. However, the experts lacked faith that in a situation where there are scarce resources (housing, social workers and funding) it would be possible to apply novel approaches with initiative only coming from below. For change to happen, a push from above – from the political level of the country – is needed.

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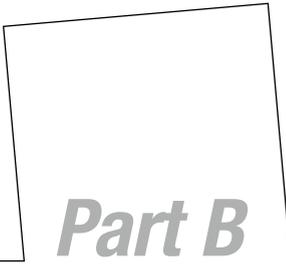
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Policy Reviews



Part B

The Northern Ireland Audit Office Report on Homelessness: A Missed Opportunity

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➤ **Abstract** *This article reviews the Northern Ireland (NI) Audit Office report on Homelessness in Northern Ireland (2017), placing it in the context of the existing body of knowledge regarding the efficacy of legislative, policy and strategic approaches to homelessness. A key emphasis is on the extent to which the report might support and direct meaningful change in respect to preventing and mitigating homelessness in NI, given that this issue has attracted enduring and intense policy attention, but with more limited substantive progress than might have been hoped for. The report's highly critical focus on deficits in data collection, evaluation and monitoring processes represents a welcome contribution to longstanding demands for improved performance in these respects, albeit that the Audit Office's own analysis appears to be framed by a flawed understanding of homelessness causation. On the critical topic of increasing housing supply and reducing housing demand, the report's failure to make recommendations that might support the type of radical change in responses to homelessness evident elsewhere in the UK (namely, housing-led, rapid-rehousing and Housing First approaches), is likely to come as a disappointment to many.*

➤ **Keywords** *Northern Ireland, Audit Office Report, prevention, legislative change, policy change*

Introduction

The release of the Northern Ireland Audit Office (NIAO) report on homelessness in November 2017 was both important and timely. The impact of United Kingdom (UK) wide economic and policy developments has been experienced differently in Northern Ireland. In the wake of the credit crunch, the Northern Ireland economy has recovered at a slower rate than the rest of the UK, with unemployment remaining notably higher (Fitzpatrick *et al.*, 2016). The impact of the *Northern Ireland (Welfare Reform) Act 2015* has been subject to a range of mitigation measures, but there remains considerable uncertainty regarding the potential impact on homelessness should mitigation measures be eased in 2020 (Northern Ireland Housing Executive (NIHE), 2017). This sense of uncertainty is further exacerbated by an ongoing major review of social housing and housing allocations in Northern Ireland, with ambiguity also persisting around the future ownership of Housing Executive stock and proposed changes to the status of Housing Associations (Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017; Department for Communities (DfC), 2017e). These uncertainties play out against the already complex sensitivities associated with the segregated nature of housing in Northern Ireland, with the jurisdiction being in the grip of a prolonged political crisis that has left it without a functioning executive since January 2017. Wider political shifts across the UK and beyond have introduced new and unprecedented factors to the Northern Ireland context. The ‘confidence and supply’ deal reached between the Conservative Party and the Democratic Unionist Party (DUP) in Westminster seems to offer potential gains for Northern Ireland, albeit at the risk of undermining parity of esteem between the main political parties, while the looming uncertainty of the United Kingdom’s exit from the European Union holds particular implications for Northern Ireland, given its shared border with the Republic of Ireland (Keating, 2017; Watts and Fitzpatrick, 2017; Cabinet Office, 2018).

Against this background, questions persist with regards to the efficacy of legislative and strategic approaches to homelessness in Northern Ireland. The province is lagging behind other UK nations in adopting interventions that have proven central to the reduction and mitigation of homelessness, most notably in respect to preventative Housing Options and Housing First based initiatives (Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017; Watts and Fitzpatrick, 2017). Following the passing of the *Homelessness Reduction Act* (2017) in England, Northern Ireland now stands as an anomaly in the UK, with each of the other nations having undertaken a radical overhaul of homelessness legislation with the intention of widening the nature and scope of the statutory duty owed to homeless households (in Scotland in the early 2000s and in Wales in 2014). Each of these factors hold particular significance, given that homelessness in Northern Ireland has remained at historically high levels for over a decade (Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017). Indeed, Northern

Ireland is perhaps most notable in a UK context in having the highest population rates of recorded homelessness, with an ongoing increase in acceptances evident across the term of the 2012-17 homelessness strategy (Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017; NIAO, 2017; Watts and Fitzpatrick, 2017).

Released at the commencement of the new *Homelessness Strategy for Northern Ireland 2017-22* and just prior to the launch of the first *Inter-Departmental Homelessness Action Plan 2017-18*, the NIAO report appears particularly well placed to lend weight and impetus to the increased drive toward homelessness prevention, seen in recent years (DfC, 2017a; NIHE, 2017). Looking to the highly critical National Audit Office report on homelessness in England, which inspired more robust government leadership and informed significant legislative change, the precedent is clear in terms of the role that the audit function might play in supporting and directing meaningful change (National Audit Office, 2017; Fitzpatrick *et al.*, 2018). This review of the Northern Ireland Audit Office report on homelessness covers four key themes: the scale and nature of homelessness in Northern Ireland; monitoring and reporting of progress in delivery of the Northern Ireland homelessness strategy 2012-17; reducing demand and increasing supply; and, homelessness is more than a housing issue. The remainder of the article summarises and critically reviews these themes in turn.

The Northern Ireland Context

In the United Kingdom there are legal duties placed on local authorities to rehouse certain homeless households, with those accepted as owed the full rehousing duty being described as 'statutorily homeless'. Historically, a statutory duty has mainly been owed to families with children and vulnerable adults, with these groups being described as having 'priority need'. However, housing is now a devolved matter across the UK, and legislative change in England, Scotland, and Wales has introduced significant divergence with regards to the type of applicant owed a statutory duty and the form of assistance offered (Wilson and Barton, 2018). In Scotland, the removal of the priority need criterion means that a statutory rehousing duty is now owed to virtually all homeless applicants, including (crucially) single people, and in England and Wales the introduction of additional prevention and relief duties for households who are homeless or threatened with homelessness has significantly expanded the reach and nature of the statutory duty (Wilson and Barton, 2018). In contrast, legislation in Northern Ireland has remained largely unchanged and, as such, the duty owed broadly mirrors the original UK-wide legal duty first enacted in 1977: namely, that a duty is owed to homeless households (and those threatened with homelessness) who are unintentionally homeless and in priority need (Boyle and Pleace, 2017; Wilson and Barton, 2018).

Northern Ireland also differs from elsewhere in the UK in having a single strategic housing authority who has statutory responsibility to prevent and alleviate homelessness: namely, the Northern Ireland Housing Executive (NIHE). As well as assessing and discharging statutory homelessness duties, NIHE acts as the administering authority for the Supporting People (SP) programme in Northern Ireland, the role of which is to commission a range of housing-related support services for vulnerable people – including those who are homeless or at risk of homelessness – with the objective of improving quality of life and attaining independence (NIHE, 2018a).

The number of households presenting as homeless in Northern Ireland doubled to just over 20,000 in the six years to 2005/06 (Fitzpatrick *et al.*, 2016). Since this point, rates of homelessness presentation have remained in the region of 18,000 to 20,000 per annum (DfC, 2017d), with rates of repeat homeless presentations also stable for the last four years at around 7 per cent of all annual presentations (NIAO, 2017). Although homelessness *presentations* have remained broadly static, there has been a notable and consistent increase in the percentage of households *accepted* as statutorily homeless, from 51 per cent of presenting households in 2012, to 64 per cent in 2017 (Fitzpatrick *et al.*, 2016; DfC, 2017b; NIAO, 2017). Furthermore, and as noted above, the population rate of statutory homelessness in Northern Ireland is notable in that it is significantly higher than elsewhere in the UK “at almost 15 per 1000 of the population, compared to 11.7 in Scotland, 3.6 in Wales and 2.3 in England” (Watts and Fitzpatrick, 2017, p.3). Relatedly, Northern Ireland also shows a particularly high rate of social housing let allocations to statutory homeless households, at almost 80 per cent of all allocations made per annum (Fitzpatrick *et al.*, 2016; NIAO, 2017; Watts and Fitzpatrick, 2017), compared to much lower figures of around 16 per cent in England (MHCLG, 2018), 19 per cent in Wales and 42 per cent in Scotland¹.

In contrast, levels of rough sleeping in Northern Ireland appear exceptionally low (Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017). The *Belfast Street Needs Audit*, completed in 2015, found the average number of rough sleepers counted on any given night to be six (NIHE *et al.*, 2016). Subsequent street counts, completed in 2016 and 2017, have returned similarly low figures (NIHE, 2018). That said, some criticism has been levelled at the ‘street count’ approach to enumerating rough sleeping in Belfast (Boyle and Pleace, 2017; NIAO, 2017). Moreover, the existence of a sub-group within the Northern Ireland homeless population whose experience is marked by cyclical temporary accommodation (TA) placements, episodes of rough sleeping and other forms of homelessness, is long documented and has led

¹ See tables 103 and 104 in the UK Housing Review Compendium: <https://www.ukhousingreview.org.uk/ukhr18/compendium.html>

to increasing concerns regarding the efficacy of current service provision in the resolution and mitigation of homelessness for those with more complex needs (NIHE, 2005; Ellison *et al.*, 2012; NIHE, 2012; NIHE, 2012a; Boyle *et al.*, 2016; NIHE *et al.*, 2016; Boyle and Pleace, 2017; NIHE, 2017; McMordie, 2018). Service provision for this vulnerable group has been placed under particular scrutiny following a number of reported deaths among rough sleepers in late 2015 and early 2016 and it is widely acknowledged that further work is required to both understand and address chronic homelessness and rough sleeping in Northern Ireland (Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017; NIHE, 2017; McMordie, 2018).

The key focus of legislative and strategic approaches to the mitigation and resolution of homelessness in Northern Ireland have, for a considerable time, tended to focus on three critical themes: early intervention and prevention measures; provision to address long-term and chronic homelessness; and, facilitating access to affordable and appropriate permanent accommodation (NIHE, 2012; NIHE, 2012a; Department for Social Development (DSD), 2015; NIHE, 2017). It has long been accepted that the development of an evidence-based understanding of need within the homeless population, clear alignment of service provision to those identified needs, robust performance monitoring and outcomes measurement, and effective inter-departmental working are central to addressing these issues (North Harbour Consulting, 2011; NIHE, 2012; NIHE, 2012a; DSD, 2015; RSM McClure Watters, 2015; Boyle *et al.*, 2016; Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017; NIHE, 2017; Watts and Fitzpatrick, 2017). Yet, although sequential reviews and evaluations of strategic approaches to homelessness in Northern Ireland have commended the effort expended in seeking progress on these key factors, truly effective and impactful outcomes remain to some extent illusive (North Harbour Consulting, 2011; DSD, 2015; RSM McClure Watters, 2015; Boyle *et al.*, 2016; Watts and Fitzpatrick, 2017). In the most recent Northern Ireland 'Homelessness Monitor', Fitzpatrick *et al.* (2016) concluded that the "overriding impression one forms in studying homelessness and related policy developments in Northern Ireland is that of stasis combined with frantic activity" (p.66), a sentiment strongly echoed in the findings of Boyle and Pleace's (2017) evaluation of the 2012-17 homelessness strategy:

Gaps remained in service provision and progress in delivering the Strategy had not always been rapid, including the development of preventative services. Better service coordination and interagency planning were not yet fully in place and the social blight of rough sleeping, while rare, was yet to be eradicated (p.5).

It is against this backdrop of enduring policy attention, but limited progress, that the NIAO report on homelessness should be understood.

The Scale and Nature of Homelessness in Northern Ireland

The first section of the Northern Ireland Audit Office report outlines the statutory responsibility of NIHE, the way in which this responsibility varies from those of other UK jurisdictions, the amount of public funding expended on homelessness, and the nature and scale of homelessness in Northern Ireland. With respect to the latter, the NIAO highlights a number of key trends in homelessness, including the broad stability in levels of homelessness and repeat homelessness presentations, and also the high rate of statutory homelessness acceptances in NI compared to those seen in Great Britain. Operationally, NIHE is administered across three distinct geographical areas: namely, Belfast, South and North. The report notes a variance (over the last five years) in the rate of increase in statutory homeless acceptances across these regions, with a 23 per cent increase in acceptances in the South region, a 13 per cent increase in the North region, and an 11 per cent increase in the Belfast region. The report also notes that 'accommodation not reasonable' is the most common reason for statutory homelessness acceptances in NI and that the numbers becoming homeless for this reason have increased consistently since 2011/12.

In considering the factors likely to explain the higher rate of statutory homeless acceptances in NI compared to the rest of the UK, the NIAO report notes that Northern Ireland has been particularly late to adopt a Housing Options approach to homelessness prevention and as such has not benefited from the reduction in acceptances evident elsewhere in the UK. Furthermore, the report recognises that a local administrative variance whereby the rehousing of older people takes place via the statutory homelessness route, often under the accommodation not reasonable category, perhaps inflates homelessness figures compared to those of other UK nations who deal with rehousing this group differently. In Northern Ireland, social lets are allocated on the basis of points awarded for housing need, and the report takes cognisance of NIHE's suggestion that the social housing allocation scheme in NI may function in a way which incentivises homelessness presentations, in so far as it awards a higher number of points to homeless households. Other factors recorded within the NIAO report include the post conflict status of Northern Ireland, with the associated higher level of physical and mental health vulnerabilities within the general population perhaps giving rise to a higher proportion of households who meet the conditions for 'priority need' status; and the large proportion of social housing segregated along religious lines, with the associated complicating impact this has on housing allocation policy and practice.

While the NIAO report acknowledges the potential validity of these propositions, it ultimately concludes that current analysis, interpretation, and presentation of homelessness data in Northern Ireland does not allow for their definitive substan-

tiation. This finding closely echoes those of Fitzpatrick *et al.* (2016), who posit that “one seeming constant on homelessness in Northern Ireland is very poor data availability, which hampers both efforts to track trends over time and comparisons with Great Britain” (p.67). The first and only recommendation within this section of the NIAO report is that in order to fully understand the causes of homelessness, NIHE should carry out research to establish why levels of statutory homeless acceptances are significantly higher than elsewhere in the UK, the reasons for variation in acceptances across NIHE’s three regions, and the nature of presentations under the accommodation not reasonable category. This recommendation reinforces the most recent homelessness strategy in NI which commits to a renewed and enhanced focus on the measuring and monitoring of existing and emerging need within the homeless population (NIHE, 2017). The first NIAO recommendation, then, places a welcome additional emphasis on the development of a clearer, evidence-based understanding of homelessness trends in Northern Ireland and the centrality of this understanding to the prevention and mitigation of homelessness.

