How Social Science Can Influence Homelessness Policy: Experiences from Europe, Canada, and the United States. Part I – Problem and Solutions

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Abstract_ *Guided by Kingdon's (1995) policy streams framework, the aim of this paper (and a companion paper) is to understand how social scientists can influence policy responses to those experiencing homelessness based on examples from Europe, Canada, and the United States. Playing the role of conceptualiser-innovator, social scientists have shown that ideas matter by reframing effective responses to homelessness as those that lay stress on the unconditional provision of housing in the first instance, with support (financial and social) as required. Social scientists have also played an important role as researcher-evaluators, demonstrating that evidence matters. For example, a growing body of social science research has found that those experiencing homelessness are not homogenous in their needs and a tailored response is required. In the first instance, the provision of secure housing, with support as necessary, successfully ends homelessness for a majority of households experiencing homelessness and at a significantly greater rate in comparison to responses that prioritise emergency accommodation and treatment. Moreover, there are promising interventions that can prevent spells in*

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emergency accommodation. While problem framing and rigorous evaluation research have established a firm foundation for homelessness policy change, other strategies are needed to establish evidence-based approaches more fully into homelessness policy. For example, the importance of involving people experiencing homelessness in policy and practice and, concomitantly, promoting their choice and self-determination have contributed to reframing our understanding of the responses to homelessness.

Keywords_ *Policy streams, social science research, homelessness*

Introduction

In this paper and a companion paper (O'Sullivan et al., 2021) we aim to show how social scientists can use evidence to influence public policy responses to homelessness, specifically research on Housing First (HF), a response to homelessness which provides immediate and unconditional access to housing with support, in contrast to responses where those experiencing homelessness must meet certain conditions before they are deemed ready for housing (Greenwood et al., 2013). We draw from our experiences and those of others in Europe, Canada, and the United States (US), using research, education, training, advocacy, programme development, and knowledge transfer to inform homelessness policy. One caveat is that since we are basing the paper on experiences from two continents, one with many different countries, we cannot provide as much detail on the context of each country as we would like in the limited space that we have.

We use Kingdon's (1995) policy streams framework to understand policy and how it can be changed. Within each dimension of this framework, we identify lessons learned for policy change, borrowing from and expanding on Shinn's (2007) paper on influencing homelessness policy. For each lesson, we describe roles for social scientists (Lavoie and Brunson, 2010) that can be used to influence policy related to homelessness. These roles include: conceptualiser-innovator, researcher-evaluator, partnership-maker, policy advisor, knowledge translator (KT), training and technical assistant consultant, and advocate (Nelson et al., 2020).

Social Policy

Social policy can be understood as legislative, administrative, programmatic, and funding actions taken by governments to resolve social problems. Policy solutions to social problems do not occur in a rational, linear fashion. Rather, social problems compete with one another for public attention and government resources (Hilgartner and Bosk, 1988). Moreover, policy solutions are influenced by multiple stakeholders (Fischer, 2003) and the broader socio-political context (Evans and Masuda, 2020). A discursive approach emphasises that the policy process is intensely political with different stakeholder groups making different claims about the nature of the problem and how it should be addressed (Fischer, 2003). Weiss (1999) stated that:

> … Policy making is the arena where all the conflicting pressures in society come to bear. Policy making deals with a choice of directions. And some groups will be advantaged and others disadvantaged by the choices made. The phrase "policy making *arena*" has an apt connotation of the place where contests are waged and some team or interest comes out the winner. In policy making, the contest is called "politics." Multiple interests collide and seek advantage. (p.477)

Social scientists are one stakeholder group in the policy process, and they aspire to inform policy with research evidence, and for Fitzpatrick et al. (2000, p.49), identifying 'clear policy aims' should be the primary rationale for researching those experiencing homelessness. However, evidence-based policy (Bogenschneider and Corbett, 2010) must compete with other stakeholders who are not well informed about, don't care about, or actively oppose research evidence on important issues (e.g., global climate change, the COVID-19 pandemic). For example, in the homeless-serving sector in Canada and the US, there are campaigns to end homelessness that rely on giving services to people according to a vulnerability screening process. In fact, one of the most widely used vulnerability screening tools in North America is being discontinued after research has revealed poor psychometric properties (Brown et al., 2018) and racial bias (Cronley, 2020).

Even when policy in relation to homelessness is stated to be evidence based, as Parsell et al. (2014) note in relation to Australia, models of service provision that are not evidence based can be established and where "intuition and direct personal experience were afforded more credibility – viewed as more 'trustworthy' – by relevant stakeholders than peer-reviewed research" (p.84; see also Baker and McGuirk, 2019). Nonetheless, while research evidence is neither the sole basis for policy formulation, nor is it the only tool that social scientists bring to the table, it is an important consideration for policy-making.

While many different theories can be used to understand the policy process (see Sabatier, 2007), we use Kingdon's (1995) policy streams framework as the primary lens for our analysis (see for example, Baker and Evans, 2016; Evans and Masuda, 2020; Lancione et al., 2018, for alternative frameworks for interpreting the expansion of HF in North America and Europe). Kingdon's theory, originally formulated in the 1980s, continues to have heuristic value today (Rawat and Morris, 2016; Boswell and Rodriques, 2016) and is applicable to understanding policy responses to those experiencing homelessness. We selected the policy streams framework because we are concerned with how social scientists can influence policy, and Kingdon's approach points to potential levers for policy change that can be used by social scientists.

This approach also aligns with the increasingly influential research on policy mobility which, for example, has highlighted how policy adapts to local contexts and the significance of 'windows of opportunities' in achieving policy shifts (Soaita et al., 2021). Thus, we explore the emergence of public policy in responding to homelessness in three specific contexts; Canada, the United States, and Europe, but also the mobility of these policies and how they "shape the recognition of a 'problem' and the endorsement of a 'policy solution'" (Soaita et al., 2021, p.8).

Overview of the Policy Streams Framework

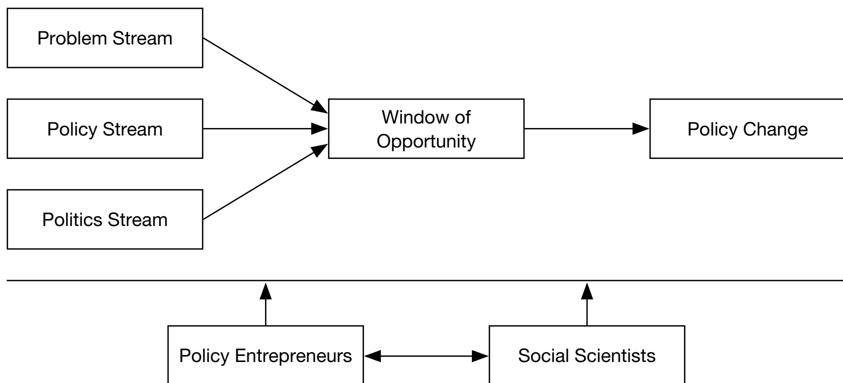
Kingdon (1995) proposed three streams in the policy process: problems, policy, and politics (see Figure 1). The policy streams framework emphasises the roles that stakeholders play in the policy process. In this set of papers, we concentrate on the roles used by social scientists to influence policy.

Three streams: Problems, policy, and politics

In the case of homelessness, the *problem stream* is important for understanding how homelessness is conceptualised, as the way a problem is framed often dictates how it will be addressed. The *policy stream* is concerned with the development of solutions to the problem, including research demonstration projects that can provide a foundation for evidence-based policy-making (Baron, 2018; Pawson, 2006). The *political stream* refers to the social-political context of policy-making. Sarason (1978) observed that many social problems appear intractable because research evidence from social scientists must compete with power and persuasion in the prevailing political climate. Sometimes the political climate is open to and favourable for policy change, but at other times it resists and impedes the adoption of evidence-based solutions.

