

European Observatory on Homelessness

# European Journal of Homelessness

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## **EUROPEAN JOURNAL OF HOMELESSNESS**

### **Journal Philosophy**

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

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# Content

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Editorial 9

## Articles

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**Marietta Haffner and Marja Elsinga**  
Housing Deprivation Unravelling: Application of the Capability Approach 13

**Mats Anderberg and Mikael Dahlberg**  
Homelessness and Social Exclusion in Two Swedish Cities 29

**Joanne Bretherton and Nicholas Pleace**  
Is Work an Answer to Homelessness?  
Evaluating an Employment Programme for Homeless Adults 57

## Think Piece

---

**Peter Mackie, Sarah Johnsen and Jenny Wood**  
Ending Street Homelessness: What Works and Why We Don't Do It 85

## Research Notes

---

**Evelien Demaerschalk, Koen Hermans,  
Katrien Steenssens and Tine Van Regenmortel**  
Homelessness Merely an Urban Phenomenon?  
Exploring Hidden Homelessness in Rural Belgium 99

**Stephanie E. Armes, James R. Muruthi,  
William H. Milroy and Jay A. Mancini**  
Getting Sorted Out in East London:  
Vulnerability and Resilience of Homeless Ex-Servicemen 119

**Lola Vives**

The Process Selection of “Un Chez-Soi d’Abord” Program:  
A Qualitative Study on the Implementation of Housing First in France 145

**Matti Wirehag**

Counting and Mapping Local Homeless Service Systems in Sweden 159

**Book Reviews****Arapoglou, V. and Gounis, K. (2017)**

Contested Landscapes of Poverty and Homelessness in Southern Europe:  
Reflections from Athens 183

**Cameron Parsell (2018)**

The Homeless Person in Contemporary Society 187

**Susanne Gerull, 2018**

1. systematische Lebenslagenuntersuchung wohnungsloser Menschen.  
Eine Studie der Alice Solomon Hochschule Berlin in Kooperation mit  
Evangelischer Bundesfachverband Existenzsicherung und Teilhabe  
(EBET e. V.) (Projektleitung Susanne Gerull, September 2018).  
[1st Systematic Examination of the Life Situation of Homeless Persons.  
A Study of ASH Berlin in Cooperation with EBET e. V.] 195

**Peter Fredriksson (eds.) (2018)**

Yömajasta omaan asuntoon. Suomalaisen asunnottomuuspolitiikan  
murros. [From a Shelter to My Own Home – Transformation of Finnish  
Homelessness Policy]. 201



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## Editorial

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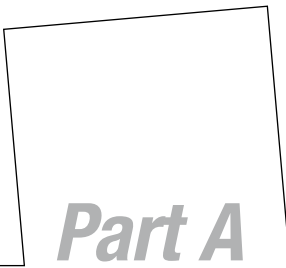
At the launch of the publication of the Fourth Overview of Housing Exclusion in Europe by FEANTSA and the Fondation Abbé Pierre in March of this year, it was striking that the research by Chloé Serme-Morin and Sarah Coupechoux that underpinned the report, highlighted the ongoing extensive use of emergency accommodation for those currently experiencing homelessness across Europe, but also noted the long history of the provision of such accommodation. As the EJM has noted in earlier editorials, although the popularity of congregate emergency and temporary accommodation as a response to homelessness has ebbed and flowed over the past 150 years, it has remained a constant presence, showing remarkable resilience, and remains the default position for responding to periodic surges in residential instability in the majority of EU member states. Such services are provided by municipal authorities, private for-profit providers, non-profit providers, with often the strong presence of religiously inspired organisations, and are heterogeneous in terms of size, staffing etc. Despite extensive critiques of the limitations of this form of congregate accommodation as a response to residential instability, and the largely negative experience of those who reside in such facilities, this form of congregate accommodation remains the single most significant intervention in the lives people experiencing homelessness in majority of Western countries – described in the Overview of Housing Exclusion in Europe as ‘oversubscribed, insecure and unsuitable.’

Managing homelessness through the provision of emergency congregate is extraordinarily expensive, and a minority of shelter users also make extensive use of other expensive emergency health services, as they traverse through and ‘institutional circuit’ of short stays in various services without ever resolving their residential instability. Yet, it is not that we don’t know what services do work to break the circuit of residential instability. For example, in this edition of the EJM, Mackie, Johnson and Wood provide an excellent overview of what works in ending street homelessness; while Anderberg and Dahlberg in their analysis of two Swedish cities starkly highlight the limitations of emergency responses to people experiencing homelessness, and stress instead the need for permanent supportive housing. The importance of good quality data in providing evidence-based solutions to those experiencing homelessness is highlighted in the research notes by Wirehag in the case of Sweden and by Demaerschalk and colleagues in the case of rural Belgium.

The EJH aims to be a platform for the dissemination of research, commentary and critique on how best to respond to people experiencing homelessness across the European Union. We hope that the mix of articles, think pieces, research notes and book reviews in this edition of the EJH continue to contribute to building an evidenced-based response to homelessness in Europe.



# Articles





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# Housing Deprivation Unravelling: Application of the Capability Approach

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➤ **Abstract** *The capability approach as a normative approach to wellbeing focuses on the real freedoms of people to choose the life they want to live (Sen, 1999). This approach is regarded as an alternative to the needs-based approach of paternalistic welfare states in Europe and seems to match well with the ambitions of the European Commission ‘to show a more social face’ and the Dutch government to make the participation society work.*

*The RE-InVEST project<sup>1</sup> aimed to both advance theoretical thinking as well as empirical testing of the capability approach. The RE-InVEST philosopher team developed an application of three anthropological roles that a human being can adopt: the doer, the receiver and the judge (Bonvin and Laruffa, 2017a; Bonvin and Laruffa 2017b). We explored this approach among Rotterdam*

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<sup>1</sup> This text is based on work in the RE-InVEST (Rebuilding an inclusive, value based Europe of solidarity and trust through social investments) project, which was funded by the European Union’s Horizon 2020 Research and Innovation Programme under Grant Agreement No 649447 (<http://www.re-invest.eu/>). It aimed to develop an alternative ‘more social’ way of welfare thinking in the European Union applying the concepts of human rights, capabilities and social investments in several service sectors, such as health care and housing, in case studies in 13 jurisdictions.

The country report about this case study is available on the RE-InVEST website: [http://www.re-invest.eu/images/docs/reports/D6.1\\_Netherlands\\_EIND.pdf](http://www.re-invest.eu/images/docs/reports/D6.1_Netherlands_EIND.pdf). An earlier version of this text was presented at the 2018 European Network of Housing Research conference ‘More together, more apart: Migration, densification, segregation’, 27-29 June, Uppsala University, Uppsala, Sweden.

This last version of the text benefited from very helpful peer reviewing.

*citizens who had difficulties making ends meet. These vulnerable participants were able to indicate in which roles they had become more vulnerable in recent years and in which roles they identified opportunities of reducing their situation of housing deprivation. The capability approach as elaborated in the three roles allows for housing policies to start from the definition of wellbeing of the individual instead of from 'paternalistic' policy aims, which are mostly based on countering monetary deprivation.*

► **Keywords** \_ *Anthropological roles, capabilities, doer, housing, judge, receiver, The Netherlands, vulnerability*

## Introduction

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Since the 1980s, Dutch housing policy moved towards 'the market' in various ways (Priemus, 1995; Haffner *et al.*, 2014). Increasingly, the aim became to reduce government involvement in the rental market and to allocate the risks of housing investment to private and non-profit actors. Furthermore, financial support became more targeted on those in need in line with the values linked to the participation society.

The most recent move towards the market was initiated by the conservative-liberal Dutch government's austerity measures following the three recessions of 2009, 2012 and 2013. First, the tasks for social rental housing providers were restricted to housing increasingly lower income households (Haffner *et al.*, 2014; Haffner *et al.*, 2018). Secondly, this involved reducing rent control for the middle-to-higher rent housing in order to allow for more attractive investment opportunities for non-social investors. Thirdly, this implied explicit promotion of the private rental sector by the minister responsible for housing. Last, but not least, government started promoting the participation society, shifting responsibilities for welfare away from government towards citizens, and reserving safety net welfare for those that cannot take part in the new society (Rutte, 2014; Blommesteijn, 2015).

These developments embodied a move away from a universal right to housing (Bengtsson, 2001), which can be considered to have been effective in the last century, when large segments of the population had access to affordable housing and there was broad societal support for this policy. This broad support had resulted in the co-construction of the definition and implementation of acceptable housing standards in terms of quality and affordability, largely by means of producing the largest social rental sector in the European Union, implementing rent control in both the social and the private rental sector in combination with a system

of housing allowances for renting. Even though such a type of universal right may literally not have been quite a legally enforceable right to housing<sup>2</sup>, in practice it had largely been realized as such.

In order to analyse the impact in practice of these moves towards the market on the capabilities of households – e.g., the real freedoms to choose the life they want to live (based on Sen, 1999) – a Dutch case study conducted within the framework of Horizon 2020 RE-InVEST (note 1) studied a group of vulnerable households and their choice options for accessing affordable housing. The study aimed to determine the impact of these developments on their capabilities (Sen, 1999), e.g., their real freedoms to choose their (future) housing.

As the capability approach is a relatively new approach in the field of housing (Coates *et al.*, 2015) and homelessness (Evangelista, 2010; McNaughton Nicolls, 2010; Batterham, 2018), this contribution aims to provide insights into the added value of the capability approach in housing policy making and evaluation. RE-InVEST-researchers, Bonvin and Laruffa (2017a, 2017b, p.5)<sup>3</sup> extended the capability approach by framing it in three anthropological roles that each individual can fulfil: doer, receiver and judge. Each role expresses ‘a valuable way of being human’ and allows the individual to exercise the freedoms to choose in different ways: acting, receiving and voicing. An impairment in a role will represent a deprivation to the individual in question, if there is a lack in opportunity to do, to receive and/or to judge, respectively.

By analysing the impact of the changes in the field of housing measured by the three anthropological roles, the vulnerable participants in the Dutch case study – Rotterdam citizens who had difficulty making financial ends meet – were able to unravel the three types of deprivation associated with the three roles in relation to their capabilities. They were able to indicate in which roles they had become more vulnerable and in which roles they identified more opportunities to be able to reduce their situation of housing deprivation. The extent to which they considered that developments had made them more vulnerable in their real freedoms to choose affordable housing was considered a weakening of their capability set.

The remainder of this contribution reports the results of this case study. The next three sections explain the approach. The three sections thereafter highlight the outcomes of the discussions with the participants about the three anthropological roles, which are a new way to unravel different types of deprivation in the capability set of (vulnerable) participants: the receiver, the judge and the doer.

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<sup>2</sup> The right to housing in the Dutch Constitution (*Grondwet*) in Article 22.2 is formulated as follows: ‘*Bevordering van voldoende woonegelegenheid is voorwerp van zorg der overheid*’ (translation: encouraging an adequate housing supply belongs to the responsibilities of the government).

<sup>3</sup> See also Bonvin & Laruffa (2018).

## Capabilities

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The capability approach has been positioned by Sen since the 1980s as an alternative to mainstream welfare economics (Robeyns, 2005; Van Staveren, 2008; Van Staveren, 2010; Bonvin and Laruffa, 2017b; Wells, n.d.). As a normative framework, it leaves aside the subjective measure of the utilities-based preferences, as well as the objective measure of the commodities-based resources. It focuses on choice sets that people value in relation to what they are able to be and do. It focuses on the wellbeing of individuals and the impact of social policies on the wellbeing rather than economic efficiency and economic growth.

More specifically, a set of capabilities refers to the opportunities or freedoms of persons to opt for specific forms of functioning – beings or doings – based on a person's resources (Sen, 1999; Vizard and Burchard, 2007; Nussbaum, 2011). Or more broadly, they are defined as *'the real freedom to lead the kind of life people have reason to value'* (cited from Bonvin and Laruffa, 2017b, p.6, based on Sen, 1999).

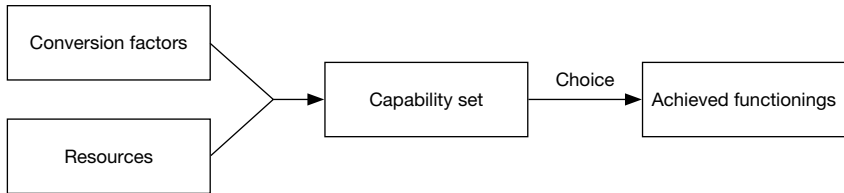
For the realization of the real freedoms or 'opportunities', capabilities need the input of resources and factors that convert resources into functions (Figure 1). Resources refer to the material aid a person can mobilize (income, goods and services). Personal conversion factors, such as skills, and environmental conversion factors, such as climate and geography, are needed to transform resources into beings and doings, called functionings, which determine a person's wellbeing (Sen, 1999; see also Robeyns, 2005).

Furthermore, social factors, such as norms and values and government policies assist persons to convert their resources into wellbeing by enhancing the capabilities. A welfare state in this (RE-InVEST) perspective offers various social conversion factors to its citizens. For example, formal human rights, like a right to housing, do not necessarily enhance wellbeing, unless they are legally enforceable or rely on other types of government support that enhance people's capabilities (Nicaise *et al.*, 2017). If they are effectively considered as realized, human rights can be considered as a part of a person's resources impacting positively on his or her capabilities.

Capabilities will be compromised as a result of less effective 'support' to a person in question based on a decrease in resources and/or a limitation of conversion factors. As RE-InVEST case studies showed, austerity measures or a limitation or abolition of protective regulation are examples of measures that can take away choice opportunities that were previously enjoyed. This would entail a weakening of capabilities in the process, as these limitations consequently allow the individual less freedom to choose the life that one values. Such developments may be detrimental to the 'good' life of the person in question with increasing uncertainty about choice options to be realized and reducing personal wellbeing as a result.



**Figure 1. From resources and conversion factors to achieved functionings (individual wellbeing)**



Source: RE-InVEST framework based on Sen's work (see Workpackage 3 reports on the website, note 1)

## Capabilities Conceptualized as Anthropological Roles

The roles that one person can fulfil according to the anthropological conception of the capability approach, which RE-InVEST researchers Bonvin and Laruffa (2017a; 2017b) proposed, go beyond mainstream welfare economics, which position a person as **receiver** of welfare. In this role the individual makes use of *'material goods'* and help (Bonvin and Laruffa, 2017b, p.8).

The anthropological conception – *'a valuable way of being human'* – allows for unravelling the role of the receiver from that of the doer and the judge.<sup>4</sup> The **doer** can be regarded as the role in which a human being can act to strengthen his or her capability set (Bonvin and Laruffa, 2017b, p.8). It would show the options that an individual has to strive actively for achieving the values that he or she regards as important. With this definition Bonvin and Laruffa (2017a) follow the agency definition of Sen (1985). It includes any action by an individual (individual agency), and not only necessarily those actions that heighten wellbeing through the capabilities.

In the role of **judge/evaluator** an individual expresses his/her *'capability for voice'* (Bonvin and Laruffa, 2017b, pp.8-9). This role embodies the ability to formulate evaluations/opinions/thoughts/aspirations in combination with the ability to build support/acceptance/consensus.

<sup>4</sup> Paraphrasing, Bonvin and Laruffa (2017b, pp.7-8) introduce the terms doer and judge based on Sen (1985, p.208) and Crocker (1992, p.600). They also base themselves on Nussbaum (2003), when *'human beings [are described as] vulnerable and interdependent beings'* in relation to giving and receiving care and participating politically: individuals *'as givers and members of community'*. Finally, Giovanola (2005) is referenced when Bonvin and Laruffa (2017b) state that human beings *'can flourish in a plurality of ways and especially through the relationship with other human beings.'* In a later publication, Bonvin and Laruffa (2018, p.504) construct the argument based on two concepts: *'empowerment and reasonable freedom to choose'*.

According to this anthropological conception of deprivation in the capability approach, each individual has three different roles to apply in order to enhance the freedoms to choose the life that one values. Each role sheds light on a different type of deprivation (Bonvin and Laruffa, 2017a, p.6; see also 2017b). While being deprived implies a lack of opportunity to act for the doer, also called a '*lack of opportunity for action/agency*', the disadvantage for the receiver implies a lack of sufficient material resources. The judge will be confronted with a '*lack of capacity to aspire and [or] lack of recognition*', if an evaluation cannot be formulated and/or support be built. The different types of deprivation require different solutions. Applying the capability approach allows us to unravel the different impacts on the freedom to choose for a way of life: resources, action or voice. The way of life will be impacted by individual as well as societal or collective actions.

## Qualitative Methodology

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The RE-InVEST case studies in 12 countries were guided by the experiential knowledge of the vulnerable households that participated in the project. In the Netherlands, the vulnerable participants consisted of residents of Rotterdam who were having difficulties making financial ends meet at the end of 2015 (Haffner et al., 2018). These participants were recruited with the help of a social landlord and a poverty network, respectively.

The collection of data from the vulnerable participants for the case study, which is of interest here, took place in March and April of 2017. Three females (age group 46-60; one from migrant background; tenants) and four males (about 60 years of age; one owner-occupier, one unknown tenure) provided their experiences in two group meetings. In the first meeting the vulnerable participants discussed the organization and outcomes of (local) (affordable) housing policies from the point of view of the three roles.

In the second meeting, the group analysed the situation of the housing market from the point of view of the occupier of the dwelling (which is main focus here), of the social rental housing provider and of the local government, respectively; particularly, what each group of actors would be able to contribute to making housing (more) affordable. Three representatives from local political parties and local government, as well as three representatives of Rotterdam social rental housing providers joined the vulnerable participants for this second discussion.

## Receiver

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As the vulnerable participants who had difficulties making ends meet mostly lived in a social rental dwelling with a right to housing allowances, at the time of the group discussions, they evaluated their situation as a recipient of affordable housing services still as doable. Their rents are regulated by the national government, while rental contracts are indefinite.

However, the participants – as receiver of assistance – worried about the future and the impact of the total of all austerity measures following the three recessions. These had led to higher costs for households, such as having to pay the tax for protection against the water (instead of being exempted because of a low income), paying a higher contribution to health care costs, and losing some financial support (like long-term unemployed allowance and/or chronic illness allowance). Life had become more difficult for the vulnerable participants in the past years, as Eric<sup>5</sup> indicated: *'I'm being squeezed and therefore worry about the future'*. Furthermore the vulnerable participants also indicated that the housing allowance bureaucracy required a higher level of e-skills. Taken together, the vulnerable participants agreed on a clear erosion of the capability set from a receiver point of view.

## Judge

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The role of the judge that allows for strengthening one's capabilities involves firstly the voicing of opinions. The vulnerable participants noted that in their home city achieving an adequate housing standard was increasingly no longer as self-evident as it used to be in the past: *'Housing has become a luxury, hasn't it, particularly to live in the city,... nowadays it has become very trendy and to live or remain in your own working-class neighborhood is becoming therefore more expensive... it is the elite'* (Kathy).

The participants (second meeting) observed a decrease in affordability as a result of the relative high rent increases that national government implemented annually, and, which, as the participants elaborated on, put households they know into financial problems. At the same time, the vulnerable participants had observed a targeting in housing policies to lower income households as a result of the introduction of income caps for the allocation of social rental housing and the access to housing allowances.

The vulnerable participants also observed that people have come to realize that they can earn money by investing in housing in the city, like housing provided via Airbnb or rented out by the room. Subsidization of trendy shops (instead of affordable

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<sup>5</sup> Vulnerable participants are indicated with fictitious names.

housing) and prescribing certain lifestyles, like artists or people working in schools, for the allocation of housing, reinforce this trend. The aim of the municipality was regarded as upgrading neighbourhoods, even to the extent of creating house price bubbles, a phenomenon which a vulnerable participant called *'turbo capitalism'*.

Given these developments, in combination with the increase of the Dutch population from 10 million in the 1960s to 17 million in recent years contributing to the pressure on the housing market in cities, the vulnerable participants evaluated negatively the plans of the municipality to demolish 20 000 social rental dwellings and replace them with better quality and more expensive dwellings. In their eyes, this plan constituted a new round of demolition of affordable housing with the aim to mix income groups in neighbourhoods. As commercial interests seem to dominate the social interests, about 30% of tenants in Rotterdam were doomed to increasing affordability problems, while on average 'only' about 18% of Dutch tenants would be affected.

In conclusion, as judge, the vulnerable participants voiced their concerns by observing that access to affordable housing had become, and is expected to become worse in Rotterdam. The more difficult access to an adequate standard of housing therefore curtails their options to choose the kind of life they value. This type of deprivation was observed to be especially crucial for those that need to access housing, not necessarily the sitting tenants who cannot be evicted because of an indefinite rent contract and who often receive housing allowances to assist with their housing costs.

The judge's second ability, the extent to which the value judgements of the vulnerable participants were taken into account in local policies is much more difficult to evaluate than the ability to voice. The vulnerable participants of the poverty network (supporting RE-InVEST) explained that they regularly organized meetings about relevant topics and that they also were in contact with the municipality and the politicians. They made regular use of their right to contribute to hearings of the City Council or to provide official input to Council Committee meetings. The network also participated in a citywide initiative in which many organizations that fight poverty joint forces.

Furthermore, the network organized the no-vote for the 2017-referendum that the city of Rotterdam organized about the 2016 housing strategy document announcing the demolition of 20 000 affordable units (see above). The vulnerable participants indicated that it was difficult to organize the votes against this proposal. First, the participants thought the wording was *'sneaky'* (Herman): to vote for or against the housing strategy document instead of for or against the demolition of the 20 000 dwellings hid the message. Furthermore, it was difficult to activate voters as the housing strategy document did not make clear, which dwellings and tenants would

be affected. The question for the vulnerable participants was whether the improved housing quality would be worth the price of higher housing costs and of relocating lower-income households outside of the city.

In preparation for the referendum, the poverty network organized different meetings, which were poorly attended. The limited interest in the referendum was possibly caused by a general feeling of not being listened to anyway, the vulnerable participants argued. Reaching an insufficient number of votes for the referendum to make it an eligible citizen statement, allowed the municipality to proceed with the demolition, even if dwellings had not yet been written off.

The unreliable local government provision of funds for the referendum campaigns – cutting the actual amounts of subsidies in comparison to promised amounts, when the total amount of the applications surpassed the budget – was another dimension of feeling manipulated for the vulnerable participants. They agreed that those in power (the establishment) are able to hamper initiatives, which does not help to build trust in authorities; it looked like *'rules and the like are in place in order to lie to the citizen'* (Herman). To the taste of the vulnerable participants, local politics took too little action to rebuild the social support system to provide for those who could not take care of themselves. To circumvent those in power that often are attributed *'too much power'* (Angela), vulnerable participants should act themselves and should collectively act in order to effectuate a strengthening of their capability set.

## Doer

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As doer, a person acting to enhance his or her capability set needs to determine the options which are open to the individual to strive for aims and values that he or she regards as important for his or her housing situation. The vulnerable participants had used several temporary options in the past: being one month in arrears with the rent, borrowing on the credit card and/or reaching agreement on payment schedules when repaying benefits.

Moving to a rental home that needs work, a so-called do-it-yourself (DIY) rental dwelling (*klushuurwoning*), was suggested as a structural way of reducing housing costs. Such a social dwelling may also deliver access to a dwelling in a neighbourhood that otherwise would have been 'too' expensive. One vulnerable participant had chosen this option and elaborated that it requires DIY skills, as well as negotiation skills about trading in renovation options in exchange for lower rents. Last, but not least, it requires knowledge to decide when an expert needs to be hired.

Diverse examples of the *'right to challenge'* were put forward: Challenge the landlord, the government or the energy company to do tasks more cost-effectively; trade-off of service tasks (cleaning the hallway) or repairs and rent/service costs. In the latter case one can organize this together with neighbours, helping each other or exchange help or goods via barter. Bring together people who can and people who do (short: *'Can? Do!'*). Training tenants as energy coaches with the aim to spread knowledge about cost savings and strengthen social networks to effectuate emancipation was reported not to be so successful in Rotterdam.

Furthermore, the participants offered the following 'more' affordable housing options: share the dwelling (with brothers and sisters); shop collectively for solar panels; make dwellings energy neutral or make dwellings generate energy by what was called a *'sustainable dancefloor'*, for instance, which invites people to be mobile as well, and thereby create a win-win situation for energy and health; and have vloggers promote collective intelligence in the neighbourhood and help each other with (housing) information.

The participants weighed a number of action options as realistic, if a person is active. Sharing was argued to become more important in the next economy with a focus on trading instead of owning. Participants, however, put the question on the table whether people indeed want to share so much, while an option as trading dwellings horizontally (i.e., exchange larger for smaller dwelling) was said to work in Amsterdam and was being experimented with in Rotterdam.

Furthermore, sharing a dwelling runs into legal barriers preventing solutions. Recipients receiving welfare benefits will lose part of those benefits once they live together (i.e., parents and children). Also, rules prevent one from renting out a room in a social rental dwelling. A participant from local government or a political party commented:

*'Via Airbnb... I find this an interesting option, as the city is getting more expensive, and housing for households with the lowest income is becoming inaccessible... why don't you offer this option especially to this group for a maximum period of time... ?'*

These examples show that in order to realize a broadening of the capability set as doer, an individual often needs to find 'partners', as the participants noted. These partners could either be the like-minded individuals, the (social) landlord, social organizations, or facilitating and/or supporting local governments (rules, regulations, financial support, social work, etc.). Furthermore, participants provided many examples of vulnerable citizens not being able to fulfil the role of the doer. In such cases, deprivation of their capability set from the doer point of view was their fate.

## Conclusions

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In contrast to the traditional welfare economics and welfare state, which emphasize the role of the citizen as a receiver – a human being lacking resources –, the '*anthropological understanding*' (Bonvin and Laruffa, 2017, p.5; Wells, n.d.) of the capability approach allows for unravelling the dimensions of wellbeing and the lack thereof (deprivation). An anthropological dimension interpreted as '*a valuable way of being human*' (p.5), or simply indicated as the way an individual is, not only expresses itself in the role as receiver, but also as judge and doer. The doer that is deprived will lack certain opportunities for action, while the judge will lack opportunities to form an opinion and aspire and/or to voice this opinion and made it heard. An individual may use any of these roles to tackle a weakness in his/her capabilities, even though the roles cannot compensate each other (fully) as they each address a certain aspect of deprivation.

This new extension of the capability approach as an alternative way of welfare thinking has been explored in practice in a participatory project for housing in a western society. The vulnerable participants in the Rotterdam RE-INVEST case study, who had difficulty making financial ends meet, discussed how they were realizing these roles in relation to affordable housing, how they fared in the recent past and how they could step up these roles in the future in order to enhance their capability set.

- As the vulnerable participants mostly lived in a social rental dwelling with a right to housing allowances, as sitting tenant/**receiver** they observed their situation still as doable. Rents are regulated by government, while they cannot be evicted because of indefinite rental contracts. However, they worried about the future, as paying for housing had become more expensive, while incomes had stagnated, because of austerity measures following the economic recessions of 2009, 2012 and 2013. As for those vulnerable households not living in a social rental dwelling, access to a social rental dwelling in (popular neighbourhoods in) the city had become more difficult than in the past; therefore, a clear erosion of the capability set was identified for so-called outsider recipients of affordable housing as compared to the insider recipients. In other words, the current housing policy changes provide relative protection to the insiders of the social housing system, but for those not in the system, social protection has decreased considerably.
- As the receiver evaluation shows in the previous bullet point, the vulnerable participants as **evaluator** were clearly able to form an opinion about their real freedoms of choice for the life they valued; specifically, the life in affordable rental housing. They observed that government prioritized commercial concerns above social concerns, while assistance was being more targeted. Marketization – a move towards the market, which aimed to make Rotterdam more competitive

and efficient, entailed a move towards more market-conforming rents, the sale of affordable housing, while affordable housing was being replaced by less affordable and better-quality housing.

These developments were regarded as impacting on the housing choices of the lower- and middle-income households in Rotterdam. In the participants' opinion, housing policies had shifted towards a weakening of the traditional universal implementation of the right to adequate and affordable housing, thereby impeding their freedom of choice to live in the city. In the era of austerity, their voice was ignored by those in power; depriving the judge of its ability to voice and hampering the realization of this dimension of a participative society.

- As **doer** (the vulnerable) participants generated many ideas on how to compensate for some loss in real freedoms to choose for the life they value: how to access affordable housing and how to lower housing costs. However, for many of the ideas, acting together, the participants considered key for success: either voluntarily with like-minded individuals/households in formal settings like a tenant client board, or informal settings, such as in a poverty network (as in this case study), or in more dependent relations with social organizations (social landlords) or local government. Collectively strengthening the tenants' capability for voice may move a 'truer' version of a participation society one step closer.

In the context of housing studies, the results of this case study show that the capability approach in its anthropological meaning has added value as an evaluation tool for unravelling dimensions of human wellbeing, or rather the lack of wellbeing based on the real freedoms to choose the life one values. Which dimension of the capability set is considered deprived; is it the citizen as receiver, as doer or as judge?

The starting point is not the paternalistic welfare state determining how to assist the deprived receiver with material help, but the citizen, his/her perceptions about real freedoms to choose a 'housing' life. This definition requires as point of departure the knowledge about the life an individual values and (s)he would choose as the life (s)he wants to live. Moreover, it allows going beyond any deprivation of commodities towards a more complete understanding what it is an individual is lacking in his/her capability set.

Options to strengthen the individual's capability set would not only include state support to the individual as receiver, but also strengthen the individual's action options as doer, as well as the realization options of the capability for voice as judge. As a result, some of the solutions to housing problems will be more in the hand of the individual(s) than may be expected. With this conclusion of a bigger role for a more active citizen beyond the receiver role, this extension of the capability



approach shows overlap with the more ‘*active social citizenship*’ conceptualisation of ‘*self-responsibility*’ of the social citizenship in welfare states (Eggers *et al.*, 2019, p.44). Further explorations will need to specify the role of the government and whether it might need to be differentiated according to whether vulnerable households are able to become active.

Rather than aligning self-responsibility with austerity measures, the concept of active citizen (beyond recipient role) starts from a positive point of view: individuals can tackle different types of deprivation in different ways, and thereby strengthen their capabilities. And following Sen (1999, p.11), strengthening those for housing will provide opportunities in other areas of social policies: ‘*Freedoms of different kinds can strengthen one another*’. In this line of reasoning, the challenge will be to make housing, given its positive external effects, function as capability itself, strengthening the freedoms to choose in other areas of social policy.

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# Homelessness and Social Exclusion in Two Swedish Cities

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► **Abstract** *The aim of this study is to describe the living conditions of homeless people in the cities of Gothenburg and Karlskrona in Sweden and to analyse their level of social inclusion and social exclusion. The empirical basis of the study was interview responses from 1 148 individuals in connection with initial contact with municipal housing programmes. The study clarifies that people in these programmes are a heterogeneous group in terms of gender, background and current living situation. A majority of the homeless people are living in difficult conditions and are in extremely exposed positions. Three different groups emerged in the analysis of the study population: individuals who are socially included (15%), marginalised (65%) or socially excluded (19%). The article also discusses the various groups' discrete needs and their implications for preventive as well as more interventional actions on the political and practical levels.*

► **Keywords** *Homelessness, social exclusion, structured interview, municipal housing programme, gender differences, substance abuse problems*

## Introduction

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As repeatedly reported, homelessness has been increasing for a long time in Sweden (National Board of Health and Welfare, 2017a) and in Europe as a whole (FEANTSA, 2018). The increase in Sweden can be explained by a multitude of processes that have interacted with and exacerbated each other. As the population has grown due to a rising birth rate and increased immigration, far too little housing has been built over the last decade, especially rental housing at low or moderate

rents. Housing shortages were reported in 2017 in 88 percent of Swedish municipalities (National Board of Health and Welfare, 2018). Housing policy in recent decades has been shaped by a market-based system and deregulation with widespread sell-offs of non-profit municipal housing, reduced state subsidies and little new production of cheaper housing (Sahlin, 2016; National Board of Housing, Building and Planning, 2017). The housing shortage has contributed to the exclusion of large groups of people from the regular housing market, groups whose only option is instead the secondary market, often with social services as the “landlord” (Knutagård and Kristiansen, 2013; National Board of Health and Welfare, 2015). This article reports a study of living conditions and social exclusion of people who do not have homes of their own.

The National Board of Housing, Building and Planning (2016) has determined that rent has become an increasing cost for some 770 000 low-income households in Sweden, making it difficult for many of them to afford the basic costs of housing and subsistence. From a European perspective, Sweden is one of the countries where the average proportion of disposable income spent on housing has increased the fastest in the last 15 years (FEANTSA, 2017). Weak connections to the labour market and low income are primary causes of homelessness (National Board of Health and Welfare, 2012) and rent arrears are a central reason that people are evicted from their homes (National Board of Health and Welfare, 2018).

As a consequence of these societal changes, an estimated 33 250 people were homeless in Sweden in 2017 (National Board of Health and Welfare, 2017a). Despite this worrying trend, most Swedish municipalities do not have an up-to-date plan for preventing homelessness (National Board of Health and Welfare 2017b). Nor is there any explicit national strategy for addressing the problem of homelessness (Sahlin, 2015).

People with alcohol and drug problems constitute a significant proportion of the homeless population and the proportion receiving assistance in the form of housing via social services increased by six percent during the period of 2007-2016. The percentage of people without substance abuse problems who received corresponding support increased by 74 percent during the same period (National Board of Health and Welfare, 2018). This is evidence that other groups are also becoming homeless, such as people who cannot meet the increasingly strict financial and social criteria applied to housing applicants and who do not have problems other than insufficient income (Nordfeldt, 2012; National Board of Health and Welfare, 2017a). At 38 percent, women now constitute an increasing share of the group, and in Sweden and other western countries, refugees and other people of immigrant background have also increased as a proportion of the homeless (FEANTSA, 2017; National Board of Health and Welfare, 2018).

Individuals who do not have homes of their own are thus a very heterogeneous group and the stereotypical image of a homeless person no longer coincides with reality (Caton *et al.*, 2005; Minnery and Greenhalgh, 2007; Moore *et al.*, 2007; Tosi, 2010; Norman and Pauly, 2013; National Board of Health and Welfare, 2017a). Despite this knowledge, homeless people are often described as a homogeneous group and differences in factors including age, sex, parenthood and social background are ignored.

Various forms of housing solutions for people who have fallen through the social safety net have become an increasingly common and urgent matter for local authorities. There have also been comprehensive changes in addiction care, where various forms of municipal housing support and outpatient treatment have become increasingly common as a replacement for more costly institutional care (SOU, 2011; National Board of Health and Welfare, 2018). There is, however, a lack of knowledge about these various forms of housing and the individuals at whom this support is aimed, as well as the outcomes of interventions. There is risk that reviews or studies with measurement periods that are too short will present distorted pictures of homelessness and overestimate the number of people who are chronically homeless (Knutagård and Swärd, 2006). There is a general lack of Swedish studies based on large empirical samples of what characterises homeless people who become eligible for various municipal housing programmes. Under what conditions are they living and what are their needs? How rooted in society are they?

The purpose of this study is to describe the living conditions of people who ended up in municipal housing programmes in two Swedish cities during the years of 2013-2016 and to analyse their level of social inclusion and social exclusion.

It is difficult to clearly define *homelessness* because it is a problem that demonstrates great variation as regards its causes, manifestations, consequences and permanence (Anderson and Christian, 2003; Knutagård and Swärd, 2006; Moore *et al.*, 2007; Blid, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Tosi, 2010). Individuals and families may be homeless for a day or for periods of several years and can also move in and out of homelessness over time. Various typologies are found in homelessness research that are based on the characteristics of homeless people, their various pathways into and out of homelessness, or based on the interventions that have been directed at them. One such type is designated *transitional*, with relatively brief experiences of homelessness; another is *episodic*, with several brief periods of homelessness, and yet another type is *chronic*, lasting for several years (Kuhn and Culhane, 1998). Other forms of homelessness have been called *situational*, linked to a specific event (Clapham, 2003), and *acute*, due to a crisis situation (Moore *et al.*, 2007). This variation makes it more difficult to clearly define the concept of homelessness and the individuals who are contained in that

definition. It is, however, important that the definition is not too narrow, which presents a risk of underestimating the scope of the problem (Minnery and Greenhalgh, 2007; Moore *et al.*, 2007).