Despite this welcome emphasis, the NIAO report’s own account of homelessness causation and trends is itself problematic. Part one of the report opens with the assertion that “homelessness is a complex societal problem”, and continues by suggesting that “homelessness can affect anyone in society” (p.10). By way of exemplifying these assertions, the auditor directs the reader to the following case example:

Rick was once the owner of three successful businesses, but his life changed when the recession hit and within a few months he’d lost everything. Rick found himself sleeping rough on the streets of Belfast and was approached by... street outreach volunteers who were able to offer practical advice and immediate assistance. Within days Rick had a hostel bed. A local radio journalist picked up on his story and a local businessman, who was listening, decided to arrange an interview with a Belfast hotel. Rick got the job (p.10).

The nature of this framing of homelessness as complex and homelessness risk as distributed right across the population is problematic, however, in light of the wider evidence base on homelessness causation. In a recent article drawing on three household survey datasets, Bramley and Fitzpatrick (2018) demonstrate that:

in the UK homelessness is not randomly distributed across the population, but rather the odds of experiencing it... for some systematically disadvantaged groups is so high that it comes close to constituting a ‘norm’. Conversely, for others, the probability of falling into homelessness is slight in the extreme because they are cushioned by many protective factors (p.112).

Their analysis “emphatically underlines the centrality of poverty to the generation of homelessness” (p.113), and as such, the authors argue that statements which define homelessness as a complex phenomenon that can affect anyone risk creating the entirely false impression that the causes of homelessness “are largely unfathomable, and that attempts at prediction and prevention are doomed to failure” (p.1). On the contrary, however, homelessness is in fact a largely predictable and predominantly structural problem with childhood poverty emerging clearly as the most powerful predictor of adult homelessness. These findings have very clear implications for policy and practice, i.e. that interventions should be targeted towards known causal drivers of homelessness, including poverty (Bramley and Fitzpatrick, 2018).

In their recent report *Reframing Homelessness in the United Kingdom*, the FrameWorks Institute rejects the proposition that the idea of ‘universal homelessness risk’ has any strategic or communicative advantages, even if it is demonstrably empirically false. They find that such a framing is largely unhelpful to the general public, failing to expand their knowledge of the types and causes of homelessness, evoking a sense of paralysis and fatalism rather than a sense of optimism about solutions: if homelessness is a random and arbitrary phenomenon, then it would seem to follow that prevention measures are somewhat futile (Nicholas *et al.*, 2018). Perhaps most importantly, the FrameWorks Institute found that the ‘we’re all two pay checks away from homelessness’ message:

simply does not ring true to members of the public when they begin to think it through. Instead, this claim appears to conflict with people’s lived experience of inequality, and their recognition that some people are not at real risk of becoming homeless because they will always have the necessary resources and social supports (p.15).

The NIAO report’s opening statements and accompanying exemplar – which present homelessness as likely to effect wealthy businessmen and resolved through the beneficent interventions of strangers – are thus deeply unhelpful, particularly given the report’s own emphasis on promoting an evidence-based response to homelessness.

Monitoring and Reporting of Progress in Delivery of the Strategy

The second section of the Northern Ireland Audit Office report focuses on the monitoring and reporting of progress on the 2012-17 homelessness strategy, which proposed to eliminate long term homelessness and rough sleeping across Northern Ireland by 2020 through four strategic objectives: enhanced homelessness prevention; reducing the duration of homelessness by improving access to affordable housing; removing the need to sleep rough; and, improving services for vulnerable homeless households and individuals (NIHE, 2012). The NIAO report concludes that the strategy was hampered by two key ambiguities in its conceptual framework: first, long-term homelessness was not clearly defined; and, second, the target date for achieving the principal aim of the strategy was set beyond its own term. Alongside these fundamental issues, the NIAO report also points to a number of concerns regarding the monitoring and evaluation framework underpinning the strategy. Of particular note, the singular key performance indicator (KPI) and six associated sub-indicators by which progress of the strategy was to be monitored, were found by NIAO to be inadequately linked to high-level expected outcomes, with no evidence of baseline or benchmark data being developed against which progress might be measured. Indeed, the sub-indicators by and large focused on individual initiatives, rather than defined outcomes, and, as such, the contribution of each initiative to the overall progress of the strategy was not fully demonstrable. Alongside the singular KPI and associated sub-indicators, the strategy also detailed 38 individual actions, which were viewed as laudable in terms of ambition but ultimately difficult to measure and evaluate, again on account of their lack of clearly defined and measurable outcomes. Finally, the NIAO report notes that difficulties in terms of measuring progress were further compounded by the introduction of a number of significant revisions during the strategy's duration. First, the homelessness strategy was subject to a substantive reprioritisation in 2014 to allow for five new key priorities – the introduction of the Housing Options model, a Common Assessment Framework, and a Central Access Point, the development of a Housing First service, and a number of measures designed to support sustainable tenancies. Then, in 2015/16, two new KPIs were introduced: to decrease the number of homeless presenters; and, to reduce the average length of time homeless households spend in temporary accommodation.

The NIAO report acknowledges the considerable progress made towards the completion of the thirty-eight actions detailed in the 2012 strategy and applauds the efforts expended to prevent and reduce homelessness during its term, particularly in respect to individual initiatives. However, the report ultimately concludes that the strategy had limited success in reducing homelessness, pointing to a significant increase in statutory acceptances and – notwithstanding a recognition

of the reduction in length of stay in temporary accommodation from 46 to 39 weeks – an overall increase in temporary accommodation placements per annum, with lengthy stays for many households. The Audit Office report also notes considerable uncertainty regarding progress toward the intended objective of homelessness prevention, pointing to a paucity of data regarding the number of households who have successfully been prevented from becoming homeless via NIHE and partner organisation initiatives.

The need for clear, measurable targets for reducing homelessness in Northern Ireland and for meeting the needs of homeless presenters was identified as early as 2004 in recommendations made by the Westminster Public Accounts Committee (House of Commons, 2004). It is a theme which has recurred for more than a decade, through numerous evaluations and reviews of the performance of both the NIHE and Supporting People in Northern Ireland. An early strategic review of temporary accommodation in NI identified significant variation in the performance of temporary accommodation schemes and recommended an urgent need for “a system of funding for temporary accommodation that depends on achieving minimum performance standards” (North Harbour Consulting, 2011, p.8). The *Housing Related Support Strategy 2012-2015* further echoed these recommendations, committing to the development of a framework for outcomes monitoring, “with the data arising from this being used to inform future service improvement and development” (p.37). *An Evaluation of Accommodation Based Services Funded by Supporting People*, published in 2015, revisited the same theme, noting an urgent need for Supporting People to develop appropriate service performance and outcome measures. Also in 2015, the *Supporting People Review* noted that:

it is difficult to reach a firm overall assessment as to whether the programme has met needs adequately, primarily because there is currently no systematic, robust process for assessing housing support needs at a regional level. The individual case studies highlighted throughout the report, and other commissioned research, provide persuasive anecdotal evidence of needs being met, but no objective mechanism exists to verify that this is indeed the case (p.16).

The *Supporting People Review* (2015) makes clear the need for a new strategic, intelligence-led approach to needs assessment in order to identify current and future patterns of need, and for a revised approach to outcomes measurement that would allow for more robust and meaningful performance monitoring. Likewise, the new *Homelessness Strategy for Northern Ireland* (2017) places a very strong focus on data gathering and evaluation, with two of the strategy’s five objectives being dedicated to ensuring that the right mechanisms are in place to oversee the strategy’s effective implementation and inform the development of appropriate services (NIHE, 2017; Watts and Fitzpatrick, 2017). The four recommendations made by the

Audit Office under this section – clear objectives and KPIs, regular progress reports, robust data collection on the outcome of partner organisations, and the expansion of data sets collected and published – thus lend yet more weight to enduring demands to improve monitoring processes, evident in both the Supporting People review (2015) and new homelessness strategy (2017).

Concern persists, though, with regard to a lack specificity regarding how the objectives of the Northern Ireland homelessness strategy (2017) will be attained. Of the strategy’s four overarching indicators – homelessness presentations; average length of stay in temporary accommodation; full duty applicant duties discharged; and, levels of repeat homelessness – the baseline position is provided for only two of these: namely, presentations and average length of stay (Watts and Fitzpatrick, 2017). As Watts and Fitzpatrick note in *Ending Homelessness Together in Northern Ireland: A Unique Challenge*: “getting these monitoring systems right, and establishing a clear baseline position against which to judge progress, will be crucial to establishing an effective incentive structure to support delivery of the strategy” (p.13). This point also stands in relation to the monitoring and evaluation of the Supporting People Programme, and the development of a robust framework for sharing of data between NIHE and Supporting People in order to inform the strategic planning of services. Given that the need for improved monitoring and evaluation has been widely acknowledged for more than a decade, while progress has remained stilted and elusive, it remains to be seen whether the NIAO’s most recent intervention will be successful in swinging the balance towards a constructive resolution of this stubborn problem. The report itself is unequivocal in noting that the NIAO’s previous report did not prompt the level of change originally anticipated:

Our previous report on homelessness in 2002 highlighted a number of shortcomings relating to management and costing information. It is unacceptable that 15 years on, shortcomings still persist. Linking cost information to activities and outcomes is important to decision making and the NIHE Board and the Department cannot demonstrate that value for money has been achieved without this financial information (p.27).

The report highlights a number of opportunities for NIHE to improve its management information going forward, including the roll-out of the Housing Solutions and Support approach (Northern Ireland’s version of the wider UK’s preventative Housing Options model); the proposed development of a new customer management system, and the commitment within the current homelessness strategy to examine homelessness trends and develop new measures. What the report perhaps lacks is a clear exposition of the root cause of Northern Ireland’s sluggish progression toward robust monitoring, evaluation and, by extension, transparency

and accountability. A number of key informants to the *Homelessness Monitor Northern Ireland 2016* suggested that the relative paucity of published data on homelessness in Northern Ireland is “a deliberate policy position, reflecting ‘oversensitivity’ about data release” (p.67). Whether this is indeed the case remains unclear, but what is evident is that in seeking to progress monitoring and evaluation of homelessness, full consideration must be given to the casual factors underpinning an historical lack of progress in this area.

Reducing Demand and Increasing Supply

The third section of the NIAO report explores the efficacy of measures taken by NIHE to reduce housing demand and increase housing supply in Northern Ireland. In so doing, the report looks at a broad range of topics, including: tenancy sustainment; the Housing First approach; the role of Housing Solutions and Support (HSS); social housing supply; accessing the private rented sector; and use of temporary accommodation. The report opens with a consideration of the importance of sustaining existing tenancies, noting the financial and social cost of tenancy breakdown, and highlighting the centrality of housing advice and mediation services to prevention. A particular emphasis is placed on the fact that social housing in Northern Ireland is allocated unfurnished, with the report identifying this as representing a recurring tenancy failure risk and urging NIHE to carefully consider “if the provision of furnished NIHE accommodation would help reduce cases of homelessness” (p.34).

The report briefly highlights the recent development of Northern Ireland’s only Housing First service, where rapid provision of permanent housing coupled with access to flexible support bypasses or significantly reduces the need for traditional forms of (usually congregate) temporary and supported accommodation (Boyle *et al.*, 2016; Padgett *et al.*, 2016). The report details the positive outcomes attained by the service, the value for money it represents, and provides an exemplar case study documenting the benefits of Housing First in terms of tenancy sustainment, social inclusion, and improvements in self-esteem. It acknowledges concerns within the sector regarding the availability of sufficient ‘wrap around’ support to ensure the successful delivery of Housing First, noting the strong preventive benefits of floating support services and the Department for Social Development’s recommendation in 2015 that such services should be expanded (DSD, 2015). While this acknowledgement is welcome, the brevity with which Housing First is considered in the NIAO report is notable. It reflects the rather muted commitment of the new homelessness strategy (2017) to, “examine the potential for other Housing Led Pathway Models for chronic homeless clients (subject to available funding)” (p.27). This stands in stark contrast with England

and Scotland, where the rapid rehousing and Housing First agendas are being pursued much more robustly (Fitzpatrick *et al.*, 2015; Fitzpatrick *et al.*, 2017; Homelessness and Rough Sleeping Action Group (HRSAG), 2018).

Against this background, it is of some interest that the report draws upon a singular third sector informant quote in regards to the efficacy of Housing First. It states: “supported housing is suitable for some but Housing First will not work for an individual with many complex needs” (p.35). In a similar vein, the report’s discussion of temporary accommodation includes the following third sector quote: “there will always be a need for half way house [hostel] accommodation as many households are not equipped to live independently” (p.41). The inclusion of these quotes risks presenting hostel accommodation as an almost unavoidable aspect of homelessness for those with more complex need, while simultaneously obfuscating the centrality of Housing First to the resolution of homelessness for this particularly vulnerable group. Mackie, Johnsen and Wood, in *Ending Rough Sleeping: What Works* (2017) note that “despite their widespread use, H&S [hostel and shelter accommodation] are not an inevitable part of the homelessness response, as evidenced by their absence in Finland – one of the few countries where homelessness is decreasing” (p.28). Given the report’s focus on evidence-based interventions and the prevention of tenancy breakdown, it seems particularly inconsistent that the overwhelming body of evidence which supports the efficacy and cost effectiveness of Housing First and housing-led approaches to homelessness, *particularly* for those with complex needs, should not be given greater prominence and influence on the Auditor’s recommendations (Woodhall-Melnik and Dunn, 2015; Boyle *et al.*, 2016; Padgett *et al.*, 2016).

The NIAO report also notes that NIHE have actively sought to reduce housing demand by placing greater emphasis on the prevention of homelessness, pointing to the recent introduction of a Housing Options approach delivered via Housing Solutions and Support Teams, as *the* key initiative in this area. The report notes that an internal NIHE evaluation of all HSS cases – from August 2014 to March 2016 – records more than 10 per cent of customers as being helped to sustain their current tenancy or having their homelessness prevented, and over 13 per cent of customers as being supported to access housing in the private rented sector. The evaluation also reports an additional 37 per cent of customers being rehoused in social housing, primarily as a result of endeavours to encourage customers to select areas where they have “realistic prospects” of being allocated a property (p.36). Interpretation of these clearly positive results could perhaps have recognised the risks associated with persuading households towards areas of lower demand, including of pooling those with experience of homelessness in areas with higher levels of anti-social behaviour or less desirable accommodation. This is potentially

significant in terms of heightening the probability of tenancy breakdown and it is important that such actions do not undermine initiatives directed toward tenancy sustainment and the reduction of repeat homelessness.

