



Utrecht University

Faculty of Social Sciences
Interdisciplinary Social Science

Understanding 'Good' and 'Bad' HF policy-implementation

Comparative Studies from Canada and the EU

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Objective of this presentation

Explaining housing and service coverage of homeless persons by looking at elements of policy, structure and management in local administrative-political approaches reveals why Montreal, Copenhagen and initially also Amsterdam are less effective than Glasgow in implementing housing-first.

Strength of normative and empirical policy-assumptions appears a decisive factor in policy making



Outline

1. Introduction

2. Integrated model for research, policy and practice to look into administrative-political approaches on Homelessness Policy-model

3. Case studies

Montreal, Amsterdam, Copenhagen and Glasgow

4. Food for thought

Replicating HF-Partners Conference
Questions and Discussion (10.35)



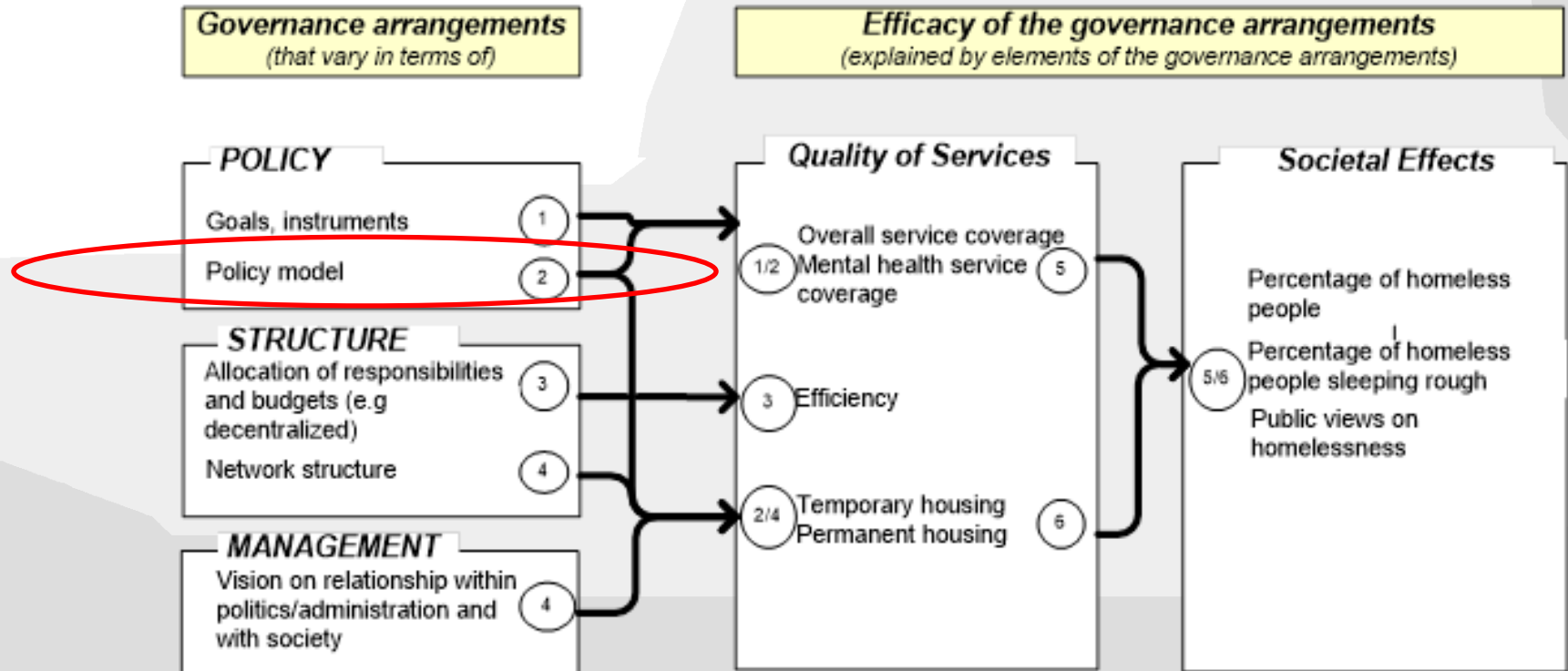
1. Introduction

How many of you...

- Work for the **government**?
- **Provide** services?
- **Receive** services?
- Are in **research, teaching**?

My presentation today will, amongst other things, also deal with different perspectives and the impact this has on the implementation of HF, and I am interested to hear your view on my findings, after each part there will be room for some questions and afterwards for discussion.