A relatively broad definition of homelessness is used in Sweden, which includes the following categories: the most deprived individuals who lack a roof over their head; people who lack housing after release from hospitals or penal institutions; people who live within the secondary municipal housing sector under social tenancies; and people who are in temporary and precarious housing situations and are living with friends or relatives (National Board of Health and Welfare, 2017a). This definition thus largely coincides with the European ETHOS typology (FEANTSA, 2018). Several of these categories are found in the empirical material of this study.

## Theoretical Perspective and Earlier Research

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### *Social inclusion and exclusion*

The study is based on social pedagogical theory with particular focus on analysis of individual and social conditions for people's *social inclusion* (Hämäläinen, 2003), because the concept offers a wider explanation of homelessness as a phenomenon that also incorporates social causes of the deprivation of individuals or groups compared to theories mainly oriented towards personal shortcomings (Madsen, 2005; cf. Minnery and Greenhalgh, 2007; Petersson and Davidsson, 2016). As evident in the term, inclusion also presupposes its opposite, *social exclusion*, where groups or individuals are excluded from participating in the various civil contexts of society. The use of the term *social exclusion* began in France in the early 1970s as an alternative to more static concepts like underclass, poverty, unemployment and homelessness (Daly and Silver, 2008) and took on central importance in the 1990s in the EU, where it was used to shed light on inequality and the fragile social bonds of individuals (Silver and Miller, 2003).

Although social exclusion may have discrete meanings in various contexts, there is consensus that the concept contains some common elements (Room, 1999; Silver and Miller, 2003). One such is that it is process-oriented and dynamic, as opposed to a static or deterministic state of affairs. Another is its heterogeneous and multi-dimensional nature (Barry, 1998). *Marginalisation* is often used synonymously with exclusion, but usually describes an in-between position for the individuals who are neither included nor excluded (Spicker, 1997).

By means of a review of the literature surrounding the concept of social exclusion, Kronauer (1998) has developed a theoretical framework encompassing six different aspects or dimensions of individuals' insufficient participation in society:



- *Exclusion from the labour market* entails limited opportunity to get a job or return to work after a period of unemployment.
- *Economic exclusion* is related to the foregoing aspect and means that people have lost the ability to make a living for themselves or their household and are often forced to rely on various forms of benefits.
- *Cultural exclusion* means that the individual is cut off from the possibility of living according to the socially recognised and dominant patterns of behaviour, life orientations and values.
- *Exclusion by social isolation* is affected by the preceding three dimensions and refers to a limitation in the scope and quality of social networks, relationships and contacts.
- *Spatial exclusion* is linked to housing in segregated neighbourhoods, lack of a home of one's own or an unstable, problematic housing situation.
- *Institutional exclusion* arises when public institutions whose intention is to address the individual's problems simultaneously exacerbates the exclusion, e.g., through stigmatisation.

As shown by Kronauer's framework, social exclusion is also cumulative, i.e., deficiencies in one area often have negative impact on other areas of life as well, and the exclusion process is intensified when multiple problems accumulate. One example is when an individual with little education has difficulty getting a job and thus problems earning a living and securing housing, which have the combined effect of limiting their social network, which in turn reduces participation in cultural and social activities. People can, however be excluded from some social systems while they are included in others (Madsen, 2005). Which one or more of the six dimensions that is most significant to exclusion may vary from one country or context to another, but unemployment is thought to be central to triggering an exclusion process (Silver, 1994; Kronauer, 1998).

### ***Earlier research***

Earlier studies have often linked the causes of homelessness to shortcomings in either the individual or society (Sahlin, 2016). Nowadays, homelessness research has generally aligned with a more dynamic perspective on the phenomenon, which encompasses individual, relational, organisational and structural causal factors (Lee *et al.*, 2010; Benjaminsen and Knutagård, 2016). These factors usually have a highly complex interrelationship and may involve both personal history or actions and the consequences of labour market, housing and social policy. Various factors may also apply in different countries or contexts (Blid *et al.*, 2008). Although individual factors may be important to explaining the causes of homelessness, they

seem to have less effect on sudden or substantial increases in the number of affected individuals. We thus need instead to seek understanding of these changes in trends at the structural level (Kemp *et al.*, 2001).

One such significant structural factor has to do with waves of urbanisation with mass influxes from the countryside to large cities, which often lead to housing shortages, which generate homelessness. Studies show, for example, that homelessness is more common in large cities than in rural areas or small towns (Blid *et al.*, 2008).

Poverty is the circumstance that, above all others, is thought to have the strongest association with homelessness, in that people who lack sufficient economic resources have difficulty meeting their basic needs, such as for food and shelter (Anderson and Tulloch, 2000; Anderson and Christian, 2003; Knutagård and Swärd, 2006; Busch-Geertsema *et al.*, 2010; Nooe and Patterson, 2010; Shinn, 2010). Eviction due to unpaid rent is, according to several studies, one of the most commonly reported causes of homelessness (Anderson and Christian, 2003; Busch-Geertsema *et al.*, 2010; von Otter *et al.*, 2017).

Poverty is, in turn, a consequence of unequal living conditions, wide income disparities and weak social safety nets (Shinn, 2010), but also economic crises. These may result in unemployment and difficulties for certain groups to enter the labour market or earn a living wage (Kemp *et al.*, 2001; Anderson and Christian, 2003; Shinn, 2010). Weakened or low levels of social benefits are another aspect that contributes to poverty.

Another significant risk factor for homelessness is the lack of affordable housing and rental housing, often due to changes in housing policy (Kemp *et al.*, 2001; Lee *et al.*, 2010; Shinn, 2010; Sahlin, 2016). Widespread changes in the housing market can entail severe difficulties for low-income people to maintain their housing. The higher rents are in general, the higher the proportion of people who become homeless (Blid *et al.*, 2008).

The major de-institutionalisation of psychiatric care, particularly during the 1980s and 1990s, made it difficult for some groups to manage independently; one of the results was that many people became homeless (Kemp *et al.*, 2001; Shinn, 2010). A study of the consequences of this de-institutionalisation in Sweden shows, however, that a majority of individuals with mental illnesses have been found to be in stable housing situations (Topor *et al.*, 2016), although studies of the lives of homeless people have shown that a high proportion of these individuals suffer from mental health problems and have experienced episodes of in-patient psychiatric care (Goering *et al.*, 2002; Anderson and Christian, 2003; Caton *et al.*, 2005; Moore *et al.*, 2007; Blid *et al.*, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010).

Discrimination constitutes yet another structural factor, where, for example, ethnic minorities have difficulty getting established in both the labour market and the housing market (Shinn, 2010; Nordfeldt, 2012; Tayler Anderson and Collins, 2014). But this may also have to do with those individuals who have been in care for addiction or mental illness or in prison are highly stigmatised and thus have difficulty securing housing on their own (Lee *et al.*, 2010).

The research has also shown several individual characteristics or life conditions can increase vulnerability to homelessness. Several of these factors interact with and can be affected by factors on a more general social level:

At the macro-level, structural factors are likely to remain the primary cause and explanation of homelessness. Structural circumstances also influence the micro-level, both creating individual pressures and constraining individuals' ability to change or resolve difficult housing situations (Anderson and Christian, 2003, p. 116).

Age and gender are examples of identified individual factors that may be linked to homelessness. Several studies show that homeless people are often middle-aged or older and are generally male (Goering *et al.*, 2002; Caton *et al.*, 2005; Busch-Geertsema *et al.*, 2010; Fitzpatrick *et al.*, 2013). Other studies have been unable to determine any clear correlation between homelessness and age or gender (Shier *et al.*, 2015), but the pathways through homelessness may differ for women and men. Women's generally weaker economic position makes them vulnerable in crises and lone women parents are a particularly economically exposed group (Bretherton, 2017). Many women also lose their homes due to domestic violence (Watson, 2000; Moore *et al.*, 2007). When they become homeless, they are more likely than men to turn to parents and friends to keep a roof over their heads (Bretherton, 2017).

Ethnic origin can, as mentioned, have impact on the opportunity to secure housing and there is according to several studies an over-representation of people with migrant experience among the homeless population (Anderson and Christian, 2003; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Nordfeldt, 2012; Shier *et al.*, 2015; Van Straten *et al.*, 2017).

Homelessness has also been connected with the factors of lone parenthood or being single (Caton *et al.*, 2005; Nordfeldt, 2012; Shinn, 2010; Van Straten *et al.*, 2017). Many homeless people have also separated from former spouses or partners (Anderson and Christian, 2003; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Fitzpatrick *et al.*, 2013). Living with a partner often entails greater pooled economic resources that can prevent crises of various types, but also provides social and emotional support. Several studies have shown that many individuals with a history of homelessness have a smaller social network with fewer signifi-

cant others or friends to turn to for support in crises of various types. They often have weak or conflicting relationships to immediate or extended family (Anderson and Christian, 2003).

Individuals' experiences of childhood poverty (Shinn, 2010), physical, mental and sexual abuse constitute risk factors for future housing difficulties (Goering *et al.*, 2002; Harding *et al.*, 2011). Young people who have run away from home for reasons including parental violence, addiction and mental illness, or who have been thrown out by parents are at imminent risk of homelessness (Sjöblom, 2002; Anderson and Christian, 2003; Fitzpatrick *et al.*, 2013). There is also over-representation among homeless people individuals with previous experience of foster care or institutional care (Harding *et al.*, 2011).

A low level of education is a significant risk factor for homelessness, in that it makes it more difficult to enter the labour market and, by extension, become self-sufficient (Caton *et al.*, 2005; Tayler Anderson and Collins, 2014; Shier *et al.*, 2015; Van Straten *et al.*, 2017). A large proportion of homeless people have a history of school failure or bullying (Harding *et al.*, 2011; Kostianen, 2015).

Homelessness and criminality interact in that it is harder for individuals to get housing after being released from prison, while homelessness itself increases the risk of criminality and being sentenced to prison (Caton *et al.*, 2005; Lee *et al.*, 2010; Shinn, 2010; Fitzpatrick *et al.*, 2013). Many homeless people have a history of imprisonment or institutional treatment (Anderson and Christian, 2003).

A large proportion of homeless people have serious alcohol or drug problems (Caton *et al.*, 2005; Moore *et al.*, 2007; Busch-Geertsema *et al.*, 2010; Fitzpatrick *et al.*, 2013; Shier *et al.*, 2015; Van Straten *et al.*, 2017), which in some cases have been the main cause of eviction or difficulty getting into a home of their own (Anderson and Christian, 2003). The relationship between both states of affairs is complex and may, here as well, go in both directions, as substance abuse problems may also be a consequence of homelessness (Moore *et al.*, 2007). One study shows, for example, that almost half of the homeless people studied began to use alcohol or drugs after they became homeless (Johnsson and Chamberlain, 2008).

Mental health problems have been identified in several studies as a tangible risk factor for future difficulties keeping a home. Between 25 and 50 percent of homeless individuals are reported to suffer from serious and/or chronic mental health problems (Anderson and Christian, 2003; Caton *et al.*, 2005; Moore *et al.*, 2007; Blid *et al.*, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Van Straten *et al.*, 2017). Homeless people also commonly have various types of physical diseases including

hypertension and diabetes that may have been a factor in the person losing their job and financial support, but which can also be consequences of homelessness (Caton *et al.*, 2005; Beijer and Andréasson, 2009; Norman and Pauly, 2013).

In addition to these structural and individual factors, homelessness may also be associated with “triggers” such as a sudden financial crisis, separation, intimate partner violence, eviction, release from hospital or prison, accelerating addiction problems or mental health problems, or having run away or been thrown out of the parental home in youth (Anderson and Tulloch, 2000; Anderson and Christian, 2003; Moore *et al.*, 2007; Busch-Geertsema *et al.*, 2010; Van Straten *et al.*, 2017).

Inadequate organisation of social assistance organisations may also contribute to increased or extended homelessness (Sahlin, 2005; Knutagård, 2009). There is, for example, weak scientific support for the notion that the “housing staircase model”, commonly used in Sweden, is an effective means of dealing with the problem of homelessness, since the majority of those homeless remain in the system indefinitely and few individuals obtain their own tenancy agreements (Benjaminsen and Knutagård, 2016; SOU, 2018).

The review of the earlier research shows that most studies are based on particularly deprived sub-groups of homeless people and that there is a serious lack of studies that cover wider groups of people who do not have homes of their own. Overall, the review also shows that homelessness is a complex and dynamic problem that demonstrates great heterogeneity and thus requires multi-dimensional approaches and analyses.

## Method

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### *Sample*

The study was performed as a cross-sectional study based on data for the period of 2013-2016 retrieved from the IKMDOK database.<sup>1</sup> The empirical basis of the study was interview responses from 1 148 individuals in connection with initial contact with municipal housing programmes in the cities of Gothenburg and Karlskrona. There was a loss of 16 individuals from the original material due to incomplete information. The sample was 32 percent women and 68 percent men, whose average age was 39 years (17-79).

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<sup>1</sup> The research database is administered by the Institute for Knowledge and Method Development in Youth and Substance Abuse Treatment (IKM), Linnaeus University, Växjö, Sweden.

The housing programmes in Gothenburg and Karlskrona offer accommodation to people unable to get housing in the regular market due to substance abuse or other psychosocial problems. Gothenburg, Sweden's second largest city, has 550 000 inhabitants and in the national survey of homelessness that was carried out in 2017, the number of homeless people was estimated at 3 800 (National Board of Health and Welfare 2017a). In Gothenburg, there is an action plan aimed at homelessness and the overall goal is to halve the number of homeless people. Within the organisation in Gothenburg there are both temporary and more long-term housing alternatives. Karlskrona has 66 000 inhabitants and here the number of homeless people was estimated to be 18 in the survey (National Board of Health and Welfare 2017a). The municipality lacks a specific action plan, but has a relatively extensive municipal housing activity. In Karlskrona, most of the accommodation places consist of apartments with support and supervision.

### ***Material***

'Housing-DOK' is a target-group adapted version of the structured DOK interview developed jointly by IKM and the housing programme in Gothenburg (Dahlberg *et al.*, 2017). It is used to identify the person's living conditions in order to make relevant assessment, planning and implementation of interventions. The information collected can also serve as a basis for follow-up and local evaluation. The intake form contains a total of 90 questions and the areas covered in the interview are: housing circumstances, relationships, physical and mental health, violence and victimisation, alcohol and drug-related information, treatment history, criminality and contacts with government agencies and the health care system. As regards the reliability and validity of the selected variables, the original DOK interview has demonstrated generally satisfactory or good reliability and validity for several of the basic variables included in this study (Anderberg and Dahlberg, 2009). The Housing-DOK interview has also shown good acceptance among clients and professionals (Social Resources and Service Administration, 2015). Only anonymised data were used for this study and permission has been obtained from the National Board of Health and Welfare Research Ethics Committee for the storage and processing of data for research purposes.

### ***Analysis***

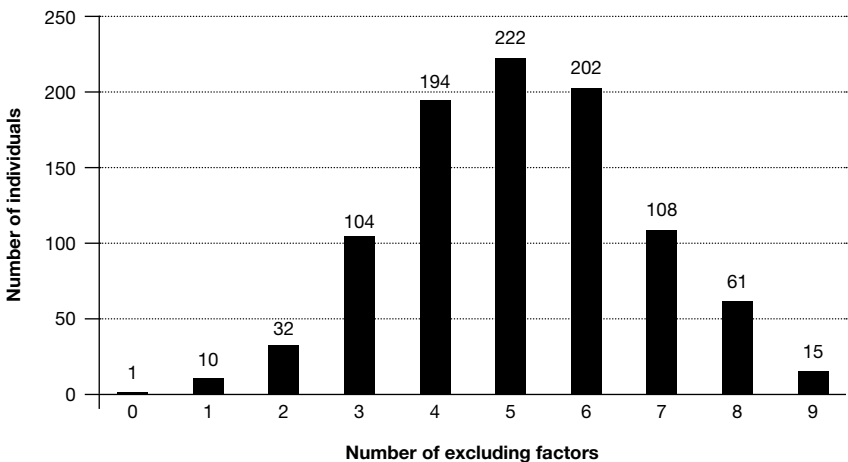
The study population was first categorised into women and men and several basic variables were analysed with regard to gender differences. Based on the theoretical framework, the individuals' degree of social inclusion and exclusion was analysed thereafter. The theory was related to the question areas and variables of the existing interview. The variables were chosen based on central aspects such as the multi-

dimensional, process-oriented and cumulative nature of the framework. The empirical material was processed based on the operationalisation below. The ten excluding factors were:

- *Exclusion from the labour market* is covered by three variables: did not successfully complete compulsory or upper secondary school; unemployed for the past 6 months; has never worked/last worked more than 3 years ago.
- *Economic exclusion* consists of two variables: no earned income for the past 6 months; bank/credit and rent arrears.
- *Exclusion by social isolation* corresponds to one variable: has no support or support only by single persons in the social network.
- *Spatial exclusion* consists of one variable: has never had a primary tenancy agreement.
- *Institutional exclusion* consists of three variables: ever sentenced to prison/court-ordered psychiatric care; history of LVU/LVM care<sup>2</sup>; history of inpatient psychiatric care.

Due to the lack of relevant variables in the interview, *cultural exclusion* was omitted from the analysis.

**Figure 1. Distribution of excluding factors in the study population. N=949.**



<sup>2</sup> LVU: The Swedish Compulsory Care of Young Persons (Special Provisions) Act. LVM: Care of Substance Abusers (Special Provisions) Act.

The chart above illustrates the distribution of excluding factors among the 949 subjects for whom there was information about these ten factors. These were summed for each individual and three categories were constructed based on the median value (five excluding factors): an included group (0-3 factors); a marginalised group (4-6 factors); and an excluded group (7-9 factors). In order to reveal significant differences between genders respective to the degree of social inclusion, 22 statistical calculations were performed using the Chi-2 test and Linear-by-Linear Association supported by IBM SPSS Statistics 22. The latter test is a special variant of the Chi-2 test that is used to indicate relationships between three or more categories based on ordinal data (Agresti, 2007).

## Results

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A report of the results of the study follows, beginning with a general description of the study population and the differences between women and men.



**Table 1. Living and housing conditions for women, men and the total study population and p-value (\*= $p < 0,05$ ). Percentage distribution.**

	Women N=366	Men N=782	Total N=1 148	P-value
<b>Previous contact with the programme</b>	33	42	39	*
<b>Living situation, past 6 months</b>				
Alone	44	72	63	*
With children	13	2	6	*
With partner	9	7	8	NS
With partner and children	7	4	5	*
With parents/relatives	11	8	9	NS
With friends	5	3	4	NS
Other situation	10	5	7	*
<b>Has children under 18 years</b>	34	28	30	NS
<b>Occupation, past 6 months</b>				
Employed (permanent or temporary)	7	10	9	NS
Student	18	8	11	*
Unemployed, on sick leave, retired	75	82	80	*
<b>Financial support, past 6 months</b>				
Earned income, student financial aid	11	10	10	NS
Pension	11	17	15	*
Unemployment benefits, social insurance benefits	21	13	16	*
Economic assistance	49	56	53	*
Other support	8	5	6	*
<b>Main accommodation, past 6 months</b>				
Own residence	8	7	7	NS
Sublet tenancy <sup>3</sup>	23	21	22	NS
Parents, relatives	12	8	9	*
Transitional housing	12	15	14	NS
Foster home, residential home	26	28	27	NS
Prison	2	4	4	*
Homeless <sup>4</sup>	18	16	17	NS
<b>Previously had primary tenancy</b>	54	66	62	*
<b>Time since primary tenancy</b>				
1-11 months	20	11	14	*
1-3 years	21	21	21	NS
4 years or longer	58	68	65	*
<b>Duration of primary tenancy</b>				
1-11 months	10	12	11	NS
1-3 years	30	36	34	NS
4 years or longer	60	52	55	NS
<b>Reason for termination of tenancy</b>				
Own volition	53	54	53	NS
Eviction	47	46	47	NS

<sup>3</sup> The "sublet tenancy" category includes lodgers, housing collectives and student housing.

<sup>4</sup> The "homeless" category also includes hotel residence and other short-term accommodation.

The table above shows that 39 percent of the individuals had previous contact with the housing programme, with the percentage considerably higher for men than for women. Living alone was the most common living situation in the past 6 months, at 63 percent. At 72 percent, men live alone much more often than women, for whom the figure is 44 percent, and women live with children or a partner and children to a much greater extent. Thirty percent of the individuals have children of their own under 18 and there is no significant difference between women and men.

In total, 80 percent of the study population have had no occupation of any kind in the past 6 months, while the others have been in work or education. The percentage of women who lack occupation is lower compared to men and more women are in education. The main source of financial support in the past 6 months was economic assistance for 53 percent, social insurance or unemployment benefits for 16 percent, old age or disability pension for 15 percent, earned income or student financial aid for 10 percent and other financial support, e.g., funds provided by relatives or the proceeds of crime, for 6 percent. There are also certain differences between women and men as regards sources of support. Men live on income support and pensions to a greater extent than women, but are less likely to be receiving social insurance or unemployment benefits or relying on other financial support.

As regards the main form of housing tenure in the past six months, 29 percent of the persons have had primary or sublet tenancies, while 45 percent have been in some form of institution, foster home or transitional housing, 17 percent were homeless and 9 percent lived with parents or other relatives.

The majority of individuals, 62 percent, have had their own primary tenancy agreements. There is a clear difference between women and men for this factor, as 54 percent of the women have previously had a tenancy agreement compared to 66 percent of the men. Among the persons who have previously had a tenancy agreement, it has been four years or longer since these tenancies ended for 65 percent, while 35 percent have had tenancy agreements within the past three years. Gender differences are found here as well, and more women than men have had a tenancy agreement in the past year. Of this group, 55 percent have had housing under a primary tenancy agreement for four years or longer, 34 percent for one to three years and 11 percent who have only had a tenancy agreement for one year or less. There are no differences between women and men with regard to duration of primary tenancy.

The reason for termination of the tenancy agreement was eviction for 53 percent, while 47 percent reported ending the tenancy of their own volition. No gender differences are shown for this information either.

**Table 2. Degree of exclusion among the study population in relation to central variables, and p-value (\*= $p < 0.05$ ). Group 1= Socially included. Group 2=Marginalised. Group 3=Socially excluded. Percentage distribution.**

	Group 1 N=147	Group 2 N=618	Group 3 N=184	Total N=949	P-value
Swedish citizen	82	80	83	81	NS
Lives alone, past 6 months	48	65	66	62	*
Children under 18 years	32	30	33	31	NS
Primary drug <sup>5</sup> past 30 days					
Alcohol	29	29	23	28	NS
Narcotics	16	34	62	36	*
Does not occur	54	37	14	36	*
Polydrug use	22	30	53	35	*
Ever injected any drug	11	24	56	28	*
Ever previously treated for substance abuse	30	46	73	49	*
Problem gambling, past 6 months	1	4	4	4	NS
Physical health problems, past 6 months	30	41	48	40	*
Mental health problems, past 6 months	31	40	54	41	*
Ever attempted suicide	25	26	38	28	*
Pharmaceutical treatment of mental illness	30	40	51	41	*
Difficulties reading and writing	14	16	28	18	*
Victim of violence, past 6 months	30	27	41	30	*
Ever convicted of crime	34	64	89	64	*

Table 2 shows similarities and differences between the three different categories, or groups, created based on the degree of social inclusion and exclusion. Fifteen percent of the individuals are found in Group 1, *the socially included*, where the gender distribution is 41 percent women and 59 percent men, with an average age of 34 years. Sixty-five percent are found in Group 2, *the marginalised*, where the gender distribution is 31 percent women and 69 percent men, with an average age of 41 years. Nineteen percent are found in Group 3, *the socially excluded*. The gender distribution here is 28 percent women and 72 percent men and the average age of the group is 36 years.

A total of 81 percent are Swedish citizens and the percentages do not vary appreciably among the three groups. As regards living situation, significant differences emerge between the groups, and about 65 percent of the excluded and marginalised groups live alone, while the corresponding information is 48 percent for the included group. About 30 percent of all three groups have children under 18.

A total of 28 percent of the individuals report alcohol as their primary drug and there are no significant differences between the groups in this respect. There are, however, clear differences between the groups concerning narcotics as the primary drug. Sixteen percent of the included group, 34 percent of the marginalised group

<sup>5</sup> "Primary drug" refers to substance abuse of alcohol, narcotics or illegal drugs.

and 62 percent of the excluded group report various forms of narcotic substances as their primary drug. A total of 36 percent report having no alcohol or drug problems and there is a significant difference between the groups here as well. The proportion for the included group is 54 percent, while only 17 percent in the excluded group report that they have no alcohol or drug problems.

Concurrent use of more than one substance is reported by 35 percent of the individuals and there are significant differences between the groups. The proportion with mixed substance abuse is 22 percent in the included group and 53 percent in the excluded group. A history of injection of drugs and a history of substance abuse treatment show a similar pattern, with significant differences among the three groups. A total of 4 percent of the individuals report problem gambling for money, but there are no material differences between groups as regards this type of problem.

The excluded group also have problems with their physical and mental health to a significantly higher extent than the other groups, with higher incidence of attempted suicide and pharmaceutical treatment of mental illness. Persons in this group also have difficulties with reading and writing, have been victims of violence to a higher extent and have been convicted of various types of crimes to a much higher degree than the other two groups.

## Discussion

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This study clarifies that individuals granted housing within various forms of municipal housing programmes are a heterogeneous group in terms of both background and current living situation. A majority of homeless people are living in difficult conditions and are in extremely exposed positions.

In accordance with several earlier studies, men are over-represented and constitute two thirds of the total group, with an average age of 39 years (Lee *et al.*, 2010; Nooe and Patterson, 2010; cf. Fitzpatrick *et al.*, 2013). Nearly two thirds live alone and about one third have children under 18. Four fifths have had no occupation in the past six months and have mainly lived on economic assistance. About half have lived in an institution, foster home or transitional housing; while one fifth have been homeless in the past six months. Almost four out of ten have never had their own tenancy agreement and among the majority of those who have, the primary tenancy agreements ended at least four years ago.

On the other hand, there are individuals who provide contrast to this picture. A large proportion of the individuals have not previously had contact with the programme. Of the total group, about one fifth has been in work or education in the past six

months and has had a regular income during the same period. About two thirds of the group have previously had a tenancy agreement and one third have had a home of their own during the past six months.

The study also shows several gender differences and that women and men probably have different pathways to homelessness. The majority of the individuals who come into contact with various types of housing interventions are men who live alone. Women make up one third of the population and they are more likely than men to live with both partners and children. Women are in education to a higher extent, while a larger proportion of men are unemployed, on sick leave or retired. Men have had their own tenancy agreements to a higher extent than women, which indicates that women have had lower incomes or been economically dependent upon partners or family. The high incidence of violence in the included group (which consists of a larger proportion of women) indicates that women may have more often been forced to leave the home due to partner violence. Overall, the results suggest that women's pathways into homelessness differ from men's (Watson, 2000; Löffstrand and Thörn 2004; Bretherton, 2017). The current widespread housing shortage in Sweden may have in certain cases led to victims of violence being forced to stay in the home or return to the perpetrator (National Board of Health and Welfare, 2017b).

Three different groups and even more distinct heterogeneity emerge in the in-depth analysis of the study population: individuals who are socially included, marginalised or socially excluded. The first group, categorised as socially included and comprising about 15 percent, are significantly less deprived, with lower incidence of drug and alcohol problems, criminality and health problems. They seem to be more firmly rooted in society with a history of work or education and wider social networks. This group is likely to include people in *acute, situational or transitional* homelessness (Kuhn and Culhane, 1998; Clapham, 2003). These situations may involve people who do not have sufficient income to secure a tenancy agreement or who have been forced to leave their homes due to separation, violence or other crisis situations. Many of these people probably do not identify themselves with other homeless people (Chamberlain and Johnson, 2011).

About two thirds of the homeless people in the study are categorised in an in-between group who are in the process of marginalisation, heading towards either inclusion or exclusion. This group likely includes individuals in both *transitional* and more *episodic* periods of homelessness (Kuhn and Culhane, 1998). In the best case, the initiation of a housing intervention may strengthen ties to society and entail a return from a precarious housing situation to more normal living conditions, but

there is also increased risks that various types of housing solutions will create a stigma that can be an obstacle to securing housing and thus a development in the opposite direction (Neale, 2008).

One fifth of the target group is socially excluded to a great extent and seems to be living in severe hardship. Of this group, 85 percent have serious drug or alcohol problems and slightly more than half also report mixed substance abuse and a history of drug injection. Almost three quarters of them have a history of various forms of substance abuse treatment. The excluded group also have physical and mental health problems to a very high extent, with higher incidence of attempted suicide and pharmaceutical treatment for mental illness. They are also more likely to have difficulties reading and writing, to have been the victims of violence and to have been convicted of various types of crime. The situation of this group can probably be said to represent *chronic* homelessness (Kuhn and Culhane, 1998; Kostianen, 2015).

Despite the differences among the groups, there is a high incidence of drug and alcohol problems overall, which is consistent with the main mission of the studied housing programmes and with several earlier studies (Caton *et al.*, 2005; Moore *et al.*, 2007; Busch-Geertsema *et al.*, 2010; Fitzpatrick *et al.*, 2013; Shier *et al.*, 2015; Van Straten *et al.*, 2017). The relationship between substance abuse and homelessness is complex, however, as drug and alcohol problems may be either a cause or a consequence of homelessness (Moore *et al.*, 2007; Johnsson and Chamberlain, 2008).

Although the incidence of mental health problems varies widely among the three groups, there is a clear connection between the general incidence of mental health problems and homelessness (Anderson and Christian, 2003; Caton *et al.*, 2005; Moore *et al.*, 2007; Blid *et al.*, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Van Straten *et al.*, 2017). The study shows that a distressingly large proportion of people in all three groups report having tried to take their own lives. A Swedish study shows that eviction entails a significantly elevated risk of suicide, even after adjusting for factors such as unemployment, mental disorders and substance abuse (Rojas and Stenberg, 2016). Preventing and avoiding evictions is thus not only a matter of urgency, it will also save lives.

Another important result is that about one third of the homeless people in this study have children under 18 and 11 percent live with their children. These children are profoundly affected by their parents' circumstances and may be repeatedly forced to move to new forms of housing or shelter, change schools and leave friends behind. They are also at risk of becoming excluded themselves later in life (Goering *et al.*, 2002). Sweden has been severely criticised for this state of affairs, including

by the UN, because the country does not comply with the Convention on the Rights of the Child in respect of children's rights to adequate housing and a supportive childhood (UN, 2015; see also FEANTSA, 2018).

One of the limitations of the study is the lack of structural variables in the interview, which is based on self-reported information and was the empirical basis of the study. Nor can this type of cross-sectional study determine any causal connections, instead showing only tendencies in the material and the relationships between the characteristics of various groups. Despite these limitations, the study is based on relatively comprehensive material from two Swedish cities and thus constitutes an example of the living conditions of people covered by municipal interventions in housing programmes aimed at preventing homelessness.

In relation to the national survey of homeless people in Sweden (National Board of Health and Welfare, 2017a), there are greater similarities than differences regarding the study's sample, for example average age, proportion of individuals with children under 18, financial support and previous accommodation situation. The study's sample is generally representative with the exception of gender distribution.

### ***Implications***

The study clarifies the benefit of social programmes working with some type of systematic documentation that can provide a basis for identifying characteristics of the target group as well as the individual's need for help. Foundational documentation of this type also provides the conditions for future studies aimed at tracking the progress of the people who are the recipients of various housing interventions.

It also emerges from the theoretical analysis in the categories of inclusion, marginalisation and exclusion that the various groups have discrete needs, which may also have implications for preventive as well as more interventional actions on the political and practical levels.

More pro-active municipal interventions are necessary for socially included people so that they gain access to homes of their own as soon as possible and do not get stuck in the "hamster wheel" of the secondary housing market and temporary or episodic housing solutions (Benjaminsen and Knutagård, 2016). These individuals have greater resources and are able to a greater extent to take personal responsibility for resolving their difficulties. There is, however, obvious risk that people who are unable to pay their rent because their income is too low or do not meet the criteria for securing rental housing will also be categorised as "deviant" and referred to social services programmes.

Emergency or constantly recurring housing interventions that rarely lead to an improved and stable living situation may be inadequate in many cases for the socially excluded group. More effective and permanent housing solutions, such as *Housing First*, or an extended period of substance abuse or psychiatric treatment may be more suitable instead (Pleace *et al.*, 2015; Benjaminsen and Knutagård, 2016; Källmén and Blid, 2016). Housing First is a solution that aligns well with social pedagogical principles aimed at creating the conditions for social inclusion, where people are regarded as active and creative agents in their own lives with skills and resources that can, with the right support, be used to manage problems and challenges (cf. Hämäläinen, 2012). A stable housing situation is also a prerequisite for people struggling with alcohol and drug abuse to complete treatment and get sober (SOU, 2011).

Based on the two represented cities, the study illustrates the need for urgent structural solutions in the form of social and housing policy initiatives in response to widespread homelessness in Sweden. Even though there is a strong correlation between low rates of homelessness and welfare states (Benjaminsen and Bastholm Andrade, 2015), Sweden seems to be an exception, with its relatively high levels of homelessness (FEANTSA, 2018). In order to support social inclusion, the processes that have excluding impact must be changed: the shortage of affordable housing must be addressed and unreasonable demands on housing applicants must be eliminated. There is a need for a new Swedish tenancy law that more clearly undergirds people's rights to housing and homes of their own. Regardless of the individual's problems, having a home of one's own is a fundamental human need. An own residence must once again be regarded as a human and social right instead of a personal investment opportunity (Sahlin, 2016). A home of one's own is also a matter of safety and security. Being forced to live with others – or in forms of housing that require one to live with other people one has not chosen – not only impinges on personal privacy, it can also increase vulnerability to harassment and abuse (Lee *et al.*, 2010).

Increasing the supply of affordable rental housing is also an important political and structural measure (Sahlin, 2015; FEANTSA, 2017). There has been some new construction of rental housing in Sweden in recent years, but this seems to have dried up (Swedish National Board of Housing, Building and Planning, 2018). It is also doubtful whether people will be able to rent these apartments at a reasonable cost. It has been shown, however, that housing benefit and comparable economic benefits can both prevent and reduce homelessness (Shinn, 2010), which clearly indicates that poverty is the single-most contributing cause of homelessness. Half of the Swedish households that have been evicted have earned income (von Otter *et al.*, 2017). It is instead the cost of housing in Sweden that is disproportionately high in relation to income levels, among the highest in Europe (FEANTSA, 2018).



Homelessness cannot be eliminated without the support of municipal programmes or supportive housing provided by social services (Swedish Government Offices, 2014). Despite this, there is no national strategy and the responsibility for eliminating homelessness has been shifted from the state level to the municipal level – and to a great extent to homeless people themselves (Sahlin, 2015). National strategies may be perceived as ineffective and not worth the paper they are printed on, but there are examples from other countries showing that general national plans with a clear objective to reduce homelessness with the support of social policy initiatives can be successful. Long-term investments in permanent housing at lower cost, combined with specialised support for the most deprived homeless individuals have been carried out in our neighbouring countries of Norway and Finland (Pleace *et al.*, 2015; Dyb, 2017). Norway and Finland are also the only countries in Europe that have successfully reduced homelessness, supported by a goal-oriented strategy (FEANTSA, 2018). It seems that Sweden and other European countries need to follow their lead.

