Prevention as a Key to Avoid Relapsing into Homelessness

A qualitative study, exploring the role of prevention after

relapsing into homelessness

Master thesis, key issues

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24 June, 2019

Word count: 9999

Abstract

Prevention of homelessness has been placed high on the policy agenda of current policymakers. The avoidance of new cases of homelessness, early identification of risk groups and minimizing the harm for those who already have been homeless are examples of primary, secondary and tertiary prevention. A comprehensive strategy targeting prevention at all levels are required to reduce homelessness. To examine the experiences of recurrent homelessness with support on these levels, 24 in-depth interviews were conducted with recurrent homeless persons by the use a prevention framework.

The results show that on the primary level, faster processing requests for welfare benefits, combined with the agreement of re-payment arrangements could prevent the occurrence of evictions. However, these factors alone do not prevent homelessness, on the secondary level risk groups have been identified: leaving care-institutions or prison, having a background in the military, being at risk of eviction, relationship breakdowns, an returning from abroad. From this can be taken that targeted policies and methods need to take place at those risk groups to prevent the occurrence of homelessness. Adequate discharge planning, outreach care, specified services for those with a military background and measures aimed at preventing evictions show opportunities for early intervention. Applying the principle of 'harm reduction' has been shown important for those who already have been homeless, in this continuity of services has been recognized, in particular, emotional support and continued facilitating debt management.

In sum, the experiences of the recurrent homeless persons show an interplay of primary, secondary and tertiary levels that influence homelessness episodes. It is necessary to understand that prevention must take place in different areas and on different levels of support. These elements, independent of one another, do not explain relapse into homelessness but must be understood as a comprehensive strategy.

Key words: Recurrent homelessness, prevention homelessness, framework homelessness, structural factors homelessness, personal factors homelessness

Prevention of homelessness has been placed high on the policy agenda of current policymakers (Culhane, Metraux & Byrne, 2011). In recent years, governments and homelessness service providers have invested extensively in prevention of homelessness (Planije, Tuynman & Hulsbosch, 2014). Prevention is not just about the avoidance of new cases of homelessness but also supporting the transitioning processes into community life, which has been shown to be just as important. These transition processes provide the opportunity to exit from homelessness but there remains challenges as high numbers of relapsing has been observed in the recent years (cf. Everdingen, 2015). Relapsing into homelessness has been shown to be a major problem and has a huge impact on people's lives. Many individuals who experience a new episode of homelessness have to rely on homeless shelters and in times where housing shortages are widely recognized as the biggest obstacle of re-housing, this could lead to extended periods in shelters. Moreover, research indicates that longer periods on the streets or in homeless shelters have been shown to have a very negative impact on individuals. On that account, investment in prevention has to be seen as key, in any strategy to reduce homelessness.

Many scholars have argued on the importance of a paradigm shift towards a prevention framework and the central argument for this shift is the increased awareness of the fact that earlier policy responses on homelessness were generally targeted on those who have already lost their homes (Anderson, 2001). Therefore, a shift towards a comprehensive prevention framework is necessary to avoid new cases of homelessness and maintain stable housing. Prevention includes measures on the primary, secondary and tertiary level. Together, these levels are important to develop a comprehensive strategy that could result in homelessness reduction. The national strategies of prevention concentrate' itself on the avoidance of new cases of homelessness such as preventing debt problems and evictions, early signalling and support from the neighbourhood, interrupting of new entries and limiting the risks for young people of becoming homeless (Planije, Tuynman & Hulsbosch, 2014). The prevention framework which is being used in this study, aims to avoid new cases of homelessness by support through general welfare schemes, early identification of at-risk households and by supporting transitioning processes into community life. In order to correctly implement interventions, a detailed understanding of causes and levels of homelessness need to be acquired (Cranes, Warners & Fu, 2005).

Although many homeless persons manage to exit from homelessness successfully, this study focuses on the recurrent homeless persons who were not able to maintain (stable) housing and experience currently a new episode of homelessness. By the use of a prevention

framework, these different levels and the experience with support are explained. The emphasizes on preventive measures are increasing in Europe and beyond, but the literature shows shortcomings in the knowledge of transition processes. Little is known about the experiences of relapse through the eyes of the recurrent homelessness.

Although many preventive interventions have been carried out there are still many cases of individuals that relapse into homelessness (cf. Everdingen, 2015). Since existing interventions did not manage to prevent the examined participants from relapsing into homelessness, it is expected that they can provide important insights into how to improve the current prevention strategy. Therefore, the following research question is proposed:

To what extent can primary, secondary and tertiary prevention contribute to the prevention of homelessness according to persons with a recurring homeless background themselves?

