

## **Paris workshop, March 7, 2003**

### **Presentation, by researchers, of existing collaborations between associations/organizations and researchers at both national and European levels<sup>1</sup>.**

Following the presentations in the morning where each NGO identified the issues that they thought to be important for research, each CUHP partner presented research findings that they thought would be important to the NGOs who were present on the second day. They also referred to the research relationships with NGOs in their own country.

#### **Petra Van Leeuwen, Netherlands:**

She spoke about a project of the NIZW, that she is engaged in. The purpose of this project is to support professionals working with homeless people through making apparent the '8' steps of such work. It's not a project for mentally ill people or people who are living on the streets but for people who live in long term institutions (at least 6 weeks). The aim is to improve the quality of help given in hostels, and to support the reintegration of people into society rather than continuing to live in hostels.

The '8' steps were found to be the basis for practical help from when a person enters an institution to when they leave. Currently, it is being tested by six institutions including those working with dual needs or dual diagnosis.

This method is implemented in the daily work with the help of the NIZW. It is a structure to plan the help that is offered and it's a quite a new development in the Netherlands because there are no good methods of intervention since there are different people, difficult people, there are not a lot of money or time to help them.

The central perspective of the method is that people are not just to be approached as problems but recognised for their own strengths and that they know what is best for them, not just the professional worker.

There are 8 phases (steps) in the method which are: first contact; intake; entry; assessment; action plan; execution of action plan; evaluation of whether the action plan worked (level 7). At level 7 if the action plan did not work then it returns to level 4 assessment and a new plan is constructed. If the plan did work then the 8th level, exit happens.

Just as there are 8 phases of the work so there are 8 aspects ('levels') that must be engaged: financial situation; accommodation; social behaviour; mental health; physical health; daily practical living skills; rehearsal of living; occupation.

Questions that must be asked include, what is good in this phase? How long should it last? What are the important activities? What institutions can be used? At level 4 in the assessment it is important to say what has been good, and what can be improved, what help do you need and what other organisations. At level 4 it not only leads to the action plan of level 5 but also makes a plan of what needs to be recorded in the file for this person.

This method makes visible what many organisations are doing. In the six institutions that are using it they find that it is a simple method but this simple method has big outcomes.

#### **Tobias Børner Stax, Denmark:**

In Denmark the situation is different than in France because there are hardly any NGOs involved in doing research on homelessness. Often research is funded by the Government or through Funds independently administering funds allocated through the annual budget. The NGOs provides shelters but they don't do research. In Denmark we have none of these larger NGOs, as it is the case in e.g. UK or France, working with homelessness. The smaller NGOs existing have no funding for research or evaluation. Thus we have hardly any formal

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<sup>1</sup> France didn't report because the French situation is known by the French NGOs. (see Powerpoint presentation)

collaboration when it comes to carrying out research projects - the NGO does not see this as part of their field.

However, as most of the research is conducted with a focus upon the clients of shelters, and as most shelters are run by NGOs in collaboration with the regional government, there is a high degree of actual collaboration. Also, representatives of the national organisation of shelters - including both representatives from the GOs and the NGOs - participate in 'think groups' - i.e. a group of people brought together to follow and provide input to a concrete project - associated with most of the larger research projects carried out by research institutes outside universities. Between researchers on university-projects and the NGOs there seems to be hardly any contact. But - in summation - the research is different from what I feel is the situation in, e.g. UK and France, and I think this is correlated with the fact that there are hardly any major actors being NGOs in a social political field in general in Denmark - and this is especially the case when it comes to the issue of homelessness.

### **Sandor Erdosi, Hungary:**

As we mentioned, homelessness as a social problem appeared around 1989-1990 in Hungary, because during the socialist period there was no street homelessness.

There are three main groups of researchers in Hungary:

- The experts of two methodological institutions of the Ministry of Health Social and Family Affairs. They are organising trainings, seminars, meetings, national and international conferences publishing different reviews, etc. on problems of homelessness for service providers. One of them has organized the national association of homelessness providing services and the association is a FEANTSA member;
- Social workers, sociologists or other practitioners who are usually the managers of the social service institutions for homeless people;
- The smaller group of 'outsider researchers' (sociologists, psychologists, doctors, , etc.).

There are two different periods of research on homelessness:

- During the first period that began on 1989 there were many small separated surveys and there was little cooperation among researchers, service providers because the different schools of street social work opposed each other. The methodological institutions of the Ministry have taken an important role in these researches.

- During the second period that started around 1996-1997, there is more and more cooperation among the researchers. The main targets are: 1) providing better services for homeless populations 2) starting to restructure the system of social services for homeless population.

They have come up with two different types of thinking about street work: to provide new services for homeless people or to restore the previous system where no one was allowed to be homeless.

An example from the second period: From 1999 on every 3<sup>rd</sup> February homeless people is surveyed in Budapest between 5-12 pm with 15 questions. This survey had three aims: start a regular comparative data collection; make a point-in-time research, which have to eliminate the overlapping; try to follow the structure and the habits of homeless people in order to inform a developing homeless provision system.

What is needed to improve the collaboration between the NGOs and the researchers is more political attention, co-operation between different schools of social work, simpler and cheaper methodology, and more money.

### **Antonio Tosi, Italy:**

Usually, in Italy the NGOs don't make research. However the NGOs have good relations with some Universities and public administrations. Collaboration with the voluntary sector is somehow obvious for researchers working on poverty and social policy in Italy: it reflects

(beyond and besides personal/subjective options) the nature of the welfare system in this country. Research on poverty in DiAP has normally seen strong links with associations and NGOs.