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# Is Work an Answer to Homelessness? Evaluating an Employment Programme for Homeless Adults

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- **Abstract\_** *There is mounting evidence that preventative services and Housing First, working with other homelessness services within an integrated homelessness strategy, can greatly reduce the experience of lone adult homelessness. However, progress in reducing the socioeconomic inequalities and poor social integration associated with lone adult homelessness has been more mixed. Housing can be both secured and sustained, but absence of family and friendship ties, poor community inclusion, relatively poor health and economic exclusion can still continue after the physical experience of homelessness has ended. This paper draws on a two-year longitudinal evaluation of a multi-site programme that was designed to promote economic and social integration among homeless people in the UK. Tracking a cohort of people using the service over two years, it was found that people whose lives had been characterised by sustained social and economic integration prior to homelessness were most readily assisted by the programme. Successes were also achieved with homeless people who had little experience of formal paid work, and with people with higher needs for treatment and support, but results were more mixed. Work secured with the help of the programme could play an important role in facilitating and sustaining an exit from homelessness. However, some programme participants who were 'successful', in that they secured work and were no longer homeless, found themselves in a liminal state, in which their employment and housing were both poor quality and insecure.*
- **Keywords\_** *Homelessness and social integration, social cohesion, employment, education and training, labour market activation.*

## Socioeconomic Integration as a Potential Route out of Homelessness

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The idea that an exit from poverty and integration into society is best achieved by getting a paid job is a mainstay of European social policy. Attempts at labour market activation as a response to homelessness are also a feature of homelessness and wider social policy across the OECD. There are those who maintain that the profound inequalities generated by late Capitalism (Piketty, 2014) might be mainly to blame for homelessness in the first place (Kuhn and Culhane, 1998; Okamoto, 2007; O'Sullivan, 2008; O'Flaherty, 2010; Willse, 2010). Others argue that the humanity and agency of homeless people must be at the core of understanding homelessness (McNaughton, 2006; Parsell, 2018). Most of what has been written focuses on trying to understand a supposed intersection of structural and individual factors (Caton, 1990; Neale, 1997; Pleace, 2000; Fitzpatrick, 2005; Farrugia and Gerrard, 2015; Pleace, 2016).

There are data suggesting countries with extensive welfare systems and lower inequality have less homelessness (Benjaminsen and Andrade, 2015; Benjaminsen, 2016; Benjaminsen and Knutagård, 2016), while ethnographic studies (Dordick, 1997; Gill, 2015; Marr, 2015) show the human dimensions and the role of individual agency. The emergent research on women's homelessness suggest gender variations in homeless pathways, again showing that understanding individual agency needs to be part of understanding homelessness (Mayock and Sheridan, 2012; Bretherton, 2017). Specific groups of characteristics, behaviours and treatment needs are repeatedly reported in long-term and recurrently homeless populations (Kemp et al., 2006; Bowpitt et al., 2011; Benjaminsen and Andrade, 2015; O'Donoghue-Hynes et al., 2015; Benjaminsen, 2016; Metraux et al., 2016), alongside some data indicating that these characteristics can develop during, rather than before, homelessness (Culhane et al., 2013). Gowan (2010) characterises the various arguments within this mix, the orthodoxy of homelessness as being a mix of the individual and structural factors, as sin-talk (deviant action), sick-talk (illness, particularly mental illness) and system-talk (systemic drivers).

Homelessness services fall into two main groups. Housing readiness services are centred on making a homeless person able to live and cope on their own before offering housing, changing supposedly negative behaviours, ensuring treatment compliance and promoting socioeconomic integration, setting targets on the road to a single model of 'housing readiness' (Sahlin, 2005; Tabol et al., 2009; Rosenheck, 2010). Housing First and housing-led services, by contrast, provide housing quickly and deliver choice-led support services, coproducing support with homeless people that is designed to promote health, wellbeing and socioeconomic integration (Tsemberis, 2010; Tsemberis, 2010a; Greenwood et al., 2013). These two

models are aiming for essentially the same thing, the promotion of a normal life, within normal social and economic conventions, this means both have an element of behavioural modification (Hansen-Löfstrand and Juhila, 2012), albeit that they are working in quite different ways (Pleace and Bretherton, 2017).

Neither housing-ready nor Housing First/housing-led services achieve consistent outcomes around social integration. For housing ready services, also known as 'treatment first' or 'staircase' services, the problem is low programme completion rates, people run away from strict regimes, or get stuck on a 'step', and do not progress to a state of supposed 'housing readiness' (Pleace, 2008). For Housing First, the issue is mixed outcomes, the strengths in sustaining housing are not always being matched by consistent increases in social integration (Padgett, 2007; Kertsez et al., 2009; Stanhope and Dunn, 2011; Johnson et al., 2012; Tsai and Rosenheck, 2012; Pleace and Quilgars, 2013; Quilgars and Pleace, 2016; Leclair et al., 2019). Alongside this, the emergency and temporary accommodation that still forms much of European homelessness service provision, does not promote socio-economic integration, although there are daytime services in parts of Central and Eastern Europe, that do not offer housing, but which are geared to labour market activation (Pleace et al., 2018).

In response to evidence of low rates of socioeconomic integration, specific homelessness services have been developed that try to promote integration, usually through getting people into paid work, or into education and training that will lead to paid work. The different forms of intervention can be, broadly, classified into three main groups:

- 'Work-Ready' models that focus on trying to make homeless people attractive prospects to employers, for example via education, training, work placements, volunteering/unpaid internships and help with seeking and securing jobs.
- 'Work First' models that use a supported placement approach that puts homeless people straight into employment, providing support until their job is secure, often known as individual placement and support services. These are also known as individual placement and support (IPS) services which are used for various groups facing barriers to employment, including homeless people.
- 'Work Providing' models that use a social business, social enterprise or charitably or publicly subsidised employment programme to provide homeless and formerly homeless people with work.

There is considerable diversity in how these services and programmes are organised. These services can be charitable, be provided/funded by government, involve philanthropic activity by the private sector, or involve various combinations of agencies across different sectors (Balkin, 1992; Trutko et al., 1998; Randall and

Brown, 1999; Bridgman, 2001; Malone, 2005; Singh, 2005; Luby and Welch, 2006; Rosenheck and Mares, 2007; Shaheen and Rio, 2007; Poremski et al., 2015; Hoven et al., 2016; Poremski et al., 2017; Stacy et al., 2017).

The work-ready approaches mirror what is done by European welfare states, which often have various programmes centred on labour market activation for people claiming welfare benefits. Sometimes these programmes are voluntary, but they are increasingly tied into welfare systems, i.e. one is always required to undertake work-readiness/labour market activation programmes as a condition of access to welfare payments and to demonstrate that one is searching for work, unless passing strict tests that determine entering paid work is not possible (Dwyer, 2016).

Homeless people do engage with these mainstream systems where they are eligible for welfare benefits, with conditionality requirements making them engage with various forms of labour market activation (Beatty et al., 2015). Core elements of EU policy, the Social Investment Package (SIP), the Employment and Social Innovation (EaSI) programme and the European Social Fund (ESF) are all designed to promote labour market activation, although welfare policy is a reserved power for member states. Where more specialist labour market activation services are provided for homeless people, they may be more flexible, offer different kinds of support or more intensive support, than existing services.

Social enterprise, an array of broadly related entrepreneurial innovation designed to generate both social and economic benefits, is also used to promote social and economic integration, again usually with emphasis on paid work. This includes businesses that divert profits into working with homeless people, so for example a restaurant or landscaping company, that recruits and trains homeless people (Hibbert et al., 2002; Teasdale, 2010, Teasdale et al., 2011; Teasdale 2012). Social enterprise can also be combined with other services, one example is Emmaus, which uses profits to house, support, employ and train homeless people (Clarke, 2010). Some homelessness services may directly employ homeless people to provide services, or support internships or volunteering opportunities designed to help people into employment (Barker and Maguire, 2017).

The literature suggests mixed results for labour market activation and social integration and employment services for homeless people. Coaching or support services can have a positive effect on securing work, with homeless people receiving support having a better chance of getting work than those not being supported (Hoven et al., 2016). However, any supply side intervention focused on labour, i.e. making the (potential) workforce, in this instance homeless people, more attractive to employers has two inherent limitations. First, economic context will make a difference, a well-trained and educated workforce will attract employers to some areas that are advantageous in other respects, such as major cities. However, areas characterised by

sustained economic decline do not necessarily become prosperous because initiatives are in place to train unemployed people. If there are not enough jobs, training unemployed people, including unemployed homeless people and making them 'work ready', will not necessarily create new work. Second, negative attitudes towards homeless people among employers can be a major barrier to employment. Homeless people may be inaccurately stereotyped as drug-users, criminals or as experiencing severe mental illness. In addition, some homeless people may also face practical barriers to employment associated with unmet treatment and support needs, limiting illness and disability (Poremski et al., 2016).

A further potential criticism is the nature of the work being provided by social enterprises and businesses, i.e. the question of whether homeless people who have work experience in one or more of these forms of supported employment can realistically transfer to another, 'mainstream' job in the formal economy. Here the concern is that homeless people may become engaged in what are, in effect, differentiated forms of employment, i.e. work experience that is not directly transferable to the formal economy and that will not count, or be downgraded, in the open labour market.

Results for 'Work First', or IPS services for homeless people, can be positive. However, the scale and scope of such services may be limited by overall labour market conditions and the extent to which employers are prepared to sign up as participants in a programme (Poremski et al., 2017). Resources are also a potential limitation; support workers need to be in place who can provide the direct help to formerly homeless people who are adjusting to life in employment. Likewise, work providing models using social enterprise, social business and dedicated or sheltered employment programmes require resources, which means that while they may show successes, they cannot necessarily be replicated at scale, as they are seen as too expensive (Teasdale et al., 2011; Teasdale, 2012).

Mainstream labour market activation services may not work well for homeless people. The British welfare system, which adapted mainstream services for specific groups, was assessed as actually worsening employment outcomes for homeless people, and as potentially triggering homelessness through use of 'sanctions' against people who were assessed as insufficiently engaged with labour market activation (Sanders et al., 2013; National Audit Office, 2017). It can also be argued that mass unemployment may function as a significant trigger for homelessness (Mitra, 2011), albeit that there are the various disagreements about the nature of homelessness causation (Pleace, 2016).

The role of housing is also important. The limitations of 'daytime' services, i.e. education, training and employment/labour market activation which provides no help with housing and are not part of an integrated strategy, can be compared to

those of health services for homeless people that function in isolation, effectively attempting to treat people while they are without housing. The problems centre on the lack of a settled base, an adequate and affordable home that is a suitable foundation for integration into the formal economy. The phenomenon of 'working homeless' people living in tents and cars may be less common than in the USA, but represents a situation in which (nominal) economic inclusion has not alleviated homelessness, and all the potential risks of homelessness to health, wellbeing and social integration remain in place (Metraux et al., 2018).

There has been criticism of what are seen as the ideological assumptions behind various models of labour market activation programmes for homeless people. Some research has argued that 'work ready' services for homeless people are neoliberal/ neo-reactionary constructs, that work from the premise that homelessness is entirely self-inflicted and must be resolved by enforcing behavioural modification, i.e. changing the 'work-shy' or 'work refusing' into the 'work-ready' and 'work compliant' (Dordick, 2002; Willse, 2010; Garrido, 2016). Again, there are criticisms that such interventions both fail to recognise and overcome economic realities. For example, making someone 'work ready' will not necessarily result in employment in a depressed labour market or overcome negative attitudes from potential employers (Dordick, 2002; Ferguson et al., 2012). These critiques are within wider attacks on labour market activation programmes as making people take any employment available, sanctioning for non-compliance, and paying, at best, scant attention to individual wellbeing while, again, failing to recognise the realities of depressed labour markets (Garland, 2001; Wacquant, 2009; Dwyer, 2018).

## The Research

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The research was an evaluation of an NGO led employment programme operating across six cities in the UK. The research was both formative and summative. The formative element of the evaluation provided ongoing feedback on the performance and effectiveness of services that could be used to fine-tune and if necessary, modify service activity. The summative function of the evaluation was delivered in the interim and final reports. The main goals of the research were to:

- Assess effectiveness in promoting socioeconomic integration for homeless people, within a 'theory of change' model devised by the service provider. This model highlighted employment and financial stability, good health and wellbeing, housing stability and good relationships and social networks.
- Test the effectiveness of labour market activation through education, training, support with searching for work, interview skills and developing a CV (résumé), alongside practical support.

- Test the effectiveness of related supports designed to help enhance health and wellbeing, housing stability and personal and community relationships, alongside delivery of labour market activation.
- Employ a model that assessed effectiveness from the perspective of people using the programme and that used longitudinal data to track the impacts of the programme on their life over a period of two years.

The six centres provided individual support with job seeking, such as help assembling a résumé, help searching for work, training in interview techniques, assistance with transport and access to appropriate clothing for interview. Basic education in information technology, mathematics and literacy was offered, as was a small range of vocational training. There was also individual assistance and some financial support with accessing externally provided training and further education, e.g. arranging and funding access to short courses run by local colleges. The centres could also offer some practical and financial support to facilitate self-employment and support with accessing mental health and health services. Direct support was also available with securing housing, chiefly in the form of housing advice, but the programme and most of its resources were focused on economic integration (Pleace and Bretherton, 2014; Bretherton and Pleace, 2016; Pleace and Bretherton, 2017).

The programme also offered an array of arts-based activities, which were intended to develop emotional literacy and skills in working collaboratively among individuals whose engagement with formal education and training had hitherto been limited. Some support was also provided with housing, mainly locating homes in the private rented sector and support on how to manage a tenancy agreement (rental agreement) and with mental and physical health, centred on low intensity service brokering/case management services.

The programme used a mix of building-based services, which were fixed sites that homeless people were encouraged to visit and mobile or outreach services. Initially, some sites were more focused on the former and others on the latter, but over time a hybrid form of organisation began to emerge, with a mix of service provision. Not all services possessed quite the same mix of services, the most important distinction here was the presence of a social enterprise café at three of the sites, which were also the largest, although it was also the case that two sites were able to offer a wider range of arts-based activities than the others. Part of the variation was linked to what other services and opportunities for connection existed in each area and this varied between the cities in which the programme sites were located: Birmingham, Edinburgh, Liverpool, London, Newcastle and Oxford. However, the core activities and the theory of change model used by all six sites were identical, the programme was uniform in term of its core design and mission.

Anyone defined as homeless or at risk of homelessness could access the programme, which included people living rough, in emergency shelters, in temporary supported housing, in temporary/emergency accommodation and at direct risk of homelessness due to eviction. The programme emphasised service user choice, which meant each person worked with support staff to define their own goals, in relation to education, training and employment outcomes, which the programme then sought to support.

Arts-based activities were mainly designed on the basis that participation was the goal, with the intention being to build confidence that would encourage use of the education and employment services. Basic skills education and the training either offered certification of basic achievements and/or resulted in recognised accreditation. Grants were available that could support someone to start their own business, including work related to particular strengths in arts-based activity. For example, if someone showed real musical talent, pursuing a musical career was a possibility that could be supported.

Attendance at classes, one-to-one support and arts-based activities was quite strictly timetabled, respondents reported being expected to arrive and depart within a narrow time window that allowed only a few minutes before and after each contact. Facilities for socialisation, space where service users could, for example, avoid bad weather while waiting for classes or other activities were not provided by those centres with their own buildings, nor at the other locations at which services were delivered. Service users were also not allowed to engage with the six centres if they were intoxicated and could be ejected for violent or challenging behaviour. This is not unusual in the sense that spaces shared by homeless populations tend to be relatively regulated (Hansen-Löfstrand, 2015), although staff at the six centres described this regulation as logistically necessary, rather than as reflecting particular attitudes about homeless populations. People using the programme had to go where the courses, activities and support were provided in order to access services.

The programme contained elements of a 'work ready' model. The emphasis on choice and control for the people using its services meant that it was collaborative, rather than setting targets and expectations on homeless people without consultation. The programme was focused on working with someone to make themselves more employable and/or directly placing them in work, for example by funding and supporting self-employment, in the ways that that individual chose for themselves. The programme did not adopt an IPS model, it could help arrange apprenticeships and work experience placements, but did not collaborate with employers or provide workers in a way that would be found in a 'Work First' model.



## Methods

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The research was a two-year evaluation of the programme over the course of 2014-2015, with analysis running into 2016. A mixed methods approach was adopted. This involved sharing and analysis of entirely anonymised administrative data, semi-structured in-depth interviews with staff at the six sites and a series of 20 focus groups with 145 service users, the results of which are reported elsewhere (Pleace and Bretherton, 2017).

The main element of the research was a qualitative, longitudinal cohort study which tracked a group of people using the programme over the course of 2014-2015 employing four, in-depth, qualitative interviews conducted at six monthly intervals. The cohort study recorded the experience of homelessness among this group, their contact with and opinions of the six centres and tracked any impact that the six centres had on homelessness trajectories. This analysis is the focus of this paper.

The research used a structured interview which covered a series of standardised 'core questions' on housing situation/homelessness, employment situation (also encompassing participation in education and training), social integration (personal relationships and community participation) and health and wellbeing. These questions were used to track changes over time and after the initial interview, the researchers provided a structured summary of their responses in the last interview, to check that the data had been recorded correctly last time and as a prompt for the respondent to talk about any changes. Respondents were also asked to talk freely about their experiences of using the programme and were asked, at their initial interview, about their personal history and their routes into – and experiences of – homelessness. Interviews were recorded and transcribed, with the researchers using Nvivo as a shared resource for systematic qualitative analysis, tracking their interpretations of responses to minimise any risk of inconsistency in how the answers of each respondent were interpreted.

The cohort study used a 'permission to locate' approach, which involved asking permission to recontact each respondent for subsequent interviews and also asking for contact details for any individuals or services who were likely to know where the respondent was, if they could not be reached directly by the researchers. At each subsequent interview, the permission to contact the individual and continued permission to use any other points of contact the individual had shared to locate them was renewed and any alterations agreed and noted.

The cohort study adopted an approach of free and informed consent, i.e. beyond someone agreeing to be involved, the researchers had to be entirely satisfied that the respondent fully understood what was happening, how collected data would be stored and used and that anonymised data would be retained for further analysis

once the initial research was complete (contact and personal details for each respondent were securely destroyed once the cohort study was complete). The study was subject to independent ethical review at the researchers' University, prior to fieldwork commencing.

Sampling for the cohort study was not designed to represent the service users for the six centres as a whole. As the research was intended to explore the outcomes for the six centres, respondents were randomly selected from people who had engaged with the centres for at least one 12 week 'term' of training, education, job-seeking and arts-based activities and were current service users at the point at which they were first interviewed. Thirty percent of the respondents were women and 61% were in their thirties or forties, the majority (68%) were of White European descent, broadly reflecting the characteristics of the wider user base for the six centres.

A total of 158 respondents took part in 406 interviews for the cohort study. In all, 169 hours of interviews were recorded and analysed using dedicated qualitative analysis software. The interviews ranged from approximately 20 to 40 minutes in length.

Fifty-six people completed all four of the interviews and 27 completed three interviews. At the second interview, respondents who could not be located were replaced with an alternative respondent with broadly similar characteristics. Twenty-two respondents completed two interviews and 53 respondents took part in a single interview. This paper focuses on the results from the 83 people, who either completed three interviews over 18 months, or who took part in all four interviews over 24 months.

The 83 respondents were not necessarily representative of all medium to long-term service users and were, of course, a group drawn from homeless people who had voluntarily sought assistance from an education, employment and training service that also offered arts-based activities, meaning they were also not necessarily typical of homeless people more generally.

Thirty per cent were women and 61% were aged in their 30s and 40s. Older men, aged 50 and above, outnumbered older women (26% of men compared to 15% of women). Sixty-eight percent were White European, with the next largest ethnic group being Black/Black British people (18%). The cohort was not representative of programme users as a whole as the purpose of the research was to explore programme outcomes, which meant that they all had at least several weeks experience of using the programme, whereas many of those engaging with the programme did so only very briefly (for details see: Bretherton and Pleace, 2016; Pleace and Bretherton, 2017).

## A Route Out of Homelessness?

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The programme had helped most of the 83 people. Some had returned to paid work (39%), others to education and training (18%) and another group were actively seeking work with a sense they had a realistic prospect of finding it (16%). Most of the 83 viewed the programme as flexible, tolerant, understanding and for the most part as effective.

The cohort study showed four patterns of contact between the 83 service users and the six centres, based on the situation of respondents at their last interview. There were four groups who could be defined as people who were 'reintegrating', people who were moving into education, training and employment for the 'first time', people whose progress towards labour market and social integration was characterised by erratic progress, with both advances and reverses occurring during the analysis and people who, while using the six centres, experienced 'no change' to their marginalised social and economic position. The bulk of those using the six centres were within the first two groups, 47% were 'reintegrating' and 33% were integrating economically for the first time, with the 'no change' group being smaller (12%) and the 'erratic progress' group being the least numerous (8%).

The 'reintegrating' group were people whose working lives or progress through further or higher education had been disrupted by homelessness, but who had been economically and socially integrated for most or all of their lives prior to that point. Relationship breakdown, mental or physical illness, occasionally alcohol, drug or gambling addiction and in some instances, unemployment had been a trigger for their homelessness. Contact with the programme could be quite brief for this group, as existing work histories and relatively high levels of education, alongside recent employment experience or already having secured a University or College place, could mean that they could work directly with workers whose role was to help them seek and secure a job, rather than need to pursue training, education or engage with arts-based activity first.

Homelessness had not been a long-term or recurrent experience for the 'reintegrating' group, they had become homeless, or been assessed as at immediate risk of homelessness, after a sustained period of social and economic integration. Their norms were societal norms, of holding down paid work, completing further or higher education and running their own lives, including where and how they lived. Their experience of homelessness was transitional and in some instances one of the reasons for this was the support from one of the six centres, alongside support from other homelessness services, social landlords and the public health system. The presence of a group, recently employed or in education, seeking assistance from a homelessness service designed to connect people to employment and education might have been anticipated. Homelessness had, for the most part,

occurred, but the programme was working as a preventative service, an intervention that could help stop that homelessness becoming sustained or prolonged. This programme had worked effectively with a group of people whose homelessness had been short-term, who had fallen out of mainstream economic and social life and been helped back up, at least in part through services offered by the six centres that were more specifically tailored to the experience of homeless people than the mainstream employment services attached to the UK welfare system (Pleace and Bretherton, 2017).

The 'first time' group were people who were moving away from a longer-term experience of economic and social exclusion, which could be associated with a longer or repeated experience of homelessness, and towards education, training and employment. It was among this group that the programme achieved its 'headline' results, helping a former rough sleeper into work, or a long-term homeless person into college or university. This population are the group on which labour market activation services for homeless people are often, at least nominally, intended for. In a few cases, people in this group were long-term and recurrently homeless people with high and complex needs.

Importantly, the programme was a choice-led approach, it did not advocate or require a set of specific behavioural changes, nor work on the basis that an individual had to take any opportunity that presented itself. This 'first time' group was being made 'work ready' but in a quite specific way, i.e. in ways that were, at least in part, determined by themselves, pursuing education, training and job opportunities within a choice-led framework, rather than being within a Fordist structure that tried to make everyone 'work ready' in a single, set way (Bretherton and Pleace, 2016).

A smaller group made 'erratic progress' engaging with education, training or paid work, but unable to complete the process or sustain their position, sometimes because of a change in circumstances, but most often because an existing limiting illness, disability or mental health problem worsened. Addiction was not among the reasons why this small group, who moved both towards and away from greater economic and social integration were in this position.

Individual wellbeing and health issues could not be overcome by the programme. Specific support, in the form of low intensity case management and emotional/practical support was part of the programme, although not available in every area during the course of the evaluation (Pleace and Bretherton, 2014a). However, once a deterioration in health was sufficient to mean that it became impractical to pursue education, training or work, all that could be done was to support referral to health and social care services.

Alongside this group, there were those individuals who, although they were actively engaged with the programme for some time, had 'no change' in their economic or social position. How exactly this is defined is important. Some of this small group experienced positive changes as a result of engaging with the arts-based and educational services offered by the programme, reporting better quality of life and greater wellbeing, as they had something that they found constructive and/or enjoyable to do during the day.

This group contained individuals who became very long-term users of the programme for these reasons but were repeating activities without their social or economic position changing. Barriers to education, training and paid work included relative old age, particularly where this was combined with limiting illness or disability, sheer distance from the experience of paid work or education, i.e. many years or decades away from such experiences, including incomplete basic education as a child and specific support needs that might include addiction and severe mental illness. Paid work for some of the people in this group might still be a possibility but may have required much more intensive services than were on offer, or may simply have been an unrealistic goal, a pattern that reflects results from some other studies (Poremski et al., 2016).

As the programme developed, attitudes towards the 'no change' group began to change, as they were using resources, often at comparatively high rates, without any progress being made with respect to the stated goal of the programme to promote labour market activation. A process of withdrawing the service from this group, which in some cases produced anger and resentment, was begun towards the end of the evaluation period. This group's quality of life had often been improved by the programme, because they had something enjoyable and constructive to do during the day, albeit that the goal of labour market activation was not being achieved.

While a relatively small group, the people in this situation were often benefitting from the programme, which prompts some questions about the role of this sort of intervention and whether, for example, arts-based and basic skills education might be broadly beneficial to some long-term and repeatedly homeless people, without any fixed expectation that they will at some point move closer to economic participation. This relates to issues around health and wellbeing, social integration and support which stem from opportunities to socialise. The programme was clear – for example in not providing informal meeting space and expecting people not involved in a specific activity to leave the spaces in which they worked – that it was focused on economic engagement. However, for this group, an emphasis on moving into paid work was not appropriate and other kinds of support, with goals around simply promoting social integration, friendship and socialisation, was more appropriate.

The research showed evidence of individuals drawing on the support of the programme, sometimes in combination with other services, to enable and sustain a clear exit from homelessness, which included some marked successes, including formerly homeless people setting up their own successful businesses, alongside entering or re-entering skilled and semi-skilled professions (Pleace and Bretherton, 2014; Bretherton and Pleace, 2016; Pleace and Bretherton, 2017). In these cases, formerly homeless people – in the ‘reintegrating’ and ‘first time’ groups, were in stable jobs and, where eligible and required also being supported by the welfare system, with sufficient income to afford the stable, adequate housing they were occupying. Social housing, which in the UK typically has rent levels around 60% of market levels, could make lower paid work more viable in terms of meeting both housing and living costs. Higher paid work could mean that better quality and more stable private rented housing was an option. People who used the programme and who exited homelessness were not generally in a position to buy.

However, nominally successful outcomes for the programme did not always mean that someone had secured a sustainable exit from homelessness. Income precarity and housing precarity, alongside low or very low incomes, could mean that exits from homelessness were incomplete, with people entering a liminal state between homelessness and housed/social integrated.

The nature of work that could be secured, reflecting longstanding patterns of hyper-casualisation in UK and European labour markets was not always high quality. Jobs could be mundane and unpleasant, relatively poorly paid (the minimum UK wage is approximately 1 463.80 EUR a month, for 37.5 hours, source: Eurostat). However, housing stability and social integration could be precarious because work was only part-time, particularly zero-hour contracts, or was only available temporarily. Zero-hour contracts in UK law mean that someone does not have to work when asked to, nor can they be prohibited from seeking work elsewhere, which creates flexibility for workers, but employers are not obliged to actually give anyone work and, to maintain a contract, are generally expected to be ready to work when called upon. Part-time job hours can also vary. Unpredictable income meant that budgeting, including affording rent, could be difficult, particularly as the welfare system could prove slow, limited and inflexible when someone was working part of the time. There is strong evidence that the UK welfare system, intended to guarantee a basic income and allowing fluctuations in earned income, has become characterised by both deep logistical problems and questionable ethics (Alston, 2018; Dwyer, 2018). Where work was short-term, periods of relative security might be followed by precarity and a risk of recurrent homelessness, unless another equivalent or better job could be secured.

The other issue, in every location in which the programme worked, was access to stable, high quality and affordable housing. Social housing stock is under extreme pressure throughout the UK and access, particularly for households without someone with high and complex treatment needs, disability or limiting illness or a parent or parents with dependent children, is often not a practical proposition (Tunstall and Pleace, 2018). To people on relatively low wages, or partially or wholly supported by the welfare system, the lower end (cheapest third) of the private rented sector was likely to be the only affordable or viable option.

The costs of housing were high relative to what most of the 83 people using the programme could afford, either in full or part-time work, or if being supported by the welfare system in full or part time training or education, which meant sometimes only lower standard housing could be afforded. Rental contracts in the UK, at the time of the evaluation, were variations on the assured short-hold tenancy agreements, which give private sector landlords a high degree of flexibility with respect to eviction and allows 6- or 12-month contracts, which do not have to be renewed. Some of the 83 people had to move several times when housing ceased to be available, affordable or was of poor quality, after their experience of actual homelessness had ended.

Several respondents secured a succession of temporary jobs while they were in contact with the researchers and others had two or more jobs to try to cover their living costs. For those in education, training or in part-time work, full or partial reliance on social protection payments could be highly challenging, particularly in those situations where the housing element of their payments did not fully cover rental costs.

For some of the people in the 'reintegrating' and 'first time' groups, both their economic and housing positions were liminal, not situations of homelessness, but not situations of stable economic integration or secure housing either. Other European and North American evidence suggests the presence of precariously housed populations whose lives are characterised by very low, unpredictable incomes. Some work has argued this is both the nascent transitionally homeless population and the population to which transitionally homeless people return on exiting homelessness (Meert and Bourgeois, 2005; Lee et al., 2010).

It is important to note that the programme was not confined to one offer of support. If someone found themselves unemployed, at risk of homelessness or some combination of the two, they could return to the programme for further assistance and in a few cases this had happened.

## Conclusions

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There was clear evidence that the programme could have a positive effect, either supplementing the role of other homelessness and preventative services or providing the means to exit homelessness through variations combinations of education, training and helping people into paid work, which could include productive use of arts-based activities (Pleace and Bretherton, 2014; Bretherton and Pleace, 2016; Pleace and Bretherton, 2017).

There were many dimensions to this programme and this paper was concerned with just one, whether a range of services focused primarily, though not exclusively, on labour market activation could provide a lasting solution to homelessness. The answer was yes, when the right outcomes were combined with the right context, i.e. labour market activation happened, relatively secure and well-paid work was found and an affordable and, again, relatively secure housing option was found. The people this result was most likely to be achieved for were those closest to the mainstream of social and economic life, those who were reintegrating. There were also people with more sustained or recurrent experience of homelessness who were brought into a much more stable and secure situation, again found the right kind of work and were either supported in getting the right kind of housing, or located it for themselves, moving into the socioeconomic mainstream for the first time.

However, clear limits existed with respect to what the programme could do, it did not always overcome individual circumstances when making someone 'work-ready' was not a viable option. More importantly, a nominal 'success' was still not necessarily a lasting solution to homelessness, work could be secured, as could housing, but both could be precarious and poor quality, so that rather than exiting homelessness, some of the programme users entered a liminal state, not homeless, but not a comfortable distance away from homelessness either. Here the value of a longitudinal analysis, being able to track the 83 individuals over two years was very valuable, highlighting both sustainable successes but also shining a light on nominal successes, where labour market activation had not provided a sustainable exit from homelessness, even though work had been secured. Working homelessness was not occurring, but working while being in a situation of housing insecurity, i.e. employed but at risk of homelessness and/or still socially marginalised, was an outcome for some homeless people.

There are inherent limitations to all service models, services fail when someone needs more help, or a different kind of support, than they are designed to give and when there are external challenges that it can be difficult for services to counteract. To work really well, more secure, well paid work and affordable, adequate housing with reasonable security of tenure were required and this was not something the programme could do anything about, it could work with what it had, a capacity to



enhance potential employability for service users, helping connect people with jobs, education and training and helping people find suitable housing, but often where there was not enough relatively well paying and secure work, nor enough affordable, adequate housing. There were people among the 83 whose needs, experiences and characteristics were associated with support and treatment needs that it was beyond the capacity and the remit of the programme to provide help with. All the programme could do was try to connect them to other services, there was not a realistic prospect of getting them into work, nor, with its focus on labour market activation, could the programme necessarily be the catalyst that enabled them to exit homelessness.

The shift away from working with people in the 'no change' group that took place over the course of the evaluation was an attempt to direct resources more efficiently, but it had some costs for individuals who had benefited from participating in education or arts-based activity, even if it were unlikely to ever result in paid work. Intensification of services might have produced different results, but there are always going to be some logistical limits with respect to what resources are available and how they are allocated. Alongside this, findings that suggested that while programme objectives around labour market activation had not been achieved, quality of life had been improved by contact with the programme, raise questions around whether services promoting social interaction, community and friendship have intrinsic benefits for longer-term and recurrently homeless people.

There are some fundamental questions here which extend into wider social policy and employment policy, where populist ideas about 'working hard' and being rewarded with an adequate home, a sufficient income and a reasonable quality of life collide with realities of precarity, insecurity and relative and absolute poverty among many working people. Homelessness is often presented as a break with a society and economic system that will provide, if someone engages in the right way, for their social and economic needs (Parsell, 2018). However, as this research showed, there are situations in which working hard is not rewarded with socio-economic integration, where homeless people 'doing the right thing' are not always guaranteed a sustainable exit from homelessness.

The wider realities of a country like the UK are those of widespread in-work poverty, high reliance on welfare systems for populations for whom economic opportunities have become restricted by labour market change (OECD, 2017), and ultra-concentration of society's financial resources within tiny elites (Piketty, 2014). Large elements of the wider population, not just homeless people, have become characterised by housing precarity and after housing cost poverty as general inequality increases (Alston, 2018). Again, these wider structural issues are potentially important for something like the programme, because if general experience is that

finding relatively well-paid work and adequate, affordable housing is becoming more difficult, the challenges in socially integrating a group of currently and formerly homeless group of people may be that much more acute (Bretherton and Pleace, 2016; Pleace and Bretherton, 2017).

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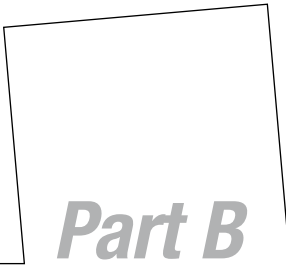
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# Think Piece





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# Ending Street Homelessness: What Works and Why We Don't Do It

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➤ **Abstract** *Vast human and financial resources have been spent in efforts to understand and address street homelessness. Yet, the problem persists. This think piece summarises the findings of a major review exploring the international evidence base on what works to end street homelessness (Mackie et al., 2017). It also reflects on the question: 'if we know what works, why don't we do it?' Informed by more than 500 literature sources and interviews with 11 international experts, it identifies the key principles which appear to improve the likelihood of interventions ending street homelessness. These include: be housing-led, offer person-centred support and choice, take swift action, employ assertive outreach leading to a suitable accommodation offer, ensure services address wider support needs, and collaborate effectively between agencies and across sectors. The article also identifies seven reasons why those responding don't always do what is known to work. If street homelessness is to be ended then we must address: the lack of settled accommodation, funding challenges, ineffective collaboration and commissioning, the needs of different subgroups, ineligibility of some people for publicly funded support, overly bureaucratic processes, and the need for stronger political will.*

➤ **Keywords** *Rough sleeping, street homelessness, evidence review, interventions, service effectiveness*

## Introduction

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The ongoing need for people to sleep rough is indicative of an unacceptable societal failure and it is a problem that persists globally. However, society has not sat idly by and watched homelessness proliferate, as vast human and financial resources have been spent in efforts to understand and address the issue. Yet, the problem persists. This think piece summarises the findings of a major review undertaken for Crisis — a United Kingdom (UK) homelessness charity — exploring the international evidence base on what works to end street homelessness (Mackie *et al.*, 2017). It briefly discusses the evidence review methodology before moving on to respond to three core questions. What works? What does not work? And, if we know what works, why don't we do it? The final section then reflects on the evidence base and identifies key areas for improvement.