Supported by the prevention framework in table 1, this answer is guided by three sub-questions: (a) To what extent are persons with a recurring homeless background supported through primary prevention (b) To what extent are persons with a recurring homeless background supported through secondary prevention? and (c) How are persons with a recurring homeless background like to be best supported when making the transition into community life?

The subject of this study is relevant to the social sciences, especially in the field of social policy. Where most research that deals with the prevention of homelessness only focuses on only one part of the prevention strategy (e.g. primary), this study deals with all the three levels of the strategy.

Theoretical framework

Typologies of homelessness.

On the basis of US data, Kuhn & Culhane (1998) were able to identify three typologies of homelessness. The first type is those who are forced to spend a short time in homeless shelters before making the transition into stable housing. In most cases, once they attained housing these persons do not re-enter homelessness. The second typology is the episodically homeless persons who enter in and out of homelessness. This group stays with friends, but after a while, they have to make use of the homeless shelters again. The third typology is the chronically homeless persons, which are more likely to be entrenched in the shelter system for longer durations. The aim of this study is to examine the experiences of the recurrent homeless persons which refers in particular to the typology of the episodically and chronically homeless persons.

Risk factors related to recurrent homelessness.

Different studies show that sustainable transitions out of homelessness remain challenging as many rehoused homeless people have lost their tenancies during the 18-month follow-up period (Vet et al, 2017; Hunter, McQuistion, Gorroochurn, Hsu & Caton, 2013). With regard to recurrent homelessness, it is assumed that the interplay of structural and personal factors including the absence of a social network contributes to the risk of experiencing new episodes of homelessness. Structural factors focus on housing structures and economic structures (Van Straaten, 2016) whereas personal factors concentrate on factors such as mental health problems, the lack of a social support network or the misuse of drugs and alcohol. Subsequent, trigger events can be seen as immediate events finally triggering homelessness episodes (Anderson, 2001; Fitzpatrick, Kemp & Klinker, 2000) but are often not the main reason for experiencing recurrent homelessness. Moreover, the more individuals that are exposed to individual and structural risk factors the greater the risk of the occurrence of homelessness (Fazel, Geddes & Kushel, 2014).

Personal risk factors.

Several authors have argued that recurrent homelessness is often a result of mental health problems (cf: Susser, Valencia, Conover, Felix, Tsai & Wyatt, 1997). Substance abuse has also been recognized as one of the other risk factors which reduce the chance of successful

transitions (Booth, Sullivan, Burnam, 2002; Johnson, Freels, Parson & Van Geest, 1997; Aubry, Klodawsky & Coulombe, 2001). Nevertheless, research indicates that substance abuse alone is not associated with the risk of recurrent homelessness and according to them, other risk factors such as antisocial behaviour are often present (Hunter et al, 2013). The abuse of alcohol alone has been shown, not to be a risk factor in this form of homelessness. The results of a study, on this issue, showed that this did not negatively affect outcomes and that participants, had the ability to maintain stable housing (Cranes, Warnes & Coward, 2012).

Together with substance abuse, the lack of informal support is associated with a higher risk of becoming homeless. The involvement in the criminal justice system has been shown to be an important predictor of recurrent homelessness as high numbers of relapse compared to others that are established in stable housing (Vet et al, 2017).

Structural factors.

Housing shortages and high rents are the most common example of structural causes of homelessness. Studies have shown that the experience of homelessness is also strongly related to unemployment, low incomes and poverty. These factors in combination with high rents make it difficult to maintain housing stability or to access adequate housing. Research has also indicated that those who lived in subsidized houses with lower rent were less of risk of returning to homeless shelters (Wong, Culhane & Kuhn, 1997). However, the quality of the dwelling together with the quality of the neighbourhood has also been observed to be contributory factors for housing stability.

Combination of structural an personal causes.

Figure 1, shows an example of the combination of personal (misuse of drugs and alcohol) and structural factors (high rent prices) involved in homelessness. Along with trigger events these are important in understanding initial and recurrent homelessness. Early identification of households at risk such as rent-arrears gives the opportunity to provide services to individuals at risk of becoming homeless. The delivery of the services through early-intervention strategies such as preventing evictions function as a system for the protection of individuals against trigger events. However, other services targeting personal and structural factors such as intensive support or debt management are necessary to maintain stable housing and protect individuals from the personal and structural factors underlying these trigger events. Recognizing the personal and structural factors, together with the awareness of potential factors underlying trigger events are important for early identification of households and

persons at risk.

