

European Observatory on 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 also assesses the lessons for Europe, which can be derived from policy, practice and research from elsewhere.

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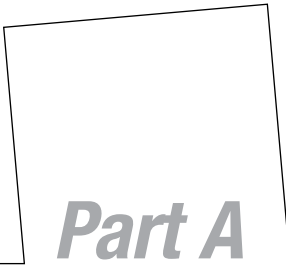
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# Articles





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# Preventing Homelessness and Housing Exclusion: A Focus on Early Intervention<sup>1</sup>

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Peter Mackie

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➤ **Abstract** *A common message from people who have experienced homelessness is that early opportunities to intervene, provide support, and ultimately prevent the harms of homelessness are too often missed. Whilst there have been promising developments in the prevention of homelessness, the speed of change has been slow, and systems and funding remain largely oriented towards emergency contexts. In Europe, the Lisbon Declaration on the European Platform on Combatting Homelessness offers hope of new momentum behind the prevention agenda as it commits states to reinforced prevention efforts. As part of the mutual learning process between European Union member states, this paper was produced to inform thinking on early intervention. The paper presents a typology of homelessness prevention and justifies a focus on early intervention. Drawing upon a review of selected international literature, the paper identifies effective preventative measures and draws out cross-cutting lessons on enablers and barriers to implementation. The paper also includes a very brief and timely discussion on prevention during crises such as the cost-of-living crisis. The key contribution of the paper is to challenge governments to reflect critically on the extent to which their strategies are prevention-oriented and to swiftly make progress on this agenda.*

➤ **Keywords** *Homelessness, Prevention, Upstream, Strategy, Intervention*

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<sup>1</sup> This article is based on a discussion paper prepared by the author for the European Commission. The views presented therein reflect the views of its author only, and the European Commission is not liable for any consequences deriving from the reuse of this publication. The original document is available at: <https://ec.europa.eu/social/main.jsp?catId=1550&langId=en#navItemrelatedDocuments>.

## Introduction

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This paper was originally produced as a contribution to the second mutual learning event of the European Platform on Combatting Homelessness and is reproduced here with permission. Whilst much of the discussion is oriented towards a European audience, the evidence base is primarily North American, and the findings will have resonance far beyond the European context.

A common message from people who have experienced homelessness is that early opportunities to intervene, provide support, and ultimately prevent the harms of homelessness are too often missed. Whilst there have been promising developments in the prevention of homelessness, Baptista and Marlier (2019, p.94) recently concluded that “homelessness services in Europe are not sufficiently preventative in focus.” In their excellent synthesis report on national strategies to fight homelessness and housing exclusion, they made the following observations about the limited scale of homelessness prevention services across Europe: “five countries (BA, BG, ME, MK, TR, XK) report a lack of any type of prevention services, whereas in 15 countries (AL, CY, EL, ES, FR, HR, IT, LT, LU, LV, MT, PL, PT, RO, SK) only very limited provision is available. Czechia, Estonia, Hungary, Ireland and Slovakia report certain preventative measures which cannot be considered as extensive mechanisms, whereas in nine countries (AT, BE, DE, DK, FI, NL, SE, SI, UK) national experts describe more elaborate and comprehensive systems for preventing homelessness”<sup>2</sup> (Baptista and Marlier, 2019, p.91). The crucial issue of homelessness prevention will be the focus of this discussion paper.

It is important to first define what is meant by homelessness prevention. In the first mutual learning event of the European Platform on Combatting Homelessness, Professor O’Sullivan’s discussion paper introduced a homelessness prevention typology (Figure 1) that can be used to situate the focus of the current paper on preventative measures against homelessness and housing exclusion. Unlike many other typologies it prioritises the timing of preventative actions and provides a useful heuristic tool for member states to reflect on the extent to which their strategies are effectively moving preventative action upstream.

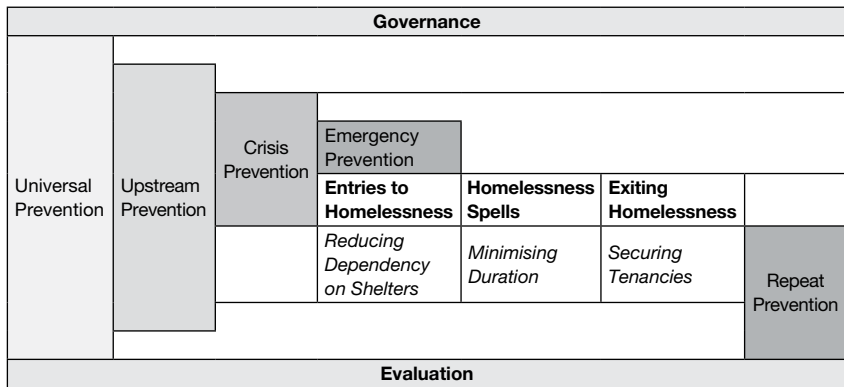
The first stage of the typology is *universal prevention*, referring to interventions that prevent or minimise homelessness risks across the population at large, including access to secure and affordable housing in places where people wish to live, and effective social welfare protections. Universal prevention is the foundation of efforts to prevent homelessness. This discussion paper focuses more specifically on *upstream* and *crisis* prevention stages of the typology.

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<sup>2</sup> See Appendix A for list of country abbreviations.

Upstream prevention acts early to identify and support at risk-groups, particularly those leaving state institutions such as prisons, in-patient treatment, and out-of-home care. Crisis prevention efforts focus on households at risk of homelessness in the foreseeable, relatively near future. Commonly, this includes people who face eviction from their properties, and can be supported to either retain their current accommodation or make a planned move to an alternative. Importantly, this paper does not address emergency prevention, where interventions typically focus on securing urgent access to temporary accommodation. Subsequent mutual learning sessions will focus on later stages of the typology.

**Figure 1. Homelessness prevention typology**



Adapted from Fitzpatrick et al. (2021) and Lee et al. (2021).

This discussion paper aims to identify effective preventative measures and draw out cross-cutting lessons on enablers and barriers to implementation. The paper also includes a very brief and timely discussion on prevention during crises such as the emerging cost-of-living crisis.

Before launching into the discussion, it is important to include four caveats. First, many homelessness prevention interventions are poorly defined and there is an absence of rigorous evaluations, particularly in the European context. Therefore, we are often frustratingly reliant on a small number of North American studies. Second, this is a discussion paper based on a selected review of literature and the author’s knowledge of the field – this is not a systematic review of the evidence. Third, the paper does not attempt to provide a detailed overview of prevention practices across Europe. This is beyond the scope of the paper and to some extent has already been covered in the European Social Policy Network Transnational and National Reports on Fighting Homelessness and Housing Exclusion in Europe (Baptista and Marlier, 2019). Finally, any efforts to move homelessness prevention

upstream must be taken forward collaboratively with people with lived experience of homelessness and housing exclusion. This paper has been developed without this expert input.

## Upstream Prevention

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There is a robust evidence base demonstrating that some groups are at an elevated risk of homelessness, including those leaving state institutions, especially the criminal justice system and state care of children. These groups are the focus of upstream prevention efforts. Upstream prevention has been subject to insufficient policy and research focus due to the enduring focus on emergency responses. In their synthesis report on national strategies to fight homelessness and housing exclusion, Baptista and Marlier (2019) found that only 11 of 35 countries could provide data on people living in healthcare or penal institutions with no available housing solution at the exit point. Recognising this upstream challenge, the Lisbon Declaration on the European Platform on Combatting Homelessness (The Lisbon Declaration) aims to work toward a situation where no one is discharged from any institution (e.g., prison, hospital, care facility) without an offer of appropriate housing. This section of the paper summarises selected evidence on homelessness prevention across these institutional settings, before highlighting promising examples of interventions which identify at-risk groups through screening tools. The section ends with a brief word of caution that not all upstream interventions work.

A useful starting point is the Hanratty et al. (2020) systematic review of discharge programmes for individuals at risk of experiencing homelessness. They describe the considerable variety of approaches employed. Programmes primarily seek to address housing needs, either through maintaining previous housing arrangements prior to entry into the institution or entries into new suitable accommodation. Commonly, interventions also attempt to coordinate between the discharging institution and relevant statutory and voluntary agencies such as social services, housing agencies, parole offices, and community health teams. A key variation between programmes is the timing and duration of transitional support, particularly the extent to which coordination begins prior to institutional exits. In the meta-analysis conducted by Hanratty et al. (2020) they conclude that discharge programmes substantially improve housing stability for people leaving institutional settings, albeit there is some uncertainty around the magnitude of impact due to the quality of the evidence base.

Arguably the best evidenced discharge programme is Critical Time Interventions (CTI) (Hignite and Haff, 2017; Herman et al., 2007; Kaspro and Rosenheck, 2007;

Lutze et al., 2014). CTIs typically last nine months and enable individuals to transition from support within an institutional setting to community-based support through three main phases: (1) Transition to the community, (2) Try-out, and (3) Transfer of care (Herman et al., 2007). Two key facets of CTIs seem to emerge as particularly important in achieving positive impacts on the prevention of homelessness. First, the individual is supported by a case manager who first establishes a relationship within the institution (pre-CTI) and then provides continuity of care throughout the transition to community-based support (Hignite and Haff, 2017). Second, CTIs attempt to support individuals to rebuild personal relationships and supportive social networks that are proven to help sustain exits from homelessness (Herman et al., 2007). This has been particularly important in transitions from local authority care (Johnson and Mendes, 2014; Schwan et al., 2018) and prisons (Spencer and Jones-Walker, 2004; Todis et al., 2001). However, securing effective cooperation from prisons is often problematic, not necessarily due to a lack of will, instead it seems prisons often lack capacity to plan ahead, and focus mostly on point of discharge.

Denmark appears to have made particular progress on preventing institutional exits into homelessness. Between 2009 and 2017 there was a fall of approximately 20% and 13% in the number of people living in penal institutions and healthcare institutions respectively with no accommodation to return to (Kvist, 2019). In both Denmark and Finland there is a clear strategic emphasis on meeting the needs of these populations. According to Baptista and Marlier (2019), this includes the development of new accommodation, access to supported housing, access to social housing, Housing First services, and housing-focused support. The principle is that housing should be secured whenever the client is met in the service system (Pleace, 2017).

In the specific context of children leaving local authority care there is policy momentum to ensure exits from care are less abrupt to support more positive housing, education, health, and wellbeing outcomes (Schwan et al., 2018). This predominantly translates into young people having access to additional financial support and an 'after care worker'. A meta-analysis by Heerde et al. (2018) appraised literature investigating the impacts of transitional programmes for young people leaving 'out-of-home care'. They reviewed 19 studies, all from the US, and the findings were incredibly mixed, ranging from very low levels of homelessness (Nolan, 2006; Jones, 2011) to contexts where, even with support, becoming homeless was normal i.e., great than 50% (Heerde et al., 2018). One particularly notable approach which is gaining considerable traction across Europe, guided by the FEANTSA Housing First Europe Hub, is Housing First for Youth. This is increasingly applied to prevent homelessness amongst young people ageing out of care. It adopts a rights-based approach to support young people into housing. The five core principles are: immediate access to housing with no-preconditions; youth

choice and self-determination; individualised and client-driven supports; social and community integration; and positive youth development orientation.<sup>3</sup> There have been few impact evaluations, but an evaluation of the initial pilot with 12 young people in Scotland found all except one young person maintained their tenancies successfully over the pilot period (Blood et al., 2020). Finland provides an example where Housing First for Youth is delivered at scale through NAL – the Finnish Youth Housing Association.

Internationally, screening tools sometimes play a role in upstream efforts to identify individuals at heightened risk of homelessness. This paper identifies three examples. First, the Behavior Analysis Services Program (BASP) in Florida uses data analytics to identify runaway behaviours among young people in care and provide support to prevent further episodes. The evaluation showed positive significant changes in housing stability and fewer instances of young people running away (Clark et al., 2008). Second, The Geelong Project (TGP), also referred to as the Upstream Project outside of Australia, uses a screening survey conducted with all children in school settings to identify those at risk of homelessness, primarily due to emerging conflict at home. Children and their families are subsequently supported before they reach crisis point. A longitudinal time series evaluation of TGP reported 40% reductions in the number of students entering the local homelessness system (MacKenzie, 2018). Upstream is also currently being piloted in Wales (Mackie et al., 2021). The third example is the Homelessness Screening Clinical Reminder. In the USA, the Veterans Health Administration (VHA) implemented a universal, two-question screening questionnaire for current homelessness and imminent risk—the Homelessness Screening Clinical Reminder (HSCR). The HSCR asks veterans whether they have been living in stable housing and if they are worried or concerned that they may not have stable housing in the near future. Individuals are then referred to discuss their living situation and potentially receive support. Although the outcomes of the intervention have not yet been evaluated, Shinn and Cohen (2019) explain that the screening coincided with a significant reduction in the rate of unsheltered homelessness among veterans.

Whilst the evidence on ‘what works’ in upstream efforts to prevent homelessness is sparse, there are some interventions for which there is no clear evidence of effectiveness. Fitzpatrick et al. (2021a) warn that misdirected efforts with intuitive appeal can waste what little resource is focused on upstream prevention. For example, generic homelessness education provided as part of school curricula is a popular intervention, but there is little evidence to support its effectiveness (Watts et al., 2015).

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<sup>3</sup> <https://housingfirsteurope.eu/housing-first/youth/>



## Crisis Prevention

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Across Europe and internationally, an array of homelessness prevention interventions centre on households at high risk of homelessness in the near future – we refer to this as crisis prevention. Crisis prevention focuses predominantly on evictions, which reflects the fact that evictions are a primary trigger of homelessness in many countries. It is why The Lisbon Declaration states evictions should be prevented whenever possible and no one should be evicted without assistance for an appropriate housing solution, when needed. The literature also discusses contexts where landlord evictions are not the primary trigger of homelessness, for instance in relation to people facing relationship breakdown or domestic abuse. In these contexts, several alternative forms of crisis prevention have emerged. The discussion in this section of the paper initially focuses on evictions, before reflecting on other forms of crisis prevention.

In their incredibly useful seventh overview of housing exclusion in Europe, FEANTSA and Foundation Abbé Pierre (2022) set out the state obligations within international law to take positive steps to guarantee the right to adequate housing even where eviction is justified. They explain that for an eviction to take place certain conditions must be met, including; access to effective judicial remedies, genuine consultation with those concerned, consideration of alternatives, guarantees that eviction will not result in the violation of other rights, special protection for vulnerable groups, and reasonable steps to provide alternative accommodation. There is limited evidence on the extent to which these conditions are met across Europe.

Kenna et al. (2016) provide an excellent overview of the range and scale of evictions prevention interventions across the continent. These interventions can be grouped into three main categories: (1) legal requirements to notify authorities of an eviction, (2) short-term financial assistance, and (3) legal support, advice, and representation, along with landlord-tenant mediation.

In several countries there are legal requirements on courts to notify authorities when evictions proceedings are initiated. Notable examples include a requirement for courts in Austria to inform local authorities of imminent evictions, albeit there is no obligation on authorities to then act to prevent the eviction. Also, Belgian legislation prescribes that the Public Centre for Social Welfare (PCSW) must be informed by a court when an eviction procedure is taking place. Additionally, the PCSW is then legally obliged to investigate how it can support the household (Kenna et al., 2016). As yet, there has been no robust evaluation of the impacts of these policies.

Kenna et al. (2016) also identify many European countries where short-term financial assistance is available to help prevent an eviction, including; Austria, Czech Republic, Finland, France, Poland, and Spain. However, evidence on the effectiveness of this approach in Europe is again incredibly weak. In the US, where evictions are a major trigger of homelessness, there is a much stronger evidence base. According to Shinn and Cohen (2019, p.6), “some of the strongest evidence demonstrates the role of financial assistance in preventing homelessness.” The Homelessness Prevention and Rapid Re-housing Program (HPRP) was the largest homelessness prevention programme in US history (Berg, 2013; Byrne et al., 2016) and whilst it funded an array of interventions, short-term emergency funding to prevent evictions appears to have been the primary intervention to emerge and there is growing evidence to demonstrate its effectiveness (Piña and Pirog, 2019; Shin and Cohen, 2019). For example, in an evaluation of a cash assistance programme in Chicago, those who received a one-off benefit of \$1 000 were 76% less likely to experience homelessness within six months than those who did not (Evans et al., 2016). Despite this evidence of effectiveness, Baptista and Marlier (2019) point out that this support is often not compulsory nor wide ranging in Europe.

Schwan et al. (2018) highlight the role of legal support, advice, and representation, along with landlord-tenant mediation in preventing evictions. Shinn and Cohen (2019) observe that there are few studies of the effectiveness of these interventions, albeit they do identify a study by Seron et al. (2001) which found legal advocacy for lower income tenants in New York City’s Housing Court reduced eviction orders by 77% compared to instances where no legal advocacy was available.

Beyond evictions, relationship breakdown and domestic abuse are key experiences that place individuals and families at high risk of homelessness. In the context of relationship breakdown, young people have been the focus of attention, and the most common intervention is family mediation (Dore, 2011; Quilgars et al., 2008; Tabner, 2013; Watts et al., 2015). Family mediation aims to resolve disputes with the help of a mediator to either help a young person remain at home or make a planned exit whilst retaining important relationships with family members. Evidence on the effectiveness of mediation is lacking, despite its widespread use, particularly in the UK context (Watts et al., 2015). Winland et al. (2011) have documented some impacts of the Family Reconnect programme in Canada, whereby the housing situation of programme participants improved in 40% of cases, however service data in many UK programmes would suggest much higher success rates.<sup>4</sup>

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<sup>4</sup> <https://www.cymorthcymru.org.uk/en/resources/case-studies/llamau-family-mediation-service>

Domestic abuse is one of the main causes of homelessness and housing instability for women and their children internationally (Spinney and Blandy, 2011; Tutty et al., 2013). Outside of legal responses such as injunctions, an increasingly used accommodation-based crisis prevention response is sanctuary schemes, which are intended to enable domestic abuse survivors to remain in their home (Jones et al., 2010). In this approach the perpetrator is not in the home and multiple measures are put in place to increase the security of the property, including; reinforced external doors and windows, stronger and more robust locks on both windows and doors, personal and property alarms, and sometimes a panic room (Quilgars and Pleace, 2010). Research into sanctuary schemes generally unearths positive perspectives (Abrahams, 2010; Jones et al., 2010) but the evidence base, as with many other prevention interventions, is limited.

To conclude the discussion of crisis prevention interventions, the paper returns to the critique by Baptista and Marlier (2019) that these interventions are often not compulsory nor wide ranging. Wales and England offer rare examples of countries where crisis prevention has been systematically integrated into the national homelessness response. The Housing (Wales) Act 2014, and subsequently the Homelessness Reduction Act 2017 in England, sought to encourage earlier preventative action and extend meaningful assistance to all households, irrespective of any perceived vulnerability. The keystone of the legislation is a duty on local authorities to take 'reasonable steps' to prevent homelessness for those at foreseeable risk. Statutory guidance sets out a wide range of interventions that local authorities ought to have in place, including the majority of those discussed above. Studies of implementation of the Welsh legislation have demonstrated positive impacts, with nearly 70% of all prevention assistance recorded as successful (Ahmed et al., 2018; Mackie et al., 2017).

## **Prevention During Crises**

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Crises such as the conflicts in Syria and Ukraine, the Covid-19 pandemic, and potentially the current cost-of-living crisis, create particular housing challenges. Interventions to prevent crises-induced homelessness primarily occur at the 'emergency' stage of the prevention typology; however, the urgency attached to this issue warrants brief exploration in the current paper. Evidence suggests that preparedness and resilience of housing systems to crises is generally weak across Europe, particularly in relation to sudden and significant inflows of refugees.

Two main lessons emerged from national responses to homelessness during the Covid-19 pandemic. First, according to Pleace et al. (2021), countries using temporary supported accommodation that offers people their own rooms/apart-

ments and homelessness strategies that are inclusive and lean toward housing-led responses appear to have been more resilient to the impacts of the pandemic, because those systems meant self-isolation and maintaining lockdowns was less of a challenge. Second, eviction bans implemented across almost all European countries proved crucial in preventing new entries into homelessness – this was particularly important at a time when the number of people in temporary accommodation was growing, and options to move on to settled accommodation were limited (Fitzpatrick et al., 2021b). These lessons can inform systems that are more resilient to future shocks and help inform the most effective emergency actions.

In relation to the current cost-of-living crisis, in a recent opinion piece for Euractiv, Owen (2022)<sup>5</sup> proposed a series of actions member states and the European Commission might take:

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<sup>5</sup> <https://www.euractiv.com/section/economy-jobs/opinion/eu-leaders-must-take-steps-to-limit-cold-hunger-homelessness-in-europe-this-winter/>

**Member states**

- Introduce temporary moratoria on evictions and repossessions from primary residences, as many countries did successfully during COVID-19 lockdowns.
- Before the winter starts, introduce emergency income support and other measures (tax breaks, price caps, social tariffs, rent controls) to enable households to cope. It is important to ensure that low-income and vulnerable households who are most at risk receive the support they need first. Taxing windfall profits in the energy sector could help finance support schemes. Public authorities need to plan now how to address gaps in the coverage and take-up of support measures.
- Protect households, social and health services as vulnerable energy consumers and prioritise their needs uppermost. Ensure the provision of adequate services to advise and support people affected by or at risk of cold, hunger and homelessness this winter.

**The European Commission**

- Publish a detailed proposal for emergency intervention and structural reform of the EU energy market to reduce prices. There is now a clear appetite from member states for this.
- Propose emergency legislation for an EU-wide ban on the disconnection of water, energy, and digital services to primary residences because of the inability to pay. Protecting access to these essential services will ensure that households can continue to meet their basic needs this winter and will reduce the scarring effects of an economic downturn.
- Propose a new SURE-like (Support to mitigate Unemployment Risks in an Emergency instrument) instrument to help member states finance short term assistance to households facing arrears on utilities, rent or mortgage payments for their primary residence.

Source: Owen (2022)

The sudden and significant inflow of people displaced by conflict presents major housing challenges for host countries. The vast range of challenges and lessons from past displacements are too considerable to discuss here, and would warrant a standalone paper; however, given the scale of recent displacement from Ukraine to many European countries, the paper reflects briefly on recent housing responses

and ongoing challenges. In September 2022, the Housing Solutions Platform organised an online debate<sup>6</sup> to discuss the European Commission's Safe Homes Initiative – an initiative that aims to support the efforts of member states, regional and local authorities, and civil society in organising private housing initiatives for those in need of protection.<sup>7</sup> The Safe Home Guidance identifies a series of key principles that should be followed, including:

- Supporting hosting families through a single communication channel,
- Facilitating proper matching between hosts and those in need through trusted websites centralising offers and providing a real time view of the offers and of the individuals seeking accommodation,
- Ensuring suitable and safe accommodation through tailoring offers to the needs of hosted people, standardised criteria to check the safety of housing, adequate screening of specific needs from the outset, regular visits, background checks and proper vetting of hosts.

Crucially, the online debate concluded that OECD country responses have been reactive in their housing responses, with few pre-planned crises responses enacted. The debate also concluded that countries have relied on private households to accommodate refugees. The impacts of this approach are yet to be evaluated, but there are certainly concerns relating to both hosts and refugees, including on the issues of safety, managing expectations, and affordability.<sup>8</sup>

## Enablers and Barriers to Prevention

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Looking across the evidence base on upstream and crisis prevention, **six key enablers and barriers to effective implementation** emerge, including; effective universal prevention, political will, systematic integration, collaboration and buy-in between public bodies, appropriate resourcing, and equal access. Where these are present, they generally act as an enabler, whereas their absence creates barriers. This is not an exhaustive list and the extent to which these are significant will vary by national and local context. However, if efforts to prevent homelessness are to effectively move upstream, these enablers should be in place.

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<sup>6</sup> [https://www.feantsa.org/download/housing-solution-platform-debate\\_safe-homes-ukraine\\_20092022\\_summary8777205936689263936.pdf](https://www.feantsa.org/download/housing-solution-platform-debate_safe-homes-ukraine_20092022_summary8777205936689263936.pdf)

<sup>7</sup> [https://ec.europa.eu/commission/presscorner/detail/en/FS\\_22\\_4325](https://ec.europa.eu/commission/presscorner/detail/en/FS_22_4325)

<sup>8</sup> [https://www.feantsa.org/download/housing-solution-platform-debate\\_safe-homes-ukraine\\_20092022\\_summary8777205936689263936.pdf](https://www.feantsa.org/download/housing-solution-platform-debate_safe-homes-ukraine_20092022_summary8777205936689263936.pdf)

The most significant barrier to effective upstream and crisis prevention is **ineffective universal prevention**. Insufficient secure and affordable housing, accessible to people in places where they wish to live, and a lack of social welfare protections and decent employment will undermine most prevention efforts. As Baptista et al. (2022, p.14) state: “internationally, no level of coordination, evidence-led practice or comprehensiveness of response has been found that counteracts the effects of insufficient affordable, adequate homes.”

Sparkes and Downie (2020, p.25) claim: “evidence of what works does not seem to lead to that evidence being adopted.” Whilst much more robust evidence is required on early prevention approaches, their point remains valid – evidence alone will not lead to change. Achieving a significant shift in responses to homelessness, often with high upfront investment and an upheaval of prevailing systems, requires considerable **political will** (Mackie et al., 2019). 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.”

Across Europe there are many examples of preventative services, but a paucity of integrated and comprehensive prevention-focused systems limits their impact (Baptista and Marlier, 2019). Homelessness strategies must **systematically integrate upstream and crisis prevention** into national homelessness responses.

The failure to effectively **engage a sufficiently wide range of public bodies** in homelessness prevention efforts is a key limitation on upstream interventions, given evidence that education, health, and criminal justice sectors often come in contact with high-risk groups at a much earlier point than housing and homelessness services (Fitzpatrick et al., 2013; 2021a).

Homelessness prevention must be **appropriately resourced**. There are many examples of homelessness prevention services that lack human resources or sufficient revenue (Baptista and Marlier, 2019), resulting in either rationing and selectivity, or services so thinly spread that people’s needs cannot be met. Furthermore, funding is too often provided on a short-term basis, preventing long-term planning and mainstream integration of services.

Finally, if all other enablers are in place, efforts to prevent homelessness will still fail unless there is **equitable access to support** (Baptista and Marlier, 2019; Mackie, 2015). The routine exclusion of migrants with no recourse to public funds,

and the exclusion of other groups (e.g., people who are LGBTQ+, disabled) through poor service design, is problematic in many countries and a key barrier to effective homelessness prevention.

## **Conclusion**

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In a paper focused on upstream and crisis prevention, it is important to forefront that effective universal prevention must be the foundation of any strategy to end homelessness. However, there is also an urgent need to reorient homelessness responses toward upstream and crisis prevention, and away from emergency response. The message from people who have experienced homelessness is that early opportunities to intervene, provide support, and ultimately prevent the harms of homelessness, are too often missed. This discussion paper provides some insights into effective approaches and the enablers of prevention, but its key contribution is to challenge member states to reflect critically on the extent to which their strategies are prevention-oriented and to swiftly make progress on this agenda.

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## Appendix A. Country Abbreviations

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	<b>Country</b>
AL	Albania
AT	Austria
BE	Belgium
BA	Bosnia and Herzegovina
BG	Bulgaria
HR	Croatia
CY	Cyprus
CZ	Czechia
DK	Denmark
EE	Estonia
FI	Finland
FR	France
DE	Germany
EL	Greece
HU	Hungary
IE	Ireland
IT	Italy
XK	Kosovo
LV	Latvia
LT	Lithuania
LU	Luxembourg
MT	Malta
ME	Montenegro
MK	North Macedonia
PL	Poland
PT	Portugal
RO	Romania
RS	Serbia
SK	Slovakia
SI	Slovenia
ES	Spain
SE	Sweden
NL	The Netherlands
TR	Turkey
UK	United Kingdom



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# Important but not Urgent: The Advocacy Role of Homelessness Organisations in the Netherlands

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► **Abstract\_** *A major increase in the number of people experiencing homelessness in the Netherlands in the past decade can be attributed largely to the absence of effective governmental policies and legislation. Organisations working on homelessness, especially those representing the interests of people experiencing homelessness, have a crucial role to play through advocacy: highlighting the faults in existing policies, promoting alternatives, and holding the Government accountable. Despite being well-placed to do so, very few of these organisations in the Netherlands undertake sustained advocacy with the aim of changing government policies. This study identifies five barriers these organisations face which prevent them from becoming impactful advocates: (1) a lack of organisational resources dedicated to advocacy, (2) little cooperation between organisations, (3) absence of mechanisms to ensure constituency involvement, (4) dependence on government funding, and (5) ineffective participation in consultation structures. Based on these findings, this paper identifies a number of recommendations for organisations representing the interests of people experiencing homelessness and the Dutch Government.*

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<sup>1</sup> Jelmer Kamstra wrote this in his personal capacity.

## Introduction

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Although the government has a duty to tackle homelessness<sup>2</sup>, homelessness in the Netherlands is on the rise. Many have linked this rise to failing government policies (Netherlands Institute for Human Rights, 2017; Netherlands Institute for Human Rights, 2018; National Ombudsman, 2019; Raad voor de Volksgezondheid en Samenleving, 2020). The number of people experiencing homelessness has increased considerably since 2010 (Centraal Bureau voor de Statistiek, 2019)<sup>3</sup>, as well as the overall risk of becoming homeless (Netherlands Institute for Human Rights, 2017; Hochstenbach and van Gent, 2018; Lupi et. al., 2018; Fondation Abbé Pierre and FEANTSA, 2020; Salomons and Voogt, 2020; Hochstenbach, 2022). Simultaneously, the group of people experiencing homelessness has become more heterogeneous, including youth, the elderly, and the working poor (see Texeira, 2017; van Doorn, 2020).<sup>4</sup> This is something which policies have failed to incorporate as the care system is mainly focused on the stereotypical middle-aged man with substance use disorder experiencing street homelessness.

While failing government policies present the need for policy change, this is not the focus of most civil society organisations working on homelessness in the Netherlands, especially those representing the interests of people experiencing homelessness. While many of them acknowledge the need for advocacy to change government policies, and many try to undertake some form of advocacy, only a few manage to do so in a sustained way. Instead of pleading for structural change on the national level through advocacy efforts, they focus mainly on service delivery efforts at the municipal level. This means that ineffective policies remain in place, and that the voices of people experiencing homelessness often remain unheard.

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<sup>2</sup> General Comment 4 Convention on Economic Social and Cultural Rights and Art. 31 European Social Charter (Revised).

<sup>3</sup> Latest official figures published in 2022 suggest this rise has come to a halt. However, these figures have been highly contested by civil society. Contestation is centred around the definition used, as well as the exclusion of different groups (children, elderly, undocumented) and the data sources used for the overall estimation. Government, as well as the Statistics Netherlands, who publish the data, have recognised the severe limitations of the current way of estimating the number of homeless. In the new National Action Plan on homelessness the Government indicates it strives to apply the ETHOS Light definition for counting the number of people experiencing homelessness in the Netherlands.

<sup>4</sup> This observation is based on reports, as well as an increasing amount of media coverage that suggests groups that do not fall within the stereotypical image of people experiencing homelessness are increasing. The housing crisis and decrease in social housing stock does influence the possibilities for people to find alternative housing and pushes them into homelessness. Despite this, it is still unclear whether, and to what extent, the group is increasing or whether the perception of people experiencing homelessness is changing and therefore they become more visible. This question will not be dealt with in this article.



This paper focuses on Dutch organisations representing the interests of people experiencing, or at risk of, homelessness. It aims to identify the barriers preventing these organisations from being effective advocates. The argument is structured as follows. After describing the methodological approach, the second section of the paper zooms in on the policy landscape in the Netherlands. This section explains the main reasons why policies are failing to tackle the rising problem of homelessness. The third section provides a description of the Dutch civil society landscape working on homelessness, its dispersed organisation, its main focus on service delivery, and its limited advocacy efforts. Also, it explains opportunities that homelessness organisations have to engage in advocacy. The fourth section identifies the barriers which prevent homelessness organisations from becoming effective advocates. The paper ends with conclusions and policy recommendations.

## Methodology

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Given the explorative nature of the research, the study employed a qualitative methodology (Punch, 2014). Data was collected over a 4-month field research period from 2020-2021. In total, 29 semi-structured interviews took place with 33 respondents, with five types of stakeholders: organisations representing interests of people experiencing homelessness at local level (20), organisations working on homelessness at national level (7), organisations providing care within the shelter system (4), policy-makers (2), and national organisations working on issues relevant to homelessness (2).<sup>5</sup> In total, 27 organisations and client representation councils participated in the study.<sup>6</sup> Interviews were conducted online using an interview guide that was continually updated based on new insights. Respondents were given the opportunity to prepare for the interview by means of filling out a questionnaire that gave them an idea of the key questions that would be addressed during the interview.