## Evidence Review Methodology

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The evidence review combined two valuable traditions in assessing 'what works': the literature/systematic review and the expert panel. Literature was identified through four main sources: academic databases (Scopus and Google Scholar), Grey literature websites (Crisis, Shelter, The Canadian Observatory on Homelessness, the Australian Housing and Urban Research Institute), references within reviewed literature, and key informant interviews. Evidence was only selected for inclusion if it focussed on rough sleepers and assessed the impacts of a housing intervention. Moreover, studies were limited to those focussed on people already street homeless (i.e. homelessness prevention was excluded). Relevant studies from 1990 onwards were included, regardless of their methodology.

Ultimately, more than 500 sources informed the review (the bibliography) and just over 200 were cited (the reference list) in the report. The expert panel consisted of interviews with 11 key informants — identified as experts in relation to their knowledge on particular interventions or a particular country context — from the UK, United States (US), Canada, Australia, Finland, Denmark, Germany, and France.

The research examined the evidence base on nine interventions, including: hostels and shelters; Housing First, Common Ground, Social Impact Bonds, Residential Communities, No Second Night Out, Reconnection, Personalised Budgets, and street outreach.

## What works?

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The evidence review points towards several clear messages about what works in meeting the housing needs of rough sleepers. In some instances, the review endorses wholesale adoption of an intervention, while in other cases it highlights key principles and characteristics of a particular approach that might valuably be employed more widely.

**Housing-led solutions** work. Having swift access to settled housing has very positive impacts on housing outcomes when compared to the staircase approach. There is a particularly strong evidence base on Housing First, far stronger than is true of any other housing-related intervention targeting rough sleepers, and we know Housing First works when the key principles are adhered to. Housing First provides permanent housing to rough sleepers without preconditions regarding recovery from (or participation in treatment for) substance misuse or mental health problems. Person-centered support is provided on a flexible basis for as long as individuals need it. Housing First was initially developed in the US and is being increasingly replicated in Canada, Europe and Australia, where it marks a significant departure from the traditional ‘treatment first’ or staircase approach. Housing First has particularly good housing retention outcomes, which are especially impressive given that the intervention targets homeless people with complex needs. Retention figures typically coalesce around 80 per cent (Tsemberis, 2010; Aubry *et al.*, 2015). Housing First is not a low cost option, but it does create potential for savings in the long term given cost offsets in the health and criminal justice systems in particular. As yet, there is limited evidence on the effectiveness of Housing First with other subgroups of homeless people.

Across several interventions, but particularly Personalised Budgets, **person-centred support including choice for the individual** has proven to be effective in supporting entrenched rough sleepers into accommodation. In Personalised Budget interventions, support workers have access to a budget for each rough sleeper (typically £2,000-£3,000) which they can spend on a wide variety of items (from a caravan to clothing) in order to help secure and maintain accommodation. Importantly, rough sleepers identify their own needs and help to shape their support plan. Personalised Budgets have only been implemented with homeless people in the UK and the evidence base is limited to a relatively small number of pilot project evaluations. However, housing outcomes are fairly well documented, with pilot projects generally securing and maintaining accommodation in around 40-60 per cent of cases (Hough and Rice, 2010; Brown, 2013; Blackender and Prestige, 2014). The Personalised Budget approach is yet to be trialed with the wider homeless population but interviewees advocated wider implementation of this person-centred approach.

Interventions such as No Second Night Out have highlighted the effectiveness of **swift action** in order to prevent or quickly end street homelessness. Currently operating in England only, No Second Night Out aims to assist those new to street homelessness by providing an offer that means they do not have to sleep rough for a second night. There is widespread variation in the way No Second Night Out principles are practiced, but it typically consists of some combination of assertive outreach, public engagement, support to access temporary accommodation and/or reconnection. Service users' needs are assessed in No Second Night Out 'hubs'.

It should be noted that No Second Night Out is not aiming at medium-term outcomes, and so all but one (Jones *et al.*, 2013) report focuses on the short term. The evidence suggests that the vast majority of service users are found temporary accommodation (Homeless Link, 2014). However, swift action alone is not sufficient; No Second Night Out faced multiple challenges in relation to the lack of suitable move-on accommodation and problematic single-offers of reconnection.

**Assertive Outreach leading to a suitable accommodation offer** emerges as an effective component of several interventions, particularly those targeted at people with complex needs and entrenched rough sleepers. For example, No Second Night Out, Personalised Budgets and Housing First all employ Assertive Outreach. In very broad terms, street outreach is the delivery of services to homeless people on the street (Phillips *et al.*, 2011). Traditional street outreach programmes offer a huge range of services, from food provision to substance misuse support, but these services rarely have the primary objective of ending homelessness. Indeed, Parsell and Watts (2017) problematised traditional street outreach in a previous think piece for this journal. Assertive Outreach is a particular approach that targets the most disengaged rough sleepers with chronic support needs and seeks to end their homelessness. It can be defined by three distinctive facets: 1] The primary aim is to end homelessness (Phillips and Parsell, 2012; Coleman *et al.*, 2013; Wilson, 2015); 2] Multi-disciplinary support; and 3] Persistent, purposeful, assertive support (Phillips *et al.*, 2011). In some contexts, enforcement is used alongside assertive outreach.

The primary measure of success in assertive outreach services in the UK has been the impact on numbers of rough sleepers and the evaluations of major programmes in both England and Scotland suggest the approach has had a significant impact, reducing numbers dramatically (Randall and Brown, 2002; Fitzpatrick *et al.*, 2005). An additional measure of housing impacts is the proportion of households assisted who go on to sustain their accommodation. Two issues can be identified within the literature. First, where permanent accommodation is provided, as opposed to temporary accommodation, tenancy sustainment rates are far greater (Randall and Brown, 2002). Assertive Outreach alone is insufficient, indeed potentially unethical,



if it is not accompanied by a meaningful and suitable accommodation offer. The second issue is the form of housing provided to rough sleepers, with problems (such as high tenancy failure rates and property turnovers) being reported in both major English and Australian programmes when rough sleepers were accommodated in shared or congregate forms of housing.

**Services that specifically focus on addressing wider support needs** are effective in meeting non-housing needs. The impacts of interventions such as Housing First on wider support needs such as physical and mental health, substance misuse, and criminal activity are often documented, although outcomes are frequently not significantly different from Treatment as Usual comparison groups (Woodhall-Melnik *et al.*, 2015; Kertesz and Johnson, 2017). Interventions such as residential communities appear to offer better outcomes on employment and substance misuse (Liberty *et al.*, 1997; Nuttbrook *et al.*, 1998; De Leon *et al.*, 2000; Egelko *et al.*, 2002; Skinner, 2005; Magor-Blatch *et al.*, 2014) but their housing outcomes are often unreported. The term residential community covers a range of configurations which accommodate homeless people in a congregate (and usually geographically isolated) environment, wherein the primary focus is not resolving street homelessness per se but rather providing support relating to other areas of residents' lives. Two key models include: a) residential Therapeutic Communities which are based on a well-established therapy model that supports clients to recover from substance misuse; and b) Emmaus communities which are described as self-financing mutually supportive communities where residents live and work together.

Many interventions, including Common Ground, Personalised Budgets and Housing First, point towards the importance of developing **effective collaborations between agencies and across sectors** (e.g. housing, health, substance misuse, policing). This collaborative approach appears to be key to providing the correct type and level of support for rough sleepers but is rarely achieved in practice.

## What does not work?

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The review identifies relatively few types of intervention that evidence indicates are ineffective. That said, these interventions are frequently adopted as a response to homelessness across the globe.

**Unsuitable hostels and shelters** are ineffective. Hostels and shelters are intended to fulfil an emergency or temporary function and they are the predominant accommodation-based response to street homelessness in most Western countries. They vary substantially in terms of size, client group, type of building, levels and nature of support, behavioural expectations, nature and enforcement of rules, level of

'professionalisation', and seasonal availability. A substantial literature documenting homeless peoples' experiences in and perceptions of hostels and shelters exists, but there is a major dearth of research evaluating their effectiveness as an intervention. The most comprehensive evidence on outcomes derives from Randomised Control Trials undertaken in North America which compare 'treatment as usual' provisions (which typically involve some form of hostel or shelter) with Housing First. These indicate that a significantly greater proportion of Housing First tenants remains stably housed than those in Treatment as Usual provision (Aubry *et al.*, 2015). Evidence indicates consistently that many (and perhaps the majority of) homeless people find hostels and shelters intimidating or unpleasant environments (May *et al.*, 2006; Thorpe, 2008; Busch-Geertsema *et al.*, 2010) and some choose not to use them due to fears around personal safety and/or pessimistic views regarding their helpfulness in terms of offering a route out of homelessness (Littlewood *et al.*, 2017). Significantly, a lack of move on housing stymies the system, preventing hostels and shelters from fulfilling their intended emergency or temporary functions and forcing them to operate as longer-term but unsustainable solutions to street homelessness.

**Unsuitable, absent or inadequate support** is also ineffective, yet commonplace. Providing the right support is a considerable challenge for homelessness services and the evidence review revealed multiple examples where support arrangements did not work effectively. First, over-intrusive support in accommodation settings can undermine service effectiveness – this was a particular issue within the Common Ground approach (Whittaker, 2017). Second, interventions such as No Second Night Out and reconnection often lack adequate levels and suitable types of support. In some areas, concerns have been raised about the ethicality and potential harmful impacts of single service offers, particularly the potential denial of key services to individuals with no local connection who refuse 'poor' single service offers of support (such as a poorly devised reconnection plan) (Hough and Jones, 2011; Johnsen *et al.*, 2016).

## **We know what works: why don't we do it?**

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Existing evidence provides a clear indication of which housing-related interventions work to end street homelessness and yet mainstream responses continue to be centred on hostels and shelters. We here draw upon literature, the perspectives of key informants and our own reflections to identify seven reasons why those working to end rough sleeping do not always do what works:

1. **Lack of settled accommodation.** One of the recurring barriers across all interventions is the lack of affordable and suitable settled accommodation for rough sleepers to move on to.
2. **Funding.** Three potential barriers exist: 1] Increased investment is required in the short-term – Effective interventions such as Housing First and Personalised Budgets are not low-cost options but they do create potential for savings in the long term. 2] Cross-sector funding – Given that savings are often accrued outside of housing, effective intervention may require funds to be released from health, criminal justice, and other sectors. 3] Long-term/secure funding – Time-limited funding has been a key barrier to sustained implementation of many interventions.
3. **Effective collaboration and commissioning.** Effective approaches are often dependent on the availability of high quality, flexible, multi-disciplinary and intensive support. Some projects have not performed effectively due to this lack of support and collaboration. Ensuring effective collaboration between sectors is a key challenge in contexts where ‘silo’ commissioning arrangements predominate.
4. **Addressing the needs of different subgroups.** There has been little research on how well interventions such as Housing First or Personalised Budgets work or might work with different subgroups. For example, to date Housing First has been employed almost entirely with those with complex needs. There is no reason to believe that the principles would not ‘work’ with others but it is likely that the same level of resourcing will be unnecessary. Research is needed before widespread roll-out of any alternative approach.
5. **Eligibility.** Effective and sustainable solutions require rough sleepers to be eligible for public funds. Where rough sleepers are ineligible to access public funds, alternative approaches may be necessary. Relatedly, some rough sleepers are denied services because they lack a local connection. Restrictions in entitlements to those with a connection to the area are understandable but have proven to be detrimental to the wellbeing of many rough sleepers.
6. **Bureaucracy.** Some interventions, particularly those that encourage personalised support, can be hampered by overly bureaucratic processes and requirements.
7. **Political will.** Achieving a significant shift in responses to homelessness, often with high upfront investment and an upheaval of prevailing systems, requires considerable political will. Its absence at any level of government can be a key barrier to the delivery of interventions that work. In her address to the 2018 National Conference on Ending Homelessness in Canada, the UN Special

Rapporteur on the Right to Adequate Housing, poignantly captured this challenge; 'If we're going to solve homelessness we need governments to show up. All levels of government.'

## Improving the evidence base

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Over 500 sources informed the evidence review underpinning this think piece. The evidence provides a clear indication of what works, however it is also apparent that there are considerable deficiencies in the evidence base which we must seek to address.

There is scope for **greater research rigour**. Research, particularly outside of the US (and to a lesser extent Canada and Australia), often consists of small-scale, project-specific studies. There is an opportunity for a step-change in homelessness research. Small-scale and qualitative research has an important role to play but this should be complemented by larger-scale Randomised-Control-Trial-type experimental studies. We should also aim to address **evidence gaps for common interventions**. There is a serious lack of data on the effectiveness of a number of widely used interventions in the UK. It is particularly concerning that the outcomes of interventions as common as hostels and shelters, supported accommodation, and reconnections have hardly been examined. Additionally, further evidence is needed on many smaller scale innovations such as Personalised Budgets.

**Longer-term impacts also need to be explored.** Across all interventions there is a dearth of evidence on longer-term impacts and yet information on longer-term outcomes is key to assessing the strengths and limitations of different approaches. **Effectiveness with subgroups is also under researched.** There is scope to significantly improve our understanding of the effectiveness of interventions with different subgroups of the homeless population as differentiated by age, gender, ethnicity, level/type of support needs etc. There is a notable absence of evidence on what works with migrants and in particular those with No Recourse to Public Funds.

Studies of the impacts of **different programme structures** would fill an important gap. Across most interventions there was great heterogeneity in implementation models but only limited knowledge regarding the consequences of these differences. Finally, studies often fail to **quantify non-housing impacts**. While the evidence review focused on interventions targeted at addressing the housing needs of rough sleepers, most also impact to at least some extent on wider support needs and these can be crucial to longer term housing sustainment. Beyond the robust Housing First and Common Ground studies, there are few attempts to quantify the impacts of interventions on wider support needs (e.g. Personalised Budgets).

## Conclusion

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There is an opportunity and a need for change in the way rough sleepers are assisted. The study upon which this article is based synthesises the evidence base on what works to meet the housing needs of rough sleepers, and it points towards the key underpinning principles which appear to improve the likelihood of success: be housing-led, offer person-centred support and choice, take swift action, employ assertive outreach leading to a suitable accommodation offer, ensure services address wider support needs, and collaborate effectively between agencies and across sectors. We recommend that these principles should underpin strategies to address homelessness across the developed world. However, we also identified seven reasons why those responding to street homelessness so often fail to adopt interventions that work. If we are to end homelessness then we must address: the lack of settled accommodation, funding challenges, ineffective collaboration and commissioning, the needs of different subgroups, ineligibility of some people for publicly funded support, overly bureaucratic processes, and perhaps most importantly, a lack of political will at different levels of government.

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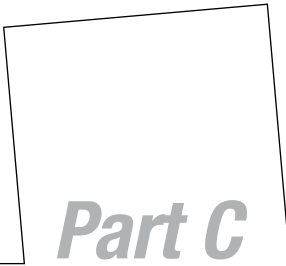
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# Research Notes



***Part C***





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# Homelessness Merely an Urban Phenomenon? Exploring Hidden Homelessness in Rural Belgium

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➤ **Abstract\_** *Rural homelessness is hardly studied and minimally understood. The available studies as well as practical experience of homelessness charities show that rural homelessness is a reality and that it concerns hidden homelessness, referring to people living temporarily with family/friends or in non-conventional housing. This study aims to explore rural homelessness in Flanders based on an analysis of client files of five more rural public centres for social welfare (PCSW), and by interviewing field workers and homeless persons in this area. Based on using the ETHOS Light typology to analyse 953 client files, we identified that 1 out of 13 clients of these local social services is homeless. More than half of them are hidden homeless. Additional interviews with hidden homeless persons and social workers point to their vulnerable and unstable living situation and relationships. We identify additional barriers for hidden homeless to seek professional help. Based on this explanatory analysis, we recommend a strong research focus on rural (and hidden) homelessness.*

➤ **Keywords\_** *Rural homelessness, hidden homelessness, social assistance clients*

## Introduction

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Traditionally homelessness is mainly depicted as an urban phenomenon (Waegemaekers Schiff *et al.*, 2016; Snelling, 2017). Rough sleepers are mainly visible in cities and services for the homeless are especially situated in urban areas. As a consequence, the concept of urban homelessness dominates policy as well as research agendas. Yet, more and more homelessness charities and organizations (e.g. Robinson and Coward, 2003; Snelling, 2017) as well as empirical studies (e.g. First *et al.*, 1994; Cloke *et al.*, 2000; Argent and Rolley, 2006) point to the emergence and prevalence of rural homelessness. In addition, these studies demonstrate that a considerable amount of rural homelessness concerns hidden homelessness, referring to people living temporarily with family/friends or in non-conventional housing.

Hidden homelessness is often considered as a first step into homelessness, before contact with shelters and other types of social care (Robinson and Coward, 2003). This makes these homeless people rather invisible or 'hidden', not only for the wider public but also for social services. Recent British data (e.g. Snelling, 2017) demonstrate the size as well as the vulnerability of the rural and hidden homeless persons. They report an average of 1.3 homeless people in every 1 000 households to be homeless in predominantly rural municipalities. Housing in the countryside is above all lacking for single people and small households (Snelling, 2017).

Similar to most European countries, available data on homelessness in Belgium mainly focus on larger cities (e.g. the Brussels street count carried out by La Strada) or on the use of residential or floating services for the homeless (e.g. the baseline measurement in Flanders by Meys and Hermans, 2014). Little is known about the presence of homeless persons among the users of the Public Centers for Social Welfare, which are present in each Belgian municipality and are responsible for the organisation and implementation of social aid and the granting of the minimum income scheme.

This explorative study is part of the MEHOBEL-Measuring Homelessness in Belgium- project, financed by the Belgian Federal Public Planning Service Science Policy. The two-fold research question is: *Are there homeless people amongst the clients of Public Centers for Social Welfare in more rural municipalities? If so, how can their situation of homelessness be characterized?*

## **Definition, Nature and Profile of Rural and Hidden Homelessness**

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### ***Defining homelessness with ETHOS Light***

The development of the ETHOS typology<sup>1</sup> in 2005 by FEANTSA<sup>2</sup> has been a great step forward in developing a common European language to define homelessness. At the 2010 European Consensus Conference, stakeholders and the European Commission agreed on the ETHOS definition for homelessness and housing exclusion. The ETHOS framework does not refer to individuals but to living situations and distinguishes four living circumstances as homelessness or extreme forms of housing exclusion: roofless, houseless, insecure housing and inadequate housing. In spite of the criticism that the framework is grounded in a rather static approach on the nature of homelessness (e.g. Amore, Baker, Howden-Chapman, 2011) and that interpretation of certain categories differ between countries (Busch-Geertsema, Benjaminsen, Hrast, & Pleace, 2014), it can be a convincing tool to stimulate coordinated national policy developments (Edgar, 2012).. On behalf of the measurement of homelessness at EU level as part of the Census 2011, a light version of ETHOS (see Table 1) was developed in 2007.

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<sup>1</sup> European Typology of Housing and Social exclusion

<sup>2</sup> European Federation of National Organizations Working with the Homeless

**Table 1. The ETHOS Light typology**

Operational category		Living situation		Definition
1	People living rough	1	Public space/external space	Living in the streets or public spaces without shelter that can be defined as living quarters
2	People in emergency accommodation	2	Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation
3	People living in accommodation for the homeless	3	Homeless hostels	Where the period of stay is less than one year
		4	Temporary accommodation	
		5	Transitional supported accommodation	
		6	Women's shelter or refuge accommodation	
4	People living in institutions	7	Health care institutions	Stay longer than needed due to lack of housing
		8	Penal institutions	No housing available prior to release
5	People living in non-conventional dwellings due to lack of housing	9	Mobile homes	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence
		10	Non-conventional buildings	
		11	Temporary structures	
6	Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence

ETHOS Light focuses on the categories of rooflessness and houselessness and partially redefines them. Categories concerning inadequate and insecure housing are not included in this ETHOS Light version. This has several advantages for the measurement of homelessness (Pleace and Bretherton, 2013). The focus on rooflessness and houselessness is more manageable, for practical reasons as well as for budget expenditure. Furthermore 'hidden homelessness' (ETHOS Light 5 people living in non-conventional dwelling due to lack of housing and ETHOS Light 6 people living temporarily in conventional housing with family and friends due to lack of housing) is more explicitly mentioned in ETHOS Light. However ETHOS Light, similar to ETHOS, does not account for the dynamics of the living situations of the homeless person. In addition, ETHOS Light doesn't take into account the situation of people living under the threat of eviction, a group often considered crucial for homelessness prevention strategies (for example in the Flemish Integrated plan against Homelessness 2017-2019; Hermans, 2017).

### ***Rural homelessness***

Most of the available studies on rural homelessness originates from the United States, Australia, Canada and the United Kingdom and a significant amount of this research is dated (Sloan *et al.*, 2015). As data collection on homelessness is often

service based and specific services for homeless are lacking in more rural communities, accurate measurement of rural homelessness is a challenge. In addition, homelessness is often marginalised within local policy discourses and rural poverty and housing needs are taken as proxy indicators (Cloke *et al.*, 2000; Waegemakers Schiff *et al.*, 2015). An interesting recent report from the UK does calculate rural homelessness in England, describing how in 2015-2016 6270 families across England's 91 predominantly rural local authorities were accepted as unintentionally homeless and in priority need, an average of 1.3 homeless in every 1000 households (Snelling, 2017). Even though this number is still lower than the 2.79 for every 1000 in predominantly urban areas, the report shows homelessness to be on the rise in the rural areas in England.

**Reasons** for homelessness are similar in rural and urban areas including ending of tenancy, relationship breakdown, family conflict, domestic abuse, losing a source of income and the cyclical nature of mental illness, substance abuse and housing issues (Cloke *et al.*, 2000; Thrane *et al.*, 2006; Waegemakers Schiff *et al.*, 2015). Some studies report that rural homeless persons are more likely to be homeless because of economic reasons than because of mental illness and drug and alcohol abuse (First *et al.*, 1994; Cummins *et al.*, 1998). Cloke and colleagues (2001) point out that housing-related factors such as mortgage arrears and loss of rented accommodation are a much more important cause of rural homelessness (46% of rural homelessness cases and 28% in urban cases; Cloke *et al.*, 2001). For single people and small households, affordable housing is lacking in more rural communities (Cloke *et al.*, 2001; Snelling, 2017; Waegemakers Schiff *et al.*, 2015).

Rural homelessness is reported to have **distinct dynamics**, such as more difficult access to services and lack of specialist homeless services (Jones *et al.*, 2014), increasing the likelihood that the needs of the rural homeless are not met. Cloke and colleagues (2000) who questioned local authorities in rural England depict their spatial practices such as relocating homeless households by pushing the location of homelessness support into nearby towns. Emergency accommodation is only provided in the largest towns of a district. Another characteristic for rural communities, reported by Australian researchers (Argent and Rolley, 2006), is "the community grapevine" or the easy passing on of personal information (such as drug use, mental illness or behaviour problems) between community gatekeepers. As a potential result, studies report how rural homeless remain longer in abusive homes before seeking help than their urban counterparts (Thrane *et al.*, 2006).

Even though a few interesting studies have been carried out on the topic, country specific research narrowly focused on a specific locality is hard to generalize (Waegemakers Schiff *et al.*, 2015). The definition as well as a broader interpretation

of what rurality entails should be kept in mind when studying rural homelessness, not overlooking the specific aspects of the rural area such as tourism and climate and the more general economic situation and social security provision.

### ***Hidden homelessness***

'Hidden homelessness' refers to persons who are provisionally accommodated (Eberle *et al.*, 2009). Provisionally accommodated can mean to live temporarily with family/friends due to lack of housing (ETHOS Light 6) or living in non-conventional dwellings due to lack of housing (such as a squat, a garage, ETHOS Light 5). Hidden homeless individuals lack the privacy of an own home and have no legal rights to occupancy. As hidden homeless people often don't make use of services, and homeless counts tend to be service based, the size of this group is hard to measure. Some studies try to estimate the number of hidden homeless and report daily numbers as high as 9 196 in Metro Vancouver (Eberle *et al.*, 2009) or 12 500 hidden homeless persons in London, which is a number 13 times higher than the number of rough sleepers (London Assembly Housing Committee, 2017).

Some studies suggest that in rural areas people are more likely to depend on family/friends (Robinson and Coward, 2003; Trella and Hilton, 2014; Snelling, 2017). Turning to friends and family is a self-evident first step when ending up homeless and most homeless people do not turn to shelters until they have completely exhausted their social networks (Shinn *et al.*, 1991). 'Couch surfing' or turning towards a non-conventional dwelling can be the most convenient option as well as the result of the (un)availability and dislike of other options. Formal shelters can be unavailable in the vicinity, people are not aware of their existence or have negative experiences or perceptions towards shelters (Robinson and Coward, 2003; McLoughlin, 2013). Hidden homeless people may not necessarily identify themselves as homeless or fear the stigma of being labelled homeless (McLoughlin, 2013). More than in cities, people perceive stigma due to the close-knit nature of rural communities and the 'cultures of rurality' (Clove *et al.*, 2000).

Only very few studies focus on the **socio-demographics**. These report slightly more males and a largely single or divorced group (Robinson and Coward, 2003; Crawley *et al.*, 2013). Another often mentioned subgroup who is believed not to approach local authorities for homeless support and find shelter with friends/family are youngsters (Robinson and Coward, 2003; Distasio *et al.*, 2005; Milbourne and Cloke, 2006; Curry *et al.*, 2017). Other studies point out that women and families more often rely on informal networks for support as they fear the 'roughness' of shelters (Edgar and Doherty, 2001; Robinson and Coward, 2003; Baptista, 2010). Immigrants too are reported to fall back on their social network when looking for a place to stay (Robinson and Coward, 2003; Fiedler *et al.*, 2006).



Studies that focus on young people report how they leave their homes as a consequence of overcrowding, difficult relationships with a parent or stepparents, violence and abuse and/or a family context with alcohol, drug use or mental illness (McLoughlin, 2013). Leaving their family home is a short-term tactic as well as a coping strategy, as youngsters try to avoid social isolation (McLoughlin, 2013).

Qualitative research depicts less positive experiences of hidden homeless. Young people interviewed by McLoughlin (2013) rarely felt 'at home' in their couch surfing households. In what the author calls "a cycle of uncertainty and discomfort", people tend to minimize their presence and impact. As a consequence, hidden homeless tend to move from one couch to another (Robinson and Coward, 2003; McLoughlin, 2013).

## **The Public Centers for Social Welfare and their Services for Homeless People**

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For Belgium, no data exist on rural homelessness. To obtain a first idea on its presence in Flanders, we focus on the Public Centres for Social Welfare (PCSW)<sup>3</sup>. PCSW is an interesting starting point to study the topic of rural homelessness as these social services provide social assistance in all of the 589 Belgian municipalities. Specific homeless organizations are mostly available in cities and larger municipalities, yet PCSW will be the only social organization present in a large number of (more) rural municipalities.

The role and organization of the PCSW is defined by the Federal PCSW Act of 8 July 1976, stating that everyone is entitled to social assistance to realise human dignity and that in every municipality, a separate public body has to provide these services. The right to social assistance includes various types of support such as minimum income, debt counselling, legal advice, medical assistance for undocumented migrants, psychological and social support, guidance to socio-cultural activities, etc. Some larger PCSW set up additional services such as homes for the elderly, cleaning services, early child care, hospitals, etc. In addition, the PCSW are responsible for the implementation of the social assistance law which is grounded in a work first approach (law concerning the right to social integration).

The PCSW also provide specific help to the homeless. For this they use the original definition provided by the Federal Act of May 26<sup>th</sup> 2002 concerning the right on social integration. A significant number of PCSW have their own emergency and social housing stock. PCSW also have a legal role in the prevention of judicial evictions and provide housing benefits. They can also grant a reference address to

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<sup>3</sup> In Flanders: Openbaar Centrum voor Maatschappelijk Welzijn (OCMW); In Wallonia: Centre Public d'Action Sociale (CPAS).

persons who no longer have an official address. As information on client's housing situation in PCSW is only available in (written) social reports and not in (countable) PCSW registration, the proportion of homeless amongst their clients remains unknown. Furthermore, it is unknown how many homeless people are in contact with PCSW. In Flanders, the first homelessness measurement study shows that 16% of the users of night shelters, 32% of the users of residential centres and 25% of users of local emergency housing hold a social assistance benefit (Meys and Hermans, 2014). As PCSW offers more than just these social assistance benefits, a number of homeless persons will be in contact with a PCSW for another type of help (e.g. a reference address or budget counselling). As the measurement study by Meys and Hermans (2014) is service based, it does not include homeless persons who are not in contact with homeless services or PCSW.

There is almost no international research available on the housing situation of social assistance users even though the link between housing and poverty has been well documented. Poverty and low income prevent people from accessing potential housing options and make others hard to sustain. In this not only housing cost, but also its quality and location are of importance.

## Methodology

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The first part of the two-fold research question *Are there homeless amongst the clients of Public Centers for Social Welfare in more rural municipalities?* is answered by an analysis of client files in five more rural PCSW in Flanders. To be able to answer the second part of the research question *How can their situation of homelessness be characterized?* additional interviews took place with other field workers and with (recent) hidden homeless individuals.

To study homelessness in a 'more rural' context, an in-depth exploratory study was carried out in five PCSW in neighbouring municipalities in Flanders. The European Commission uses a typology that identifies three degrees of urbanisation: predominantly rural, intermediate, predominantly urban. In Flanders, the intermediate category is the most common degree of urbanisation.

### *Analysis of client files in five more rural PCSW in Flanders<sup>4</sup>*

The focus on Flanders is mainly out of practical reasons and the different organization of social services for the homeless between Flanders and Wallonia. In these five municipalities, the PCSW is the main provider of social support. In 4 municipali-

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<sup>4</sup> This part of the MEHOBEL project was carried out by the first two authors of this paper. The first author is a research assistant, the second a research expert, both are experienced in qualitative homelessness studies.

ties, no specific homeless services are available. In one municipality, the only available homeless service is a women's shelter and a floating housing support service operated by a non-profit general welfare center. In three municipalities, the PCSW is the only available general welfare service. Table 2 provides some basic information for the municipalities included.

**Table 2. Characteristics of the municipalities included in the study**

	Diest	Scherpenheuvel-Zichem	Bekkevoort	Glabbeek	Tienen
Inhabitants on 01.01.2017	23612	22924	6134	5326	34365
Inhabitants/km <sup>2</sup>	395	441	159	195	448
EU classification urbanisation	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Average rent	€ 500	€ 522.6	€ 574	€ 594.4	€ 525

All five municipalities included in this study can be classified as intermediate rural. In three municipalities, the average rent is above the Flemish average of € 543.50, the other two have a rent below the Flemish average (Tratsaert, 2012).

The researchers contacted the head of the social service of the five PCSW by email and telephone. The goal of the study (to gain a better view on homelessness in more rural municipalities), the use of ETHOS Light (sent along as attachment) and the practical approach of the study (a short interview with every social worker present) was explained. All contacted social workers agreed to participate in this study. After their affirmation, an appointment was made with each of them to visit 'their' PCSW on one day. Finally, and to avoid intrusion with their daily workflow, they were asked to complete a form indicating at what time each social worker preferred to have an interview with one of the researchers that approximately would last half an hour.

Every PCSW was visited on the agreed day in the period during June–October 2017. In all five PCSW, every available social worker present that given day was interviewed. Each interview started with an explanation of the goal of the study and the presentation of ETHOS Light. Next, the social worker was asked to anonymously go through his/her active client files. This concerned for the greatest part clients who receive a minimum income scheme and/or who are in debt counselling. Interviews lasted on average the foreseen 30 minutes. Social workers were asked only to name the housing situation of their clients. For those clients whose living situation corresponded to ETHOS Light, the exact living situation was recorded on a paper form together with some demographics: age, gender, source(s) of income and family members. In addition, it was marked whether or not these clients had a

reference address. A final space on the form allowed for any relevant additional information to be recorded. In total, 27 social workers were interviewed. In total, the social workers together with the researchers went through 953 active client files.

### ***Interviews with other field workers***

To complete the information gathered in the exploratory PCSW study, seven additional interviews were conducted with various field workers. For this part, one municipality was selected, as in this community low threshold welfare and health services are found, including a women's shelter and floating housing support. Interviews were held between June and September 2017 with social care staff and/or employees of the following organizations: non-profit social services, non-profit medico-social care center, local police, psychiatric hospital, and the general hospital. The interviews were also carried out by the first two authors of this paper. Interviews lasted on average 1.5 hours. The goal of the interviews was to gather qualitative data on homelessness and service use of homeless persons with special attention for hidden homelessness.

### ***Interviews with (recent) hidden homeless individuals***

Additionally, interviews were held with people who are currently or were recently hidden homeless. To get into contact with these hidden homeless, low threshold organizations were contacted. In some cases, the interviewee was contacted by the social worker and asked if he/she was interested in participating in the study. The researchers also paid visits to the low-threshold center and searched for participants. Being aware that quite some hidden homeless will not be in contact with these kind of welfare organizations, attempts were made to find more interviewees through snowball sampling. Similar to the previous described qualitative work, this part of the study was carried out by the first two authors.

Seven persons were interviewed in June-August 2017, two women and five men between 29 and 62 years. Additionally an interview was held with an expert by experience living in this area. During the interviews, two main topics were discussed: their living situation and their contacts with social services. Participants were briefed about the study and informed consent forms were signed. A topic scheme was made up. Due to the potential additional threshold of audiotaping, it was decided not to record the interviews. To improve validity of the data collection and to enhance the comprehensibility for the respondents, it was decided to present a visual presentation of the topics. They were invited to make notes and write down remarks on the forms. Notes were constructed during and after the interviews and transcribed. After the first two interviews, minor adaptations were made to the questions.

## Results

### *(Hidden) rural homelessness is a reality*

Together with 27 social workers from five intermediate rural PCSW, the researchers went through 953 active client files. Amongst those 953 files, 74 homeless clients were identified according to ETHOS Light. This means that in our study in more rural PCSW, 1 out of 13 PCSW users (7.7%) is homeless (see Table 3).

**Table 3. Number of interviews, active client files inspected and number of homeless people found in each municipality in the study**

	Diest	Scherpenheuvel-Zichem	Bekkevoort	Glabbeek	Tienen	Total
Social workers interviewed	7	6	2	1	11	27
Active files (N)	288	188	35	58	384	953
Homeless/N	21/288	16/188	2/35	4/58	31/384	74/953

In addition, 13 PCSW clients were threatened with eviction. A notable number, even more when taking into account the statement of several social workers not to have homeless amongst their clients. As data on the total number of PCSW clients in Belgium is not available, it is not possible to set of this number to the total PCSW client population.

**Table 4. Number of active client files found per ETHOS Light category**

ETHOS Light	Number of active client files
1 People living rough	6
2 People in emergency accommodation	1
3 People living in accommodation for the homeless	9
4 People living in institutions	15
5 People living in non-conventional dwellings due to lack of housing	5
6 Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	38
<b>Total</b>	<b>74</b>
+ People threatened with Eviction	13

As can be seen in Table 4, the most found category is ETHOS Light 6: people staying temporarily with family/friends. This is the case for more than half (38 out of 74) of the homeless PCSW clients. Eight persons moved in temporarily with one or both parents, two found shelter with a sibling, and three with another family member. Nineteen persons are staying with a friend and four with their ex-partner. Remarkably, two persons living with their partner were identified as homeless by the social workers. They clarify their decision explaining the client is living in a new and very unstable relation-

ship. Living together is in both cases an emergency solution because of lack of other housing. For these two clients, their social workers regard their current housing situation unstable as defined by ETHOS Light, category 6. The second most common found category is ETHOS Light 4: persons due to be released from an institution but who have no housing available prior to release. Thirteen cases relate to persons residing in a psychiatric hospital, one man is staying in a local hospital and one is due to be released from prison. Five persons are living in a non-conventional dwelling: a squat, a B&B, a caravan, a garage and a 'space' above a shop without permission for renting. Out of the nine persons staying in homeless accommodation, six are staying temporarily in emergency housing provided by the PCSW; one woman stays in a women's shelter and one in a safe house for women, one young man is living in a residential centre for homeless youngsters. The safe house and residential centre for homeless youngsters are located in nearby cities. Six PCSW clients were identified as sleeping rough (ETHOS Light 1). All of them are living on the streets of the largest municipality without specific homeless services. The only PCSW client staying in a night shelter attends this shelter in a larger city. As the PCSW of one's last official place of residence remains responsible, they are paying his night shelter bill.