Figure 1.

Example of personal and structural risk factors triggering homelessness
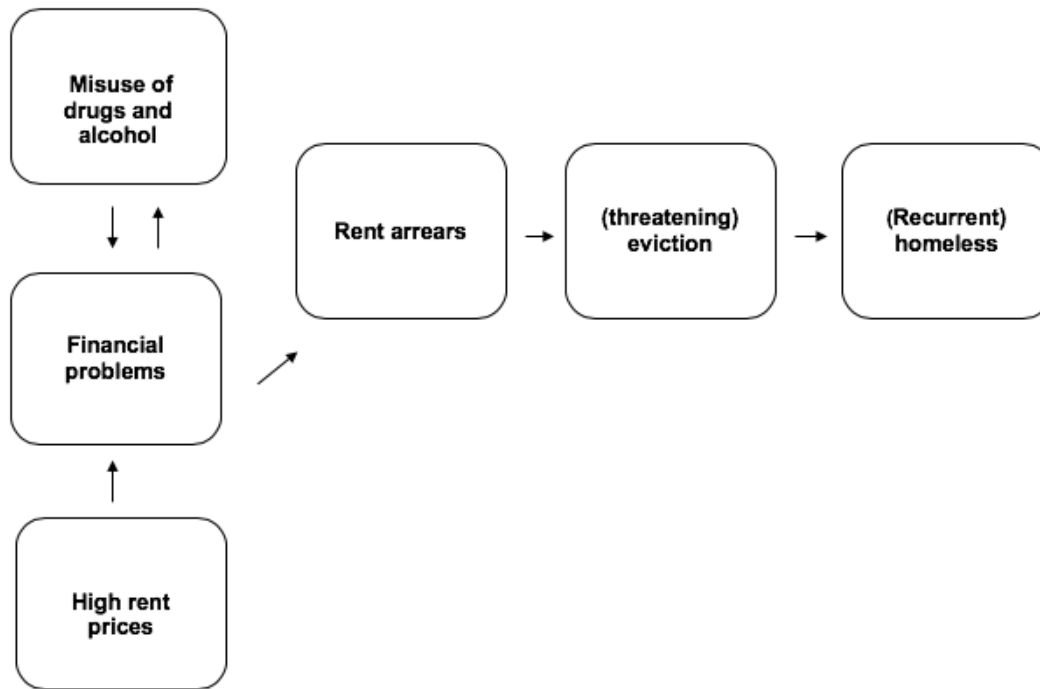
Prevention framework

The prevention strategy is based on the prevention framework which is often used by researchers in other fields (e.g. medicine). Based on different literature reviews (cf. Anderson, 2001), table 1 shows the translation of the most important elements of prevention that are related to homelessness. The collective goal of these three levels of prevention is to maintain at-risk households in their housing or to quickly return homeless persons to housing (Culhane, Metraux & Byrne, 2013). Intervention programmes may either be directed at people at high risk or concentrate on the background conditions that generate homelessness, such as poverty and housing shortages (Cranes, Warners & Fu, 2005).

To understand the factors that emphasise prevention, it is of great importance to obtain insights into the experiences with the delivery of services from the perspective of homeless persons.

Stages of prevention.

The stages of prevention are based on three categories: primary, secondary and tertiary prevention. The different levels consist of various aims and in terms of targeting vary from the general population to an increasingly specialized target group:

- Primary prevention: is targeting the general population. Primary prevention incorporates efforts intended to reduce the number of new cases of homelessness (Culhane, Metraux & Byrne, 2011).

- Secondary prevention: is targeting at risk groups. Secondary prevention incorporates efforts intended to target households and individuals that may lead to crisis situations in the near future.

- Tertiary prevention: is targeting those that are already affected by homelessness. Tertiary incorporates efforts related to the concept of 'harm reduction' which stresses the importance of minimizing the harm of homelessness (Busch Geertsema & Fitzpatrick, 2008; Fitzpatrick, Kemp & Klinker, 2000; Apicello, 2010; Culhane, Metraux & Byrne, 2011).

Primary prevention in relation to service users.

Primary prevention concentrates at the broader structural or institutional level referring to the general welfare state regulations. Parsell (2012) argues that the main elements of primary prevention should focus on addressing poverty and provide access to affordable housing by increasing the supply side to affordable housing.