2. Integrated model for research, policy and practice of administrative-political approaches on Homelessness



To study implementation of HF it appears most relevant to regard the 'policy model': the moral and empirical assumptions underlying the policy at stake



Examples of the Elements of the Model applied to the US context

Policy

The number of locally existing jurisdictions, with same or contrasting content, conditions of managed or for-profit care impacting access to integrated service delivery.

Structure

Federal resources are universally available, while state and local financial resources to address homelessness vary widely across jurisdictions. The local involvement of the U.S. Department of Veterans Affairs, or the expansion of Medicaid, serve as vivid examples of relevant involvement.



Policy model: **Moral** assumptions

- refer to **norms and values**
- relevant according to **policymakers**
- and should be realized in **their opinion**

E.g. 'homeless people are not considered to be fundamentally different from other people and should be facilitated to live in the same circumstances as other citizens'



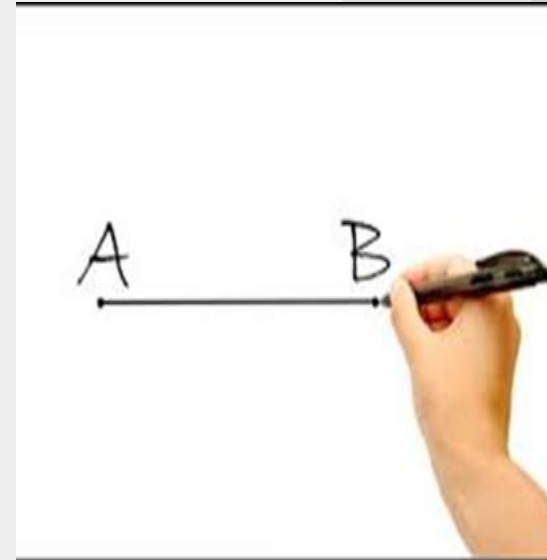


Policy model: **Empirical** assumptions

- connections **policy people** make
- about **causes, features, magnitude** and **nature** of a **policy problem**

e.g.

- *'in housing first 80% of the people keep their housing successfully after 5 years'*
- *'homeless people with a lot of issues are not able to live independent'*



What does this person holding this pencil assume to be the relation between A and B, cause and effect?



Realistic and **scientifically** sound empirical assumptions are a **precondition** for achieving the desired effects.

Here, another illustrative example of evidence of HF that can be seen as an empirical connection, described by stakeholders in speech or documents



Source: reproduced by permission from Turning point Scotland, in: *Scottish Local Government and Communities Committee, 6th Report on Homelessness, 2018, p.65*. Also see Padgett, Henwood, and Tsemberis (2016). *Housing First. Ending Homelessness, Transforming Systems, Changing Lives*. New York, NY: Oxford University Press.

Introduction case studies

- Glasgow (Scotland) 2012
- Copenhagen (Denmark) 2013
- Amsterdam (Netherlands) 2014
- Montreal (Canada) 2016
- They all have specific homelessness strategies
- Interviewing of stakeholders and study of policy documents





Glasgow (2012)

National law directs: prevention,
permanent housing within 1 year

Policy efforts: joint action of housing
parties, private and cooperatives
Homelessness policy *is* housing policy

Context: many social issues, little money/
trust in government: accountable choices
have to be made

Mixed economy of care contributing: public,
private, funds

**29% permanent/ 20% temporary
housed**

Societal outcomes: Homelessness
prevented (!)



'working together'
'address frosty relations'



Glasgow policy connections (Authority Respondent)

*It's more difficult with the private rented sector and I think it's because we have forged good relationships with the social landlords. There are 68 in Glasgow so there's a lot, but most of the managers in my position know the managers, **so it may be frosty sometimes; you're not always joining up, but there is a respect within each department and if you're bringing it to best practice it's really difficult to argue.** So if someone was in hospital for seven weeks and they'd been a tenant, a lot of times even if they'd been a challenging tenant where the landlord wants to close their accommodation we would challenge that and we would take that to the director of the housing association if that was required. But we don't have that. I think our joint working's moved above that. It's taken a bit of time, but it's moved forward.*



Glasgow: also room for some more nuanced views, outside government

'they are increasing the numbers of temporary accommodation, because there is no other option other than that we have to make an offer to people (...) which for me means that people are getting caught up in the homelessness system rather than going straight to where they need to be (NGO)'

'There is a five-year waiting list for HF, which is targeted specifically at persons that get expelled a lot' (NGO)

There needs to be more of a straight move like housing first into settled accommodation (NGO)

Holding back on HF after all

- *'they're not able to stay in independent living is because they've got **complex unmet need**'*
- *'you can't repair **15 years of hurt** by six months of cognitive behavioral therapy' (both, health services respondent)*