Another dimension of Kingdon's (1995) framework is that of *policy windows*. He argued that there are critical moments when the three streams coalesce to create opportunities for policy change (see Figure 1). During these rare moments when the streams converge, change agents who have been called '*policy entrepreneurs*' (Kingdon, 1995) or '*institutional entrepreneurs'* (Padgett et al., 2016) intervene to influence the policy process. We argue that social scientists can work with policy entrepreneurs or they can be entrepreneurs themselves in policy change (see Figure 1). Finally, we consider the outcomes of the policy process – policy change.

Figure 1: A Framework for Public Policy Change



Focus of the Two Papers

This paper and its companion are divided in a way that reflects the stages in the policy-making process. In this first paper, we examine the problem component and one aspect of the policy component – the development of solutions to the problem through research. Defining the problem and developing evidence-based solutions is a necessary first step in policy formulation. The second paper examines the political context and strategies for achieving evidence-based policy change. Once solutions are developed, the next step is to influence policy so that these solutions are 'rolled out' on a wide-scale basis.

Unlike Canada and the US, Europe is a continent whose nation states are quite diverse and heterogeneous in their homelessness policies. While we touch upon homelessness research and policy in several European countries, we devote more space to France because France recently conducted a large-scale, rigorous demonstration research project on ending homelessness for people with severe psychiatric disorders and subsequently expanded this successful approach across France.

The Problem Stream

Homelessness as a social problem

The nature and extent of homelessness varies across continents and nations. Here we provide a brief overview of homelessness in Europe, Canada, and the US. In Europe, with the notable exceptions of Finland and Norway, the available evidence based on point-in-time data suggests an increase in the number of households experiencing homelessness at a point-in-time, particularly in the past decade (Serme-Moirin and Coupechoux, 2021). The different definitions of homelessness adopted by countries in Europe preclude being able to accurately estimate the level of homelessness across Europe. However, the development of the European Typology of Homelessness and Housing Exclusion, better known as ETHOS, in the early 2000s (see Busch-Geertsema, 2010) has facilitated cross-national analyses of the extent and profile of those experiencing homelessness across the EU members states (Busch-Geertsema et al., 2014). Overall, adult-only households are most likely to experience homelessness, particularly long-term homelessness, in Europe. In addition, women with children (Mayock and Bretherton, 2016) and households displaced by refugee migration to Western Europe (Baptista et al., 2016) are experiencing significant levels of homelessness across Europe.

Stephens and Fitzpatrick (2007) have argued that countries with strong welfare safety nets, and resulting low rates of poverty and income inequality, have equally low overall rates of households experiencing homelessness, but that these households are likely to have complex needs. On the other hand, countries with weaker welfare safety nets have higher rates of homelessness, but with the majority of households experiencing homelessness arising from poverty and having few if any needs other than need for income to access housing. Empirical evidence from a number of different welfare regimes in Europe has supported this thesis (Benjaminsen, 2016; Busch-Geertsema et al., 2010; Parker, 2021; Waldron et al., 2019).

Although primary responsibility for tackling homelessness rests with EU member states, the *Lisbon Declaration on the European Platform on Combatting Homelessness,* which was launched by the European Commission in June 2021, commits member states to end homelessness by 2030, so that:

- No one sleeps on the street for lack of accessible, safe, and appropriate emergency accommodation;
- No one lives in emergency or transitional accommodation longer than is required for successful move-on to a permanent housing solution;
- No one is discharged from any institution (e.g. prison, hospital, care facility) without an offer of appropriate housing;

- Evictions should be prevented whenever possible and no one is evicted without assistance for an appropriate housing solution, when needed;
- No one is discriminated against due to their homelessness status.

In Canada, it has been estimated that on any given night there are 35 000 people who are experiencing homelessness and that there are approximately 235 000 people who experience homelessness in a year (Gaetz et al., 2016). Homelessness rose in the 1980s as the Federal Government substantially reduced funding for affordable housing, economic inequality increased, and housing and rent costs rose rapidly (Gaetz et al., 2016; Nelson and Saegert, 2009). Moreover, the nature of the homeless population has diversified. Homelessness is no longer confined to single men, but now includes other socially excluded groups, including low-income families, youth (with an overrepresentation of youth leaving the child welfare system and LGBTQ youth), and an overrepresentation of Indigenous people, particularly in the northern territories and the western provinces. Although the overall number of shelter beds has remained the same in Canada from 2005 to 2016, the number of unique shelter users has decreased by 20% (i.e., 159 000 in 2005 to 129 000 in 2016), mostly as a result of a decrease in adults aged 25-49 years old. However, the duration of shelter stays has increased for all age groups and for families (Duchesne et al., 2021).

Beginning in 1999, the Federal Government of Canada began to fund programmes for people experiencing homelessness. However, most of the services were crisis-oriented and consisted primarily of shelters and transitional housing. In the mid 2000s, responses to homelessness began to shift to a focus on permanent housing. The province of Alberta led the way with a 10-year plan to end homelessness using a HF approach. Shortly thereafter in 2008, the Federal Government funded the At Home/Chez Soi project, a national multi-site randomised controlled trial (RCT) of the Pathways HF approach (Nelson et al., 2020). In response to the trial's positive findings, the Federal Government required communities receiving funding from its homelessness initiative to expend a minimum percentage of it on HF programmes (i.e., 65% in the 10 largest cities) (Macnaughton et al., 2017).

In 2017, the Federal Government released an ambitious 10-year National Housing Strategy, allocating $40 billion through shared spending with provinces and municipalities, toward ending homelessness through the building of affordable housing, the renovation of public housing stock, and the creation of a new portable rent subsidy (Government of Canada, 2018). Lauded for the re-emergence of significant investment by the Federal Government in housing, the strategy did not include the continuation of mandated spending by communities on HF, slowing down significantly the shift from the predominant treatment first philosophy to HF.

In the US, 580000 people were counted as homeless on a single night in 2020, roughly divided between individuals on the streets (35%), in shelters (35%), and families (30%) whom, thankfully, are mostly sheltered (Henry et al., 2021). Over the course of a year, 1.4 million people stay in shelters, a number that has shrunk only modestly since the US began to keep track in 2007 (Henry et al., 2021). Because most homelessness is temporary (Kuhn and Culhane, 1998), far more people experience homelessness over longer periods (with 17% having chronic patterns). African Americans, Latinx, Native Americans, and LGBTQ youth are overrepresented, even relative to their share of people living in poverty. Because children in families experiencing homelessness are mostly young, the age at which an American is most likely to spend a night in a homeless shelter is infancy (Shinn and Khadduri, 2020).

Homeless policy in the US has varied with federal administrations. The Clinton administration (1992-2000) asked communities to form 'continuums of care' to set priorities for federal funds. These are administrative units, but the name reflected the prevalent view that resolving homelessness required step-by-step programmes beginning with shelter, proceeding to transitional housing, and eventually leading to permanent housing. This was a treatment first, then housing approach.