Measures which are meant to address poverty are providing individuals of a safety net to ensure individuals are supported through the means of income benefits and provide employment protection. The accessibility of income benefits, rent subsidies, and employment protection has been indicated as one of the most significant factors associated with achieving housing stability (Aubry, Klodawsky & Coulombe, 2016). Besides providing individuals of a safety net, governments have the possibility to adapt regulations to increase labour market participation. However, it has also be shown that people experiencing health problems or suffer from disabilities have less possibilities to access full employment (Parsell, 2012). In the process of re-housing employment opportunities has been recognized as a related factor to maintaining housing stability (Zlotnick, Robertston & Lahiff, 1999; Busch-Geertsema, 2007)

With respect to homeless people, these often experience health problems, including mental health problems.

Measures that could be thought of in addressing the accessibility to affordable housing is the provision of rent subsides. Parsell (2012) argues that institutional factors contribute to the accessibility of the housing market and refers in particular to government's arrangements of housing regulations. Homeless persons are often excluded from the housing (Anderson, 2001) due to financial problems, mental health problems or substance abuse problems. Landlords or housing corporations could perceive homeless persons as risky tenants which can lead to further exclusion from the housing market (Parsell, 2012).

Secondary prevention in relation to service users.

At the secondary level interventions focus on persons who are at high potential risk of becoming homeless (Metraux, Byrne & Culhane, 2011). An important step toward the implementation of policies is being able to identify those households that are at high risk of becoming homeless (Early, 2003). Several at-risk groups have been elaborated.

The delivery of services have shown to be very important when persons leaving care-institutions or prison. Effective discharge planning can contribute significantly to the prevention of homelessness (Back, Howard & Moran, 2007).

Persons who are at risk of being evicted have been identified as another risk group. In these at-risk moments, early signals have to be recognized (Laere, De Wit & Klazinga, 2009). National data shows that the underlying mechanisms of evictions are in most cases because of rent arrears (76,8%) and less frequently nuisance (3, 9%) (Aedes, 2018). [1] Providing those households with support services are essential to prevent the occurrence of homelessness. In their international literature review Holl, Van den Dries & Wolf (2016) found that interventions which included debt advice and legal assistance seemed to have been effective in preventing evictions. However, as the same authors argue that evictions are not just the result of financial problems but are caused by a complex combination of financial, social, relational and health factors and to those, intensive services need to be offered. In relation to evictions the concept of 'care avoiders' is frequently discussed. Care avoiders are best described as people perceived as unwilling to engage with services but often perceived by social workers as in 'need' of an intervention (Maeseele, Bouverne-De Bie & Roose, 2012).

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[1] Based on a survey consisting of 179 housing corporations in The Netherlands

The avoidance of social services is regularly a result of earlier experiences with social services. Positive experiences with the local authorities has also been found as an contributing factor to the maintenance of housing (Busch-Geertsema, 2007). Interventions related to care avoiders is assertive outreach, where special teams are deployed to win trust, and offer services to persons considered as at risk (Maeseele, Bouverne-De Bie & Roose, 2012).

Relationship breakdowns and persons who are forced to leave temporarily places have also identified as risk groups, but are considered as households that are often more difficult to reach.

Tertiary prevention in relation to service users.

At the tertiary level, interventions concentrate on individuals that already experience homelessness. These households regularly require a more intense level of intervention, because many continue to be marginalized by poverty, are excluded from the labour market and live in social isolation (Busch-Geertsema, 2007). Research has found that that support needs can also arise during homelessness and people who do not have high support needs in the first place are able to develop support needs in association with experiencing homelessness (Please, 2016). Research has indicated that recurrent homelessness was significantly lower for individuals with mental health problems, when they received intensified social services through the program 'critical time intervention' which delivered support services during and after the transition into housing (Susser et al, 1997). These services were targeting vulnerable individuals to help them during times of transition by strengthening their network of support in the community.

One of the interventions that have been set out to support persons with prolonged histories of homelessness is the Housing First model, which is effective in terms of housing stability. Housing First is an approach that offers permanent, affordable housing as quickly as possible without requirements around sobriety or treatment and provides supportive services and directs people to other community-based supports (Tsemberis & Stefancic, 2007).

Furthermore, continuity of services has had a positive influence on people's experience of service-users (Patterson, Currie, Rezansoff & Somers, 2014). Additionally, Busch-Geertsema (2007) found that also the existing social networks (including social support by professionals) were contributory to housing stability.

Table 1.