Also of note, in this context, is the absence within the NIAO report of reference to learning from elsewhere in the UK with regards to the effective implementation of a Housing Options approach. Preventative initiatives in England and, to a lesser extent, in Scotland have demonstrated a need to guard against illegal 'gatekeeping', whereby a focus on the proactive prevention of homelessness precludes or presents barriers to a full homelessness assessment, and thus denies access for those who are homeless or threatened with homelessness to their statutory entitlements under homelessness legislation (Pawson, 2007; Scottish Housing Regulator, 2014; Watts and Fitzpatrick, 2017). This is particularly pertinent in the Northern Ireland context where prevention work remains outside the statutory homelessness framework (unlike England and Wales) and the priority need test still operates (Fitzpatrick *et al.*, 2016). As Watts and Fitzpatrick note, "there may be a strong incentive for Housing Solutions and Support teams to focus their non-statutory prevention efforts on 'priority need' households who will be owed the full rehousing duty if preventative efforts fail" (p.9). Housing Rights (a housing advice organisation in Northern Ireland) have further suggested that the 'reason to believe' threshold included in the Housing (Northern Ireland) Order 1988 – whereby a homelessness assessment is triggered when "the Executive has reason to believe that he [the applicant] may be homeless or threatened with homelessness" – creates a level of ambiguity which could allow for the intent of the Housing Solutions approach to be undermined (Housing Rights, 2016). They have called for "guidance to be issued to the Housing Executive on how to balance its potential duty to make a formal housing assessment in the context of the Housing Solutions model", drawing on the precedent already set in the wider UK context where similar guidance has been issued by Scottish Government (Housing Rights, 2016, p.8). That the NIAO report does not engage directly with this important and potentially impactful issue will come as a disappointment to many.

With regards to social housing supply in Northern Ireland, the NIAO report notes a significant deficit against planned new build social housing and the compounding impact of the loss of social housing via the House Sale Scheme (Right to Buy). It also notes, as outlined above, that approximately 80 per cent of social homes let each year in Northern Ireland are allocated to households that are statutorily homeless, with this figure being significantly higher than elsewhere in the UK. Furthermore, the number of households on the waiting list for social housing has remained above 35,000 since 2006, with many households remaining on the waiting list for lengthy periods (DfC, 2017b; NIAO, 2017). The NIAO conclude that dependence on social housing to "provide a solution for homeless households" has

contributed to the consistently high numbers on the waiting list and in light of this, and the ongoing upward trend in statutory homelessness acceptances, urges the NIHE to “consider carefully the long term sustainability of continuing to discharge its duty through the social housing sector only” (p.38).

This is in keeping with a recent consultation on proposals for the *Fundamental Review of Social Housing Allocations* in Northern Ireland, which posits that the NIHE should meet their duty to homeless applicants on a ‘tenure neutral’ basis (DfC, 2017). Such reforms would follow moves taken in England, Wales and Scotland (albeit to different degrees) to enable local authorities to discharge their homelessness duties into the private rented sector (PRS) (Wilson and Barton, 2018). Discharge of duty into the PRS also poses a number of challenges, alongside opportunities to increase the ‘flow’ of households through the statutory homelessness system, specifically in relation to both affordability (PRS rents are significantly higher than in the social housing sector, and security deposit and rent in advance are standard) (Ellison *et al.*, 2012; DfC, 2017c) and security (with the ending of private tenancies now the primary cause of homelessness in England) (Fitzpatrick *et al.*, 2018). Moreover, and as the NIAO report later notes, Northern Ireland’s only private rental access scheme, SmartMove, has experienced considerable difficulty in securing access to appropriate and affordable PRS housing. Yet, this difficulty is not expressly considered by NIAO alongside its exhortation towards tenure neutral discharge. This is disappointing given the wider UK context where a precedent has already been set in this regard, with all other jurisdictions introducing notable safeguards alongside movement toward increased PRS discharge. More promising is the inclusion of safeguards concerning ‘reasonableness’, ‘standards’ and ‘security’ included in the Department for Communities consultation document (DfC, 2017). That the NIAO report does not provide comment on the centrality of these safeguards to the prevention of homelessness is notable.

Despite this focus on the PRS, the NIAO does highlight the “importance of continued commitment to investment in new social housing, sustaining existing social housing stock numbers, and a need to make alternative affordable solutions available” (p.38). Given the centrality of a sufficient supply of affordable and appropriate housing to both the prevention and resolution of homelessness, these observations are of particular import. It is notable, then, that the NIAO report largely restricts the remainder of this section to “making best use of *existing* housing stock” [emphasis added] (p.38). No doubt the NIAO’s review of measures to address social housing tenancy fraud, to manage voids in social homes, to return empty properties to use, and to increase access to the PRS, are both welcome and relevant, albeit that they lack any recommendation regarding successful progression of these initiatives. But what appears to be lacking entirely is a clear position with regards to how invest-

ment in new social housing might be attained. While the report acknowledges that the number of new build starts is dependent upon the availability of funding, the lack of a clear call for further investment in new social housing is disappointing.

NIAO's consideration of demand and supply issues closes with an exploration of temporary homelessness accommodation. It notes four key areas of concern: first, there is a need to further reduce the use of Bed and Breakfast accommodation, particularly for families with children; second, the NIHE's commitment to develop a Central Access Point has not been achieved and, as such, the issue of inappropriate temporary accommodation placement persists; third, there is significant variation in the cost of temporary accommodation provision, with limited understanding of or rationale for this variation; and, fourth, a significant number of households spend prolonged periods in temporary accommodation, with these stays being suggestive of a lack of suitable move-on options. Missing from the report is attention to the key issue that the current portfolio of TA in Northern Ireland has remained fairly static while service user need has changed over time, giving rise to widely acknowledged gaps and misalignment in service provision (North Harbour Consulting, 2011; NIHE, 2012; NIHE, 2012a; DSD, 2015; RSM McClure Watters, 2015; Boyle *et al.*, 2016; Boyle and Pleace, 2017; NIHE, 2017; McMordie, 2018). A lack of clarity regarding the nature and extent of need within the homeless population has hampered ability to align services at a strategic level and – by extension – the ability to make appropriate placements at individual service user level (DSD, 2015; Boyle and Pleace, 2017; McMordie, 2018). A lack of affordable and appropriate permanent accommodation prevents timely move-on for those deemed 'housing-ready', effectively stymying the system and enhancing the probability of placement based on availability rather than need (NIHE, 2012; NIHE, 2012b; Council for the Homeless Northern Ireland (CHNI), 2013; DSD, 2015; Boyle and Pleace, 2017; NIAO, 2017; McMordie, 2018). Finally, a paucity of data regarding the extent of planning for move-on from TA, and the efficacy of these plans where they do exist, impedes actions intended to ease this 'congestion' (North Harbour Consulting, 2011; RSM McClure Watters, 2015; Boyle *et al.*, 2016; NIAO, 2017). While the NIAO report highlights some aspects of these key areas of concern, it fails to fully explicate them and their combined impacts on households accessing TA in Northern Ireland. Perhaps most importantly, NIAO does not note a key failing of the 2012 homelessness strategy, that is the lack of progress made toward meeting the NIHE commitment to a fundamental review of the temporary accommodation portfolio in Northern Ireland (NIHE, 2012; Fitzpatrick *et al.*, 2016; Boyle and Pleace, 2017).

Given the centrality of the issues discussed within this section to the generation and resolution of homelessness, and the acknowledgement of NIAO that successful approaches to homelessness rest upon decreasing demand and increasing supply, it is curious that the auditor should settle upon a singular recommendation: "that

an annual report is submitted to the NIHE Board which presents a summary of expenditure and benchmarked cost data demonstrating that accommodation-based services provide value for money” (p.43). While this is undoubtedly an important recommendation in and of itself, in its singularity it seems to neglect recommendations that might go some way toward addressing the more complex and pressing issues evident within the Northern Ireland context.

Homelessness is more than a Housing Issue

The final section of the Northern Ireland Audit Office report covers three key themes: interdepartmental working; homelessness and health; and, rough sleeping. The auditor begins by outlining the importance of interdepartmental working to the prevention and resolution of homelessness, noting that considerable effort has been made to progress work in this area. A cross-sectoral working group, The Promoting Social Inclusion Partnership (PSI), was established by the Department of Social Development in 2004. In 2007, the partnership published *Including the Homeless – A Strategy to Promote the Social Inclusion of Homeless People and those at Risk of Becoming Homeless in Northern Ireland*. The strategy acknowledged that homelessness is one of the most extreme forms of social exclusion and committed to a cross-sectoral and cross-departmental approach to promoting social inclusion, including specific targeting of more vulnerable homeless households. During this time, inter-departmental working was also granted greater weight through the Housing (Amendment) Act 2010, which required a number of different government departments and public sector organisations to take the homelessness strategy into account when exercising their functions (Housing Rights, 2016; NIAO, 2017). Following an internal NIHE review in 2014, the PSI partnership was replaced by an inter-agency Homelessness Strategy Steering Group (HSSG). In reviewing the work of the group, the NIAO report concludes that departmental representatives “did not always have sufficient seniority, with the ability to influence and make timely strategic decisions” (p.46). This assessment of interagency working echoes the findings of successive reviews and evaluations which highlight ongoing failures in effective joint planning as a central factor in the curtailment of effective responses to homelessness in general and full implementation of the 2012-17 homelessness strategy in particular (Boyle and Pleace, 2017; Fitzpatrick *et al.*, 2017; Watts and Fitzpatrick, 2017).

The NIAO report makes several observations and suggestions in respect to how effective interdepartmental working might be attained. In particular, it highlights the transformative potential of the Northern Ireland draft Programme for Government 2016 -21 which, in adopting an outcomes-based methodology designed to ensure clearer links between policies and programmes, provides a framework which

should facilitate rapid progress in this area. The Executive Office and Department of Finance are noted as central to this process, being described by NIAO as well positioned with respect to embedding outcomes-based accountability and inter-departmental working across all departments. What is missing in the NIAO account is an acknowledgement of the wider political situation in Northern Ireland and, in particular, the absence of a functioning Northern Ireland Assembly. The NIAO report, in urging the HSSG “to reposition itself to ensure it provides strategic leadership and works with Government to effect positive change” (p.46) without acknowledging the very absence of that Government, appears to ignore the inherent difficulty in progressing policy change against a background of long-running political instability.

A pertinent example of this difficulty can be traced in a consideration of the NIAO’s observation regarding cross-departmental action on homelessness:

Until homelessness is a strategic priority for all the relevant departments and agencies in Northern Ireland it will continue to be viewed mainly as a housing issue and suffer because of conflicting priorities (p.47).

In late 2016, Nichola Mallon (Member of the Legislative Assembly) tabled a Private Members Bill which, amongst other proposals, would “place a statutory duty to co-operate” on relevant statutory bodies (Housing Rights, 2016, p.1). In their commentary, Housing Rights made clear that this move had the potential to break through the impasse that has limited effective joint working to date:

Housing Rights is mindful of the time and resource constraints increasingly facing providers of housing, healthcare and other support services. It is natural that under such constraints, such bodies prioritise those duties which they are statutorily obliged to carry out. A statutory duty to co-operate will ensure that those bodies with responsibilities in relation to homelessness, are able to appropriately prioritise their time and resources to tackle homelessness (p.2).

The Bill fell when the Northern Ireland Assembly collapsed in January 2017.

Leading on from the report’s discussion of inter-departmental working, the NIAO turn to a specific consideration of the interconnected nature of health and homelessness, and by extension the role of health and social care services in addressing the needs of homeless households. A number of concerns are highlighted as arising from third sector informants to the audit, with a particular emphasis on ongoing challenges regarding access to detoxification facilities and mental health services, and a general need for “increased commitment, collaboration, and targeted intervention from the Health sector” (p.50). This is in keeping with the findings of Fitzpatrick *et al.*’s (2016) work monitoring homelessness in Northern Ireland, which identified a lack of commitment from the Department of Health as one of the key

failures of inter-agency working on homelessness. The key recommendation of the NIAO in respect to homelessness and health places a very welcome emphasis on the need to fully understand the health needs of the homeless population:

We recommend that an in-depth cross-departmental review is jointly commissioned to identify and quantify health-related support needs for homelessness service providers and homeless households across Northern Ireland (p.50).

It is, however, true that a considerable body of evidence already exists with regards to the health needs of the homeless population, in an international and UK context, but also in the context of Northern Ireland itself (CHNI, no date; CHNI, 2013; Homeless Link, 2014; Echo Steering Group, 2015; Patient and Client Council, 2015; Aldridge *et al.*, 2018). That the review recommended by NIAO is cross-departmental in nature and jointly commissioned is to be commended, in so far as it offers the prospect of departmental buy-in at point of inception. What will be central though to the effective progression of inter-departmental working, is the extent to which the findings of the recommended review are utilised to bring about improved outcomes for homeless households.

Under this section the NIAO also consider rough sleeping in Northern Ireland. The report notes a succession of rough sleeper deaths in the Belfast area in 2015/16 and the subsequent establishment of a Tri-Ministerial Group (comprising the Ministers for Communities, Health and Justice) to explore and address the issue of street homelessness. While NIAO note the group's determination that inter-departmental collaboration should be increased, they fail to acknowledge the necessary loss of impetus behind this collaboration following the collapse of the Northern Ireland Assembly.

Perhaps more important is the partial account of the causes of rough sleeping provided by the NIAO report. In summarising the findings of the *Belfast Street Needs Audit* (2016), the report identifies the main reasons for not accessing crisis accommodation as: lack of available crisis beds; exclusion as a result of previous challenging behaviour, fighting and criminal history; exclusion due to access criteria, for example, presenting as inebriated; and, affordability (linked to addiction and/or previous service charge arrears). In fact, the reasons listed by NIAO are those detailed in the *Street Needs Audit* as arising from the perspective of service providers. While these barriers are undoubtedly relevant, those given in the *Belfast Street Needs Audit* as arising from the perspective of service users have a distinctly different emphasis. They are as follows:

- Problems with other residents, including drug and alcohol use, violence, theft, bullying, noise and arguments and feeling unsafe.

- Substance users making it difficult for the individuals identified to tackle their own substance misuse problems.
- Overcrowding, a lack of bed space, and sharing rooms or limited facilities with others, and
- Rules, in particular around curfews, that were considered unnecessarily restrictive (p.14).

Here, it is the experience of living in temporary accommodation that emerges as the key barrier to accessing services. In *Ending Rough Sleeping: What Works?* (2017) Mackie, Johnsen and Wood discuss the prevalence of this phenomenon across the United Kingdom and beyond:

Evidence indicates consistently that many (and perhaps the majority of) homeless people find H&S [hostel and shelter accommodation] intimidating or unpleasant environments. Some choose not to use H&S due to fears around personal safety and/or pessimistic views regarding their helpfulness in terms of offering a route out of homelessness (p.30).

It is regrettable – and significant – that the views of those rough sleeping should be excluded from a consideration of factors contributing to street homelessness in Northern Ireland. The reasons cited by NIAO tend to allocate responsibility to the individual who is rough sleeping and, by extension, to locate the locus of change as resting outside the control of homelessness service provision. In stark contrast, the reason cited by service users firmly locate the drivers of rough sleeping as arising from previous negative experiences within temporary accommodation, and thus locate the locus of change as resting firmly within the remit of homelessness policy and practice. It is vital, if chronic homelessness is to be adequately addressed in NI, that full consideration is given to seeking prompt resolution to the core issues cited by users of homelessness services.