During the administration of George W. Bush (2000-2008), the National Alliance to End Homelessness and the US Interagency Council on the Homeless (USICH) urged cities and states to develop 10-year plans to end homelessness, especially long-term homelessness. The plans came and went with only modest impact, although the supply of permanent supportive housing increased and long-term homelessness was modestly reduced (Urban Institute, 2020). The US Office of Housing and Urban Development (HUD) adopted a diluted version of HF, meaning providing housing with few barriers to entry without emphasising the importance of follow-up service support that Pathways HF argued for (Tsemberis, 2015), and confirmed by the evidence provided by the Canadian At Home/Chez Soi project (Goering et al., 2014).

The HF label has now been stretched to include 'rapid rehousing', a programme that provides short-term rental assistance with some services focused on housing and employment. During the Obama administration (2008-2016), pressure to reduce homelessness among America's 75000 veterans resulted in the implementation of a HF programme called HUD-VASH, alongside other prevention and re-housing programmes. We describe this programme in more detail in the companion paper. During the Trump administration (2016-2020) the USICH had advocated a policy of returning to a treatment first approach and called for expanding shelters, providing treatment, and emphasising employment.

Key Roles for Social Scientists

In this section we describe the roles that social scientists can play in shaping how we think about homelessness (ideas). We explore the type of research conducted by social scientists in a crowded field where other disciplines, particularly medical research, are influential in shaping how policy makers think about homelessness (see for example, O'Sullivan et al., 2020) and the impact of social science research on policy. We also explore the role of research conducted in co-production with those with lived experience of homelessness in designing policy.

Ideas matter

Ideas about how problems like homelessness are framed are important for policy discourse (Fischer, 2003). Homelessness is often framed in terms of having either personal or structural determinants, or both (Pleace, 2016a). If homelessness is considered to result from individual psychopathology, poor choices, or a moral failing, then a model that emphasises 'treatment first' or charitable care is often invoked. Treatment and care are provided to help the individual reduce symptoms of mental illness and/or become abstinent from alcohol or drugs so that the person is prepared and made 'ready' for housing. In contrast, framing homelessness in terms of its structural determinants, including economic inequality, housing affordability, inadequate income, and deep poverty (Allen et al., 2020; Shinn and Khadduri, 2020), leads to policies that emphasise the provision of affordable housing and income supports (Aubry et al., 2020).

In the same vein, Shinn and Khadduri (2020) reframed the individual vs. structural determinants of homelessness binary. They argued that individual factors play a role in homelessness only because of structural factors. For example, if structural racism is reduced and disability incomes are adequate, individual characteristics like race and mental illness recede in importance as risk factors. Further, the understanding that homelessness is a state that many people pass through rather than a permanent trait leads to different thinking about intervention – how to prevent people from entering homelessness, speed up their exit, and prevent their return.

In the post-World War II period in most western industrial economies, homelessness was generally seen as a residual problem, consisting largely of single men, a problem that would gradually wither away as states broadened and deepened their reach to support vulnerable households. However, by the early 1980s, initially and most visibly in the US, it became apparent that homelessness had not faded away, rather the number experiencing homelessness was increasing, and was no longer experienced almost exclusively by single men. As the number of people experiencing homelessness increased during the 1980s and 1990s, the basic model of provision that prevailed for single men in earlier periods (i.e., rooming houses,

shelters, and other congregate facilities providing basic subsistence, infused with various strands of rehabilitative, religious, and redemptive assumptions) was simply expanded, rather than changed to respond to the needs of the increasingly diverse population who were experiencing homelessness.

Social scientists can play the role of *conceptualiser-innovator*, providing new ideas that shape the narrative of homelessness as a social issue (Seidman and Rappaport, 1986). Many social scientists were clear about the structural causes of rising rates of homelessness from the 1980s onwards, and documented that countries with generous, comprehensive and integrated welfare, health, and housing systems had the lowest rates of people experiencing homelessness (O'Sullivan, 2010). They were also clear about the ineffectiveness of focusing on making people 'housing ready' as a response to what was, for the majority of people experiencing homelessness, effectively a problem of housing affordability. The problem was not the inability to *manage* a tenancy, but the inability to *afford* to pay for it. However, for the minority who were experiencing long-term or entrenched literal homelessness and mental health/problematic substance use, and those individuals were increasingly visible on the streets of cities in North America and Europe, social scientists lacked robust evidence-based alternative responses to ending their homelessness until the emergence of a new model of provision, Pathways HF, that was rigorously evaluated using the gold-standard of randomised control trial (RCT) (Greenwood et al., 2013).

This new model challenged the dominant 'housing ready' or 'treatment first' approach to addressing homelessness and proposed an alternative way of addressing homelessness (Tsemberis, 2015) that was validated by the research showing superior rates of retention in housing when compared to the 'treatment first' model. Guided by a belief that housing is a basic human right and a philosophy that emphasises empowerment, consumer choice, and recovery, Pathways HF consists of two major components: 1) subsidised, decent, affordable housing (typically facilitated by a rent supplement), offered without prerequisites for sobriety or participation in treatment; and 2) mobile, voluntary community-based supports (e.g., mental health, health, and problematic substance use) that are provided in clients' homes either directly or in partnership with other providers (Tsemberis, 2015). The Pathways HF model has been enormously influential in the way that homelessness is viewed across the world (Laval, 2019; Padgett et al., 2016; Pleace, 2016b; Raitakari and Juhila, 2015), albeit that Clarke et al. (2020, p.956) suggest that although the policy shift toward HF is increasingly powerful, it remains nonetheless 'mutable and fragile' amongst other 'competing policy discourses and ideas.'

In Europe, the term 'Housing-led', as well as HF, is used to describe responses to homelessness that stress the provision of permanent housing with supports as necessary, rather than temporary shelter-based responses, which often became

long-term and expensive. The term Housing-led emerged from the deliberations of a Jury of Experts following a Consensus Conference on Homelessness held in Brussels in December 2010 which critiqued the provision of congregate shelters as a response to homelessness. For the Jury, Housing-led described:

> … All policy approaches that identify the provision and/or sustaining of stable housing with security of tenure as the initial step in resolving or preventing situations of homelessness. These approaches treat housing as a fundamental right and a prerequisite to solving other problems such as social health and other issues. (European Consensus Conference on Homelessness, 2010, p.14)

The intention was to distinguish such approaches from 'staircase' models and to conceptualise *all* approaches for *all* households that experienced homelessness that broadly adopted these principles, and not just specific HF programmes for those experiencing long-term and entrenched forms of homelessness.

Research and evaluation matters

The *researcher-evaluator* role is very important for social scientists to influence solutions to homelessness by bringing evidence into decision-making. Social scientists can bring skills in the evaluation of needs and preferences of service users, programme implementation, programme outcomes, and cost-benefit analysis to inform decision-makers. We now have good evidence about what works and what does not work to prevent and to end homelessness (Shinn, 2016; Shinn and Khadduri, 2020; O'Sullivan, 2020). We selectively provide a number of examples of a number of areas of research which have been particularly influential, namely understanding the composition of those experiencing homelessness, how to prevent homelessness, and evaluations of HF programmes.

Long-term, episodic, and transitional experiences of homelessness

One of the most influential lines of research informing homelessness policy has entailed the identification of different subgroups of individuals experiencing homelessness. In a pioneering study using longitudinal administrative data, Kuhn and Culhane (1998) identified three groups of adults based on the length and frequency of their use of homeless shelters in New York City and Philadelphia. The 'transitional' group was made up of a majority of shelter users and typically had only one relatively brief stay in shelters. In contrast, the 'episodic' group had somewhat longer stays and had multiple episodes while the 'chronic' group had the longest stays. The latter two groups were more likely to have physical and mental health problems, as well as problematic substance use, compared to the transitional group. Kuhn and Culhane's study has been replicated in other countries including Canada (Aubry et al., 2013; Jadidzadeh and Kneebone, 2018), Denmark (Benjaminsen and Andrade, 2015), Australia (Taylor and Johnson, 2019), and Ireland

(Waldron et al., 2019) and the policy response to this work has been for governments in these countries to prioritise the delivery of more intensive and longer-term support to the episodic and chronic groups of adults in particular, through programmes such as Pathways HF.