Description of the prevention framework providing the important elements

	Aim	Target group	Trigger events	Preventive measures
Primary prevention	Avoidance of new cases of homelessness	General population	Unemployment, high rent prizes, exclusion from the housing market	Housing subsidies, Income benefits, Employment protection, Affordable housing
Secondary prevention	Early identification of homelessness/treatment of current cases	Risk groups	Relationship breakdown, (threatening) evictions, leaving prison and care institutions	Early signals systems, prevention of evictions, discharge planning, assertive outreach
Tertiary prevention	Minimize the harm of homelessness	Those already affected by homelessness	Long-term homelessness	Housing first, rapid re-housing, CTI, long term support, supportive network

Conclusion.

The prevention framework consisting of primary, secondary and tertiary prevention are explained in this section. On the primary level, structural factors are taken into account. Here is noted the importance affordable housing, income benefits and employment opportunities. On the secondary level, the early identification of risk groups is essential to prevent individuals of the occurrence of homelessness. What is seen there are the opportunities for early-identification of people at risk of being evicted, discharge planning after care-institutions or prison and to have specific attention for care-avoiders. On the tertiary level the importance of continuity of services, and formal support has been shown.
Here is noted that studies indicate that under certain conditions (e.g. housing first) or with intensive support during the transition into the community (e.g. CTI) successful transitions are established.

The literature review shows that housing stability requires a comprehensive strategy that takes both personal and structural factors into account. Subsequently, early identification of trigger events is of great importance in homelessness prevention.

Methods

Research design

This study is part of a longitudinal study that will be carried out between 2019 and 2024, following (the same) 71 participants to examine the facilitating or failure factors of independent living. This paper presents the results of the first 24 in-depth interviews conducted among recurrent homeless persons to examine the extent of support through primary, secondary and tertiary prevention before relapsing into homelessness. A qualitative methodology was chosen because it adds value to the understanding of people's experiences, their beliefs and the reasons for holding those beliefs.

Master students collaborated with qualified experts who have similar backgrounds to the participants. Both received a specific interview training before the data collection started. As part of this collaboration the research instruments such as the topic list, information letter and flyers were validated by qualified experts with similar backgrounds as the participants.

Procedure.

Data collection was approved by the Faculty Ethics Review Board (hereafter FETC) of Utrecht University. All participants received an information letter, handed out by their supervisor or the researchers and were required to sign the informed consent prior to their enrolment in the study. The interviews lasted between 45 minutes and 1 hour and 30 minutes. For their participation, all the participants received a gift card of 10 euro.

Sample.

The sampling strategy was a purposive one and only those were invited to take part with the following criteria: participants were required to be older than 23 years, have legal linkages to social services (entitled to support) in the municipality of this research and having a Dutch residence permit.. All participants had to experience one episode of homelessness before, based on the definition of McQuistion and colleagues (2014) as: ''having one or more new episodes of homelessness occurring at any time after obtaining housing, for any length of time, subsequent to a previous homeless episode''. Their current status was defined as : factual homelessness, persons who do not have access to any form of secure housing and have to rely on overnight shelters ' or residential homeless: 'persons who are registered at institutional shelters or supportive housing' (Wolf, Zwikker, Nicholos, Bake, Reiking, Van

Leiden, 2002).

Table 2, shows the demographic characteristics of the sample and the current living situation of the participants.

Table 2.
Demographic characteristics of the sample

	Participants
Gender	
Female	1
Male	23
Types of living arrangement	
Night shelter	14
24- hour shelter	3
Crisis shelter	2
Protected housing	1
Living together with others	1
Supportive living	3
Age	
29-35	5
35-41	2
41-47	6
47-53	5
53-59	1
59-66	5

Recruitment.

In close collaboration with four collaborative social organisations in the municipality, recruitment was carried out at seven location: two overnight shelters, two crisis shelters, two 24-hour shelters, and the homeless day reception and the central registration point. Emails with information letters and flyers were sent out to all the locations followed by individual appointments with coordinators of the locations to further explain the research. The personal supervisors of the participants were informed and researchers recruiting participants at these locations. The recruitment took place early in the morning, or late in the evening in the night shelters and during the day in the daily reception shelter, when most participants were presented in the homeless shelters.

Instrument and operationalization.

A semi-structured interview questionnaire (see also Appendices 1) was developed based on topics that have been recognized in earlier research as important indicators for the delivery of support services (Boesveldt, 2015). Additional questions relevant to the subject were included in the topic list (see also appendices 4). To increase the reliability the interviews were followed by standardized topic list. In table 3, the levels of prevention and additional important concepts were operationalised.