Conclusion

What is clear from a consideration of responses to homelessness in Northern Ireland is that key points of consensus exist with regard to how effective prevention and resolution of homelessness might be achieved. The need for robust monitoring and evaluation processes, enhanced inter-departmental working, and fundamental realignment of homelessness service provision, has long been acknowledged and accepted within the sector. Yet, despite the notable efforts made in terms of seeking to address these core issues, progress has been both stilted and slow. The NIAO report makes a valuable contribution to the debate on homelessness in Northern Ireland, in that it reaffirms and lends weight to the existing body of evidence regarding the nature and form of some of the issues which hamper progress. Yet, the report is lacking in two key respects. First, it does not provide a robust and clear exposition of why these issues persist in NI with such seeming intransigence, and in this regard, it remains to be seen whether the NIAO intervention will be *the* intervention which proves sufficient to inspire real progress. Second, it fails to explore and provide recommendations on imminent changes to homelessness service provision in Northern Ireland, most notably recommendations which might safeguard the intent of the Housing Solutions and Support approach to homelessness prevention and the proposed move toward discharge of statutory duty on a tenure neutral basis. Perhaps most significantly, the NIAO recommendations are relatively muted and limited in terms of the extent to which they address the core issues identified by the report. In this respect, it is unlikely that the report itself will inspire the radical change in approaches to homelessness evident elsewhere in the UK and sorely needed in Northern Ireland.

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Homelessness and Housing Exclusion in Sweden

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- **Abstract** *Housing exclusion and homelessness is an increasing problem in Europe. Norway and Finland are the only two countries where there has been a reduction in the homeless population. The aim of this article is to analyse and discuss the key results from the Swedish homelessness count in comparison with the previous homelessness surveys. The results show that they resemble some of the trends that are emerging in other European countries. On the one hand we can see a growing exclusion of the poor and an increase in social-spatial inequalities. On the other hand, we can also see that the profile of people experiencing homelessness has changed. A growing number of people experiencing homelessness are children, or children growing up with lone mothers. There is also a growing number of young people that cannot get housing on the ordinary housing market and an increasing number of families with a migration background. Many of the people experiencing homelessness do not have any other problems than the lack of housing. Due to low incomes and poverty, many people cannot get a lease of their own and thus are dependent on the social services for housing arrangements within the secondary housing market. But the article also shows that the lack of housing is not enough for being eligible for help. Another challenge is that being homeless is often seen as an individual failure due to bad choices rather than a situation caused by the effects of the financial crisis, housing shortage, or the ever-increasing rental costs of newly produced housing. An integrated, housing led, homelessness strategy, with a strong focus on housing provision and homelessness prevention should be the way forward.*
- **Keywords** *Homelessness, Homelessness Count, Sweden, Housing Exclusion, Moral Geography, Integrated Homelessness Strategy*

Introduction

Housing exclusion is an increasing problem in Europe. The extreme effect of housing exclusion is the growing population of homeless people in most of the EU countries (FEANTSA and the Fondation Abbé Pierre, 2018).¹ Only Norway and Finland stand out with a reduction in homelessness numbers. In previous years, Finland has been the only country where there has been a reduction in the homeless population. But now, Norway has seen an impressive reduction of homeless people between 2012 and 2016, where the number recorded dropped by 36 per cent (Dyb and Lid, 2017).

Punitive measures – in order to control and regulate the urban space – have a long history, and we have recently seen a resurgence of regulations and restriction on begging and sleeping in public places (Cassiers and Kesteloot, 2012; O’Sullivan, 2012). Another alarming trend in Europe is that the profile of people experiencing homelessness has changed. We can now see a growing number of people experiencing homelessness that are children, or children growing up with lone mothers, or young people that cannot get housing on the ordinary housing market and an increasing number of families with a migration background. The Swedish homelessness figures that were published at the end of 2017 confirm this picture. This article will present some of the trends that are evident in a Swedish context. The analysis will also show some of the challenges Sweden is facing with a growing exclusion of the poor and social-spatial inequalities.

Definition of Homelessness

The Swedish definition resembles ETHOS (European Typology of Homelessness and housing exclusion). ETHOS consists of four types of homelessness situations or conceptual categories: *roofless*, *houseless*, *insecure* and *inadequate* (Edgar, 2009). The definition of homelessness in Sweden is also divided into four situations:

1. Acute homelessness.
2. Institutional care and category housing.
3. Long-term housing solutions (e.g. the secondary housing market).
4. Short-term insecure housing solutions (NBHW, 2017).

¹ <https://www.feantsa.org/en/report/2018/03/21/the-second-overview-of-housing-exclusion-in-europe-2017>

There have been five national homelessness surveys in Sweden, commencing in 1993 (1999, 2005, 2011 and 2017). The definition has changed every time a survey has been conducted, which of course makes it problematic to compare the data. The biggest change was in 2005 when the definition was divided into four different situations. The definition from 1999 was criticised for being too narrow. Professor Ingrid Sahlin translated and adapted the ETHOS-definition to a Swedish context, so that the Swedish definition in 2005 would reflect ETHOS (NBHW, 2005, p 22). Before 2005, situations 3 and 4 were not included, which explains part of the increase in the homelessness figures (see Table 1). In 2011, a few clarifications were made. Firstly, people who were supposed to leave an institution, but couldn't due to housing shortage, were made more explicit in the definition compared to the previous one. Secondly, the third situation was not clear enough in the definition from 2005. The consequence was that the more long-term housing solutions were not included. Therefore, this was written more explicitly in the definition from 2011. The fourth situation is more or less the same, but in 2011 it was clarified that it also included people who stay with private individuals. The difference between the definition from 2011 and the most recent one is small, mainly the names of different forms of housing alternatives have changed in accordance with the terminology that the municipalities use today.

Another complicating matter is that some municipalities use their own local definitions of homelessness even though they use the definition adopted by the National Board of Health and Welfare when they report the total number of homelessness cases for the national survey. Unfortunately, homelessness was not counted within the register-based census that was conducted in 2011 by Statistic Sweden. The national surveys are based on questionnaires that are sent out to relevant organisations. It is therefore important not to rely too heavily on the accuracy of the numbers, but rather view them as estimates. It is difficult to measure homelessness, but the national counts do indicate some emerging trends that give us knowledge on the challenges the country is facing and also the local variations between municipalities. Classifications tend to include certain individuals but exclude others. Therefore, it is useful to take a critical starting point (Sahlin, 1994; Thörn, 2001; Knutagård, 2009). Some of those groups that are not included are "hidden asylum seekers", EU-migrants sleeping rough or unaccompanied minors. It is important to include place and space in our analysis of social problems. Both time and place are key aspects of a "moral geography" which specifies that certain locations are meant for particular categories of people, who are also excluded from other locations (Cresswell, 2005; Knutagård, 2013).

About the questionnaire

In the latest national homelessness count in Sweden the data was collected during one week (3–9 April 2017). The questionnaire was sent out to organizations that have contact with people experiencing homelessness. In total, 2,450 different actors were contacted. The social services constitute the largest share of the respondents. Other informants were, for example, voluntary organizations, treatment institutions, correctional and probation offices, jails and prisons, psychiatric hospitals, clinics and emergency rooms. A difference from previous counts is that this time an electronic survey was used. The social security numbers of each individual make it possible to take away those who have been reported more than once.

Individuals tend to be in a homelessness situation for varying periods of time. One clear limitation is that the survey is more likely to target people that have been homeless for a long period of time. People who are homeless for a shorter period run the risk of not being included in the survey during the reference week. This is especially evident for women. Research shows that they tend to be excluded from surveys because, even though they live in an insecure housing situation, they tend to live with others and therefore don't get reported as homeless. Another limitation is that there are no registers at the national level that provide current information on the organizations that work with or encounter people who are homeless in Sweden. Some homeless people do not have any contact with agencies or organizations and will therefore not be counted. It is also a very time-consuming task to fill in questionnaires.

Key Results of the National Homelessness Count

The key results from the Swedish count show that they resemble some of the trends that are emerging in other European countries. In the national homelessness survey in 2017, 33,269 people were reported homeless (in 2011, 34,000 people were reported homeless, NBHW, 2011). The data shows a slight decrease, but 20 per cent of Sweden's 290 municipalities didn't send in their questionnaires. The national homelessness survey from 2017 shows that homelessness has increased in two of the four homelessness situations compared to the previous survey conducted in 2011. There has been an increase in the number of people sleeping rough, but the largest increase was within situation three (see Table 1.).

Table 1. Homelessness in Sweden 1993–2017

Year	1993	1999	2005	2011	2017
Total	9,900	8,440	17,834	34,000	33,269
Situation 1	-	-	3,600	4,500	5,935
Rough sleepers	1,045	350	950	280	647
Situation 2	-	-	2,000	5,600	4,899
Situation 3	-	-	6,400	13,900	15,838
Situation 4	-	-	4,700	6,800	5,726

Source: National Board of Health and Welfare 1993, 1999, 2005, 2011, 2017

The survey shows that women are more likely to be homeless compared to the previous count (see Table 2. and Table 3.). Men are still overrepresented in the homelessness figures (62%). There is, however, an alarming trend that the amount of people in acute homelessness has grown. More people in acute homelessness are parents to children under the age of 18 (21 per cent of the persons in situation 1 were parents) (see Table 6 and Table 7). Compared to the previous survey, this is an increase of 60 per cent. The number of women has especially increased. Most of them have children (60%) and have a migration background (almost two thirds). Compared to the previous count, persons with a migration background have doubled. For one third of the women, domestic violence was reported as the main cause of their homelessness. In situation 1, a total of 5,935 (4,500 in 2011) people were reported as being acute homeless and 647 (280 in 2011) were reported sleeping rough. It is extremely hard for people that are sleeping rough to enter the ordinary housing market. For some, Housing First has been a solution, but Housing First is still a very small service compared to the traditional homelessness services (Knutagård, 2015).

Table 2. Proportion (%) of Men and Women in Homelessness Counts 1993–2017.

	1993	1999	2005	2011	2017
Men	83	79	74	64	62
Women	17	21	26	36	38

Source: National Board of Health and Welfare 1993, 1999, 2005, 2011, 2017

Table 3. Proportion (%) of Men and Women in the Different Homelessness Situations 2005–2017.

	2005	2011	2017
Situation 1			
Men	74	67	59
Women	26	33	41
Situation 2			
Men	77	79	78
Women	23	21	22
Situation 3			
Men	73	55	55
Women	27	45	45
Situation 4			
Men	74	68	66
Women	26	32	34

Source: National Board of Health and Welfare 2005, 2011, 2017

Table 4. Proportion (%) of Homeless People with Migrant Background 2005–2017.

	2005	2011	2017
Situation 1			
Swedish	70	60	42
Migration Background	30	40	58
Situation 2			
Swedish	78	78	76
Migration Background	22	22	24
Situation 3			
Swedish	78	65	57
Migration Background	22	35	43
Situation 4			
Swedish	70	62	57
Migration Background	30	38	43

Source: National Board of Health and Welfare 2005, 2011, 2017

Table 5. Type of Accommodation in all Homelessness Situations, 2005, 2011 and 2017.

Type of accommodation	2005	2011	2017
Situation 1			
Public space / outdoor	950	280	647
Tents, car, caravan, camping site	670	300	343
Shelters	1,800	1,100	1,229
Hotel / hostel		1,100	1,903
Temporary accommodation		1,400	1,325
Women's emergency centres	140	430	464
Total in situation 1	3,600	4,544	5,935
Situation 2			
Supported housing	1,900	3,300	2,452
Institutions – discharge within 3 months		1,700	1,397
Correctional institution	850	710	705
Health care institutions			345
Total in situation 2	2,000²	5,647	4,899
Situation 3			
Social lease/municipal lease	2,000	11,700	11,942
Training flats		2,200	2,615
Transitional supported housing			1,036
Housing First			245 ³
Total in situation 3	6,400⁴	13,866	15,838
Situation 4			
Involuntary staying with family	2,100	2,600	2,383
Involuntary staying with friends	1,900	2,300	1,981
Private sublet		560	802
Temporary renting a room	430	1,400	560
Total in situation 4	4,700	6,825	5,726
Total	17,800	34,039	32,398⁵

Source: National Board of Health and Welfare, 2005; 2011, p. 23; 2017, p. 18.

² It is difficult to compare the numbers with the survey from 2005. In the 2011 report, the National Board of Health and Welfare compared the data and concluded that there were 3,000 homeless people in situation 2 in 2005, but I have used the data from the 2005 report on the total number of homeless people in situation 2, so that it corresponds with Table 1. I have used the data from the 2011 report regarding the comparison of the different housing situations in situation 2. It is evident though that the categorization of different housing situations is not the same between the two counts.

³ This number includes those Housing First units that do not have a first-hand contract.

⁴ Unfortunately, other categorizations are used here, so the only possible comparison is between social lease.

⁵ This number doesn't include the individuals where the accommodation type wasn't stated, the total number of homeless including loss were 33,269.

The housing provided in the Housing First projects are scattered houses in the ordinary housing market. For the target group, this is a contrast to the more segregated housing solutions that homeless people are normally referred to (see Table 5.). The moral geography, here contrasted by Housing First services, challenges our conventional way of thinking. Shelters are usually seen as places that are considered suitable for homeless people (Busch-Geertsema and Sahlin, 2007; Knutagård and Nordfeldt, 2007). Shelters and other forms of provisional accommodations are legitimized as a temporary solution to an acute demand. It is a quick solution to bring people in off the streets. To provide apartments for homeless people without requiring abstinence exposes the moral geography. The social worker must consider who should be placed where and why.

In situation 2, 4,899 (5,600 in 2011) people were living in institutions or in different forms of category housing. An interesting difference here is that 76 per cent of the persons in situation 2 were born in Sweden (see Table 4.).

Table 6. Proportion (%) of Homeless People that are Parents to Children 18 Years and Younger 1993–2017.

	1993	1999	2005	2011	2017
Men		28		30	29
Women	17	43		50	48
Total	5	33	31	33	36

Source: National Board of Health and Welfare 1993, 1999, 2005, 2011, 2017

Table 7. Number of Homeless People that are Parents who Live Together with their Children or Alternate in the Different Homelessness Situations 2017.