In some cases, the response was based on 'applying' the research evidence from other jurisdictions, particularly North America, to local contexts, and as local data confirmed the trends evident from North America, it bolstered efforts to provide support to an increasing number of households experiencing homelessness. For example, in the case of Ireland, there has been a shift from an exclusive emphasis on those literally homeless for accessing the HF programme to include those in emergency accommodation on a long-term basis (Government of Ireland, 2018).

Preventing homelessness

Recognising the importance of the *prevention of homelessness* to complement the research on programmes to help people exit homelessness, there has been some research on initiatives to prevent homelessness in the US, but less so in Canada and Europe (see, Busch-Geertsema and Fitzpatrick, 2008). The same housing vouchers that end homelessness for families also prevented families receiving welfare benefits from becoming homeless, as found in a rigorous multi-site RCT (Wood et al., 2018). There is both experimental and quasi-experimental evidence that community-based services provided by New York City's Homebase programme work, more modestly, to prevent homelessness (Goodman et al., 2016; Rolston et al., 2013). The programme links individuals and families to all of the public benefits that they may be entitled to, and can help with eviction prevention, job placement, childcare, financial counselling, free legal representation, and other services. It can also provide small amounts of money to pay rent arrears or to stabilise a tenancy. Cash assistance to prevent evictions is a relatively common form of prevention assistance, and although most people who become evicted do not become homeless, this form of help reduced that number further (Evans et al., 2016). For each of these programmes, the prevention efforts made the most difference for people at highest risk of homelessness (those whose welfare benefits were about to end, those with the highest scores on a risk index, those who were poorest).

There is suggestive evidence that additional programmes can work as well. For example, screening military veterans who came in for medical services for homelessness risk was part of the large-scale effort that cut veteran homelessness nearly in half in the Obama administration. The challenge for targeted prevention programmes (as opposed to general efforts to increase incomes and the supply of affordable housing) is to get services to the people who will benefit most.

Programmes like eviction prevention often target people who are deemed worthy of assistance rather than people who are most likely to become homeless in the absence of assistance (Shinn and Khadduri, 2020).

Evaluating Housing First

In the past 10 years, several western European countries have implemented and evaluated HF programmes. In a cross-sectional study, Busch-Geertsema (2014) reported high rates of housing stability for participants in HF programmes in cities in five European countries. In a mixed methods study, Ornelas et al. (2014) found improvements in community integration for participants in a HF programme in Lisbon. In the recent HOME-EU cross-sectional study (Greenwood et al., 2020), the experiences of participants in HF were compared with participants in treatment first programmes in seven different countries. Across nations, it was found that participants in HF fared significantly better than those in treatment first programmes on measures of housing stability, housing quality, choice, satisfaction, psychiatric symptoms, and community integration. While the Busch-Geertsema study (2014) included Hungary and the HOME-EU study (Greenwood et al., 2020) included Poland, the extent to which HF can be implemented in other eastern European countries that have less robust housing systems for their citizens than those in western Europe is not clear at this point, and in the case of Poland, Wygnańska (2020) has noted some difficulties in implementing all aspects of HF, in particular the right to housing and consumer choice. While the findings from these studies are supportive of the HF approach, they do not meet the standards of a large-scale, randomised controlled trial (RCT). However, such a study was recently conducted in France.

A multi-city RCT was launched in France, *Chez Soi d'Abord,* in 2011 following a report to the Minister of Health (Girard et al., 2010) that showed people who experience long-term homelessness have significant chronic health conditions and a lower life expectancy, and that existing services were crisis-oriented and insufficient to promote social reintegration. Motivated by a combination of political will and the efforts of researchers, the trial of HF was larger and more ambitious from the standpoint of research rigour than its counterparts in other European countries described above. The HF trial was coordinated by DIHAL (Délégation Interministérielle pour l'Hébergement et l'accès au Logement), a governmental organisation created in 2010. The Pathways HF model was used, and participants were supported by multidisciplinary Assertive Community Treatment (ACT) teams made up of social workers, doctors, nurses, peer workers, and housing coordinators, working within a recovery-oriented approach (Tinland et al., 2013). A total of 700 individuals participated in the study that was located at four sites (Marseille, Lille metropolitan area, Toulouse, and Paris). Participants were interviewed over a period of 24 months.

Compared with TAU participants, the HF group was more stably housed, spent significantly fewer days in in-patient hospital admissions, and scored significantly better on a measure of quality of life (Tinland et al., 2020). A comparison of the costs of HF with ACT to TAU showed the reduction in use of services by HF recipients exceeded the cost of the HF programme (Tinland et al., 2020). In this study, a majority of the cost offsets were the result of a reduction of days spent in hospital for psychiatric crises and a reduction in emergency shelter stays. The trial also included a qualitative evaluation of the professional practices developed by the support teams, the individual trajectories of the people participating in the programme, and the institutional and political factors contributing to the programme's implementation (Hurtubise and Laval, 2016; Laval, 2017; Rhenter et al., 2018).

In Canada, the Federal Government through the Mental Health Commission of Canada launched the At Home/Chez Soi (AHCS) demonstration project in 2008. AHCS was a five-city pragmatic RCT that tested the effectiveness and cost-effectiveness of Pathways HF compared to TAU with 2 148 participants (Goering et al., 2011). The study examined the effectiveness of HF with two different types of support, namely ACT for participants with high needs and Intensive Case Management (ICM) for those with moderate needs. Compared to TAU, HF proved to be more effective in helping people with both high needs and moderate needs to leave homelessness and achieve stable housing (Aubry et al., 2016; Stergiopoulos et al., 2015). A six-year follow-up of participants at the Toronto site found that HF recipients continued to show significantly better housing outcomes than TAU recipients (Stergiopoulos et al., 2019).

In addition to better housing stability outcomes, individuals with high needs receiving HF reported greater improvements than TAU in quality of life over the first 12 months of the study (Aubry et al., 2015), but these differences were no longer present at 24 months (Aubry et al., 2016). In contrast, people with moderate needs who were recipients of HF reported greater improvements in quality of life than recipients of TAU, with the differences continuing to be present at 24 months (Stergiopoulos et al., 2015). Analyses of cost offsets associated with HF programmes found that HF with ICM offset 46% of the costs (Latimer et al., 2019), and HF with ACT offset 69% of the costs (Latimer et al., 2020). Like Un Chez Soi d'Abord, AHCS also included qualitative research on the project's conception, planning, implementation, outcomes, and sustainability (Nelson et al., 2015).

The original Pathways HF programme in New York City described earlier was subjected to rigorous evaluation research by social scientist Sam Tsemberis and his colleagues. Tsemberis and Eisenberg (2000) conducted a quasi-experiment and compared 242 HF clients with 1 600 clients using New York City's residential continuum. Over a five-year period, 88% of the HF clients remained housed

compared to 47% of the comparison group. Tsemberis et al. (2004) reported the results of a RCT with 225 homeless people with mental illness. After two years, participants randomised to HF were significantly less likely to be homeless or use psychiatric hospitals and incurred lower costs associated with different residential accommodations (i.e., emergency shelter, hospital, housing) than those receiving usual treatment (Gulcur et al., 2003). In another RCT conducted in a suburb of New York City with 260 participants experiencing homelessness, Stefancic and Tsemberis (2007) found that HF participants were significantly less likely to be homeless than participants in TAU over a four-year follow-up period.