Stable relations have been maintained with FIOPS (the federation of organisations which works with homeless). Among the research activities with FIOPS, a survey on the uses of the services for homeless by immigrants in 2002.

Among the issues raised by the French NGOs, the immigration is also a major issue in Italy. In relation to immigrants the situation is that there has been a dramatic increase of immigrant homeless people who are not covered by any safety net.

The survey by FIOPs, performed in 7 cities, found massive growth in the numbers of immigrants among the users of services for the street homeless. According to 43% of those surveyed immigrants accounted for more than 50% of users. Both the perception of workers and the data collected confirmed that the flow of immigrants using services had generally increased over the years. 62% of those surveyed reported an increase in service use by immigrants. This increase in immigrants was verified for all the different types of services, except for transition housing. Dormitories were the type of service used by immigrants most.

The results should have consequences for reconsidering the role of those services who work with homeless and of services who work with immigrants.

In Italy, traditionally, the shelters/hostels provision for immigrant homeless people are separated institutionally from the provision for the non-immigrant community. This mixing revealed by the survey should bring to reconsider this question of the separation between immigrants and non-immigrants homeless.

Moreover, in Italy homelessness is mainly defined as a problem of extremely marginalised people, in an advanced stage of dissocialisation, with multiple handicaps and great problems of reinsertion. The survey shows that a lot of homeless don't have this kind of problems. The immigrants don't use reinsertion services, and don't need reintegration services. They are in an urgent situation but their problem is not the social insertion but the job, the housing and the documents. (The same is true for many Italian homeless persons).

Finally, the realisation that immigrant homelessness is on the rise should urge greater consideration of the meaning of homelessness for these groups and to a sharper focus on the specificity of homelessness of immigrants.

### **Manuel Muñoz, Spain:**

I asked NGOs working in Madrid with homeless about their research activities and research interests and they have no research programmes, no personal, no time and no money for research programmes. Some co-operate in research projects through programmes funded by the European Commission or by the Spanish Universities (and have done so with me) or by the main Spanish institutes.

What are their research interests?

- 1) How to do outreach effectively. How to work with the people where the people are and not to wait the people coming to the services.
- 2) How to measure the effectivity of programmes.
- 3) Mental Health and homelessness.
- 4) Alcohol and homelessness.

In Spain we need to develop the space to collaborate between the NGOs, the Universities, the Services and the private areas, in order to exchange experiences and knowledge. In

Madrid there has been the development of an informal network, the SMES (Sante Mentale and Social Exclusion), which is an action-research programme. SMES has been functioning 5 years and we already had a number of meetings in which NGOs, public services on mental health, social services, people from the University of Madrid and from enterprises working on social field were invited to participate. This type of activities may help the NGOs to be in contact with the research institution and to understand the existing methods and requirements of the research. It is important for NGOs to understand that the research is useful for the advance of the their work.

It is important for academics to be in contact with NGOs and to recognise that the research agenda changes with problems of the NGOs and the users. We also need to test out our research in the 'reality' of the services and of the NGOs. We are currently engaged in both epidemiological studies and longitudinal studies and evaluating good practice. For the epidemiological study we had the collaboration of almost all the services in Madrid, that was very important for the implementation of this research. For the longitudinal study too, we had the collaboration and the mediation of all the social workers in all institutions in Madrid. To evaluate good practice we are taking, with some professionnals, 12 projects that are not the best but are more representative of the work that is being done.

**Joan Smith, United Kingdom:**

NGOs fund academic research and also use their own service records to write reports. This is largely true of single homelessness and youth homelessness studies; studies of homeless households with rights to housing are funded by Government departments, the Housing Corporation (national body for English Housing Associations) and one of the largest research trusts, the Joseph Rowntree Foundation.

Research with NGOs includes counting homeless people in an area through NGO records, using NGO records of residents to research changes in their clients, in-depth interviews with NGO residents to understand the perspective of homeless people and to establish the social or psychological profile of residents when entering programme and when leaving.

There are many, many such studies including studies of those using winter shelters, or rough sleepers, or young people in Foyers etc. NGO research is referenced and summarised in one publication that is funded by an NGO of the building industry (CRASH) and the Joseph Rowntree Foundation and is run from the University of Glasgow and updated each year.

The big gaps in research are of evaluative studies and longitudinal studies. Both types of studies are extremely expensive and most NGOs cannot fund them.

The example of our own research that I want to give is connected to the prevention of homelessness among young people. This used both qualitative and quantitative data. First, the Joseph Rowntree foundation funded a study of The Family Background of Young Homeless People (1998) that interviewed both young people who were homeless in hostels and, in half the 56 cases, their parents. These qualitative interviews identified a 'Circle of Risk' among young people that included their own behaviour, parents' behaviour, and social and economic risk factors.

This study was followed by structured interviews with 200 young people aged 16-19 years living in London homeless hostels, asking their situation at 12 and 16 and comparing this information with 150 young people living at home in similar deprived areas.

It produced two risk indices: (a) risk by individual; (b) risk by area (postcode of their last address with parents). The comparison was used to identify young people in schools who were at risk of homelessness.

The information was used to provide a guide for the 'Safe in the City' programme working in eight London Boroughs as to how to identify young people at risk of homelessness. The key

variables were: didn't get on with mother; moved house more than twice with parents; mother aged under 25 years at birth of first child; badly off as a child (subjective); lived with step-parent or with carers not birth parents at age 12 years; hit frequently; shared bedroom; in rented tenure compared with other; no car in household at age 12 years; school excluded.

This risk study has been repeated in hostels in two other cities and one rural area but without another control group. The 'Safe in the City' programme is now being piloted outside London. The London programme is being evaluated and so is the new programme.