There are more homeless men (52/74) in the client files than women (22/74). Young people are overrepresented as 41 persons are 35 or younger (55%), fifteen of whom are 25 or younger (20%). The source of income of the homeless persons varies: 28 have a guaranteed minimum income, 15 a sickness/invalidity allowance, 13 an unemployment benefit, 12 have no income, 3 work, 2 receive a pension benefit and 1 is unknown.

Interviews with field workers and persons who experienced hidden homelessness point out that the number of homeless PCSW clients will be an underestimation of the actual number of homeless persons in their municipalities. They tell that a significant number of homeless do not apply for PCSW help for reasons such as bad prior experiences, fear of stigma and prejudice about the help they might (not) receive and/or feeling unable to cope with the conditions often attached to help (such as being prepared to work). Others ask for help but never become registered PCSW clients.

### ***ETHOS Light broadens the social worker's view on homelessness***

In our contacts with more rural PCSW, social workers often stated beforehand not to be in contact with homeless persons. When discussing their client files on the basis of ETHOS Light, several social workers were surprised by the number of homeless amongst their clients. One of the reasons can be the significant share of hidden homeless persons. In our interviews with hidden homeless persons and other field workers we find that several hidden homeless do not label themselves

as homeless (yet). Two intertwined reasons for this are 1) that for some young people it is a widely used strategy, a part of their 'way of living' and 2) that staying temporarily with family/friends is often only a first step into homelessness.

### ***The living situations and experiences of hidden homeless persons***

Our qualitative research with social workers from PCSW and field workers from other organizations (in citations labelled as 'P' for professionals) and hidden homeless (in citations labelled as 'HH') show that even though a lot of informal solidarity can be found, staying temporarily with family/friends and living in non-conventional housing is not that rosy.

Our results document the **instability** of the housing situation (not always having a key, not being sure until when they can stay,..):

*A friend convinced me to move in with her. I didn't want to at first, but I eventually did when my landlord didn't do the necessary housing renovation. I couldn't put my address at her place, so I lost my sickness benefit really fast. I paid her 300 euros per month, didn't want to take advantage of her. At first I had my own key. But suddenly my friends' husband wanted the key 'to make an extra copy'. He never returned it. So I no longer had a key. In the morning I dropped my daughter off to school. In the beginning you go to the city center, or visit one of my other daughters. But you cannot do that for hours. In the evening, I stood waiting in front of her door. Once my friend texted me 'we don't know what time we'll be back home'. Leaving me no other option than to sleep in my car with my daughter. (HH4, 60 year old woman)*

The housing situation of hidden homeless is often just a sleeping arrangement, they do **not** have a place they can call **home**. This is very clear in the next examples:

*First I went to the PCSW. As I don't have a Belgian ID, they didn't want to help me. The day after I went to the police. They were very sweet and helped me with a list of shelters and places to eat and have a shower... Every evening around 24h I go to my room, I put a sleeping bag there. I only go there to sleep. At night, I hang around at the station. I don't like being alone. (HH1, 29 year old man)*

*My client left her house unfit for habitation and moved back in with her parents. They have a small house so my client sleeps in the living room with her 2 children, one of them is a 1 month old baby. (P18)*

Instability not only relates to the insecurity of the housing situation but also to the relationship with the host. PCSW workers often refer to unstable relationships of their hidden homeless clients, not only intimate relations, but also to fragile parent-child relationships, for example:

*This client is a 28 year old man who has lived with his mother his whole life. The mother is addicted to alcohol and regularly throws him out on the street. At the moment, their relationship is again going through a tough time. (P1)*

*A young man was homeless when he ended up in a psychiatric hospital. During his admission, he meets a girl. When his stay is over, he moves in with her. Their relationship is so short and unstable. It can go wrong any time. (P6)*

Couch surfing also has a significant **effect on social relationships**. Not only with the host and (potential) partners, but also with their own children, as can be noticed in the story of a hidden homeless man:

*You have shelter but you cannot be yourself. I feel at home there but cannot do what I like to do or for example invite someone. You don't have privacy.... What I fear most is alienating from my son. He is 13 years old. Sometimes he stays over. He then sleeps with me in my single bed, a sofa pushed against it. But my hosts don't like it too much when he stays over, a child makes a lot of noise. (HH3, 42 year old man)*

Professionals as well as people who experienced hidden homelessness describe how hosts sometimes **take advantage** of the vulnerable situation of their guest. As is described by one social worker:

*An elderly man of 84 lived with a family. He paid monthly 300 euros for a small room with a camp bed. The family abused him also financially. Due to a physical problem he was admitted to the hospital bringing into light his appalling living situation. We were contacted by the hospital and are now helping to find him a place in a home for elderly. (P2)*

In our interviews with hidden homeless, social workers from PCSW and other field workers, we notice that hidden homeless persons do **not** always receive the professional **help** they need or ask for. Some social workers from PCSW admit that referring clients to family members or friends is common first advice they give when a person has no place to sleep. Emergency houses from the PCSW are sometimes left free for 'unpredictable homeless' for example in case of fire.

Our study points to **several additional thresholds** for hidden homeless to seek professional help. A first reason is financial. Social workers of PCSW consider living together with others is often as advantageous. Fearing income breakdown for themselves or for their host can be a reason not to seek PCSW help when couch surfing. It can also be a motivation for people not to host others, as is explained by this PCSW worker:





*My client and her boyfriend moved in with a friend of them after they were evicted. When the local police found out they were living there, they wanted to register that place as their official place of residence. As their host is afraid this will lower his unemployment benefit, he gave them one week to find another solution. (P10)*

One option to avoid losing social benefits is asking for a reference address with a private person (for example the host) or PCSW. Several PCSW workers state to be wary of 'social fraud' when granting a reference address and state not to grant it when they assume the client only wants to outrun bailiffs or avoid income breakdown.

A second reason is the fear of losing the host's social (rental) housing. One of our interviewees who not only experienced hidden homelessness herself but also hosted a few others throughout the years describes her experience:

*I was living in a social housing with my seven children. I had hosted a friend with her seven children in the past and got a warning from the social housing company. The day the girlfriend of my eldest son was thrown out on the street by her mother, she came to live with us. I really enjoyed her company but had to appear in front of the board of the social housing company, again. As I did not want to kick her out, we were evicted. It was the period before Christmas, they gave us two additional weeks. (HH6, 52 year old woman)*

Negative opinions about the help from PCSW or homeless services they might (not) receive can also influence help seeking. As is described by the next interviewee:

*I was 18 the first time I was homeless. My mother kicked me out just after I received my high school degree. My stepdad was harassing me. My mother did not believe me, said I was harassing him, and put me on the street. I left for Antwerp and slept on the street. I did not want to go to a shelter as I was afraid they would send me back to my mother. I found a job in a bar, very badly paid. I could stay with a woman with four children. I stayed there for ¾ year, in a real shack. (HH6, 52 year old woman)*

### ***Structural spatial characteristics of (intermediate) rural areas in Flanders***

In our study we identify some specific spatial characteristics of intermediate rural areas in Flanders that relate to homelessness. The rural housing market contains little or no studios or small apartments, leaving less affordable housing options for single households. Compared to urban areas, the housing market in more rural areas is less adapted to (the growing number of) single households.

As more rural municipalities have no or only a limited housing offer for homeless persons, common first advice from PCSW social workers is for people to seek shelter with family/friends. But it also leads to dynamics with other (surrounding) municipalities. As almost no homeless services are present in the municipalities

visited, PCSW workers state they have to send people to larger cities when in need of housing. This is done not only because of the presence of specific homeless services but also in order to find a cheap sleeping place such as hostels. Even though several PCSW workers indicate how people are not keen on moving (temporarily) to bigger cities, because these are too far (not only moving away from family/friends but also from school and work), too expensive and having to share (living room/kitchen/bathroom) with others.

## Conclusions and Discussion

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Our results confirm previous international research and demonstrates the existence of homelessness in more rural municipalities in Belgium. Similar to international findings this study confirms that a large group of rural homelessness concerns hidden homelessness and that a large proportion are men and young people.

To our knowledge, this is the first study focussing on homelessness amongst clients of a general social service. Finding one homeless person in every 13 PCSW clients is a remarkable number, even moreso when considering the prior statements of social workers to have no homeless people amongst their clients. This observation not only has important research implications, but is crucial for homelessness policies and measurement practices. As these focus above all on larger cities and on the use of residential or floating services for the homeless they fail to include an important part of the homeless population.

Even though the housing situation of their clients is known to the social workers of PCSW, they underestimate the impact of their unstable housing situation. This is partly due to their shared perception that staying with a friend/family is a 'good' (first) solution when a person ends up homeless. It is crucial to raise awareness of the presence and situation of hidden homelessness in more rural municipalities. ETHOS Light proved to be a useful tool not only in identifying and 'counting' homeless clients but also to raise awareness that a homeless person is not only someone who sleeps rough or is staying in a residential homeless shelter. In other words, ETHOS Light is a useful tool to describe the living situation of users of social services, to stimulate critical self-reflection of social workers, and to influence local policy actions to fight rural homelessness.

It is reasonable to assume that the number of homeless persons in those rural municipalities surmounts those in contact with PCSW. Based on our interviews with hidden homeless individuals and field workers we identify three groups of homeless persons. A first group are the homeless persons who seek and receive PCSW help. These are the 74 persons identified in the PCSW files. These persons are PCSW clients and can as such be identified in the PCSW registration. The second group are those persons

who do contact PCSW when in need of housing but only receive limited help. They often have no other (pressing) question than their housing need. The reason for only receiving limited PCSW help is often related to the restricted housing offer of the small PCSW. Some have no emergency housing, others have emergency housing but all places are occupied, or housing is available but PCSW prefer to keep this free for what they label as 'unpredictable' homelessness (e.g. in case of fire rather than an eviction). Subsequently, support for homeless people in more rural PCSW is restricted to referring people to homeless care in larger cities, suggesting cheap temporary sleeping places (such as youth hostels, B&B's, camping) or referring to (the waiting list of) social rental agencies. Several social workers state that they first advise people to seek shelter in one's own social network. As these help requests are generally not registered, estimating the size of this group is difficult. The third group are the homeless persons not (yet) in contact with the PCSW. Our interviews show that additional barriers in help seeking can be perceived for people who are staying with family/friends as they might fear (partial) income breakdown for them or their host or the loss of social (rental) housing when identified as 'living together' and 'forming one household'. Also included in this third group are the homeless persons who left their rural reality to find help in a larger city, taking this step themselves or advised to do so by the PCSW. Our exploratory study only gives an idea of the size of the first group of PCSW clients, the size of the other two groups remains unclear.

By pointing out additional barriers for hidden homeless, our study brings into light their help seeking behaviour. A behaviour that not only depends upon their own situation, past experiences and expectations but also on their hosts'. Being hosted by a person who receives a social benefit and/or lives in social housing will affect the help seeking behaviour of the hidden homeless person. As couch surfer can fear to harm not only himself but also harm his host. These additional barriers in help-seeking should be clear to social workers so that they can reach out to this vulnerable group and take actions before the situation gets out of control. One option to do so is by being more flexible in granting a reference address at PCSW.

Our study sheds a first light on homelessness in more rural municipalities in Flanders. This exploratory study demonstrates the importance of not solely focusing on large cities in research and policy and on focusing on users of general social services to detect homelessness. Still little is known about the number of rural and hidden homelessness and their effects of this (temporary) solution and hereby possibly underestimated. More research is needed to clarify the effects of hidden homelessness and the trajectories of persons in this situation. Specific attention needs to be paid to current users of local social services and especially social assistance beneficiaries. Although they are receiving support for specific issues (income, debts), this doesn't imply that the social workers of these services are aware of the client's housing instability.

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# Getting Sorted Out in East London: Vulnerability and Resilience of Homeless Ex-Servicemen

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- **Abstract** *This study explores homeless veterans' past and present lives while paying close attention to their family and friend interactions. Men who were homeless (n=37) in the United Kingdom (UK) and residing in a shelter focused on ex-Servicemen were interviewed to explore their experiences of stress and resilience. Data were collected using in-depth interviews focused on past experiences with adversity, present experiences of homelessness, and current social connections. Themes of vulnerability and resilience emerged from the thematic analysis. Vulnerability themes included early life adversity, adversity in adulthood, mental and physical health difficulties, and experiences of homelessness. Resilience themes included positive outlook, perseverance, looking to the future, and formal and informal support networks. The findings highlight the significance of accounting for both vulnerability and resilience when trying to understand the lives of people who are homeless. Ultimately, the consideration of both vulnerability and resilience effectively informs interventions which may lead to moving veterans who are homeless from social exclusion to social inclusion.*
- **Keywords** *Homelessness, vulnerability, resilience, veterans, family stress theory*

## Introduction

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Understanding homelessness is a complex endeavour, and unpacking homelessness includes investigating causes of homelessness, everyday life experiences of living without a permanent home, consequences of homelessness, or preventative factors. A core element of understanding and addressing the needs of people without permanent housing should involve a framework considering both vulnerabilities and strengths present in people's lives. A stress and resilience lens suggests that people who are homeless experience vulnerability in their lives, but they also exhibit resilience in their response to these challenges. Vulnerabilities and strengths go together; as such, one cannot be understood without knowledge of the other. This paper further clarifies experiences of vulnerability and resilience among homeless ex-Servicemen. The focus on ex-Servicemen is particularly instructive regarding their experiences of multiple adversities (those associated with military service, as well as those associated with homelessness). Moreover, the context of military culture and military experiences, coupled with an intervention program designed for ex-Servicemen, provide a unique opportunity to examine new beginnings that occur in familiar social surroundings, in this case a hostel for ex-Servicemen. Though the present study is centered on vulnerabilities and resilience from a social and psychological perspective, there are implications for intervention.

## Antecedents and Consequences of Homelessness

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Antecedents and consequences of homelessness can be understood at both individual and community levels (Rank, 2004). Major stressors of homelessness include poverty, illness, insecurity, and stress (Wong and Pilavin, 2001). Relatives and friends of people who are homeless also experience heightened levels of stress and burden (Dixon *et al.*, 1998); consequently, homelessness may become a family issue.

Disruptive childhood and early life adversities are pivotal in understanding homelessness. Significant positive associations between adverse childhood events and risks of homelessness have been identified across the literature (Crane, 1999; Frazel *et al.*, 2014). Relationship breakdown has been found as a primary trigger for homelessness among UK ex-Service personnel (Fear *et al.*, 2009). Limited parental care and childhood abuse led to higher risks of adult homelessness (Herman *et al.*, 1997). Poverty, residential instability, and constant family frictions are additional predictors of homelessness (Koegel *et al.*, 1995). Further, many individuals who are homeless report working in semi-permanent jobs and living near or at poverty levels (Fothergill *et al.*, 2012). As such, antecedents of being homeless are impacted by individual and structural factors (Frazel *et al.*, 2014).



Experiencing homelessness as a veteran of the armed forces may include unique stressors in addition to those already listed. British veterans struggling to adjust after leaving the military reported mental health symptoms and difficulties obtaining employment (Iversen *et al.*, 2005). However, most veterans who had left the military reported doing well over time, pointing to factors of resilience at work in their lives (Iversen *et al.*, 2005). This literature points to multiple elements that ultimately affect homelessness, as a current living status and as a process. Consequently, a way of thinking about being homeless requires a model of stress that incorporates vulnerability and resilience, reflecting awareness of the multi-layered antecedents and consequences of homelessness (Bramley and Fitzpatrick, 2018).

## Contextual Model of Stress and Resilience

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The Contextual Model of Family Stress (CMFS) guides our thinking about vulnerability and resilience (Boss *et al.*, 2017). The model focuses on two primary elements: contexts (internal and external) and the ABC-X Model of family stress (Hill, 1949; Patterson, 2002). Contexts surround individuals and impact what occurs within a family, which also affects an individual (*internal context*), and to what occurs outside of the individual and family (*external context*; Hill, 1949; Bowen *et al.*, 2013). The *internal context* contains three elements; the structural context (who is in the family in the past and present), the psychological context (how stressors are considered, whether defined as catastrophic or manageable), and the philosophical context (basic values held that influence behaviour).

The CMFS contains five *external contexts*; cultural context highlights beliefs and behaviours of a person's reference group. Historical context reflects situations of the larger society affecting individuals and their relationships, such as a period of war, the aftermath of a natural disaster, or an era of discrimination. Economic context focuses on broad-based fiscal-related influences, such as economic downturns in a community. Developmental context refers to basic maturation at the individual and family levels to account for the natural progression of life over time. The final external context focuses on heredity, recognizing levels of hardiness in dealing with stressors, stress, and crisis. The significance of multiple contexts is that some are influenced by an individual, whereas others are unable to be controlled by an individual or a family. This theoretical approach is consonant with recent analyses pointing toward more accurate understandings of homelessness in the UK (Teixeira, 2017), as well as calls for a more nuanced way of thinking about homelessness (Pleace, 2016). The CMFS provides guidance on accounting for a broad array of stressors (adversities) that surround individuals, while at the same

time accounting for multiple responses to those stressors. This model acknowledges that while a person struggles with events and circumstances, they also call upon strengths, enabling the struggle to go well.

The ABC-X model (Hill, 1949) accounts for multiple stressors (A) in the life of an individual and the range of resources (B) that potentially mitigate those stressors. Perceptions, how individuals make sense of and attach meanings to stressors (C), are of significance in this approach to vulnerability, resilience, and the aftermath of stressor(s). This approach uses a systemic understanding of outcomes (X), including behaviour and mental health changes, and changes in roles, responsibilities, and relationships with others.

Another element in our model of understanding homelessness and the experiences that surround it is loss (Boss *et al.*, 2017). Experiencing various losses in childhood and adulthood is normative, such as the death of a friend or family member, or loss of a spouse or a job. Losses may also be unusual, such as being abandoned by a parent, or being moved to foster care in childhood and adolescence. Losses occur for any number of reasons, some due to choices that are made, and others being out of an individuals' control, which are primary points of discussion in the CMFS (Boss *et al.*, 2017). We elevate the discussion of loss in our study because many men in the study experienced a significant loss, and some quite early in life. Loss may be a hallmark of social exclusion because of the many disadvantages associated with it and may also explain why socially excluded adults make the choices they do.

## Research Methods

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### *Research site: East London*

Interviews were conducted at a London hostel focused on assisting homeless veterans. We refer to this place as East London Hostel, a pseudonym. At the time of the study all residents were men. The mission of the hostel is to take a well-being approach to homeless services, providing care for veterans in crisis, a safe place for them to stay, and linking them to services that will help them end their homelessness permanently. Services are tailored to meet each veteran's unique needs. In providing a well-being approach, the primary aim is to empower veterans to actively break their cycle of homelessness (Milroy, 2009; Parsell and Watts, 2017). This is in stark contrast to taking a welfare approach, which often fosters dependency and fails to mobilize resilience capacities that people possess.

## Participants

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Participants were recruited from the hostel through flyers posted in its common areas. Advertisements invited residents to participate in the interviews, and requested they fill out a brief survey before the interview took place. After completing the survey and consenting to the interview, interviews were completed by the fourth author in 20-30 minutes and were audio-recorded. All research procedures were approved by a university Institutional Review Board.

Thirty-seven men in the hostel volunteered to participate in the interviews, out of 55 men (61% of residents at that time). Average age was just under 42 years; the oldest participant was 63 and the youngest was 21. Average months living homeless on the street in the year prior to the study was about 3 months; average time at the hostel was just under 10 months. Almost all participants (80%) had served in the British Army, with the remainder evenly spread across other Service branches. Time spent in the military varied, from less than one year to over 20 years.

### *Focus of the interviews*

The interviews focused on three distinct aspects of the residents' lives – their past experiences with family adversity, their present experiences of homelessness, and their current social connections with family and friends. First, interview questions focused on experiences of homelessness: *Have you ever slept rough? How long had you been sleeping rough? What is a typical day like for you in London?* Next, questions asked participants what they remembered about their lives growing up: *What do you remember about your child and teen years? What sticks out in your mind about when you were growing up?* Questions that followed asked participants whether their families and friends still play a role in their lives: *Who of your family or friends are you close to now? Who are the important people in your life and why?* Final questions addressed why the participants continued to utilize services at the hostel, and what they considered a successful day: *What makes you stay at this hostel? What does it mean to you to say at the end of the day that you have had a good day?* The interviews were conducted by the fourth author of this paper over a period of one week.

### *Qualitative analyses*

Interview data were transcribed and entered into atlas.ti for analysis (Muhr, 2004). Interviews were read in their entirety and the first, second, and fourth author applied open coding (Saldana, 2015) to each interview transcript. After completing the open coding process, the authors met to discuss emergent codes, and how those codes aligned with the Contextual Model of Family Stress. While most codes converged, codes that did not initially fit together were discussed and merged into existing

codes or kept as unique codes. Codes were merged and transitioned into categories and eventual themes using the process of axial coding (Glaser, 1992) to deepen themes that addressed vulnerabilities and resilience.

### ***Author subjectivities***

All authors of this paper have previous experiences which impact the way interviews were conducted, read, analysed, and presented. While none of the authors have experienced homelessness, the third author focused his dissertation research on homelessness among ex-Servicemen and currently is the CEO of a London charity focused on homeless ex-Servicemen. The fourth author has conducted research with military families since the 1970's, and the second author has studied how contexts impact aging over time. Finally, the first author previously worked in strategic outreach to persons, both veteran and civilian, experiencing homelessness in the United States. As outsiders who have not experienced homelessness, the authors collectively reviewed codes, categories, and themes of the paper extensively to be aware of their individual biases and to best represent the men who had agreed to be interviewed.

## **Results**

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Categories of vulnerability (risk factors) and resilience (protective factors) emerged from the coding process. Vulnerability pertains to multiple situations, behaviours, or experiences both presently and in the past that likely lead to negative consequences. We broadly use the term resilience to reflect elements in a person's life that either are defined as assets or protections against risks and stressors, or that exhibit doing well in the face of adversity (Bowen *et al.*, 2013; Boss *et al.*, 2017). To protect the men who participated in the study, all names have been changed to pseudonyms. Our view is that vulnerabilities and resilience (strengths) go hand-in-hand. As a person faces adversity, he or she is also searching for and relying upon aspects of life that increase their coping abilities, ultimately returning them to their pre-adversity level of functioning, or an even a better state of well-being (Boss *et al.*, 2017). As became evident in these data, men who were facing challenges of job loss, social exclusion, and poverty were also reaching out for coping strategies within either themselves or their environment.

## Vulnerabilities and Risk Factors

According to the CMFS, vulnerabilities will take many forms, some close to the individual, and others pertaining to surrounding culture and environment, including past experiences and current situations (see Table 1).

**Table 1. Themes of vulnerability**

Vulnerabilities/Risk Factors	Experience	Quote
Early life adversity	Patterns of adversity that occurred early and accumulated over time. (i.e. physical abuse, separation from family, being bullied)	"I basically had to grow up really quick... there was five of us and one child was mentally handicapped and so my gran always used to joke that it was like looking after four kids..."
Adversity in adulthood	Vulnerabilities in childhood are followed by adversities in adulthood. (i.e. workplace difficulties, loss, exploitation due to homeless status, difficulty after leaving the military, further separation from family)	"Because I lost my fiancée when I was over in Ireland on tour and just came back from R&R for me and engagement party and two weeks later she was involved in a car crash... it took the Army two days to find me, which I thought was really bad and it just twisted my head up..."
Mental and physical health difficulties	Mental health and physical health difficulties were challenges leading to homelessness, or related to being homeless.	"I struggle with schizophrenia... I think it just wore her down, you know, because the schizophrenia comes with associated problems, getting arrested in foreign countries, being homeless."
Substance use	Use of alcohol or drugs was one challenge to ending periods of homelessness.	"I think like first time I come in here I didn't really want help basically, and I got in with the wrong crowds and took that path drinking all the time, but this time when I came in I wanted to make something for myself. I felt now is the time, I feel ready, I feel good enough to kick the drink."
Stigma of homelessness	Experiences of stigma and isolation led to difficulties in getting out of homelessness.	"When there's nowhere to go, that's more demoralizing than anything."

### ***Early life adversity***

Reports of early life adversities were later mirrored in reports of challenges experienced in adulthood. An extensive pattern of adversity occurred in early childhood and accumulated over time; these challenges occurred long before the men joined the military. At times, these challenges even accumulated to the point where some men joined the military to avoid adverse situations. Early adversities in the form of physical abuse, separation from their families, normative stressors, and social challenges were reported.

### ***Physical abuse***

The presence of physical abuse, directed at either the men or their parents, was prevalent; if they were not the direct recipients of violent behaviour, they were witnesses. Paul recalled his father's persistent abuse of his mother: "Yeah, always hitting me mother and stuff." Sometimes, violence in the home led to the divorce of parents but did not stop the pattern of abuse. As new partnerships formed, step-parents ended up continuing the cycle of abuse. Sam described this phenomenon when his stepfather married his mother: "I was the oldest one, and it was me that he determined I'd be picked on."

### ***Physical separation***

Another artifact of early adversity was physical separation from family. Several men reported getting kicked out of the house at an early age (i.e. teenage years). These men were separated from family because a parent was expanding his or her intimate relationships. The impetus for being separated from family was grounded in relationship conflict. Due to the adverse situations they were raised in, many of the men had to grow up quickly.

### ***Normative stressors***

Adversity can be experienced in fairly normative situations that individuals and families face, such as having a parent living away for work, which alters family structure and functioning. Bruce reported that he did not usually see his father due to his dad's work schedule: "... he done weird shifts. Sometimes nights and sleeping through the day or the other way around." Additionally, some men, such as Carl, had fathers living away from the home in order to support their families: "... my father got posted to the Falkland Islands and this is after the war was finished there... And I just remember feeling very depressed about that, really missing him."

### ***Social challenges***

Early life adversity was not confined to relationships with family. Some men had supportive home lives, but experienced adversities in their school or social environments. Dale described negative experiences in childhood after transferring to a

different school: “When I got to this school at ten o’clock in the morning there was a queue of guys from that school, literally a queue, waiting to beat me up.” When he was old enough, Dale joined the Army as a way for him to avoid bullying.

### ***Adversity in adulthood***

Vulnerabilities in childhood are often followed by adversities as an adult (Pippert, 2007). Keith reported being bullied at his workplace, and when he tried to resolve the issues, his employer did nothing to help:

So, I’ve had to get another job so I did a job teaching and, unfortunately, that went really bad because there was someone there that was like bullying, my boss’s boss was a right nasty person.

Some men were also exploited and taken advantage of due to being homeless. John described working informally under the table for cash and being treated poorly by his employers: “... just the way you get treated. I mean they always use unemployed people, homeless people so they just treat them like dirt.” John also reported being attacked by four youth while sleeping on the street: “And these four lads decided to kick me unconscious, and I got to the hospital and they found something with me name in because I couldn’t remember me name.” Not only were the men victims of harassment early on in their lives, some seemed vulnerable to being harassed repeatedly throughout the time they were experiencing homelessness.

### ***Loss***

Loss was often the experience of men in our study, with many describing loss related to work, their relationships with their family, and with regard to the military.

#### **Loss of family relationships**

Nearly all men interviewed mentioned losing someone important to them; many stated that both their parents were dead, and some had also lost siblings and close friends. Many losses were through death, but other loss occurred as men’s wives and partners left them. One man’s wife decided that she did not want to be with him because of his role in the Army. Another lost a son at the young age of four. Matt described losing his fiancé while being on leave from the Army:

I lost my fiancée when I was over in Ireland on tour and just came back from R&R for me engagement party and two weeks later she was involved in a car crash, you know, and it took the Army two days to find me, which I thought was really bad and it just twisted my head up.

Due to the intense nature of family relationships, some of the men cut themselves off from their families of origin. This is both a risk and protective factor, as some men identified their families of origin as unhealthy for them and sought to make a new life for themselves outside of their biological kin. John explained his attempt to maintain contact with adult family members, ending in cut-off from his family:

And then they didn't turn up. I phoned them up and asked them why and me sister's comment was well, we don't really have to tell you anything because you're just homeless and unemployed... So, I've not been in contact with them since.

### **Loss of work**

Loss of employment can also involve loss of identity, and was a factor that led some to become homeless. Jack described loss of employment and, subsequently, living situations, as contributing to his homelessness:

Because I was on the streets after I lost me previous 'civvy' (*civilian*) job and then... And then I moved up with me mum and things didn't work out there so I moved back down to London. And then I was back on the streets again.

Additionally, searching for work while either being homeless or marginally housed was demoralizing:

I found a couple of temporary jobs, but didn't cope with them very well, and I had a sort of depression... you know, where you think you're worthless and all this, you know, because you're middle aged and can't get a decent job... There was low pay, it was difficult to find accommodations then, you know, to be able to pay rent so you're depending on family. You feel as if you're a burden (Glenn).

### **Loss of the military**

Some participants had difficulty in the military system. They were involuntarily separated out of the military, which contributed to family conflict as their family members struggled to support them. One man describes a case of multiple losses:

I got kicked out of the Army and he (*his father*) was an Army man himself... I think that made him a bit mad as well and things have never been the same quite with him.

While some men completed their service with the Army, they still felt as if they were being discharged because of the way the Army handled their transition back into civilian life. After serving in the Army for 23 years, Greg stated: "It's a case of thank you very much and away you go." Keith stated how he felt regarding his termination from the Army: "And I did 17 and a half years and then got made redundant." Additionally, some men had stable home lives before joining the military but were forced to leave their home after their discharge. Nate described additional losses



after leaving the military: “I come out from the Army, I joined with my family and then my relationship was not, it become worse with my family and she kicked me out from the house.”

Two men reported serving in the Army with family overseas. Many foreign (e.g. Gurkhas) or Commonwealth Citizens (those from countries that are members of the British Commonwealth) serve in Britain’s Armed Forces and desire to remain in the United Kingdom after being discharged. These men had many strains on them, as they reported that their families remained overseas and they were sending money in order to provide financial support. Ron described the difficulties of remaining connected to his family:

I am the one who would make the contacts a lot because it is very expensive calling from Gambia to here.... So, it depends on how much money I’ve got to call. At the moment the calls are very, very less. I would call maybe once in two weeks.

Scott described difficult aspects of being an immigrant in Britain while trying to get a job:

Because I was born in Uganda and it’s very, very difficult to get a birth certificate if you were born in Uganda because when you go to the embassy... they say you’ve got to send to an address in Uganda and from what I know about Uganda is that once you send them the money, you will never see the end of it.

### ***Mental and physical health difficulties***

Mental health issues were present for many of the men, but some did not refer to those issues directly. Some felt their mental health issues were directly related to being homeless, while others openly identified their mental health but did not link it to their homelessness. Tom described his decision to enter a psychiatric unit:

The first time I slept rough was I had been in the psychiatric unit and through my own admission, but the doctors kind of said I’ve got a choice to either go there informally and still have some control over what happens to me or if I say I don’t want to go they section me and then I won’t hardly have any control of what happens.

Tom’s comments allude to the need for control over the situation that he was unable to institute. Other men, such as Heath, referred to patterns of substance abuse that led them to develop mental health conditions: “... drinking pushed me into psychotic periods.”

Many men who referred to their mental health conditions were also aware of how their circumstances led them to problems related to homelessness and separation from their families. Carl cited struggles with his mental health condition as interfering in his relationship with a stepmother he was once close to:

I struggle with schizophrenia, so I just figured a low stressed lifestyle is good... I think it just wore her down, you know, because the schizophrenia comes with associated problems, getting arrested in foreign countries, being homeless.

Health problems can affect a persons' ability stay in the military, while additional health problems can be developed after being discharged. Health problems had a profound effect on some men's abilities to work or maintain what they considered a normal life. Guy described the difficulties of maintaining his position in the army, and the misunderstanding of his family surrounding a chronic health condition he developed after joining the military:

And there's lots of issues to do with my illness as well that they just don't like... I know my illness would come up quite a lot... Because they'd be like we just can't see any physical problems with you, you know.

### ***Alcohol use***

Alcohol use was a prevalent theme in many narratives. Some stated they were raised in a home where parents or older siblings drank heavily. Others attributed the start of their drinking as a survival tactic to help them survive on the streets after becoming homeless. Alcohol use was mentioned as a risk factor, contributing to the cumulative adversity the men experienced, and as a coping strategy helping them get through the day: "I even feel it's part of the thing which has kept me well because I've been well for a year and a half now (Carl)." In this way, alcohol use may contribute to the vulnerability of homeless men, but it may also contribute to their coping and resilience by allowing them to survive on the streets (although categorizing alcohol use as a protective factor is controversial). Carl mentioned that drinking allowed the men to have social connections upon entering the hostel: "I feel the enforced socialization or something of drinking cans in the park is part of the thing that keeps me stable." This comment may be part rationalization for drinking behaviour, as well as part of a strategy to survive.

### ***Experiences of homelessness***

While all men who participated in the study were veterans who had experienced homelessness, there was a wide range of the *phase* of homelessness they were currently in, as well as what their experience of homelessness meant for them.

Some men experienced multiple attempts at the current hostel, or other shelters. Mark described the difference between the first time that he stayed versus his present stay:

The first time I come in here I didn't really want help, and I got in with the wrong crowds and took that path drinking all the time, but this time when I came in I wanted to make something for myself. I felt now is the time, I feel ready, I feel good enough to kick the drink.

Some men experienced chronic homelessness (homeless for a year or more) and had patterns of long-term homelessness. They alluded to their plans to stay at the hostel in order to take a shower and have a clean place to stay for only a while. For example, James reiterated that he enjoyed being on the streets, while noticing the risks associated with that decision:

Well, no, I mean if you want a real deep and hard honest opinion, I liked it just as much out in the street... Now, right now, to go about with me backpack and stuff. The only thing is your health goes, that goes because you don't take pills regularly.

Consequences of living on the street, whether sporadically or chronically, are many. Participants reported the shame of being homeless, which affected their family relationships, ability to find work, and capacity to remain housed. Kurt described his desire to keep his current homeless state from his family: "So, I feel ashamed and embarrassed even to call them. So, I hardly call them." Will identified the stigmatization he felt while homeless: "When there's nowhere to go, that's more demoralizing than anything."

Problems with the overall system also contributed to struggles to obtain permanent housing. Scott experienced systemic constraints in attempting to access services:

I'm on a waiting list for a house. Because I don't have a passport I told them straight out that look, I don't have a passport, I was on the local council waiting list and they said that I don't have a passport and yet if you're an ex-Serviceman, why do you need a passport?

We have detailed vulnerabilities of loss, mental and physical health challenges, and alcohol use that play a role in current experiences of homelessness. Many vulnerabilities reported in the interviews echoed previous experiences of childhood adversity. Despite vulnerabilities, the men also described factors of resilience throughout their life course.

## Resilience and Protective Factors

Resilience and protective factors include internal capacities, as well as external supports such as relationships with friends, family, and professionals at the hostel (see Table 2).