Situation	Number
Situation 1	1,480
Situation 2	96
Situation 3	4,285
Situation 4	729
Other/Not known	77
Total	6,667

Source: National Board of Health and Welfare 2017

More than one third of all persons reported as homeless are parents to children under the age of 18. At least 24,000 children have parents that are homeless. The most common reason why parents were homeless was that they didn't have an income that would qualify them as tenants on the ordinary housing market. In the total homelessness population, 20 per cent were reported as not having any other problems than lack of housing. Most of the homeless population lived in the so-called secondary housing market (see situation 3 in Table 5.). The secondary housing market consists of scattered apartments, within the regular housing market, that the social services lease from housing companies and that are then sub-let to homeless clients. The lease is often a short-term contract without security of tenure (often one month at a time, with one-week notice). If the client doesn't comply with the rules, he/she can be evicted without any involvement of the enforcement agency. The clients often have to prove that they are housing ready by living in the apartment for a trial period up to two years. In total, 15,838 (13,900 in 2011) persons belonged to situation 3 (see Table 5.).⁶ There is a discrepancy compared to the number that The National Board of Housing, Building and Planning found in their survey of the secondary housing market the same year (23,800 apartments) (NBHBP, 2018). Many of the homeless population in situation 3 are lone mothers with children. Of the total figure, 49 per cent were parents with children under the age of 18.

Income support is the main income for most people that experience homelessness (45%). Only 8 per cent of the total homelessness population had an income from employment (see Table 8.).

Table 8. Proportion (%) of Homeless People with Income Support 1993–2017.

	1993	1999	2005	2011	2017
Income supp.	40.1	48	44	49	45

Source: National Board of Health and Welfare 1993, 1999, 2005, 2011, 2017

Another trend is that more people that are homeless are born in a country other than Sweden. In total, 43 per cent, but for women 48 per cent, were born in another country (see Table 4 and Table 9). Of those who are born in another country, more than half have lived in Sweden for more than five years.

⁶ The National Board of Housing, Building and Planning (NBHBP, 2014) has followed up the development of the secondary housing market since 2008. Then there were 11,700 social leases. In 2013, the number of apartments on the secondary housing market had risen to 16,386. In January 2018 there were approximately 23,800 apartments (NBHBP, 2018).

Table 9. Proportion (%) of Homeless People with Migrant Background 1993–2017.

	1993	1999	2005	2011	2017
Swedish	76.7	74	74	66	57
Migrant	23.3	26	26	34	43

Source: National Board of Health and Welfare 1993, 1999, 2005, 2011, 2017

In a study by Kuhn and Culhane (1998), three groups of homeless people were identified among shelter residents: transitionally, episodically and chronically homeless. The first group is those who occasionally live in a shelter. Eighty per cent of the shelter population belonged to this group. The episodically homeless used shelters on several occasions. The last group were found to use half of the shelter nights. Research from Denmark shows very similar results (Benjaminsen and Andrade, 2015), but there is no evidence from Sweden. However, in the national survey one in ten have been homeless for more than 10 years, indicating that they belong to a group of long-term homeless people. More than half of the total homelessness population had been homeless for more than one year.

The Swedish Enforcement Authority collects statistics regarding the number of evictions. They have a special focus on the number of children that are affected by evictions. According to the Swedish Enforcement Authority (2016), nine out of ten evictions that affect children are caused by rent arrears. In 50 per cent of the cases, the evictions are carried out for rent debts lower than SEK 10,000 (€964.40). The average rental debts are SEK 19,000 (€1,832.30).⁷ For almost 20 per cent of the homeless population, eviction was the main cause of their homelessness. However, the number of evictions has decreased. In 2010, there were 3,116 evictions, while in 2017 there were 2,091 evictions. The number of children who have been affected by an eviction also decreased from 632 children in 2010 to 392 children in 2017 (Stenberg *et al.*, 2010).⁸ It is not primarily evictions from the ordinary housing market that causes homelessness among families with children, but rather the difficulty of getting into the housing market (Nordfeldt, 2012).

The survey asked where the person had lived prior to their homelessness episode. For 20 per cent of the total number of homeless, they had lived in their own apartment or house. For a relatively large share of the homeless population, the respondents did not know where the person had lived prior to their homelessness.

⁷ Source: <https://www.kronofogden.se/48476.html>

⁸ Source: https://www.kronofogden.se/download/18.28b9f2671590d52c89b9a2a/1486977618012/Barnavh_2008-2016.pdf.

The lack of information is especially problematic when it relates to children, since the social services have an obligation to always consider the child's perspective when making a decision that affects their lives. For almost 1,800 individuals, there was no information at all concerning whether they had children or not.

Housing insecurity is evident in situation 4, where 42 per cent of the group lack any form of contract. In situation 4, 5,726 (6,800 in 2011) people were reported as living in short-term insecure housing solutions. The average age is lower in this group (56% under the age of 35) and of those who live together with their children, 75 per cent have a migration background. Almost 60 per cent needed help with income support or debt counselling. A fifth of the group had been homeless for less than 3 months prior to the survey and only 18 per cent had received some form of intervention from the social services. This shows that the people in situation 4 have to sort out their situation by themselves. There is, however, a lack of data on those individuals who ask the social services for help, but are denied help because their circumstances are not severe enough.

Many families with children are forced to lodge or to live in substandard housing. These are often provided by so-called slum lords at a high cost with very unsecure rental contracts. Being housed on the black market makes it impossible to apply for housing allowance (Lind and Blomé, 2012).

If we take a look at the Swedish homelessness figures and try and compare them with other Nordic countries, we see that Sweden has the highest number of homeless people per 1,000 inhabitants. It is a difficult task to compare the figures, but all countries in Table 10 have recently conducted a homelessness count. In Norway, sub-let apartments are not included in the definition of homelessness. In Finland, quite a large share of people live temporarily with friends or family and more than half of the total number of homeless people live in Helsinki. If we include the secondary housing market in the comparison, Sweden has figures almost three times higher per 1,000 inhabitants. The secondary housing market must be seen as a unique Swedish housing market. (Benjaminsen and Dyb, 2008).

Another explanation of the differences between the countries is the great influx of refugees to Sweden during the humanitarian crisis. According to the Migration Agency, Sweden had 162,877 asylum applications in 2015.⁹ During 2015, 35,300 unaccompanied minors were registered in Sweden (40% of all unaccompanied

⁹ <http://www.migrationsverket.se/download/18.7c00d8e6143101d166d1aab/1451894593595/Inkomna+ans%C3%B6kningar+om+asyl+2015+-+Applications+for+asylum+received+2015.pdf>

minors registered in the EU member states).¹⁰ In March 2016, a new act was introduced. It forces municipalities to house newly arrived immigrants (Act (2016: 38) on the reception of certain newly arrived immigrants for settlement). In a recently commenced research project called *Scanian homes: Reception, settlement or rejection – homelessness policies and strategies for refugee settlement* – we will try and investigate the practice, interaction and results of municipal homelessness policies and refugee reception strategies in Skåne county, in order to identify policy elements that are helpful for providing secure and adequate housing for these groups.¹¹

Table 10. Homelessness in the Scandinavian Countries

Country	Population	Homeless	Homelessness per 1000 inhabitants
Sweden (2017)	9,995,153	33,269	3.3
Denmark (2017)	5,748,769	6,635	1.2
Norway (2016)	5,258,317	3,909	0.75
Finland (2017)	5,503,297	7,112	1.3

Looking at the national data will hide local variations. We have seen a reduction in homelessness in some municipalities. There is also a big difference in the profile of homelessness. One example might elucidate this. If we compare the three largest cities in Sweden – Stockholm, Gothenburg and Malmö – we can see a clear difference especially between Malmö and the other two. In Malmö, more women are homeless. There are also more people that have children and more people that live with their children. The homelessness population is younger, and more people have no other problems than the lack of housing. For Stockholm, the figure was nine per cent, in Gothenburg, 17 per cent and in Malmö, the figure was 29 per cent. In Malmö, 34 per cent of homeless persons had a migration background from the Middle East. In Stockholm, it was only nine per cent and in Gothenburg, 15 per cent. There is also a big difference regarding how long the person had lived in Sweden. In Malmö, many had lived in Sweden for a shorter time, while in Stockholm and Gothenburg, more than half of the migrant homeless population had lived in Sweden for more than eight years.

¹⁰ <http://ec.europa.eu/eurostat/documents/2995521/7244677/3-02052016-AP-EN.pdf/19cfd8d1-330b-4080-8ff3-72ac7b7b67f6>

¹¹ <https://www.soch.lu.se/en/research/research-projects/scanian-homes-reception-settlement-or-rejection>

Conclusion

The main discourse in Sweden and in most European countries today is positioned around competition and on individualization and consumer choice. This has led to an increased usage of market mechanisms in the production and distribution of public services and public-private partnerships connected to market mechanisms. The national housing policy in Sweden changed in 2006 from everyone's right to good housing at a reasonable cost – to creating long-term well-functioning housing markets where consumer demand meets a range of housing that meets the needs (Bengtsson, 2013; Sahlin, 2013). The withdrawal of state responsibilities in housing policy is clear, but on a municipal level the deregulation is a lot more complex. The State has very clearly put the responsibility of housing provision on the municipalities. At the same time new legislation has been put in place in order to make municipal housing companies more business-like and operate for-profit. This makes it even more difficult for marginalized groups to enter the regular housing market. Another consequence of the privatization trend is that some municipalities have decided to sell a large share of their municipal housing companies. Coupled with a very low production of new public housing or other forms of rental apartments, the housing shortage is evident in more than half of Sweden's 290 municipalities (Olsson and Nordfeldt, 2008; NBHBP, 2018).

The major explanation for the growing number of people experiencing homelessness is the housing shortage, especially within the rented sector. Research reports show that the barriers to enter the regular housing market have increased (NBHBP, 2010). In the past few years, municipal housing companies have stopped recognising income support as a steady income. This means that a large group of people that have income support cannot sign their own lease on the regular housing market. Having lived in different forms of temporary housing or specialized housing for homeless people can also minimize your chances of getting your own lease (Busch-Geertsema and Sahlin, 2007, p.79). Landlords might question your ability to live in an independent flat if your last housing reference is from the night shelter. If a client fails within the staircase model it is a high risk that this is seen as an individual failure due to bad choices. Being defined as 'the other' seems to strip you from your civil rights. The results are that a lot of people cannot get a lease of their own and thus are dependent on the social services for housing arrangements within the secondary housing market. Research has shown that around eight per cent of the apartments on the secondary housing market are turned into first hand contracts during a year. This means that the number of homeless people on earlier "steps" in their housing careers is growing.

The rental apartments that are newly produced are usually directed towards the upper segment of the housing market subgroups (Magnusson-Turner, 2008). The average rental cost of a newly produced rental apartment is a lot higher than the norm for the highest acceptable housing cost that the social services will pay. Newly produced apartments are also exempted from the user value system that exists in Sweden. This is sometimes referred to as “presumption rent”. This type of rent is valid for the first fifteen years, after which the tenant is entitled to have the rent tested against the value of use. The direct effect of this is that the rental costs in newly produced housing is increasing rapidly.

In many EU member states, homelessness strategies have been produced. This is also the case in Sweden, both on a national and on a municipal level. Even though research clearly points out that the main cause of homelessness is a lack of affordable housing, the implementation and responsibility for carrying out the homelessness strategies lies on the Social Welfare Committee rather than on the Municipal Executive Committee. This indicates that homelessness is constructed as a social problem that should be handled by the social services even though the social services don't have the possibility to or the resources for building new houses. Instead their role is circumscribed and in order to get access to housing, negotiation is the key word (Jensen, Johansson and LÖfström, 2006).

Both in the national homelessness survey and in a recently published White Paper (SOU, 2018: 35) there is a call for an integrated housing provision strategy, where the state, the regions and the municipalities all take a joint responsibility in the provision of housing. There is very little evidence that we will see a reduction in the homelessness figures in Sweden in the near future. Hopefully, an integrated homelessness strategy can be put in place, with a strong focus not only on housing provision, but also on homelessness prevention. It is about doing things right, but also doing the right things. This would be beneficial for all of those who are experiencing homelessness, but also for the country as a whole.

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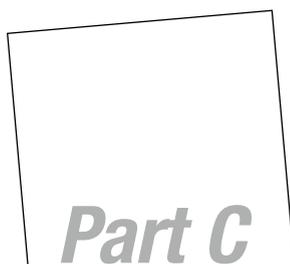
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Research Note



Part C

The Institutional Circuit: Single Homelessness in Ireland

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- **Abstract** *Routinely collected administrative data can help to provide an overview of those adults experiencing homelessness within the Irish population and to identify specific health and social care needs. This research note examines admissions for the last ten years for those recorded as of no fixed abode (NFA) on the National Psychiatric In-Patient Reporting System (NPIRS) to explore if this group is consistent with cohorts of the homeless population in Ireland as recorded on the national data collection system, the Pathway Accommodation and Support System (PASS), in particular, the single 'chronically homeless' people documented in the literature. Only a minority of those who experience homelessness, in the absence of a resolution to their residential instability, make extensive use of a range of expensive emergency services. The paper concludes that more efforts are required to address the needs of this distinctive group so that they can break the institutional circuits and residential instability that they experience, including admission and re-admission to psychiatric in-patient facilities and other emergency and temporary living arrangements.*
- **Keywords** *Single people experiencing homelessness, psychiatric in-patient admissions, mental health, institutional circuit, Ireland*

Introduction

With the introduction of a national data collection system PASS (Pathway Accommodation and Support System) in 2014 for people utilising central and local government funded accommodation services, a reasonably accurate estimate of the extent and characteristics of people experiencing homelessness in Ireland is now possible.¹ Prior to the introduction of PASS, data on the extent of homelessness nationally, and the characteristics of people experiencing homelessness came from periodic assessments of housing need conducted by local authorities, and cross-sectional survey data, primarily carried out by NGOs (see O'Sullivan, 2008 for an overview of this literature). Routinely collected administrative data such as PASS can help to generate a picture of those who are experiencing homelessness, their routes into homelessness and sources of exits. A further source of routinely collected data on those who are experiencing homelessness is the National Psychiatric In-Patient Reporting System (NPIRS) which gathers data on admissions to and discharges from psychiatric hospitals and units and includes data on those, somewhat archaically termed, of no fixed abode (NFA). While not a dataset of people experiencing homelessness *per se*, the NPIRS system can provide some insight into the use of psychiatric in-patient services for those recorded as NFA.² This research note utilises these two sets of data to offer support for the 'institutional circuit' thesis offered by Hopper *et al.* (1997) some 20 years ago, which argued that homeless shelters and allied forms of temporary accommodation do little to arrest residential instability, rather they perversely perpetuate and maintain people in an endless loop of expensive unstable short-term residences in a variety of institutional settings.

¹ These data are generated by the PASS (Pathway Accommodation & Support System), a national bed management system for homelessness services, and allow for a monthly report on the number of households in designated homeless accommodation, starting in April 2014 and broken down by gender, age, and nature of accommodation. These data provide information only on households in specific state homelessness accommodation. Accommodation for those persons escaping domestic violence—a total of 21 residential services with a bed capacity of approximately 250— have been transferred from Housing Authorities to a separate Child and Family Agency, and have therefore not been enumerated in the monthly data, since January 1, 2015. Thus, the data on homelessness provided by the PASS system underestimate the extent of family homelessness.