Research participants were initially determined through purposive sampling (Ritchie et al., 2003). Many respondents shared names of relevant people to speak to (snowball sampling) allowing the team to further identify additional respondents (Ritchie et al., 2003). Much care was taken to ensure the broadest range of experiences and insights were used in the research. While no interviews were conducted with people experiencing homelessness, multiple interviewees (about six) have lived experience in the near or distant past. Also, two experts with lived experience were present throughout the research to provide advice for the sampling procedure, as well as their particular expertise on policy, legislation, and how this works out in

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<sup>5</sup> Two persons represented different organisations, hence the total number of interviews per category number adds up to 35.

<sup>6</sup> At several organisations, multiple interviews with different divisions were conducted.

practice. However, it is impossible to establish whether the selected individuals from homelessness organisations form an accurate representation of all organisations active in this domain. This is because many organisations do not publicly communicate their advocacy work. Also, some organisations target multiple vulnerable groups, making it difficult to establish how much of their advocacy work actually revolves around homelessness.

Data were analysed using the grounded theory approach of coding and combining data (Corbin and Strauss, 2015). Collection of data continued until 'saturation' was reached and findings no longer added to the formation of categories and their relationships (Spencer et al., 2003). To enhance validity, a draft report of the research findings was discussed in an online workshop in which 34 persons participated, including 23 of the original respondents. The workshop confirmed the research findings and resulted in a number of small improvements.

## **Failing Government Policies on Homelessness in the Netherlands**

Two main structural features of the Dutch policy landscape on homelessness explain why government policy fails to bring down the number of people experiencing homelessness. These are, (1) the choice to address it mainly through the healthcare system, and (2) the choice to address it through a decentralised and outsourced system. These policy choices lead to various issues and incompatibilities as explained below.

The policy decision to address homelessness through the healthcare system has two major consequences. First, people experiencing homelessness without health-related issues end up being excluded from any form of support whilst remaining largely invisible to policymakers. In the Netherlands, there is a large shelter- and healthcare system which mainly caters to the stereotypical middle-aged man with psychological problems, substance use disorder, and experiencing street homelessness. This image, however, no longer adequately reflects reality. While there is still a considerable group of people experiencing homelessness with mental health issues and/or problematic substance use, and the number is possibly increasing, there is also a growing number of people experiencing homelessness who do not fit this description. They experience homelessness due to a life-changing event, such as a divorce, losing a labour contract, or bankruptcy. Some even have steady jobs, although homelessness makes this more difficult, and are referred to as the 'working poor' (van Doorn, 2020). Another group that has increased in official statistics is youth (18-27 years). These groups are excluded from the care- and shelter system or choose not to enter it, and are often considered 'hidden homeless'. Overall, people experiencing homelessness without mental health issues and/or

problematic substance use in the Netherlands have great difficulties accessing the shelter system (Netherlands Institute for Human Rights, 2017 Netherlands Institute for Human Rights, 2018; National Ombudsman, 2019). These people are called 'self-reliant' homeless.<sup>7</sup> Groups that are considered homeless according to the definition used by the European Commission (Edgar et al., 2007; VandenBroucke, 2010; Baptista and Marlies, 2019), are excluded by the narrow Dutch definition (van Doorn, 2020; Oostveen, 2019; Valente, 2021) and consequently remain invisible.

A second consequence of addressing homelessness as a healthcare issue is that other policy areas pay little attention to the problem, and even contribute to worsening it.<sup>8</sup> This is especially the case for policies on housing and income, which are key areas for the prevention and ending of homelessness (Fitzpatrick et al., 2021; O'Sullivan, 2022). Market-led policies in (social) housing have led to a sharp increase in rent. Affordable housing has decreased as the social housing sector was forced to sell, liberalise, and demolish houses. Waiting lists have soared (Hochstenbach, 2022). Tenants' rights and security of tenure have been limited for the sake of a more flexible rental sector with timebound contracts (Salomons, 2020).

At the same time, social security policies do not consider the reality of people experiencing homelessness. In the past decade, social security policies in the Netherlands have increasingly focused on fraud risk mitigation, compelling people to work and labelling social security as a favour rather than a right (Vonk, 2014; 2015; Netherlands Institute for Human Rights, 2015). Social benefits are relatively low compared to the costs of living and the benefit system has become extremely complex. In the labour market, as in the housing sector, flexibilisation has led to a decrease in job – and income security. All these policies affect lower and lower-middle-income groups disproportionately (for example: Algemene Rekenkamer, 2020). It is those groups we find in the ever more heterogeneous group of homeless in the Netherlands (van Doorn, 2020; Hochstenbach, 2022).

The second structural feature of the Dutch policy landscape explaining the failing government policy for addressing homelessness relates to decentralisation and outsourcing. Social policy, such as the care for people experiencing homelessness,

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<sup>7</sup> The term used for people experiencing homelessness without problematic substance use or psychological provisions in the European Social Charter as per conclusions of the European Committee for Social Rights in a decision in the collective complaint of FEANTSA v. the Netherlands, complaint No. 86/2012. See Decision of the Merits Complain 86/2012, European Committee on Social Rights, 2<sup>nd</sup> of July 2014. This part of the decision was rejected by the Dutch Government in a letter addressed to Parliament. See: Vreemdelingenbeleid; Brief regering; Resolutie ESH-zaak Feantsa tegen Nederland (klacht nr. 86/2012); 18th of June 2015.

<sup>8</sup> Recently some first steps have been taken to take a more integral approach at national level, including a policy focusing on prevention and solving homelessness (Ministry of Health, Wellbeing and Sport, 2020; Ministry of Health, Wellbeing and Sport, 2022).

has been decentralised since 2015. The underlying idea was that municipalities, being closer to citizens, could identify proper care easier and at an earlier stage. This, however, has been done without describing a clear mandate. As such, it is not fully clear what the municipal government is supposed to do to address homelessness. Municipalities enjoy a significant amount of policy discretion, resulting in large differences regarding the implementation of social policy (Pommer et. al, 2016; Willink, 2018; Kromhout et al., 2020).

Simultaneously, the decentralisation of the implementation of social service provision in the Netherlands has become increasingly outsourced to market actors by successive governments (Willink, 2018). Outsourcing social care services has encouraged competitiveness in the market. The quality and extent of the provision of health care services have become increasingly geared towards market systems and efficiency, as opposed to addressing the needs of people. Besides a worsening in service provision, vulnerable citizens are confronted with an increasingly complex system which is difficult to access and navigate (i.e., National Ombudsman, 2016; National Ombudsman, 2017; The Netherlands Scientific Council for Government Policy, 2017; Kromhout et al., 2020).

## **Civil Society in the Homelessness Field**

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In the Netherlands, a wide range of civil society organisations are active in the field of homelessness. A distinction can be made between two fundamentally different types of organisations: (1) Care providers within the shelter system; and (2) organisations representing the interests of people experiencing (or at risk of) homelessness. This section discusses both types of organisations, and their service delivery and advocacy work. The remainder of the paper and overall analysis focuses on the second type.

### ***Care providers within the shelter system***

Care providers are, as the phrase suggests, service providers. Their mandate is not to represent the interests of people experiencing homelessness or to advocate for different government policies for homelessness. Instead, their work revolves around service provision, particularly to those people who have a legal right to access shelter, care, and ultimately, to some form of adequate housing.

Care providers within the shelter system are generally contracted for multiple years by municipalities to implement care and shelter policies. Often, they compete with each other in tendering procedures to get a contract. Many of these organisations work in one municipality, some of them work in different municipalities, and one operates all over the Netherlands (Salvation Army). Shelter and care may be quite

basic, like emergency/night shelter. It can also be more advanced and complex, like providing 24-hour shelter with specialised care or so-called 'in-between housing' intended for those who exit shelter, but are considered not ready yet to live independently. Increasingly they provide extramural support for people who exit the shelter system. This may be through renting houses and providing care themselves for people who exit the shelter system.

Though their primary mandate is service delivery, a few care providers also undertake advocacy at the municipal level. The most visible one of these is care provider 'De Tussenvoorziening' in Utrecht. They know how to communicate their messages to the media and also how to involve the general public with visible events like building a (prefab) house in the city centre to focus attention on housing as solution to homelessness. In doing so, they advocate, amongst others, for the interests of people experiencing homelessness (their 'clients' or others who are excluded from their services by law). At the municipal level, several care providers contributed to improvements to the quality of the shelter system through their advocacy.

At a national level, two organisations represent the interests of care providers. This is Valente (the association of care providers) and the Salvation Army.<sup>9</sup> These organisations undertake policy advocacy at the national level, with the aim of representing the interests of care providers within the shelter system. They are able to strategically pursue advocacy objectives, aided by long-term planning and the capacity to issue public demands. In doing so, their advocacy may have favourable outcomes for people experiencing homelessness. For instance, their advocacy efforts were important for introducing legislation on the registration of addresses. As the representation of the interests of homeless persons is not part of their formal mandate, this group of organisations is not the core focus of this paper.

### ***Organisations representing the interests of people experiencing homelessness***

Contrary to care providers, there is a group of organisations with the formal aim of representing the interests of people (at risk of) experiencing homelessness. Generally, these organisations, which are the focus of this paper, "stand behind and besides people who experience homelessness", as one respondent indicated. We refer to these organisations in this paper as 'homelessness organisations'.

This group mostly works in the field of service delivery at the municipal level, providing, amongst others, individual client support. This kind of support is required by the Social Support Act (*Wet Maatschappelijke Ondersteuning*). In providing service delivery these organisations assume different roles, such as translator, advisor, mediator, and/or representative of the interests of people experiencing homelessness. They guide persons experiencing homelessness through the

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<sup>9</sup> The Salvation Army is also a member of Valente. In public debate they frequently operate separately.

increasingly complex system of care and requirements for financial support. They also provide paralegal support when people experiencing homelessness are in conflict with the municipality and providers of shelter and care (i.e., because they are critical of the quality of support and shelter, they have complaints about access to shelter, or because they have been banned from shelter). Some homelessness organisations provide access to basic necessities, like a warm place to stay in daytime (and, for some, also at night), or moral and religious support.

Municipalities have different ways of financing homelessness organisations, and within municipalities they are often financed from different budgets, causing fragmentation. Usually, finance has to be renewed annually, causing uncertainty. Furthermore, it only covers a few FTE, meaning that organisations are small, sometimes even consisting of only one person. They also work with volunteers, and sometimes have access to (limited) private funding. Overall, compared to the care providers, homelessness organisations tend to be much smaller and more financially vulnerable. In fact, small variations in funding often have a direct effect on their staff and potential to do their work, including their primary service provision work.

Despite having the formal aim to represent the interests of people (at risk of) experiencing homelessness, very few of these organisations at the municipal level undertake sustained advocacy to challenge failing policies and address root causes. Their inclination is to solve the immediate problem(s) for individual clients, rather than focus on structural and systemic problems that cause them. The primary focus of advocacy efforts therefore lies in the field of (access to) shelter and care of people experiencing homelessness. Thus, advocacy work that is undertaken focuses on managing homelessness, rather than preventing and ending homelessness. At this level, they do report some successes, such as making night shelters more small-scale, improving more transparency in access to shelter or realising input in tender procedures for care providers.

It is difficult to assess the effectiveness of the advocacy undertaken by homelessness organisations. Very few organisations formulate explicit advocacy goals. Moreover, organisations hardly reflect upon the results achieved, let alone conduct evaluations. In fact, for many respondents, the interview for the research was the first time they reflected on advocacy efforts in any structured manner. The informal advocacy activities that do occur happen mostly in consultation meetings with the municipal government, in work visits, and during informal meetings with government officials and politicians. Generally, set aside a few exceptions, it is rare for homelessness organisations to adopt a confrontational approach such as making public demands and mobilising people (e.g., demonstrations, petitions, lawsuits, or media campaigns).

Homelessness organisations undertake some limited national-level advocacy to influence (youth) homelessness policies. These organisations are either very small, limited in scope, just starting, and/or fragile in terms of staff and funding. Stichting Zwerfjongeren Nederland (Foundation Homeless Youth Netherlands) represents the interests of youth experiencing homelessness at the national level. Two staff members dedicate part of their time to advocacy at the national level. Jongerenpanel/ Derde Kamer (Youth Panel/Third Chamber), at the time of research, just started as part of the action plan on youth homelessness. It is made up of youth with lived experience supported by a coordinator and two people from municipal organisations. Werkplaats COMO (Client Organisation Homeless Shelters) was an organisation of people with lived experience seeking to undertake national-level advocacy, which drew mostly on the voluntary time of two people. It ceased to exist relatively shortly after the research finished. Finally, there is an informal network of street doctors who have done advocacy on a national level for uninsured people, resulting in better access to health care for the uninsured. Their main focus, however, is on health issues at the municipal level.

In sum, few organisations representing the interests of people experiencing homelessness engage in strategic and sustained advocacy with the aim of changing the system, especially in the field of prevention and ending homelessness. Instead, the most strategic and structural advocacy seems to be undertaken by care providers in the shelter system. These organisations, however, do not represent the interests of people experiencing homelessness in their advocacy.

## **Opportunities for Advocacy**

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Despite the fact that homelessness organisations hardly engage in sustained advocacy to change policies, they are potentially well-placed to do so. First, interest representation is part of these organisations' formal mandate. Moreover, people with lived experience often work for these organisations and many of them have more or less organised constituencies of people with lived experience. This gives them legitimacy in the eyes of the target groups and policymakers.

Second, through their service delivery, homelessness organisations have deep insight into the impact of policies and legislation on people experiencing homelessness (and those at risk of homelessness). They first-handedly see the structural and systemic causes and consequences of homelessness and the extreme difficulties for people experiencing homelessness to access basic shelter, (health)care, social security, decent income and work, education, and, ultimately, adequate housing. This enhances their information position and credibility.

Third, at the municipal level, homelessness organisations tend to have strong relations with policymakers. Besides being contracted to provide services, policymakers actively seek out homelessness organisations for their knowledge and expertise. Due to this frequent interaction, the organisations' legitimacy, credibility, and their expertise, the right preconditions for exerting influence, seem in place.

Fourth, as became apparent during the interviews undertaken for this study, most homelessness organisations recognise the limits of service provision alone. Their workload has increased due to the growing number of people experiencing homelessness and the system becoming extremely complex to navigate. This workload is not matched by funding. One respondent noted

We can continue supporting individual people forever, but we also know this is not a structural solution. And we want to help people, as soon as possible, but for the numbers to really decrease and really stop homelessness we need to address the structural causes. We need to do more advocacy. (Interview 18<sup>th</sup> of January, 2021)

## **Barriers to More Impactful Advocacy**

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So why do homelessness organisations hardly undertake sustained advocacy to change policies despite seemingly being well-placed to do so? This section discusses five key barriers that prevent these organisations from becoming impactful advocates: 1) lack of dedicated organisational resources, 2) lack of cooperation, 3) lack of constituency involvement, 4) financial dependence, and 5) ineffective participation in consultation structures.

### ***Lack of dedicated organisational resources***

Paradoxically, the service delivery role undertaken by homelessness organisations makes them potentially effective advocates, but also hampers their advocacy role. Advocacy is a specialised craft, requiring dedicated organisational resources and staff. The outcomes of advocacy are usually influenced by many actors and factors. Effective advocacy typically requires formulating objectives and strategies based on preparatory contextual analysis and formulating intermediate steps and objectives over a longer time period. Effective advocates are able to reflect on their ambition in relation to the available advocacy expertise, budget, and capacity for an advocacy campaign (Almog-Bar and Schmid, 2014). Key capacities include the ability to produce evidence as the basis for credible claims, the ability to analyse the political arena as a starting point for stakeholder engagement, and the ability



to produce tailored messages to motivate power holders and other audiences to act (Elbers and Kamstra, 2020). These capacities require specialised staff and continuous resources.

Most homelessness organisations lack dedicated resources for advocacy. Although many of them mention advocacy as part of their mission, in practice, it is not seen as a primary task. Organisations attach little priority to advocacy in budget decisions and little staff capacity is dedicated to advocacy. One of the reasons is that many homeless organisations largely depend on government funding earmarked for service provision, which makes it difficult to allocate substantial resources to advocacy work. Another reason respondents noted is that there is no advocacy tradition or culture amongst homelessness organisations. Staff typically have a social work background, lacking an in-depth understanding of advocacy. This is reflected in the Supervisory Boards governing these organisations. It was clear from the fieldwork that those organisations with board members who have a political background have more focus on advocacy, even though this is not structural. One respondent indicated: “For advocacy we really need a mindshift, another way of thinking about our work. This is really difficult. The inclination is to help and seek solutions quickly for the urgent cases you are working with.” It also highlights a lack of reflection and analysis of structural and systemic causes. Time spent trying to work on pragmatic solutions for a case usually hampers such an analysis. In this context, it is understandable that existing advocacy efforts lack a strategic element and remain ad hoc instead.

In practice, most organisations rely on one or a few motivated individuals, who are not necessarily experienced advocates. For example, a director of one of the interviewed organisations indicated she has a personal interest in advocacy. She spent time making sure staff members registered problems experienced by ‘clients’ to build up a case. She analysed most of these registered problems in her own time in the evening, making it unclear what remains if she leaves (interview 15<sup>th</sup> of December 2020). Another respondent indicated he wasn’t even sure the rest of the organisation really realised that he was doing advocacy with problems experienced by his clients. He did not discuss or register these problems in order to analyse them. It all took place in his head. “The director doesn’t seem to mind when I do an interview and criticise the municipality. Sometimes I am quite explicit, but they see that as part of my charm really” (interview 8<sup>th</sup> of December 2020).

### ***Lack of cooperation***

The most effective civil society advocacy occurs when civil society organisations work in broader advocacy coalitions with like-minded organisations (Pittman and Naciri, 2010; Lobina et al., 2011; Chopra et al., 2014). In most cases, policy change requires advocacy at multiple levels where decision-makers and implementing

agencies relevant to the intended advocacy goals reside (Chapman, 2000; Revelli and Paidakaki, 2022). This particularly holds true in countries with decentralised governance models like the Netherlands. No one organisation can effectively campaign at all the different levels, which often require different attitudes, strategies, and skills. To achieve this complex mix of work, different types of organisations need to work together. Also, by working together, advocates can share crucial information like political analyses or evidence regarding an issue. Collective advocacy campaigns also have the advantage of being more visible than those of individual organisations. The more attention a campaign receives, the more people are reached with its message, and the less easy it can be ignored by power holders. Finally, working together can create a sense of security when a more confrontational stance needs to be taken on issues.

The research found that in terms of advocacy there is very little cooperation between homelessness organisations in the Netherlands. This applies to horizontal relations (between municipal organisations or between national level organisations) and to vertical relations (cooperation between the municipal and national levels). One of the respondents echoed a much-heard concern indicating: “We understand cooperation is important, but we don’t have the time. Getting together and agreeing on a certain issue and a message just takes too long” (interview, 11<sup>th</sup> of December 2020). Efforts to work together on youth homelessness between the four biggest cities in the Netherlands (Amsterdam, Rotterdam, Utrecht, and The Hague) ultimately failed due to, amongst others, “differences in priorities” (interview, 29<sup>th</sup> of December). As one respondent noted: “What was important in Rotterdam, wasn’t considered a priority in Amsterdam and ultimately the discussions about this took a lot of time and energy” (interview 29<sup>th</sup> of December 2020). This suggests that the importance of joint advocacy might be recognised, but not considered important enough. It underscores that homelessness organisations do not see joint advocacy as part of their core operations.

There is also very little cooperation between homelessness organisations and care providers from the shelter system. Here distrust appears to play a role. As indicated above, care providers are not representatives of the interests of people experiencing homelessness, but can, potentially and in reality, be effective advocates for the interests of people experiencing homelessness. Both type of organisations do share common goals. Yet, there is clear distrust between these type of organisations. The distrust is caused by the fact that homelessness organisations also support people in their conflicts with care and shelter providers. However, it goes much deeper. One respondent echoed another much-heard concern: “They [organisations providing shelter and care] only advocate for their own interests:

more care, more shelter. That is not in the interest of homeless people, it's their business model" (Interview 4<sup>th</sup> of December 2020). Care providers themselves indicated in interviews that they did not recognise this distrust.

A final issue that was raised by a number of interviewees was the discussion between people with lived experience and those without lived experience. The discussion revolves around the question of whether people without lived experience can really advocate on homelessness in any legitimate or credible way. One interviewee indicated:

Part of the field will argue that only people with lived experience have the right to speak up and advocate. While this type of advocacy is crucial and should be enhanced, the reality is that these people are not well-organised. Discrediting anybody who can then support you and fill gaps in advocacy is not so effective. (Interview 10<sup>th</sup> of December 2020)

Part of the discussion thus also revolves around empowerment and constituency involvement (see below).

Respondents from homelessness organisations explained they have few incentives to invest in vertical connections as their core operations consist of service provision at the municipal level. Moreover, building vertical connections and gaining access to the political arena at the national level is seen as costly as opposed to working at the local level where they have a strong network and feel they can be more influential. Another respondent argued that: "Whatever is decided in The Hague has no impact here. The real work is done here" (interview 13<sup>th</sup> of January 2021). In other words, decentralisation has enhanced the distance between municipal and national organisations that work in different realities. As one interviewee noted: "Really the Central Government has no idea what is happening in the municipalities" (interview 13<sup>th</sup> of January 2021). This may explain, in part, the lack of a more professional national organisation representing the interest of all people experiencing homelessness.

Ultimately, many respondents feel that there are diverging and sometimes even conflicting interests among organisations. It takes too much time to find common ground for advocacy and determine a strategy together. The urgency to cooperate is limited. This is further compounded by other elements, such as the lack of strategy, focus on solutions for individual clients, and financial dependency and competition.

### ***Lack of constituency involvement***

In the social domain, constituency involvement is often a precondition for effective advocacy (Houtzager and Lavalley, 2010; Spicer et al., 2011). Organisations that fail to clarify in whose name they speak, why they are authorised to act, and to whom they are accountable run the risk of being seen as less credible or illegitimate

(Antlöv et al., 2010; Barnes et al., 2016). Constituency involvement is essential for acquiring a correct understanding of the situation and setting the right advocacy goals and priorities. This implies that advocates need to communicate regularly with those they seek to empower while being accountable to them for their advocacy messages and actions (Barrett et al., 2016).

In the Netherlands, we see that most advocacy happens *for* people experiencing homelessness, as opposed to *with* or *by* them. A key reason seems to be that most homelessness organisations, are primarily service-providing organisations. They tend to see people experiencing homelessness as clients as opposed to partners in a joint struggle for a more just system. Their focus lies on individual empowerment, as opposed to collective empowerment designed to achieve policy change. Thus, there is hardly any work on supporting a movement 'owned' by people experiencing homelessness. This focus on individual empowerment should be seen in a wider context of the individualisation of homelessness. In the Netherlands, working on empowerment has become synonymous with working on *individual* empowerment. Words such as 'client', 'activate', and 'recovery' emphasise the individual dimension of homelessness and shifts the frame of homelessness to people who are sick and need tailor-made support to reintegrate in society. While this may be part of the problem for some people experiencing homelessness, it also means the structural and systemic causes for homelessness and the need for collective empowerment have been largely forgotten (Boumans, 2012; Green, 2021).

There are real challenges to collective empowerment though. Individual empowerment is needed as a basis for collective empowerment. Through individual empowerment, individuals start seeing themselves as rights holders who have a right to speak out, instead of sick people who deserve their plight (Veneklasen and Miller 2007; Van Regenmortel, 2009). People experiencing homelessness represent particular challenges in both individual and collective empowerment. Many people with lived experience have deep trauma and self-stigma. They are often at risk of relapsing, mostly still dealing with real problems, such as debt and problematic substance use. One respondent indicated: "We have stopped working with people who are still currently homeless in our advocacy. I think it doesn't help them in their own recovery" (Interview 15<sup>th</sup> of December 2020). Many obviously do not want to keep the label of 'homeless', thus once 'reintegrated' they prefer not to be associated with homelessness. Something they already experience in daily life when dealing with state institutions, such as within the social welfare system (Eickholt, 2017). Finally, homelessness is also a dynamic process whereby people enter in and out of situations of marginalised and temporary housing and shelter or street homelessness. Each of these situations, as well as this unpredictable dynamic, naturally influences people's ability, possibility, and will to be supported in individual and collective empowerment.

Many homelessness organisations in this study lack mechanisms to represent people experiencing homelessness or involve them structurally in the advocacy process. They do however invest in individual empowerment: enhancing the self-esteem, self-confidence and skills of people experiencing homelessness. What is lacking, however, is collective empowerment enabling them to represent the interests of people experiencing homelessness. Consequently, people experiencing homelessness tend to have little influence on how they are involved in advocacy efforts. In those cases where people experiencing homelessness are involved, they tend to have little influence over the strategy or goals of the advocacy work undertaken. One interviewee noted:

In order to really play a lead role in advocacy someone with lived experience should do so much more than just tell their life story. The story has real value, but it is only a small part of advocacy. In order for them to do advocacy as well, they need so much more support. However, this kind of support isn't there. (Interview 14<sup>th</sup> of December 2020)

This approach runs the risk of tokenism with people experiencing homelessness being used in an instrumental manner to lend legitimacy to advocacy efforts (European Programme for Integration and Migration, 2019). To counter this, a collective approach is needed: "What is important in advocacy, is that every person with lived experience has their own story. The trick with advocacy is to combine these stories in a collective story" (Interview 18<sup>th</sup> of January 2021).

### *Financial dependence*

Most homelessness organisations in the Netherlands are partly or completely dependent on governmental funding. Most organisations working on homelessness receive subsidies from municipalities to provide services.<sup>10</sup> Municipalities stipulate what is laid down in contracts, unilaterally define accountability requirements, and the terms and conditions on which funds will be released. Homelessness organisations are viewed through a market-oriented approach that views the organisations as sub-contractors and emphasises value for money: obtaining maximum benefit in terms of service provision for the funds provided.

As many organisations are small and financially vulnerable, their financial dependence on government funding makes undertaking advocacy uneasy and dampens their ability to be critical. Homelessness organisations explained that they are not always comfortable with being too critical of the government. They fear this might affect future funding prospects. One respondent noted: "I do use the media as a more confrontational way of getting my message across, but I am careful with my

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<sup>10</sup> There are some exceptions working only with donations. A number of these are more church-based organisations providing basic necessities.

wording. It shouldn't be too confrontational" (Interview 8<sup>th</sup> of December 2020). The underlying issue is that the power relation between the municipality and homelessness organisations is skewed.

Respondents gave a multitude of examples of negative responses by policymakers at the municipal level towards organisations perceived to be too (openly) critical. This dynamic of (self-) censorship and real or perceived negative reactions by policymakers toward organisations considered too critical is further compounded by the fact that the primary and first target of advocacy is often also responsible for financial decisions concerning the organisation. Interestingly, several mentioned that they sometimes use other organisations to deliver advocacy messages.

### ***Ineffective participation in consultation structures***

The Netherlands has a long history of consensus decision-making which is part and parcel of Dutch politics, business, and all kinds of situations in which people will have to work together in spite of their differences (Van Drimmelen, 2014). This approach to decision-making also shapes how the Dutch Government interacts with civil society. For this interaction, it has set up formal and informal consultation structures in all sectors. From a governmental perspective, these structures are important for acquiring knowledge and on-the-ground experience, legitimising policies and minimising tensions between state and civil society. In the domain of homelessness, the decentralisation of social policy led to a major increase in consultation structures at the municipal level. Municipalities were expected to formulate and implement policies for homelessness while lacking knowledge and expertise on the topic. Therefore, the decentralisation of social policy was a major incentive for municipalities to set up new structures as they required input from civil society to understand the homelessness problem and formulate policies.

A key finding of this study is that participation in the consultation structures, which promise opportunities to exert policy influence, has a dampening effect on the ability of organisations representing the interests of people experiencing homelessness to be effective advocates. Several interrelated dynamics are at play here. Firstly, the combination of some of the barriers discussed above (e.g., absence of a solid strategy, lack of cooperation, and lack of constituency involvement) means that organisations tend to participate in the consultation structures whilst lacking clear advocacy goals and the capacity to pursue them in a sustained manner. This makes it extremely challenging for organisations to seize the promise of influence offered by the consultation structures.

Second, homelessness organisations pointed out that their ability to exert influence remains insecure at best whilst the costs of participation in terms of time and resources are high. According to one respondent, “We sit and talk and talk and talk, while the homeless come to our desks in increasing numbers. Nothing really changes” (interview 26<sup>th</sup> of January 2021). Another respondent explains that “We have so many consultation structures, I can spend all my time just participating in these, while nothing changes” (Interview 1<sup>st</sup> of December 2020).

Third, the agenda in the consultation structures tends to be limited to issues related to the implementation of homelessness policy. Particularly at the municipal level, the nature of the policy itself, including its design, and thus many of the root causes that promote and sustain homelessness, are usually not part of these consultations. As the scope of the discussion is usually confined to apolitical and practical topics, the ability of civil society to exercise policy influence is constrained from the start. Where policy is discussed it is usually confined to discussions with health departments, and/or departments responsible for shelter, solely. None of the organisations interviewed had for instance established communication channels with policymakers responsible for housing.

Fourth, by participating in the consultation structures and acting as a partner of the Government, it seems as if homelessness organisations and the Government are on the same side and want the same thing. This is reinforced by the fact that ‘critical’ topics are usually not part of the agenda. As conflicting views and interests are downplayed, the risk of co-optation becomes real. In this context, the consultation structures act as a barrier towards undertaking more confrontational action, for example, via (social) media campaigns or demonstrations. By shying away from more confrontational approaches, the ability of homelessness organisations to exert pressure and hold the Government accountable is greatly reduced.

## **Conclusions and Recommendations**

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Homelessness is a major societal problem in the Netherlands. The group of people experiencing homelessness has grown dramatically whilst simultaneously becoming more diverse. Failing governmental policies lie at the root of the problems observed. In this context, organisations representing the interests of people experiencing homelessness are uniquely placed and have the potential to play an important role in promoting effective policies and holding the Government accountable. However, the advocacy efforts of these organisations tend to be one-off, fragmented, and focused on addressing the urgent needs of individual clients as opposed to collective action addressing the root causes of homelessness.

This paper identified five barriers that prevent Dutch organisations representing the interests of people experiencing homelessness from becoming impactful advocates:

1. Most organisations lack the organisational resources to engage in strategic and sustained advocacy. Although advocacy is often part of their formal organisational mission, homelessness organisations are organised and managed as service providers.
2. There is little cooperation between organisations in the Netherlands that do engage in advocacy. This limits their ability to engage with decision-makers at different levels, share information, and pool resources.
3. Organisations do not have mechanisms in place to ensure adequate constituency representation. Consequently, they leave one of the most important advocacy resources untapped – legitimacy – whilst existing advocacy efforts run the risk of not reflecting the interests and priorities of people experiencing homelessness.
4. Homelessness organisations are partly or completely dependent on governmental funding. Particularly municipalities do not expect them to be or accept these organisations if they are too critical and vocal. Consciously and unconsciously this limits the organisations' organisational autonomy and overall ability to critically engage municipalities.
5. Organisations participate in government-organised consultation structures which cost considerable time and energy, offer little influence, and run the risk of co-optation.

Based on these findings, the study identifies recommendations for homelessness organisations and the Dutch Government. For organisations representing the interests of people experiencing homelessness, we recommend the following:

- Acknowledge the crucial role of advocacy in tackling the root causes of homelessness. Develop a clear vision of the role of advocacy in achieving the organisational mission and its implications for decisions on budgets and staffing.
- Develop and implement procedures to register problems experienced by individual clients with the aim of documenting broader patterns. Ensure that these patterns are analysed to establish whether and how they are rooted in policy and legislation.
- Invest in building the capacity of the organisation, including Boards, to understand and undertake sustained advocacy. Such understanding is crucial for addressing all the barriers identified in this study.



- Adopt a holistic approach toward empowerment to stimulate advocacy *with* and *by* people experiencing homelessness. Individual empowerment through service delivery should be complemented, where possible, by collective empowerment designed to support people with lived experience to undertake their own advocacy.
- Build horizontal and vertical relations among organisations representing the interests of people experiencing homelessness, with those representing the interests of care and shelter providers and other organisations in the field of housing, revolving around a strategic long-term advocacy strategy with explicit objectives and strategies grounded in contextual analysis (i.e., making use of the right to housing movement).