HF programmes for individuals focus on people with serious mental illnesses and problematic substance use that more rarely affect families. Thus families, at least in the US where family homelessness is widespread, often require fewer services to succeed. In the US, the 12-site *Family Options* study randomly assigned over 2200 families recruited in homeless shelters to offers of one of three intervention programmes or usual care. The programmes on offer were: 1) long-term housing subsidies, typically vouchers for use with private landlord that held the families' housing expenses to 30% of their income; 2) short-term 'rapid rehousing' rental subsidies with some services focused on housing and employment; and 3) transitional housing programmes where families live in supervised settings and receive extensive psychosocial services for up to two years. Usual care typically involved more extended shelter stays followed, often, by entry into one of the other sorts of programmes. The interventions have different theoretical foundations: the idea that homelessness is a housing affordability problem that vouchers can solve; the idea that it is a temporary crisis best dealt with by getting people back into housing rapidly; and the idea that families who become homeless need extensive services to ready them for independent housing.

Results provided clear support for the housing-affordability perspective. Offers of long-term subsidies without dedicated services not only reduced homelessness and other forms of residential instability but also provided a platform for families to solve other problems on their own over the three-year follow-up period. Domestic violence, psychological distress, and problematic substance use decreased for adults. School moves, absenteeism, and behaviour problems dropped for children. Fewer parents became separated from their children, and families had less food insecurity. Paid work also went down slightly. All of these benefits cost only 9% more than usual care.

Transitional housing had modest effects on homelessness during the period that some families were in the transitional housing programmes but had no effect on any of the other outcomes. In particular, there was no benefit for the psychosocial outcomes that transitional housing is intended to affect. Further, if there were

effects of the rapid rehousing programmes, which lasted about eight months, on average, the researchers missed them when they went back for their first follow-up 20 months after random assignment. Rapid rehousing was no worse than usual care, and cost slightly less, so it would be preferred on those grounds, but did not have the long-term benefits across multiple domains that the long-term subsidies provided (Gubits et al., 2018). The impressive findings of the Family Options study need to be tested in other countries to determine their generalisability.

The role of people who are experts by experience

Social scientists can play the role of *partnership-maker* to frame the problem of homelessness. When homelessness policy is developed, various stakeholders (e.g., service-providers and planners from different sectors) have input. However, people who are most directly affected by the problem, those with lived experience of homelessness (Mangano, 2017) or mental illness (Trainor and Reville, 2014), are often sidelined in policy formulation and practice. The HF approach was developed by asking people with mental illness who are homeless what they needed and what their preferences were for housing and support (Tsemberis et al., 2003). Overwhelmingly, people who have experienced homelessness, including those who experienced severe mental illness, see their most urgent problem as a lack of access to housing, not as a need for treatment, and they want to live in a secure, private place, ideally an apartment of their own (Richter and Hoffman, 2017). Many HF programmes incorporate people with lived experience as staff, supervisors, and directors on the board of the agency.

At an EU level, the most formal inclusion of experts by experience was evident in the preparatory committee for the aforementioned European Consensus Conference on Homelessness in 2010, and the preparation of a 'European Consultation of Homeless People' process, which included the views of 225 experts by experience across eight member states.

In France, various initiatives to involve people with lived experience have recently emerged. The Un Chez Soi d'Abord HF programmes in Marseille and Paris publish newsletters featuring contributions from people who are experts by virtue of their experiences. Moreover, new HF sites in France, created since 2019, have also launched participatory initiatives, such as support groups for tenants. During the COVID-19 pandemic, WhatsApp groups and peer support platforms facilitate continued meeting, either as part of the programme or as part of a network of peers available in a region. As well, there is a promising development at the national level in France, namely the creation of a national training programme for peer support workers, known in France as 'médiateur de santé pair' (peer health mediators).

The first attempts to have salaried peer support workers are recent, notably with the MARSS (Mouvement et Action pour le Rétablissement Sanitaire et Socialeteam) in Marseille in 2007, followed by the Un Chez Soi d'Abord HF programme in 2011, and the Programme Médiateurs de Santé Pairs in 2012, with training of peer support workers conducted at the undergraduate level, which also included research training. For the past five years, the development of peer support workers has gone beyond the boundaries of HF programmes into mental health services in France. For example, in Marseille, peer support groups and the creation of a Recovery College were formed in the city in response to the efforts of Un Chez Soi d'Abord in partnership with founders of these projects and in recognition of the value of experiential knowledge.

Un Chez Soi d'Abord provides an exemplary case with regard to the participation of people with lived experience of mental illness and homelessness. In particular, the peer support worker in HF programmes represents an influential example for bringing the issue of power-sharing to light and legitimising experiential knowledge and expertise. However, these positions still have relatively minimal influence when it comes to decision-making with regard to the delivery of services.

People with expertise by virtue of lived experience played a central role in the planning, implementation, evaluation, and knowledge translation (KT) of the Canadian/Chez Soi project (Nelson et al., 2016). They played an advisory role during project formulation and implementation and participated on the National Research Team and National Working Group that guided the project. Experts by virtue of experience were also hired as researchers and service-providers. All HF teams that use Assertive Community Treatment must have a peer support worker. The voices of people with lived experience were also loud and clear in KT activities. Notably, people who were experts by virtue of experience were profiled in a National Film Board production on the project (Here at Home, 2012). Currently, the Canadian Alliance to End Homelessness has formed the Canadian Lived Experience Leadership Network to recognise the value of and amplify the voices of people with expertise by virtue of experience.

Conclusion

Experiences from Europe, Canada, and the US demonstrate that social scientists can, in some cases, shape how homelessness is framed, and bring about evidence-based shifts in policy responses that have proven to be effective in ending homelessness for some people experiencing homelessness. While problem framing and rigorous research have established a firm foundation for homelessness policy change, they are insufficient in terms of achieving such change. In some European

countries like France and Finland (discussed in our Part II companion paper), governments have made progress in reducing homelessness using HF and other approaches. However, in North America, levels of homelessness remain stubbornly persistent in spite of the development of HF programmes.

How do we account for the uneven progress in reducing homelessness in Europe and North America and what are the implications for the roles and strategies that social scientists can take to end and prevent homelessness? Much of the criticism of HF focuses on how it functions in nations governed by neo-liberal agendas, including increasing economic inequality, a hollowing out of the state (especially the state's role in housing for citizens living on low income), strong reliance on markets, and blaming the victims for not achieving housing stability and economic productivity on their own (Baker and Evans, 2016). Moreover, in their analysis of the genealogies of supported housing, Hopper and Barrow (2013) note that supported housing in mental health, like HF programmes, use existing housing stock in a market where rents and housing prices are rapidly rising, while the affordable housing approach focuses on the creation of new housing stock for people living on low-income. In a companion paper, we address strategies for expanding evidence-based practices to end and prevent homelessness in its larger political context. We will note the importance of the political context in efforts to reduce homelessness.

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References

Allen, M., Benjaminsen, L., O'Sullivan, E., and Pleace, N. (2020) *Ending Homelessness? The Contrasting Experiences of Denmark, Finland and Ireland* (Bristol: Policy Press).

Aubry, T., Block, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T.,… and Pottie, K. (2020) Effectiveness of Permanent Supportive Housing and Income Assistance Interventions for Homeless Individuals in High-income Countries: A Systematic Review, *The Lancet Public Health* 5 pp.e342-e360.