So, we will build two new 30-bed units (...) two new accommodation projects the next couple of years to meet some of this demand but it will remain a challenging situation (Authority Respondent)

Copenhagen

Streets look the way they did in Netherlands 15 years ago

Working in Silo's, no cooperation psychiatric services, police, income dept. Nor housing cooperation

- **17% permanently/ 38% temporary housed**
- Only 10% of homeless persons with psychiatric needs cared for

Societal outcome of strategy: increase in everything



Copenhagen fits the metaphor of an 'Archipelago': decentralized, highly fragmented



Copenhagen Administrative Policy Documentation Debating and Contesting Basics of HF

'A stay in a temporary housing provision will help to be able to clarify what needs the homeless must have'

HF **not** suitable for **'complex groups'** being

- homeless persons with high care needs
- women
- youth
- chaotic substance abusers
- mentally ill rough sleepers
- homeless persons discharged from mental health hospitals

Only Addicted or Group-Unsuitable persons get access

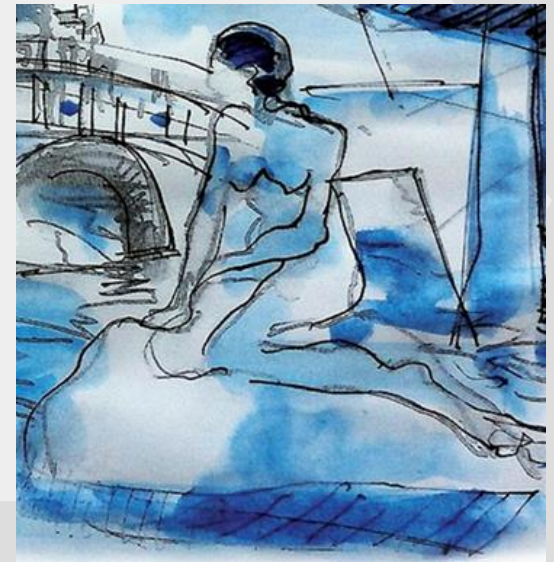
An example is also presented of governance support for HF being too isolated within governmental silo's, explain lack of progress to be made



Strong Images Debating and Contesting Basics of HF from Copenhagen service provider

*'we might again loose the **weakest** people'*

*'they're **not ready**'*



*'The Copenhagen Mermaid',
from cover page *Planet
Homeless* (Boesveldt 2015)*



Strong Images Debating and Contesting Basics of HF from Copenhagen service users

*'having to move out again (of the shelter) can be seen as a **punishment**'*

*'wanting to **save money** (over our backs)'*

*'they **cannot** sleep inside, some people need shelters, some cannot live in their own apartment'*

*'people in COUNTRY don't care about others mentally ill, they get even more **frustrated**'*

*'People are **not prepared** to have a house'*

Amsterdam 2014

Integrated approach on heaviest group,
but insufficient focus on prevention or
recovery

Policy remains medical, emphasising
'public safety'

Policy network: shelters, not on housing
parties

- 14% permanently / 38% temporary
housed
- 86% of homeless persons with
psychiatric issues receives care

Societal outcome: increase in homeless
persons with lighter (poverty) needs
(economic crisis)



Close relations with the police



Amsterdam policy connections (all Authority Respondents)

"So you need to look at new concepts and to stop looking at the issues as care issues, since this doesn't make things better. So a different trick needs to be pulled out. But what trick? You just don't make it with normal concepts of care ... this really calls for a new spiritual approach or something like that. And I don't see it. I really don't see it. We are used to thinking in terms of what we already have."

"The contract in terms of inflow has been absolutely clear. We said: 'lock them in'. But have the contract terms been clear on what happens next, I ask myself? Perhaps in policy documents."

"Service providers receive letters stating that they need to provide a 100% and that they should submit a budget that is the same as the year before."