For the Dutch Government and municipalities, we have the following recommendations:

- Recognise the crucial role of advocacy by organisations representing the interests of people experiencing homelessness as an important feedback mechanism to improve public policy. Recognise that the Government benefits from a strong and critical civil society that can identify the shortfalls of existing policies, develop, and promote alternatives and hold the Government accountable.
- Promote advocacy as (one of the) core tasks of those organisations representing the interests of people experiencing homelessness based on a clear (and currently absent) policy vision. Invest in the capacity strengthening of these organisations, stimulate joint advocacy initiatives (but don't oblige this), and make subsidies available to support advocacy work.
- Taking advocacy seriously implies adopting a long-term time horizon. Successful advocacy is generally the outcome of a sustained effort by a multitude of organisations over a longer time frame. This time frame should be reflected in the conditions under which funding is provided.
- Promote the participation of people with lived experience by giving organisations representing the interests of people experiencing homelessness the means for individual and collective empowerment.

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# Gaining and Preserving Pioneer Status: Key Lessons from the Housing First Pathfinder Programme in Scotland

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➤ **Abstract** *Scotland has been heralded as an international pioneer in Housing First implementation given the level of political commitment the approach has commanded and pace at which the intervention has scaled up in recent years. This status was catalysed by a major three-year 'Pathfinder' programme, operational from April 2019 until March 2022, which scaled up Housing First provision in five areas and housed 579 people experiencing homelessness with complex needs (e.g., co-occurring problematic substance use and/or mental health problems). The Pathfinder served as a litmus test regarding the opportunities and challenges associated with scaling up Housing First at pace. This paper distils nine key lessons emerging from an independent evaluation of the Pathfinder which focus on its achievements and limitations, together with factors facilitating and inhibiting Housing First mobilisation and mainstreaming. These will inform future delivery as Housing First increasingly becomes the default response for individuals with complex needs as per recent Scottish Government policy directives. At least some, if not all, are likely to resonate in other countries aiming to embed and/or expand Housing First provision. The paper concludes that the level of political commitment the approach has commanded up until this point must be maintained, and fidelity to the core principles preserved, if Scotland's status as a Housing First pioneer is to be retained going forward.*

➤ **Keywords** *Housing First, Homelessness, Complex Needs, Multiple Disadvantage, Scotland, United Kingdom*

## Introduction

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Over the past decade or so the tenor of debate regarding Housing First has shifted tangibly within the UK. An intervention providing rapid access to independent settled housing and intensive, non-time-limited, person-centred support on a relatively unconditional basis, Housing First elicited as much scepticism as it did intrigue when news of its effectiveness for people experiencing long periods of homelessness and severe mental health problems in the United States first reached the UK. Indeed, in the early 2010s key stakeholders in the UK's homelessness sector tended to express sentiments in the vein of 'why should we do it?', 'it's unlikely to work here', or 'aren't we doing it already?', conveying limited understanding regarding what Housing First is and how far UK provision departed from its core principles at the time (Johnsen and Teixeira, 2010). Levels of interest in Housing First, and awareness of international evidence showcasing its effectiveness for people experiencing homelessness with so-called complex needs (that is, co-occurring problematic substance use and/or mental health problems), have increased to the extent that discussions now tend to focus not on the question of whether it should be delivered in the UK, but rather 'how do we do it well here?' (Johnsen, 2021).

This transition has been particularly marked in Scotland, where Housing First has commanded such a high level of political commitment and been scaled up so rapidly in the past few years that the country was recently heralded as an international pioneer in Housing First implementation by the European Housing First Hub (Jones et al., 2022). This status was catalysed in large part by a major three-year 'Pathfinder' programme, running from April 2019 until March 2022, which scaled up Housing First provision, housing 579 people experiencing homelessness with complex needs in five areas: Aberdeen City/Aberdeenshire, Dundee, Edinburgh, Glasgow, and Stirling. The Pathfinder served as a litmus test regarding the opportunities and challenges associated with an attempt to scale up Housing First rapidly. Many valuable lessons were learned regarding factors that facilitate and/or inhibit the design, mobilisation, and embedding of Housing First at scale.

Drawing on an independent evaluation of the Pathfinder, the detailed findings of which are reported elsewhere (Johnsen et al., 2022), this paper distils the key messages which speak most directly and/or powerfully to current academic and policy debates regarding Housing First. It comprises five further sections. The next section provides an overview of the Pathfinder's evolution and context, prior to a description of the characteristics of its five constituent projects. This is followed by an outline of the evaluation aims and methods. The penultimate section conveys



the nine core messages drawn from the study, while the conclusion reflects on the significance of the Pathfinder for the resolution of homelessness experienced by people with complex needs within and beyond Scotland.

## **Pathfinder History and Context**

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The Pathfinder was developed in response to the findings of research commissioned by the homelessness charity Social Bite. This assessed levels of homelessness in the largest Scottish cities, reviewed evidence on best practice in addressing the needs of people experiencing the more complex forms of homelessness, and identified widespread support for the expansion of Housing First amongst key stakeholders (Littlewood et al., 2017). Calls for scaling up Housing First, beyond the few small projects which already existed at the time, were further fuelled by other research which highlighted the scale of severe and multiple disadvantage, that is, the co-occurrence of homelessness, problematic substance use and/or involvement with the criminal justice system, and the poor service response experienced by many of those affected in Scotland (Bramley et al., 2019).

Social Bite committed to invest significant private funding for dedicated support and evaluation via funds raised at mass public participation fundraising events. The charity secured property pledges from housing providers for people experiencing street homelessness and complex support needs. Support providers in the five designated Pathfinder areas were encouraged to apply for funding jointly. Commitment to the seven key principles of Housing First endorsed in Scotland (described below) was a pre-requisite and core criterion in bid assessments. Given clear connections with national policy objectives (outlined below), the Scottish Government committed further funding and became the main contributor. Additional funds were also provided by Merchants House of Glasgow.<sup>1</sup> Corra Foundation and Homeless Network Scotland were appointed fund and project managers respectively. Turning Point Scotland was commissioned to provide training in Housing First principles and practice for Pathfinder providers and partners via its Housing First Academy.

Commitment to Housing First has been a cornerstone of the Scottish Government and Convention of Scottish Local Authorities' promotion of rapid rehousing (Scottish Government, 2018) following recommendations of the Homelessness and Rough Sleeping Action Group (HARSAG) in 2018 (HARSAG, 2018). Concomitantly, the development of a Scottish approach to Housing First was a key recommendation of the Scottish Parliament's Local Government and Communities Committee

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<sup>1</sup> Scottish Government funding covered Years 1-3; Social Bite and Merchants House of Glasgow funding covered Years 1-2.

following a cross-party inquiry into the scale and nature of homelessness in 2018 (Scottish Parliament, 2018). Recommendations regarding the rollout of Housing First were further strengthened when HARSAG reconvened in 2020 (HARSAG, 2020) and scaling up Housing First across Scotland was included as a commitment in the Programme for Government in the same year (Scottish Government, 2020). The Scottish Government's long-term national housing strategy 'Housing to 2040' further confirmed political commitment to Housing First, stating that the "aim is for Housing First to be the default option for homeless people with multiple and complex needs" (Scottish Government, 2021a, p.35).

A national framework to inform the planning, commissioning, and implementation of Housing First in Scotland over the next 10 years was launched in March 2021, and updated annually thereafter, following a national consultation with stakeholders (Homeless Network Scotland, 2021). Further to this, a 'Check Up' process involving a rolling cycle of annual reviews, coordinated by Homeless Network Scotland and the Scottish Government, was developed toward the end of the Pathfinder period, with the first tranche of (non-Pathfinder) Scottish local authorities engaging with the process from early 2022. This process involves a review of local evidence and policy regarding service delivery and fidelity to Housing First principles, collation of insights from local partners, participatory audits with Housing First tenants, and co-produced self-reflection amongst local stakeholders (Homeless Network Scotland, 2022).

In the third and final year of the programme, Corra Foundation managed the distribution of transition funding on behalf of the Scottish Government which was designed to support up to half of the full cost of the Pathfinder programme as the process of mainstreaming Housing First in the Pathfinder areas was implemented. There were substantial changes to the composition of provider consortia and delivery arrangements in four of the five Pathfinder projects (all except Glasgow) by the end of September 2021 as a result, with some being taken 'in-house' by the local authority, and other local authorities commissioning a subset of the former voluntary sector consortia members to deliver support.

It is also important to note that the final two years of the Pathfinder period coincided with the COVID-19 pandemic. It is widely acknowledged that the pandemic had a profoundly negative effect on frontline housing, health, and social care support delivery within and beyond the UK (Boobis and Albanese, 2020) and led to unprecedented levels of social isolation and a deterioration in mental health across society more generally internationally (Xiong et al., 2020). These impacts must be borne in mind when interpreting the evidence regarding Pathfinder effectiveness, especially outcomes for service users.

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## Pathfinder Project Characteristics

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An overview of key project characteristics in each of the five areas is given in Table 1. Although described differently, all five targeted the population traditionally supported by Housing First, that being people experiencing homelessness and co-occurring problematic substance use and/or mental health problems, many of whom had experienced long-term or repeat homelessness. The degree of focus on people sleeping on the street varied depending on the prevalence of street homelessness within each context, with this being much more prominent in Edinburgh than in Stirling and Aberdeen/shire, for example. Two of the Pathfinders (Aberdeen/shire and Edinburgh) included an element of Housing First for Youth (HF4Y) provision targeting young people (Housing First Europe Hub, no date). Two thirds (68%) of the individuals housed were men, one third (32%) women, and fewer than 1% identified as transgender. In terms of age profile, 15% were aged 25 and under, 65% 26-49 years, 17% 50-64 years, and fewer than 4% 65 years or older. Almost all (99%) were White British and the vast majority (96%) identified as heterosexual.

**Table 1: Pathfinder project overview (pre-transition, i.e., prior to October 2021)**

	<i>Aberdeen/shire</i>	<i>Dundee</i>	<i>Edinburgh</i>	<i>Glasgow</i>	<i>Stirling</i>
<i>Consortia composition</i>	Led by Aberdeen Cyrenians with Aberdeen Foyer, Turning Point Scotland, Aberdeen City Council, Aberdeenshire Council	Led by Transform Community Development, with The Salvation Army, Dundee Survival Group, We Are With You	Led by Cyrenians, with Turning Point Scotland, Rock Trust, Streetwork, Bethany, Gowrie Care (now Hillcrest Futures), Barony (now Wheatley Care)	Led by Turning Point Scotland, with Simon Community Scotland, The Salvation Army, Loretto Care (now Wheatley Care)	Partnership between Loretto Care and Barony (which subsequently merged into Wheatley Care)
<i>Target group/eligibility</i>	Initially people sleeping rough, then those in temporary accommodation who have experienced cyclical homelessness	Experience of multiple and complex needs, repeat homelessness, and willingness to engage with Housing First support	Experience of multiple and complex needs and been in homelessness system for many years	Experience of complex needs, over 18, and statutorily homeless	Experience of multiple and complex needs and repeat episodes of homelessness
<i>Referral</i>	Open, including self-referral. NDT used to assess eligibility and prioritise referrals	Open, including self-referral. Use of screening tool to assess eligibility	Mostly from council homelessness officers but also other agencies. NDT used to prioritise referrals	Open, referrals processed via consortium staff using HSCP processes, latterly taken over by HSCP	Referrer completes NDT. Case initially discussed with Housing First team, then assessed by referral panel
<i>Housing type</i>	Predominantly social (69% LA, 24% RSL) with 7% PRS. All scatter-site.	All social (78% LA, 22% RSL). All scatter-site	All social (24% LA, 76% RSL). All scatter-site	Almost all social (99% RSL) with 1% PRS. All scatter-site	All social (29% LA, 71% RSL). All scatter-site
<i>Tenancy type</i>	SST in social housing; PRT in PRS	Mostly SST; SSSTs used with one HA	SST	SSTs in social housing; PRT in PRS	SST
<i>Intended staff: client ratio</i>	1: 7	1: 7	1: 7	1: 7	1: 7
<i>Staff and out of hours coverage</i>	9-5 Monday to Friday (with some flexibility); out of hours support available from Aberdeen Cyrenians and Aberdeen Foyer	8:30am-5:30pm (with some flexibility evenings/ weekends); helpline outside office hours	Office hours vary; all but one partner offers out of hours support	Monday to Saturday (9am-5pm and 11.30am-7.30pm), and 10-6 on Sundays; out of hours on call support	Staff work regular daytime shifts; out of hours support available from staff base of an existing service

	<i>Aberdeen/shire</i>	<i>Dundee</i>	<i>Edinburgh</i>	<i>Glasgow</i>	<i>Stirling</i>
<i>Furnishing/ personal budget</i>	Yes, c.£1 200.	Yes, £1 280	Yes, £1 500	Yes, £1 500	Initially a furniture package; thereafter £1 500 budget
<i>No. people housed end Sept. 2021</i>	101	87	144	231	15

Abbreviations: HA – Housing Association; HSCP – Health and Social Care Partnership; LA – Local Authority; NDT – New Directions Team (Assessment); PRS – Private Rented Sector; PRT – Private Residential Tenancy; RSL – Registered Social Landlord; SST – Scottish Secure Tenancy; SSST – Short Scottish Secure Tenancy.

As noted above, all Pathfinder projects were commissioned on the understanding that providers were committed to operationalising the seven principles of Housing First endorsed in Scotland (and England). These principles are described in detail by Homeless Link (2017) but may be summarised as follows:

1. People have a right to a home – that is, access to suitable housing with a normal tenancy agreement is prioritised as quickly as possible, eligibility is not contingent on conditions beyond a willingness to maintain a tenancy, and individuals will not lose their housing if they disengage or no longer require support.
2. Flexible support is provided for as long as needed – meaning that providers commit to long-term offers of support without a fixed end date, have procedures in place allowing for high/low intensity of support and ‘dormant’ cases, broker links with relevant services across sectors to meet the full range of an individual’s needs, and offer support for them to transition away from Housing First if this is a positive choice for them.
3. Housing and support are separated – that is, support is available to help people maintain a tenancy and address any other needs they identify, housing is not conditional on them engaging with support, the choices they make about support do not affect their housing, and the offer of support stays with them even if the tenancy fails such that they are supported to acquire and maintain a new home.
4. Individuals have choice and control – meaning that they have reasonable choice as regards the type and location of housing (which should be scatter-site and self-contained unless they express a preference otherwise), they have the option to not engage with other services, they can choose when, where and how support is provided by the Housing First team, and they are supported through person-centred planning and shape the support they receive.

5. An active engagement approach is used – that is, staff proactively engage with clients (making the service fit the individual rather than the individual fit the service), caseloads are small thereby enabling staff to ‘do whatever it takes’ and not give up or close the case when engagement is poor, and the team continues to engage and support even if an individual loses their home or leaves it temporarily.
6. The service is based on people’s strengths, goals, and aspirations – meaning that projects are underpinned by a philosophy that there is always a possibility for positive change, individuals are supported to identify their strengths and goals, and to develop the knowledge and skills required to achieve these.
7. A harm reduction approach is taken – that is, people are supported holistically, those who use substances are supported to reduce immediate and ongoing risks to their health, individuals who self-harm are supported to undertake practices which reduce risk of greater harm, and staff work to reduce harm and promote recovery in other areas of physical and mental health and wellbeing.

All Pathfinder consortia were led by voluntary sector support providers, albeit that their size and structure varied substantially, especially with regard to the number of partners and/or involvement of statutory bodies (e.g., local authority Health and Social Care Partnerships). Referral processes were variable, with most accepting self-referrals and some using tools such as the New Directions Team (NDT)<sup>2</sup> assessment to prioritise referrals according to perceived levels of vulnerability. In each, support workers fulfilled an intensive case management role wherein they delivered support directly and brokered access to other services as required, which is the dominant support model employed in Housing First projects across the UK (Homeless Link, 2021). In this vein, the specific focus of support was (intended to be) dictated by the needs and preferences of service users on a case-by-case basis.

The local contexts and service networks within which the Pathfinders operated also differed markedly, albeit that almost all (98% of) service users were allocated a social housing tenancy which are typically used to discharge statutory homelessness duties in Scotland wherein social housing comprises 23% of all housing stock (Scottish Government, 2022). Temporary (hostel) accommodation was provided whilst independent housing was sourced. All housing provided was scatter-site (that is, dispersed amongst ‘normal’ neighbourhoods as opposed to being concentrated in particular tenement or apartment blocks) and standard tenancy agreements used. The cost of rent was covered by Housing Benefit or the housing

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<sup>2</sup> The New Directions Team (NDT) assessment tool is widely used across the UK by agencies supporting people with experience of severe and multiple disadvantages to assess their eligibility or need for services (see below for further detail).

payment component of Universal Credit, these being means-tested welfare benefits which helps people on low incomes in the UK cover their rent. All Pathfinder projects aimed to maintain staff: client ratios of 1: 7. Out-of-hours support varied, with service users typically having 24/7 access to a telephone helpline or other service operated by the support provider(s). All but one project offered a personalisation fund to enable user choice in furnishing and décor from the outset; the fifth (Stirling) instigated such a fund toward the end of the Pathfinder period.

Taken together, these characteristics afforded valuable opportunity to reflect on shared and locality-specific challenges and responses in the delivery of Housing First at scale. The following section outlines the methods used to explore these issues. Key findings from the evaluation are then presented.

## Evaluation Aims and Methods

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The evaluation aimed to assess the effectiveness of and draw together key lessons learned via the Pathfinder programme. It combined an *outcomes evaluation* assessing the outcomes individual service users experienced across a wide range of areas (housing, health, problematic substance use, experience of crime and antisocial behaviour, quality of life, etc.), a *process evaluation* assessing fidelity to the core principles of Housing First and investigating factors that facilitated or inhibited service delivery, and a *cost analysis* calculating unit costs of delivery and assessing whether the programme provided value for money. This study was designed in consultation with the Pathfinder's Steering Group which comprised key stakeholders including a wide range of support and housing providers and the programme funders. A reference group of individuals with lived experience of homelessness and multiple disadvantage, coordinated by Homeless Network Scotland, fed into the design of research instruments (e.g., outcomes survey). Ethical approval was granted by Heriot-Watt University.

A mixed method approach was employed and data drawn from five main sources. A substantial proportion came from *interviews and focus groups* with support provider leads and partners, frontline support workers, local stakeholders (e.g., housing associations, local authorities, health and social care providers), national stakeholders (e.g., policy makers, campaigning organisations), and service users (total n=200 participants). These were conducted at three time-points, as noted in Table 2. Wave one interviews focused on experiences during project design, mobilisation, and early implementation within 12-18 months of inception. These incorporated a fidelity assessment using a method developed and quality controlled by Homeless Link. Drawing across all interviews, this enabled a qualitative assessment of the strength of adherence to each of the seven principles of Housing First

(see above). Wave two interviews, conducted toward the end of the Pathfinder, focused on achievements, challenges, and lessons learned over the whole period. A complementary round of interviews was conducted mid-programme with senior representatives of each project to investigate the impact of the COVID-19 pandemic on operation. Most wave one interviews were conducted in person, but the latter of these and all subsequent interviews were conducted remotely via videoconference or telephone following imposition of pandemic-related restrictions on social contact. All discussions were recorded, transcribed verbatim, and analysed thematically using NVivo. Limited detail is given in quotation attributions to preserve participant anonymity.

**Table 2: Number of interviewees (at wave one, mid-programme, and wave two), by Pathfinder**

	Wave 1					Mid Prog.	Wave 2					TOTAL
	Provider /partner	Staff	Stakeholder	User	Total	Provider	Provider /partner	Staff	Stakeholder	User	Total	
<b>Aberdeen/shire</b>	7	6	3	4	20	1	3	4	4	2	13	34
<b>Dundee</b>	3	7	2	6	18	2	3	9	2	2	16	36
<b>Edinburgh</b>	6	9	6	8	29	1	5	6	2	4	17	47
<b>Glasgow</b>	5	10	4	10	29	1	3	10	5	11	28	59
<b>Stirling</b>	1	2	2	1	6	1	1	1	3	0	5	12
<b>National</b>	3				3	-	9				9	12
<b>TOTAL</b>					105	6					89	200

The second data source was *monitoring data* collected monthly from Pathfinders about all individuals housed (total n=579) up until the transition point in September 2021 (see above). These were used to capture the demographic characteristics of people supported, calculate tenancy sustainment rates, and record details of tenancy terminations. The third data source comprised *New Directions Team (NDT) assessments* completed by frontline staff for individuals they supported at the point of recruitment (total n=104). The NDT assessment scores individuals across a range of criteria, including: engagement with frontline services, intentional and unintentional self-harm, risk to and from others, stress and anxiety, problematic substance use, social effectiveness, impulse control, and housing status. These were used to develop a profile of the characteristics and support needs of service users at the point they began receiving Housing First support.



The fourth data source included *outcomes questionnaires* completed by service users at the point of recruitment (baseline) and six-monthly intervals thereafter (total n=101 returns). These questionnaires collected data regarding individual characteristics and aspirations, use of (other) services, and outcomes across a range of areas including but not limited to physical and mental health, problematic substance use, engagement with the criminal justice system, social support networks, employability, and quality of life. Most questions were validated measures included in the Housing First Europe Hub Outcomes Framework; some were additions requested and co-produced by the lived experience reference group (see above). Survey administration was severely disrupted by the pandemic and follow-up rate poor given that staff time was necessarily focused on support provision which was delivered remotely (e.g., by telephone) or in a socially distanced manner (e.g., via conversations through windows or from tenement stairwells). Plans to conduct a full cost-benefit analysis were abandoned as a result, and survey data only used to estimate costs associated with public service use prior to engagement with Housing First and to develop individual costed case studies highlighting potential cost savings and offsets. The fifth data source included quarterly *financial returns* submitted to Corra Foundation by the Pathfinder projects.

## Nine Key Messages

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This section presents nine core messages from the Pathfinder evaluation which speak most directly to live debates in international academic and policy literature regarding the merits, limitations, and operational challenges associated with Housing First. Each is discussed in turn below.

### ***1. Housing First is just as effective in Scotland as elsewhere... even in the context of a pandemic***

The Pathfinder attained tenancy sustainment rates commensurate with those recorded for Housing First elsewhere internationally (Aubry et al., 2021; Mackie et al., 2017), these being 88% at 12-months and 80% at 24-months overall.<sup>3</sup>

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<sup>3</sup> Tenancy sustainment rates were reported for both 12-month and 24-month periods. These were calculated by dividing the number of individuals who were still housed in a Pathfinder Housing First tenancy by the total number of individuals who had been housed at least that length of time ago (i.e., 12 months or 24 months) and multiplying by 100. Individuals who passed away following recruitment were excluded from the analysis. The number of deaths and repeat Housing First tenancies were reported separately. See Johnsen et al. (2022) for a detailed account of this analysis and full breakdown of tenancy sustainment figures.

Significantly, no evictions were recorded.<sup>4</sup> Where tenancies were ended, it was normally due to a planned move back into temporary accommodation (4% of all tenants) or other supported accommodation (2%), abandonment (2%), or a long-term prison sentence (2%). Fewer than 1% moved into a second Housing First tenancy after the first was ended.

Qualitative evidence regarding other individual-level outcomes (regarding health, problematic substance use, and engagement with the criminal justice system for example) indicates that these were mixed but positive on balance, which also aligns with existing international evidence on Housing First (Baxter et al., 2019; Mackie et al., 2017). Service user interviewees' experiences varied but were very positive overall. Some service user interviewees described the impact of Housing First on their lives as transformational.

It's totally transformed my life... It's given me something that I want to really hold on to... I'm over the moon with it [my flat] and I'm not letting it go easy... Now, I'd say my life is going really well and... without having that flat... I'd still be basically either in and out of the hostel system... Aye, the flat has made a huge difference to my life, a massive difference. (Service user)

For others, changes were rather more incremental and/or intermittent, but no less significant in fostering recovery for that fact.

[Some tenants have] achieved something which might ordinarily seem to be quite insignificant... How do we then translate that into an outcome for the Scottish Government or for a funder to say, 'This works' and they're like, 'What, someone made Bolognese for their pal on a Friday night? !' You're like, 'Yes!' (Pathfinder provider)

These outcomes are particularly impressive given that the final two years of the three-year programme coincided with the COVID-19 pandemic. The pandemic's onset and associated restrictions, including periods of strict lockdown during 2020 and subsequent (albeit less severe and intermittent) restrictions into 2021, affected delivery profoundly. Some of the most notable impacts included, amongst others, social distancing requirements, shielding of especially vulnerable individuals, self-isolation after infection, staff working from home and hybrid work arrangements, staff absences due to illness, and severe pressure on healthcare provision. The closure of community facilities also severely constrained opportunities for

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<sup>4</sup> It should also be noted that the Scottish Government imposed a moratorium on evictions during the pandemic, but this did not apply to antisocial behaviour, hence it was always possible to evict tenants whose actions were affecting neighbours (Berry, 2021). The Pathfinder's tenancy sustainment rates cannot therefore be dismissed as an outcome of the moratorium.

combating social isolation. Further to these effects, the pandemic reduced the turnover and availability of rental properties thereby contributing to lengthy hiatuses in social housing property allocations.

The costs of delivery were comparable with those reported in other studies of Housing First in the UK (CSJ, 2021). The survey revealed substantial levels of public service use among the target group and therefore substantial potential for cost offsets, although there was limited evidence of actual cost savings during the Pathfinder period, because of the complex needs of service users, limited timescale, and small sample (see above).

## ***2. Stakeholder attitudes are changing for the better... but there is still a long way to go***

In achieving these outcomes, the Pathfinder demonstrated ‘the art of the possible’ with Housing First’s target population and led to an increase in support for the approach amongst stakeholders who had previously been sceptical regarding its potential efficacy.

It’s shown that people who perhaps some of us thought would never be able to sustain a tenancy... that actually they can... I think for some people it is a... shift in mindset, isn’t it?... I think just seeing the outcomes and seeing like, ‘Oh gosh, they’ve managed to sustain that, I would never have thought’. (Local stakeholder)

The Pathfinder’s effectiveness for a number of individuals who had previously been deemed ‘unhousable’ induced some of Scotland’s homelessness service providers to adopt more flexible and/or less conditional forms of support. Further to this, it persuaded a cohort of housing providers to revise their procedures to cater more effectively for Housing First clientele, by, for example, reviewing the tone of communication templates (e.g., rent increase letters) and/or ensuring that automated arrears or antisocial behaviour escalation procedures were not triggered without prior liaison with Housing First support providers.

Housing First tore up the rule book in a lot of respects... It was a massive shift in the whole concept of providing housing for a homeless person and... it’s led to many different ways of allocating properties and considering applicants. I think it’s been very positive overall. (Local stakeholder)

A great deal of progress was made in improving understanding of what Housing First is (and is not), and the needs of the target population, amongst stakeholders in housing and allied health and social care sectors. The training provided by the

Housing First Training Hub, and 'Connect' events hosted by Homeless Network Scotland which enabled shared learning amongst stakeholders involved with the Pathfinder, were particularly influential in this regard.

Some of the issues encountered, such as the tendency for Housing First tenants in one city to be 'bypassed' during the joint register housing allocations process for example, indicates that there nevertheless remains some way to go to redress stigmatised attitudes regarding what Housing First clients 'deserve' and/or are capable of, and further promote trauma-informed ways of working.

People were bypassed for tenancies because people had a knowledge of who that person was, or they looked at the background of the individual... I do think we've got a wee bit of a way to go in terms of that education piece in challenging the stigma, in challenging the previous thinking when it comes to individuals who have complex needs. (National stakeholder)

### ***3. Housing First is effective in preventing repeat homelessness... but other benefits will not be realised fully until barriers to healthcare are addressed***

The limited availability and inflexibility of many of the statutory health and social care services that Housing First projects work in conjunction with have restricted the extent to which its potential benefits have been fully realised. The Pathfinder helped service users navigate what are often complex systems, but gaps in external provision and barriers to access remain. Difficulties accessing mental healthcare for this population are especially acute given rigid eligibility thresholds and prohibitive engagement requirements employed by many National Health Service (NHS) Boards for example.

That's been one of the big deficits or our experience to date, is that there are other bits of the system that... aren't able to come alongside with that same degree of flexibility, that same degree of choice and autonomy. (National stakeholder)

Taken together, these issues impeded the distance travelled on many individuals' recovery journeys. They were also a source of immense frustration for frontline support workers, even whilst they were mindful of the pressure that health and social care service staff faced in a context where National Health Service and Local Authority Social Work services were suffering the effects of austerity-related funding cuts and pandemic-induced staffing shortages.

Other services tend to be appointment systems. Three counts and you're out. That doesn't work for a lot of people... We need to look at how we provide, even statutory services across the piece, because... [they] need to be much more flexible than that. We're not going to change that overnight, unfortunately. (Frontline staff)

Flexible and integrated approaches to the healthcare of the population that Housing First targets have been endorsed at the national level within the UK (NICE, 2022) but it is widely acknowledged that broader system change is needed if these are to be actualised. The integration of health professionals into Housing First teams via secondment or other arrangements, which appears promising in large-scale pilots within England (MHCLG, 2021), may well be a prudent interim measure at least until such time as these systemic barriers have been eradicated.

#### ***4. Housing First improves lives... but does not vitiate disproportionate risk of early mortality***

A substantial body of international evidence indicates that people experiencing homelessness tend to have far worse health and die much younger than the general population at large (Aldridge et al., 2018; Morrison, 2009), and that this is especially true for the subpopulation that Housing First targets (Queen et al., 2017). The Pathfinder contributed to health improvements for some service users and was effective in encouraging many to begin to engage with healthcare but did not – and should never have been expected to – somehow magically undo the effects of the abuse and/or neglect that their bodies have suffered given prolonged exposure to life on the street, problematic substance use, and associated trauma.

A total of 6% of the individuals housed by the Pathfinder very sadly passed away. Mortality rates are not consistently reported by Housing First programmes, but the evidence available indicates that this figure is consistent with Housing First initiatives elsewhere. Key comparators include a survey of Housing First projects in England indicating that 6% of the total 762 individuals supported by 32 participating projects had died (Blood et al., 2021), and the findings of a randomised control trial in France wherein 6.5% of (23 of total n=353) Housing First tenants had passed away during the two-year study (Tinland et al., 2021).

Pathfinder provider interviewees reported that whilst some of these deaths were the result of long-standing physical health conditions, most were understood to be problematic substance use related. The Pathfinder operated in what is widely acknowledged as a ‘drug deaths crisis’ in Scotland, given that Scotland’s drug-related death rate has risen to the point that it is now the highest in Europe, and more than three and a half times greater than that of the UK as a whole (NRS, 2021).

This time last year [2020], and into the very beginning of this year [2021], there was a... very concerning number of drug-related deaths within the city... Part of the issue... was to do with street Valium... that were filled with horrible things, and killing people... There’s been a huge amount of work... by providers and the police and the ADP [Alcohol and Drug Partnership]... to try and address that... because it was staggering and terrifying. (Pathfinder provider)

The risks for Housing First tenants were thought to have been exacerbated by the pandemic given its impact on drug markets and catalytic effect on increased and riskier patterns of problematic substance use internationally (Roe et al., 2021).<sup>5</sup> On this, interviewees reported that the number of deaths reduced when restrictions on social contact were eased, but it was unclear what future trends might entail. It is also notable that the Scottish Drug Deaths Taskforce recently endorsed Housing First, calling for its expansion and replication of its principles in other services as means of mitigating risk (Scottish Drug Deaths Taskforce, 2022).

In sum, it seems that Housing First can improve individuals' lives dramatically, but also that it does not entirely counteract service users' risk of early mortality (see also Tinland et al., 2021). This is an extremely sensitive subject, but one that stakeholders should be encouraged to have honest and frank conversations about, not least to support those aiming to devise interventions which reduce levels of risk for drug users.

### ***5. Implementational 'sticking points' are to be expected... and will shift over time***

Strong political commitment at the highest level was consistently identified as a key factor facilitating the implementation of Housing First in Scotland. Even so, Pathfinder experiences indicate that barriers will almost certainly be encountered when Housing First projects are initially developed and/or scaled up. The location and nature of these varied depending on factors such as provider configuration or consortium size, the degree and nature of involvement of statutory bodies (most notably local authority Health and Social Care Partnerships), and local housing market conditions.

What we've found across each of the areas... is that the blockage and the barriers, and who's got the responsibility or the authority to fix them, changes. So it isn't... that there's been one big problem that's remained the thing that we need to keep chipping away at... Month-to-month the problem shifts. Of what it is that's causing a slowdown; of what it is that's preventing people getting into tenancies. (National stakeholder)

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<sup>5</sup> Specifically, research indicates that the pandemic seriously disrupted drug supply chains internationally, including in Scotland, with decreased availability and increased prices prompting the use of alternative substances which in turn heightened the risk of changes in users' tolerance and overdose. Compounding this, a deepened sense of isolation, loneliness, anxiety, and boredom during the pandemic catalysed both increased and riskier patterns of problematic substance use (Roe et al., 2021).