Aubry, T., Farrell, S., Hwang, S., and Calhoun, M. (2013) Identifying the Patterns of Emergency Shelter Stays of Single Individuals in Canadian Cities of Different Sizes, *Housing Studies* 28(6) pp.910-927.

Aubry, T., Goering, P., Veldhuizen, S., Adair, C.E., Bourque, J., Distasio, J.,… and Tsemberis, S. (2016) A Multiple-city RCT of Housing First With Assertive Community Treatment for Homeless Canadians with Serious Mental Illness, *Psychiatric Services* 67(3) pp.275-281.

Aubry, T., Tsemberis, S., Adair, C.E., Veldhuizen, S., Streiner, D. L.., Latimer, E.,… and Goering, P. (2015) One Year Outcomes of a Randomized Controlled Trial of Housing First with ACT in Five Canadian Cities, *Psychiatric Services* 66(5) pp.463-469.

Baker, T. and McGuirk, P. (2019) "He came back a changed man": The Popularity and Influence of Policy Tourism, *Area* 51(3) pp.561-569.

Baker, T. and Evans, J. (2016) 'Housing First' and the Changing Terrains of Homeless Governance, *Geography Compass* 10(1) pp.25-41.

Baptista, I., Benjaminsen, L., Busch-Geertsema, V., Pleace, N., and Striano, M. (2016) *Asylum Seekers, Refugees and Homelessness: The Humanitarian Crisis and the Homelessness Sector in Europe* (Brussels: European Observatory on Homelessness).

Baron, J. (2018) A Brief History of Evidence-Based Policy, *The Annals of the American Academy of Political and Social Science* 678(1) pp.40-50.

Benjaminsen, L. (2016) Homelessness in a Scandinavian Welfare State: The Risk of Shelter Use in the Danish Adult Population, *Urban Studies* 53(10) pp.2041–2063.

Benjaminsen, L. and Andrade, S.B. (2015) Testing a Typology of Homelessness Across Welfare Regimes: Shelter Use in Denmark and the USA, *Housing Studies* 30(6) pp.858-876.

Bogenschneider, K. and Corbett, T.J. (2010) *Evidence-Based Policymaking: Insights from Policy-Minded Researchers and Research-Minded Policymakers* (New York, NY: Routledge).

Boswell, C. and E. Rodriques (2016) Policies, Politics and Organisational Problems: Multiple Streams and the Implementation of Targets in UK Government, *Policy and Politics* 44(4) pp.507-524.

Brown, M., Cummings, C., Lyons, J., Carrion, A., and Watson, D.P. (2018) Reliability and Validity of the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) in Real-World Implementation, *Journal of Social Distress and the Homeless* 27(2) pp.110-117.

Busch-Geertsema, V. and S. Fitzpatrick (2008) Effective Homelessness Prevention? Explaining Reductions in Homelessness in Germany and England, *European Journal of Homelessness* 2 pp.69-95.

Busch-Geertsema, V., Edgar, W., O'Sullivan, E., and Pleace, N. (2010) *Homelessness and Homelessness Policies in Europe: Lessons from Research* (Brussels: FEANTSA).

Busch-Geertsema, V., Benjaminsen, L., Filipovič Hrast, M. and Pleace, N. (2014) *Extent and Profile of Homelessness in European Member States* (Brussels: European Observatory on Homelessness).

Busch-Geertsema, V. (2014) Housing First Europe – Results of a European Experimentation Project, *European Journal of Homelessness* 8(1) pp.13-28.

Busch-Geertsema, V. (2010) Defining and Measuring Homelessness, in: E. O'Sullivan, V. Busch-Geertsema, D. Quilgars, and N. Pleace (Eds.), *Homelessness Research in Europe: Festschrift for Bill Edgar and Joe Doherty*, pp.19-39. (Brussels: FEANTSA).

Clarke, A., Parsell, C., and M. Vorsina (2020) The Role of Housing Policy in Perpetuating Conditional Forms of Homelessness Support in the Era of Housing First: Evidence from Australia, *Housing Studies* 35(5) pp.954-975.

Coburn, D. (2004) Beyond the Income Inequality Hypothesis: Class, Neo-Liberalism, and Health Inequalities, *Social Science and Medicine* 58 pp.41-56.

Cronley, C. (2020) Invisible Intersectionality in Measuring Vulnerability Among Individuals Experiencing Homelessness – Critically Appraising the VI-SPDAT, *Journal of Social Distress and the Homeless* https://doi.org/10.1080/10530789.2020.1852502

Duchesne, A., Cooper, I., and N. Baker (2021) *The National Shelter Study – Emergency Shelter Use in Canada, 2005-2016* (Employment and Social Development Canada).

European Consensus Conference on Homelessness (2010) *Policy Recommendations of the Jury* (Brussels: FEANTSA).

Evans, J. and Masuda, J.R. (2020) Mobilizing a Fast Policy Fix: Exploring the Translation of 10-year Plans to End Homelessness in Alberta, Canada, *Environment and Planning C: Politics and Space* 38(3) pp.503-521.

Evans, W.N., Sullivan, J.X., and Wallskog, M. (2016) The impact of Homelessness Prevention Programs on Homelessness, *Science* 353(6300) pp.694-699.

Fischer, F. (2003) *Reframing Public Policy: Discursive Politics and Deliberative Practices,* (Oxford, UK: Oxford University Press).

Fitzpatrick, S., Kemp. P., and S. Klinker (2000) *Single Homelessness: An Overview of Research in Britain* (Bristol: Policy Press).

Gaetz, S., Dej, E., Richter, T., and Redman, M. (2016) *The State of Homelessness in Canada 2016* (Toronto, ON: Canadian Observatory on Homelessness Press).

Girard, V., Estecahandy, P., and Chauvin, P. (2010) *La santé des personnes sans chez soi, Plaidoyer et propositions pour un accompagnement des personnes à un rétablissement social et citoyen*, rapport remis à Madame Bachelot-Narquin, ministre de la Santé et des Sports, novembre 2009. [The health of homeless people, Advocacy and proposals for supporting people in social and civic recovery, report submitted to Madame Bachelot-Narquin, Minister for Health and Sport]. Available at https://www.hal.inserm.fr/inserm-00452211/document

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E.,… and Aubry, T. (2014) *National At Home / Chez Soi Final Report* (Calgary, AB: Mental Health Commission of Canada).

Goering, P.N., Streiner, D.L., Adair, C., Aubry, T., Barker, J., Distasio, J,… and Zabkiewicz, D.M. (2011) The At Home/Chez Soi Trial Protocol: A Pragmatic, Multi-Site, Randomized Controlled Trial of a Housing First Intervention for Homeless Individuals with Mental Illness in Five Canadian Cities, *BMJ Open* 1 p.e000323.

Goodman, S., Messeri, P., and O'Flaherty, B. (2016) Homelessness Prevention in New York City: On Average, It Works, *Journal of Housing Economics* 31 pp.14-34.

Government of Canada (2018) *Canada's National Housing Strategy: A place to call home* (Ottawa, ON: Authors).

Government of Ireland (2018) *Housing First National Implementation Plan, 2018-2021* (Dublin: Government of Ireland).

Greenwood, R.M., Manning, R.M., O'Shaughnessy, B.R., Vargas-Moniz, M.J., Loubière, S., Spinnewijn, F.,… and HOME-EU Consortium Study Group (2020) Homeless Adults' Recovery Experiences in Housing First and Traditional Services Programs in Seven European Countries, *American Journal of Community Psychology* 65(3-4) PP.353-368.