² The NPIRS collects data on admissions to and discharges from psychiatric in-patient facilities both public and private. These data have been collected and reported on since 1963. The NPIRS system records the address from which the individual is admitted i.e. the address at which the individual was residing at the time of admission to hospital. No fixed abode (NFA) is recorded if the individual does not have an address. Those admissions that had NFA recorded as their living arrangement were extracted for the years under investigation. The data were analysed using SPSS.

Single Homelessness and the 'Institutional Circuit'

Starting with the pioneering work of Kuhn and Culhane (1998), researchers have applied cluster analyses to time series data on shelter admissions in welfare contexts as diverse as the United States, Canada, Denmark and Ireland (Kuhn and Culhane, 2008; Aubry *et al.*, 2013; Benjaminsen and Andrade, 2015; Rabinovitch *et al.*, 2016; O'Donoghue Hynes *et al.*, 2018). Their results showed a clear and consistent pattern whereby approximately 80 percent of emergency shelter users were transitional users, in that they used shelters for very short periods of time or a single episode, and did not return to homelessness (Brown *et al.*, 2017). A further 10 percent were episodic users of shelters, in that they used emergency shelters on a regular basis, but for short periods of time, and the remaining 10 percent were termed chronic or long-term users of emergency shelter services. Although a small percentage of those experiencing homelessness, chronic or long-term users can use up to 50 percent of emergency homelessness beds.

For example, in the case of Dublin, cluster analysis of PASS data shows that 853 single adults were long stay or chronic shelter users, comprising 9 percent of all users, but used 47 percent of all bed nights between 2012 and 2016, staying for an average of 809 nights. Episodic users, comprising of 1,176 adults accounted for 12 percent of shelter users, but consumed 18 percent of shelter bed nights, staying an average of 231 nights. Thus, 21 percent of shelter users, the chronic and episodic, accounted for 65 percent of all bed nights during the five years between 2012 and 2016 (O'Donoghue Hynes *et al.*, 2018). On the other hand, 7,520 single adults or 79 percent of all shelter users used the shelter system on a short-term temporary basis, staying for an average of 68 days and consuming 35 percent of all bed nights.

Research evidence also suggests that long-term single shelter users and people rough sleeping, also tend to be heavy users of criminal justice services, drug and alcohol services and health care including mental health services, leading Pleace and Culhane to conclude that 'long-term/repeated homelessness is economically expensive' (2016, p.15). Recent research in Ireland (O' Farrell, *et al.*, 2016) showed that the number of emergency hospitalisations among those experiencing homelessness has increased significantly in the last ten years and that the majority of these (57%) had a mental or behavioural diagnosis. Males outnumbered females by a ratio of 5: 1 and the mean age was 40.6 years. In a study of presentations to hospital emergency departments for self-harm acts between 2010 and 2014 across Ireland, Barrett *et al.* (2018) found that homeless people accounted for 3.9 percent of all admissions and were predominantly male and living in Dublin. A further cross-sectional study in a large Dublin hospital (Ni Cheallaigh *et al.*, 2017) identified a similar pattern, with males representing nearly 80 percent of homeless emergency department attenders, and

a mean age of 39 years for all homeless emergency department attenders. The profile of those using emergency department services suggests that they are in the main, chronically or episodically homeless, a relatively small proportion of the overall homeless population, but heavy users of various costly services.

For those single persons experiencing long-term and episodic homelessness, Hopper *et al.* (1997) note how they traverse through a range of different residential institutions, from emergency accommodation to prisons and psychiatric hospitals, in an endless loop through an 'institutional circuit' of congregate facilities ostensibly with distinct functions such as correcting, rehabilitating, or resocialising, but actually all serving similar functions in maintaining single marginal men and women in a perpetual state of residential instability. Based on qualitative interviews with 36 single adults (26 males and 10 females) with severe mental health problems, they identified a number of functions of the 'homeless shelter'. For some, these shelters were sites of discharge from custodial and medical institutions, and in many cases regular bridges between these institutions and community. For others, shelters were temporary short-term sites that maintained the residential instability of the users rather than resolving it, as they simply were one of a number of temporary sites periodically utilised in the absence of secure accommodation. In particular, they argue that homeless shelters, rather than alleviating homelessness, 'may have the perverse institutional effect of perpetuating rather than arresting the "residential instability" that is the underlying dynamic of recurring literal homelessness and that so often harries the lives of persons with severe mental illness' (1997, p.660). Metraux *et al.* (2010) in a study of first-time shelter users in New York in the late 1990s found that 28 percent had been discharged from institutional care (medical and custodial) within 90 days of their shelter entry. The services offered to those on the 'institutional circuit' often do not match their needs, leading to refusal of services, which can reinforce a perception amongst service providers that such individuals are service resistant or irrational (Luhmann, 2008). In the case of single women in Dublin, Mayock *et al.* (2015) highlight they are 'marked by a reliance on individuals and institutions to provide housing and by the ongoing instability arising from highly disruptive and often abusive episodes' (2015, p.894).

'A Vision for Change' the current policy document on mental health services in Ireland also notes this phenomenon, identifying a drift between 'institutional circuits' (Department of Health and Children, 2006: 143) that include mental hospitals, shelters and the street. Gaps in provision include lack of access to appropriate services and the catchment-based nature of mental health services. Indeed, the deinstitutionalisation of patients from psychiatric hospitals from the 1960s was often cited as a contributor to the emergence of the 'new homelessness' from the early 1980s (Shlay

and Rossi, 1992; Lee, *et al.*, 2010). However, more rigorous analyses demonstrate that 'making empirical connections between deinstitutionalisation and homelessness' is difficult to demonstrate (Montgomery *et al.*, 2013: 61).

In the case of Ireland, the number of patients in psychiatric hospitals has declined, more or less, continuously since the early 1960s from 19,422 in 1960 to 2,408 in 2016 (Walsh, 2015; Daly and Craig, 2016). A number of Irish studies have suggested that homeless people exhibit relatively high levels of mental health difficulties; Keogh, *et al.* (2015, p.3) state that up to 70 percent 'had received a formal diagnosis of a mental health condition' (2015, p.3). On the other hand, some commentators have argued that the research on homelessness has inflated the link between such pathologies and homelessness (e.g. Snow *et al.*, 1994). Indeed, Montgomery *et al.* (2013, p.68) concluded that 'the research supports there being nothing inherent to serious mental illness that leads to homelessness, rather this link is mitigated by the economic difficulties that often accompany living with mental illness in the community'.

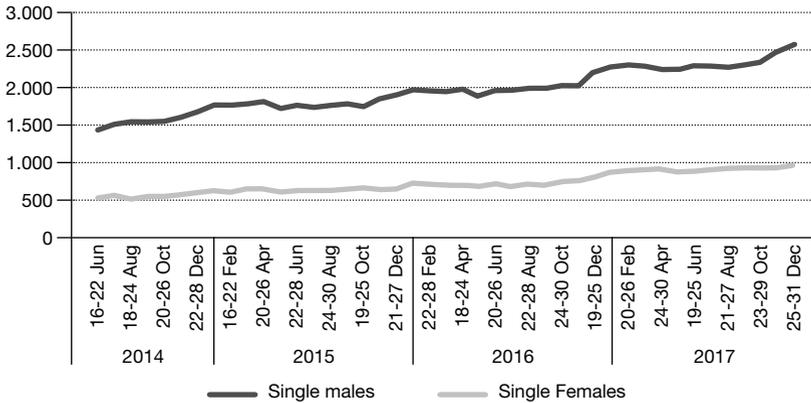
Adults Utilising Homeless Accommodation Services and Irish Psychiatric Units and Hospitals

PASS

The PASS data show a 122 percent increase nationally in the number of adults in emergency accommodation services between April 2014 and December 2017, from 2,477 to 5,508. In terms of household composition, 64 percent were single without accompanying child dependents, 20 percent were couples with accompanying dependent children, and the remaining 16 percent were single adults with accompanying dependent children. Over 90 percent of the single adult households with accompanying dependent children were female headed. Just over 3,000 accompanying child dependents were in various types of emergency accommodation in December 2017. Between mid-2014 and the end of 2017, approximately two-thirds of all homeless adult households in Ireland were in emergency accommodation in Dublin. Forty-two percent of homeless adults in emergency accommodation in Dublin were with accompanied dependent children, in comparison with just over 22 percent outside of Dublin.

In percentage terms, nationally, the number of single people experiencing homelessness has declined from 82 percent of those utilising homeless accommodation to 64 percent (but down to 58 percent in Dublin from 78 percent in April 2014), reflecting the dramatic increase in family homelessness in Ireland in recent years (see O'Sullivan 2017). In real terms, there were 3,544 single people in emergency accommodation services in Ireland in December 2017, up from just under 2,000 in April 2014 (see Figure 1).

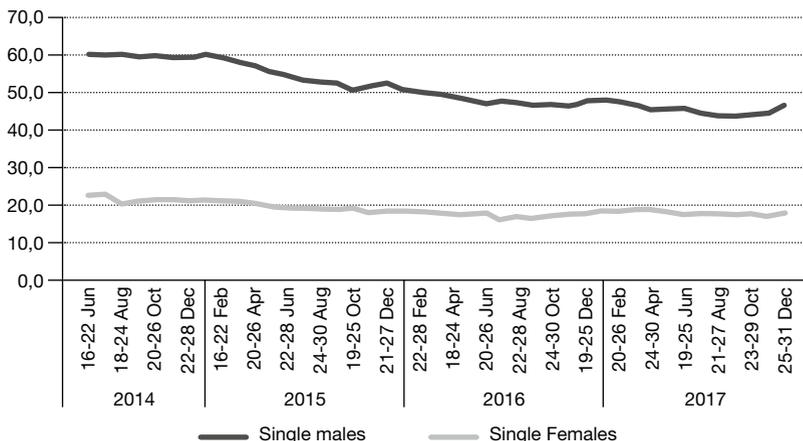
Figure 1: Single Persons Experiencing Homelessness in Ireland, April 2014-December 2017



Source: Department of Housing, Planning and Local Government (2017) Homelessness Reports. <http://www.housing.gov.ie/housing/homelessness/other/homelessness-data>

Roughly three-quarters of these are male – a figure that has remained stable since the PASS data collection system commenced. Of note is that the rate of increase of homelessness amongst singles is roughly the same for single males as it is for single females, despite divergent starting points. While the growth in family homelessness, (particularly in Dublin, where in December 2017 there were 1,121 families with 2,385 dependents residing in a variety of hotels, family hubs, and other emergency accommodation) has generated considerable policy and media attention, it remains the case that the majority of those utilising homeless services are single, and single males account for 47 percent of all adults who are in emergency accommodation in Ireland (see Figure 2).

Figure 2: Single People Experiencing Homelessness in Ireland as a Percentage of all Homeless Adults(%)



Source: Department of Housing, Planning and Local Government (2017) Homelessness Reports. <http://www.housing.gov.ie/housing/homelessness/other/homelessness-data>

Despite the relatively short time frame – mid-2014 to December 2017, a growing feminization of homelessness is evident, particularly in Dublin, where by the end of 2017, nearly 45 percent of all adults in emergency accommodation were female, compared to 37 percent in mid-2014. This is largely driven by the increase in adults with accompanying child dependents as noted above. In December 2017 there were 395 single adult females in emergency accommodation outside of Dublin and 574 in Dublin, a total of 967, an increase of over 60 percent from the figure in April 2014.

The number of people sleeping rough in Dublin (data on rough sleeping is not routinely collected outside of Dublin), based on point-in-time counts conducted twice a year since 2007, averaged 108 over the past decade, are predominantly single, male and a high proportion are non-Irish nationals. Contacts with outreach services suggest that between 350 to 450 people sleep rough per quarter over the past 4 years. The majority of people sleeping rough also used emergency shelters, with only 20 percent not accessing emergency shelter services over the period 2012-2016.

By the beginning of 2018, some 2,200 shelter beds were provided for adults in Dublin, up from approximately 1,000 beds in the mid-1980s, with the majority of these beds allocated to single adult males. In Dublin alone, an additional 243 mainly temporary shelter beds were opened in December 2017 – January 2018, operated

by NGO providers. Over the past 4 years, an additional 900 shelter beds were opened, and the annual statutory funding to emergency shelters in Dublin doubled from just under €19m in 2004 to €38m in 2017.

In addition to the increase in emergency shelter beds funded by the State, but provided by NGOs, there was also a rapid growth in the number of adults experiencing homelessness, particularly adults with accompanying child dependents, being placed in hotels and B&B type private accommodation, initially on an emergency basis, but gradually becoming long-term in many cases. Nationally the number of adults in such accommodation increased from just over 800 in mid-2014 to nearly 2,300 by December 2017, accounting for over 40 percent of all emergency bed placements nationally. In Dublin, there was an average of 1,500 adults with 2,300 accompanying child dependents in hotels and B&B type accommodation each month during 2017, at a cost of €61m. To reduce the number of households with children being placed in hotels and B&Bs, during 2017, 437 beds were opened in Dublin and 50 outside Dublin in what were termed 'Family Hubs' – essentially congregate transitional accommodation. In Dublin, just under 200 of the beds in these Hubs were in new facilities operated by NGOs, the remaining were existing commercial hostels and B&Bs that were reconfigured and redesignated as Family Hubs with refurbishment costs estimated at in excess of €60m.

NPIRS

There were 2,176 admissions recorded on NPIRS between 2007 and 2016 (Table 1) that had NFA recorded as their accommodation status. This figure rose from 188 in 2007 to 271 in 2016, an increase of 44% in that period. Numbers rose steadily each year with the exception of a small decline in 2010-11.

The data show much larger proportions of males than females for all years. This is consistent with the PASS data for the last three years for the chronically homeless. Half of admissions were in Dublin (1,089: 50%). Most of the cohort was single (1,643: 75.5%). With regard to the age profile of those admissions with NFA, over one third (763: 35.1%) were in the younger 25-34 years age category and one quarter (568: 26.1%) were in the 35-44 years age category and 370 (17%) were aged 45-54 years on admission. Almost half (49.1%) of the admissions with NFA recorded in the period 2007-2016 were less than 35 years of age and over 90% (92.2%) were less than 55 years of age. Findings on employment status show that not surprisingly, the majority of those within the NFA cohort are unemployed (1,640: 75.4%). The demographic profile of the admissions examined is consistent with the chronically homeless population referred to earlier.