**Table 2. Themes of resilience**

Resilience/protective factors	Experience	Quote
Positive outlook	Belief in abilities to weather challenges and get back on track with "normal" life.	"... So, you have to communicate positive, you know, signals, messages to yourself and, you know, quite simply I always say to myself, you know, you've been through some stuff, man, and you wasn't taught anything. You had to get all the positive information yourself. You had to find it yourself."
Perseverance	Invested in active and positive engagement to persevere or stand up to feeling discouraged due to homeless status.	"Perseverance, not giving up and always a die-hard spirit, fighting, fight hard to get what you wanted. Whatever the situation you have to still keep pushing."
Looking to the future	Seeking solace in hope for a better future.	"Basically I just, I don't think about the past, I just think about the future and what's going to happen the next day and basically just not bother about things, stupid things.... I might as well look ahead to the good..."
Formal support systems	Connectedness to agencies and organizations provide necessary respite to homeless individuals from acquiring negative outcomes.	"But you've got people kind of like guiding you, they are holding your hand and they also apply to another organization [indiscernible]. They basically help you out financially and there's a resource there to help you get into a job."
Informal support networks	Family and friends were a major protective factor and source of strength.	"I've got very good relationships with my children and surprisingly enough I've got very good relationships with my wife..."

### ***Positive outlook***

Positive outlook was an important factor in dealing with adversities. This sense of self was depicted in scenarios when the men outlined a belief in their own abilities to weather the challenges and to get back on track with “normal” life. The men appeared to be confident, optimistic, and hopeful about their future despite difficult situations in the streets and in their relationships. Concurrently, they understood that successful bounce back depended on individual effort as well as relying on others for assistance. Self-choices and goals were exercised when the respondents chose a trade and received training support from the hostel, as described by Rick:

It’s about motivation... it’s about having a vision. It’s about, you know, being confident in getting there. I think what gets me through is the fact that, you know, it’s just about yourself communicating, it’s about the way you communicate with yourself. You have to communicate positive, you know, signals, messages to yourself...

### ***Perseverance***

Some respondents explained that perseverance was inevitable for any individual who wanted to have better outcomes in life. Kurt explained: “Perseverance, not giving up and always a die-hard spirit, fighting, fight hard to get what you wanted. Whatever the situation you have to still keep pushing.” Keith felt that active and positive engagement were important remedies to sadness induced by being homeless:

I’m, I tend to be quite a positive guy. But if I do feel like I’m on a bit of a downer, I just get busy and I always have plenty to do. I always have stuff, never ending list of things to do.

### ***Looking toward the future***

Most participants sought solace in the hope for a better future. Reflections on the past revealed high levels of adversity, but they instead chose to focus on improving their situations. The dominant goal was to find ways to turn negative events into positive experiences, as mentioned by Jack:

Basically... I don’t think about the past, I just think about the future and what’s going to happen the next day and basically just not bother about things, stupid things. I might as well look ahead to the good.

Trent mentioned focusing on the positive, even in the midst of being in jail:

I spent a year in jail and I thought how can I make this turn into a positive? So, I applied for college for when I come out, I applied for everything I could, any support offered, grab it, and now I'm starting, hopefully I'm landing on my feet because I'm now here, I start college tomorrow. I've got a roof over my head, I've got, I've got everything at the moment, everything seems to be going well.

Some turned to religious beliefs for hope amidst their challenging life conditions. Religious men believed that a divine entity was responsible for getting them through rough patches of life. Some, such as Bruce, had been religious from a young age:

And to be honest I find Jesus gets me through the day. This is something I've been brought up with like in my foundations... From a really young age it was something I was brought up with. And it just seems to me that every time I turn away from that, that's when things go wrong.

### ***Formal systems support***

Connectedness to agencies and organizations provide necessary respite to homeless individuals from acquiring negative outcomes (Mancini and Bowen, 2013). The hostel in our study connects the men with other social services and public institutions that provide specific, instrumental support. Interventions employed by the staff seemed to be effective in enlarging the pool of available resources (such as job opportunities) and in mobilizing the men. Sam mentioned, "If you want help, then they will give you help. If you want to just turn around and take your time and find your own legs sort of thing to get yourself back, then that's fine as well."

The importance of such an intervention aids participants at the hostel in getting connected to services that they may not have otherwise known about:

But you've got people kind of like guiding you, they are holding your hand and they also apply to another organization... They basically help you out financially and there's a resource there to help you get into a job (Rick).

The intentional programs offered by the hostel provided a supportive environment by keeping veterans active. This setting also provided necessary practical skills for "getting sorted out." Participants appreciated the security and privacy provided by the hostel's physical campus. For some, being at the hostel signified the start of a new and better life:

I like it. It's comparable with the Army obviously because it's a veteran's residential hostel. There is a degree of institutionalization that I'm familiar with and comfortable with. I enjoyed the Army, I enjoyed the regime in the positive aspect here. They are a set of rules that I'm comfortable with. You've met the management, management is excellent, no nonsense (Dale).

Motivation basically, you know, being here is a motivational factor in itself, you know, because I'm here now, you know, and then I'm actually in the environment I want to be in (Rick).

Tangible and emotional support provided by staff at the hostel was well-received by study participants:

At the moment in this place I'll probably say all the staff. If it weren't for them, I wouldn't be here and I wouldn't be sorting myself out (Jack).

(staff member's name) has been a big influence to me. She can come round and give you hints of what you want to do, where do you want to go from here, what you want to do. She reminds me a lot of a sister that I never had. If you've done something wrong, she'll tell you straight (Sam).

### ***Informal support networks: Families and friends***

The men were also embedded in intricate family systems that can be considered a major protective factor and a source of strength (Mancini and Bowen, 2013). While retrospective views of these family systems did not always yield positive reactions from the participants, family still played a major role in their lives. At the same time, a significant number of participants underlined the importance of family relationships in coping with the hardships related to homelessness. Rick noted the close relationship with his grandmother, while Bruce discussed the importance of a parent for psychological support or in getting help:

We were very close, and the weirdest thing is she had some kind of, something, I think she had something wrong with her sciatic nerve, and as soon as I joined the Army that year she passed away, which I think is quite ironic, you know, so it's, yeah, you know, we was really close. But, yeah, she was my guardian angel basically (Rick).

She (mother) was worried for me. She said, my mom basically said you either help yourself and we help you or she could only see two ways out of it for me. Either a box or a police cell, wasn't it. And I figure that was the kind of turning point where I made the first step, and I said I've had enough of this (Bruce).

Kurt discussed the difficulty of not being able to live with his wife:

Right now the most important person in my life is my wife. Of course now she's also going through a lot of stress. I'm not able to support her and all that and all this year I've been away from her.

Family could also offer passive forms of support like in this case where relatives gave Keith time to get "sorted out:"

I've got very good relationships with my children and surprisingly enough I've got very good relationships with my wife... But I want to kind of get my head sorted around the issues that I'm struggling with at the moment... Because I feel like so much has failed and there's that guilt thing that goes with that... All my relationships with family are very close, very close.

Having support of friends was an important protective factor. As friendship connections were formed and maintained at different points in life (for example in early childhood, during service, during rough living, and within the hostel), friends provided different kinds of support to the men. Mark mentioned the specific support of the friends he made while staying at the hostel "... my uncle, he's not really me uncle, he's a friend of mine from the last time we were in the hostel, but we were so close." Mark reiterated the importance of true friends: "I like to interact with certain people because they are true friends to me like with my mate, me and him are so close. I can talk to him about anything, do you know what I mean, and I know it all right."

## **Conclusions: Intersections of Vulnerability and Resilience**

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Our conceptual framework (CMFS) informs the significance of considering multiple contexts impacting experiences of homelessness (Boss *et al.*, 2017). Homelessness (A; stressor event) is a powerful context and situation that affects everyday life and life trajectories. Our theorizing suggested there would be a range of resources (B), including informal relationships and formal support systems. The significance of relationships in supporting ex-Servicemen is described by Weir *et al.* (2017) in their analyses of how peer support workers have positive effects on veteran's engagement with well-being services. As we examined resilience elements, we noted persistence, which was a potential resource (B) but likely also reflected meaning attached to the past, present and views of the future (C). How the men defined their situation impacted what they did next, as well as how hopeful they felt about their present prospects. Our approach is consonant with calls for theorizing that is more complex and nuanced, and that does not get trapped into classifying people as deserving or undeserving, a long-standing critique that is still relevant (Neale, 1997).

Internal contexts as discussed in the CMFS (Boss *et al.*, 2017) are reflected in aspects of vulnerability and resilience involving what occurs inside the family. Family internal contexts can be both risks (e.g., in the case of abuse), and part of resilience/protective factors (e.g., receiving family support in adulthood). External contexts also impact the examination of vulnerability and resilience, in that current economic conditions work against employment opportunities being readily available. The significance of cultural context is evident; the men in our study were



members of many cultures, including the dominant culture of London and its citizens, the culture of experiencing homelessness and the loss it represents, and the culture of the hostel in which the men resided when our study was conducted.

By taking a qualitative approach, our study raises the question of whether the 37 men interviewed were in crisis or were managing their lives well. Considering our assumption of the interrelated nature of vulnerability and resilience, perhaps the answer is “both-and” rather than “either-or”. That is, while managing a history of homelessness, economic hardship, and other situational and experiential challenges, the men were also reaching out to resources and activating their own inner resources as they moved toward social inclusion.

Our study is limited, in that the findings may not be generalizable, as our sample was small and those who are homeless without service experience may have different experiences. There remains a need to expand the research by focusing on larger and more diverse samples of ex-Service personnel in the UK (Jones *et al.*, 2014). In addition, we have examined these issues in a single shelter moving homeless men toward social inclusion through a well-being approach (Milroy, 2009). How shelters for people experiencing homelessness view their residents, what they expect of residents, and the range of services that are provided varies widely. Nor have we been able to speak to female ex-Service personnel, a limitation that permeates the larger literature on current and ex-Service personnel, regardless of the issue in question. Despite these limitations, our findings provide thicker descriptions of the vulnerability/adversity and resilience factors that typify the lives of homeless ex-Servicemen.

People who are homeless are often viewed from a deficit lens, rather than with elements of resilience. Our goal was to elevate resilience elements in spite of assumptions presuming they are absent. The men we studied possess a mix of vulnerabilities and resilience in their past and present. A challenge for the men, and helping professionals, is to enhance strengths while lowering the influence of negative aspects of life. Enhancing resilience can be approached through structuring environments that lower barriers to doing well, and enhancing environments that provide opportunities (Ungar, 2012). Many of the emerging themes of working toward resilience reflected barriers being lowered, activating basic elements for success.

One example consonant with Ungar’s (2012) call for environments that enhance resilience is East London Hostel, our study site. Though our study is not a direct examination of East London Hostel’s program efficacy, we do note some of the characteristics of this environment (see Milroy, 2009). The men in our study are in a resilience-enhancing environment; they are linked to affordable housing options while in the hostel. Before being housed in the community, veterans must be able

to sustain their new lives emotionally, physically, psychologically and financially. The hostel staff is highly trained in a wide variety of support areas to help veterans sustain their new lives, building trust with residents as they create tailored plans to end the veterans' homelessness. Veterans with addiction are undergoing recovery programs as they enter the hostel and its programs or begin a recovery program in the early stages of their stay. Veterans are also provided with the opportunity for additional education and vocational training, allowing them to obtain work and start saving their money while in the hostel. The East London Hostel is one of many approaches to breaking the cycle of homelessness. Not all approaches are hostel-based, for example, the Housing First program, which has enjoyed success in Europe, Canada, and the U.S. (Padgett *et al.*, 2016). Over time homeless services have taken various forms, including those based in faith-based charity and philanthropy, one very much grounded in human rights social activism, and a third that involves partnerships between private and public formal systems (Padgett *et al.*, 2016, pp. 30-47). Each has its own approach to minimizing vulnerability and enhancing resilience.

Our focus in this paper is not on formal programs, practices, and policies, *per se*. However, the life experiences described by the men in our study align with some of the overarching issues prevalent in the UK and Europe regarding homelessness. Teixeira (2017) charges that too often, awareness of homeless issues fails to move to action, pointing out that the public may see homelessness as the fault of those who are homeless. From this perspective, homelessness is viewed through an individualistic lens rather than one that is contextualized.

Pleace (2016) takes researchers and policy-makers to task on a number of matters, including paying insufficient attention to the pathways toward homelessness, and placing emphasis on individual pathology in the etiology of homelessness. He also cautions the trap of following an American model, given clear differences between the United States and the UK and Europe regarding governmental support for individuals and families. A third paper by Lancione (2016) provocatively asks why scholars research homelessness and proposes strengthening the enterprise by including scholars outside the mix of UK/EU homelessness theorists and researchers. Lancione also cites the merits of fully contextualizing investigations.

We offer our current study as an example of attending to internal and external contexts, of individuals and families. Our approach aligns with those who call for research diminishing pathologizing language and assumptions surrounding homeless individuals, which is reflected in our concurrent focus on vulnerabilities and resilience. We have used a theory developed in America, the Contextual Model

of Family Stress (Boss *et al.*, 2017), knowing that it is open to criticism as an American theory but claiming it is an example of responding to Lancione's (2016) call for opening-up theoretical work on UK/EU homelessness.

## Implications for Intervention

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How, then, should intervention be approached? First, examining what individuals bring to current life situations is instructive for understanding how the past impacts the present and future. For example, one participant was abandoned by his father as a young boy and recalled watching his father walk away from the home where he lived. In the present, when he attempted to reunite with his father after many years apart, his father failed to be there, further continuing the abandonment. In this example, and additional examples detailed throughout this paper, being unable to depend on important relationships becomes a challenge for moving forward. Relationships are at the core of social inclusion, and relationships of the past can continue impacting present relationships and future capacity to build healthy relationships (Fear *et al.*, 2009).

Our data can be viewed through the intervention lens of trauma-informed care (Sweeney *et al.*, 2016), which recognizes that individuals and families experience a variety of traumas in their lives, and calls for unique, caring responses that are not homogenized. Stressors vary by source (internal or external), type (normative or unexpected), duration (chronic or acute), or density (cumulative or isolated). These stressors have implications for how people respond to distressing life events, and may result in trauma (Boss *et al.*, 2017, p.37). Stress itself can be manageable or toxic, and the latter is associated with trauma. Trauma-informed care responds to effects of all types of trauma and focuses on physical, psychological, and emotional care. As we have discussed earlier in the paper, loss in various forms is a common occurrence and often part of a pathway toward homelessness. This can include loss of a family member, employment, of environmental stability, of health or mental health, and so on. Our men reported multiple events that include loss, and multiple, threatening adversities. As we have also discussed, at the same time the men in our sample were also accessing strengths (resilience elements). Consequently, in the process of facilitating managing trauma, one important therapeutic task is to help those experiencing homelessness to embrace and mobilize elements of resilience. These resilience elements can be through informal networks, reflecting on past solutions to problems, or accessing professional services, leaving room for both the service provider and client to be creative in their approach of resilience mobilization.

Severe family fracturing permeates the lives of many. For some men, violence in the home and their community remains a clear memory and affects present life (See Woodhead *et al.*, 2011, for research on ex-Service personnel and early childhood adversity). For others, heavy drinking of their parents casts an indelible memory, along with associated feelings of insecurity. Interventions must focus on deep-seated problems while building new footings on which social inclusion can be developed. Finally, interventions must be focused on resilience and protective factors, and those who are homeless with an asset lens, rather than through a deficit lens (Kretzmann and McKnight, 1993). Individuals, families, and the communities in which they live possess multiple assets that can be activated and mobilized by formal systems designed to be helpful, and by citizens themselves and the informal network relationships they have. That is the essence of a well-being approach.

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# The Process Selection of “Un Chez-Soi d’Abord” Program: A Qualitative Study on the Implementation of Housing First in France

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- **Abstract\_** *This research note focuses on the client selection process of the “Un chez-soi d’abord” programme, an implementation of Housing First services in France first carried out in 2011. At the end of 2016, a randomized control trial demonstrated the efficiency of this programme. It has been maintained and expanded to new localities in France. This new step from public authorities involves practical changes in the recruitment and selection process. It now consists of an “inclusion committee” that assesses whether an individual is entitled to integrate in to the programme or not. Based on ethnographic study, conducted as “participant observer”, this research note pays particular attention to the issues and concerns that arose from stakeholders during committee meetings.*
- **Keywords\_** *Homelessness, Housing First, implementation, client selection process, eligibility criteria, policy implementation*

## Introduction

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Over recent years, Housing First approaches have gained increasing interest from political representatives and stakeholders concerned with ending long-term homelessness in France. Since 2009, the French homelessness strategy is oriented to “Housing First” principles. This orientation implies that access to personal housing is regarded as a “right” for people and not something they have to deserve (Pleace and Quilgars, 2013); housing is therefore conceived as a tool for support. However, “the policy has never really been carried”, as one policy officer said. Indeed, changes were rather focused on organizational measures. In fact, a “staircase model” remains locally and nationally in practice (Houard, 2011).

However, the launch of a trial programme, namely “*Un chez-soi d’abord*”, in 2011 gives tangible form to the paradigm shift towards “Housing First” principles. The implementation on four locations, Paris, Lille, Toulouse and Marseille, is state-financed and is led by an Inter-ministerial delegation for accommodation and access to housing for homeless or inadequately housed people (DIHAL), in direct contact with the General Directorate for Health and General Directorate for Social Cohesion. The programme replicates the model developed by *Pathways to Housing* in New York (Tsemberis, 2010) and the trial conducted in Canada, *At home/Un chez-soi* (Goering *et al.*, 2011). In France, over a five-year research period, 353 people accessed personal housing and were supported by “Un chez-soi d’abord” teams. Specific to those teams is the intensive multidisciplinary support they provide, based on recovery-oriented practices. Teams are composed of healthcare workers (such as psychiatrists, General Practitioners, nurses...), social workers (such as caseworkers), housing specialists and “healthcare mediators-peer educators” who have an experiential knowledge of mental illness (Godrie, 2017).

At the end of 2016, the French government announced that the “*Un chez-soi d’abord*” programme was to be sustained on the four sites and to be expanded to sixteen other cities.

Recently, more research has been published on French “Housing First”. Nearly all of the research was conducted by people involved in the programme: national coordinator (Estecahandy *et al.*, 2015), researchers in charge of quantitative (Tinland *et al.*, 2013) and qualitative (Laval *et al.*, 2015; Laval, 2018) evaluations, and practitioners (Vidon and Antoine, 2013; Laugery *et al.*, 2017). Researchers from qualitative evaluation teams published a short analysis on the implementation and experiences from workers and clients (Rhenter, 2014; Moreau and Laval, 2015; Hurtubise and Laval, 2016; Laval, 2016; Laval, 2017). Among the diversity of research on “Housing First”, Namian (Namian, 2019) is the only one to contribute to the research on client selection processes that Raitakari and Juhila emphasize as “topical” (2015, p.176).

In France, the growing reputation of “Housing First” attracts more and more stakeholders and people interested in being involved in the programme. Nevertheless, the number of people who can be supported by the “*Un chez-soi d’abord*” team is limited to between 95 and 105 people. In addition, the programme is not implemented in every territory, it is not designed for a broad-spectrum of population and finally it is not the main public policy to end homelessness as it is in Finland (Pleace, 2017). Rather, the programme targets a specific population based on medical and social criteria.

This research note discusses the sustainability of Housing First in France, and the expansion of the “*Un chez-soi d’abord*” programme through the implementation of committees that determine client selection processes.

Two kinds of data are used in this study. (1) The analysis uses official documentation, some put forward the legal framework to implement “*Un chez-soi d’abord*” programme, while others are evaluation reports from experimental and sustainability contexts. (2) Data from ethnographic fieldwork are mainly exploited in the aim of providing “an ethnography of public action” (Belorgey, 2012; Dubois, 2012). This research is based on a “multi-sited ethnography” (Marcus, 1995) related to two pieces of fieldwork. The first one, in Marseille, is one of the four experimental sites. Stakeholders were actively part of the design leading to its sustainability and spreading. From November 2016 to March 2018, I went on full immersion several days per month with the “*Un chez-soi d’abord*” team to observe the daily professional activities. I also followed the team to two inter-sites days session (Marseille 2016, Lille 2017), to the national restitution at the Ministry and to a meeting for the list of requirements (Paris, April 2016). Those observations evolved to “participant observation” (Soulé, 2007) from March 2017 when I took responsibility for the coordination of implementing the committee. In essence, my main duties were to receive application files via an e-mail address, prepare different points on the agenda based on information collected from the “*Un chez-soi d’abord*” team, to lead meetings, to relay decisions taken by the committee to the team and draft meeting minutes.

The second fieldwork takes place in the expansion of the programme in Lyon and Grenoble. I took part in working groups as a participant-observer from September 2016. I assisted the person in charge of the management of those working groups, by sharing my operational knowledge of the “*Un chez-soi d’abord*” programme, recovery-oriented practices and functioning of the committee at Marseille.

## From Trial to Committee: Raising Issues

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The advantages of Housing First are demonstrated and promoted in evaluation reports, and evidence-based practices are illustrated in many countries. Consequently, in France, in a 2009 governmental report on the health of individuals without a home, the Minister of Health endorsed this approach (Girard *et al.*, 2009). The Ministry requested a randomized control trial to assess the impact of implementation of Housing First in France. This trial started in 2011 in four cities, Marseille, Lille, Toulouse and Paris, and was scheduled to last four years. The aim was, besides cost savings, to demonstrate that “the worst [people]”, as providers often say, could access and maintain themselves in housing with team support.

Over the period of the trial, a modification was made to the inclusion process. It was decided that the research team would no longer be in charge and that instead a committee would be empowered to determine entry to the programme.

### *A lesson to remember: there is no predictability to the capacity to inhabit*

This new setup, a “committee”, establishes the new ways and terms for homeless individuals to integrate into the programme, based on instructions issued by the governmental agency, the DIHAL. In France, in the field of public policies fighting against precariousness and poverty, committees are the typical setting where an entitlement is attributed or not. This attribution results from a collective work on individuals’ situations from participants of the committee meeting.

Regarding the implementation of “*Un chez-soi d’abord*” committees, a key issue is to keep the programme philosophy. Indeed, one of the main lessons learnt from the trial is that “there is no predictability to the capacity to inhabit”. That sentence, often repeated and highlighted by “*Un chez-soi d’abord*” providers, underlines that there is no way to guess if this or that individual will inhabit his/her housing, how and for how long. When workers from Marseille present the programme, they usually say: “every time we took a bet, we lost”. This kind of rhetoric reveals the paradigm shift, from staircase system where workers have to anticipate the ability of homeless individuals, to the Housing First model which is “If you want to learn how to pedal, you need a bike”. If it is not possible to assess which individuals will do well in his/her process in the “*Un chez-soi d’abord*” programme, from entrance to housing to recovery, then *how should we conceive and organize inclusions to the program?*

### *Instructions from DIHAL*

DIHAL handed some instructions to the inclusion committee in its “list of requirements” in June 2017.

1. The list requires workers that are close to the targeted population to be a part of the committees. These include: mobile psychiatric outreach team or access to health care and public services teams with a psychiatrist, mental health care services in prison, harm reduction services and social services. "Orientation teams" respond directly to eligibility criteria: a population identified as long-term homelessness with psychiatric disorders. Representatives from the Integrated intake and referral service (SIAO) and institutional representatives from "*Un chez-soi d'abord*" have to be present as well. The "*Un chez-soi d'abord*" support team is not supposed to attend committee meetings. The reason for this is to apply a "Recovery philosophy"; they should not have information on or a deciding role in the individuals integrating the programme before their first meeting.
2. DIHAL provided the "*Un chez-soi d'abord*" team with the prospective participants papers, known as the 'inclusion file'. One is a medical certificate completed by a psychiatrist. S/he fills in their diagnosis: principal, schizophrenia or other psychotic disorders, psychiatric associated disorders and co-existing substance disorder. A questionnaire is filled in by the "orientation team", eligibility of social criteria is checked: is the individual over 18? Is the individual a French citizen or legal resident of the territory? Is the individual in "absolute homelessness" or "precariously housed"? Does the individual have a psychiatric certificate? Does the individual benefit or might benefit from the welfare system? Does the individual want to be in the "*Un chez-soi d'abord*" programme and want private housing? All of those questions have to be answered "yes" to ensure the individual matches the programme requirements. Besides, an ID card has to be provided.

The score of Multnomah Community Ability Scale (MCAS) has to be provided and has to be equal to or less than 62 for eligibility. MCAS aims at assessing community functioning; it covers mental and physical health, behavioural problems, social skills and ability to cope with illness (Tinland *et al.*, 2013). This scale is designed "for individuals with long-term mental health issues and related disability" (Goering *et al.*, 2014, p.43). It is used to appraise correlates of level of care and program effectiveness (Durbin *et al.*, 2004).

The content of the file echoes directly the main cumulative inclusion criteria set out in the list of requirements: (1) being homeless or houseless, (2) presenting a severe mental disorder (psychotic disorder), (3) presenting high needs (assessed by the MCAS scale), (4) willing to participate to the "*Un chez-soi d'abord*" programme and be housed.

3. The last instructions given by the DIHAL were that the inclusion files had to be sent to an email address. Hence, integration to the programme depends on the order of receipt of emails.

### ***The other meanings of “First-come, first served basis” in practice***

This “First-come, first served basis” does not rest upon subjective criteria on the individual’s situation and seems to be an objective way to select individuals into the “*Un chez-soi d’abord*” programme. In fact, it might be viewed as objective to the individual him/herself. However, the ability of “orientation teams” to be reactive and compile the content of the inclusion file differs from one team to another, and that “first-come, first-served basis” reveals inequalities between those teams from an organizational and from a professional perspective.

For example, at the time of the first committee in Marseille, inclusion files were supposed to be sent the week before the meeting and a worker of an “orientation team” sent three inclusion files a few minutes after midnight. “First-come, first-served basis” means that workers who want to send an inclusion file have to make themselves available and reactive, including during their spare time. Moreover, it appears to be easier for an “orientation team” with a psychiatrist to provide the medical certificate than a team that do not include a medical worker.

As a result, if the content of inclusion file and the “first-come, first-served basis” looks unbiased and is supposed to provide an equal treatment of the individual situations presented in committee, it appears that it reinforces inequalities between “orientation teams”.

### ***What do the concerned population think?***

Instructions from the policy-maker were not completely satisfactory to promote equality principles. So, I intended to ask this question: “How should one choose four individuals to integrate into the “*Un chez-soi d’abord*” programme when ten want to?” to the main interested population: those who are targeted by the programme.

Firstly, I asked one of the clients of the programme who at that time was housed for several years. His answer relates to his experience, he recommends random selection: the individual picks an envelope that indicates whether s/he integrates into the programme or not. I assume that he suggests that because it was favourable towards him since he picked “the good envelope”. Besides, it would mean that all applicants would attend the committee meeting. In addition to organizational constraints, that could lead to the concerned individuals going through a violent experience when “the wrong envelop” is picked.

Secondly, I participated in a community breakfast in a harm reduction association for drugs consumers. Among the ten participants, several of them indeed wished for an apartment and their speeches were in line with the traditional system. They proposed applicants stand up for their project (employment, raising their children again, etc.) and the one with the best project would integrate into “*Un chez-soi*

*d'abord*". But, inclusion on merit is the exact opposite of the philosophy of Housing First that claims that anyone has the opportunity to have housing, that is not something to earn.

From both policy-makers and (potential) clients' sides, complexity and issues related to the implementation of committee arise.

### **Marseille, a Construction By-Doing: The Significance of the Cooperation**

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However, issues related to the implementation of a committee on experimental locations and future locations are being incorporated within the framework of two distinct temporalities of the public policy. Thus, design of the implementation in Marseille is produced *at the same time* it is implemented.

#### ***The beginning of the organization of the committee***

As explained formerly, inequalities between "orientations team" can result from the production of the inclusion file. During the first committee meetings, to avoid reinforcing competition between teams, avoiding excluding teams from orientation and pressing them to participate on the thinking of the ways and terms of the inclusion, a prerequisite condition was decided: to be able to propose an inclusion file, the "orientation team" has to attend the meeting before submitting an application and during the meeting where the application is examined. It aimed to avoid that one team would come just once to propose an inclusion file, and to recognize the work of every member. That condition lasted six months, during which time two new orientation teams integrated the "inclusion committee". In September 2018, there are seven, and usually the same representatives of the "orientation team" send the "inclusion dossier" and come to committees. The representatives are supposed to be trained in "recovery practice", as indicated in the list of requirements. Some of them actually already "know recovery" from experience. Indeed, one mobile psychiatric outreach team uses "recovery practice" in the support they provide, and they initiated a "therapeutic squat" in 2007, pioneer of the "*Un chez-soi d'abord*" programme. Furthermore, one manager of a harm reduction team did her training with the "*Un chez-soi d'abord*" team. Participants of committee share a common will: they do not have to defend their "file" and "get the tears flowing". In the first meetings, when some of them were reporting the individuals' progress they support, others were inquiring: "Do we have to defend the file?", "I thought that we did not do that, I don't know the file, I am not his referring worker". Nevertheless, participants report often elements of the individuals progress. They focus on precariousness, psychiatric diagnosis and substance abuse, as a justification of relevance of the application.

The number of individuals who can integrate into the “*Un chez-soi d’abord*” programme is limited at every committee meeting. At Marseille, three new integrations are usually doable. The main operational issue of this committee is thereby the selection of applications. Representatives of “orientation teams” insist on the importance that every team might orientate, whether a team has one application every two committees or eight applications at every committee. Discussions led to a division between “orientation teams” rather than being focused on the inclusion file. For example, whatever the number of applications, if three teams want to orientate, then each of them will have a “place”. The decision of “the choice”, “the selection”, becomes an internal choice to the team. Hence, selection or prioritization between inclusion files is an evaluation done by the “orientation team” rather than a collective evaluation done by all “orientation teams”.

### ***A cooperation between teams***

One significant fact is that “orientation teams” are often co-orientating. For example, teams that do not include a mental health worker rely on one of mobile psychiatric outreach team to provide the psychiatric certificate. Even if co-orientation is not official, individuals oriented to the “*Un chez-soi programme*” appear to be regularly known by several representatives in committee. The co-orientation can also happen on request of other services that do not attend the committee, like shelters or hospitals. Co-orientations, between “orientation teams” and between “orientation teams” and other services reveal a significant cooperation at Marseille, gathering services concerned about the homeless population with mental health disorder.

The work of the committee also reviewed the cooperation between “orientation teams” and the “*Un chez-soi d’abord*” team. As indicated in the list of requirements, the “*Un chez-soi d’abord*” team is not supposed to attend committee meetings in order to not interfere on applications’ selection.

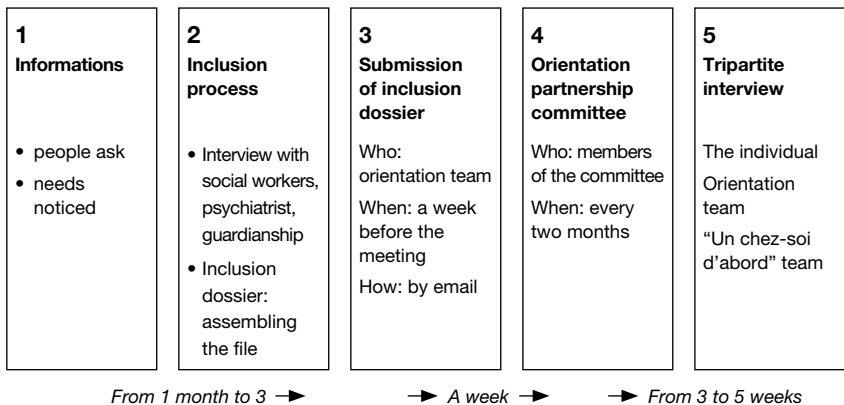
Over the different committee meetings, the assembly of “orientation team” representatives raised criticisms and questions on support provided by the “*Un chez-soi d’abord*” team and holding them to account. On the “*Un chez-soi d’abord*” team side, there were difficulties in the first integrations to the programme from the committee. For example, the team did not manage to meet an individual whose application was selected by committee. Besides, during a few months in 2017, the search for housing was on stand-by because of a new institutional organization.

As researcher-coordinator and intermediary between those teams, I had to pass criticisms and questions from both sides. I worked with the “*Un chez-soi d’abord*” team to produce solutions.



To clarify the process of inclusion to workers of “orientation teams” and other services and to be able to communicate about it, a detailed diagram was conceived with the manager of “*Un chez-soi d’abord*” and “orientation teams” during a committee meeting. It explains the different steps of the orientation process (see Figure 1).

**Figure 1. Inclusion process to “Un chez-soi d’abord” program, Marseille**



To respond to the vagueness of what occurs after an inclusion decided in committee meetings, in collaboration with “Un chez-soi” workers we drew up an “inclusion protocol” that formalizes the beginning of support: a first meeting is scheduled with the person, “*Un chez-soi d’abord*” team and “orientation team” to explain again the programme and the type of support. Then the person has 48 hours to think and support begins officially from the second meeting.

To have direct answers to questions and to be up to date on the “*Un chez-soi d’abord*” programme, since 2017 October some of the workers of the “*Un chez-soi d’abord*” team come to the first part of committee meetings. They share institutional and organizational information. The partnership and the communication are acknowledged as more efficient. To underline the significance of cooperation in the work of orientating people to the “*Un chez-soi d’abord*” programme, members of the committee chose to name it “Orientation Partnership Committee of Un chez-soi d’abord Marseille”.

## Lyon and Grenoble, the Design of the Committee

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If at Marseille, discussions encounter directly ethical issues, at Lyon and Grenoble in 2017 the implementation is still at a designing stage and the ways and terms of selection are conceived *before* implementation.

### *A bureaucratic design*

Working groups were constituted and meet on an ad-hoc basis. When they started to meet, in the second semester of 2016 the schedule was based on an indefinite time. Decree law was long-awaited to make official the expansion of the programme and the list of requirements was awaited with eagerness, finally published in June 2017. At the beginning of 2018, the DIHAL announced that implementation on four new sites (Lyon, Grenoble, Dijon and Bordeaux) was supposed to start nine months later, during the last quarter of the year. As said in Lyon, “there is a form of emergency to cooperate”, in the aim of gathering the members of the social and medico-social cooperation group, the legal status for “*Un chez-soi d’abord*” service. The onset of implementation of spreading sites illustrates the bureaucratic dimension in French policies. To help in bureaucratic and legal tasks, future social and medico-social cooperation groups hire a legal practitioner at Lyon and a policy officer at Grenoble.

At this moment, several working groups are in charge of different scopes of the implementation. (1) One is in charge of the institutional part. It aims to set up the social and medico-social cooperation group that have to gather a psychiatric institute, a harm and reduction association and a social association, on the locality. (2) Another focuses on an operational perspective. Professionals from teams that are concerned by this population’s issues discuss the process of orientating and including homeless individuals with mental health disorders to the programme. (3) At Lyon, following the mobilization of Métropole de Lyon and social housing landlords, a working group is specific to housing supply issues. Nevertheless, none of this working groups include a person who could be targeted by the programme.

### *What are the issues raised by the eligibility criteria?*

I assist the supervisor of the second type of working group about operational scope where we focus on the “inclusion committee”. Indeed, the “inclusion committee” is the entrance door to the programme for the targeted people.

Participants rely on careful reading of the list of requirements, one of the main official documents provided to them. At this point of reflection, both working groups at Lyon and Grenoble seem to tend towards a co-orientation model between a social team and a medical team in the aim to confirm homelessness status and psychiatric diagnosis.

In order to discuss how to prioritize, they try to have a common understanding of criteria. From this translation work of the eligibility criteria emerge concerns and tensions that echo the political issues. The criterion of “absolute homelessness” or “precariously housed” refers the list of requirements to the categories 1 to 4 of the European Typology of Homelessness and Housing Exclusion. “Roofless” individuals and some “houseless” individuals, who stay in homeless hostels, temporary accommodation, transitional supported accommodation and in Women’s shelter, might be eligible to integrate into the “*Un chez-soi d’abord*” programme. In that case, “people living in insecure accommodation” such as temporarily with friends or family, or illegally occupying a dwelling are not eligible. Nevertheless, these houseless situations are mentioned as constitutive of homelessness criterion on the inclusion file form that the DIHAL transmitted. Furthermore, these discussions echo the national debate on the number of “proven roofless” individuals that opposed French government and stakeholders.