As the quotation above notes, a key point of learning was that stakeholders should expect these sticking points to shift over time as Housing First projects become embedded and mature. By way of example, Pathfinder experiences indicate that at times it may be that local municipalities are accused of stalling progress given procurement logistics or referral process technicalities; on other occasions blame may be directed at voluntary sector providers for failing to recruit staff quickly enough to meet demand; at yet other points it might be that housing providers are criticised for not doing enough to provide or prioritise housing for Housing First clientele.

***6. Joint working goes a long way...  
but is too often reliant on personal relationships and goodwill***

Collective problem solving is essential when attempting to overcome the kinds of issues described above. Intensive joint working enabled stakeholders to overcome many operational challenges and increased levels of buy-in to Housing First at the strategic level, even if this did not necessarily always filter down to staff in frontline roles (see above). Collaborative efforts 'moved mountains' to the benefit of service users in numerous situations. That said, the resolution of issues often hinged on personal relationships between and/or the goodwill of individual stakeholders. This is highly problematic given the risk that Housing First users will lose out if/where relationships between key stakeholders are strained and/or commitment to Housing First sporadic. Critically, it underscores the need for broader systems change to overcome the systemic and structural barriers to access housing and treatment that the target population continues to face.

There were some amazing stories of joint working... based around relationships and people working together, but there's no absolute consolidated framework... To me, that's a system weakness... It should not be down to chance of whether somebody gets on with somebody as regards to whether someone is going to get the service they need. (Local stakeholder)

On a related point, there was a high level of malcontent regarding the fact that local authority housing departments 'picked up the bill' for Housing First during the mainstreaming process. This was allied with a very strong call for cross-sector investment in Housing First given the benefits for service users and substantial potential for public cost offsets recorded.

This just absolutely has to be seen as a joint commissioning endeavour... particularly from across health and social care and ideally out into community justice as well as housing and homelessness... We want access to these more diverse budgets... because the people that those budgets are designated for are the same people that we're talking about... and its homelessness that's picking up the tab. (National stakeholder)

In making a case for cross-sectoral funding, it is worth recalling the origins of the Housing First approach as initially devised in New York in the 1990s, in that it was not intended to be a 'housing' intervention *per se* but rather a holistic service promoting the recovery of some of society's most vulnerable members – within which rapid provision of settled housing is but one (crucial) ingredient (Tsemberis, 2015). On this subject, a number of interviewees proposed that cross-sectoral input and longer-term security of funding might be facilitated by positioning Housing First within the new National Care Service recommended in the recent Independent Review of Adult Social Care in Scotland (Scottish Government, 2021b).

### ***7. Fidelity to the core principles of Housing First is achievable... but also fragile***

Most of the Pathfinder projects succeeded in operationalising the majority, if not all, of the seven principles of Housing First (specified above) to a relatively high degree in the first two years of operation. Some deviations were however evident in some areas. Where they occurred, departures from the principles resulted from either: a) deviations in programme design (e.g., restriction of eligibility to individuals who demonstrate commitment to engagement during a six-week assessment process in Dundee); or b) deviations in programme delivery, that is, the effects of (external or internal) factors which inhibited projects' ability to deliver the service as intended (e.g., bypassing of Housing First clients in housing allocations in Edinburgh and temporarily higher than intended caseloads resulting from staff shortages in Glasgow).

Changes to consortia composition and modes of delivery, variably articulated across the Pathfinder areas during the mainstreaming process during the third year, compromised fidelity in a number of ways. Many interviewees expressed grave concern regarding increased staff caseloads in some areas, given indications that when staff supported more individuals than was manageable, support delivery tended to focus on crisis resolution (and on tenancy sustainment specifically) at the expense of other (non-housing) aspects of service users' lives. Excessively high caseloads also compromised staff wellbeing.

They've [tenants have] moved from the Pathfinder where they had extremely intensive support to [name of new provider] where the service... is lacking in resource currently and these individuals are not being provided with the same level of support that they had through the Pathfinder. As such, they're not succeeding in the same way as they were before. (Local stakeholder)



Concerns were also raised within at least some areas in relation to escalation of expectations during the mainstreaming phase regarding service user engagement as an eligibility criterion, pressure to limit the duration of support, and/or potential compromises to the separation of housing and support.

It's about working with them [service users] to get them to the stage that Housing First might be appropriate... Going forward, we have to get them to be engaging otherwise we have to say to them, 'Well, no, if you're not going to engage we can't, we're not here to chase you'. (*Post-transition provider*)

I've been asked... 'Have you thought about exit strategies'? I was like 'I'll bring the seven principles to the meeting next time I come and you just won't see exit strategies on there!' (*Pathfinder provider*)

We've seen some local authorities set up their own Housing First departments within the council, which breaks some of the principles right away. How are you separating housing and support because they're the main housing provider and providing the support? (*Pathfinder provider*)

This erosion of fidelity is worrying given the potential negative influence on the likelihood of some individuals being accepted into Housing First (i.e., potential 'creaming' of referrals) and the adequacy of support provided (particularly its intensity, flexibility, and duration), alongside international evidence that Housing First programmes with weaker levels of fidelity generate less positive outcomes (Davidson et al., 2014; Goering et al., 2016). There is a very strong call for fidelity to Housing First principles to be monitored very closely going forward for these reasons.

### ***8. Housing First staff have a tough gig... and should be supported (and paid) accordingly***

The success of Housing First hinges, in large part, on the relationship between frontline staff and individuals being supported. The support worker's role is a difficult one, given the challenging behaviours they often encounter, intensity of support required by many tenants, and barriers frequently encountered when brokering external support.

I love my job. But it's really hard sometimes... I can cope with being told to fuck off when [name of client] is having a bad day. It happens!... But I get so tired of fighting to get him... treatment. It's exhausting. Like, why should I have to push and push to get him something he obviously needs? (*Frontline staff*)

The Pathfinder highlighted the critical importance of providing adequate levels of supervisory support and opportunities for reflective practice. Provision for clinical supervision, whilst only offered in some Pathfinder areas, was also regarded as good practice given the very real risk of exposure to vicarious trauma and/or potential burnout when working with Housing First clientele (Theodorou et al., 2021).

The things that we're dealing with every day, we need... to be looked after, it's very important... [Debrief sessions] save you taking the stuff home, you know what I mean? (Frontline staff)

We've had the reflective practice groups run by a clinical psychologist... That's been invaluable... Its a group thing so you can talk about things, but then [the facilitator's] guidance and advice has been very enlightening. (Frontline staff)

On a related issue, many interviewees called for better remuneration for Housing First staff given recognition of the challenges of and specialist expertise required in the role and to maximise providers' prospects of recruiting and retaining high calibre staff.

### ***9. Housing First works for most people it targets... but we still need solutions for others***

Housing First 'works' in terms of resolving homelessness for the vast majority of people supported. Qualitative evidence compiled during the evaluation nevertheless indicated that Housing First is not an appropriate solution for three groups. First amongst these are individuals who lack capacity, due to cognitive impairment associated with a severe learning disability or brain injury for example, who are therefore unable to comprehend fully the consequences for breaching (standard) tenancy agreements.

We're transitioning a couple of cases at the moment over into other services, because their needs are... superseding the... support that we can provide... people with cognitive impairment and maybe ARBD [alcohol related brain damage]. (Frontline staff)

Secondly, Housing First is not suitable for individuals who are so unwell that their healthcare needs exceed what can realistically be catered for with Housing First.

What we're also seeing now as well is... [referrals where] it's almost care home-like is what they're really needing... Providing personal nursing-type care is not a [Housing First] support worker's role. (Pathfinder provider)

The third group is comprised of individuals who do not want Housing First (at the point it is offered, at least) because they do not want the responsibility of an independent tenancy (even with Housing First support) or, in some cases, would rather not live alone.

So we had one guy, he said, 'I don't want to be Housing First, I don't want my own tenancy, I wouldn't be able to manage it.'... If I'm honest, I think we pushed the guy into it... It happened very quickly, he stopped living there and he went back to rough sleeping, and we could not get him to return to that property. (Local stakeholder)

Alternative interventions offering intensive (24/7) support are needed for the first two of these groups (those lacking capacity or with very high healthcare needs) given that they require a care-led rather than housing-led solution (Reid, 2021). Further thinking and evidence are required to identify appropriate interventions for the third group (those who do not want Housing First), as well as for the minority of individuals who have been unable to sustain tenancies even with Housing First support. Devising solutions for them must remain a key priority for policy and research communities internationally.

## Conclusion

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In conclusion, many valuable lessons were learned during the Pathfinder period, most notably that Housing First delivery at scale in the Scottish context may well be difficult, but is achievable, and is indisputably worth pursuing given its effectiveness at resolving homelessness for a group traditionally poorly served by mainstream services and potential for substantial costs savings to boot. The programme shed light on a number of factors that facilitate and inhibit the successful delivery and scaling up of Housing First within the UK, at least some of which will no doubt resonate with the experiences of stakeholders in other international contexts.

Looking forward, if Scotland is to retain its status as an international pioneer in Housing First implementation, it is critical that the level of political commitment it has commanded up until this point is maintained and that fidelity to the core principles is preserved given their centrality to its effectiveness (Davidson et al., 2014; Goering et al., 2016). Evidence of a nascent ripple effect, catalysed at least in part by the Pathfinder's demonstration of 'what works' for people experiencing homelessness with complex needs, gives ground for optimism that trauma-informed ways of working may become increasingly embedded in day-to-day practice within and beyond Scotland's homelessness services. Many operational challenges remain, but if such ripples increase in both reach and magnitude in the future, the Pathfinder will have left an extremely positive legacy indeed.

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# Overcoming Homelessness: Action Research and Photovoice Methodology as Tools for Collective Reworking of COVID-19 Traumatic Experience and for Increasing Transformative Skills

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- **Abstract\_** *This article analyses the repercussions that action research, in the field of homelessness, can determine in the process of collective re-elaboration of the experiences lived during the spread of the COVID-19 syndemic and in the promotion of transformative skills of social resilience. This study was carried out in the city of Bergamo (IT), which was one of the cities that was most dramatically affected by the spread of the virus in the first months of 2020 (during the so-called Phase 1, between February and May 2020). This study focused on the network of services which fight against homelessness. This study analysed the ways in which the COVID-19 syndemic has affected the homeless population, the point of view of the personnel working in third-sector organisations, and who (in response to the health and social emergency) have activated social resilience. These practices have been the subject of collective re-elaboration during the action research that was conducted by the University of Bergamo. The results of this process have led to a reformulation of the collective memory regarding the traumatic experience of COVID-19 and can help to promote the development of transformative skills, which have not yet been fully exploited.*
- **Keywords\_** *COVID-19 syndemic, photovoice methodology, fighting against homelessness, transformative skills*

## Introduction

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This article exposes the main results of the action research engaged in the sector of the homeless services, between February and May 2020. During the action research, I analysed the strategies of reaction and of transformation activated by the network fighting adult marginality, during the so-called Phase 1 of COVID-19. These strategies have been interpreted with the theoretical tool of social resilience. Specifically, I have isolated three types of resilience capacities: coping, adaptive, and transformative capacities. The process of analysis of the resilience capacities was conducted in collaboration with the personnel working in the third-sector organisations and has taken into consideration the practical relevance of resilience capacity on its own, as well as its symbolic significance. This has been possible thanks to the adoption of the photovoice methodology. In this article I will present the results of the research acquired through the narrative interviews and with the analyses of some photographs.

The data I collected during the action research have contributed to determine some transformation in the research field. First, the action-research has developed the collective consciousness among the third-sector services with regard to the resources they can negotiate with the political institutions. Second, the participative re-elaboration of the traumatic experience of the first wave of the COVID-19 syndemic<sup>1</sup> has led to the reformulation of the collective memory about the events lived by the personnel involved in the research.

In the discussion part of this article, I assert that the transformative capacity is still not completely acquired, and this is caused principally by the uncompleted collaboration between public institutions and third-sector services involved in the support of people experiencing homelessness.

This research can be relevant for understanding the challenges for the homeless sector because it points out some important lessons learned during the COVID-19 syndemic, such as the strategies that can be activated in order to respond to immediate danger, the praxis that can support the participation of and constructive collaboration with people experiencing homelessness in the shelters' everyday management, and the resources that play a fundamental role in order to promote a constructive and parenthetical collaboration between the third sector and the political institutions.

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<sup>1</sup> A syndemic is the aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions, which exacerbate the prognosis and burden of disease.

### ***The relation between transformative skills and collective memory***

The term 'social resilience' refers to the forms of adaptation of organisational resources and symbolic configurations (as well as the forms of transformation of professional practices and daily social interactions) that guarantee (as far as possible) the continuity of services, safety, and well-being of people and communities (Adger, 2000). By studying empirical cases in rural areas of nations with a low degree of industrialisation, Adger (2000) identifies in social resilience the ability of communities to face external shocks to their social infrastructure through a change of lifestyles, the identification and activation of unusual material resources, and the enhancement of social and relational capital. This phenomenon also concerns neo-liberal Western societies, where the same practices of social resilience resurface with a particular emphasis on social capital and relational networks (Barnes and Hall, 2013). A significant difference concerns associations (absent in rural areas) that become a fundamental resource, especially for social groups with lower income levels. According to Keck and Sakdapolrak (2013), social resilience involves three capacities: coping skills, adaptive skills, and transformative skills. The coping skills are used when facing an immediate or imminent threat by making use of the available resources to try to restore a condition of well-being, which will never be able to match the pre-existing situation (Frydenberg, 2017). Adaptive skills have a more proactive purpose and focus on learnings that can be used in facing future risks (Aldrich, 2017). Coping and adaptation both focus on facing the threat, but while the former is played out in a short period of time and mainly involves tactical action, the latter is expressed in the medium–long term and concerns greater strategic planning (De Marchi, 2020). The third type of capacity, called transformative skills, questions the institutional setting and includes the ability of individuals and groups to contribute to collective decision-making processes to enhance individual well-being and to strengthen the security of the social group in view of future crises. The third type of ability is the most difficult to put into practice because it requires the promoting group to have a solid starting point in terms of the re-elaboration of shared experiences and meanings, and to be able to collaborate on an equal basis with the decision-makers of the decision-making areas. The first assumption constructs the necessary but not sufficient prerequisite of the second (Lamb et al., 2022).

The action research that will be presented in this paper analysed the social resilience practices that were implemented during Phase 1 of the syndemic by the operators who work in the fight against homelessness. The action research also accompanied the staff of the operators in their re-elaboration of the narratives of the experiences that they lived during the COVID-19 pandemic and in the construction of shared meanings.

Benjamin's famous pages on the impossibility of talking about the war in the trenches (Namer, 1987) have been taken up again in this work to reflect on the difficulty of personal elaboration of traumatic events. For example, narrative exposure therapy is based on the assumption that providing narrative frames to events of one's experience can help to create meanings that make them less painful and intrusive (Neuner et al., 2002), but the same condition has also stimulated a reflection on the social dimension of trauma (Alexander, 2012).

The analysis of narratives allows one to focus one's reflection on the relational context in which the subjects are inserted (Berger and Luckmann, 1966). Communication represents the frame within which social interactions influence social action and reconfigure meaning when this frame becomes the object of a collective reworking. Each narration is the result of implicit processes of social construction. The intimate relationship between language and social action is demonstrated by metaphors, which are understood as conceptual devices that are capable of evoking emotions through their figurative representation (Lakoff and Johnson, 1980). The expression of a metaphor, in addition to having the evocative power produced by its figurative form, also has a selective form: it decisively expresses one aspect and is silent about others. The metaphor is therefore a paradox: it clarifies, but at the same time distorts, which is where its irreducible ambiguity and richness comes from. This ambiguity is heightened when metaphorical images emerge from a process of collective reworking and are used to represent a shared and long-gone experience, as happened in the experience of the first wave of the COVID-19 syndemic.

Memory is often understood in strictly personal terms. Sometimes defined as a faculty of the human mind close to imagination, sometimes as the cerebral ability to record events and sensations, memory ends up being the supreme guarantee of its subjectivity: something akin, in common perception, to a passport, DNA, or fingerprints (Jedlowsky, 2000). In contrast to this exclusively individual representation of memory, Maurice Habwachs argued during the 1930s and 1940s that the memory of a group does not coincide with the sum of the individual memories that compose it (Habwachs, 1949). In other words, the memorial heritage of the group to which they belong constitutes the horizon of meaning of personal experiences. There are social frameworks that have (with respect to the latter) a symbolic and normative function: they direct their emotional charge and translate their content into communicable representations (Jedlowsky, 2000). The past is not preserved, it is reconstructed, and the transformation can rightly be indicated as the operating principle of collective memory (Namer, 1987). The shared re-elaboration of the social resilience practices that were activated by the people experiencing homelessness's support network has made it possible to: a) express the point of view of each professional; b) share the different points of view and to discover the experiences and

feelings lived by other professionals; c) identify the practices of social resilience that have been useful in order to overcome the emergency (coping), but also to manage everyday life (adaptive strategies); d) conceptualise the uncompleted development of the transformative capacities. In the end, it was possible to identify shared meanings among the research participants and these constitute the starting point for establishing an equal and effective collaboration with the institutions to promote structural changes in territorial policies to combat severe marginalisation.

### ***Homelessness: Inequities, structural dynamics, and phenomenology***

The constant increase in conditions of poverty and serious social marginality in a segment of the population in Europe may be associated with the contraction of the labour market and the increasing costs of basic necessities (Benassi et al., 2020). These processes were felt to be the result of the global effects of the economic and financial crisis of 2007–2008, and also the result of the collapse of the American real estate bubble in the early 2000s. These crises have also had great repercussions in Europe and have led to an exacerbation of inequalities: the income of the super-rich increased and, at the same time, the number of families living in conditions of social vulnerability and poverty have grown (Tooze, 2018).

There are also some more structural dynamics, such as the precarious situation of the main systems of social integration and resource distribution (Bifulco and Vitale 2006; Muehlebach, 2012). In particular, in the countries of southern Europe, such as Italy, the welfare system (Ferrera, 1996) was created after the Second World War when a high percentage of the economy was still rural, which slowed the urbanisation process. In these areas the family still retained a decisive role in the public sphere (the solidarity among the traditional extended families still played a crucial role), and the state supported conservative and liberal political action, with an anti-communist attitude (Ferrera, 1996). As a result of this historical configuration, social housing policies still straddle the private market and public action. However, the private market plays a decisive role given the high proportion of owned properties in Italy (equal to 76% of real estate assets) (Allen, 2006). The dominant role still played by Italian families in supporting the purchase of homes for young people and couples seems to compensate for the poor development of the financial sector, as well as the precariousness of the labour market. The supply of public rental housing is also very low compared to the demand (Allen, 2006). It is also excessively targeted (e.g., for numerous families, people with disabilities, indigent people) and therefore cannot have a significant effect on social hardship and in the prevention of the living conditions of poor people from worsening (Bifulco and Vitale, 2006). Added to this is the clientelism that characterises the public bureaucratic apparatus (Allen et al., 2004). All of these factors lead to a growth of the number of people who

live in poverty or who are socially vulnerable (Benassi et al., 2020). Public policies have not yet been able to develop effective responses to the problems faced by these groups (Ranci and Pavolini, 2008).

It is still very difficult to quantify the homeless phenomenon, both locally and nationally. However, from the latest ISTAT survey<sup>2</sup> on the homeless population, dating back to 2014, it is estimated that in Italy there are almost 51 000 people (equal to 2.43 per thousand of the total population) without a stable home. The survey also noted an increase in the share of people who remain homeless for more than two years (41.1%) and four years (21.4%). These are mostly men (85.7%), foreigners (58.2%), under the age of 54 years (75.8%), or with low educational qualifications (only one-third reached at least the secondary school diploma). A significant percentage of the homeless population is concentrated in the northern regions (56%), where the province of Bergamo is located. From the latest systematic survey regarding the province of Bergamo in 2017<sup>3</sup>, it appears that 834 people were received at first reception facilities<sup>4</sup>, of which 74% were foreign nationals and 94% were male. In this area, reception and support services and structures have been organised for many years. For example, in the field of problematic drug use prevention, street units supply an addiction service and there are two help desks, one for the municipality and the other managed by a charity association. Additionally, first-aid services are managed by charitable associations (e.g., a night shelter). There is a significant turnover in the night shelter because most of the recipients' stay for less than three months. About 20% of people experiencing homelessness move to other types of social accommodation. Examples of other social accommodation include therapeutic communities and social housing. In recent years, there has been a significant increase in the homeless population in northern Italy, and a growing part of the homeless population is composed of Italian citizens (Consoli and Meo, 2020).

The new Italian homeless are young people that have 'inherited' the condition of poverty from their family. This means that the social support services that have supported their parents has failed. In other cases, the most recent statistics have highlighted a new phenomenon of educational poverty – young people who have

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<sup>2</sup> ISTAT: Istituto nazionale di statistica (National Institute of Statistics). [https://www.istat.it/it/files//2015/12/Persone\\_senza\\_dimora.pdf](https://www.istat.it/it/files//2015/12/Persone_senza_dimora.pdf). Accessed 15.04.2022.

<sup>3</sup> The survey was carried out in 2017 by the 'PONte' network, which includes the participation of the municipalities of the Bergamo area, charitable associations, and the third sector.

<sup>4</sup> The services that intervene in an emergency manner and in response to basic needs are commonly defined as 'first reception services'; these include canteens, emergency dormitories, and street workers. In the 'second reception sector', on the other hand, we find the therapeutic communities and the social housing apartments; these resources are intended for people who have embarked on a path to leave street life.

never acquired either the lower secondary school diploma or basic working experience. This situation is generally called NEET.<sup>5</sup> However, as the working poor category attests, having a job is not always an assurance of avoiding poverty, because it could be a precarious job with a very low salary. Finally, broken family relations, with parents or in case of separation, is one of the most common causes of poverty when there is already a situation of social vulnerability (Benassi et al., 2020; Consoli and Meo, 2020).

### ***Homelessness and COVID-19 in Europe, and in Bergamo***

‘Stay at home’ was the main slogan across Europe, but this was not possible for the homeless, people who live in a condition of social marginality and housing exclusion. And this situation was very serious because the homeless are a medical high-risk population.

In all the countries of Europe, whenever the public authorities have established a lockdown, the homeless were obligated to stay in night shelters (now opening 24/7), where it was not always possible to assure hygienic control and avoid overcrowding (Tsai and Wilson, 2020). For this reason, in some cases, hotels were transformed into emergency accommodation for the homeless. In shelters and in emergency hotels it was important to assure a turnover of workers and volunteers in order to guarantee the safeguarding of their physical and mental well-being. However, the staff demonstrated strong proof of resilient, flexible, and innovative work and the containing of infection rates among the homeless has been successfully realised (Pleace et al., 2021). During Phase 1 of COVID-19, the interventions in most European countries were temporary interventions, focused mostly on public health concerns, rather than on homelessness. However, the number of people experiencing street homelessness has significantly reduced. Public authorities, NGO, and third-sector associations have also increased the social housing accommodation (frequently in the setting of the Housing First project), and this has been a great achievement because, in having to allow for social distancing, it has underscored the importance of having private accommodation. Briefly, at the end of Phase 1, a structural collaboration with national authorities, and also a clear strategy to prevent an eventual return to the streets have not been established (Pleace et al., 2021).

In Bergamo, a large part of the services to address the serious marginalisation of adults was administered by the third sector (associations, charities). However, the role of the public sector is of fundamental importance because it guarantees territorial coordination, provides important economic support (e.g., disability pensions or citizen’s income), and the start of social reintegration paths (e.g., entry into flats with an agreed rental fee, or therapeutic communities). All these activities have been

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<sup>5</sup> Not [engaged] in Education, Employment, or Training.

drastically changed following the onset of the COVID-19 emergency. During the months of February and March 2020, it became gradually more evident that the city of Bergamo was dealing with one of the main outbreaks of the COVID-19 syndemic. The busy daily life of one of the most dynamic and cosmopolitan Italian provinces came to an abrupt halt in the month of February. Within a week, non-essential manufacturing and commercial activities were shut down. Schools, universities, public offices, and churches were all closed well before the lockdown became national, as were shopping centres, bars, cinemas, and most shops. On 8 March 2020, the national authorities established the national lockdown, which required all people to stay in their homes, travel was only possible within a few metres of the home, and only for essential needs. Personal freedom of movement was drastically limited right from the start: travel was possible only within the municipality of residence for serious and justified reasons, with frequent and rigorous checks by the police. Nights in the city became silent, one could almost say peaceful, without the usual background sound of urban traffic. The only noises that cut the silence were the sirens of the ambulances directed towards the main city hospitals.

The efforts that institutions and health-care personnel made during the acute phase were extraordinary: 300 out of 900 beds were occupied by COVID-19 patients, which is 70% of the hospitals' intensive care beds. Staff skipped rest periods to ensure continuity of care. Recruitment or voluntary support of doctors and nurses came from all other regions of Italy and from other countries (e.g., China, Russia, Cuba, and Albania were among the most active). The most serious cases were transferred by helicopter to other national and European hospitals (many people from Bergamo woke up in the hospitals of the German Länder). During Phase 1 of the syndemic, Bergamo was the province with the highest number of deaths in all of Italy. From 20 February to 31 March, 6238 people died in this area, with a dramatic increase of 568% compared to the average for the same period in the five-year period 2015–2019<sup>6</sup>. All of the municipal services responsible for combating severe acute marginalisation interrupted their face-to-face interviews as well as the planned projects – such as the disbursement of the basic income or a disability allowance, entry into the community, the start of internships – and they reorganised communication to take place only on the telephone and via e-mails. The social services of the municipality focused on specific types of users, such as the elderly living alone and non-self-sufficient people, and delegated the management of homelessness service users to the structures of the third sector.

In the city of Bergamo, all the public offices, as well as the municipal services that support people experiencing homelessness, decided to close the offices and to provide their services by telephone or by email. This modality of communication

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<sup>6</sup> [https://www.istat.it/it/files//2021/10/Popolazioni-speciali\\_Comunicato-stampa.pdf](https://www.istat.it/it/files//2021/10/Popolazioni-speciali_Comunicato-stampa.pdf)



was not very comfortable for people experiencing homelessness and most users dropped out from the services. In contrast, the third-sector actors decided to implement their services: the night shelters were transformed into 24-hour services and a new shelter was opened in order to assure more space for every guest. The drop-in services decided to continue working in the streets using more protection (such as masks or plastic gloves). Finally, the communities have decided to interrupt the visits from parents or friends and also stopped the possibility for the guests to go outside the community. The main problems for the new management of the services were to assure the protection of guests and workers, but also to develop a new organisation of the services to provide a 24-hour services.

## Methodology

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The action research (Esterberg, 2002) was conducted in collaboration at all stages with the third sector and the municipality stakeholders for the purpose of creating social change. The aim was to create change on an individual and community level. The goal of this research was to implement a parenthetical collaboration between third-sector actors and the municipality in order to implement and better coordinate the services for the homeless. The stakeholders have consulted on the purpose of the research project, the research questions, the design, and the reporting of results.

The goal was planned to be achieved in four steps: a) the collection of data about homelessness in Bergamo city and about the accessibility of the services network fighting marginality; b) the analysis of the practices of social resilience activated during the COVID-19 syndemic; c) the re-elaboration of the analysis made by the third-sector actors and the identification of the most important achievements acquired during the syndemic; and d) the institution of a permanent table of collaboration between third-sector actors and the municipality. In this article I will expose steps b and c.

The empirical study was carried out in Bergamo in the period from 18 July to 14 September 2020, and involved the use of photographic interviews (Kolb, 2008) and photovoice methodology (Wang et al., 2004).

The photographic interview data collection technique was employed to document the changes relating to the plans of action through which social resilience is achieved. This technique involves two interview sessions and the collection of photographic material. The first session has a semi-structured format, built on the basis of theoretical research questions. The second uses photographic material collected by the participants with their smartphone. Participants were asked to

complete an informed consent/release form for the use of data and images. In this report, a confidentiality protocol has been applied to guarantee the anonymity of the individuals and organisations involved.

This study carried out 18 interviews with 11 women and seven men who hold positions as municipal employees (3 – named ME 1, 2,3), coordination (4 – named C 1, 2, 3, 4), street worker or who work at a listening centre (3 – named SW 1, 2, 3), first grade operator (3 – named FG 1, 2, 3) and second grade (5 – named SG 1, 2, 3, 4, 5) reception, which are the most significant services in the Bergamo area. The empirical material was transcribed into digital format and analysed according to a theoretical coding procedure to identify and isolate social resilience practices. The construct has been operationalised in its three main capacities: coping, adaptive, and transformative.

Later, the team from the University of Bergamo organised a photovoice workshop. The photovoice methodology was developed by Caroline Wang during the early 1990s in the research field of health education.<sup>7</sup> The laboratory aimed to favour the re-elaboration of the experience lived by the third-sector network during the COVID-19 syndemic. For the realisation of the laboratory, each participant was asked to take one or two photographs representing one of the following themes: needs expressed by users (complexity, multi-problems); accessibility of services, getting close, incentive for autonomy and accountability; skills of the educational profession; routine and specificity of one's own structure; before and after the health emergency; and degree of integration of the service network.

During the group discussion, the photographs were shared, and we give a list of questions that guide the presentation and the analysis of the photograph to the other participants. The questions were concerned with what was represented in the photo, how the other participants interpreted the content, whether it was possible to link the photograph to others, and how current the image was. Finally, the group of participants were asked to select some photographs that were more significant with respect to the themes that emerged during the discussion.

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<sup>7</sup> The key to understanding this tool is contained in the term itself, which is made up of the term photo and the acronym VOICE: Voicing Our Individual and Collective Experience. As the name suggests, this methodology provides participants with the opportunity to produce stories about everyday experience, with the support of self-produced images, and to share them. Furthermore, photovoice is aimed at becoming an empowerment process, which involves the participants in a path of self-expression, self-awareness, and collaboration (Wang et al. 2004)

## Findings

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### *Coping strategies: In the medieval castle*

To deal with the health emergency and fill the gap left by the interruption of public services, third-sector entities (reception facilities and support services) had to make some very important choices (to stay open or close), and their entire network of services was suddenly reorganised.

As emerges from the analysis of the photographic interviews, the closure of the municipal and health-care services led to serious shortcomings in the protection of the homeless population. For example, a social worker of the municipality admitted that: “those who were not in accommodation facilities were less protected” (ME 1 – 03.09.2020). Even health services, such as drug addiction prevention, decided to close their access channels, which led to serious psychological repercussions for users, as a social worker of the municipality describes:

The closure of various services, such as our camper at the station, has decreased the possibility of reaching people. It was difficult to manage the patient’s expectation and having to tell them that everything was blocked; there was a kind of frustration to deal with: for someone who was ready to enter social housing, community housing, or starting a job, seeing these things suspended indefinitely caused anger: they didn’t know if those things would be confirmed or if they would miss the opportunity. (ME 2 – 24.07.20)

The unexpected interruption of services and social reintegration paths in which people experiencing homelessness had invested for years represented an even stronger shock for many users than the first news circulating regarding the health emergency. A street worker recalls that:

There were days when everything was closed, the person came to us and started complaining: ‘I missed my appointment for the basic income, I had to meet the social worker, I want to go to the community and I can’t take it anymore.’ It was a moment in which loss was perceived and we operators found ourselves doing, as well as our work, also that of consultants, doctors, nurses, social workers – they made every request to us, but simply because we were their only support. (SW 3 – 28.07.2020)

The third-sector services that operate on the street decided to decrease the hours of service and to avoid any close contact with users, but not to interrupt their presence on the street, aware of the fact that, as an operator recalls, on the street “the frailties of the people on the street had not stopped – on the contrary, they have increased” (SW 2 – 05.08.2020).

The third-sector network is committed to collaborating in the success of the national lockdown and to this end reorganised the residential services to expand the number of beds and ensure 24-hour opening. A new reception space was opened. During the first weeks, several operators became ill, often not seriously, but they had to be absent at least for the quarantine period. It was therefore necessary to reorganise the use of staff. Some people from the street and first listening services were moved to dormitories, the coordinators worked as educators, and in general all staff increased their weekly working hours. Finally, the educational staff also took on tasks of a health nature to ensure health checks and the hygiene of the spaces. The network of structures and services fighting against serious marginalisation managed to reorganise quickly; for example, shifts and teams were restructured in a week. The efforts that were put in place ensured the stability of the system and the protection of workers and guests.

