

Some outcomes of a longitudinal qualitative study:

**Phases in the development of homelessness,
in relation to institutional interventions**

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Introduction

In this paper some outcomes of a follow-up study on (former) homeless persons in the Netherlands are presented, that was carried out by means of a qualitative research method. By following homeless persons over time, several phases in the development process of homelessness could be mapped. Four phases in the long-term development of homelessness were distinguished: (1) the imminent homeless, (2) the recent homeless, (3) the long-term homeless, and (4) the former homeless. In each phase, homeless persons are in different circumstances, and are in need of different types of care.

One of the recommendations of this study, which is brought to the fore in this paper, is that the institutional (care) facilities should be grouped around the different phases in the development of homelessness, more than now. Viewed from the perspective of providing care, in each of these phases critical intervention moments may be distinguished. At present, these are not yet used sufficiently. In this paper, for each phase some suggestions are put forward for the employment of appropriate interventions.

The purpose of this paper is to offer an illustration of the outcomes follow-up studies may have to offer. In the final discussion, the possible outcomes are reflected by means of some questions for debate that are brought up.

Design of the follow-up study

Between 1993 and 2000, dozens of (former) homeless persons have been followed in the town of Utrecht, in order to acquire insight into the processes that are the basis of the episodic character of homelessness. It was attempted to obtain answers to questions like: what lives did people lead before they became homeless? How did they land out in the street? Which persons succeed in getting off the street again in course of time? How do they achieve this? And how do they do after this?

In order to obtain answers to these questions, 64 homeless persons have been followed from 1993 onwards. This sample concerned a specific part of the homeless, namely the street population. They are those who do not have a guaranteed shelter for the night, mostly are thrown on the street, and make use of day and night care facilities. Besides, another 20 former homeless persons were followed between 1997 and 2000. These people have been traced and interviewed repeatedly during the years in between. (A more elaborate summary of the methodological approach has been described in the long paper.)

Imminent homelessness

The first phase concerns what preceded the loss of housing. On the basis of the interviews with the respondents, four routes were determined that led to the loss of housing directly. In reality, often combinations of these routes occurred, and personal problems such as addictions or psychiatric syndromes played a role as well. These four routes are now pointed out in brief.

1. A number of people land out in the street as a result of the loss of marginal housing, or of eviction due to annoyance or rents indebtedness. Housing associations are applying different methods for the implementation of evictions. While the one association has a social policy and makes a lot of effort to prevent evictions, the other association on the contrary takes a tough stand, and implements the

- eviction without paying attention to the causes behind it. One aspect of this is the fact that the function of social worker has been abolished by nearly all housing associations.
2. A considerable number of people are landing in the street when leaving institutions providing full care arrangements. This concerns psychiatric hospitals, youth boarding schools, and prisons, in particular. Some have left these institutions out of their own decision; others have been kicked out, or released without sufficient after-care. In this, both institutional exclusion and self-exclusion occur, as well as a grey area in between. A striking fact is, that probation officers have, rarely guided people who land out in the street from prison directly. In the past decades, probation work has begun to target the detained persons who stand a better change mainly: young and long-term sentenced persons. With these, better results may be achieved than with more problematic persons, such as alcohol or drug addicts, who are in jail for short periods because of smaller offences, and who often relapse. They are the very category running a high risk of becoming homeless.
 3. Usually, the mere loss of a job does not lead to the loss of housing directly, since the social security system provides for an income. Yet, for certain categories of respondents, changes in the social security system have caused the bottom of their financial means to appear. For instance, because their allowance was stopped. With the abolishment of the function of social welfare worker by the Social Services, there too, the means for providing preventative care in situations of imminent homelessness have been reduced. Besides, the burden of high debts leads to the loss of housing relatively often.
 4. A number of persons land out on the street as a result of disturbed social relations, whereby they cannot go on functioning in their old social environment. On the one hand, this may concern expulsion, for instance in the case of young persons who have made themselves impossible to live with in their parental homes, and are expelled eventually. On this other hand, sometimes this concerns self-exclusion, for instance in the case of absconds. The latter often is the case with persons who have come under high psychic pressure at a certain point in their lives – for instance, due to relational problems, or overexertion – and who are trying to escape from this by running away. From the one moment to the other, they break off all their activities, break off contacts with relatives and friends, and depart with unknown destination.

Lastly, it appeared that virtually none of the respondents had given up his or her housing just because of the attractiveness of the culture of the homeless, or because of their rejection of the dominant culture in society. But some variants of this theme were found. Particularly, this concerned persons who submerged themselves in the circuit of the homeless by way of 'defensiveness training', and because of the availability of drugs.