Table 1 Characteristics of 2,176 admissions with NFA as accommodation status to psychiatric hospitals and units, 2007-2016

	No.	%
Total	2,176	100
Gender		
Male	1,598	73.4
Female	578	26.6
Age		
Under 25 years	305	14.0
25 -34 years	763	35.1
35-44 years	568	26.1
45-54 years	370	17.0
55 years +	170	7.8
Marital status		
Single	1,643	75.5
Married	85	3.9
Divorced/widowed	94	4.4
Other	208	9.5
Unknown	146	6.7
Employment status		
Employed	175	8.0
Unemployed	1,640	75.4
Student	49	2.3
House duties	24	1.2
Retired	48	2.2
Unknown	240	11.0
Year of admission		
2007	188	8.6
2008	179	8.2
2009	223	10.2
2010	202	9.3
2011	159	7.3
2012	174	8.0
2013	246	11.3
2014	253	11.6
2015	281	12.9
2016	271	12.5

Source: NPIRS data 2007-2016

In NPIRS, diagnosis is recorded for cases on admission. Table 2 shows the main diagnostic categories for the NFA cohort. For the 10-year period, the key diagnoses recorded are schizophrenia (621, 28.5%), other drug disorders (333, 15.3%) and alcoholic disorders (257, 11.8%). This differs from the national profile of admissions where depressive disorders was the most common diagnostic

category in 2016 at 27% of all admissions that year followed by schizophrenia at 19.8%. In 2016, the year for which most up-to-date data are available, the proportion of admissions for other drug disorders and alcoholic disorders were 5.5% and 7.3% respectively, which are substantially lower than those for the cohort with NFA recorded (Daly and Craig, 2017).

Table 2 Treatment characteristics of 2,176 admissions with NFA as accommodation status in psychiatric hospitals and units 2007-2016

	No.	%
Total	2,176	100
Legal status		
Voluntary	1,824	83.8
Non-voluntary	352	16.2
Previous admission		
First admission	735	33.8
Re-admission	1,441	66.2
Diagnosis on admission		
Organic Mental Disorders	9	0.4
Alcoholic Disorders	257	11.8
Other Drug Disorders	333	15.3
Schizophrenia, Schizotypal and Delusional Disorders	621	28.5
Depressive Disorders	258	11.9
Mania	149	6.8
Neuroses	97	4.5
Personality/Behavioural Disorders	212	9.7
Other and Unspecified	239	11.0
Location		
Inside Dublin	1,089	50.0
Outside Dublin	1,087	50.0
Length of stay		
Under 1 week	955	47.2
(of which 1 day or less)	(318)	(33.3)
1 week – 1 month	683	32.4
1-3 months	329	15.6
3 months +	81	3.8
Hospital type		
General hospital psychiatric unit	1519	69.8
Psychiatric hospital	640	29.4
Private hospital	17	0.8

Source: NPIRS data 2007-2016

The NFA cohort therefore differs from the national profile of admissions to psychiatric hospitals and units. NPIRS records the legal status of each individual on admission and whether an admission is voluntary or involuntary. The majority of admissions for the NFA cohort were voluntary (84.4%).

As well as recording all admissions, NPIRS also records whether admissions were first admissions or re-admissions. This is relevant when considering the range of options that exist for the treatment of mental health issues in the cohort with NFA. Table 2 shows that almost two-thirds (1,441, 66.2%) of admissions in the period 2007-2016 were re-admissions which suggests that the NFA cohort are availing of in-patient psychiatric services on a more than once-off basis. However, without a unique identifier it is not possible to establish the frequency of re-admissions per person.

Length of stay was examined for the NFA group to assess the time spent by this cohort in an in-patient setting. The findings show that a large proportion of the NFA group (955, 47.2%) remained for less than one week and of that number, about a third stayed for a day or less.

When the year on year data are examined, the findings are similar to looking at the cohort overall. The majority of admissions with NFA are male and that this trend has not altered in the last ten years. Similarly, the marital status of those admitted to psychiatric hospitals and units are mainly single. With regard to the legal status of admissions for this group, most are voluntary admissions although there has been an increase in the number of involuntary admissions among this grouping since 2013. Similarly, there is an increasing number of re-admissions recorded on NPIRS for those with NFA since 2014, suggesting that the institutional circuits frequented by this cohort of the homeless population may indeed include psychiatric in-patient facilities.

Conclusion

The NPIRS data show that the number of admissions with NFA recorded has increased over the last decade, but that their characteristics are largely unchanged. Most of those with NFA were younger males, single and admitted for short periods of time, largely on a voluntary basis with diagnoses of schizophrenia or disorders related to alcohol and drug misuse. Their profile varies from the national picture of psychiatric in-patient admissions. The ratio of males to females admitted is broadly similar to singles data from PASS, with females accounting for approximately one in four single persons on PASS and NPIRS. Notwithstanding the limitations of the NPIRS that it is based on admissions rather than individuals, and that there is not currently a unique identifier, the research highlights the value of collecting routine administrative data over longer periods to help identify groups within the homeless population with specific health care or other needs.

Both the PASS and NPIRS data suggests support for the 'institutional circuit thesis' outlined by Hopper, *et al.* (1997), with a distinctive cohort of largely single unemployed males between the ages of 25 and 55 entering and re-entering psychiatric facilities on a voluntary basis for short periods of time, and an increasing number of single males entering shelters designated for people experiencing homelessness.³ This is certainly suggestive of a cohort making use of a larger range of facilities that offer emergency or short-term congregate accommodation, endlessly or episodically moving around an institutional circuit of homeless, mental health and criminal justice services, without ever resolving what is in essence their inability to acquire secure permanent accommodation with the supports required to maintain residential stability. The data suggests that they fit the episodic profile identified by Culhane and others. Within this cohort, variations in patterns are likely to be observed between males and females, and older and younger users, and more detailed research utilising linked administrative data (Culhane, 2016) and qualitative research (Mayock *et al.*, 2015) will be required to tease out these variations.

Understanding homelessness as residential and economic instability should encourage policy makers to devise responses that makes housing with supports available to those who otherwise will continue to traverse, temporary but extraordinarily expensive responses to this instability. The overwhelmingly positive outcomes in a range of jurisdictions that have housed people, who had experience of entrenched homelessness, through Housing First programmes, (Cherner, *et al.*, 2017; Padgett *et al.*, 2016), demonstrates that there are viable alternatives to the

³ The number of single females utilising these facilities is significantly less than the number of males, but this is consistent with the under-representation of females in such administrative data (Pleace, 2016), with females utilising a range of informal sites and thus 'hidden' from datasets such as used in the research note.

current practice of maintaining this particular group of people experiencing homelessness in costly institutional sites. Our knowledge of the costs of maintaining people in homelessness, via the provision of congregate emergency and temporary accommodation demonstrates that it is both fiscally responsible and ethically justifiable to provide evidence-based housing responses to people experiencing long-term homelessness, with supports where necessary (Parsell, *et al.*, 2017). A Housing First demonstration project was established in Dublin in 2011, and following a positive evaluation (Greenwood, 2015), a Dublin Housing First Service was launched in 2014 with a target of 100 tenancies for those experiencing chronic homelessness. This was expanded in 2016 to a target of 300 tenancies for Dublin and 100 in Cork, Galway and Limerick, and in 2018 to a national target of over 700 tenancies by 2021. The high retention rate in the existing Housing First tenancies in Dublin, consistent with evaluations of Housing First in other jurisdictions, suggests that the provision of permanent supported housing (Rog *et al.*, 2014) can successfully break the institutional circuit.

Finally, the potential of administrative data to understand patterns of homelessness, to identify specific sub-groups and to respond rapidly to emerging issues is gaining increasing traction. While gold standard methodologies such as Randomised Control Trials have been highly influential in understanding the success of Housing First, they tend to be expensive and can take up to a minimum of two years from project inception before robust results are available. There is an emerging view that 'research that harnesses linked administrative data can assist in guiding and evaluating the impact of more integrated solutions to ending homelessness' (Wood *et al.*, 2017, p.45). In addition, understanding transitions, both developmentally and through institutions and services, is crucial in understanding homeless pathways, and administrative data has the potential to contribute to leading-edge research and to evaluate the impact of research on policy and practice.

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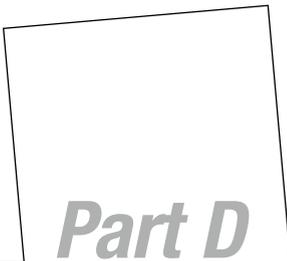
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Book Reviews



Part D



Crisis (2018)

Everybody In: How to End Homelessness in Great Britain

https://www.crisis.org.uk/media/238960/everybody_in_how_to_end_homelessness_in_great_britain_2018_es.pdf

There is always a danger that we make the aim of ending homelessness more complex than it needs to be. Essentially, people become homeless because of failings in public policy. Homelessness is the label under which people failed by migration and asylum policies, social welfare policies, domestic abuse strategies, housing policies, care for young people at risk, mental health etc. all come together.

It is partly because homelessness arises from failures in such a broad range of policies that solutions seem complex. It also makes it more convenient to address homelessness by focussing on 'fixing' the individual affected by homelessness rather than the systems that brought about the homelessness. Any plan to end homelessness needs to identify policy changes required as well as enabling a person centred solution for each individual.

'How to End Homelessness in Great Britain' is a daunting tome. A huge effort has been put into bringing together in one volume the state of knowledge about homelessness in three of the four parts of the United Kingdom. Given the size and scope of the document, it is surprising that the experience of Northern Ireland (legislation, statistics, strategies and recommendations for action) is not included. Northern Ireland has some unique characteristics (including managing a sectarian element in its history which has affected homelessness and housing policy, a Northern Ireland Housing Executive which was able to manage housing across the province and homelessness strategies which were different to the other three parts of the UK).

Despite that surprising omission, the document brings together a large amount of information on what is known about housing and homelessness in Great Britain. It does that very well. Although much of the document is a drawing together in one place what is already known, it also includes some interesting cost benefit analysis over 10 years of implementing its recommendations. Without wanting to spoil the

impact of this, unsurprisingly, it shows that there is a net financial benefit to tackling homelessness effectively. That is new work and a useful tool to assist in making the case for investment in long term solutions for homelessness.

The report describes itself as a 'plan.' In that respect, it is less successful. It makes a series of recommendations for both the UK government and devolved governments but without converting them into a plan. There are a series of recommendations for the UK and devolved governments mainly comprising a list of proposed legislative changes, but without clearly linking them to a plan. The changes would all be beneficial in tackling homelessness more effectively, but there is no analysis of whether they all need to be implemented simultaneously, or the impact of implementing some of them, but not others, or indeed the impact of implementing a change in one part of Britain on the other parts. For example, would abolishing 'local connection' rules in one part of the UK simply shift the issue to other parts?

This is not to underestimate the value of this wide ranging report, which is extremely useful as it stands. In its next iteration, however, it would be helpful to transform the series of valuable recommendations into a clear plan for implementation which recognises and addresses the potential pitfalls during the transition from where the three parts of the UK are now to where they should be at the end of the plan.

Whilst it is clear that there was very significant consultation from a range of relevant agencies, including people with experience of homelessness, in developing the report, which enriches its recommendations, there are very few recommendations aimed at agencies other than government.

Having been involved in developing the Scottish homelessness strategy in the early 2000s, our view was that government at local level could be the engine of change far quicker and more effectively than simply national government (though legislation was needed to reinforce the necessary changes). There are very few recommendations aimed at either local government or indeed the NGO sector. There is a welcome recognition in the report that it is not a static document but will need to develop. It would be valuable to develop a strategy for action amongst NGOs and local authorities as well as central government as the plan moves to maturity.

I spoke recently with a senior housing official in a Scottish local authority about the report who said he had a copy of it in his office but was less forthcoming when asked if he had either read it or used it. That is one of the issues with the report. It is extremely worthy, very comprehensive but not very user friendly. Nor is it clear who, other than civil servants in government departments, is expected to use it.

Homelessness charities are caught in the dilemma of having to prove they are needed and bidding for funds against the declared aim of most of them to be unnecessary in the medium or long term. The report raises the dilemma of charities

whose fundraising strategies often reinforce negative and counterproductive stereotypes of their beneficiaries in order to maximise funds. The report's authors make a welcome commitment to changing their own narrative to address this and urge others to follow suit. Very commendable, but there is no plan in the document aimed at the NGO sector to make this fundamental change.

The report identifies a need to change hearts and minds of the general public and to develop a more coherent and sophisticated understanding of the importance of homelessness prevention, the range of circumstances which constitute homelessness and sustainable solutions. Whilst undoubtedly that would be helpful in general terms, it is unclear what role that would have to play in a plan which is essentially about changing legislation. Ensuring those who need to be influenced have a good understanding to implement good legislative change is essential. Ensuring the general public have a better understanding of homelessness is not essential for implementation of that part of the plan (though a useful aim).

One question in my mind when I read this comprehensive but fairly lengthy report was to what extent it is a pitch for continued funding and to what extent it meets the declared aim of seeking to end homelessness. It is a legitimate role for any NGO to seek to make a pitch for new projects and future funding.

It does a bit of both. It sets out a clear path for the authors to seek funding for projects. Critical Time Intervention is mentioned very frequently as a means of addressing homelessness for certain groups in certain circumstances. It is, of course, a useful approach to explore further but the number of times it appears in the narrative and recommendations may overstate its potential contribution. It sits half way between an objective proposal for development and a pitch for funding for projects.

The danger in producing such a comprehensive report is that reviewers will always be able to find something that is missing. I hope that in its next iteration it might explore in its recommendations relating to private renting, a means of dealing with short term letting (such as Air B&B) which has grown dramatically in many tourist related towns and cities across the world and whose unrestricted growth has led to a reduction in private rented housing available for permanent housing.

There are elements in the report that are not helpful. It uses a new definition of homelessness splitting it into 'core' and 'wider' homelessness. It seems to complicate the issue unnecessarily when the ETHOS definition is already widely used and easily understood.

Other elements would benefit from further development as the document develops into a plan. It would be helpful to include a gendered analysis of homelessness and solutions. A more nuanced approach to the balance between the benefits of data

linkage and the implications for the privacy and civil liberties of homeless people needs to be developed. A less blatant approach to seeking funding for particular organisations. (It suggests in several places that a particular organisation be funded to undertake some work).

It would be really useful if work could be developed to tackle the problem identified in the report that investment by one department (e.g. housing) can lead to substantial savings in another area (e.g. health or criminal justice), yet the benefits are simply absorbed by health or criminal justice and not reinvested in the prevention of homelessness.

The amount of work and the number of people involved in developing this report should not be underestimated. It is a very useful bringing together of the state of knowledge about homelessness in Britain. I look forward to the next version which should translate the recommendations, statistics, projections and understanding into a workable and useable plan.