In a few days, shifts and roles were completely revolutionised, putting into practice the ability mentioned by an educator to ‘change clothes’ and ‘put oneself at service’. However, this did not prevent her from maintaining a high degree of freedom and “modulating her own line of action independently”, as a home educator recalls (SG 3 – 28.08.2020). Hourly flexibility also affected those who normally carry out coordination functions and are ‘absorbed by bureaucracy’. As one community coordinator recalls:

During the first weeks of the emergency, we had to meet the needs of the structure to cover the absences of sick colleagues, not only educators, but also kitchen, cleaning, and vegetable garden workers, and therefore we were available, obviously at personal discretion, in order to guarantee basic services. (C 2 – 31.07.2020)

While their friends and relatives were teleworking, the operators continued to work in the structure for more hours than before. Once they entered the dormitory and the community, they were completely absorbed by the new tasks assigned to them and often even covered the night shift. When they returned home, they implemented a series of sanitising procedures for their clothes and themselves. On several occasions, they tried to contact social workers, doctors, or emergency rooms without receiving an answer or were advised to manage the situation independently, without the possibility of external intervention.

In summary, as emerged from the analysis of the material collected, the resources available to the network of services to try to restore a condition of well-being against the imminent threat represented by the first phase of the spread of the COVID-19 syndrome were mainly: personal and organisational flexibility; decision-

making autonomy on the part of third-sector entities; daily habit of emergency management; and pre-existing practices of collaboration between the different structures of the third sector.

During the collective reworking that was carried out during the photovoice workshops, the operators focused particularly on the contrast between the sense of abandonment by the institutions, which was perceived in a particularly dramatic way by those who worked on the street, and the renewed sense of security that developed within the structures. On the one hand, they described the empty and silent city, where the police patrolled the area and, in some cases, fined the few people experiencing homelessness who were still on the street. On the other hand, they talked about the work in the structure, which was more intense than it had been previously. The metaphor that was invoked to represent this set of contrasting experiences and sensations experienced by third-sector operators was the image of the medieval castle: isolated from the rest of society, barricaded against an external threat, self-organised, and secure internally. Those who continued to work on the street were not always able to benefit from the protective curtain created in the structures and, in fact, felt particularly alone and abandoned by the institutions. At the end of Phase 1 (February to May 2020), thanks to the construction and daily supervision of this metaphorical medieval castle, no deaths were recorded among people experiencing homelessness and operators, five people were hospitalised without serious symptoms, and more than 300 people had a safe place every day to sleep, spend the day, and eat a meal.

**Figure 1. The register for checking the daily temperature of the guests in the dormitory.**

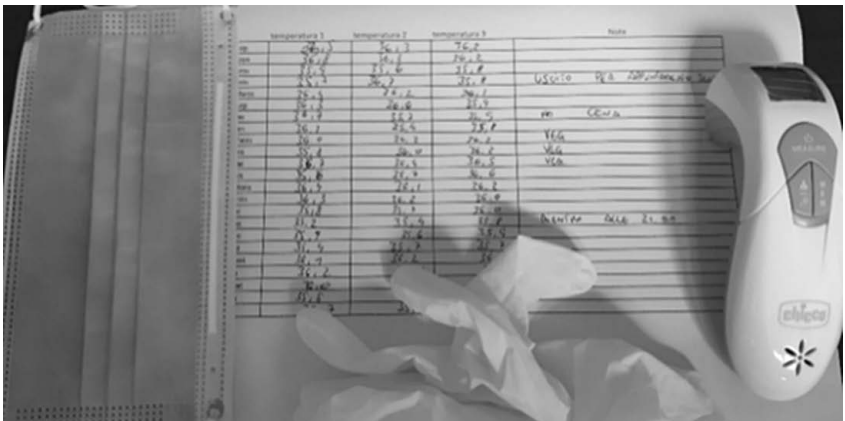


Figure 2. A street worker in an empty railway station square.



Figure 3. The image chosen in the photovoice laboratory to represent the medieval castle is the facade of one of the main dormitories of the city with the slogan 'everything will be all right' in Italian and Arabic.



### ***Adaptive strategies: In the eye of the cyclone***

Adaptive skills are part of coping skills, but unlike coping, they are not necessary in the early stages of the emergency, but rather in the medium to long term. Therefore, they involve greater strategic planning. After the first phase of organisational emergency, and therefore the extension of the opening hours and of the staff to be employed in each structure, it was necessary to plan the daily management of the spaces with renewed functions and organisation. This was not easy because all aggregation activities, such as the canteen and laboratories, had to be stopped.

As emerged from the analysis of the photographic interviews, the active collaboration on the part of the users in the management of everyday life within the structures that became residential from one day to the next was of fundamental importance. Activities were organised in small groups, such as painting, pottery, music, Italian courses, gardening courses, and card games. In the course of these activities, the operators of the dormitories encountered the occurrence of a paradoxical situation in which the people experiencing homelessness perceived themselves as being privileged in having a cosy and animated place of their own compared to the rest of the frightened population who were at the mercy of events on the outside. It was the guests in the morning who welcomed the operators with coffee, and no longer vice versa. Even for the operators, the new situation created a state of well-being that led some to consider themselves lucky in having a workplace where they could spend the day rather than being shut up at home, like their friends in teleworking. As one coordinator says: “We were happy with how we reacted and with the situation that was created in the dormitories.” (C 1 – 18.08.2020). Both for the operators and for the guests, these activities were an opportunity to put into practice a particular attention to detail and beauty, such as the embellishment of the rooms, the care of the garden and the vegetable garden, the creation of paintings and photos.

The extended time spent together with colleagues encouraged discussion between the operators; it was as if a “permanent team” were in place, says the coordinator himself (C 1 – 18.08.2020). Furthermore, the constant collaboration between guests and operators was an incentive for the development of a relationship dimension. As one coordinator says:

The core of our relationship work was this: finding a balance between the quality of the educational relationship and the distance imposed. There are some things I do for you, user, but not necessarily with you. The metaphor is to remove your arms and legs, but still try to feel your heart: there was little you could do, your hands weren't much use, but you still had to be able to make your presence felt. Good morning in the morning, sending each other a photograph, doing the shopping, small gestures of care. (C 3 – 10.09.2020)

Soon the operators understood that the responsibility of the guests was of fundamental importance, putting into practice, as an educator explains, “the ability to trust and entrust oneself to others, to think of the other as someone useful and indispensable for the management of the situation” (FG 1 – 08.09.2020). To avoid a sort of ‘natural selection’ of the more unstable guests, who would have preferred to give up the possibility of having a safe place to sleep and spend the day, responsibility has been bend with a high degree of flexibility:

The rules have become less mandatory: those arriving late could not be turned away as before, but we had to create a relationship to make them understand how important it was to respect the rules for everyone’s well-being. With the guest, we said: ‘Now that we have explained to you, whether you want to stay with us or whether you want to go on your own is your personal responsibility.’ (FG 2 – 25.08.2020)

No one was forced to stay in the facility, but in fact few people left the dormitories. During the unstructured moments of sharing and discussion, as a coordinator explains: “an exceptional normality was created: what was done was done together and decided together” (C 3 – 10.09.2020).

In summary, as emerged from the analysis of the collected material, the resources that played a fundamental role in guaranteeing the success of the adaptive skills were experimentation of new activities; care of beauty; activation and empowerment of users; and previous and ongoing relationship work.

As emerged during the photovoice workshops, while the media continuously disseminated aggregate numbers of infected, hospitalised, and deceased people, a ‘care for detail and beauty, for listening to the person’ was practised in the communities and dormitories, all within an educational relationship in which the operator “abandons a too technical gaze and becomes more attentive to the uniqueness of the person” (SG 5 – 14.09.2020). Ultimately, the third-sector network was able to activate new procedures, but above all to increase resources already present in everyday life as “a mix of change and permanence” (SG 3 – 28.08.2020). The operators represented this situation with the metaphor of the eye of the storm: that almost calm region located in the centre, outside of which the most violent destructive forces act. Thanks to the strategies of responsibility, flexibility, and beauty care that were activated by the operators and shared by the guests, it was possible to live in a condition of relative well-being and remain immune to the state of agitation and hysteria that was experienced outside the reception facilities. This approach, together with the relational work undertaken over the years, will remain as learning available to the network for any future emergencies.



**Figure 4. Time for well-being: playing cards within a community.**



**Figure 5. The care of beauty: the painting workshops.**



Figure 6. The image of the eye of the cyclone selected during the photovoice laboratory.



### ***Transformative strategies: Overcoming fractures within the city***

As seen above, transformative capacities involve the institutional setting and involve the ability to contribute to collective decision-making processes to enhance the well-being of the social group and to strengthen their security in view of future crises.

As emerged from the photographic interviews, at the end of Phase 1 of the COVID-19 syndemic, the transformative capacities were only partially achieved, and this was above all due to the absence of continuous and operational collaboration on the part of public bodies. A sort of rift has been detected between third-sector subjects and public institutions, and this seems to have been determined by the closure of public services dedicated to the homeless population and the delegation of the administration of the most fragile population to third-sector subjects. This delegation has been registered both by the municipal offices and by the health services. As a community educator recounts, the impression was that “as the problems arose, they were somewhat unloaded on us” (SG 2 – 28.07.2020), without the expected assumption of responsibility towards the accredited communities. The conflict reached the point where a coordinator reported that the “ATS<sup>8</sup> really threatened us in writing that if we didn’t guarantee the standards of the service and in the event of a sudden inspection, they would make us close” (C 1 – 18.08.2020). All of these initiatives undertaken by public services for the protection of people experiencing homelessness were perceived by third-sector operators as a real emergency because they produced a lack of protection and rights, which the network of services had to make up for.

The operators that we interviewed defined themselves as being ‘accustomed to permanent emergencies’, so the homeless population lives a ‘normally’ insecure life, deprived of the traditional mechanisms of insertion and integration (in respect of the labour market, the Welfare State, and social ties). In particular, the social housing policies adopted by the Italian State are still unable to respond to the needs of the poor, especially when they are isolated from their family networks.

The normal social insecurity of the homeless population also seems to have been reaffirmed during the course of the extraordinary COVID-19 syndemic that affected Italy – and in particular the province of Bergamo – during the spring of 2020. During this period, the homeless population seems to have been forgotten by the institutions and further deprived of their rights, suffering the ‘official contempt’ of public, local, and national institutions and forcing the third-sector network into an extraordinary, but isolated, reaction.

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<sup>8</sup> ATS: Agenzia di Tutela della Salute (Health Protection Agency).

The ability to independently face the unexpected risk and to adapt one's organisations to the new needs of personnel and users gave back a strong sense of pride to the people interviewed, due to the recognition they received from the civil society. In fact, as stated by a community educator, the good results obtained at the end of Phase 1 made it possible to: "give dormitory work the right height, whereas before it was underestimated" (SW 2 – 05.08.2020), i.e., the right level of appreciation in front of the eyes of the institutional actors and of the whole citizenship. The development of adaptive skills, in particular, testifies to the ability to plan complex organisational changes on the part of third-sector subjects. As a street worker recalls:

We certainly understood that 'we can do', in short, we are able to open ourselves up to slightly higher dynamics. Now it's useless to chase after all the changes we've experienced in recent months, but we have the awareness to say: we've already put it into practice so there's a chance. (SW 1 – 22.07.2020)

This ability to design and activate complex processes can represent an important resource to be shared within the third-sector network, but also with institutional bodies.

The experiences gained during Phase 1 of the syndemic have increased awareness of the importance of territorial collaboration, which is able to include not only third-sector actors but also local institutions. On the part of third-sector subjects, who lent each other concrete help during the emergency by sharing professional resources, materials, and action strategies, a 'greater circularity' seems to have remained, as stated by a coordinator. The next goal is to make institutional actors more involved in this circularity, unlike they were during the emergency. As an operator of a listening centre explains: "the very fact that we have become aware of this shortcoming must lead us to make things work better from now on" (SW 3- 28.07.2020).

The network of the third sector is directly involved in promoting collaboration with institutional bodies, and in this regard, some of the coordinators interviewed admit that over the years they have paid little attention to the political side because they are concentrated almost exclusively on the practical side.

We are very good at paying attention to the last ones, but we are less good at being on the network and therefore a discussion has started on how to create more of a system. We still have to learn and COVID has given us the opportunity to think about how to keep the political side, the head of the organisation, within the more technical tables; often the arm arrives before the mind and sometimes the mind does not follow you. (C 2 – 31.07.2020)

As emerged from the collected material, the network deems it important to share the knowledge that it feels it has acquired with the institutional bodies concerned: first, there is the ability to maintain a high degree of organisational flexibility, reducing the negative impact caused by the standardisation and bureaucratisation; and second, encouraging the ability of local services to meet the needs of users, avoiding expecting people experiencing homelessness to adapt to the organisational needs of the institution. In this regard, the effects produced by the digitisation of social and health services are particularly problematic because we risk excluding the homeless population from the possibility of carrying out tests, booking vaccines, and obtaining the green pass<sup>9</sup>.

As emerged during the photovoice workshop, the path that the third-sector network intends to follow aims to fully realise the transformative capacities of social resilience. At the level of the internal coordination this goal has been achieved thanks to the ability of the different third-sector actors to create a structural collaboration among the different services. However, it is still necessary to encourage a change in the institutional set-up that allows for greater integration of the population by crossing the borders that still exclude them from the full enjoyment of social and citizenship rights, and which also became apparent during Phase 1 of the pandemic crisis. To this end, ongoing collaboration with institutional bodies and the promotion of activities to involve and raise awareness of the entire citizenry seem to be the most effective tools to obtain the desired results.

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<sup>9</sup> From the 6<sup>th</sup> of December 2021, the Italian citizens and permanent residents had to get a green pass which was the equivalent of the EU Digital COVID Certificate, issued to EU citizens and residents as digital proof that a person has either: been vaccinated against COVID-19, recovered from COVID-19, received a negative test result. The green pass was needed in order to work, to attend school, to enter in public offices <https://italygreenpass.com/how-do-i-get-a-green-pass-for-travel-in-italy/>.

**Figure 7. The image chosen by the group during the photovoice workshop to represent the fractures inside the city.**



**Figure 8. One of the awareness-raising initiatives undertaken by the third-sector network: the cinema club in the dormitory.**



**Figure 9. The motto of the third-sector network: 'Let's start again together.'**



## Discussion

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The health emergency caused by COVID-19 has further highlighted the social exclusion that affects the homeless population, who, more than others, have been exposed to the risk of contagion (Barbieri, 2020). As Horton (2020a, 2020b) observes, public and health authorities in the first months of the pandemic paid little attention to socially vulnerable people and concentrated their actions exclusively on the medical containment of the pandemic. However, after a more careful analysis, it soon became clear that the COVID-19 crisis should be interpreted as a syndemic (Horton, 2020b), in which biological factors interacted with social ones in determining the degree of risk to which people were exposed. In fact, the social groups most exposed to the risks derived from the COVID-19 crisis were the elderly, ethnic minorities, the poor, and precarious workers. To protect these people, a biomedical approach would not have been enough: the use of social action tools was also needed.

The difficulties that the European countries have experienced in the initial management of the COVID-19 crisis are tangible clues to the structural weakness of the pre-existing dominant philosophy of social policy (Silva and Smith, 2020). Cost-containment, social misrecognition, and individualistic social risk have been some of the determinants that have systematically lessened the containment of the syndemic. These determinants also play a crucial role in the structural social exclusion of people experiencing homelessness, which does not seem to be limited to economic deprivation but also involves a wide range of social, political, and cultural processes (Busch-Geertsema and Fitzpatrick, 2008; Fitzpatrick, 2013; Petersson, 2017). In this regard, the lack of commitment on the part of the institutions to guaranteed housing seems to legitimise the misrecognition of the homeless population, who personally pay the price for the contradictions of contemporary post-capitalist society (Bauman, 2003; Magatti, 2012; Tosi, 2005). The adoption of neo-liberal policies, which still characterises most Western countries (Lister, 2011; Stiglitz, 2019), means that social insecurity and market mechanisms pervade all spheres of life, including those of protection and fundamental rights, which were seriously endangered during the COVID-19 syndemic (Lusardi and Tomelleri, 2021).

Faced with the structural dynamics of social exclusion of people experiencing homelessness and the lack of attention shown by public institutions for the protection of socially vulnerable people during Phase 1 of the syndemic, the empirical study presented in this paper documents that the third-sector network has only partially succeeded in developing resilience practices. The empirical analysis shows that there was no lack of ability to deal with the crisis by drawing on both internal resources, which were already accustomed to dealing with the difficulties of situations of extreme marginality, and by drawing on the availability of local and



community networks. Also on the adaptation side, the services and operators have been able to reorganise themselves, overcoming professional and organisational barriers, and strengthening cohesion both between the staff of the various services and with the users themselves. The significant absence that emerges concerns the third capacity of social resilience, the transformative one, which acts on institutions and on the overall organisation of services to guide permanent changes that can protect the community in the face of future crises (Keck and Sakdapolrak, 2013). In its place we find the deafening silence of institutions, especially health care, alternating with poorly coordinated and ineffective interventions, which has not allowed the full development of social resilience. Without this order of changes, the degree of exposure to critical events and natural disasters will still remain high, despite the organisations and people involved having been able to respond actively to the current crisis (De Marchi, 2020). The transformative capacities are not only linked to public bodies, during Phase 1 the third sector has achieved great expertise in managing structural collaboration among the different third-sector services. But the role of the public sector still has a fundamental importance because of the Italian welfare model (congruent with the other South European models), which sees only the public institutions in guaranteeing a large-scale coordination and providing structural economic support. These are the points of departure for the integration of the homeless in the social and citizenship rights.

The misrecognition of the rights of people experiencing homelessness, as well as their scarce participation in social and city life, also led to the isolation of the network of services and structures fighting against marginalisation. In finding little collaboration from the institutions, the subjects of the network risk being excluded from the possibility of being able to concretely implement transformative dynamics that have a real impact on society. The action research has led the re-elaboration of the narratives of the experiences lived during COVID-19, in order to construct shared meanings among the third-sector operators, and to facilitate the collaboration with the local institutions.

In conclusion, the management of the COVID-19 crisis confirmed the importance of the social context in the development of people's ability to act; that is, the centrality of public responsibility and institutional arrangements to ensure people have tools for participation and free expression (Adger, 2000; Nussbaum, 2011). The institutional commitment should be realised directly by providing legal instruments and forms of economic intervention in favour of the protection of the most vulnerable. In the next few months, the national authorities of the European countries will have the occasion to act in this direction, thanks to the resources of the National Recovery and Resilience Plan – PNRR. However, it is also crucial to act indirectly, encouraging projects and public initiatives, in collaboration with the third sector, to raise awareness in civil society of the condition of the homeless

population. In the absence of a social context that is capable of offering new opportunities and weaving new social relationships with those who complete the paths of social reintegration, the daily efforts made by the third-sector network will continue to be made in vain, and the rates of relapse and chronic state of social malaise will be high.

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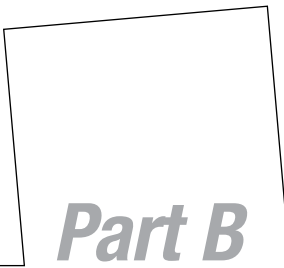
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# Think Pieces



***Part B***







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# A Crime to Sleep in Camps – Denmark and International Human Rights

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➤ **Abstract\_** *People experiencing homelessness are often punished for their everyday activities in public spaces. In some countries, they are put in prison for begging and sleeping on the street. This paper zooms in on the situation in Denmark and the rules criminalising street-based sleeping in so-called 'intimidating camps'. The preparatory works to these rules reveal that the camp prohibition was intended to primarily affect migrants of a Roma ethnic origin experiencing homelessness in Denmark. Caselaw shows that most of the individuals who have been punished for violating the camp rules come from Romania, Bulgaria, and Albania. The Danish legislation is a de facto criminalisation of the homeless, which has serious human rights implications and has caused a severe risk of discrimination against migrants experiencing homelessness based on their nationality and/or ethnic origin. On that basis, this think piece calls for a repeal of the criminalisation of homelessness in Denmark and underlines a need for an unambiguous prohibition of discrimination in the daily works of the Danish police force.*

➤ **Keywords\_** *criminalisation, sleeping rough, migrants experiencing homelessness, human rights, discrimination, Denmark*

## Danish legislation prohibits sleeping in camps

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In 2017 it became illegal to set up and stay in 'intimidating camps' in Denmark.<sup>1</sup> The goal of the new Public Order was to prohibit camps that could create insecurity and intimidation in the immediate local area. A person violating the camp prohibition typically receives a fine of DKR 1 000 (€ 135). Further, in 2018 the Danish Police Act was amended to provide a legal basis for the police to issue zoning bans to people violating the camp prohibition.<sup>2</sup> A person setting up or staying in a camp, besides receiving a fine, can be banned from staying in the local municipality where the violation took place.<sup>3</sup> As a result of a zoning ban, the person cannot travel back and forth or visit the municipality. The maximum period for a zoning ban is two years, but it has typically been issued for a fixed period of three months. If a zoning ban is violated, the sentence is imprisonment for up to one year and six months. Denmark had a right-wing government when adopting the camp legislation in 2017. Since then, a Social Democratic government took power in 2019. An amendment to the provisional camp legislation was adopted in 2021 to make the zoning ban permanent, which illustrates broad political support for the criminalisation of 'intimidating camps'.<sup>4</sup>

## In Denmark, fewer people are sleeping on the street

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The Danish Centre for Social Science Research, VIVE, does regular national counts of people experiencing homelessness (PEH). The last national count from week six of February 2022 illustrates a drop in the number of PEH from 6 431 in 2019 to 5 789 in 2022 (Benjaminsen, 2022). The number of people sleeping rough on the street has also dropped. In 2017, 648 individuals with permanent residence were sleeping rough. In 2019, the number was 732, and in the last count, the number of people sleeping on the street was 535. Of those 535 individuals in 2022, 23% reported that they have no income at all (Benjaminsen, 2022). VIVE indicates that the reason for the drop in the number of people sleeping rough could be a rise in the number of shelter rooms in Denmark and new emergency shelters opened due to the COVID-19 pandemic (Benjaminsen, 2022).

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<sup>1</sup> Section 3(4) Ordensbekendtgørelse [Public Order Regulation]. "Intimidating camps" is a non-official translation by the author of the Danish term "utryghedsskabende lejre".

<sup>2</sup> Bill No. L 118 of 13 December 2017. Bill was adopted by Act No. 131 of 27 February 2018 amending Politilov [Police Act].

<sup>3</sup> Section 23(2) Politilov [Police Act] and Section 6(3) Ordensbekendtgørelse [Public Order Regulation].

<sup>4</sup> Act No. 288 of 27 February 2021 amending Politilov [Police Act].

The above numbers do not include the estimated number of migrants without permanent Danish residence who experienced homelessness in Denmark. In 2019, 205 of the estimated 519 migrants experiencing homelessness in Denmark were sleeping on the street. In 2022, 115 out of 322 migrants experiencing homelessness were sleeping rough. VIVE explain that the drop in migrants experiencing homelessness in Denmark is probably reasoned by the COVID-19 pandemic with travel restrictions and lockdowns (Benjaminsen, 2022). Most of the migrants experiencing homelessness without permanent residence in Denmark were registered in Copenhagen, and 85% of them come from other European Union member states (Benjaminsen, 2022). The national count does not report how migrants experiencing homelessness provide for themselves while in Denmark.

For many years the non-profit organisation Projekt Udenfor has conducted an annual night count of people sleeping on the street on a particular night in late summer in Copenhagen.<sup>5</sup> At the latest count during the night of 25 August 2022, the organisation registered 128 individuals sleeping rough in the city of Copenhagen; the highest that the organisation has registered since 2017. Of these, 15 were Danish nationals, 74 were foreign nationals, and 39 were of unknown nationality. In comparison, Projekt Udenfor registered 60 people sleeping on the street in August 2019. The night counts by Projekt Udenfor illustrate an opposite trend than the more comprehensive national VIVE statistics documenting a general fall in the number of people sleeping rough in Denmark. The cause of this apparent contrast requires further research and could be due to methodology, including the time of year and geography of the counts.

## **Camps are considered problematic**

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The Danish government referred to a mix of rationales when describing the background for the prohibition of 'intimidating camps' and other new anti-nuisance rules in 2017. The justifications dealt with safe citizens and neighbourhoods as well as the concerns of tourists, businesses, and investors. Generally, these arguments are often heard when anti-nuisance rules are adopted (Saelinger, 2006). At the time, more migrants were coming to Denmark to earn money by getting temporary jobs and collecting deposit bottles. Some of the migrants were experiencing homelessness and sleeping on the street. There were complaints of people sleeping in camps and causing a mess in the larger cities of Denmark. The then-mayor of Copenhagen, Frank Jensen, urged the Parliament to enact new legislation to help

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<sup>5</sup> Data provided by Projekt Udenfor in an e-mail of 8 September 2022.

solve the problems of ‘Roma people’ living on the streets and creating insecurity.<sup>6</sup> Existing laws seemed inadequate and new regulations to prohibit intimidating camps were put forward. The then-Minister of Justice, Søren Pape Poulsen from Konservative (Conservative People’s Party), introduced the suggested zoning ban with the following words: “The government wants to take action against migrants who camp in public places. [...] Such conditions could involve large nuisances to the local environment in the form of noise, disturbance, and unhygienic and revolting sanitary conditions. This could give rise to disturbance of public order or the safety of individuals or the public.”<sup>7</sup>

Politically, it was clear that the goal of the camp legislation was to target migrants experiencing homelessness and more specifically the so-called Roma camps in Copenhagen. The examples below are illustrative of a racist discourse practised by members of the government and the Danish Parliament when articulating a need for the camp legislation. The then-legal spokesperson for Venstre (Liberal Party of Denmark), Preben Bang Henriksen, stated in late 2016 that the camp legislation in his opinion was only drafted for the police to be able to take action against the “Roma camps”.<sup>8</sup> In the spring of 2017, the then-foreigner spokesperson for Venstre, Marcus Knuth, said: “The Roma occupation must be stopped: they exploit us, they harass us and they destroy the street scene with garbage and excrements.”<sup>9</sup> Also, the then-Minister of Justice, Søren Pape Poulsen, stated that “we have to go as far as possible to get Roma people out of here.”<sup>10</sup> Later in 2018, the party leader for the Social Democratic Party, Mette Frederiksen, who is the current prime minister of Denmark, criticised the camp legislation for affecting Danish PEH who were sleeping on the street:

It is completely indefensible that the zoning ban affects Danish homeless people. Winter is approaching now, and as a Social Democrat, I will have no part in the fact that Danish homeless people, who are forced to sleep on the street because they do not have a home, can be thrown out of their own city.<sup>11</sup>

<sup>6</sup> Berlingske, *København lider under romalejre og tiggeri*, (11 September 2016). DR, *Frank Jensen til regeringen: Hjælp med at få styr på romaer på gaden* (31 maj 2017).

<sup>7</sup> Statement by then-Minister of Justice, Søren Pape Poulsen, regarding Bill No. L 118 (13 December 2017).

<sup>8</sup> Information, *Kritikere: Regeringen kriminaliserer hjemløse* (29 December 2016).

<sup>9</sup> Berlingske, *Roma-besættelsen skal stoppes* (22 May 2017).

<sup>10</sup> Berlingske, *Justitsminister efter roma-alarm: "Vi skal gå lige til grænsen for at få romaer ud"* (31 May 2017).

<sup>11</sup> DR.dk, *Mette Frederiksen: Politiet skal ikke give forbud til danske hjemløse – S-formand vil have justitsministeren til at indskærpe zoneforbud over for politiet* (21. november 2018).

## The meaning of ‘intimidating camps’

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In Denmark, it is generally not illegal to spend the night outside in places of ordinary access. However, with the camp legislation, if the police assess that a concrete stay and behaviour has a camp-like character, which is suitable for creating insecurity or intimidation, the police have the authority to intervene. The camp legislation does not specify in detail what characterises an ‘intimidating camp’. In the preparatory works, the meaning of a *camp* is described as a place where travellers and wandering persons arrange sleeping or rest areas.<sup>12</sup> There must be a certain degree of establishment of the sleeping area. In general, the setting up of a single mattress or sleeping bag will not in itself be sufficient to constitute a camp. If the sleeping area has a more lasting character e.g., the setting up of a tent or a tarp, it may constitute a camp.<sup>13</sup>

To assess whether a camp is *intimidating*, the preparatory works describe that the number of people in the camp can be emphasised.<sup>14</sup> It is relevant if the camp is in a busy place, and if the camp leads to noise, traffic nuisances, or other inconveniences. The police can also focus on the general behaviour of the people in the camp and whether they commit criminal offenses in the area around the camp, including waste dumping or showing harassing and threatening behaviour. The camp does not necessarily have to cause concrete feelings of intimidation among other people. The only requirement is that the camp in question is suitable for creating such insecurity or intimidation.<sup>15</sup>

Following the adoption of the camp legislation in 2017, the prohibition was criticised by some parliamentarians for affecting Danish PEH who were sleeping rough.<sup>16</sup> It was also criticised for providing the police a too large margin of interpretation in assessing whether people were sleeping in ‘intimidating camps’.<sup>17</sup> A political agreement was therefore reached in 2020 to underline that the camp legislation should only prohibit camps that had a permanent character.<sup>18</sup> On that basis, the

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<sup>12</sup> Minister of Justice, Answer to question No. 213 from the Parliament’s Legal Committee of 3 February 2017.

<sup>13</sup> Id.

<sup>14</sup> Id.

<sup>15</sup> Id.

<sup>16</sup> TV2/Lorry, *Rammer danske hjemløse: Minister holder fast i udskældt lov* (13. december 2018).

<sup>17</sup> Danish Institute for Human Rights. DIHR, *Hearing statement – DOK. NR. 20/01488-3* (12 June 2020).

<sup>18</sup> Forståelsespapier, *Enighed om reglerne om utryghedsskabende lejre* [Paper of Understanding – Agreement about the rules on intimidating camps] (4 May 2020).

camp legislation was softened and only 'intimidating camps' of a permanent nature are prohibited today.<sup>19</sup> The police were furthermore given the power to issue first warnings instead of having to immediately issue zoning bans.

A 2020 Order on zoning bans describes what constitutes *permanence* in an insecurity-creating camp.<sup>20</sup> The police can emphasise whether the physical arrangement has a cover, mattresses, a campfire, or a tent. Personal belongings, food, waste, urine, or faeces in the vicinity of the place are also relevant. A simple sleeping accommodation that can be packed together quickly will not be considered to constitute a camp of a permanent character.

### Intimidating campers in court

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An unpublished city court case from 2019 deals with a Romanian man and his adult son who were charged with violating the camp legislation.<sup>21</sup> In the early morning of 21 August 2018, the police found the two men sleeping at a store entrance on a pedestrian street in Copenhagen. The police argued that the two men had established an 'intimidating camp'. In court, the defendants argued that they only slept at the location for a short time and cleaned up before leaving the place. Ruling on the case, the court explained that the men were lying on a widespread duvet with blankets around them and that they had some bags under their heads, as well as a bag with bottles/cans and a converted baby pram containing some belongings standing by them. The court emphasised that the defendants only lay there to sleep when they became tired at night collecting bottles and that they typically slept there for one or two hours. According to the court, there was no information that the defendants had made any physical arrangements on the spot, neither in terms of shielding from the cold nor the wind. Finally, the court did not find that the defendants had made a mess with trash or the like. Altogether, the court concluded that it had not been proven that the defendants had established or stayed in a camp and the two men were acquitted.

There is only one published court ruling on the camp legislation.<sup>22</sup> In this ruling, the Supreme Court found that the deportation of a homeless man, who had violated the camp legislation, was legal. The deportee from Romania had slept in a public park in Copenhagen with four other men. The police report from the early morning

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<sup>19</sup> Vejledning nr 9419 af 29/6/2020 om meddelelse af zoneforbud [Regulation No. 1094 of 29 June 2020 on zoning bans].

<sup>20</sup> *Id.*, p.4.

<sup>21</sup> Københavns Byret, Dom afsagt den 6. marts 2019 i sag SS 4-4970/2019 [Copenhagen City Court judgment of 6 March 2019 in case No. SS 4-4970/2019].

<sup>22</sup> Dom i Ugeskrift for Retsvæsen U.2018.1211H – TfK2018.346H [Ruling published in Weekly Law Journal U.2018.1211H – TfK2018.346H].

of 6 June 2017 describes the five Romanians and the camp they established: “On the grass, they had arranged themselves with mattresses, duvets, sleeping bags, and blankets. Under the mattresses were cut cardboard boxes, which were used as a base. Around them were seen their other belongings, some of them packed in baby carriages. Several of the persons lay asleep under the duvets. A little away in a bush, the police found a cut soda bottle, in which there were faeces with a metal spoon stuck in it. There were also faeces on the grass. The police estimated it was human faeces.” In court, the deportee argued that he had not violated the camp legislation because the camp was not suited to give rise to intimidation. He explained that they had just been sleeping in the park. “They had not approached other people by a threatening or harassing behaviour, or committed crimes in the form of thefts, and no one in the immediate area had complained about them.” Without further argumentation, the Supreme Court, however, concluded that the matter constituted an ‘intimidating camp’.