Greenwood, R.M., Stefanic, A., and S. Tsemberis (2013) Pathways Housing First for Homeless Persons with Psychiatric Disabilities: Program Innovation, Research, and Advocacy, *Journal of Social Issues* 69(4) pp.645-663.

Gubits, D., Shinn, M., Wood, M., Brown, S.R., Dastrup, S.R., and Bell, S.H. (2018) What Interventions Work Best for Families who Experience Homelessness? Impact Estimates from the Family Options Study, *Journal of Policy Analysis and Management* 37(4) pp.835-866.

Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., and Fischer, S. (2003) Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programs, *Journal of Community and Applied Social Psychology* 13(2) pp.171-186.

Henry, M., Watt, R., Mahathey, A., Ouellette, J., and Sitler, A. (2021) *The 2020 Annual Homeless Assessment Report (AHAR) to Congress Part 1: Point-In-Time Estimates of Homelessness* (Washington: Department of Housing and Urban Development).

Here at Home (2012) National Film Board of Canada. Available at https://www.nfb.ca/interactive/here_at_home/

Hilgartner, S. and Bosk, C.L. (1988) The Rise and Fall of Social Problems: A Public Arenas Model, *American Journal of Sociology* 94(1) pp.53-78.

Hopper, K. and Barrow, S.M. (2003) Two Genealogies of Supported Housing and their Implications for Outcome Assessment, *Psychiatric Services* 54(1) pp.50-54.

Hurtubise, R. and Laval, C. (2016) Le Développement du Modèle *un logement d'abord*: Un Changement de Paradigme, dans P. Pichon, C. Girola, and É. Jouve (sous la direction de), *Au Temps du Sans-abrisme. Enquêtes de Terrain et Problème Public* [Housing First Model Development: A Paradigm Shift, in P. Pichon, C. Girola, and É. Jouve (under the direction of), In the Age of Homelessness: Field Surveys and Public Problem, pp.135-150. (Saint-Étienne, France: Publications de l'Université de Saint-Étienne).

Jadidzadeh, A. and Kneebone, R. (2018) Patterns and Intensity of Use of Homeless Shelters in Toronto, *Canadian Public Policy / Analyse De Politiques* 44(4) pp.342-355.

Kingdon, J.W. (1995) *Agendas, Alternatives, and Public Policies* (2nd Ed.) (London, UK: Longman).

Kuhn, R. and Culhane, D.P. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data, *American Journal of Community Psychology* 26(2) pp.207-232.

Lancione, M., Stefanizzi, A., and Gaboardi, M. (2017) Passive Adaptation or Active Engagement? The Challenges of Housing First Internationally and in the Italian Case, *Housing Studies* 33(1) pp.40-57.

Latimer, E.A, Rabouin, D., Cao, Z., Ly, A., Powell, G., Adair, C.E., Sareen, J., Somers, J.M., Stergiopoulos, V., Pinto, A.D., Moodie, E.M., and Veldhuizen, S.R. (2019) Cost-Effectiveness of a Housing First Intervention with Intensive Case Management Compared with Treatment as Usual for Homeless Adults With Mental Illness: Secondary Analysis of a Randomized Clinical Trial, *JAMA Network Open* 2(8) p.e199782.

Latimer, E.A., Rabouin, D., Cao, Z., Ly, A., Powell, G., Aubry, T., Distasio, J., Hwang, S.W., Somers, J.M., Bayoumi, A.M., Mitton, C., Moodie, E.E.M., and Goering, P.N. (2020) Cost-Effectiveness of Housing First with Assertive Community Treatment: Results from the Canadian At Home/Chez Soi Trial, *Psychiatric Services* 71(10) pp.1020-1030.

Laval, C. (2017) Des Professionnels de Santé Mentale Engagés Auprès d'un Mouvement d'Entendeurs de Voix dans un Programme de "Chez Soi d'Abord", [Mental health professionals engaged with a network of voice hearers in a Home First program] *Santé mentale au Québec* 42(1) pp.391-409.

Laval, C. (2019) *Housing First: Au-delà du sans-abrisme et de la psychiatrie* [Housing First: Beyond Homelessness and Psychiatry (Paris: Vie Sociale, No. 23-24).

Lavoie, F. and Brunson, L. (2010) La Pratique de la Psychologie Communautaire [Community psychology practice], *Canadian Psychology* 51(2) pp.96-105.

Macnaughton, E., Nelson, G., Goering, P., and Piat, M. (2017) Moving Evidence Into Policy: The Story of the At Home/Chez Soi Initiative's Impact on Federal Homelessness Policy in Canada and its Implications for the Spread of Housing First in Europe and Internationally, *European Journal of Homelessness* 11(1) pp.109-130.

Mangano, P. (2017) The Primacy of Research: Getting to Housing First in the United States – A Policymaker's Perspective, in J. Sylvestre, G. Nelson, and T. Aubry (Eds.) *Housing, Citizenship, and Communities for People with Serious Mental Illness: Theory, Research, Practice, and Policy Perspectives.* pp.257-265. (New York: Oxford University Press).

Mayock, P. and Bretherton, J. (Eds.) (2016) *Women's Homelessness in Europe* (London: Palgrave Macmillan).

Nelson, G. and Saegert, S. (2009) Housing and Quality of Life: An Ecological Perspective, in: V.R. Preedy and R.R. Watson (Eds.), *Handbook of Disease Burdens and Quality of Life Measures,* pp.3363–3382. (Heidelberg, Germany: Springer-Verlag).

Nelson, G., Aubry, T., Tsemberis, S., and Macnaughton, E. (2020) Psychology and Public Policy: The Story of a Canadian Housing First Project for Homeless People with Mental Illness, *Canadian Psychology* 61(3) pp.257-268.

Nelson, G., Macnaughton, E., and Goering, P. (2015) What Qualitative Research Can Contribute to a Randomized Controlled Trial of a Complex Community Intervention, *Contemporary Clinical Trials* 45 pp.377-384.

Nelson, G., Macnaughton, E., Eckerle Curwood, S., Egalité, N., Voronka, J., Fleury, M.-J.,… and Goering, P. (2016) Collaboration and Involvement of Persons with Lived Experience in Planning Canada's At Home/Chez Soi Project, *Health and Social Care in the Community* 24(2) pp.184-193.

O'Sullivan, E. (2010) Welfare States and Homelessness, in: E. O'Sullivan, V. Busch-Geertsema, D. Quilgars, and N. Pleace (Eds.), *Homelessness Research in Europe: Festschrift for Bill Edgar and Joe Doherty*, pp.65-83. (Brussels: FEANTSA).

O'Sullivan, E. (2020) *Reimagining Homelessness for Policy and Practice* (Bristol: Policy Press).

O'Sullivan, E., Pleace, N., Busch-Geertsema, V., and Filipovič Hrast, M. (2020) Distorting Tendencies in Understanding Homelessness in Europe, *European Journal of Homelessness* 14(3) pp.111-137.

O'Sullivan, E., Nelson, G., Aubry, T., Estecahandy, P., Laval, C., Shinn, M. and Tsemberis, S. (2021) How Social Science Can Influence Homelessness Policy: Experiences from Europe, Canada, and the United States –Part II: Politics and Policy Change, *European Journal of Homelessness* 15(2).

Ornelas, J., Martons, P., Zilhão, M.T., and Duarte, T. (2014) Housing First: An Ecological Approach to Promoting Community Integration, *European Journal of Homelessness* 8(1) pp.29-56.