Intervention moments

What institutional interventions may be employed during this phase? Particularly imminent evictions offer concrete starting points for preventative measures by carers. They are unmistakable signals of housing problems emerging, and of homelessness being around the corner. It is desirable for housing associations to report imminent evictions, for instance to care agencies such as social work. Also, signalling networks and central reporting points may be established in each district or municipality, where signals of imminent eviction can be reported and taken up. Here, too, social workers may have a core function by getting in touch with potential homeless persons, and preventing them from sliding down into the street, through an out-reaching method of work on the basis of these signals.

Also, the flow from institutions with full caring arrangements could be limited. Good after-care following the discharge of residents is important, as well as a thorough preparation for their return to living independently. As

for the flow from prisons to street life, an excellent opportunity for preventing homelessness is left aside, if convicts are discharged without intervention by probation work.

Recent homeless

A second phase in the development of homelessness is the moment when the respondents are out in the street for the first time in their lives. The loss of their housing has far-reaching consequences. The flow of events to follow brings about its own dynamics. Landing on the street - and the first days the recent homeless are spending in open air, or the lodging facility - are delivering a big shock to them. As put in words by homeless persons themselves: 'It is as if the floor is knocked away from under your feet'. It marks an abrupt break with the old and customary life style; it causes a caesura in the course of life.

All of a sudden they find themselves in a new and frightening situation for which they are not prepared. Then, the practical consequences of the loss of housing present themselves right away, and occupy them completely. Along with the loss of housing, they also lose their jobs, income, allowances, and mail address. Out in the street it turns out to be near impossible to look after one's physical and hygienic care. Clothes are washed less often, a daily shower and shave belongs to the past, and a visit to the barber is expensive. Little by little their appearance crumples. Their personal belongings are shrinking. Perforce, recently homeless persons leave their belongings behind, for carrying around big bags is tiresome, and stigmatises. Moreover, often the more experienced homeless persons, who regard the newcomers as easy preys, steal their last belongings of value.

Gradually, it also dawns upon the recently homeless, that they now belong to another social category, which is at the bottom of the social hierarchy. Usually they resist this. Their orientation is directed at the common cultural goals: they want to be part of those citizens who live in houses and have jobs. They do not feel at home with the provisions for the homeless and out on the street, they do not fit into the street culture, and do not identify themselves with other homeless persons. Therefore, recently homeless persons are motivated strongly to get off the street, almost without exceptions.

In practice, however, it appears that recently homeless persons often roam about in the streets unnoticed. In the day and night care facilities, usually newcomers are not being picked out. The newcomers submerge in the anonymous crowd of visitors, without a worker or carer addressing them and asking them if they need advice. This is not so because they don't want to. The facilities for day and night care are overcrowded, and the workers hardly have time to lose themselves in the visitors extensively. And usually the registration of visitors is summary to such an extent, that it is impossible to derive from it who is new on the street, and who ranks amongst the experienced.

Moreover, most newcomers are highly embarrassed with their new social status of being a homeless person. They deny being homeless to themselves as well as to others. For instance, they will contend: 'I am here because I missed my train', 'because my house is being renovated', or 'I lost the key to my front door'. By the time they have been walking around on the street for several months, and denial is credible no longer, they stress the 'temporariness' of their situation, by statements such as: 'right now I homeless for the moment, but next week I will have a room', or 'in a month I will have a house again'. This way, they are trying to talk courage into themselves, and to reassure others.

Unfortunately, these good intentions hardly ever come true. Most of them do not succeed in getting off the street by themselves. Often they are unable to find their way to care facilities, or they make a journey along all sorts of institutions, and end up running into brick walls there. For, as said, homeless persons have problems in nearly all domains of life simultaneously. Mostly, institutions are concerned with offering help in one domain of life only. Housing associations are concerned with housing, social services and credit banks with finance,

Riagg¹ with psychic problems, and de-addiction centres with the use of substances. Homeless persons become dejected by this compartmentalisation, and have less and less energy left for making an exhaustive round along institutions. The daily stress of the existence of a homeless person occupies them more and more. Little by little, they lose faith in institutions, and turn away from them.

Intervention moments

Tracing recently homeless persons fast, and using their motivation for behavioural change – which ebbs away gradually, as they continue living out on the street - as well as possible, is of vital importance. For this, it matters that carers get in touch with newcomers actively, and offer them help – if necessary without being asked for this – in order to get them off the street fast.