Montreal (2016)

Integrated policy setting clearly visible at Quebec level

More mixed findings on matching instruments, implementation

Breach in initial policy by federal implementation At Home/ Chez Soi

- **6% permanent/ 50% temporary housed**

Societal response: MMFIM initiative: supported by journalists, corporate initiatives and citizens raising money, participating in I Count MTL



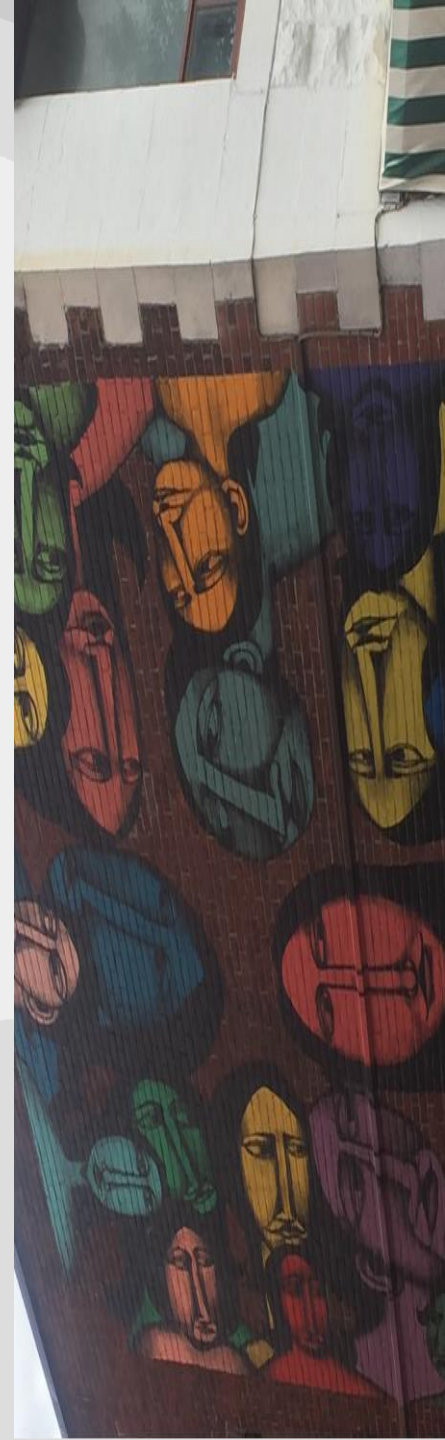


Montreal

Normative assumptions emphasize the specific nature of the social (accompanied group) housing for homeless people
This position emphasizes the difference between other citizens and homeless people

Social housing: 'a French tradition', 'Quebec measure'

Compared to the way At Home/ Chez Soi is constructed: conservative, private market, insecure financial basis, unsocial (not serving the neediest persons)





Montreal

Empirical connections not frequently made,
(construction of) weak information position

Existing evidence is denied or postponed

Discussion on definitions, inflamed by recent
changes in policy direction 'real homeless'
'homeless prevention'

Degree of helplessness 'we have no direction'





Conclusions

Findings indicate the housing first paradigm still being debated and at times being contested, not so much so in speech by local authority representatives, but even more so in the administration's actual policy documentation on homelessness and in the opinion of other stakeholders such as influential NGO's and service users.

Findings regarding outcomes of homelessness in Montreal are most comparable to the relative magnitude of homelessness in Glasgow

Still, findings related to quality of service coverage (also in housing) indicate a clear similarity to the Amsterdam (Continental) and Copenhagen (Scandinavian) cases

These latter two cities appeared to be less effective in addressing the smaller scale of homelessness in their cities than Glasgow, especially when it comes to housing.



4. Food for thought, Discussion

Whilst at the time (2013) I felt that this mechanism might be explained by the policy being too complex, nowadays I am no longer convinced.

We actually see some cities making gradual progress in the successfully addressing of homelessness, such as Amsterdam, that recently reported now having ninety persons monthly housed in Housing First projects.



Replicating HF-Partners Conference

In the foresight of HF losing novelty without having become reality, I am looking for cross-country collaborations, and people being interested in working with me, to replicate this conference, and continue the 2013 HF conference in Amsterdam.

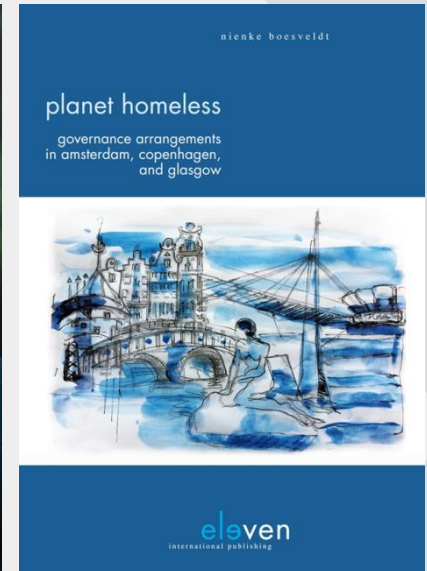
Objective: establish a consortium for more attention to EU progress in implementing HF.



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After a social policy career on Homelessness for the city of Amsterdam, she earned her doctoral degree in Political Science and Public Administration at Vrije Universiteit Amsterdam.

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