Psychiatrists are more liable to discuss “severe psychiatric disorders”. Either they specify the diagnosis: “adult psychotic disorder” excluding autistic spectrum disorder, infantile psychosis and personality disorder, or they insist on characteristics and difficulties of supporting “delusional people”. Social workers express the difficulties to broach this type of topic with the people they support. Regularly, participants raise a paradox related to this criterion: people do not have to be following medical care but in order to access the “*Un chez-soi d’abord*” programme they still need to encounter a psychiatrist and provide a certificate to prove they have a severe mental disorder. Participants display on a regular basis a concern related to people who are hospitalized long-term, who have a psychotic disorder diagnosed and who stay at hospital because they have no housing solution. They worry that psychiatric hospitals will throw those individuals on the streets in order to get them on the “*Un chez-soi d’abord*” programme. This concern emphasizes the lack of resources of psychiatric institutions and dysfunctions of the de-institutionalization (Eyraud and Velprey, 2014). In this way, the understanding of criteria is related to political issues that echo at national and local levels.

## Conclusion

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As displayed in this article, beyond the consensus that the “*Un chez-soi d’abord*” programme is effective, practical issues on clients’ selection arise for the stakeholders. This study conducted by “participant observation” reveals that stakeholders of the “*Un chez-soi d’abord*” programme, implemented in all locations, are requesting researcher involvement. The comparison of localities and temporalities of the “*Un chez-soi d’abord*” programme demonstrates the significance of moral and political issues for the stakeholders, related to the instructions provided for implementation.

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# Counting and Mapping Local Homeless Service Systems in Sweden

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➤ **Abstract** *The aim of this study is two-fold. First, the aim is to map and explore the extent and variation of local homeless service systems in Sweden's municipalities. Second, the goal is to explore the possibilities and limits of using available secondary data on homelessness and homelessness housing services, when analysing local homeless service systems. The study is based on an exploratory cross-sectional approach and uses data from several secondary sources. An extensive mapping of the variation and extent of homelessness and local homeless service systems in Swedish municipalities was conducted. The results suggest that homelessness and local homeless services systems exist in almost all Swedish municipalities. The results also show that the social services have become a major landlord, managing around two percent of Sweden's total amount of rental apartments (2017). Special contracts are the most common type of housing measure, used both in urban and rural municipalities. The "Housing first" model still represents only a small percentage of different housing measures. Available secondary data has potential to function as a basis for comparative studies on local homeless services. However, it contains shortcomings concerning reliability, comparability and scope. This is partly due to changes in questionnaires and definitions.*

➤ **Keywords** *Homelessness services, levels of homelessness, local homeless service systems, cross-sectional analysis, exploratory approach.*

## Defining Homeless Services

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In Sweden, as in many European welfare states, both national and local homeless service systems have developed as part of the general welfare organization. In general, homeless service systems can best be described as loosely intertwined systems consisting of legal frameworks, national and/or local homeless policies, methods to tackle homelessness and measures to house the homeless. These homeless services are often regulated and organized by the local social services and provided by municipal actors, including both for-profit and non-profit organizations (Benjaminsen, 2016; Dyb, 2017). In Sweden, the municipalities are the main actors and responsible for governing, managing and financing homeless services (Sahlin, 2006; Benjaminsen, 2016; Dyb, 2017). The local social services have legal obligations to provide both general and targeted services to people that risk becoming, or already are, homeless. The legal framework of SoL (the Swedish Social Services Act) defines the right to general social assistance, but also specifies some interventions targeting homelessness, such as the right to shelter (SoL Chapter 4, §1). The definition of homelessness used by Swedish authorities is a narrower adaptation of the ETHOS<sup>1</sup> and defines homelessness based on four different living situations:

1. People 18 years or older who sleep rough or in emergency accommodation, e.g. shelters and hostels.
2. People 18 years or older who are due to be discharged within three months from an institutional setting (prisons or mandatory institutional care) without having a permanent residence waiting for them.
3. People 18 years or older living within the secondary housing market, or in housing organized by the social services.
4. People 18 years or older living with friends or relatives under uncertain housing conditions (Socialstyrelsen, 2011).

The right to assistance due to homelessness is approved on the basis of these conditions. However, the legal framework (SoL Chapter 4, §1) does not clearly specify which type of shelter, for how long, or what individual conditions need to be fulfilled in order to be provided with housing (Blid, 2008). This is a considerable difference compared to for instance Scotland, where the legal framework is both stronger and clearer concerning the responsibilities of the local social services

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<sup>1</sup> ETHOS or European typology of homelessness situations created by the European Observatory on Homelessness (Edgar and Meert, 2005). ETHOS includes 13 situations of homelessness from rough sleeping to inadequate housing.



(Anderson and Serpa, 2013). Apart from the larger urban areas of Sweden, the issue of homelessness is not always dealt with by a special section within the social services. Rather, it would be under the remit of the general section dealing with adults with all different kinds of social issues. However, in many municipalities, local homeless service systems have evolved, either as part of general social services or as special branches dealing especially with housing or homelessness. Today, some type of local homeless service system exists in most municipalities, but the content and measures provided can vary greatly. In general, the types of services that exist can be some or all of the following:

1. *Local homelessness policies or strategies*. Developed by the local social board, directing the work and the measures that target homelessness.
2. *Homelessness prevention*. Preventive measures such as eviction mediation or financial assistance.
3. *Special homelessness measures*. Targeted individual interventions in the form of healthcare support, vocational training or other social activities.
4. *Homeless housing measures*. Individual interventions in the form of housing financed by the social services.

These are organized and regulated by local social services, often in cooperation with local for-profit and non-profit actors. Swedish national statistics show that there has been a steady increase across Swedish municipalities in developing special homeless services and homeless housing services over the last 20 years (Socialstyrelsen, 2015). Today, homeless housing services are the main intervention used by local social services to target homelessness (Socialstyrelsen, 2017). However, there are different ways to organize the local homeless service system and there are variations concerning the local political interest in the matter. We know through research from the Nordic countries that the types of services provided at a local level matter (Benjaminsen, 2016; Dyb, 2017). This research also indicates that organizing and creating national as well as local strategies and methods tackling homelessness have an impact on reducing the level of homelessness (Pleace *et al.*, 2015; Dyb, 2017).

## **Purpose of the Study**

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This study has a two-fold aim. First, the aim is to map local homeless service systems in Swedish municipalities. Two questions are at the centre of this mapping: the issue of homelessness and local interventions and methods used to house homeless people. Data collected by the National board of housing building and planning (NBHBP), the National board of health and welfare (NBHW) and the

Statistics Sweden (SCB) will be used in the analysis. The data collected by Swedish authorities and public bodies over the last ten years are underexplored, especially when it comes to comparative analysis at a local level. Therefore, the second, but closely related aim of this study, is to explore the possibilities and limitations of available secondary data. One of the key policy positions upheld by FEANTSA is that there is a need to develop national, as well as local, data concerning interventions and methods used at a local level. This is to understand how interventions against homelessness affect the levels of homelessness (FEANTSA, 2017; Pierre and FEANTSA, 2017).

## Homeless Housing Services

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Previous research shows that, in general, the homeless housing measures provided by local social services may be more or less temporary, may be more or less integrated into the overall homelessness services and may include a greater or lesser amount of care for and control over the individual (Busch-Geertsema, 2005; Sahlin, 2007a; Blid *et al.*, 2008). In Sweden, the most common types of housing provided as part of the homeless housing services are: a bed at a night shelter, a room in a municipal housing complex with staff, or a short-term to long-term lease of an apartment with a “restricted contract” (Sahlin, 1996; Sahlin, 2005).

Previous research in Sweden shows that the types of housing solutions within the homeless housing service vary between municipalities, but no detailed national mapping exists (Sahlin, 2006; Blid, 2008; Hansen Lövstrand, 2012). When a person applies for housing assistance, the first step is to visit the local social service office. This process is similar within most municipalities, and starts with an individual assessment of the needs of the applicant (client) based on SoL Chapter 4 §1 (Blid, 2006). However, interpretations and praxis of how to implement the law may differ between municipalities. If the application for housing is approved, the next step of the process is to assess what type of housing the person needs. The type of housing offered differs depending on the types of housing solutions available, as well as the evaluation of individual needs and circumstances. Re-evaluations of the person’s needs for housing may be conducted from time to time. The housing offered by local social services is often organized in relation to two different methodological models (Sahlin, 2007a; Knutagård, 2008): the “Continuum of care” or “Staircase of transition”, in this paper referred to as the “Staircase model”, and the “Housing first” model. The Staircase model builds on the idea that homeless people should be moved to permanent housing through a series of steps. This begins with communal housing shelters, moving slowly into independent “training” apartments, and then finally to permanent or semi-permanent housing, provided by the social services in cooperation with both non-profit and for-profit care providers and local landlords (Benjaminsen

and Dyb, 2008; Pleace, 2011; Dyb, 2017). One semi-autonomous part of the Staircase model is the special contracts, which Sahlin (1996) defines as a secondary housing market. These special contracts<sup>2</sup> involve various types of rooms and apartments provided by municipal or private landlords to the social services. The social services then sublease these apartments to their clients. The special contracts are characterized by a high degree of control and a low degree of individual choice and freedom. In Sweden, as well as in several other countries, the Staircase model and the special contracts of the secondary housing market have been criticized for posing as an obstacle rather than a pathway to the ordinary housing market for some of the most vulnerable parts of the population (Sahlin, 2007a). Partly as a response to this criticism, Pathways Housing First (PHF) was developed in the United States in the 1990s (Tsemberis, 2010). This method promotes optional and client-promoted control and permanent tenure as its key features.

Housing first was introduced in Europe during the last decade, and Finland has led the way in the implementation of the method (Pleace, 2017). A number of Swedish municipalities are currently adopting and implementing this methodology, and some research reviewing the first Housing first projects in Sweden has been conducted. Knutagård and Kristiansen (2013) have shown that different types of Housing first model are being implemented, where some municipalities stay true to the methodology of PHF, while others adopt “Housing first-like” versions. These are in many cases similar to the methodological traits of the Staircase model (Pleace, 2011). The homeless housing services are at the centre of local homeless service systems. Comparisons between the Nordic countries have shown that the secondary housing market in Sweden is considerably larger than similar solutions in, for instance, Norway and Denmark (Dyb, 2017).

Only two national mappings of the actors involved in homeless housing services have been conducted in Sweden: Sahlin (1996) and Blid (2008). These studies showed that a mix of actors are involved as providers of homeless housing services. Municipal service providers, for-profit actors and non-profit actors, such as religious organizations, are all involved in selling homeless housing services to the local social services (Sahlin, 2007b; Socialstyrelsen, 2015). Blid (2008) showed in his mapping that the quality of services could be partly understood in relation to the duration of the placement. Shorter placements were more often temporary arrangements in collective housing, or just a bed at a night shelter with lower quality, while longer placements in general represented higher quality housing in

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<sup>2</sup> In some municipalities, called social housing contracts (author’s translation of “bostadssociala kontrakt”). Other but similar terms of this type of measure can be found across Sweden’s municipalities. In this paper this type of measure be referred to as special contracts.

small apartments, and a higher degree of self-control (Blid, 2008). However, several other factors within the local homeless service systems, as well as the threshold of local housing markets, are expected to affect the level of homelessness.

## Methodological Considerations

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Several methodological approaches can be used to explore variations in local homeless service systems and levels of homelessness. Longitudinal data would be preferable to analyse the link between variations of services and levels of homelessness, and to follow patterns over time. However, longitudinal data covering these issues is not available in Sweden. This study has therefore chosen an exploratory mapping approach, primarily relying on descriptive statistical tools and secondary data, similar to previous Scandinavian studies (Sahlin, 2006; Benjaminsen and Dyb, 2008; Socialstyrelsen, 2015; Benjaminsen, 2016; Dyb, 2017). The sample for this study includes all 290 municipalities in Sweden. These municipalities differ in a number of ways, for example when it comes to size and population. The need for targeted homelessness services is also expected to vary. Some municipalities will have only a few people in need of targeted homelessness services and homeless housing services, while others will have lots of people requiring services, causing uneven “pressure” within the local social service system. The financial possibilities available to social services also vary across municipalities.

These variations are expected to affect the effectiveness and functionality of local homeless service systems. Therefore, the analysis includes a number of structural variables describing the differences in the local rental housing market or the degree of urbanization (see Table 1 for all variables used in the analysis). Further, the character and diversity of housing options, owner-occupied housing and rental housing, differ between municipalities (Blid, 2006; Sahlin, 2006). Because of this, variables describing the availability of rental housing have been included in the dataset. In some studies, the rate of homelessness and the number of people receiving housing assistance are treated as exchangeable, suggesting that the services provided can be understood as indicators of the number of homeless people in a geographical area (Blid *et al.*, 2008). This implies that the number of services provided in a municipality predicts the number of homeless people. However, Blid (2008) argues that it is more reasonable to believe that the number of people in homeless housing services varies between municipalities due to a multitude of aspects. For example, it is probable that the number of available services conditions the amount of people receiving services. Therefore, the quantity of services should not be understood as a reflection of the needs of people living

in homelessness. It is also likely that how municipalities organize their measures against homelessness will affect the number of people receiving housing assistance (Socialstyrelsen, 2015 and 2017).

### ***Available data***

This study is part of a larger research project studying the management of homelessness in Sweden. As part of the project, a database has been created: the “Swedish homelessness database (SHD)”. Currently the database contains about 100 variables covering homelessness, housing and homelessness services for the period from 2013 and onwards. The main sources of the SHD are the “Open comparisons survey” (OCS) and the “Annual database on services provided by the social services”, both administrated by the National Board of Health and Welfare (NBHW), the “Housing market survey” provided by the National board of housing building and planning (NBHBP), and data from Kolada which is a Swedish non-profit database providing data to research and policymakers concerning Swedish municipalities and regions. Some additional data has also been collected from Statistics Sweden (SCB). The database will continuously be updated with new secondary data when available. Also, primary data will be collected as part of the research project and added to the database when relevant. The data used in this study includes variables from all previously named sources covering the years 2016-2018.

### ***Limitations and adaptations of data***

There are several issues concerning the data that need to be addressed. The quality and comparability of much of the early data from 2013-2015 is questionable and very general in its character. It should only be used to provide background insights. In the OCS, the municipalities report back to the NBHW annually on a number of questions. Questions on homelessness were included for the first time in the early 2010s, and were expanded into a more detailed set of questions in the measure in 2016. It then included questions concerning both general and special homelessness services, as well as homeless housing services. This was later changed, so the OCS questionnaire used in 2018 was not as detailed. These changes in the questionnaire hinder the comparability and limits its use. Due to differences between municipalities discussed previously, caution is necessary when comparing data from different types of municipalities. One method to make data comparable without corrupting the variables, is to recalculate the number of people in relation to the size of the municipality, converting them into a rate of 1 in 10000 inhabitants (Blid, 2008; Sahlin, 2006; Socialstyrelsen, 2017). All the variables concerning levels of homelessness and number of people receiving housing support used in this paper have been changed into a per 10000 people ratio. This makes data more comparable, but does not fully account for the differences between municipalities (Sahlin, 2006). Some of the variables used in the analysis have been included

without adaptation from its source, while others have been adjusted (see Table 1). Some variables are dummies (yes/no questions) and simple to construct, others are more complex. Particularly this applies to the variable describing persons receiving housing services. Homelessness is not used as a category by the social services in their data. Therefore, this variable has been compiled using two separate variables from the official statistics of NHWS. The two variables are: “adults with substance use receiving housing financed by social services” and “other adults receiving housing support financed by social services”. These two groups together roughly capture all adults receiving housing services from the social services due to homelessness and can be interpreted as all adults receiving housing financed by the social services. These two variables are not “officially” defined as covering homeless housing services, but compiling them is an attempt to test available data and use it in a new way. When compared, this group to a large extent coincide with the size and local variation of homelessness measured in the homelessness count. Another adopted variable is the one describing the average number of nights that housing assistance have been received. Using two different variables available from the NBHW’s annual statistics: 1) Number of persons in each municipality receiving housing assistance and 2) The total number of nights of housing financed by the social services in each municipality. By dividing these two numbers in each municipality an average was created, describing the average number of nights financed by the social services in each municipality.

Other limitations of the data are related to how it is collected. The homelessness count is based on the reported number of people living in homelessness who came into contact with some type of homelessness service during the measurement week for each specific year. The number of homelessness services reporting to the NBHW have changed over the years, as have the number of municipalities participating in the homelessness survey. This change in number of respondents may have effects on the levels and makes the data partly compromised. The 2017 homelessness count highlighted in its methods section the lower number of respondents taking part in the count and that the observed “stagnation” of homelessness could be a reflection of this (Socialstyrelsen, 2017). It is also important to keep in mind that the variables used in the analysis do not measure the quality of services provided by municipalities. The data relating to homelessness interventions is based on a self-reporting survey, where municipalities report on what type of work they conduct. Finally, a limitation of the data is that the homelessness counts only focuses on groups with a local connection and a civil right to homelessness services. It does not include undocumented migrants or EU citizens without shelter, which leaves a large degree of uncertainty in the estimations and does not reflect the actual number of homeless people at the local level.

**Table 1. List of all variables used in analysis**

Variable name	Description	Ratio	Year
<b>Persons receiving housing services</b>	Number of people in homeless housing services financed by social services (2016) (see further description under data adaptations).	1 per 10 000 people	2016
<b>Levels of homelessness</b>	Number of homeless people per 10 000 people. From the NBHW's mapping of homelessness. All four situations of homelessness.	1 per 10 000 people	2017
<b>Average number of nights approved by social services</b>	Obtained by dividing the number of people receiving housing support by the number of nights paid for reported to the NBHW. From NBHW's official statistics.	Average number of nights per municipality	2016
<b>Cooperation with local private landlords</b>	From the NBHBP's housing survey. If social services cooperate to lower thresholds to the ordinary housing market.	Yes/No/Missing	2017
<b>Cooperation with local municipal landlords</b>	From the NBHBP's housing survey. If social services cooperate to lower thresholds to the ordinary housing market.	Yes/No	2017
<b>Rental housing market balance</b>	Balance of rental housing market. From Kolada.	0,1,2: 0=deficit, 1=balance, 2=surplus	2016
<b>Staircase model</b>	If social services offer Staircase model. From OCS.	Yes/No	2018
<b>Housing first</b>	If social services offered Housing first. From OCS.	Yes/No	2018
<b>Local homeless policy</b>	Is there a plan to tackle homelessness? From OCS.	Yes/No	2018
<b>Rental guarantees</b>	If social services provide rental guarantees to individuals to assist in accessing contracts. From NBHBP.	Yes/No	2017
<b>Special contracts</b>	If social services provide special contracts, where social services lease apartments and then sub-lease to individuals. From NBHBP housing survey.	Yes/No	2017
<b>Owns apartments</b>	The social services own their own apartments that they sublease to individuals. From the NBHBP's housing survey.	Yes/No	2017

## Homelessness: Size and Characteristics

In a recent policy review, Knutagård (2018) conducted an extensive analysis of the 2017 NBHW homelessness count. Only a brief summary will therefore be provided here. At the national level, homelessness has grown over the last two decades, when comparing the three homelessness counts conducted in 2005, 2011 and 2017 by the NBHW. As shown in Table 2, the level of homelessness has doubled during these twelve years with a rapid increase in the number of homeless people between 2005 and 2011 and a stagnation between 2011 and 2017 (Socialstyrelsen 2017, Knutagård, 2018). The population of Sweden has grown during the same period,

but this cannot explain the increase in homelessness. As previously discussed, these differences can be impinged by methodological issues concerning the surveys. Still, the counts show some interesting patterns (Knutagård, 2018). For instance, the increase in homelessness mainly occurred outside the three biggest cities. Approximately 50% of the homeless people were reported by the big cities in 2005, while only around 30% of the homeless people were living in these cities in 2017. This suggests that both the size and the spread of homelessness across municipalities have changed from being mainly focused in urban areas to becoming more widespread also to less urbanized municipalities.

**Table 2. National homelessness mappings in Sweden by the NBWH.**

Year	Number of homeless people at national level	Number of homeless people in the three biggest cities: Stockholm, Gothenburg and Malmö	Municipalities reporting that homelessness exists
2005	17 800	12 000	250
2011	34 000	9 800	280
2017	33 250	10 025	267

Source: NBWH's homelessness count 2005, 2011, 2017

Regarding the composition of the homeless population, it is notable that the relative number of both women and of non-Swedish-born people has increased (Knutagård, 2018). Also noteworthy is that the level of long-term homelessness has been quite stable in all three counts despite changes in the size of the group, in living situations, in country of origin and concerning gender. There has been a steady increase in the number of people living in housing financed by the social services, as well as a slight decrease in people living temporarily with family or friends. People sleeping rough or living in emergency accommodation decreased between 2005 and 2011, but increased again in 2017 (Socialstyrelsen, 2005; Socialstyrelsen, 2011; Knutagård, 2017; Socialstyrelsen, 2017).

## Regional Variations in Homelessness Levels

The variations of homelessness between municipalities are shown in Table 3. This provides an overview of the "homelessness issue" across four types of municipalities: 1) Highly urbanized municipalities (the 24 largest cities in Sweden), 2) Commuter municipalities, located around one of the 24 largest cities, 3) Municipalities with smaller cities as well commuter municipalities for smaller city municipalities, and 4) Rural municipalities. These municipalities share similar socio-economic, infrastructural and geographical traits. The four categories are an adoption of a typology developed by the Swedish Association of municipalities and regions (SKL) that includes nine different types of municipalities. Sweden is characterized by three



highly urbanized areas around the three biggest cities of Stockholm, Gothenburg and Malmö, and homelessness as an issue has for a long time been mainly connected to these areas. As Blid (2008), Sahlin (2006) and the NBHW's mappings in 2011 and 2017 have shown, there is a close link between urbanization and the degree of homelessness. This result is also in line with findings from other European welfare states (Benjaminsen, 2016; Dyb, 2017). Table 3 confirms that homelessness is an urban issue. However, as discussed previously, two thirds of all homeless persons can be found outside of the three main urban areas in 2017 compared to 2005, when two thirds of all homeless persons could be found in the three main urban areas.

**Table 3. Regional differences in homelessness in 2017 and housing market balance 2016**

Type of municipality N=290	People living in homelessness (per 10 000 inhabitants)	Deficit in local rental market	Balance in local rental market	Surplus in local rental market
Large cities (n=24)	46.6	91.7%	8.30%	0.0%
Commuting (n=130)	25.3	71.5%	23.80%	4.6%
Smaller cities (n=81)	18.2	64.2%	27.25%	8.6%
Rural (n=55)	16.1	29.1%	45.50%	25.5%

Source: NBHW's homelessness mapping 2017, Kolada 2016.

Table 3 further shows that almost 26% of homeless people live in close proximity to larger cities, and about 34% of all homeless persons can be found in municipalities consisting of smaller cities or in rural municipalities. Table 3 also shows that the availability of rental housing is a major problem in many of Sweden's municipalities, also in smaller cities and in rural municipalities. Even though the problem is more concentrated to the urbanized areas of Sweden.

## Local Homeless Service Systems

As discussed previously, local homeless service systems can be more or less developed and consist of a number of different types of methods and services. The development of local homeless service systems can be a result of several different factors. However, previous research (Sahlin, 2007a) has shown that different types of homeless housing services have developed not only in municipalities with a high level of homelessness and where there is a large deficit of rental housing, but also in smaller and more rural municipalities despite the fact that these municipalities have rental housing available. This indicates that there are different forces behind the development of homeless housing services in different municipalities, and they may be responding to different types of needs. A complex system can function as a gatekeeper, encouraging people who receive housing assistance to stay within

the system. In the OMS 2016, 23 out of 290 municipalities have reported that they have no developed methods, strategies or other measures to house the homeless. All of these are rural or small city municipalities.

When mapping local homeless service systems, the number of people receiving housing assistance and the length of their stay within the system are key factors. In 2016, the NBHWs annual statistics showed that a total of 30 843 individuals received some type of housing financed by the social services due to homelessness. As Table 4 shows, the number of people receiving housing financed by the social services largely corresponds to the number of people living in homelessness measured during the homelessness count in the spring of 2017 (compare Table 3).

**Table 4. Number of nights financed by the social services**

Type of municipality (N=290)	People receiving housing assistance per 10000 inhabitants	Length of placement on average
Large cities (n=24)	41.80	200 nights per year
Commuting (n=130)	27.20	213 nights per year
Smaller cities (n=81)	16.70	177 nights per year
Rural (n=55)	20.25	201 nights per year

Source: NBHW's official data 2016.

The number of people receiving services increased with the level of urbanization, as expected. During 2016, more than half of these nights were approved in the 24 most urbanized municipalities. However, Table 4 shows that the average number of nights approved per person was quite similar across the different types of regions. This suggests that the procedure of approving nights is similar in most municipalities and that the actual number of people applying for housing assistance does not affect the system. This result confirms previous research showing that even though the homelessness issue is small and rental housing is available, this does not necessarily mean that the people receiving housing through the social services move towards a permanent housing solution more quickly (Sahlin, 1996; Busch-Geertseema and Sahlin, 2007a).

## Methods and Policies in Connection with Homelessness

Comprehensive policies and developed methods to tackle homelessness are factors that research has shown to have an important effect in creating effective and high-quality homeless services (Benjaminsen *et al.*, 2009; Pleace, 2015; Dyb, 2017). The variables presented in Table 5 describe the presence and variation of local homelessness policies as well as the two major methods used to tackle homelessness. Table 5 shows that 50% of the 24 largest cities in Sweden have a home-

lessness policy. Policies are rare in the rest of Sweden's municipalities and just 5.5% of the 55 rural municipalities have a homelessness policy. In total, 13.1% of the municipalities in Sweden state that they have a municipal strategy or plan to tackle homelessness. Table 5 shows that most of the municipalities with a local homelessness strategy follow the same pattern as the level of homelessness and local rental housing markets. The larger the problem, the more municipalities have developed strategies to tackle homelessness.

**Table 5. Methods and policies**

Type of municipality (N=290)	Local homelessness policy	Housing first	Staircase model
Large cities (n=24)	50.0%	58.3%	70.8%
Commuting (n=130)	13.1%	15.4%	34.6%
Smaller cities (n=81)	7.4%	7.3%	27.2%
Rural (n=55)	5.5%	7.4%	20.0%

Source: OCS 2018

As discussed previously, the local organization of housing for people living in homelessness is largely organized based on two different types of methods: the Staircase model and Housing first. These two are the most common methods used by social services internationally and, as Table 5 shows, they are quite common in Sweden. Thirty three per cent of 290 municipalities state that they offer a Staircase model, while only 15% of municipalities offer Housing first as a method. Data from the NBHW's 2017 mapping also showed that the number of people receiving Housing first as a housing intervention at national level was only marginal (245 people or less than one percent of all people living in homelessness) during week fourteen of 2017. Fifteen per cent of the municipalities in the 2018 OMS stated that they offer housing first, while 63% of the municipalities offering Housing first also offer the Staircase model, showing a relatively large overlap between models, where municipalities providing the Staircase model also provide Housing first. The results indicate that there is a strong link between more urbanized areas and more developed homeless housing services, as previous mappings have suggested (Blid and Anttila, 2009; Boverket, 2010; Socialstyrelsen, 2015). Of the 290 municipalities, 62% do not offer either Housing first or the Staircase model, while around nine percent reported that they offered both the Staircase model and Housing first in 2016. The pattern in which Housing first and the Staircase model are spread between municipalities differs. While there is a clear connection between the Staircase model and the degree of urbanization, this pattern is more diffuse when comparing the spread of Housing first between regions. Thirteen per cent of the municipalities reported that they could provide Housing first in Sweden during 2016 and 15% in 2018 (OCS 2016

and 2018). There was a strong concentration of the Housing first method in the most urbanized municipalities. However, there was also an even spread of Housing first in the other three types of regions.

**Table 6. Other housing measures**

Type of municipality (N=290)	Special contracts	Rental guarantees	Own apartments
Large cities (n=24)	100.0%	25.0%	79.2%
Commuting (n=130)	92.3%	28.5%	53.1%
Smaller cities (n=81)	80.2%	18.5%	38.3%
Rural (n=55)	78.2%	21.8%	20.0%

Source: NBHBP's housing survey 2018 (measuring 2017)

## Other Housing Measures

Apart from Housing first and the Staircase model, there are other measures local social services can use to house people living in homelessness. Table 6 includes three housing measures that are not connected to a methodology but are used as tools on an ad-hoc basis by local social services when they need to provide housing. As Table 6 shows, special contracts are the most common of all the different types of housing measures. Special contracts can be integrated into the Staircase model as a last step before moving on to a permanent solution. In other cases, special contracts are provided by the social services as a direct measure, without passing through the first steps of the Staircase model such as collective housing.

The special contracts often mean that there is no tenure and a number of rules are often connected to the apartment. The contracts can easily be cancelled if rules are not followed. What is defined as special contracts overlaps to a large degree with Sahlin's (2007) definition of the secondary housing market. The apartments themselves can be provided by for-profit or non-profit actors, often subleased from municipal landlords, and sold as a housing measure to the social services. As Table 6 shows, special contracts are common in all types of municipality, also when the Staircase model or Housing first is not present. When comparing the number of special contracts to the number of homeless people, the results show that there are 0.7 contracts per homeless person in large cities, 0.85 per homeless person in commuting municipalities, 0.9 in smaller cities and 0.99 in rural municipalities. This goes against a pattern of urbanization in terms of more measures the more urbanized the municipality. The owned apartment measure, where the social services own apartments that they sublet to people living in homelessness show a similar pattern. Comparing the averages between the municipality types, the results show that large cities average 0.23 apartments per homeless person, commuting municipalities 0.53,

smaller cities 0.69, and rural municipalities 0.89. This means that this measure is more common in less urbanized municipalities. Rental guarantees are another measure used by social services to assist people who do not have a permanent income. This measure, as Table 6 shows, is used in about 20-25% of all municipalities, and is almost as common in rural municipalities as in large city municipalities.

## Cooperation with Local Landlords to Lower Thresholds

Another way to assist people living in homelessness in connection with an overarching strategy is to cooperate with local private and municipal landlords to lower the threshold to their housing stock. This can be done for example by agreeing that landlords will accept financial support from social services as a permanent income source, enabling tenure. More than half of the large city municipalities have developed such cooperation with municipal landlords, as shown in Table 7. In the other municipality types, about 25% of the municipalities have developed this type of measure cooperation with private landlords, however, it is generally rare and again is more common in the large cities. Overall, it is obvious that cooperation with landlords is utilized more in large cities and that the municipal landlords are more engaged in this than the private ones.

**Table 7. Cooperation with landlords**

Type of municipality (N=290)	Private landlords	Municipal landlords
Large cities (n=24)	20.8%	54.2%
Commuting (n=130)	10.8%	25.4%
Smaller cities (n=81)	8.6%	24.7%
Rural (n=55)	7.3%	27.3%

Source: NBHBP's housing survey 2018 (measuring 2017)

## Discussion

Mapping and analysing local homeless service systems is important in order to know more about existing differences between municipalities and how these local variations affect the possibilities for homeless people to receive services and move towards permanent housing solutions. The level of homelessness and the numbers of people receiving housing financed by the social services increased rapidly between 2005 and 2011 and has now stabilized at about 33 000 people. However, this only includes homeless people with a local connection, and does not include undocumented people or EU-migrants living in homelessness. It has been estimated that about 20 000-50 000 people live in homelessness or temporary accommodation without the right to housing assistance in Sweden (Migrationsverket, 2017). There is

a link between urbanization and homelessness, however, yet 67% of all homeless persons in Sweden (2017) lived outside the three largest urban areas of Stockholm, Gothenburg and Malmö. As discussed previously, this indicates a shift from the 2005 mapping where about 70% of all homeless persons lived within the three urban areas. This suggests a change in the geographical spread of homelessness, where the levels of homelessness have remained the same within the three largest urban areas, but increased in other urban areas as well as in smaller and rural municipalities. This increase of homelessness outside of Stockholm, Gothenburg and Malmö could be a reflection of methodological issues, where changes in definitions of homelessness in the different homelessness counts create different results. The increase in homelessness outside of the three main urban areas could also be a reflection of changes in the ordinary rental housing market where the availability of rental housing has decreased during the last decade all across Sweden. It may further be connected to the changing policies of public housing companies in Sweden. Directives have shifted towards a for profit business model, and higher demands are put on people, when applying for rental housing (Grander, 2018).

Results showed that of 92.5% of Swedish municipalities have developed some type of measure targeting homelessness. Housing first exists in around 15%, and the Staircase model in around 33% of Sweden's municipalities. The spread of these methods is closely connected to the degree of urbanization, especially Housing first that is much likelier to be used in larger cities and more urban areas than in smaller and rural municipalities. However, the use of special contracts – which is not a developed method in itself – breaks the pattern of urbanisation as a denominator of a high presence of services or measures. Special contracts can be found in the vast majority of Swedish municipalities. Even in more rural municipalities, where there is available housing on the ordinary rental market, special contracts are used by almost 80% of the local social services to tackle homelessness. Through the approval and organization of housing assistance and the usage of special contracts, the social services have become one of the largest landlords in Sweden over the course of the last 15 years, with approximately 30000 people living in apartments or some type of housing with the social service as their direct or indirect landlord. Important to note is also that out of the 290 municipalities, only 13.1% have developed strategies to tackle homelessness. This might be an important factor when trying to understand the management of local homeless housing services and the development of different types of measures and methods to house the homeless.

Another issue that breaks the pattern of urbanization is the average length of placement in housing financed by the social services. One could expect to see longer average placements in more urbanized municipalities where it is harder to access the ordinary rental market. However, the results showed a contrasting

pattern. The averages in all four types of municipalities were similar in length and the average amount of nights approved ranged between 177 and 213 nights (includes nights approved in all types of housing measures provided due to homelessness and not only special contracts). This indicates that despite the different local settings, differences in homelessness levels and the availability of ordinary rental housing, the length of placements were similar. This could indicate that the availability of ordinary rental housing does not affect the transition time from homeless into permanent housing services. However, the data is not detailed enough to draw this conclusion. The similarity in averages could also indicate that it is more difficult to receive housing assistance in urbanized areas, or that homeless people living in larger cities receive other assistance, such as substance abuse treatment or residential treatment, rather than housing assistance within the homeless housing services.

The mapping shows that secondary data can provide us with quite detailed knowledge concerning parts of local homeless service systems such as methods and measures. However, further research is needed concerning several issues that the mapping has identified. One important issue is about the actors involved in local homeless service systems. Another issue concerns the similarity between different areas in relation to average length of placement, which should be explored in more detail. My study shows that through available secondary data, it is possible to say quite a few things concerning the local organization of homelessness services. However, to accomplish this, reconstruction and adaptation of existing data is required, for instance concerning the number of persons receiving housing services financed by the social services. As mentioned, there are other limits to available data. Changes made to the number of respondents in the homelessness counts across the years affects reliability and comparability. A clear limitation that influences the longitudinal quality is that the set of questions has been changed between measurement occasions in both the NBHWS "Open comparisons survey" and the NBHBP's "Housing survey". This limits the possibility to analyse the degree to which changes in levels of homelessness is connected to altered methods at a local level. Also, important subjects and questions are not included in the surveys. For example, there is no information concerning what kind of local actors, private, public or NGOs, are involved in local homeless service systems. Further, there is a clear lack of data on how contracts are written in terms of tenure, length and of possibilities to convert contracts from sublets to tenured contracts. Finally, as mentioned several times, there is the problematic exclusion of undocumented migrants and destitute EU-migrants from the counts.