In tracing recently homeless persons, agencies for day and night care may perform a crucial role. However, this does require a thorough registration by these agencies, and a special alertness of workers for tracing newly homeless persons. Next, these newcomers may be referred to carers directly, for an accompanying route. In this, it is important that these carers are accessible easily, and can be on the spot rapidly. It is a preference if they are present at these agencies in person, for instance by providing consultation hours at regular times, and by delivering outreaching care.

Long-term homeless persons

The third phase in the development of homelessness concerns the long-term homeless. Their features and care needs differ from those of the recently homeless. A long-lasting life out on the street does change people. They become accustomed to the daily routines of the existence of a homeless person more and more. They strike root in the street culture. The microcosm of the street is characterised by a dynamics, social networks, a social order, and rules of conduct, of its own, as well as its own repertoire of income strategies. To survive out in the street necessitates homeless persons to have specific skills, which they acquire forcibly: they become *streetwise*.

In course of time, their social networks shrink further, and become composed unilaterally. Now, they are mainly dealing with homeless persons. On the one hand, having contact with companions in distress generates support which is indispensable for maintaining themselves in the street; on the other hand they can hardly derive support from these contacts for their efforts to get off the street. The more they get accustomed to the ins and outs of the life style of the homeless, the further they drift away from the common norms and values of the dominant culture. A process of 'de-citizenisation' is taking place.

The street culture is characterised by a different attitude towards certain kinds of behaviour than in the dominant culture. For instance, in the mutual contacts between homeless persons, the use of alcohol and drugs, and being intoxicated, is appreciated neutrally or positively. Also, stealing – unless a person is the victim himself – is hardly condemned. Gradually, homeless persons will comply more with these specific codes of behaviour.

Besides, falling down to the street has consequences for the development of one's identity. As soon as they are out in the street, recently homeless persons lose their former (positive or negative) social identity, and social roles that come with it. This degrades their social status, and undermines their self-respect. They realise that they are part of society no longer, that they are considered 'homeless' by their environment. In course of time they will consider themselves as such, and start behaving accordingly.

¹ Regional institution for out-patient mental health care.

As they continue to strike root in the street culture, they become more equal to the problems they have to face every day. Then, street life becomes more-or-less bearable. Simultaneously the distance from the regular society and the care provisions continues to grow. In course of the years, their motivation to settle grows more volatile. They gain control over street life, and the need to find housing decreases.

Nevertheless, homeless persons must not be considered lost. For under certain conditions, their latent motivation to settle again after all, will temporarily increase somewhat. Those are potential points of reversal in their courses of life. Such points of reversal may be elicited by entering a different environment. For instance, a temporary stay in prison, or in hospital, may have a positive effect on long-term homeless persons, since they are detached from the street culture. They are sleeping in clean beds, and experience the luxury of good meals and showers. They find rest, gain strength, and have time for considering themselves and their future at last. Usually they begin to dread having to return to the cold, chilly street. At such moments, the motivation for settling re-emerges. However, the tough reality is that homeless persons who are discharged from prison or hospital, will simply be out in the street again most of the time. Often, there are no carers present at these critical moments, or there is no stay facility available. One back in the street, they are fully occupied by the daily stress of the existence of homeless persons again. Then, their good intentions will hardly come to anything.

Intervention moments

Especially when potential points of reversal in the life course of long-term homeless persons present themselves, and their motivation to re-settle increases gradually, care officers may hit nails on the head. This is a matter of good timing. For this it is important to keep in touch with homeless persons over a longer period of time,- if necessary for many years -, to build a personal bond with them, give them time and attention, and keep the conversation with them going, without the intention of wanting to change them. Maintaining contact with homeless persons, and offering them moral and practical support, is a goal by itself. But it also is a means to be able to recognise potential points of reversal, when they occur. At those critical moments, well-aimed interventions are required. Immediately, an intensive care route must be started,- for instance via 'meddling care', or case management,- to assist homeless persons who indicate that they want change, in bringing this about.

Formerly homeless persons

The fourth phase concerns the process of finishing homelessness: the former homeless persons. With persons who are re-settling, some critical moments of relapse delineate themselves, to which carers could anticipate more aptly. The moment when former homeless persons start living independently, is an important demarcation point. As the first days spent out on the street by the recently homeless, the first days the former homeless spend in their newly acquired dwelling places are clear caesuras in their life courses.