Both rulings concern the Public Order Regulation before the amendment in 2020 introducing the requirement of *permanence* of an insecurity-creating camp.

### **Affected by the camp legislation**

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Civil society organisations and the municipality of Copenhagen reported that PEH since 2017 have been harder to find and that it has become more difficult to provide help and assistance. One reason may be that the camp legislation has resulted in PEH sleeping in hidden places, alone, or outside the city of Copenhagen (Justesen, 2022). Criminalisation like the Danish camp legislation may therefore impact the delivery of homeless services by further reducing the opportunities available to the people experiencing homelessness and the spaces for potential solutions to their problems (Tosi, 2007). Even though the camp legislation is framed to target migrants experiencing homelessness, the reality is that it risks making all street-based sleepers feel more unsafe in their daily life. Besides the immediate negative effects on the individual being punished, the criminalisation, therefore, involves the peril of pushing all PEH into further marginalisation. They simply become less visible, and risk being punished for their existence in public spaces. Furthermore, criminalisation is a stigma that deepens the situation of exclusion and threatens the possibility of social integration making it harder for PEH to eventually find housing or jobs (Evangelista et al., 2013).

## The number of camp and zoning bans has gone down

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Since 2017, PEH have received fines and zoning bans due to the camp legislation. Some have also been administratively deported. Only the Police of Copenhagen has used the legal basis in the camp legislation. From a 2021 status on intimidating camps to the Danish Parliament, it was found that the Police of Copenhagen issued 554 camp bans and 231 zoning bans in the period between April 2017 and the end of 2020.<sup>23</sup> The 2022 status on intimidating camps describes that only three camp bans and no zoning bans were issued in 2021.<sup>24</sup> Furthermore, no zoning bans were issued in 2022.<sup>25</sup>

The Police of Copenhagen reported in 2021, that the city of Copenhagen had experienced a “measurable drop in the number of camps” and that the camp legislation had “a preventive effect”.<sup>26</sup> The police also described that in 2019 and 2020 “migrants to a greater extent than before have found other places than public parks and that homeless people to a lesser extent have established camps.”<sup>27</sup> In 2022, the Police of Copenhagen reiterated that the camp legislation had a preventive effect and that the tendency with fewer camps would have continued even if the extraordinary COVID-19 situation had not arisen.<sup>28</sup>

Most of the individuals who received a camp ban were migrants from European Union member states.<sup>29</sup> Out of the 557 camp-bans issued between April 2017 and the end of 2021, 425 were given to individuals experiencing homelessness from Romania, 24 to individuals from Albania, and 22 to individuals from Bulgaria. Only 13 Danes received a camp ban.<sup>30</sup> There is no detailed information about individual nationalities in the 231 cases of zoning bans. But the 2021 status on intimidating camps describes that 192 zoning bans were given to EU citizens, 33 zoning bans were given to third-country nationals, and only six zoning bans were given to Danish citizens.<sup>31</sup>

<sup>23</sup> Justitsministeriet, Status for indsatsen mod utryghedsskabende lejre, REU Alm. del Bilag 261 [Ministry of Justice, Status on the work against intimidating camps] (23 March 2021).

<sup>24</sup> Justitsministeriet, Status for indsatsen mod utryghedsskabende lejre, REU Alm. del Bilag 291). [Ministry of Justice, Status on the work against intimidating camps] (27 June 2022).

<sup>25</sup> Information is provided through the Freedom of Information Act (Offentlighedsloven). Decision by the Police of Copenhagen in Case No. 0100-10170-0309-22 (23 September 2022).

<sup>26</sup> Justitsministeriet, Status for indsatsen mod utryghedsskabende lejre (23 March 2021).

<sup>27</sup> Id.

<sup>28</sup> Justitsministeriet, Status for indsatsen mod utryghedsskabende lejre (27 June 2022).

<sup>29</sup> Information is provided through the Freedom of Information Act (Offentlighedsloven). Decision by the Ministry of Justice in Case No. 2021-0940-2116 (21 May 2021).

<sup>30</sup> Numbers deduced from Decision by the Ministry of Justice in Case No. 2021-0940-2116 (21 May 2021) requested through the Freedom of Information Act and from Ministry of Justice, Status on the work against intimidating camps (27 June 2022).

<sup>31</sup> Justitsministeriet, Status for indsatsen mod utryghedsskabende lejre (23 March 2021)



It remains uncertain why so few camp and zoning bans have been issued in 2021 and 2022. One reason may be the introduction of the *permanence* requirement in 2020. Another reason could be the COVID-19 pandemic with travel restrictions and lockdowns. However, even though few migrants experiencing homelessness have received camp bans during the last couple of years, some still experience getting fined for sleeping on the street. Instead of invoking the camp prohibition, the Police of Copenhagen seems to apply other sections of the Public Order Regulation, including section 7 prohibiting unauthorised persons from staying on stairs, in gates or entrances, in basements or attics, in gardens or outbuildings, on construction sites, or the like (Andersen, 2022). A precise number of bans according to section 7 of the Public Order Regulation has not been found.

### **The camp legislation may be discriminatory**

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Generally, one of the most prominent target groups of public fear and control measures in Europe is migrants. Migrants experiencing homelessness are particularly at the receiving end of criminalising measures aiming to repress ‘undesirables’ in public places (Tosi, 2007). In Denmark, the trend is similar. The preparatory works to the Danish camp legislation as well as the political debate in 2016 and 2017 show that the camp legislation was initiated because of issues related to migrants who were sleeping on the street in the larger cities of Denmark. The enforcement of the camp legislation is organised in a special Foreigner Control Section (Udlændingekontrolsektion) of the Police of Copenhagen, and, as documented, most of the punished individuals come from Romania, Bulgaria, and Albania. In individual court cases on the camp legislation, there appears to be no investigation into why there is such an imbalance in nationality and/or ethnic origin in the issuance of camp and zoning bans.

In a statement to the Danish National Police, the Foreigner Control Section has briefly explained how the camp legislation is enforced in Copenhagen.<sup>32</sup> A case begins when the Foreigner Control Section receives a report from a citizen or business about a possible intimidating camp and such reports do not establish the identity of individuals staying in the camp in question. The Foreigner Control Section will then undertake inspections based on the report and the identity of individuals staying in the camp will be established at such inspections – not before. According to the police, this practice details that nationality and ethnic origin are immaterial when

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<sup>32</sup> Information is provided through the Freedom of Information Act (Offentlighedsloven). Decision by the Police of Copenhagen in Case No. 0100-10170-0309-22 (23 September 2022).

camp and zoning bans are issued.<sup>33</sup> The line of reasoning by the police can be questioned since not all cases seem to be initiated because of reports from citizens and businesses. Numbers from the Foreigner Control Section document that more camp bans are issued than reports received.<sup>34</sup> No information has, however, been found on how the Foreigner Control Section has initiated the rest of the cases.

Altogether, these elements clearly indicate that foreign individuals experiencing homelessness have experienced differential treatment based on their nationality and/or ethnic origin in Denmark. More detailed knowledge about the way the Police of Copenhagen enforce the camp legislation is, however, necessary to finally conclude whether discrimination has taken place or not.

### **Studies show a general problem of ethnic profiling in the Danish police force**

There is limited research on possible discriminatory police behaviour in Denmark. A literature study about ethnic minorities and crime refers to older studies from 2000 and 2014 and conclude that discrimination against ethnic minorities cannot be ruled out (Nielsen et al., 2019a). The study indicates that ethnic minorities in Denmark are stopped more often and controlled through proactive policing.

A large 2022-study from the Danish Institute for Human Rights documents ethnic profiling by detailing that persons with a non-Danish ethnic background are more likely to be charged and arrested for a crime for which they are subsequently not convicted than persons of Danish ethnic background (Søndergaard, 2022). The study includes figures from Statistics Denmark covering the period 2009-2019 and includes rulings on 2.5 million charges and 270 000 arrests (Søndergaard, 2022). The report from the Danish Institute for Human Rights is the most comprehensive Danish study on ethnic profiling so far. It is a general study and does not provide information about possible ethnic profiling when it comes to issuing camp and zoning bans by the Police of Copenhagen. The study does, however, prove significant ethnic differences in the general meetings between individuals and the police (Søndergaard and Hussein, 2022).

<sup>33</sup> Information is provided through the Freedom of Information Act (Offentlighedsloven). Decision by the Police of Copenhagen in Case No. 0100-10170-0309-22 (23 September 2022).

<sup>34</sup> Id. Table deduced from the decision by the Police of Copenhagen:

	2018	2019	2020
Number of reports from citizens and businesses regarding 'intimidating camps'	169	61	20
Number of camp-bans issued	178	99	4

The daily activities of the police will necessarily include some profiling when the police perform investigations and categorise individuals according to certain characteristics. Profiling, however, risks constituting discrimination when the nationality or ethnic origin of individuals is taken as a starting point (Hussein, 2022). There is no definition of ethnic profiling in Danish law, but the European Commission against Racism and Intolerance defines profiling in the following way: “The use by the police, with no objective and reasonable justification, of grounds such as race, colour, language, religion, nationality or national or ethnic origin in control, surveillance or investigation activities.”<sup>35</sup>

Current complaint mechanisms about police dispositions and conduct do not receive a high number of cases of possible discrimination. In 2020, the Danish National Police identified fewer than five individual complaints of ethnic discriminatory police dispositions.<sup>36</sup> Dispositions differ from police conduct, which is dealt with by the Independent Police Complaints Authority. This authority handles the investigation and issues decisions in individual complaints of police misconduct. In the period from 2016 to 2020, there were altogether 133 complaints dealing with “racism/discrimination”.<sup>37</sup> Out of the 133 complaints, 49 were filed in 2020. In the year 2020, the Danish Independent Police Complaints Authority only found a reason to criticise police conduct in one case.<sup>38</sup>

Through the years, the Danish police have been criticised for discriminatory behaviour and it has been argued that a broader structural approach should be established to effectively combat possible discrimination within the police.<sup>39</sup> However, in 2021 in an open consultation in the Parliament, the then-Minister of Justice, Nick Hækkerup, declined to make an external evaluation of the extent of racial discrimination within the Danish police force.<sup>40</sup>

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<sup>35</sup> European Commission against Racism and Intolerance – ECRI, General Policy Recommendation No. 11 on Combatting racism and racial discrimination in policing (adopted on 29 June 2007), p.4.

<sup>36</sup> Rigspolitiet og Rigsadvokaten (2021), *Overblik – Klager over Politiets Dispositioner i 2020* [Overview – Complaints about dispositions by the Police in 2020], p.13.

<sup>37</sup> Interview with Charlotte Storgaard, Chief Executive, The Danish Independent Police Complaints Authority (23 February 2022).

<sup>38</sup> Id.

<sup>39</sup> Elvir Abaz, *Debat – Politiet skal tage racisme alvorligt – og holde sig fra dumsmarte bemærkninger*, Jyllands-Posten (10 June 2020). Politiken, *Politikere er dybt uenige: Har vi et problem med racisme og diskrimination i dansk politi?* (29 March 2021). Sikandar Siddique, *Kroniken – Anker Jørgensen og Olof Palme ville ikke tro deres egne ører, hvis de hørte, hvad Mette Frederiksens regering står for*, Politiken (5 June 2021).

<sup>40</sup> Open consultation in Parliament’s Legal Standing Committee on 1 June 2021 about discriminatory behavior among police officers.

## Concluding discussion – The Danish camp legislation violates international human rights

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Street-based sleeping in Denmark has historically been seen as a symptom of social problems. The thinking was that people turned to sleep rough because of social inequalities, marginalisation, and discrimination or because of drug addiction and/or mental health conditions, which should all be addressed in a framework of social and health policies (Borevi, 2021). The camp legislation of 2017 illustrates that a framework revolving around criminalisation and punishment has gained more ground (Borevi, 2021). It also shows that Denmark attempts to eliminate homelessness by directing efforts toward making PEH invisible, rather than meeting their needs. This is done by de-socialising the problem of camps in public urban spaces and reducing it to a principle of order (Tosi, 2007).

Public spaces are an essential part of the daily lives of PEH. This is particularly the case for people who spend their nights on the street. People need an adequate, safe, and stable physical space to develop and carry out basic functions, such as sleeping, washing, and socialising (Ferrerias and Evangelista, 2018). When homelessness is penalised, it reflects deep-rooted prejudices about PEH. As underlined by the then Council of Europe Commissioner for Human Rights, Nils Muiznieks, being homeless is not an individual choice:

Living and sleeping rough in public spaces constitutes a huge risk to one's health, social well-being and security. Everyone, including homeless people, would prefer adequate and safe housing if it were available and affordable. (Evangelista et al., 2013, p.9)

The UN Special Rapporteur on extreme poverty and human rights uses the expression “penalization measures” to refer to policies, laws, and administrative regulations used to punish, segregate, and control people living in poverty.<sup>41</sup> The logic underpinning such punitive regulations is to safeguard and protect the public from the actions of PEH inhabiting public spaces, which in turn can cleanse city centres and attract capital (Tosi, 2007). Such criminalisation does, however, violate several international human rights.

This is also the case with the criminalisation in Denmark of sleeping in intimidating camps. It disrespects the human rights of persons experiencing homelessness or living in extreme poverty. It follows from legally binding international and European human rights conventions that the following rights are violated:

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<sup>41</sup> Special Rapporteur on extreme poverty and human rights, Report on extreme poverty and human rights. UN Doc. A/66/265 (4 August 2011), par. 3.



- Right to life and human dignity;
- Right to freedom from cruel, inhuman, and degrading treatment;
- Right to freedom of movement;
- Right to security of persons and freedom from arbitrary arrest and detention;
- Right to privacy and family life; and
- Right to adequate housing

In essence, violations of most of these human rights stem from a refusal to guarantee PEH their universal right to adequate housing. That is, if governments invested in adequately housing unsheltered people, there would be no homelessness and no push to criminalise it (Tars et al., 2021).

UN institutions have repeatedly adopted specific guidelines condemning the criminalisation of homelessness. The Danish camp legislation goes against these and has been directly criticised by the Committee on Economic, Social and Cultural Rights, which in 2019 called upon Denmark to repeal the legal provisions criminalising conduct associated with poverty and lack of adequate housing, such as begging and street-based sleeping.<sup>42</sup> Also, the High Commissioner for Human Rights in her follow-up to the Universal Periodic Review in 2022 encouraged Denmark to repeal “the legal provisions criminalising conduct associated with situations of poverty and of deprivation of the right to adequate housing, such as begging and rough sleeping.”<sup>43</sup>

The Danish prohibition of ‘intimidating camps’ and the legal basis to issue zoning bans undoubtedly restrict the enjoyment of the rights of PEH in Denmark. In general, it is permitted to limit human rights if the State has legitimate grounds like public safety, public order, and public health or because of the rights and freedoms of others. Such restrictions must meet standards of legality and necessity. Any restrictive measures must therefore be appropriate, and limitations must not be more severe than necessary.<sup>44</sup>

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<sup>42</sup> The Committee on Economic, Social and Cultural Rights, Concluding observations on sixth periodic report of Denmark, UN Doc. E/C.12/DNK/CO/6 (12 November 2019), par. 47 and 48(c).

<sup>43</sup> Letter from High Commissioner for Human Rights, Michelle Bachelet to Minister of Foreign Affairs Jeppe Kofod (21 February 2022) on the implementation of international human rights obligations.

<sup>44</sup> The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights (E/CN.4/1985/4, annex) and the Limburg Principles on the Implementation of the International Covenant on Economic, Social and Cultural Rights (E/CN.4/1987/17, annex).

The primary objective of the human rights framework is not to permit limitations by governments. It is to protect the rights of individuals. Therefore, Denmark has the burden of demonstrating that the restrictions of the camp legislation are legitimate, reasonable, and proportionate to the aim sought. Restrictions that do not conform to these requirements constitute violations of human rights norms.<sup>45</sup>

When adopting the Danish camp legislation, the government argued that camps gave rise to intimidation and the disturbance of public order. Camps were also seen as a threat to the health and safety of individuals or the public. These criteria may be legitimate and reasonable. However, considering the severe marginalising impact of the criminalisation on individuals sleeping on the street, particularly on the individuals who are punished for sleeping in camps, the criminalisation cannot be deemed proportionate. In conclusion, the Danish camp legislation violates international human rights and should be repealed.

The prohibition of discrimination is central to both international human rights law and EU law. Besides violating several human rights, the enforcement of camp and zoning bans, therefore, risks infringing the international and European prohibitions of discrimination. The criminalisation of homelessness often targets people who are identified as poor based on their income, looks, and appearance. In Denmark, the impact of criminalisation is particularly experienced by migrants experiencing homelessness, and Danish practice illustrates a severe risk that the camp legislation is enforced in a discriminatory manner. It, therefore, constitutes a potential human rights violation in the form of discrimination if camp and zoning bans are not justified by the concrete behaviour of an individual but by the person's nationality, ethnicity, social status, or affiliation with a socially disadvantaged group.

The Danish police are governed by an unwritten principle of equality applicable under general administrative law. The general principle means that the police must treat equal matters in full equality before the law. More specifically, there is a Police Act regulating the activities of the Danish police force. This Act, however, does not include a prohibition of discriminatory profiling. The Danish Act on Ethnic Equal Treatment implements the EU Racial Equality Directive No. 2000/43/EC, and even though the Act is supposed to have a broad scope, practice illustrates that it is unclear whether it encompasses law enforcement activities by the police (Hussein, 2022). The Act on Ethnic Equal Treatment seems to have the same gaps as the

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<sup>45</sup> Special Rapporteur on extreme poverty and human rights. Report on Extreme poverty and human rights. UN Doc. A/66/265 (4 August 2011), par. 20.

Racial Equality Directive, which allegedly does not cover the exercise of public authority, including by law enforcement.<sup>46</sup> Efforts are underway by the European Commission to propose new legislation to fill those gaps.<sup>47</sup>

Danish law, therefore, does not include a specific rule prohibiting discrimination when the police exercise public authority and this has been criticised by the UN Committee on the Elimination of Racial Discrimination stating its concern about the lack of a clear prohibition of racial profiling.<sup>48</sup> The Committee has recommended Denmark to ensure “that racial profiling is clearly defined and prohibited in legislation and that clear operational guidelines to prevent racial profiling during police stops, identity checks and other police measures are available to police [...]”.<sup>49</sup> To target such differential treatment and profiling within the police, discrimination in the daily works of the Danish police force should be unambiguously prohibited.

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<sup>46</sup> European Commission, *Report from the Commission to the European Parliament and the Council on the application of Council Directive 2000/43/EC implementing the principle of equal treatment between persons irrespective of racial or ethnic origin ('the Racial Equality Directive') and of Council Directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation ('the Employment Equality Directive')* (19 March 2021). EU Doc. COM(2021) 139 final, p. 19.

<sup>47</sup> European Commission, *Communication from the Commission to the European Parliament, The Council, The European Economic, and Social Committee and the Committee of the Regions – A Union of equality: EU anti-racism action plan 2020-2025*, COM (2020) 565 final (18 September 2020), p. 4. European Commission, *Public consultation – Addressing possible gaps in the Racial Equality Directive* (17 January 2022 – 11 April 2022).

<sup>48</sup> Committee on the Elimination of Racial Discrimination, *Concluding observations on the combined twenty-second to twenty-fourth periodic reports of Denmark*, UN Doc. CERD/C/DNK/22-24 (1 February 2022), par. 20.

<sup>49</sup> *Id.*, par. 21.

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# 'We're not doing any harm. . . just leave us alone': Why Street Offences Should be Decriminalised

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➤ **Abstract** *Street offences continue to be used to regulate the behaviour of people experiencing homelessness around the world. Yet, police interference and criminal penalties are generally not required since the 'offending' behaviour of people experiencing homelessness is rarely serious or violent in nature. Furthermore, placing vulnerable people in custody can pose real risks to their safety and well-being. In this paper, I draw on two Australian studies – one on the criminalisation of homelessness, and one on deaths in custody – to show the damaging effects that street offences and their enforcement have on people who are homeless. Since rights-based challenges to street offences may not be effective or forthcoming, I argue that our advocacy should focus on calling for the repeal of these laws.*

➤ **Keywords** *street offences, deaths in custody, criminalisation*

## Introduction

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In Australia, street offences have a long history dating back to colonisation (Walsh, 2005). Laws that traditionally criminalised 'vagrant' behaviour have mostly been repealed, but their legacy remains in the form of similar laws couched in modern terms. Laws that criminalise 'offensive' and 'nuisance' behaviours in public still disproportionately impact people experiencing homelessness because they are more likely to be present in public spaces and are more likely to engage in life

sustaining activities in public spaces. These activities may be considered 'offensive' in public whilst perfectly acceptable in private, leaving people experiencing homelessness disproportionately targeted (Mitchell, 2021).

There is extensive international literature demonstrating that people experiencing homelessness often receive charges, move-on directions, banning notices, fines, and other criminal penalties for street offences, particularly begging, public intoxication, public urination, and camping (Young and Petty, 2019; Herring, 2019; Walsh, 2011). This 'de facto criminalisation of homelessness' is unjust, discriminatory, and in breach of human rights instruments (Justesen, 2023). It causes harm to the affected individuals because contact with law enforcement is stigmatising and degrading, hinders access to services, and prevents people from being able to get back on their feet. Furthermore, being taken into custody can pose serious risks to individuals' physical safety, and even their lives.

In this paper, I discuss two recent studies that have investigated the impact of street offences and their enforcement on people experiencing homelessness. One was a qualitative study involving 164 interviews with homeless individuals from all over Australia. The second was a quantitative study on deaths in custody in Australia. Findings from both studies illustrate the significant adverse impacts that street offences and their enforcement have on people experiencing homelessness and support recent calls for the decriminalisation of these offences.

## **Street Offences in Australian Law**

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Street offences have typically been located within the criminal law; however, the concept and scope of 'criminalisation' is becoming increasingly vague in Australia and elsewhere (Lacey, 2009). Civil orders, such as move-on, banning, and anti-social behaviour orders, now supplement the criminal law, and together, they regulate the use of public space by vulnerable people, particularly those who are homeless (Rankin, 2021; Farmer, 2017). These civil orders are said to be 'preventative' and 'non-punitive', yet they can and do result in criminal charges when people fail to comply with them. Brown (2013, p.607) has concluded that criminalisation now includes both the regulatory effects of the criminal law and associated 'regulatory civil, administrative and contractual hybrids'. With this in mind, when I refer to 'street offences', I mean the criminal laws that create street offences (such as begging, public intoxication, disorderly behaviour) as well as the ancillary regulatory mechanisms that apply to people on the street which can result in offences (such as move-on and banning powers, and powers of search and seizure). This is important because, for people experiencing homelessness,

the practical distinction between a criminal and civil order that bans them from an area or fines them for ‘offensive’ behaviour is irrelevant – the impact on their lives and livelihood is the same.

In Australia, many vagrancy Acts survived the turn of the century – Queensland’s *Vagrants, Gaming and Other Offences Act 1931* remained in effect until 2004 and Victoria’s *Vagrancy Act* was in force until 2005. Even now, their legacies remain. Most Australian jurisdictions retain the criminal offence of begging and catch-all offences like ‘offensive behaviour’ and ‘public nuisance’ are still used to regulate the behaviour of marginalised public space users (Walsh, 2011). Having said this, there is support for the decriminalisation of certain street offences in some jurisdictions. For example, in Queensland, a recent Parliamentary Inquiry recommended the decriminalisation of a range of street offences, such as begging and public drunkenness, emphasising that a ‘health and social welfare-based response’ should instead be taken to offences committed in public space (Queensland Parliament Community Support and Services Committee, 2022).

Laws that criminalise ‘public nuisance’ and ‘drunk and disorderly’ behaviour are broadly framed and grant wide discretionary powers to police, which allows for selective enforcement against certain ‘undesirable’ individuals (Diamond et al., 2021; Young and Petty, 2019). The same is true of ‘preventative’ powers, such as move-on directions and banning notices. Research has consistently found that such powers are disproportionately used against racially marginalised public space users in Australia and elsewhere (Wang and Weatherburn, 2021; Bowling and Phillips, 2007). This means that street offences serve as a ‘common entry point into the criminal justice system’ for people experiencing homelessness, despite the fact that the defendants who are homeless generally demonstrate no criminal intent (Diamond et al., 2021). They are rarely charged for behaving aggressively or violently; rather, their charges commonly result from attempts to seek shelter or food (Diamond et al., 2021). Street offences empower police to intervene in situations where they would otherwise lack a power of arrest (Rankin, 2021; Farmer, 2017; Cooper, 2016), effectively creating a ‘personal criminal law’ for the individuals against whom they are enforced (Ashworth and Zedner, 2008).

Widely framed, vague street offences have survived legal challenge in Australia until now, in part, because of the absence of any binding human rights instruments. The introduction of human rights legislation in three Australian states over the past two decades (Australian Capital Territory’s *Human Rights Act* in 2004, Victoria’s *Charter of Human Rights and Responsibilities* in 2006, and Queensland’s *Human Rights Act* in 2019) has brought some hope that the legality of street offences might be contested; however, this has not yet occurred, and the experience of other

jurisdictions might well suggest that human rights is not capable of bringing about the desired reforms (see Justesen, 2023). Instead, advocating for decriminalisation may present the best opportunity for legal and social change in this area.

## The Studies

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Two recent Australian studies have shed further light on the impact of street offences on people experiencing homelessness.

First, between 2017 and 2022, I undertook a national qualitative study on the criminalisation of homelessness and poverty.<sup>1</sup> This was a collaborative research project involving four universities and 10 community legal centres from all over Australia. We investigated the impacts of criminalisation on people experiencing poverty and homelessness in all Australian states and territories, interviewing 164 people experiencing homelessness across 10 different cities.<sup>2</sup> Participants were recruited by the community legal centre partners, and the staff of those centres also conducted the interviews. This meant that all interviews were conducted by trusted people who could provide assistance, advice, and referrals if necessary (Dempsey et al., 2016). Participants were asked questions about the ways in which the criminal law system impacts their lives, including police, courts, and corrective services. The interviews were audio recorded and transcribed, and the transcripts were subjected to reflexive thematic analysis (Braun and Clarke, 2022). A full write-up of the results is forthcoming elsewhere.

Second, since 2016, I have coordinated an ongoing quantitative project that monitors deaths in custody across Australia. The UQ Deaths in Custody Project is a pro bono research project staffed by volunteer law students.<sup>3</sup> The aim of the project is to make information about coroners' inquest findings on deaths in custody publicly available and searchable. We maintain a public online database that contains information about every publicly reported death in custody in Australia since 1990. There are over 800 deaths in custody cases in our database to date (see further Walsh and Counter, 2018).

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<sup>1</sup> This study was funded by the Australian Research Council (ARC) Linkage Projects Scheme. The chief investigators of the project were: Tamara Walsh (UQ); Thalia Anthony (UTS); Luke McNamara (UNSW); Julia Quilter (UoW). The research assistants for the project are: Jane Beilby (UQ LLB graduate); Lucy Cornwell (UQ LLB graduate); Sienna McInnes-Smith (UQ LLB graduate); Maddy Waldby (UQ LLB student).

<sup>2</sup> The study sites were: Adelaide, Brisbane, Canberra, Darwin, Hobart, Melbourne, Perth, Sydney, Townsville, and Wollongong.

<sup>3</sup> Visit <https://deaths-in-custody.project.uq.edu.au/>. I acknowledge the wonderful work of our recent most student leader, Lucy Cornwell.

These two projects have yielded different but overlapping information about the impact of street offences on people experiencing homelessness. The interviews with people experiencing homelessness demonstrated that homeless individuals experience frequent, often daily, interactions with police. Whilst these interactions do not always result in criminal charges, the people experiencing homelessness we interviewed described them as oppressive, intrusive, and unwelcome. Meanwhile, the deaths in custody data suggests that many vulnerable people find themselves in police custody for street offences. In our database, we found 14 examples of deaths in custody where the deceased person had been arrested or taken into police custody because they were intoxicated and found to be behaving in a disorderly manner.

The findings of these studies support recent calls for the decriminalisation of street offences like begging and public drunkenness. Criminal law interventions for street offences are experienced by people experiencing homelessness as intrusive and degrading, and for some, can pose a serious risk to their well-being.

### ***Street offences and homelessness***

In our interviews with people experiencing homelessness, we found that criminalisation was considered by many to be inevitable and inescapable. Without a home to retreat to, people experiencing homelessness felt they were an 'easy target' for law enforcement officers, and they found it difficult to avoid surveillance and interference from them. One participant said:

When you're homeless, you can't even sleep anywhere without the police just going, excuse me, move along. Do you know what I mean? Like where are you meant to go?

People experiencing homelessness viewed these frequent interactions with police as a form of 'harassment'. They said contact with law enforcement officers was 'embarrassing', 'invading my personal space and privacy', and they felt 'shamed' by it. One said:

They asked to search my bag, which I understand, and just felt quite put on the spot, shamed, and didn't receive no apology or anything like that either... staring and watching me all the time, and I feel like they're expecting me to misbehave.

The people experiencing homelessness we interviewed acknowledged that sometimes police officers were 'just trying to help', but they resented their constant intrusion into their lives. They described being subjected to move-on directions they could not comply with because they had nowhere else to go, or because they needed to access services in the area they were being moved on from. They said they were frequently subjected to searches of their person and bags for 'no reason',

and seizure or disposal of their possessions. A high level of surveillance was accepted as being part of street life, yet they insisted, 'we're not doing any harm' so just 'leave us alone.' One participant said:

I think if you're not done anything wrong, regardless of your situation, leave that person alone. They're going through enough shit.

In our interviews with people experiencing homelessness, many participants said that begging is a common offence that people experiencing homelessness are charged with. They described the injustice of being punished for being destitute. Many said it was 'ridiculous' to fine people for 'begging for money on the street' particularly when, for them, begging was seen as a way of avoiding other forms of criminal activity. One participant explained:

When you're homeless you're more prone to, for example, getting a fine for sitting and asking for money. Which, in that case, yes, a fine. But they're asking for money because they need toiletries, or they need a pair of clothes. Or, in my case, when I asked for money, it was because I didn't want to go into a shop and steal underwear... And when you're giving people that fine for asking for money, I guess they've got no other choice then to go do that petty crime and to go steal some food, or to go steal some clothes or underwear, or toiletries or whatever they need. And on top of that then you've got a fine. Then you get charged for stealing, and then you get a stealing fine, and then a asking for money fine.

Public intoxication or 'drunk and disorderly' was another offence that people experiencing homelessness said they were commonly charged with. Several people experiencing homelessness we interviewed said that these charges were particularly common amongst First Nations peoples.<sup>4</sup> The people experiencing homelessness we interviewed said that First Nations peoples are more likely to be charged with public intoxication because they frequently socialise in public places.

Sometimes when people get together, that's why when they in the past people to get together for a large corroboree, and that's why they're singing, dancing and that's why the different tribes come together, sit in the park, and drink and get along.

The participants, Indigenous or otherwise, who said they drank in public places did so because they had nowhere else to go. Many said they used alcohol to self-medicate for mental illness and depression, 'to make you forget and numb it all'. In this context, they said that criminalising people was harmful and counterproductive. Three participants made these comments:

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<sup>4</sup> 'First Nations Peoples' refers to the first peoples of Australia, the Aboriginal and Torres Strait Islander Peoples.





I think there should be... a little bit of leeway because... these people have been under the influence of drugs and alcohol for the majority of their lives. So what's going to change? You're telling them to move on or they're going to get charged, they're just going to go do it somewhere else.

When they're drunk, cops just pick them up... sometimes [they] don't remember that they were charged, because the police charged them while they were drunk...

"We're taking you to a watch house for being drunk, four or five hours." That's not right... they go to court for drunkenness, disorderly. So, the judge gives them a fine. They come again and they do the same thing. The police do the same thing. Come there and pick them up again.

The people we interviewed recognised the injustice of people experiencing homelessness being charged with public intoxication, while housed individuals could drink freely in pubs or at home without police interference. Two participants said:

People that have got no home, they've got nowhere else... Where else do they go to drink? They can't afford a drink at a pub. That's where I'm coming from, that's the reason why I'm getting stung so much is because I've got no home... because I've got no home I'll just drink on the street and then get busted.

[T]here'll be days when you do want to have a cold beer, but you can't go out the back of your house and light the barbie, can you? So, you just have a cold beer and then the next minute unfortunately a police officer sees you and then next minute you're in trouble.

Those who received fines or infringement notices for street offences were often unable to pay them, and they said that debt they incurred entrenched their disadvantage. One of the people experiencing homelessness we interviewed described this as a 'downhill spiral':

It's so overwhelming that your financial situation is- you've got all these fines and all this money, and you can't get a car, or you can't get a loan or anything like that, you know, it's just extremely compounding.