Padgett, D.K., Henwood, B.F., and Tsemberis, S. (2016) *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives* (New York, NY: Oxford University Press).

Parker, S. (2021) *The Dynamics of Family Homelessness in Ireland: A Mixed Methods Study* (Dublin: Unpublished PhD Thesis, School of Social Work and Social Policy, Trinity College Dublin).

Parsell, C., Fitzpatrick, S., and V. Busch-Geertsema (2014) Common Ground in Australia: An Object Lesson in Evidence Hierarchies and Policy Transfer, *Housing Studies* 29(1) pp.69-87.

Pawson, R. (2006) *Evidence-Based Policy: A Realist Perspective* (Los Angeles: Sage).

Pleace, N. (2016a) Researching Homelessness in Europe: Theoretical Perspectives, *European Journal of Homelessness* 10(3) pp.19-44.

Pleace, N. (2016b) *Housing First Guide Europe.* Available at https://housingfirsteurope.eu/guide/

Raitakari, S. and K. Juhila (2015) Housing First Literature: Different Orientations and Political-Practical Arguments, *European Journal of Homelessness* 9(1) pp.145-189.

Rawat, P. and Morris, J.C. (2016) Kingdon's "Streams" Model at Thirty: Still Relevant in the 21st Century?, *Politics and Policy* 44(4) pp.608-638.

Rhenter, P., Moreau, D., Laval, C., Montovani, J., Albisson, A., Suderie, G.,… and Girard, V. (2018) Bread and Shoulders. Reversing the Downward Spiral, a Qualitative Analysis of the Effects of a Housing First-Type Program in France, *International Journal of Environmental Research and Public Health* 15(3) pp.520.

Richter, D. and Hoffman, H. (2017) Preference of Independent Housing of Persons with Mental Disorders: Systematic Review and Meta-Analysis, *Administration and Policy in Mental Health and Mental Health Services and Research* 44(6) pp.817-823.

Rolston, H., Geyer, J., Locke, G., Metraux, S., and Treglia, D. (2013) *Evaluation of the Homebase Community Prevention Program: Final Report*. Available at Abt Associates website: https://www.abtassociates.com/sites/default/files/migrated_files/cf819ade-6613-4664-9ac1-2344225c24d7.pdf

Sabatier, P.A. (Ed.) (2007) *Theories of the Policy Process* (Boulder, CO: Westview Press).

Sarason, S.B. (1978) The Nature of Problem Solving in Social Action, *American Psychologist* 33(4) pp.370–380.

Seidman, E. and Rappaport, J. (Eds.) (1986) *Redefining Social Problems* (New York, NY: Plenum Press).

Serme-Moirin, C. and Coupechoux, S. (2021) *Sixth Overview of Housing Exclusion in Europe* (Brussels: FEANTSA / Fondation Abbe Pierre).

Shinn, M. (2007) Waltzing with a Monster: Bringing Research to Bear on Public Policy, *Journal of Social Issues* 63(1) pp.215-231.

Shinn, M. (2016) Methods for Influencing Social Policy: The Role of Social Experiments, *American Journal of Community Psychology* 58(3-4) pp.239-244.

Shinn, M. and Khadduri, J. (2020) *In the Midst of Plenty: Homelessness and What to do About It* (Hoboken, NJ: Wiley Blackwell).

Soaita, A.M., Marsh, A., and K. Gibb (2021) Policy Movement in Housing Research: A Critical Interpretative Synthesis, *Housing Studies* doi.org/10.1080/02673037.2021.1879999

Stefancic, A. and Tsemberis, S. (2007) Housing First for Long-term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention, *Journal of Primary Prevention* 28(3-4) pp.265-279.

Stephens, M. and Fitzpatrick, S. (2007) Welfare Regimes, Housing Systems and Homelessness. How are they Linked?, *European Journal of Homelessness* 1(1) pp.201-212.

Stergiopoulos, V., Hwang, S.W., Gozdzik, A., Nisenbaum, R., Latimer E., Rabouin, D., et al. (2015) Effect of Scattered-Site Housing Using Rent Supplements and Intensive Case Management on Housing Stability among Homeless Adults with Mental Illness: A Randomized Trial, *JAMA* Mar 313(9) pp.905–915.

Stergiopoulos, V., Mejia-Lancheros, C., Nisenbaum, R., Wang, R., Lachaud, J., O'Campo, P., and Hwang, S.W. (2019) Long-Term Effects of Rent Supplements and Mental Health Support Services on Housing and Health Outcomes of Homeless Adults with Mental Illness: Extension Study of the At Home/Chez Soi Randomised Controlled Trial, *The Lancet* 6 pp.915-925.

Taylor, S. and Johnson, G. (2019) *Service Use Patterns at a High-volume Homelessness Service: A Longitudinal Analysis of Six Years of Administrative Data* (Melbourne: Unison Housing Research Lab).

Tinland, A., Fortanier, C., Girard, V., Laval, C., Videau, B., Rhenter, P.,… and Auquier, P. (2013) Evaluation of the Housing First Program in Patients with Severe Mental Disorders in France: Study protocol for a Randomized Controlled Trial, *Trials* 14 p.309.

Tinland, A., Loubière, S., Boucekine, M., Boyer, L., Fond, G., Girard, V., and Auqier, P. (2020) Effectiveness of a Housing Support Team Intervention with a Recovery-Oriented Approach on Hospital and Emergency Department Use by Homeless People with Severe Mental Illness: A Randomised Controlled Trial, *Epidemiology and Psychiatric Sciences* 29 e169 pp.1-11.

Trainor, J. and Reville, D. (2014) Beginning to Take Control: Ontario's Consumer/Survivor Development Initiative, in: G. Nelson, B. Kloos, and J. Ornelas (Eds.), *Community Psychology and Community Mental Health: Towards Transformative Change,* pp.309-326. (New York: Oxford University Press).

Tsemberis, S. (2015) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (2nd Ed.) (Center City, MN: Hazelden).

Tsemberis, S. and Eisenberg, R.F. (2000) Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals, *Psychiatric Services* 51(4) pp.487-493.

Tsemberis, S., Gulcur, L., and Nakae, M. (2004) Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis, *American Journal of Public Health* 94(4) pp.651-656.

Tsemberis, S.J., Moran, L., Shinn, M., Asmussen, S.M., and Shern, D.L. (2003) Consumer Preferences for Individuals who are Homeless and have Psychiatric Disabilities: A Drop-In Center and a Supported Housing Program, *American Journal of Community Psychology* 32(3-4) pp.305-317.

Urban Institute (2020) We Can End Homelessness Through Housing First Interventions. Urban Wire (the blog of the Urban Institute). https://www.urban.org/urban-wire/we-can-end-homelessness-through-housing-first-interventions?fbclid=IwAR2L3Rcvid_SxDV-BvCoHas3tZpwZkG7rLS5pJH0VnmUYv6DX-x6ylAqXns

Waldron, R., O'Donoghue-Hynes, B., and Redmond, D. (2019) Emergency Homeless Shelter Use in the Dublin Region 2012–2016: Utilizing a Cluster Analysis of Administrative Data, *Cities* 94 pp.143-152.

Weiss, C.H. (1999) The Interface Between Evaluation and Public Policy, *Evaluation* 5(4) pp.468-486.

Wood, M., Turnham, J., and Mills, G. (2008) Housing Affordability and Family Well-Being: Results from the Housing Voucher Evaluation, *Housing Policy Debate* 19(8) pp.367-412.

Wygnańska, J. (2020) Person First, Fidelity Second, *European Journal of Homelessness* 14(2) pp.301-312.