Usually, the moment of receiving the key to the front door, and entering the empty house for the first time, is grafted into their memories. For them, this demarcates the transition to a new life style. This moment is emotionally charged. On that very moment, the risk of relapsing onto the street is relatively high. Often, the brand-new residents are tormented by insecurity and the fear of failing. Some leave with destination unknown,- sometimes on the very day they their keys will be handed over,- and pick up the familiar way of life of the homeless person again.

But in the long run as well, the risks of a relapse are waiting for the former homeless. They will realise that their homes are not soul-saving. Most of them had assumed that all their problems would melt away like snow in the sun, with acquiring a house. Gradually they discover that old problems turn up again, or new problems present themselves. As soon as they are housed again, they are noticed by old creditors, and bills and warrants are

filling their mailboxes. They have to make ends meet on a meagre income. They have a limited social network, and have a hard time finding meaningful daytime activities. This is aggravated by the fact that especially persons who have been homeless for a long period, often find it difficult to get used to solitary life. On the street they used to be surrounded by others all the time. In the overcrowded day care facility they were flocking together. In the night care facility they were sleeping with others in a dormitory. In their house, they are completely alone, and are struck by loneliness. Moreover, then only, the assimilation process will start. On the street they have hardly come to this. Usually, that process is accompanied by vehement emotions, and is followed by a depression.

For formerly homeless persons the process of terminating their homelessness,- just like the beginning of homelessness,- is coupled with adjustment problems. To a substantial degree, that process consists of unlearning behaviour and strategies they have acquired on the street. Usually it takes considerable time before, more or less, they leave behind the aftermath of the homeless life style. Besides, it takes a long time for their social networks to re-expand a bit, and their debts have been solved. Little by little, their visible and invisible stigmas fade away. Again, they attempt to reconstruct a 'story about themselves', and give meaning to the period of homelessness.

Emotionally, the recovery process is precarious. Most of them are passing through it with ups and downs. Some succeed in detaching from the subculture of the street completely, after years. They find a partner, a job, return to enjoying a certain degree of material welfare, and expand their social networks. However, the majority of the former homeless remain single even in the long run, are long-term dependant of allowances, and are socially isolated. Normally, they continue to feel connected to the street culture, and continue to depend on care agencies. For all former homeless persons it can be said that life will never be the same again, after landing out on the street, and the troublesome way back. Not surprisingly, many former homeless persons relapse; some even after many years.

Intervention moments

The foremost critical intervention moment during the phase of former homelessness is the demarcation point of the former homeless persons entering their own dwellings or other (semi-)independent shelters again for the first time. The first days are crucial. In this emotionally charged period, the risk at relapsing onto the street is relatively high. Right then, intensive housing accompaniment for former homeless persons is imperative. But in the long run too, the risk at a relapse onto the street is around the corner. Usually, the agencies providing care to homeless persons do offer housing accompaniment to former homeless persons. On this, however, two remarks should be made. Firstly, it appears that the time span of this housing accompaniment – generally half a year – is too short for many former homeless persons. Many of them land out on the street again after the housing accompaniment has been terminated. Secondly, generally, the offer of housing accompaniment by the agencies providing care to homeless persons is unilateral. Its main concern is with material support, such as assistance with managing finances and solving debts, finding daytime activities or employment, self care, and running a household. There is relatively little time and attention for the immaterial aspects of the recovery process: supporting the social-psychological process of assimilation, giving meaning to the period of homelessness, identity change and changing social roles, dealing with traumata, and so on. For many former homeless persons, these very immaterial aspects of the recovery process are huge impediments, which make them relapse into the street. Therefore, in long-term (housing) accompaniment specific attention ought to be given to the emotional aspects of the recovery process. Besides, keeping in touch with former homeless persons for several years, by means of follow-up systems, is a must.

Discussion

Above, some findings of the follow-up study have been presented in a nutshell. The focus was on the long-term development of homelessness. Suggestions were made for a better attuning of the institutional (care) offer to the phases of homelessness. For each phase, some critical intervention moments were highlighted that are not being utilised sufficiently as yet.

By doing so, an illustration was presented of a type of outcomes which follow-up studies may produce. To conclude, I wish to raise the following questions for discussion, considering the possible outcomes of follow-up studies:

- What exactly are interesting (research) questions, if the possibility arises to follow homeless persons over a longer period of time?
- Should the primacy in follow-up studies be with discovering new insights and theories on homelessness that are relevant from a scientific perspective? Or should the primacy rather be with searching for concrete recommendations for policies, and for institutional interventions?
- And to what extent do scientifically relevant outcomes, and socially relevant outcomes, exclude one another, or are they complementary?

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