Some of the people experiencing homelessness who we interviewed said that they had spent time in custody for non-payment of fines. One said: "If you have money, you can pay your way out. Whereas, if you have no money, you end up going to jail."

### ***Street offences and deaths in custody***

In addition to being unjust and potentially discriminatory, the enforcement of street offences can place certain individuals at serious risk of harm. As one of the people experiencing homelessness we interviewed said:

They take you into custody... if you had a health problem... people who have diabetes, or prone to epilepsy, or these sorts of things, they weren't really properly medically screened when they were taken into [custody]. Sometimes they were denied their medications, and there had been a lot of problems and... even deaths in custody as a result of that.

The results of the deaths in custody study confirm that arresting people, or otherwise taking them into custody, for street offences does, on occasion, threaten their safety. When we searched our deaths in custody database, we found 14 examples of deaths that had occurred after the person had been taken into custody for a street offence while they were intoxicated.<sup>5</sup>

Of the 14 deceased, half (n=7) were in custody because they had been arrested and charged with a street offence. Five had been arrested for being drunk in a public place, one had been arrested for 'disorderly behaviour', and one had been arrested for failing to move-on. In the other seven cases, the deceased person had not yet been charged with an offence, but rather had been taken into 'protective custody' because they were intoxicated. In these cases, the coroners consistently recommended that intoxicated persons be taken to hospitals instead of being held in police cells because adequate monitoring and health care cannot be provided to a person in a cell.

Tragically, at least 11 of the 14 deaths in custody associated with street offences and intoxication were First Nations people. In the other three cases, the race of the deceased person was not specified in the coroners' report, so the number may actually be higher. Three of the deceased were Indigenous women who had been dismissed as being drunk and disorderly when they showed signs of physical ill health immediately prior to their death. For example, Tanya Louise Day (Coroners' Court of Victoria, 2020) was arrested and taken into custody for being drunk in a public place when she fell asleep on a train. Police did not respond when she stumbled and fell in her cell, and she later died from a cerebral bleed. Maureen Mandijarra (Coroners' Court of Western Australia, 2017) was arrested and detained by police for 'street drinking'. Her agitation and confusion were dismissed as intoxication, and she died from sepsis as a result of an untreated skin infection she acquired while sleeping on the street. The coroner concluded that Maureen should have been cared for in a hospital rather than being detained in a police cell, and that 'police ought to have taken her to hospital' that night (p.55). The coroner further remarked (p.64):

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<sup>5</sup> These cases all occurred between 2002 and 2021.

[Maureen] should not have spent her last hours in a cell in the lock-up. It is her death in a custodial setting that is so keenly and painfully felt by her family. She ought to have had the possibility of seeking and obtaining the comfort and assistance of her friends or family if she had been able to sense her deterioration that night.

### ***Arguments in favour of decriminalisation***

It is well-established that people experiencing homelessness experience frequent interactions with law enforcement officers (in the UK, see Cooper, 2016; in Denmark, see Justesen, 2023; in the US, see Gonzalez et al., 2018). In a recent US study, for example, Robinson (2019) found that 90% of a sample of people experiencing homelessness had experienced police contact for quality-of-life offences, 70% had been ticketed, and 36% had been incarcerated for these offences.

Street offences tend to be justified as necessary to maintain public order, public amenity, and public safety, and these may be legitimate goals (Justesen, 2023). However, any benefits to the community must be weighed against the detriment, or harm, caused to those whom the laws are enforced against.

The enforcement of street offences has significant ramifications for homeless individuals (Saelinger, 2006). The people experiencing homelessness we interviewed said the constant surveillance and interference from law enforcement officers was humiliating and degrading. Some said they had possessions seized or ruined as a result of being searched by law enforcement officers, which was particularly upsetting considering the limited number of possessions they had. Similar findings have been made by other researchers. Herring (2019) observes that, for people experiencing homelessness, having their belongings taken or destroyed may be considered a worse outcome than arrest, and that loss of possessions is what makes an arrest so burdensome.

Move-on directions and banning notices may be advanced as 'diversionary' but people who are homeless do not view them as benign. Instead, the interviews we did with people experiencing homelessness reflected the findings of Herring (2019) and the perspectives of Ashworth and Zedner (2008) in that diversionary strategies may be experienced as intrusive and punitive. Justesen (2023) adds that such powers may force people experiencing homelessness to become invisible to escape detection, causing them to move away from urban spaces and the services on offer there.

International research has confirmed that the enforcement of street offences can begin a 'downhill spiral' for people experiencing homelessness, and that they can find it difficult to exit the criminal law system after an initial contact. There are several reasons for this. People experiencing homelessness who are found guilty

of a crime are more likely to be refused bail, and to receive a harsher penalty (Diamond et al., 2021). If they receive a fine, they may not be able to pay it, and may be subject to enforcement action as a result, which may include time in custody (Ashworth and Zedner, 2008). Even a short amount of time in custody can result in loss of housing and possessions, entrenching their state of destitution (Cooper, 2016).

However, further to this, the deaths in custody data suggests that time in custody can pose serious risks to individuals' physical safety. Vulnerable people are placed at risk when they are held in police cells, especially if they are intoxicated. Diversionary strategies that involve police taking 'protective' action do not solve this problem, particularly if they take the person away from support people and health and community services.

This leads us to question why a criminal law approach is taken to homelessness in the first place. The reality is that people experiencing homelessness rarely engage in serious offending. They are more likely to be victims of violent crime than perpetrators, and most often, their 'offending' is minor, victimless, and directly related to their state of homelessness or poverty. In Australia, as elsewhere, the belief that people experiencing homelessness are 'anti-social', unsightly, a blight, or a nuisance seems to legitimise their criminalisation (Young and Petty, 2019; Speer, 2019). In public discourse, the relationship between homelessness and crime is 'inverted' – the 'respectable' public are presented as potential victims whereas it is those who are homeless who are most vulnerable (Heerde and Hemphill, 2016).

Begging provides an apt example of this. The offence of begging is justified as being necessary to prevent ordinary people from feeling intimidated or fearful, yet Australian research has suggested that aggressive begging is extremely rare; rather, people who beg tend to do so in a passive manner, for example by sitting or sleeping next to a sign, or asking passers-by for money (Young and Petty, 2019; Hughes, 2017). The people experiencing homelessness we interviewed described begging as a crime of survival and insisted that people should not be questioned or charged merely because they are 'passively begging' (see also Johnsen and Fitzpatrick, 2010).

Decriminalisation, rather than diversion, seems most appropriate given that in most cases a criminal law response is excessive and unnecessary. An alternative approach should be taken that emphasises the health and welfare of the person if future 'offending' is to be prevented.

### ***Alternatives to criminalisation***

In our interviews with people experiencing homelessness, we heard about several programmes that have been developed in Australia as an alternative to criminalisation. The programmes we heard about were invariably highly localised, community-based responses. They were often unfunded and staffed by volunteers.

Several of the people experiencing homelessness we interviewed said there needed to be somewhere for people experiencing homelessness to go during the day to allow them to exit public spaces. They said there needed to be a 24 hour a day, seven day a week service, 'somewhere where they can go, a safe place where they can go'. As one participant said:

They need somewhere to be able to stay most of the day if they need to, especially in winter... we need somewhere so that we've got more places to be during the entire day, say from, whatever, 8: 00 in the morning until 7: 00 at night or something like that when they then can go to wherever they go to sleep.

We heard about one such place in Townsville, a small city in northern Queensland. The 'Reverend Charles Harris Diversionary Centre'<sup>6</sup> was praised as a safe place for people to go to recover from intoxication. It provides accommodation and other support services and is an alternative to police custody for people who need protection, but do not require, or have been turned away by, medical services. The Diversion Centre operates a bus service to transport people from the streets to the Centre and runs rehabilitative and treatment programmes for people who wish to undertake them. One participant said:

The diversionary centre is a safe place for homeless people... you've got the women's side, then you've got the men's side, but we all come together to eat in one big kitchen. It's a safe haven. There's no drinking there though... diversionary centre has programmes available... they take you fishing and all that if you do the program.

We also heard about 'community patrols' run by First Nations organisations which provide an effective alternative to the criminalisation of intoxicated people. Community patrols first arose in the 1980s following the recommendations of the Royal Commission into Aboriginal Deaths in Custody (Blagg and Anthony, 2019; Porter, 2016). Community patrol staff drive around town to collect people on the streets at night and transport them to safe places. Their goal is to minimise intervention by police, and they instead draw on the community itself to provide an alternative form of intervention. They focus on enhancing community safety and welfare by connecting people with support services rather than relying on coercive powers. One such service is run by Larrakia Nation in the Northern Territory. The

<sup>6</sup> <https://yumba-meta.com.au/about/program/reverend-charles-harris-diversionary-centre/>

people experiencing homelessness we spoke to about this service said they are 'probably the only decent ones you get running around' and that they 'should play more of a role.'

## Conclusion

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Not having a private space to retreat to puts people experiencing homelessness at high risk of police contact. Police around the world use street offences to regulate homelessness. These laws are used as a tool to exclude, relocate, and render invisible people who are homeless. It is well-known that these laws do not solve the problem of homelessness; however, their reach seems to be increasing. Whilst street offences used to be located only in the criminal law, additional powers have been created around the world to move on, ban, and censure the behaviour of vulnerable people, including those who are homeless. These powers are said to be non-punitive, but they are far from benign, and their practical effect on people experiencing homelessness is to extend rather than limit the scope of penal punitiveness (Herring, 2019).

Human rights laws have not yet been effective in limiting the application of street offences to situations where there is a real risk of harm to the community. Claims that street offences are needed to maintain public order are not persuasive considering people experiencing homelessness rarely commit violent offences and seldom demonstrate criminal intent.

Criminalising people who are homeless is unfair, unjust, and harmful to those who are affected by the laws. For people experiencing homelessness, move on and banning notices limit access to services, fines entrench their poverty, and even a short period of time in custody can result in loss of housing and possessions. Further to this, deaths in custody can occur when vulnerable people, particularly those who are intoxicated, are held in police cells without adequate monitoring and medical care.

Since a criminal penalty is often an excessive and unnecessary response to the 'offending' behaviour of people experiencing homelessness, calls to decriminalise certain street offences have merit. In particular, the offence of begging should be repealed because it punishes acts of survival, and public intoxication should be repealed because it penalises people for doing something that is perfectly lawful when done inside a home. Since legal challenges to the validity of these offences are likely to fail, decriminalisation in favour of a health and welfare-based response should be the goal of our advocacy.

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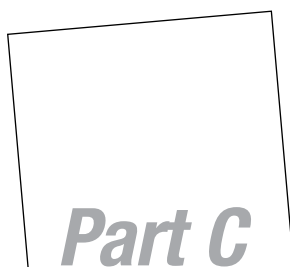
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# Research Notes



***Part C***





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# Lessons Learned from the Pilot Implementation of the Point-In-Time Method for Counting the Homeless in Six Municipalities in Greece

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- **Abstract\_** *This paper is an extended research note which presents the experiences gained and the lessons learned from the Point-In-Time (PIT) count of people experiencing homelessness conducted in May 2018 in six municipalities in Greece. It first refers to the main dilemmas any effort for measuring people experiencing homelessness have to tackle. This is followed by a presentation of the procedures, the inadequacies, and the results of the pilot count of the homeless population in Greece. The main conclusion is that an accurate and strictly scientific enumeration of the homeless is impossible unless a huge number of resources are periodically devoted to this goal. At last, it proposes the combination of the PIT method with targeted qualitative field work as an optimal choice for measuring the homeless population.*
- **Keywords\_** *homelessness in Greece, point-in-time, measurement, observational forms, questionnaires, survey.*

## Introduction <sup>1</sup>

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The measurement of the homeless population is one of the most difficult issues in social research. National censuses and surveys investigate people's characteristics by using sample frames based on city blocks and by defining the private household as the most appropriate sampling unit (Lynn and Lyberg, 2022). This approach de facto excludes a high proportion of people experiencing homelessness. According to Edgar (2009), national censuses and household surveys can provide information on those living temporarily with family or friends, in institutions and asylums, and those living in overcrowded conditions or in non-conventional dwellings. However, a high proportion of those experiencing homelessness do not sleep in private households or in collective domiciles or inside any building at all. Consequently, they are also not included in specific surveys (usually registered data) conducted in institutions (hospitals, hostels, care centres, prisons, shelters, camps, etc.). Under these circumstances, social scientists attempt to develop alternative methods for measuring the number of people experiencing homelessness and define their demographic and social characteristics by focusing on certain locations in cities and rural areas where people experiencing homelessness concentrate.

Most of these efforts could be classified according to three, binary questions that researchers attempt to answer: 1.) should we enumerate or estimate the number of people experiencing homelessness? ; 2.) should we observe them according to their own demographic and other characteristics, or to ask those experiencing homelessness about certain demographic, personal, and social characteristics? ; and 3.) should we classify them in separate subgroups (i.e. according to the duration, the reasons, or the place of their stay) or treat them as a homogenous and unified social group? Depending on the choices made in relation to the different options in these questions, researchers follow different approaches in the methods they use to determine the number of people experiencing homelessness as well as in the forms and types of the research instruments (e.g., questionnaires) they use. As a consequence, there is no clear road map for the reliable and valid measurement of people experiencing homelessness. In that framework, the social services community focuses on those methods that satisfy their operational purposes and enhance their ability to tackle the everyday problems people experiencing homelessness face. In this context, the so-called Point-in-Time (PIT) approach, despite its structural inadequacies, is considered the most appropriate (HUD, 2014; Bergmann et al., 2021).

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<sup>1</sup> The research project was carried out in 2018 under my scientific supervision and with funding from the Greek Ministry for Social Solidarity.

Although, according to Berry (2007, p.170), “such a snapshot of the homeless population may only be of limited value, because the homeless population often changes in size and composition over time”, it is an easily applied technique, efficient in terms of time and cost, and the researchers do not need to be highly trained. The PIT approach was developed to facilitate the enumeration of people experiencing homelessness in the locations where social services are committed to assisting them and, in addition, to extract information about their situation and needs. As such, they do not aim to satisfy strict scientific criteria. According to the HUD guide, different organisations participating in measuring the number of people experiencing homelessness are not obliged to follow nation-wide, accurately defined procedures, but they can choose from the alternatives included in the national framework of minimum standards (HUD, 2014).

These standards prompt enumerators to choose their own method for measuring homelessness in their area of commitment and include the use of three complementary survey tools: a very short observational form, a short questionnaire, and/or a longer version of a questionnaire. Which form is to be completed each time during the survey is at the discretion of the investigator (Bergmann et al., 2021). Although this flexibility facilitates the collection of valuable information from people experiencing homelessness, it also creates high standard errors (Bergmann et al., 2021).

In order to minimise the chances of a non-response, financial and other kinds of incentives for those who agree to complete the long version of the questionnaire are also suggested. However, some people experiencing homelessness do not answer or are not honest in their responses to those questions which refer to sensitive issues (Bergmann et al., 2021). In the following sections are the most critical points concerning the previous methodological dilemmas as they were revealed during the pilot implementation of the PIT method in six urban areas in Greece.

## **The Preparation of the Pilot Study in Greece**

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Based on previous experiences for enumerating the homeless, the Greek Ministry of Social Solidarity decided in 2018 to establish a permanent mechanism for measuring the number of people experiencing homelessness in Greece. This jurisdiction is given to municipalities, and they have the duty to include NGOs who work with the homeless in the project. The Ministry decided to adapt the PIT approach to Greek reality, and for this purpose funded a pilot study in six municipal areas. In addition, the ETHOS definition of homelessness was officially adopted. However, the Ministry decided to include in the pilot count only roofless and houseless people, thus excluding those who are being temporarily accommodated in camps

(refugees and Roma) from the count. Additionally, for safety reasons, those living inside empty or occupied buildings were excluded. The processes and the results of this pilot will be analysed in the following section.

The aim of the pilot enumeration of people experiencing homelessness in six municipal areas in Greece was to test and evaluate the rules, procedures, research tools, and the role of national and local organisations in the periodic measurement of the number of homeless people nationally. The areas selected for the pilot were three municipalities in the metropolitan area of Attica (Athens, Piraeus, Nea Ionia), one in the metropolitan area of Thessaloniki (Municipality of Thessaloniki), and two large non-metropolitan municipalities (Ioannina and Heraklion). For the administration and coordination of the project, a high-level committee was formed in the Ministry of Social Solidarity, and they were assisted by a research team from Panteion University. The members of the organising committee were delegates from the participating municipalities, national organisations which design and implement policies for people experiencing homelessness, NGOs, and the Hellenic Statistical Authority (ELSTAT). The task of the research group was, in consultation and agreement with the organising committee, to refine and propose for legislation the rules, procedures, and tools for the periodic PIT enumeration of people experiencing homelessness in Greece.

The preparation of the pilot study lasted five months. During this period, 11 joint meetings of the coordination committee and the research team took place and, in consultation with NGOs and the municipalities, all the actions necessary for the implementation of the project were refined. Based on the previous experiences of social services and street workers, as well as on previous efforts by municipal services and NGOs to measure homelessness, the research team pin-pointed on the maps of the participating towns all the locations where people experiencing homelessness have previously been present. They also looked for volunteers and motivated them to participate as surveyors and to register on a special list of volunteers compiled by the research team. The delegates on the committee were also tasked with providing suggestions about the proper time for the implementation of the pilot as well as the content of the questionnaires.

Following these procedures, the research team canvassed the areas that the surveyors were to screen and outlined their borders on the map. Additionally, the research team included on each map two to four randomly assigned canvassed areas in which there was no mention of the presence of people experiencing homelessness with the goal of checking possible areas not recognised as refuges for the homeless by NGOs. Each canvassed area contained 32-36 city blocks, depending

on the density of previous observations for the presence of people experiencing homelessness. Road and pavement surveyors walked through and screened each canvassed area, for an approximate distance of 8-9000 metres.

**Table 1. Key indicators for the pilot measurement of homelessness in six municipalities in Greece 2018.**

Municipal area (Town)	Number of canvassed areas	Number of homeless shelters and services surveyed	Number of survey teams	Number of surveyors
Athens	48	20	58	182
Thessaloniki	14	6	14	60
Piraeus	6	4	10	42
Heraklion	10	8	18	58
Ioannina	2	2	2	8
Nea Ionia	2	-	2	7

Source: Author's own compilation, based on data from the pilot

The research team and the central organising committee decided that the survey was to be conducted by groups composed of three surveyors each. One member of the group was to be an experienced street worker or social worker who would act as the coordinator of the group and had the duty to approach and speak to each person who appeared homeless. Another member was to be a university student hired to conduct the survey by the research team whose duty was to record the responses of the interviewee in the special online app, uploaded onto his or her smartphone. The third member had the task of observing the area and any people in the vicinity and to offer each person approached the incentive of a snack (a croissant and a small carton of fruit juice), donated to the project by two companies.

The survey teams undertook a three-hour training course 10 days before the enumeration was conducted. The survey teams were also provided with a written guide containing all the information about the procedures they were to follow and their tasks in detail. The surveyors were also provided with a personal password and encouraged to download the digital app containing the questionnaires, developed by the e-Government Centre for Social Security Services (IDIKA SA), onto their smartphones and to study them before the survey. However, they were not pre-allocated to the areas to be canvassed in order to avoid the risk that an area would not be investigated if any member of a group was absent on the night of the survey. As a result, the surveyors were not able to visit the area they were to survey in advance and familiarise themselves with it.

For every four groups of surveyors, the research team selected a coordinator who had the duty to assist and answer any questions the surveyors had during the survey and to contact their supervisor if any issues arose. Each supervisor had responsibility for 12 groups of surveyors and three coordinators and was tasked

with contacting the research team, which was located in a meeting hall that could easily be reached by all teams. In Athens, Piraeus, and Thessaloniki the research team appointed another two teams of surveyors who were not allocated specific areas to act as auxiliary surveyors. Their task was to assist the teams in those areas where the surveyors were having difficulties in screening the streets or were encountering a large number of people experiencing homelessness and were thus unable to complete the survey on their own.

In terms of research tools, the organising committee and the research group requested the surveyors to note and to interview all people experiencing homelessness in their investigated area and to ask as many of them as possible detailed questions, although without any pressure or coercion for them to answer. It was also decided to use one observational form and three different questionnaires: one questionnaire for those identified as homeless in roofless public places (parks, squares, streets, and in day services such as soup kitchens); another for those who were staying in night shelters and day centres for the homeless during the count; and a different questionnaire for those staying in supported apartments paid for by social services as temporary dwellings for the homeless.

During the design of the four survey tools, there were disagreements between the NGOs, municipal services, and the research team about their content. The municipal social services and the NGOs wanted to include many sensitive questions, which the research team opposed, arguing that this would create biases and add extra standard errors into the analyses. However, the research team did eventually agree to include several sensitive variables in the questionnaire, with the goal of checking their actual validity and gathering evidence to be taken into consideration during the final refinement of the questionnaires. The second, latent, goal for this agreement was to avoid the risk of dampening the enthusiasm of the NGOs and thus reducing their engagement in the project. A core of common variables (age, sex, nationality, whether permanent or temporarily homeless) was also included in all the questionnaires, and also in the observational form, in order to facilitate harmonisation and comparability between the different types of homelessness.

As for the time and date of the count, the organising committee and research team agreed to conduct the pilot surveys in May 2018. Cold winter days, such as the last days of January, are the norm for enumerating the homeless in the USA and are recommended as the most appropriate timeframe by HUD. They were excluded here, however, because Greece lacks the sufficient provision of emergency services for people experiencing homelessness. This means, according to the experience of street workers, that many people experiencing homelessness do not visit emergency shelters and instead prefer to stay in empty or occupied buildings that are not accessible to researchers. Additionally, in May the weather in Greece is



moderate and many people experiencing homelessness are present outside buildings early in the night, thus reducing the need to fill in observational forms as a substitute for the questionnaires.

It was also agreed to conduct the survey from 20:30 in the evening to 2:30 in the morning, with the consideration that during these hours most people experiencing homelessness can be approached by surveyors. The summer period was excluded as an option for the count because social services argued that during the summer many people experiencing homelessness move from urban neighbourhoods to rural and tourist areas in search of seasonal employment. They believed that the count should be done in mid-May, starting late in the evening, following the previous positive experience of the research team that conducted the count of the homeless in the Spanish city of Girona (Calvo and Carbonell, 2017). Last but not least, on 18 December 2017, a pilot PIT survey was done by the Municipality of Athens and Bloomberg Associates, and we believed that running our pilot in May would provide us with a good opportunity to compare the number of people experiencing homelessness in downtown Athens between the two surveys.

In each municipality, one local organising group was composed of staff from municipal services and NGOs. Although it was not part of the initial design, in each local organising group a leader emerged informally. This person was the most active and recognised by the other members of the group as having good management skills. The role of the local leader (coordinator) was crucial for the communication and preparation of all procedures (training of volunteers, collection of data for outlining the canvassed areas, reproduction of materials locally, composition of survey teams, supervision and coordination of the surveyor groups, solving minor problems, etc.).

The leaders (coordinators) that emerged were as follows: in both Nea Ionia and Ioannina, they were a social worker from the municipal social services; in Thessaloniki, a social worker from an NGO; and in Heraklion, two academics from the local university who are also homelessness activists. In Athens, there were two coordinators (the principal researcher from Panteion University and the coordinator of the Central Organising Committee). In Piraeus, the municipal services were not willing to participate in the count and hence the leader was the coordinator of the Central Organising Committee, assisted by an NGO.

Last but not least, the research team prepared a short evaluation questionnaire with 34 questions, 15 of which were on a Likert scale, and the rest open-ended. The evaluation questionnaire was uploaded in a codified Google form and surveyors were asked via personal e-mails to complete it within five days after the actual count. In total, 121 surveyors responded and completed the evaluation form.

## The Enumeration

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The actual implementation of the six pilot surveys took place during the night of 15-16 May 2018 in Athens, Thessaloniki, Heraklion, and Nea Ionia; the night of 16-17 May 2018 in Ioannina; and the night of 24-25 May 2018 in Piraeus.

On the night of the count, all the teams met together two hours before the start of the investigation in a special meeting hall, arranged to be open during the night in each municipal area, where they were provided with detailed maps of their registration sector and small snacks to offer each street-based sleeper they encountered. Each group of surveyors was also provided with 10 copies of the questionnaires, including guidance for how to use them if the online completion of the questionnaires was disrupted. The surveyors were also instructed to return to the meeting hall and upload the questionnaires that were completed in hard copy there, and to also give the coordinators brief oral feedback about their experiences and any difficulties they encountered. On the same day, and several hours before the count, the coordinators informed all police stations in the canvassed areas that they would be conducting the survey during the night.

The following morning, in all areas from 6: 00 to 8: 00, research groups visited the parks within or surrounding the canvassed areas and recorded any people experiencing homelessness that were present, also asking them if they had been interviewed the previous night. Additionally, in the afternoon of the following day, the research team visited the soup kitchens that were open between 13: 00-16: 00 and asked everyone in the queue if they were homeless and, if so, if would they agree to answer the questionnaire. If they declined to answer the questionnaire, the researchers also noted this on the observation form (Arapoglou et al., 2021).

During the survey, some groups encountered a much larger number of people experiencing homelessness than had been estimated and they were thus assisted by extra surveyors, who then left the survey after giving the coordinators their feedback. Most groups finished their tasks in three to four hours. However, two groups returned to the meeting hall after two hours, whilst three groups finished at 2: 30 (after six hours). Additionally, in some cases the surveyors were required to complete the questionnaires by hand as their internet connection was disrupted inside the sheds, among the tall city buildings. They then uploaded the questionnaires onto the digital platform when they had returned to the meeting hall at the end of the survey.

## Results and Discussion

The total number of enumerated homeless in the six municipal areas was 1 276. The number of roofless that were counted was 625, whilst the houseless numbered 651. During the survey in the streets and parks, 33 people stated that they had already been interviewed that same night. Most of the roofless were only observed, whilst 46 people who were identified as roofless and were awake refused to answer the questionnaire (see Table 2).

In two of the canvassed areas in the Municipality of Athens where social workers recorded the presence of people experiencing homelessness, no roofless people were encountered by the surveyors, whilst in two extra canvassed areas, which were outlined randomly by the research team in different city places, three people were identified as homeless. Additionally, two groups of surveyors in downtown Athens reported that in the courtyard of two occupied buildings there were many people whom they were guided by the organising committee not to count for safety reasons.

**Table 2. Numbers of roofless and houseless people interviewed on the street, or recorded by observation, interviewed in shelters and day centres for the homeless, and in supported housing by municipality.**

City	Roofless		Houseless		Total
	Street homeless Interviewed	Observation only	In shelters and day centres	Supported housing	
Athens	92	250	213	73	628
Thessaloniki	53	87	126	49	315
Piraeus	61	33	117	0	211
Heraklion	20	13	21	29	83
Ioannina	4	9	9	0	22
Nea Ionia	2	1	4	10	17
Total	232	393	490	161	1276

Source: Dimoulas, 2018; Arapoglou et al., 2021

Although the count took place at a time that was not too late at night, most roofless people were not interviewed by the surveyors, and this caused a high standard error in the analyses of the personal and social characteristics of the homeless. As the most frequent reasons for not interviewing roofless people, the surveyors recorded that 34.9% were asleep, 20.2% refused to answer the questionnaire, 16% could not communicate for reasons other than their inability to speak Greek or English, and 12.9% were unable to communicate in Greek or English (Dimoulas, 2018).

The questionnaire was considered appropriate and easily managed by most surveyors. However, they faced difficulties in getting answers to the question regarding the sex of the roofless people (22.5% of those interviewed and 6.9% of those observed) (Dimoulas, 2018). The date of birth was completed for only 54.2% of those interviewed as roofless and was, moreover, not completed on 12% of the observational forms. In total, the age was provided for 88.7% of those who were counted (Dimoulas, 2018).

Most of the roofless who stated that this night was not their first street-based sleeping episode did not give any further information on how many previous times they had been roofless. With regard to the use of facilities and services for homeless and socially excluded people, 20.3% responded that they do not use any service or facility at all whilst 44% answered that they only use soup kitchens. Of the roofless who were interviewed, 46% said that they have children. However, more than half of them did not give any further information about them when asked. Last but not least, most of those who answered the questionnaire in supported houses did not give accurate information about the other members of their household.

The main results from the evaluation questionnaire that was completed by the surveyors are as follows:

- Of the 121 surveyors who completed the evaluation questionnaire, 18 responded that the canvassed area that they screened was too large and they were very tired by the end of the survey. Four surveyors who screened in areas where several drug users and people suffering from psychological distress were present believed that their group should have contained five instead of three members. Additionally, they suggested that the survey should have started earlier in the evening because most drug users move into empty buildings or to their back up supplies in the early night.
- Five other surveyors believed that the count should have started after 23: 00 because at that time of the year (mid-May) there were many people on the streets but not experiencing homelessness, and it was very confusing for them to distinguish who might be homeless in order to approach and interview them. Five surveyors responded that the digital app was not functioning properly, and they would have preferred to tick the responses of the interviewees on hard copies of the questionnaire and then upload the responses to the digital app afterwards. This option was available to those surveyors who had connection difficulties in certain places (e.g., at the corners of certain buildings). However, completing hard copies of the questionnaire made it difficult for the organising committee to pinpoint on the city map the accurate locations where the researchers identified people experiencing homelessness.

- Most of the surveyors responded that the length of the questionnaire was appropriate. Lastly, their opinions about which questions were difficult to collect accurate and reliable information for was identical with the questions that were shown as biased by the statistical analysis.

## Conclusion and Lessons Learned

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The accurate measurement of people experiencing homelessness is a very complex project that lacks the discipline of strict scientific standards. The vagueness, irregular mobility, and instability of street-based sleepers is impossible to contextualise through the presuppositions and rules of surveys, be they a census or based on sample selection. The various methods adopted for the enumeration or estimation of people experiencing homelessness cannot respond adequately to all criteria of accuracy and reliability.

Due to these restrictions, social services must gather information about the presence, demographics, and social characteristics of people experiencing homelessness, not by targeting the representativeness of the data they collect with special surveys on the homeless and their characteristics, but on the basis of the service they provide. In other words, they collect those types of data which permit them to focus their services on specific locations and subgroups of people experiencing homelessness.

From the literature review and the pilot surveys conducted in six municipal areas of Greece, PIT methods were found to be the most appropriate despite their structural inadequacies (e.g., no estimation of short-term or seasonal homeless and those sleeping in empty buildings, no valid assessment of their characteristics). This is also a method which absorbs a significant number of human resources and surveyors must have experience in communicating with socially excluded groups. This precondition is not satisfied in several PIT counts. The use of only occasional volunteers – who are the norm in several homeless counts – should be reduced by providing targeted incentives to those volunteers who wish to participate more than once in the count.

The successful implementation of the actual survey is promoted when local activists are engaged in the count and work under the supervision of an experienced and motivated local coordinator. As these individuals are normally very busy, some targeted incentives must also be provided to them in order to encourage them to dedicate the personal time and effort that is necessary for the count. The size of the canvassed areas is also crucial. From the experience of the pilot study in Greece, it is estimated that the appropriate length of roads and pavements that must be screened is around 5-6000 metres per survey group.

With regard to the time period, mid-May seems to be the best option for Greece and other Mediterranean countries. However, no specific hours appear to be the most appropriate. If the count starts early at night, then several people, usually with an addiction, can be approached by the surveyors. However, during these hours many people experiencing homelessness cannot easily be distinguished and recognised as specifically homeless as there are many other people present in the streets. Our survey demonstrated that even during those hours most street-based sleepers were not actually interviewed by the researchers and were only observed. Perhaps the best option is to screen the canvassed areas at two different times during the same night. However, this option greatly increases the requirements for human resources and the cost of the count.

Finally, the questionnaires must be very short and avoid including any sensitive questions. In several cases, accurate information for basic demographic variables (date of birth, sex, family situation, number of times homeless) is also not ensured.

In conclusion, the optimal choice for measuring the homeless population is to enumerate and pin-point on a map as many people experiencing homelessness as possible. This can be done by periodically (once a year or every two years) conducting a PIT survey on street-based sleepers through the completion of observational forms followed by an investigation of their personal and social characteristics by conducting targeted qualitative fieldwork shortly after the night of the count.

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# Researching Mortality and Deaths of People Experiencing Homelessness

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A pre-research note

Magdalena Mostowska

Forty-seven years. The mean age at death. A number of cases are listed next to causes: illness 73, traffic accidents 20, violence 19, overdose 16, drowning 14, hypothermia 14, suicide 12. That is how the federation of organisations in Italy (FIOPSD, 2022) is reporting the number of deaths of people experiencing homelessness: “205 deaths in 206 days”. The incidents are collected from the media and not-for-profit organisations. Another example, in Los Angeles, the average age at death 48.1 years, on average 36% shorter than a housed person’s life. The four leading causes of death (making up 87.3% of cases) are: cardiovascular disease, unknown, acute intoxication, and trauma-related (Hawke et al., 2007). As stated in the Guardian, in the United States homeless deaths have doubled in the last years (McCormick, 2022). Examples illustrated in the article included: A 20-year-old man stabbed to death at the DC’s Union Station hub; another young man fatally overdosed after not being admitted to several programmes; and a 60-year old woman perished of hypothermia in a tent encampment in Texas.