Robert Aldridge

Prashan Ranasinghe (2017)

Helter Shelter: Security, Legality and an Ethic of Care in an Emergency Shelter

Toronto: University of Toronto Press, pp.288, \$25.46

Prashan Ranasinghe, in this book based upon his fieldwork in a Canadian homeless shelter, offers the reader fair warning early on when he asserts that:

Although a key subject of this book concerns visible poverty and although it is most plausible that many (even most) of the clients of the shelter are homeless – an ambiguous term in its own right – in the broadest sense, this is not a book about homelessness or the homeless per se and is not intended to be read in such a light (or, at least, not only in this light) (p.13).

A book called *Helter Shelter* that is not about homelessness? In the passage quoted above, he makes for enough wiggle room so that there may be some clever paradox here that awaits resolution, or perhaps a promise of deeper, more universal insights emanating from the time he spent at a homeless shelter. After all, a book about a shelter should be, at least to some extent, about homelessness. Given this, the ability of Ranasinghe to wriggle out of his statement will become the measure of the book's relevance for readers of a journal on homelessness.

The first chapters, if not about homelessness, are about the homeless shelter, featuring the place, facility and staff as primary dimensions of a setting where "chaos is the norm" (p.122). The shelter appears as a miserable place, with descriptions of common areas where accommodating garbage bags took precedence over making room for people, restrooms devoid of hygiene and privacy, food that fattened and malnourished, and sleeping areas in which communal noises and smells discouraged actual sleep. Ranasinghe describes the shelter staff as committed to what he calls an "ethic of care," even as they were beset by low morale amidst precarious personal security, intra-staff factionalism, and "deployment of care [described as] the routine, the boring, and the ridiculous" (p.97).

The cleavage here between homelessness and homeless shelter comes from Ranasinghe's avoidance of the resident perspective. What mentions there are of those who are sheltered are either offhand or taken from staff accounts. The reader gets introduced to those staying in the shelter in the second chapter as a crowd at the front entrance:

Men of all ages, disheveled, raggedly attired – the bare chest is a commonality – usually drunk, sometimes on crack cocaine, loudly conversing with, even berating, each other with incessant profanities and other vulgarities. The air is often filled with a thick layer of smoke from the voluminous cigarette consumption that makes even standing around a sickening experience (p.23).

This will be as close as Ranasinghe ever brings the reader to anyone who is homeless. Instead, Ranasinghe largely depends on staff accounts of shelter residents, where the dominant perspective holds them as entitled, overfed and ungrateful. Ranasinghe internalizes this perspective, charging that the shelter has unwittingly enabled a "coddling-entitlement nexus" and a "culture of dependency" (p.31). Such pronouncements are extraordinary in their naiveté, as (despite an Oscar Lewis cite) he seems oblivious to the contentious nature of his summary judgments. More telling, however, is how this underscores Ranasinghe's keeping shelter residents at arm's length, as though homelessness is a topic he would prefer to avoid despite the awkwardness of pursuing such a tack in a homeless shelter.

This apparent discomfort with directly engaging homeless perspectives grows stronger when, in subsequent chapters, Ranasinghe eschews delving deeper into the previously described chaos and dysfunction in favour of the more ethereal route of mapping the scene in academic abstractions. Here the good intentions that he assures the reader are present in the staff become an elusive "ethic of care." Despite this being the primary concept holding together the order of Ranasinghe's shelter, he never gets more specific about the nature of this ethic beyond a polysemic (his term) intent "to serve and help those in need" (p.225). This ethic is beset by a countervailing set of legalized, securitized and gendered mechanisms that subvert and contort this ethic of care and ultimately render it unrecognizable.

The extent to which this study of shelter dynamics contributes to bodies of literature on securitization, legalization, and gender is for another reviewer to assess. Looking at the converse, couching this narrative in largely academic topics offers an unwarranted degree of complexity in explaining basic components of shelters such as the preponderance of rules (legalization), conflicting currents of engagement and safety (securitization), and relationship between staff diversity and interaction with shelter residents (gender). This means the reader who is interested in homelessness must slog through text such as this, where he describes his intent, in chapter 6 to:

explore and explicate the reciprocal relationship between gender and security: gender shapes and produces security, which concomitantly reshapes and reproduces gender. This reciprocity is paramount to understanding the order in the shelter. The order in the shelter is a product of the gendered nature of security, which, by extension, leads to and sustains an ethic of care, itself gendered (p.156).

Even the intellectual argument falls apart in the book's conclusion, where (spoiler alert) on the second to last page Ranasinghe departs from his efforts to explain the chaos of the shelter and takes an abrupt, functionalist turn in asserting that "the system works" in that "the care delivered in the shelter is uncomfortable and can only be so" (both p.231). Ranasinghe ends with the unsupported platitude that this "is the best that this site, in these conditions, can offer" (p.232). Were this a book about homelessness, he might have contrasted his shelter as chaos narrative with current best practices in homeless services that seek to do better. This includes less restrictive, low-demand versions of shelter that are supplanting the overly structured model portrayed here, as well as housing first approaches that scuttle shelters altogether. Instead, this final disconnect confirms his initial assertion that this is not, in fact, a book about homelessness.

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Marjorie Lelubre (2017)

Le prix de l'insertion: accompagner vers le logement comme solution au sans-abrisme [The Price of Integration, Social Guidance Towards Housing as a Solution for Homelessness]

Paris: L'Harmattan, pp.228, €24.50

In this qualitative research, care relationships are examined, both from the perspective of the homeless client and that of the care providers. For three years, a group of clients was followed and periodically interviewed. The research includes: a historical analysis of homeless care in the Walloon region, an analysis of social and housing measures with regard to homeless people and an effect analysis of measures aimed at social integration.

Belgium is a highly regionalized country and has three regions: Wallonia, Brussels and Flanders. Competences such as well-being and housing belong to the regions, which means that the homelessness policy per region can vary considerably in Belgium.

This research took place in the Walloon region. In the first chapter, we get an overview of the development of homeless care since the abolition of the law on vagrancy in 1994. The abolition of this law meant that vagrants were no longer locked up and municipalities and NGOs became responsible for their reception. A penalizing approach was replaced by a social approach.

Characteristic for Wallonia is that social networks were set up in 2003 (the Relais Sociaux): partnerships between the larger cities and the NGOs in the region. It was realized in Wallonia that local cooperation is essential to be able to conduct a proper policy against homelessness. Even today, the 'Relais Sociaux' are still important. For example, they are the carriers of new initiatives such as housing-first in the region. This does not mean, however, that the policy against homelessness in Wallonia is completely free of criticism. The excessive emphasis on emergency shelters means that more housing-led or preventive solutions are more difficult to get off the ground.

However, the core of the research deals with the guidance relationship between the homeless person and the care provider. The quality of this relationship is essential for good social work. Government measures can promote this quality, but also impede it. An example of the latter is the 'social integration contract'. Although a positive policy measure, it remains a contract between unequal parties and putting everything on paper does not belong to the world of the clients.

However, clients also need to invest in this relationship: assistance also requires efforts and investments from the client. That is what the researcher means by the title of her research: the price of integration. Counselling requires a mutual commitment from the care provider and client to achieve the guidance goals. Trust is essential, but also the availability of house visits, negotiation, appreciation, etc.

There are three reasons to read this book.

First, it provides a thorough insight into the development of homeless care in Wallonia. In particular, the Walloon Relais Sociaux model may also be relevant for readers from other countries. One of the critical success factors for implementing an effective policy against homelessness is the quality of local cooperation. Wallonia has a legitimate regulated model that has proved its worth.

A second reason to read this book is that the client's perspective is also explicitly addressed in the research on the assistance relationship. As a result, emergency workers are held up to a mirror, which can promote their awareness. The visualization of the client's perspective also makes the research relevant for practice.

Finally, the book may also be of interest to researchers who are looking for a methodology to study aid relationships, which are complex and aspects of which are difficult to measure.

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Paolo Molinari and Anna Zenarolla (Eds.) (2018)

***Prima la casa: la sperimentazione
Housing First in Italia [Home First.
The Housing First Experimentation in Italy]***

Rome, Milan: Franco Angeli, pp.254, €30

This book is based on the Network Housing First Italy (NHFI) experience. This was promoted by Fio.PSD (the Italian federation of bodies for homeless people) to help launch a Housing First (HF) approach in Italy by supporting NGOs (associations, social cooperatives, local Caritas) in local HF projects that are building social innovation through continuous comparative and social research.

A special acknowledgment must go to the editors, Paolo Molinari and Anna Zenarolla, who build a useful framework for understanding the potential of this approach in Italy. The book conveys the passion and competence developed and nurtured by a “bottom-up” approach by professionals involved in the NHFI. Despite the Italian welfare system’s structural and legislative limits, the HF approach is growing.

Zenerolla contextualises the structural challenges facing the use of HF in Italy, which make it difficult to apply the founding criteria upon which HF was founded. Such challenges include the diversity of regional and intra-regional welfare systems, fragmentation of services, and narrow perspectives on poverty and homelessness. By comparison, HF “proposes to make a real reversal (...) with a unified policy vision to address homelessness, inside a model based on person centrality and integration between sectors, institutions, organizations and operators “(p.85).

This book is also the story of the innovative function of a Scientific Committee (which includes the editors) in the Italian homelessness area, called to evaluate and validate NHFI methods and outcomes. They (often) highlight the limitations of the assessment tools and the difficulty in comparing very different experiences due to the diversity of target groups, local welfare systems, and quantity and quality of available economic and professional resources.

The book consists of three sections, the first describes data that the NHFI gathered between March 2014 and December 2016, the second discusses monitoring and evaluation of the HF projects; and the third section explores the impact of HF on beneficiaries, operators and the territories involved.

In the first section's extensive description of the experimentation of HF in Italy, some noteworthy features include:

- of 54 NHFI NGOs members, almost 50% are small NGOs (reflecting the administrative, productive and social composition in Italy);
- NHFI involves 120 professionals in 35 local projects;
- the number of flats were 190, 70% rented on the free housing market;
- HF projects mainly involve medium or small cities, while in large metropolitan areas, where homelessness is more prevalent, Milan's NGOs promote only two small HF trials, and none are found in Rome;
- there were 688 beneficiaries, about 38% of whom are single homeless people, the rest are families with dependent children; more single "chronic" homeless people are in Northern Italy, and more homeless families are in the South.
- Italian users have a profile marked by significant health needs, while for families (the majority of whom are immigrants), social issues appear to prevail. These differences reflect the social and economic crisis that Italy has undergone in the years under study (which still continues for the poorest). In concrete terms, the lack of (minimum) income makes compliance with the principle of 30% salary devoted to rent difficult, thus invalidating a basic principle of HF.

The book's main shortcoming is in relation to theoretical development, in part due to its use of fragmented and limited data. For example, Chapter Six on health needs, integration and satisfaction of beneficiaries starts from a strong theoretical assumption but clashes with data by only using a small beneficiaries group, without control groups and minor replication over time on the same person. In relation to beneficiary empowerment, the book presents a weak thesis and sometimes with some lexical and content contradiction, and inconsistency in defining factors that determine responsibility and power of homeless people by HF. The Scientific Committee wanted to measure fidelity to the basic principles of HF using the Pathway Housing First Fidelity Scale. Only four NGOs used the tool with 18 operators involved (this limit is pointed out by the same authors, p.78). Such a small sample limits the quality of conclusions.

Meanwhile, Zenarolla's reflections in Chapter Five are very useful. She illustrates a fundamental and concretely innovative factor alongside the NHFI experience: the monitoring carried out of the projects, operators and beneficiaries through a series of different tools. This also clarifies a lot of the data shown in previous chapters. She describes the difficulty of adopting international tools to understand the considerable variety in the different territorial contexts in Italy. Unfortunately, the time period of monitoring, although significant, is still limited considering that a HF approach needs cultural changes (within organizations and operators) and existential ones (for beneficiaries) that require significantly longer evaluation times.

Despite the difficult characteristics of Italian welfare, an assessment was carried out into HF cost/benefit evaluation by a new tool "Osvaldo" (Chapter Seven). However, the implementation suffers from rather limited samples, each of which provides very different data, linked to territorial, organizational and beneficiary variables. Moreover, it should be remembered that tackling homelessness is not a national competence with dedicated public funds. Municipalities are not in charge of the costs of health services and justice issues, both of which remain the fundamental responsibility of those organisations providing services to homeless people.

Molinari and Zenarolla have also set up a new tool (called "Rossella") for NGOs' self-evaluation according to the HF criteria, through the detection of the main projects' organizational factors. The illustration of the construction and experimentation process is interesting, as well as the tool for evaluating life changes for the beneficiaries ("Wave") born from the best known "Outcome Star" and still being tested at the moment.

In the third part, Zenarolla proposes reflections generated by interviews with 10 NHFI operators. The reflections are interesting to compare to service providers' difficulties with changing their attitude towards users. Zenarolla outlines how a HF approach can set out principles useful to innovate social work (p.171 ss.). Briefly:

- The centrality of the person with his/her capacity for freedom and self-determination that generates new forms of accompaniment by professionals based on a fraternal code;
- With a HF approach, the aid system is no longer based on the triad "question, intervention, solution" but rather on "recognition, self-determination, integration";
- Furthermore, social work must be able to take on the complexity and dynamism of poverty by excluding simplifications and challenging the welfare system strongly characterized by the separation between social services and health system;

- To succeed this transformation, it is crucial to invest in training at various levels of the operators involved.

Two other chapters of note include one on “Design Anthropology”, with anthropological reflections on homelessness starting from an articulated reading of physical space in HF projects and from the story that beneficiaries and operators make about HF flats. The second is a chapter that proposes an interesting narration on a local project in Cosenza. This HF project is located in a small city in the Calabria Region, affected by poor structural and economic resources. The project was set up by a group of operators promoting HF for a significant number of people. The project clashes with three large-scale limiting factors: poor structuring of welfare services that obliges operators to act in great autonomy in all fronts; the lack of a measure to support poverty, and the cultural dimension that does not give value to a house path for homeless people but prefers to set up generic assistance by shelter.

Despite these limits, NHFI represents the story of a strong and decisive experience, able to generate social change and that has been the fundamental substratum to implement the National Guidelines on Homelessness of the Ministry of Social Affairs.

More in-depth analysis of the HF experience compared to the “ordinary” social and economic Italian reality would have been welcomed. Because NHFI focus on specific local and individual needs, it is difficult to discuss national-level strategy (p. 33), which also highlights the difficulty of comparing the qualitative/quantitative elements in the projects with the general dynamics of the Italian socio-economic system.

Using some reflections by Molinari and Zenarolla (pp.144-5), the work of NHFI testifies “the cultural climate, the desire to innovate, the strong motivation to get involved by the operators, the desire to participate in policy changes for homeless people “. As mentioned, what is described in the book still falls short on data, but points to the prospects of great expectations for the future. This book is a concrete block in this construction.

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European Observatory on Homelessness

European Journal of Homelessness

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

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