Table 3.
Concepts and operationalization

The essential concepts	Description
Trigger events	Trigger events is the immediate event that finally trigger episodes of homelessness. Examples of trigger events are: relationship breakups, evictions, leaving prison, leaving care institutions, forced to leave family or friends
Personal factors	Personal factors refer to factors such as the misuse of drugs and alcohol, the presence of mental illness and the social network.
Structural factors	Structural factors are concentrating on the macro-economic factors such as receiving of social benefits, subsiding housing and access to housing.
Primary prevention	The first level concentrated at the avoidance of new cases of homelessness, targeting on the general population. Questions related to the experiences of primary prevention through general schemes and regulations have been asked and analysed
Secondary prevention	The second level concentrates on early identification of risk groups. Questions related to the experiences of support before relapsing have been asked and analysed.
Tertiary prevention	Tertiary prevention concentrates on 'harm reduction', so that homelessness is ended as quickly as possible and concentrates on minimizing the risk of relapse into homelessness. Questions related to re-housing, earlier experiences with independent living, or expectations of independent living have been asked and analysed.

Data management and data analysis approach.

The informed consents were gathered and safely stored at Utrecht University. The interviews were recorded and transcribed. Audio records and transcripts were uploaded in a safe online environment at Utrecht University. For analysing the results, Atlas Ti has been used, this software allows themes or codes to be identified in qualitative data. The code tree has been drawn up deductively, followed by the structured topic list (see also Appendices 3). During the coding process, inductive code were generated when new themes occurred. The prevention framework has been used to be aware of the specific interventions and at-risk-groups.

To examine the experiences of participants with the arrangement of primary prevention data was analysed using the general code 'financial self-reliance' and 'work and income' along with the specific codes of income management, debts, support with debts, influence on relapse, experienced barriers for support, source of income, contact with social benefit consultant, impact on relapse and experienced barriers for support.

The experiences with secondary prevention was analysed by looking back at the trigger events and underlying causes of the occurrence of homelessness. Data was analysed using the general topic of 'relapse' along with the specific codes of homeless history, trigger events, type of residence and contact with the housing corporation/private landlord.

The perceived needs for sustainable outflow to community life where analysed under tertiary prevention. This included the general topic 'outflow' along with the specific codes known about outflow, expectations of outflow, preparations for outflow and contact with housing corporation/private landlord, and perceived needs.

Results

Participants (N=24) were single homeless persons who all indicated to have experienced several episodes. Three factors have been explored 1) the extent to which participants were supported through primary prevention 2) the extent to which participants were supported through secondary prevention 3) the perceived needs for sustainable outflow to independent living.

Primary Prevention

This section explains the extent to which the participants received support through elements related to primary prevention.

Income support and employment opportunities.

The majority of the participants were entitled to income benefits as part of the general regulations of the welfare state. These benefits varied from benefits which were especially intended for homeless persons, social welfare benefits, unemployment benefits and for one participant an old-age benefit. Only three of the twenty-four participants received their income through paid work. Amongst the twenty-four participants, ten participants mentioned that they could not be integrated into employment as they experienced serious health problems, psychological disabilities, psychiatric problems or drug or alcohol addictions. Amongst them, five participants were suffering from a permanent disability and received a benefit as compensation for loss of income, based on their capacity for work (WIA).

Requesting and withholding benefits.

An important topic that emerged from the data was the consequence of withholding benefits for a longer period of time.

> '' Then they told me don't worry we are going to stop your benefit because we work with municipalities. [...] Then municipality said you worked, you haven't stopped you have to pay this, pay that, and then the benefit stopped. Then I have an issue. I cannot pay I have no work, no benefits. Almost 9 months without payment. Then I have a lot of stress and I left'' (Aswin)

While employment opportunities were offered, for this participant, the integration process to employment caused problems due to inadequate communication between the work and income department of the municipality and employment agency that work together to establish reintegration. This participant shows an example of the consequences of the lack of communication and withholding social benefit for a long period of time, which in this case, resulted in loss of accommodation.

In addition, for some, the time needed to request and process the benefit was too long to prevent their eviction.

''I applied for social assistance benefits, but it was already too late. Then I was evicted by court order'' (Jerry).

For both of the participants, the problems occurred when they were confronted with unemployment and rent-arrears accumulated quickly as a result.

Access to housing.

Many participants report to experience difficulties in gaining access to housing due to ongoing housing shortages in the municipality. In general, moving from the night shelter to supportive housing is seen as a first step to gain access to the housing market. Because their entitlement for subsided housing is provided based on the 'urgent' arrangement through these social organisations, and they are unable to afford secure accommodation in the rental market.