This all sounds shocking. Both the numbers and the stories. I have seen it myself when I was working with the Polish migrants on the streets in Brussels. During the four years I was coming back to the field site, four people from ‘my group’ disappeared and reportedly died. Admissions to the emergency room were a daily occurrence. Some of the people I worked with were my age but looked a generation older. There were around 30 names read (many of them Polish) when I went for an annual commemorative visit to a cemetery (see also: Collectief Straatdoden, 2021). Hospital visits and talking about those who died seem like a regular part of fieldwork in homelessness research, and the daily bread of those working in support organisations. But outside of this field it is often taken for granted. The local newspaper reports on a deadly carbon monoxide poisoning of an elderly couple that tried to heat the shed they made their home. It’s such a familiar story, I hardly glance over it.

I started thinking about homeless deaths during my stay in Philadelphia. I was surprised to learn that the city's committee reviews each death on the streets or attributed to a person experiencing homelessness (see also DPH, 2017). I guess, perhaps like a lot of people, I thought "they were just gone". We rarely talk about death. Especially when it comes to phenomena that are complex enough in themselves, like homelessness. I decided to try to talk more. As I was writing my research proposal and taking the first look at mortality research, I encountered a number of issues, which – I can only assume – will become even more complicated during the course of the project. I will summarise them below bundled under five headings: (1) numbers as metaphors, (2) a standardised death, (3) linking data sources, (4) comparison group, and (5) and the results?

## **Numbers as Metaphors**

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Not being a doctor or a public health professional and not even dreaming of obtaining any robust data to analyse statistically, I paused on what the data about deaths of some part of the population could be telling us. I have grown suspicious of numbers. Especially in such contentious areas as social problems. A million homeless in America? Twice the standard mortality rate? Forty-seven years on average? Is that true? What does it even mean?

Numbers seem necessary and objective but the production of data may become a "quantifying ritual", where tallying becomes institutionalised but offers no solutions (Jacoy, 2012, p. 398). Once a number appears, it becomes a potential source for everyone and the numbers take lives of their own and are treated as facts. In social policy research, we believe that a 'big' number means a big problem. If the number is 'small', there is a belief in a large 'dark' number that escapes the statistics (Best, 2001). Numbers act as, and are deliberately used as, metaphors (Stone, 2020). Single figures are especially tempting (Neylan, 2005). However, we are very bad at reading numbers and comparing them with each other. A simple transition from thousands to millions is largely estimated by context, but we are often wrong by orders of magnitude (Landy et al., 2017).

## **A Standardised Death**

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There's a growing recognition that social inequalities manifest themselves in health disparities. Also within rich societies, there is a huge gap between the groups in both access to health care and health outcomes. Health issues are among the most pressing needs in the homeless population. The problem is likely to get more severe as the homeless population is aging (at least the part of it that we know of).

Mortality is used as a simple indicator of a (sub)population's health condition. WHO compares child mortality, life expectancy, and causes of death as indicators of global health inequalities. Contrary to many other social phenomena, deaths seem like well-defined events, which – at least in rich countries – are pretty comprehensively registered (Sturge, 2022).

Not only is the death itself recorded, but the causes of deaths are also recorded. The International Classification of Diseases (ICD) is a tool to globally standardise and record health issues. Historically, the ICD was intended for recording mortality data. The first classification in 1900 had 191 causes, reflecting medical knowledge of the time (it contained codes such as “want of breast milk”, “insanity”, “cow-pox and other effects of vaccination”). The ICD has also progressively been used for morbidity data, social security, and insurance purposes. The latest, ICD-11, a 2022 revision, contains some 17 thousand categories.

Standardised codes are used to describe the causes of death on death certificates worldwide. It looks promising, medicine after all is a much more precise science than the messy social sciences. Still, it is difficult to pinpoint one direct cause of a particular death and the entire causal chain of events leading to it. A lengthy and confusing procedure for the certifying physician to establish the underlying cause of death, the train of events leading to death, and other contributory conditions mean many misclassifications and vague reporting (Naghavi et al., 2020; Monasta et al., 2022). The ‘actual’ cause of death that is registered for comparison purposes (Global Burden of Disease study) might not be the same thing as the immediate cause of death, and it demands the knowledge of an individual's medical history. Even in some OECD countries, concerns remain about the quality of the medical data; there's a high proportion of garbage categories (codes that are too general or codes of diseases that cannot be fatal by themselves). For instance, around 20% of deaths in Poland are registered with codes of low informative value (Fihel and Muszyńska-Spielauer, 2021).

Each subsequent ICD is intended to be better suited for contemporary society and to be standardised globally (Harrison et al., 2021). The newest edition of ICD is interesting because it contains a number of ‘social issues’. Stem code QD71 is called “Problems associated with housing”, under which: Homelessness, Inadequate housing, and Problems related to living in residential institution are named. It remains to be seen how this will be used in practice. Potentially in the future, the newest ICD-11 could offer another solution to some of the problems I discuss below.

## Linking Data Sources

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Studying homeless mortality means obtaining data on mortality for the subpopulation of people experiencing homelessness. In theory, this could be done in two different ways:

1. Extracting data on people experiencing homelessness from the general death register; and/or
2. Calculating mortality rate from a database on people experiencing homelessness.

In the first case, however, the housing situation is not registered on the death certificate. That is why, for instance, Brimblecombe et al. (2020) analysed the UK's Office for National Statistics (ONS) mortality data by their postcode to identify the most likely homeless deaths, taking into account only premature deaths, thus under 65 years of age. Thomas (2012) used a similar method for the whole of England and provided several scenarios for different definitions of homelessness. Vuillermoz et al. (2014) performed another study linking two data sources. One was the French population registrar and the other was the data on deaths collected by the voluntary organisation Collectif Les Morts de La Rue. Slockers et al. (2018) were also able to link pooled service providers' data in Rotterdam with the municipal population registration of deaths. Another option is to use data from a subset of deaths. For instance, coroner's or medical examiner's databases are used in many American cities and counties (Hawke et al., 2007). These offices have a responsibility to register suspicious or violent deaths. The coroner's office becomes then the body that determines the homelessness status of the diseased. Similarly, Stanley et al. (2016) used Maryland state's violent death reporting system.

It is clear that since no homelessness status and no housing situation appears on the death certificate, this has to be determined either by the researchers (for instance shelters' postcodes) or by an office like the coroner's.

In the second case, for many reasons (good and bad), we simply do not have such databases. Researchers used available 'homeless' lists (for instance from service providers) and were essentially looking at who from the list had died. This option rests heavily on the type of service provider or organisation which is involved, and therefore the results are biased toward people matching their offer. This kind of data is hardly comparable with that obtained from other sources. Databases of services providing specialised medical support were used in East London (Hassanally and Asaria, 2018), Boston (Baggett et al., 2013), Australia (Brett et al., 2014), and Canada (Hewett et al., 2011). Another project in France looked at the diseased participants in a Housing First programme (Tinland et al., 2021). Dublin Region Homeless Executive collects data that include both homelessness and deaths (O'Carroll, 2021). It was thus also possible to calculate mortality rates for different accom-

modation types; however, selection criteria for these different types of support contain health needs, which means that, again, indicators are hardly comparable.

What this quick scoping review of the literature reveals is that in either case researchers link data from different databases (one on deaths and one on homelessness) in various ways. The problem however remains: the population in question is unstable – people flow in and out of homelessness – and either way, we are back to the messiness of social sciences: What is meant by homelessness here? Would that mean “death on the streets”? Homelessness at the time of death? What kind of homelessness? What types of situations? For how long? How long prior to death?

Homelessness researchers can debate about definitions forever, but once data has to be obtained, choices are often out of researchers’ control. On the practical level, thus, homelessness was defined by the kind of data that was available, hence often: a place of residence meant “shelter”, and cause of death meant “violent”.

## **Comparison Group**

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We also know that people who experience homelessness are diverse. Some studies attempted to distinguish between the groups. For instance, they show that young women who experience homelessness have a much higher risk of death than any other group in the homeless population in comparison with their respective housed counterparts (Hwang, 2000; Cheung and Hwang, 2004). This study in Toronto concerned the most vulnerable (shelter users and people not using shelters sampled in meal programmes). Calculations were performed separately for subgroups distinguished on the basis of sex, age, and race. But still, this group was very specific. Even age-adjusted mortality ratios (SMR) were staggering. For instance, it was calculated that the “mortality rate was about 5- to 30-fold higher than expected among younger homeless women” (Cheung and Hwang, 2004, p. 1245). “Than expected” means here: in comparison with the general population of women of the same age in the province of Ontario. It’s pretty bad. Is it not sensational? Authors acknowledge that similar studies in other cities arrived at very different results (Cheung and Hwang, 2004). No wonder. For instance, the Philadelphia study was using data from almost a decade earlier than Toronto; it also used a different follow-up period, a city’s general population (as opposed to province) comparison group, and was heavily relying on mental health services to describe the homeless population (Hibbs et al., 1994). Does it justify a direct comparison of a few numbers?

Perhaps, as homelessness researchers, we should take a step back. Homelessness could be coexisting with many issues where cause and effect are hard to distinguish – poor diet, no follow-up on treatments, no access to health care, problematic substance use, the experience of violence, extreme stress, and precarity. Is ‘homeless’ the opposite of ‘housed’? Perhaps it’s not that black-and-white?

Morrison (2009) used data of all people presenting to the Glasgow City Council as homeless. This was therefore a pretty diverse group. This personalised information was linked to the NHS Scotland data. Further, a comparison sample was drawn from the socio-economically deprived groups in the city, stratified by sex and age. The comparison population shared thus some of the characteristics of the homeless population. Compared with those in the most deprived areas, individuals experiencing homelessness had a 3.2-fold higher risk of dying. But such was also a hazard for non-homeless individuals living in the most deprived areas in comparison with those in the most affluent areas. Homelessness turned out to be an independent factor in mortality, nevertheless. The author concludes that “homelessness is not simply a misfortune that affects poor people: it is a hazard beyond conventional area-based measures of poverty” (Morrison, 2009, p. 881). Still, after considering prior hospitalisation, the difference in mortality was not as wide, but 1.4 times greater for the homeless population than for the residents of the most socio-economically deprived areas (Morrison, 2009).

I read these results differently. Homelessness actually IS something that happens to people with fewer resources. Chances are that in these most deprived areas, there were a number of people who had experienced homelessness earlier in their lives.

## **And the Results?**

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That brings me full circle back to the responsibility of producing the data and presenting the numbers. As mentioned at the beginning, some numbers describing deaths of people who experienced homelessness sound shocking, almost by design.

For presentation purposes, data are usually reduced to simple numbers or indicators. The most frequently used in the abovementioned studies are: the raw number of homeless deaths in a year or other period; cause-specific mortality or the number of deaths; the average age at death; years of life lost due to premature deaths (often in comparison with the general population); and Standardised Mortality Ratios (SMR) – a number indicating how many times greater mortality in the homeless population is from that in the comparison group. However objective and true, all these numbers may be used to (un)intentionally inflate or deflate the emotional load of results.

As indicated above, the control group is crucial for the interpretation of results. Also, the broader the definition (all clients of housing support, all people who died under a shelter's postcode), the more chance we will include people who did not experience homelessness. The narrower the group, and especially using some of the specialised data sources, the more serious it looks – violent deaths, overdose deaths, and deaths on the streets. In the more popular media, these numbers are often presented alongside individual life and death stories (for instance Webster, 2017; McCormick, 2022). These stories are probably also chosen for their ability to evoke emotions.

Presentation of results creates part of the narrative about homelessness, people who experience it, service providers, and institutional safety nets. Sources that focus on premature or violent deaths have the capacity to stigmatise and reduce homelessness to the most severe cases. The handling of data on individuals experiencing homelessness is subject to the risk of 'colonisation' – reducing homelessness to sleeping on the street or invisibilising other homeless situations and groups (such as women, ethnic minorities, and people with no recognised immigration status).

From here we are still left with questions. What's the best way to present data in a responsible way? How not to sensationalise? How not make homelessness associated with violence, problematic substance use, and mental health crisis? What groups should we take for comparison? What then is the purpose of studying homeless mortality? How to talk about deaths and not reduce them to a couple of numbers?

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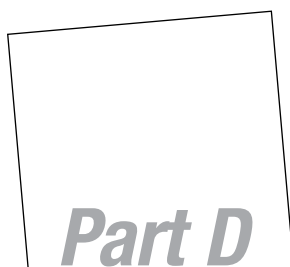
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# Book Reviews



***Part D***





Cameron Parsell, Andrew Clarke, and Francisco Perales (2022)

***Charity and Poverty in Advanced Welfare States***

London, Routledge pp.192, €44.88.

*Charity and Poverty in Advanced Welfare States* is a thoughtful and engaging book, providing insight, and provoking challenge in equal measure.

Parsell and his co-authors maintain that “charity [as presently enacted] is not well suited to address the material dimensions of poverty”, and that there is a “need for a revised model of charity” that has “the capacity to contribute to social solidarity... [that]... bridges social divisions and is inclusive of the poor”. To this end the authors ask important questions which frame the content and determine the objectives of their book:

... how can we understand and conceptualize society’s willingness to engage in charitable acts towards the poor, and how can charity be reimagined to contribute to justice in an unjust society? (Frontispiece)

The ‘Advanced Welfare States’ of the book’s title are not individually identified, but by implication comprise the constituent countries of North America, Europe, and parts of Oceania. The introductory chapters (1-3) provide an overview of the debates relating to the role of charity in existing welfare states and an outline of the author’s theoretical approach. Australia, the home country of the authors, acts as a case study of welfare retrenchment and associated ideological trends (Chapters 4 & 5). Four of Australia’s predominant national news outlets provide the raw material for an analysis of the role of media in shaping public opinion and views on charity (Chapter 6), and the authors’ own ethnographic research on the attitudes and motivation of charity ‘givers’ (Chapter 7) and of charity ‘recipients’ (Chapter 8) is Australia based. The concluding Chapter 9 presents the authors’ “lofty ideal[s]” (p.184) of how charity’s role in contemporary and future societies can be “reimagined” (p.172).

While the Australian case studies are intrinsically interesting, the question arises – but is not addressed – of how representative Australian trends and trajectories are of developments in other advanced welfare states. As Esping-Anderson demonstrated over 30 years ago, neoliberalism has spawned several variants of welfare states. More recently and specifically, Joel Duggen (2022), following Castles (2001), has

argued that Australia is a ‘unique welfare state’ whose history and development differs significantly from other countries claiming the ‘welfare’ epithet.<sup>1</sup>

There is much to be gleaned from this book about the sociology and psychology of human behaviour and individual motivation – especially with regard the complex and often conflicting motives of charity workers – and the Australian case studies are informative about the trajectory and impact of welfare retrenchment and the role of media in fostering government policy and ideology. For the purposes of this review however, I will focus on three issues which arguably shape the principal narrative of this book, namely: how charity can be reimagined to more effectively contribute to social justice. First is the question of the *asymmetry* between the ‘givers’ and the ‘receivers’ of charity, with the former identified as active agents and the latter as passive recipients; an imbalance which Parsell & Co<sup>2</sup> argue needs to be rectified if social justice objectives are to be achieved. Second is the argument that charity, as presently practiced, requires a change from a focus on “ameliorative charity to transformative charity” (p.172); that is, to move on from dealing with the symptoms of poverty to recognise and effectively challenge the *systemic and structural causes* of poverty. A third, more contentious theme relates to the promotion by neoliberal welfare states of *ethical citizenship*, a political ideology that attempts to appropriate charity as an instrument in generating social cohesion.

## Asymmetry

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Charity, at its most elemental is defined as, “the voluntary giving of time and resources to strangers” (p.7). It is seen as an “individual virtue, a fundamental expression of human generosity and a sign of a flourishing and caring society” (p.7). Yet, as the authors demonstrate in their ethnographic study (Chapter 7), motivations for ‘giving’ – from dropping a few coins in a street beggar’s cup to committing time (sometimes a lifetime) and expertise to deal with chronic deprivation – can be complex, mixing compassion and empathy with guilt in a desire to make a difference. Charity recipients also react in a variety of ways (Chapter 8). While gratitude and relief may be evident, embarrassment, ignominy, shame, and stigma predominate. This is the essence of asymmetry, the imbalance between the proactive giver

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<sup>1</sup> When nearing the conclusion of this review a colleague alerted me to a 2022 article by Parsell et al. published in *Social Policy & Society*. Focusing on Australia, this article provides a lucid and elegant summation of the main themes of *Charity and Poverty in Advanced Welfare States*. Here the authors acknowledge the ‘uniqueness’ of Australia among welfare states. This article is not referenced in *Charity and Poverty*, possibly because it was published after the book had gone to press.

<sup>2</sup> While Parsell’s voice is predominant in the text, the book is demonstrably a co-production. Thus ‘& Co’ is preferred to the innominate ‘et al.’.

and the passive receiver, demarcating the superior position of the former over the subordinate position of the latter. For Parsell & Co, “poverty subverts a person’s capacity to feel part of society” (p.172). To overcome the stigma of poverty, poor people need engagement, solidarity – ‘between helper and helped’ – and agency. A truly transformed charity model in Parsell & Co’s assessment will require treating “the recipients of charitable care as equals” (p.180). This one of the lofty ideals that make up the authors’ reimagined model elaborated in Chapter 9.

Most, if not all, charities acknowledge at least some of these features of asymmetry and recognise that effective charitable assistance requires more than the provision of soup, food, clothing, and shelter. Many deploy strategies designed to amend the imbalance by working collaboratively with their clients and empowering them through empathy and training, and in providing employment. Yet, as the authors’ ethnographic analysis suggests, the adoption of such “person-centred approaches” (pp.162-63), while widely acclaimed, is not always fulfilled. Declarations of a person (or client) centred focus on charity websites often belie the difficulty and effort required to abide by and to implement these principles in the face of limited time and resources and in the absence of appropriate training.<sup>3</sup>

## Systemic and structural causes of poverty

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A pervasive message of *Charity and Poverty in Advanced Welfare States* is that neoliberal concepts of charity first and foremost perceive poverty as a personal rather than a social problem. Complementing their principle of treating the recipients of charity as equals, Parsell & Co’s reimagined model of charity requires the redirecting of charitable activity away from a focus on the alleviation of the symptoms of deprivation to a longer-term, preventive strategy which addresses the systemic and structural causes of poverty.<sup>4</sup>

As with asymmetry, many – though again by no means all – charities have recognised, at least in principle, that such a redirection of effort is a desirable objective.

<sup>3</sup> The principles and execution of a person/client-centred approach have been much debated since the psychologist Carl Rogers came up with the concept in the 1950s. Their translation from the psychological realm to the social realm can be problematic and few charity workers receive more than superficial training in their operational practices. Person/client centre approaches in the ‘delivery of care’ should not be conflated with personal/ individual explanations for the occurrence of poverty.

<sup>4</sup> Parsell & Co are clear that such a redirection of charitable activity does not require the abandonment of charity for the relief of immediate suffering. Further, there is no hint in their text of support for the *Killing with Kindness* ‘philosophy’ that some charities have intermittently championed. See: Open Democracy (2015) *Your kindness could kill*. <https://www.opendemocracy.net/en/opendemocracyuk/how-did-it-come-to-this-help-homeless-posters-tell-public-that/>

However, while treating recipients of charity as ‘equals’ may well be a realistic goal, asking charities to engage directly with systemic and structural causes is an altogether more demanding ambition. Parsell & Co are aware of the problem. Charities’ own terms of reference (mission statements), together with legal restrictions that accompany their accredited charitable status and/or their remit under outsourced funding, can and do place limits on their activities beyond the ameliorative. Further, even when such restrictions can be circumvented, lack of internal resources – time and inhouse expertise – to articulate and execute meaningful engagement with structural forces will effectively be ruled out. Few charities have the luxury of independent action in these respects. Those that do are generally larger, well resourced national or international organisations.

In a book that has so much to offer, *Charity and Poverty in Advanced Welfare States* disappoints in that it circumvents the question of what exactly is meant by ‘systemic and structural causes’. Advocating governments to end poverty by addressing it through improved social policy such as increases in unemployment benefit and social housing supply seem rather tepid in the context of the problems faced. Similarly, while calling for fundamental change “to societal expectations about what is desirable action towards people in poverty” (p.175) is entirely commendable, it lacks incisiveness and specificity. Comments on human and social rights have perhaps a more substantive ring but are not developed. Similarly, while support for “political activism” is clearly sincerely made, the authors again avoid specifics retreating too easily, for example, into a generalised endorsement of the liberation theology perspective espoused by the Catholic rebel Gustavo Gutierrez (pp.176-77). What constitutes the ‘systemic and structural’ is perhaps a question not readily answered without a defined context but one that might have been expected to be tackled head-on in a book that advocates ‘structural literacy’ as a fundamental to a reimagined model of charity.<sup>5</sup>

## Ethical citizenship

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The third recurrent theme in *Charity and Poverty in Advanced Welfare States* is ‘ethical citizenship’, a political stratagem deployed by neoliberal welfare states, which exploits charity as a mechanism for generating social cohesion.

While notions of ethical citizenship can be traced back at least as far as the British Idealist philosophers of the early 20<sup>th</sup> century, it is the more recent PhD work of Andrea Muelhlebach and her subsequent publications (Muelhlebach, 2012) that provide the inspiration for the inclusion of ethical citizenship in this book.

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<sup>5</sup> Parsell & Co identify ‘structural literacy’ as a prerequisite for the successful interaction of volunteers and employees with charity recipients (p.181).



Muehlebach, taking her cue from the catholic concept of subsidiarity, investigates the rise of voluntarism in the Lombardy region of Italy following the withdrawal of state support for social services. Muehlebach's anthropological field research reveals that this surge in volunteerism among the local population was seen as an 'expression of social solidarity' among socialists and as an 'expression of charity and love' among Catholics. It is this sense of 'obligation' manifest in the voluntary giving of time and resources which ethical citizenship taps into and, as Muehlebach argues, paves the way for the "mass mobilization of an ethical citizenry that is put to work by a neoliberal state that nurtures selflessness in order to cement some of its most controversial [welfare retrenchment] reforms" (Muehlebach, 2012. p.16).

In contrast with asymmetry and systemic/structural causality, ethical citizenship hardly gets a mention in Parsell & Co's final synoptic chapter. The reasons are complex. Despite some apparent early enthusiasm for the concept on the part of the authors – in that it seemingly promotes social cohesion and echoes some of the sentiments embedded in mutual aid and localism as well as the Australian concept of "mateship" (p.92)<sup>6</sup>, and in addition resonates, albeit fleetingly, with the philosophies of Kropotkin and Pope Francis – Parsell & Co are ultimately very critical of the concept. In their final analysis, ethical citizenship is seen as representing a 'model' for the delivery of charity in which the "actual needs of and the lived experiences of the poor are shrouded over" and where the recipients of charity are "positioned as mere fodder for the ongoing performance of ethical citizenship on the part of volunteers" (p.170). The pathway from (tentative) approval to dismissal is charted via an innovative application of Bruno Latour's 'sociology of translation', known more commonly in the anglophone world as 'Actor-Network Theory' (ANT).

Notwithstanding Muehlebach's case study and Parsell & Co's citations of intent from various Australian politicians, evidence for the successful deployment of ethical citizenship in advanced welfare states is scant. In the UK, for example, policies that approximate ethical citizenship have been numerous over the past few decades: 'Active Citizenship' under Margaret Thatcher, 'Third Way' under Tony Blair, and 'Big Society' under David Cameron. All these initiatives had 'their day in the sun' but were rapidly blanked out by a 'precipitous nightfall' (See Espiet-Kilty, 2016). Given the lack of evidence of sustained implementation, it's tempting to dismiss ethical citizenship as little more than an ideological trope masquerading as social praxis.

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<sup>6</sup> See: <http://www.cultureandrecreation.gov.au/articles/mateship/>.

## Summation

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In conclusion, I would reaffirm the comments made at the beginning of this review. *Charity and Poverty* is an intriguing and informative book: impressive in its presentation of complex sociological theories and concepts, instructive in its demonstration of the 'status' of charity in contemporary Australia and other advanced welfare states, and provocative (in a good way) in its critical assessment of charity's potential role in furthering social justice. If I have one over-riding concern, however, it is that while 'the State' and 'civil society' get a fair hearing, the important role of the third pillar of the celebrated triad – 'the market' – is regrettably underdeveloped.<sup>7</sup>

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<sup>7</sup> Given their final critical rejection of ethical citizenship, it is regrettable that Parsell & Co did not revisit their denigration of the work of Jason Hawksworth (p.45) and David Harvey (p.51) on welfare retrenchment. Their demotion of outsourcing and the punitive nature of neoliberalism seems in retrospect a confected opposition driven by an overzealous promotion of the novelty of ethical citizenship.

Charley E. Willison (2021)

***Ungoverned and Out of Sight: Public Health and the Political Crisis of Homelessness in the United States***

Oxford University Press

In the midst of reading Charley Willison's book *Ungoverned and Out of Sight: Public Health and the Political Crisis of Homelessness in the United States*, I took a trip to visit a dear friend and his family in San Francisco, which happens to be the focus of one of Willison's case studies in her book examining the politics of municipal-level responses to homelessness. As with the handful of previous trips I've made to San Francisco, I was struck by how unique of a city it is. Turning left out of the front door of my friend's apartment building led me directly to the expanses of Golden Gate Park. Turning right led me to a park situated on one of San Francisco's many famous hilltops that offered panoramic views of the city and the Pacific Ocean. Of course, San Francisco is also unique in that it has come to be perceived as an outlier among American cities with respect to both its astronomically high housing costs and its large homeless population. The relationship between these two things (housing costs and homelessness) has been the subject of a line of research in which I've been engaged, and thus it unavoidably frames my thinking about policy responses to homelessness. This nexus of housing affordability and homelessness is thus the lens through which I read Willison's book. Being physically present in San Francisco and reading Willison's case study of it while there helped crystallise the main challenge I had with her work. But, I'll hold off on diving into that challenge for a moment, as there is still a lot to like about what Willison does in her book.

The starting point for Willison's book is that prior research has not paid much attention at all to the political processes that govern municipal-level responses to homelessness in the United States. From my perspective, this lack of attention is surprising for at least two reasons. First, homelessness in the United States is heavily concentrated in urban areas. Indeed, roughly 25% of the population of people experiencing homelessness on a given night in the United States in 2020 were in New York City or Los Angeles, despite the fact that these cities account for less than 4% of the overall United States population. Second, in some cases there

are substantial municipal resources dedicated specifically toward homelessness. The budget for New York City's Department of Homeless Services, for example, is north of \$2 billion per year. Thus, Willison's focus on city-level policy responses to homelessness is a welcome contribution to the literature, and her focus on the politics that drive variation in these responses is natural given her background as a political scientist.

Willison seeks to empirically examine these city-level responses using a mixed methods approach that entailed a considerable and laudable amount of original data collection on her part. She first constructs a dataset of roughly 250 municipalities in the United States and uses municipal-level adoption of an explicitly articulated supportive housing policy as a proxy measure for whether a city has implemented an evidence-based policy approach to homelessness. Willison then uses an array of city-level variables (e.g., percentage of population identifying as black, degree of city's political conservatism, concentration of nonprofit health providers) to identify typologies of cities that have (and have not) implemented supportive housing policies. It is a creative and interesting idea, and I have no doubt that Willison's execution of it is technically sound. However, readers like myself who are unfamiliar with the fuzzy set qualitative comparative analysis that Willison uses to conduct this analysis may find this section of the book difficult to follow at times. Indeed, Willison's book is likely, at times, to be less than accessible to a broader audience. For example, on too many occasions the book slipped into language that felt a little too much like political science/policy wonk jargon (I had to read the sentence "This section focuses on the dynamics of political participation in San Francisco's political economy of homeless politics—or debates over the policies affecting people experiencing chronic homelessness" several times to make sure I understood it).

However, Willison does do a great job of communicating the overall end goal of her quantitative work. This goal is essentially to identify candidate cities that are representative of the different types of cities that do and do not have municipal-level supportive housing policies for the qualitative case study component of her work. It is in conducting these case studies that Willison dives deeply into the heterogeneous municipal policy responses to homelessness.

The case studies of these communities, which in addition to San Francisco also includes one other city (Atlanta, Georgia) that has adopted a supportive housing policy and one that has not (Shreveport, Louisiana), form the bulk of the book. Willison uses these case studies to develop the central argument of her book; homelessness is a fragmented policy space where policy outcomes are driven by four distinct policy entities: state government, local government, local economic elites, and Continuums of Care (CoCs), which are the local entities who are the

conduit for federal homeless assistance funds and have responsibility for using these funds to coordinate local efforts to address homelessness. Willison suggests that the degree of conflict between these entities dictates how successful a municipality is likely to be in implementing effective solutions to homelessness. In each city, the nature of this conflict is different, but the end result is essentially the same: the fragmentation between these actors results in less than optimal municipal responses to homelessness. In San Francisco, the CoC is integrated into city government, but state policy is not aligned with the city's supportive housing policy and local economic elites exert their political power in away that is detrimental to the supportive housing policy. In Atlanta, the story is somewhat similar: the CoC is part of the municipal government, but there is little state support for efforts address homelessness, and the preferences of economic elites exacerbate racial inequalities and advance efforts to move people experiencing homelessness out of desirable areas of the city rather than housing them. Things are different in Shreveport, but not necessarily in a good way. Responsibility for addressing homelessness is devolved almost entirely to the CoC, which is completely separate from city government. Naturally, this means the CoC has little political power and their policy goals are often at odds with the city's.

To deal with this fragmented policy space, Willison concludes her book with a set of proposals, many of which make a lot of sense and in theory would not be too difficult to implement. For example, she argues that closer alignment between CoCs and municipal governments should be pursued in all cities and would reduce policy conflict between these two actors as it apparently has in San Francisco and Atlanta. She likewise argues for greater inclusion of persons experiencing homelessness in the homeless policy process to counteract the political power she believes economic elites exercise. This too makes a lot of sense, and there is indeed growing recognition in the United States of the importance of involving people with lived experience of homelessness in the design and implementation of policies and programs that affect them. Whether these changes would ultimately result in better policy outcomes remains an open question, but they certainly couldn't hurt.

Thus, Willison has written an interesting book that offers some sensible paths forward to remedy the political challenges that impede local responses to homelessness. As I said, there is indeed much to like. What then did I find challenging? As I mentioned, I have a growing predisposition toward seeing homelessness (and policy responses to it) through the lens of the broader housing market. Given the growing housing affordability challenges in the United States, I think it is increasingly hard to separate politics of policy responses to homelessness from the context of the housing markets in which they unfold. To be fair, Willison makes this connection to an extent. In her case study of San Francisco, she talks about how influx of highly paid tech workers has driven up the city's housing costs and how

these wealthy new arrivals have wielded political power to block development of affordable housing. And she also talks briefly about how city officials tasked with implementing the supportive housing policy feel squeezed by the city's lack of affordable housing. Likewise, part of her analysis of Atlanta examines how corporate economic elites have similarly hindered efforts to build more housing.

But ultimately, the issue of how local housing market conditions constrain municipal level policy responses to homelessness feels like it is more in the background than it ought to have been. This is particularly true when making comparisons across the three case study cities. The median rent for a two-bedroom apartment in 2021 was \$2,925 in San Francisco, \$1,505 in Atlanta, and \$839 in Shreveport. Thus, these cities appear to have quite different housing markets. Yet, how the differences in housing costs across these cities has impacted differences in their policy response to homelessness is not fully addressed in the book. Indeed, Willison curiously does not include housing market factors in her quantitative work that is ostensibly meant to identify characteristically similar cities with and without supportive housing policies. In short, while Willison does not ignore it entirely, it would have been interesting to hear more in her book about how the interplay between the broader context of housing affordability in a city and the fragmented nature of policy responses to homelessness.

Ultimately, my challenge with the book is not a major one and I don't think it detracts much at all from the really interesting and comprehensive work Willison has done. But, if my tech worker friend in San Francisco is feeling squeezed by the city's housing costs (which he told me he was), it made me want to know more about the constraints housing costs place on city officials and other policy actors tasked with addressing homelessness in San Francisco and other cities. Of course, this topic could probably be a separate book in its own right, and Willison's work is a highly useful contribution to our understanding about why American cities continue to face challenges in addressing homelessness.

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# European Journal of Homelessness

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

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