## Conclusions

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Homelessness as an issue is present in all types of municipalities of Sweden, although the levels are higher in urbanized areas. With the expansion of homeless housing measures, the social services have become one of the major landlords in Sweden not only in the cities but also in the countryside. However, explicit methods and strategies to tackle homelessness have only been developed in a minority of the municipalities. Special contracts, where the social services act as landlord, are the most common type of measure provided to people living in homelessness, and are more common the less urbanized the municipality is. Even though Housing first is on the rise as a method, only a small minority of people living in homelessness benefit from this method. Still the Staircase model and special contracts are much more used. Across the different municipality types, the average length of placement is not affected by urbanization. This indicates that there are other issues affecting the length of stay rather than the availability of rental housing and the possibility to move people towards permanent housing. Available secondary data allows for new and quite detailed analysis of the organisation of local homeless housing services. However, there are clear limitations to the data both in terms of scope, detail as well as methodological issues that needs to be improved. Keeping the same set of questions in the open methods survey is the most crucial issue, to ensure the possibility of conducting longitudinal and comparative studies in the future.



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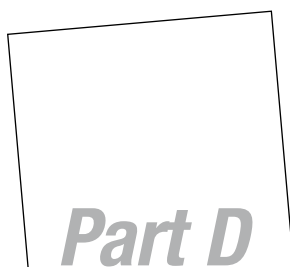
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# Book Reviews



***Part D***

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Arapoglou, V. and Gounis, K. (2017)

***Contested Landscapes of Poverty and Homelessness in Southern Europe: Reflections from Athens***

Cham: Palgrave Macmillan.

There is a genre of academic books around homelessness practice and theory that reproduces what I have called, paraphrasing Foucault, the 'economy of homelessness': a set of discourses and practices around a specific subject domain that are concerned with sustaining its status above everything else. The field proliferates with texts written with the implicit aim of maintaining the status quo of the writer, reproducing the domain of knowledge that a group has constituted thanks to their dominant position (as academics, practitioners, policy-makers: in a word, as 'experts'). The 'economy of homelessness' functions as a machine designing institutions, modes of being, modes of understandings, and ultimately governmentalities, which then constitute subjects as functions of particular framings of deviancy: in this case, the 'home-less' who requires 'solutions'. Papers and books; conferences and policy briefs; reports and media reportage; are written and circulated without questioning the basis upon which the bare idea of 'homelessness' is possible to start with. It is as if we can't do without it, and we are therefore constrained to play within the confines of a repetitive fugue that offers no solutions, and never changes key, ringing monotonous on a single traumatic tune.

*Contested landscapes of poverty and homelessness in Southern Europe* does not openly challenge the 'economy of homelessness': that is not what the book is about. At the same time, the book does not simply reproduce the dominant, uncritical discourse. Arapoglou and Gounis do something subtler with this project – or at least this is how I read it. It seems to me that they *work the middle ground*: on the one hand producing an account that it is situated within an established tradition of thought and modes of knowledge production, while on the other hand offering a number of insights in their analysis that begin to challenge the assumptions that make homelessness a reality. In other words, this is a book that does not take the ground of homelessness in Southern Europe for granted. It shows us how that landscape is constituted and it contests it, providing a much-needed and convincing analysis of the contemporary state of affairs in Greece (the main case study) and beyond.

A book around homelessness in Southern Europe could easily have been centred on a number of detailed case studies depicting the usual scenario of a failing welfare state, clientelist management, and charitable (religious-oriented) imperatives to 'save' the poor. Although these narratives have the merit of deepening our understanding of specific cases and situations, they usually fail to address the entrenched systemic inequalities that (re)produce homelessness in all its facets. Critically, these systemic failings have nothing to do with any specific geography or way of life, and nor can they be simply reduced to a neoliberal urban logic of accumulation by dispossession. A non-institutionalised and critical scholarship of homelessness is instead able to recognise and trace these systemic processes, and to study them in a way that recognises that they are about both *evolving political urban economies* and *grounded embodied experiences*. It is at the intersection of the two that homelessness emerges as something that cannot be contained by its definitions, but that encompasses and challenges them.

The book of Arapoglou and Gounis does little in terms of this latter ambition, to reflect the embodied experience of homelessness, but it is a fundamental textbook for understanding its political urban economy. It offers an encompassing, well-researched, and convincing account of the ways in which homelessness in Southern Europe is not just the result of failing state apparatuses and declining local economies, but an expression of a number of trans-local neoliberal histories and processes. What the authors offer is a tour de force of analysis that traces a number of interlocking macro- and meso-level processes that assemble the plane upon which the rise of homelessness in Southern Europe takes place. Their accounts include an overview of the ways in which neoliberal economic flows are entering into the arena of policy design and management across the West; an account of the rise in invisible homelessness in the aftermath of the recent economic 'crisis' as solidarity interventions reduced the visibility of homelessness; and a convincing description of the ways that NGO-driven humanitarianism and EU-based emergency measures ultimately converge to create new forms of locally-based austerity politics in post-2008 Greece.

This is a book which analyses the multiple ways in which State governments, private interests, charitable concerns, and humanitarian business combine to produce an elaborate entanglement that cannot be reduced to linear narratives. The book is short, but layered: its main aim, I believe, is to show how the 'landscape' of homelessness in Southern Europe is constantly evolving. The book critiques larger trends of welfare entrenchment, neoliberal project-led "solutions" to poverty management



and ultimately, the criminalisation of the poor. Held together by the tensioned politics running through these processes, the analysis offered by Arapoglou and Gounis is not trapped within the all-encompassing power of capital, but shows how the *landscaping* required to assemble the current status quo of homelessness across the continent is always and unavoidably *contested*. However, this is not only because the process itself is fought by activists groups, solidarity-based interventions, and grassroots politics – all of which figure strongly in the authors' accounts in the volume. Fundamentally, the assemblage of marginal lives in Southern Europe is contested because it is made of contradictory tendencies: an increased but nominal emphasis on cohesion policies at the European level masks the undoing of the already labile welfare state at the national scale; the rise of a specific anti-poverty industry, driven by a lack of State-led responses, shadows the calculative and exclusivist logics of new forms of intervention; the apparent functionalism and efficacy of positivist policy-making effectively de-politicises social issues and reduces our capacity to imagine alternative futures; and so on.

As this might suggest, there are two areas where I think that the book falls short. The first is the lack of any detailed analysis of the lived and embodied experience of homelessness in Southern Europe, or at least in Athens. For a book about the 'landscape' of homelessness, there is too little about the ways in which homeless people themselves experience the overarching processes that the book so eloquently describes. This is not just a problem of grounding, or of providing compelling vignettes. It is instead a more fundamental drawback: without seriously engaging with the felt and lived experience of homelessness, the book fails to grasp the politics of that experience, that is, how people respond to and assemble within the broader processes of which they are part. As a number of recent ethnographic projects concerned with matters of eviction, migration, and housing precarity across the global North and South have illustrated, the politics of urban precarity do not simply follow the aforementioned processes, but also produce alternatives: new modes of being, and new approaches to contesting the status quo (the works of Desmond on evictions in Milwaukee; Simone on the uninhabitable in the urban South; and Giordano on migrants in Southern Italy are all examples). The second area in which I would have liked the authors to say more, and perhaps to dare more, is around the future political landscape of homelessness. What should be done now? Where should we go, and how? The book's final paragraphs contain some indications in this sense, but they do not do justice to the complexity of the issues at stake: if the problem is the wider economic, social, and cultural landscape – as this book so clearly demonstrates – why are we still offered a politics of adjustment rather than a more provocative challenge?

Despite its limitations, this is a much-needed book. It is a comprehensive, rich, well-written critique of the nuanced political economy of homelessness in Southern Europe. If its critique is perhaps insufficiently challenging at times, it nonetheless provides the ground upon which radical alternatives can be conceived and constructed.

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Cameron Parsell (2018)

***The Homeless Person in Contemporary Society***

London: Routledge

Drawing on his career in homelessness research and building upon a series of peer-reviewed publications, that have both added to our basic knowledge of homelessness and contributed to ongoing discussions around the conceptualisation of homelessness, this short book from Cameron Parsell is an interesting addition to current debates about the nature of homelessness. Parsell describes the book as a critique of what he sees as longstanding ideas about the nature of the people who experience homelessness, his particular goal being to attack what he terms the assumed difference of the homeless person both in terms of how this image of homelessness may blunt service effectiveness and with respect to the ways in which other academics have viewed and interpreted homelessness.

The first chapter is a review of the literature, in which Parsell seeks to demonstrate that existing research has built constructs of homelessness that reflect the various biases and preconceptions of academics, rather than the realities of homeless people's lives, experiences, characteristics, needs and, crucially, their agency. He argues that homeless people have often been denied their own identities and that research too often projects the world-view of the academics undertaking it, their 'image' of homelessness, rather than homelessness itself. Chapter 2 provides what Parsell calls the 'theoretical scaffold' and here Parsell focuses on ideas and theory around human identity and individual agency.

Chapter 3 uses a mix of qualitative and quantitative analysis to assert that choices by homeless people, as individuals, is key to understanding the nature of homelessness. Within this, there is further discussion and analysis asserting that homeless people exist independently from the various constructs that academia has imposed upon them, both in the sense of simply being different from the 'expected' image and in resisting that image. The fourth chapter considers how choices might be constrained or enabled, an example being effective support 'enabling' choices to exit homelessness, while both the situation of homelessness itself and wider contextual factors, like an insufficient supply of affordable housing, can undermine someone's pursuit of their choice to exit homelessness. Chapter 5 brings all this

together and argues that by constraining choices, by effectively excluding people from housing and creating service systems that either do little more than warehouse homeless populations or attempt to support or treat the individual without addressing their – fundamental – need for an adequate home, homelessness is being perpetuated. Services also fail, Parsell argues, because they often seek support or treat a false construct of a ‘homeless person’ rather than recognising the individual, their opinions, experiences and, most of all, enable their agency.

Parsell does have a point. There is a danger that by focusing on cuts to welfare and health systems, housing market failure, commodification of housing, labour market failure and the massive concentration of global wealth among a tiny elite as being the things that ‘really’ matter in understanding homelessness, the human beings who experience homelessness can get rather lost from sight (Pleace, 2016). The emerging and the longstanding evidence that women take different trajectories through homelessness than men, is an interesting example of how individual agency – because the arguments here are about how women’s *choices* produce gender differentiated patterns of homelessness – are becoming central to debates on the nature of homelessness (Bretherton, 2017).

Equally, Parsell avoids the key traps of work centring on homeless individuals, a tendency to inflate the personal over the structural to the point where there is a risk of distortion. He argues that individual agency is not the only thing that matters in understanding homelessness, noting that (p.116) “...the overwhelming majority of the service system would be unnecessary if we provided homeless people with housing”. The core argument of the book, “the service and charity system is predicated on assumptions of homeless people as not only different but also deficient” (ibid.), also resonates with the wider evidence base. It has been clear for over a decade that user-led services, using coproduction and personalisation models, recognising, respect and follow the wishes of the diverse human beings experiencing homelessness are the *only* effective solution to long-term and recurrent homelessness. The main reason why Housing First works – at least in terms of ending homelessness in a physical sense – is because it is a user-led service, that recognises, respects and listens to the human being who has become homeless (Pleace, 2016a). The same holds true of every intervention from basic housing advice, across the whole range of homelessness prevention and in respect of fixed-site and mobile housing support services, services that respect, listen to and respond to people work better.

Research has shown that homeless people can, when required, present themselves in ways that are most likely to elicit sympathy and support, ‘passing’ by presenting themselves as if they are in synchronisation with expected constructs of homelessness, if that will get them the help they need. It has also been demonstrated that

non-conformity with the 'expected' construct of homelessness, i.e. being a homeless person who exists outside the narrow bandwidth definition of what an inflexible service 'expects' homeless people to be like, is at the core of service failure (Liddiard and Hutson, 1991; Dordick, 1996).

There are three issues with the book. One is the interpretation and presentation of the existing evidence base, another in what is meant by homeless identity and agency which centres on who, exactly, Parsell is talking about and the third centres on the inherent risks that come with using an analysis of homelessness centred on individuals.

In looking at the evidence, Parsell is not always as generous to preceding generations of homelessness researchers as he might be. The idea that how homelessness is conceived of and processed undermines and distorts service responses, that homeless people have an identity imposed upon them by services, is long-standing. Equally, decades of ethnographic and – if we are honest about it – essentially journalistic work by academics, has looked at the lives of homeless people as *people*, including the ways in which their agency influenced their trajectories through homelessness (Vincent *et al.*, 1995; Dordick, 2002; Marr, 2015).

The portrayal of some earlier research within the book, as 'denying' the identity and agency of homeless people, seems like an almost wilful misreading. Arguments against what Gowan terms 'sin' and 'sick' talk (2010), the ultimate homelessness stereotypes, i.e. "they do it to themselves" or "cannot help it", are presented as examples of work that "denies" the agency of homeless people, when such work was attacking the single most dehumanising construct of homelessness that exists. Parsell portrays his ideas as challenges. However, his criticism of some existing homelessness research is almost quixotic. This is a book that keeps charging at groups of people that basically agree with the author, at least in terms of the essentials of homelessness. There is a sense that earlier work is being set up as lacking in morality, robustness and conceptual clarity, as 'ignoring' the real and diverse humanity of homelessness, to make the core argument seem more radical and dynamic. A more modest criticism, i.e. there has been too much emphasis on structural factors, or whether homeless people have shared characteristics, and we need to rebalance things by understanding more about homeless people's identities and agency is enough, and that is a reasonable point to make. As it stands, Parsell takes things too far, the consideration of existing evidence is not careful enough, both in the sense of presenting earlier research as saying things it does not actually say and in the sense of recognising that his core arguments are not venturing into entirely new territory.

The book echoes some of the earlier arguments that asserted that the humanity and agency of homeless people is crucial to understanding homelessness but have become somehow lost in a sea of structuralism (McNaughton-Nicholls, 2009). Again, this earlier work presented the need to strike a blow against an army of (probably Marxist) structuralists who said all homelessness is caused by evil capitalism, which was particularly evil when it starts doing things like cutting welfare states and social housing to pieces. There was always a problem with this argument, in that this army of (probably Marxist) structuralists have always been very thin on the ground. Mainstream academic debate has been fixated on trying to determine how exactly *individual* needs, characteristics, experiences and agency intersect with structural factors like inadequate housing supply, how a *mix* of individual and structural factors caused and perpetuated homelessness, the oft-cited 'new orthodoxy' (Pleace, 2000), for more than 30 years. Conceptually, as was being argued two decades or more ago the 'new orthodoxy' was a mess (Neale, 1997; Pleace, 2000), because it never came up with a convincing framework that showed quite how the individual and the structural worked together (Pleace, 2016).

We tend to classify a state of 'homelessness' by whether or not someone is in a range of 'homeless' locations, usually locations that can be easily found and visited by researchers. Homelessness as an experience is explored by a sample, or samples, selected as 'homeless' on the basis of being a) without a house and/or b) in a space designated as containing 'homeless' persons. Even where we can combine data longitudinally and at scale, homelessness research involves tracking people across the spaces and sites where researchers define populations as being homeless. One issue here is that homelessness is defined inconsistently. Hidden homelessness in Finland is 'homelessness', but not necessarily defined or researched as 'homelessness' elsewhere, in fact the only real constant across Europe is that people on the street and in emergency shelters are usually defined as 'homeless' across most member states (and soon to be ex-member states).

Another issue is the duration of homelessness and at what point someone becomes or has experienced a state of homelessness. In Denmark, homelessness is pretty rare, strongly associated with high and complex needs and tends to endure or recur, but in other contexts, like say the USA, there is more homelessness, the bulk of which is experienced transitionally, by people whose overwhelming characteristic is poverty (Benjaminsen and Andrade, 2015). There is evidence of populations that transition from poverty and housing precarity, into homelessness and poverty and then back out again into poverty and housing precarity, people who are transitionally, temporarily, homeless (Pleace, 2016). Beyond this, evidence also suggests that young homeless people, at least to some degree, share experiences, characteristics and needs, as do homeless families, individuals experiencing long-term homelessness or lone adult women who become homeless.

The point that agency and identity among homeless people will not necessarily be a constant is not a criticism of Parsell's position. One can study an Australian long-term and recurrently homeless population with high comorbidity of addiction, severe mental illness, contact with criminal justice system and limiting illness and look at the roles of agency and identity. Equally, homeless families in temporary or emergency accommodation, in Dublin or London, can be the subject of the same analysis and one might expect to generate different results, although it would be rather interesting if there were more similarities than differences. One should extend this analysis to transitionally homeless populations, precariously housed, poor people, who fall into and climb out of homelessness, say they are homeless for a week, or three months, or nine days, not least because identity and agency may be fundamental to explaining their trajectories. This is all the more important in the light of American evidence suggesting that long-term and recurrent homelessness may be the result of individuals who initially had characteristics associated with transitional homelessness being unable to exit homelessness and experiencing marked deteriorations in wellbeing and social integration, i.e. addiction and mental illness arising after homelessness occurred (Culhane *et al.*, 2013). Looking at the needs, characteristics, experiences, identity and agency of transitionally homeless populations, and contrasting them with long-term and recurrently homeless people, is also important for testing the argument that homelessness is more the result of bad luck, than particular characteristics, or decisions (O'Flaherty, 2004).

Throughout the book, there is a sense that this is not quite what Parsell is thinking of when he talks about identity and agency. Parsell includes data from populations in transitional housing and shelters. This 'homeless' population is then used to convey his core arguments, that identity and agency matter and that pre-judging, or denying, the identity of homeless people produces bad research and bad services.

Crude individual pathology, the utterly dehumanising construct that homeless people *always* – and the crucial point here is the assumption of *always* – "do it to themselves" or are "too sick" to avoid homelessness, sin-talk and sick-talk, is an instrument of the Right. If Capitalism does not provide, so the argument runs, it is because someone is not working with it, or is too ill to participate, the reason there is no job and no house is because of you, not anything related to the massive concentration of planetary wealth in tiny elites or the commodification of housing, or, come to that, cuts to welfare systems. Parsell is clear that he is not buying into these arguments. Of course, it must be accepted that the possibility that someone deliberately sets themselves on a trajectory that ends in homelessness must exist, but Parsell cannot be read as an argument in favour of the idea that all, or even most, homelessness is a result of such decisions. Housing markets and wider structural factors matter and as he notes at one point: "What people who are

homeless do, the same as all of us, is a product of the environment and social conditions in which they live” (p.87). He is also cautious about linking homelessness and choice in what he terms ‘simplistic’ ways, noting “linking homelessness and choice can be counterproductive by moving the focus away from structural conditions to the individuals experiencing poverty” (p.67).

A challenge for homelessness researchers is that, as Parsell describes in Australia, although it is probably equally true in Europe, mainstream culture, mass and social media and mainstream political discourse tend towards interpretation of homelessness through the use of sin-talk and sick-talk, with sin-talk probably being the predominant discourse (Gowan, 2010). A limitation of Parsell’s book is that the way homelessness is conceived of, defined and analysed, looks a lot like the mainstream image of homelessness. Parsell is talking about identity and agency in people in shelters and in accommodation-based services, and that definition is a *construct*; it is imposing limits on who can be ‘homeless’ and who can have ‘identity’ and ‘agency’ as a homeless person.

For there to be a narrative around choice, homelessness has to have some sort of coherence, clear boundaries that are about where it is experienced and in terms of the duration of that experience. Setting those kinds of boundaries creates methodological limitations, but the issue here is more about expectation, that there is a homeless population, that takes choices and, in particular, that those choices result in homelessness and can perpetuate homelessness, in recognising agency, there is a need to recognise bad, self-destructive agency. It is not that this possibility does not exist – of course it does – but while Parsell tries to create distance between what he is arguing and the imagery of the Right, the imagery of mass culture around homelessness, cracks appear. For example, we are informed that homeless people are frequently “thoughtful and reflective” (p.64), okay, but why would they not be, where is that coming from exactly and why is there a need to be told that homeless people have shared characteristics with other human beings?

By focusing on the individual, the other factors at play become harder to see; talking to someone, exploring their needs, experiences as an individual, looking at their decisions through qualitative analysis, structure is visible, the apartment was no longer affordable, the job did not pay enough, there were barriers to health care, to social housing, no support from welfare services; but structure is at one remove and seen through the eyes of the person being talked to. The person, their perceptions, their self-image, and their self-image in a context that is likely to lower self-esteem within a culture that tends to blame people for their own homelessness, is what is directly visible. So, the person got into drugs, they made this mistake, that mistake, their choices made things worse because they were bad choices, this is what can be seen, what can be recorded in the most detail, not the context and not



the systemic failures. If a researcher is then working in a cultural context that interprets homelessness in terms of sin-talk, it is almost difficult not to *expect* bad choices to have a causal relationship with homelessness.

Again, it is not that Parsell does not have valid points to make, bad choices can be the trigger for homelessness or the reason why homelessness persists, and services can fail if they do not recognise and respect the identity and agency of homeless people, indeed they are likely to do so. Equally, the book is not some simplistic Right-Wing polemic, structure is acknowledged and even the risks of focusing on the individual are acknowledged. However, the issues with the review Parsell presents of existing literature are present elsewhere, things go too far, the argument is over asserted, choice is not an important variable but instead has to be the *dominant* variable. Crucially, there are points where the book drifts off the road, where it risks presenting not the case for a greater focus on identity and agency, which is a strong one, but instead presents homelessness as 'choice', using an imposed construct, about who homeless people are and how they behave, which feels all too close to sin-talk. Ultimately, the point is that looking for absolutes will never be productive, absolutes and universal truths relating to homelessness do not exist (Neale, 1997). Does choice matter? Yes. Is it sometimes the main reason behind homelessness? Yes. Is choice always more important than commodification of housing, cuts to health, social care, welfare and social housing systems and the concentration of planetary wealth into tiny elites? No, certainly not, even if that might be read as (probably) Marxist.

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Susanne Gerull, 2018

**1. systematische Lebenslagenuntersuchung wohnungsloser Menschen. Eine Studie der Alice Solomon Hochschule Berlin in Kooperation mit Evangelischer Bundesfachverband Existenzsicherung und Teilhabe (EBET e. V.) (Projektleitung Susanne Gerull, September 2018).**

**[1st Systematic Examination of the Life Situation of Homeless Persons. A Study of ASH Berlin in Cooperation with EBET e. V.].**

Berlin: ASH Berlin/EBET e. V.

## **Introduction**

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In recent years, studies about homelessness in Germany have been carried out or have been initiated to better record the various forms of homelessness (e.g. homelessness, rooflessness) and other precarious forms of housing (Evers/Ruhstrat, 2015; current nation-wide study conducted by GISS 2017-2019). A frequent point of criticism of quantitative research about homelessness holds also for Germany – that quantitative research on homelessness does not accurately capture the life situations of homeless people, thus shortens phenomenon descriptions and restricts analyses to group comparisons, hypothesis testing and modelling. Susanne Gerull would like to close this void with the following study. The author called the project the first study in Germany to seize and evaluate the complex life situations of homeless people systematically. Therefore, the following questions will be addressed: How is the study to be assessed methodically, what results were achieved, and what can we learn from the study?

## Method

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The study is based on a written questionnaire and includes a representative sample of 1,153 homeless adults who are looking for and receiving aid in the nationwide charitable institutions providing assistance to homeless persons, the social welfare organization of the Protestant churches in Germany (Diakonie).

To measure the complexity of homelessness, the life situation approach was used. This concept is based on works of Gerhard Weisser (1989/1956) and considers the multi-dimensional nature of various areas of life in their interaction. Thus enables a holistic representation of the life situation of persons. From the authors point of view, the description and analysis of life situations reveals existing and missing scope for action and provides hints for changes and further development of homeless assistance.

For the description of the life situations, an index (life situation index) was formed. A number of procedures were carried out for the creation of the life situation index. The forming and operationalization of the various dimensions were tested by a qualitative preliminary study, including homeless people as well as professionals.

The index is composed of six selected life situation dimensions: material situation, gainful employment, housing, health, security as well as participation and social networks. To operationalize the index, an "objectifiable" variable as well as a "subjective" variable was used to measure each of the six mentioned dimensions. In total, the index consists of 12 variables. The validity and reliability were also tested to ensure the quality of the index. The index enables the classification of individuals into five life situations, ranging from very good to very bad.

## Results

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The results show that 28% of the persons questioned are in a below-average (bad/very bad) life situation, while 19.7% are in an above-average (very good, good) life situation and 52.2% are in an average life situation.

The subjective assessments deviate from the objective data. Compared to the results from the objective data, the subjective assessments are more negative. The respondents are subjectively more encumbered than the objectifiable data indicates. According to subjective estimates, 40.9% are in a bad or very bad life situation, while objective data show 25.1% with two below average life situations.

The empirical analysis highlights the importance of the actual living and housing situation, the satisfaction with housing, the feeling of security as well as the access to medical care as the main factors impacting the life situation. From the point of Gerull, these aspects represent the existential and ontological security of the homeless person and cannot be compensated with other things.

People who live on the street or in similarly precarious living and housing situations were identified as the most vulnerable group: statistical analysis shows that almost 2/3 of them are in below-average life situations and almost 1/4 even believe that their life situation will get worse within the next 12 months.

The analysis shows that citizens of other EU member states, are in a more strained life situation: almost 2/5 are in a below-average life situation.

Women can also be identified as a vulnerable group. Their life situation overall is slightly better than the life situation of men; however, they are more dissatisfied with their life situation in almost all life situation areas. The author rightly points out that women often live in hidden and forced relationships. They are not fully represented in this study since they often do not seek professional help.

There are differences between age groups both in the subjective assessment of life situation and in the extent of deprivation, and long-term homeless persons (1 year and longer), when viewed as a whole, are not in as bad a situation as persons who have been homeless for a medium-term period. The author explains that this is due to their adaptation efforts, which have also been identified through the collected subjective data.

The author concludes that the prevention of homelessness should be strengthened. If preventing homelessness is not successful, at least medium and longer homelessness should imperatively be avoided. On the basis of the results, the author demands the implementation of the right to housing. To this purpose, in the emergency assistance with housing, the political mandate of social work needs to be implemented more diligently than before. Finally, she emphasizes the importance of more participation of people affected by homelessness in all decision-making processes that impact their living situation.

## Critique

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There is no doubt that this study provides an important empirical contribution to quantitative homelessness research in Germany. The involvement of 1,153 respondents, the selection of the sample (matching, the pre-tests for the questionnaire), the execution of reliability tests for the internal consistency of the used scales, the validation of the life situation index, the analysis carried out (e.g. using main component analysis, bivariate correlations) etc. comply with methodological standards.

The involvement of those affected in the development of the questionnaire is particularly noteworthy and sophisticated. The completed questionnaire was translated into several languages in order to include people without sufficient knowledge of the German language.

Nevertheless, some methodological and contextual questions remain open:

A point of methodological criticism relates to the index that was used to describe life situations. Index formations are demanding in empirical social research and a lot of mistakes or biases can happen. In the present case, the question arises whether the so-called objective characteristics are of equal weight to the subjective characteristics and whether both variables and the values of these variables can be additively combined. The author herself notes that the distribution of the scores was not unproblematic, especially for the objectifiable data. It cannot be ruled out that differences between objective and subjective evaluation of life domains may have arisen because of operationalization of the variables and the index formation.

Another note refers to a number of variables used in this study. If one dimension for describing complex life domains (e.g. participation and social networks), consists of only one subjective and one objective variable, the significance of the results is limited.

Some comments refer to the so-called objective variables used in the questionnaire. What kind of objectivity is collected by the following question? "How good is your actual access to healthcare?". The example of women in forced partnerships illustrates how difficult evaluation and assignment is: Is it objectively always better, "without sublease to live with "friends/acquaintances" (answer category to the housing situation) than to live with "friends/acquaintances", on the street or a tent?

The level of social network was measured by the question "How many people do you currently have and who would support you with problems or help you in your everyday life?" Studies about social networks show that the social status of people

who are close to a homeless person is often very similar (Pichler/Wallace 2009). This kind of participation does not necessarily lead to overcoming homelessness and social integration.

In sum, it is not surprising that the reliability test identified two so-called questionable variables in the objectifiable data.

One remark refers to the theory used in this study. Advocates see in the approaches of the life situation a conceptual extension in order to represent homelessness comprehensively and directly. Critics accuse the life situation approach of a certain degree of arbitrariness with regard to describing the life situation of homelessness. In this study, the relevance of the dimensions and the selection of the variables are derived in cooperation with experts (homeless people and professionals), whereas a theoretical justification of the life domains is largely missing.

Finally, the importance of security as a central and existential basic need is very well understood and empirically justified by the study. However, the interpretation of the results may go too far if it confirms the implementation of a "Housing First Programme".

## Conclusion

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If one disregards the methodological difficulties that arise with the operationalization of the life situation concept and the use of a sum index, the study of Gerull is an enriching study for homelessness research in Germany, and for homeless people. People responsible for this study have done a commendable job.

This study shows that it is worthwhile for homeless research to involve homeless people and let them participate. The following study benefits from the fact that homeless people were involved as experts in the process of project planning and the implementation of the survey. They can support the survey not only as an "investigation unit" filling out a questionnaire. Selected homeless people also helped the research team to interpret the results. The close cooperation with the practice and those affected by homelessness was well thought out in the way the results are disseminated. In addition to the report, there is a summary in five different languages spoken by many of those homeless people as well as in barrier-free, accessible language.

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**> Source****Website**

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Peter Fredriksson (eds.) (2018)

***Yömajasta omaan asuntoon. Suomalaisen asunnottomuuspolitiikan murros. [From a Shelter to My Own Home – Transformation of Finnish Homelessness Policy].***

Helsinki: Into, pp.213.

This book is a compilation of articles regarding the history of homelessness in Finland. In the introduction, the aim is defined as to ‘discuss the Finnish model [of reducing homelessness] – its birth, its turning point and the factors that affected the model’. In addition to examining homelessness from society’s and the individual’s point of view across different decades starting from the 1940s, the book’s plot is built on stories of people who have, in their own way, significantly influenced the development of homelessness policies and practices in Finland. I was excited to see what kind of contribution this book and its writers, whose backgrounds vary from researchers to policy-level experts and grass-root level professionals, offer to the Finnish homelessness discussion.

The first two sections of the book take place at the time after the Continuation War. Antti Malinen discusses successfully the ideals, practices and experiences of addressing homelessness in Helsinki during the years 1944–1961. Descriptions of people living in inhuman bomb shelters, barracks and other temporary accommodation solutions are thought provoking. The article gives valuable information on how homeless men without families were at the greatest risk of becoming more marginalised, as homelessness policy concentrated mostly on families, women and children. During that time, as a founder of the ‘Kovaosaisten ystävät’ association, Arvid von Martens had a very important role as homeless people’s spokesperson, especially in Helsinki. Ilkka Taipale illustrates vividly how von Martens conducted his active advocacy work through letters to the editors, arguing on behalf of homeless people on a policy level, closing the bomb shelters and opening new homeless shelters with more humane conditions.

In his article, Jouko Karjalainen stresses that during the first two decades after the Continuation War, homelessness was not seen as a question of social policy: for example, lonely men with alcohol problems were mostly treated as vagabonds. Karjalainen successfully portrays how changes in legislation and in social welfare

systems slowly changed the attitudes towards these people. In 1967, the Suoja-Pirtti association, took responsibility for the first shelters in Finland that accommodated homeless men with alcohol problems. Thus, the narrative of Arvo Parkkila's (the founder of Suoja-Pirtti) life gives an important contribution to the book – as does the story of Ilkka Taipale's accomplishments. As the founder of 'Marraskuun liike', the political movement, he has significantly affected the attitudes towards homeless people with substance use problems. With their declaration 'barrack policy is not enough', the movement wanted, and even managed, to point out that reducing homelessness needs long-term solutions.

The third chapter is a comprehensive description about how modern homelessness policy arrived in Finland. Peter Fredriksson writes in detail how during the 1970s it was realised that changes in housing policy were needed. The special needs of people with substance use or mental health problems were noticed and homelessness was thus finally approached as a complex social issue. Helsinki took a role as a trendsetter, as the housing service system was changed radically in the 1980s: the number of homeless shelters decreased, supported housing made a breakthrough, and the state and the municipalities got new kinds of roles and responsibilities in reducing homelessness. A significant policy-level change was the joint national development programme between social and housing services. Based on these actions and especially a few people's efforts, the amount of homeless people in Finland decreased. Thus, it is no wonder that Heikki S. von Hertzen's (deputy mayor of Helsinki, the founder of the Y-Foundation), Ulla Saarenheimo's (the head of the research and planning department in National Housing Board of Finland) and Juhani Roiha's (the founder of the NGO 'No Fixed Abode') merits are reflected in the book.

In the fourth chapter, Peter Fredriksson and Juha Kaakinen concentrate on the actual 'turning point' of Finnish homelessness policy. The breakthrough of Housing First happened during two national programmes aiming to reduce long-term homelessness in Finland, PAAVO I (2008–2011) and PAAVO II (2012–2015). The article draws an explicit picture of the Finnish Housing First model and its development process and how it has been implemented at policy level and in practice. The writers argue that despite the Finnish model having similarities to the model that the Pathways to Housing organisation created, the Finnish version is an independent model with its special features. For example, the possibility for individually tailored housing social work had been an important factor in preventing homelessness. According to the writers, the credit for PAAVO programmes happening in the first place belongs to Jan Vapaavuori, whose efforts as a minister of housing Fredriksson introduces in more detail in the book. According to Fredriksson, Vapaavuori wanted to develop the new housing policy, in spite of resistance. The

development strategy was based especially on the views of four homelessness specialists. The contribution of three of them (Paavo Voutilainen, Hannu Puttonen and Ilkka Taipale) are analysed in the book in individual articles.

Hanna Dhalmann and Jari Karppinen discuss in the fifth chapter the present state of homelessness prevention strategies in Finland. After the PAAVO programmes, the Ministry of the Environment launched the Action Programme to Prevent Homelessness (AUNE, 2016–2019). The writers construe carefully the benefits of investing in housing counselling services, floating support work and education of the social and health care workers. In order to prevent homelessness on the national level, the writers demand affordable rental apartments. All in all, they see the prevention of homelessness as an important ‘social investment’. For me, the most eye-opening was the sixth chapter that discussed the ethics of Housing First, written by Paavo Voutilainen. It was interesting to read how much confusion and resistance the Finnish Housing First model has created among people, despite the principles of the model relying on universal human rights. The ethical starting point of the Finnish Housing First model and thus this book can be summarised in one sentence, referencing Voutilainen himself: ‘for those who have lost everything, only the best is good enough’.

These two chapters include many descriptions of individual people’s missions on preventing and reducing homelessness in Finland: Paula Kokkonen’s (deputy mayor of Helsinki), Jorma Soini’s (who has the Finnish honorary title given by the President of Finland of ‘sosiaalineuvos’ or social counselor), Taru Neiman’s (the head of social services and housing support in Helsinki) and Maritta Närhi’s (the head of psycho-social services in Tampere). In addition, in the last chapter of the book, Johanna Maria Lassy concentrates on the stories of Juha Kaakinen and Peter Fredriksson, who are justly described as the ‘midwives’ of the Finnish Housing First model. As both Kaakinen (the chief executive officer of Y-Foundation) and Fredriksson (the specialist of the Ministry of the Environment) have remarkably influenced the improvement of Finnish homelessness policies during the last decades, writing about them is a natural and reasonable way to finish this book.

From the reader’s point of view, the book’s chronological perspective makes it possible to scrutinise the Finnish homelessness story carefully and logically. Focusing mostly on homelessness in Helsinki seems a justifiable decision: not only that it has had the biggest homelessness crisis during Finnish history, Helsinki has also been a clear forerunner in homelessness reducing strategies. The book fulfilled its aims as it introduced comprehensively the history of homelessness and the stories of multiple people behind the important changes in homelessness policies

and practices in Finland. The book is beneficial for instance for people studying homelessness and professionals and students in social and health care. Most of all, this book is written for the sake of the Finnish homeless people.

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