Some of the participants would like to live with other people such as their partners, friends or family or other homeless persons, but refer to experiencing barriers to living together. In this regard, the cost of sharing has been mentioned as a barrier. Because participants themselves or the ones they share their houses with will be denied of benefits. Others mentioned the fear of creditors, claiming their debts prevented them from living with others or even on their own.

Overview.

The given examples in this section indicate that although participants were frequently supported by means of social benefits this alone is not enough to prevent them from the occurrence of homelessness. Institutional factors including faster processing of benefits and collaboration between different departments are important in preventing homelessness. The influence of structural factors such as housing shortages makes it difficult to find solutions for ending homelessness. Although employment opportunities have been shown to be related to housing stability (Busch-Geertsema, 2007), these opportunities have shown to be little available to most of these participants, many had a little change of achieving economic independence through work. In this section, these cases are approached through the lens of primary prevention. In in the following section, it becomes clear that carefully targeting of risk groups is necessary to prevent individuals from homelessness, because they provide tailored-made support.

Secondary Prevention

This section explains the most common trigger events together with underlying causes of the experience of homelessness. Table 4 shows the trigger events that are the main causes of homelessness. Trigger events provide information about the previous living situation of participants before relapsing into homelessness.

Table 4.
Presentation of the number of times various trigger events occurred among the 24 participants[2].

Trigger events preceding homelessness	Amount of times caused homelessness
(Threatening evictions)	13
Rent-arrears	8
Nuisance	3
Returning from abroad	2
Leaving care-institutions or prison	7
Relationship break-downs[3]	12
Returning from abroad	6
Leaving own dwelling	3
Leaving friends or family	4
Returning from military	1
Living with others	4

Type of housing.

The types of participants accommodation before relapsing into homelessness differed. Some participants were re-housed after an initial episode of homelessness with the support of homeless services either by living independently or supportive living. Although other studies found that most re-housed persons lost their tenancies within 18 months (cf: Hunter et al, 2013) we have not found such a consistent pattern. Some of these participants lost their tenancies within three months whilst others lost their tendencies after five or seven years before they relapsed into homelessness. Some of these participants were supported by social workers but many did not receive any support before relapsing.

In the recent period, many participants found short-term solutions, for instance, staying with friends or sharing rooms with acquaintances. Although these lasted for a while,

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[2] Participants were assigned to multiple trigger events on the basis of their episodes of homelessness
[3] When participants reported to experience relationship break-ups often, these have been counted two times

these have proven not to be sustainable solutions. The sharing of homes with others caused disagreements, relationships broke-down, or they felt a burden to their social network.

(Threatening) evictions.

As shown in table 4, evictions or threatening evictions were reported frequently as a reason for loss of accommodation. Amongst the twenty-four participants, four participants had been evicted by court order. The underlying causes of these official evictions were the result of three contributory causes which includes rent arrears, nuisance due to illegal settlements and returning from abroad.

Six participants reported that the threat of evictions caused homelessness. In agreement with the national findings (Aedes, 2018) the largest proportion of the participants indicated rent-arrears and these regularly led to the threat of evictions. The majority of the participants mentioned difficulties managing their finances. Frequently the misuse of drugs, alcohol or in some cases gambling problems were the underlying causes of rent arrears:

''*Everything went on alcohol and drugs. Cocaine, smoking, everything. [...] All drugs and alcohol-related. Fines incurred with drinking beer. That all piles up''* (Jermain)

Even though most participants reported to have financial problems for long spells of time, when participants were specifically asked after financial support to help to stabilize their financial situation; they indicated a lack of such supports in the period before relapsing. Nuisance and anti-social behaviour has been reported by other participants as other causes of (threatened) evictions. These occurred in relation with 'on the street contacts' because dealers or other homeless persons were still part of their daily life:

''*And the last time I lost my house, so that happened once before, I was so stupid to let people in every time''* (Dennis)

Some of these participants reported experiencing difficulties setting clear boundaries for themselves since they are quickly swayed by others. As a result, it was difficult for them to avoid these persons at the time, and to maintain stable housing.

Returning from abroad.

Seven participants became homeless after returning from abroad. For many of these participants their experience abroad turned out to be different from their expectations and they were obliged to return. The participants mention different grounds for their departure such as detoxing because the drugs in that specific country was hard to obtain. There were also the factors of family sickness or the experience of psychological problems. Amongst them, two participants left their homes with complete household effects but without reporting their departure to the authorities. Consequently, it appeared that these participants were unable to return to their homes since their houses were cleared out. Something that applied to all the participants was the lack of arrangements for their finances before departure.

> ''They are not paid because I am on [island], ignorant, and they are doubled, tripled every month and because every month there is no payment. So, that goes up to thirty, forty, fifty, sixty thousand euros'' (Stefan)

Upon their return they were confronted with high-level of debts which had been increased by fines.

Leaving care-institutions or prison.

Amongst the twenty-four participants, seven participants experienced reliance on the shelter system after release from detention or care institutions. Amongst them, two participants returned from prison without receiving aftercare through discharge planning (Back, Howard, Moran, 2007) which left them relying on the homelessness shelters again. Imprisonment, however, can lead to homelessness but shows also opportunities for prevention as this was the case for one participant because social services were offered after leaving detention:

> "Since I came into contact with justice, they started to help me'' (Jermain)

Four participants experienced a new episode of homelessness after leaving protective living locations due to violations of the rules, discontinuance of indication or left due to negative experiences. This participant explained that financial support services and the urgent arrangement to secure accommodation stopped after returning from prison.

''*Yes. And when I could not be there anymore, because I had to sit for four months, they also stopped that registration. So everything that I have arranged in those three years was stopped at once [...] I no longer have faith in foundations*'' (Ali)

These experiences resulted in a lack of trust and in the participant leaving this specific location, without any social network of other support. Another participant points out to the shift from supportive living towards independent living at a young age, was a very difficult period:

" I am now homeless for the third time. As a young person, I have been homeless twice. I have been helped perfectly. As an elder, I got a house at the age of twenty-five. I was actually completely abandoned" (Mathijs)

According to this participant, early identification of problems and providing support during this transition period could have helped to prevent the occurrence of homelessness. What these type of participants share is a lack of trust towards authorities as a result of their previous negative experiences. Negative experiences, need to be handled carefully, as these examples also show, in line with the literature, can lead to the avoidance of care (Maeseele, Bouverne-De Bie & Roose, 2012).

Mental Illness.
Two participants reported a paranoid or confused state prior to their homelessness and decided to leave their houses as a result. Feelings of insecurity caused by psychoses or a posttraumatic stress disorder caused their housing loss. These participants did not receive support for their psychiatric problems or got treatment for these complaints. Which is indicated more often by participants that are currently residing in the night shelter.

Another finding within this study is a background in the military. Amongst the twenty-four participant, five participants shared a background in the military of which 4 participants indicate to have developed serious complaints, especially some form of post-traumatic stress disorder (PTSD) as a result. Al the participants indicated the poor arrangement for aftercare upon their return. Whilst for one participant these complaints became immediately apparent upon return, for others these psychological problems developed years later.

> "*When I came out of defense I have been homeless, with minus thirteen living in a squatting house. Getting to the heroin, cocaine, everything actually, it didn't matter*''
> (Jasper)

These complaints impacted on them on multiple areas of their lives including substance abuse, the ability to work and the fear of living alone. Amongst these participants, only one participant receives treatment for PTSD at the veteran institute. A striking similarity in all the accounts is the feeling of being misunderstood by others including social workers, even when at risk of eviction asking for support was out of the question for this participant:

> ''*Because it was so haunted in my upper chamber, I am not going to ask for help, because they don't understand me anyway. Because they do not understand what I have experienced*'' (John)

These difficulties resulting in the avoidance of care and most participants feel in particular the need to talk with peers about their experiences.

Relationship breakdown.
Many of the recurrent homelessness have experienced relationship problems which were often found as contributory factors for the experience of an initial episode of homelessness. Relationship break-ups, however, have been observed to be a prime reason for the first episode of homelessness among the participants. For others it was shown to be a patron, which seems to fit with the typology of the episodical homelessness (Kuhn & Culhane, 1998). These often fall in and out of relationships but over time, as soon as the relationship ends rely on homeless shelters again.

> ''*But yes, then I leave my caravan [...] I say after a while then a year, two years, three years, if that breaks again, then I have lost my caravan or my squat [...] and then I walk on the street again*'' (Jack)

Some of these participants were asked about their abilities to live independently. Where several indicated that they were afraid of living alone or would rather sleep outside because it felt familiar to them.

Overview.

The findings of these respondents show no consistent pattern for the duration of housing stability as some lost their tenancies even after many years. Participants find it hard to retain housing due to mental health and/or substance abuse issues. In these, substance abuse is mentioned more often by those who are recurrent homelessness because it eventually leads to rent arrears and evictions. The results have shown that measures were not targeting those at risk, but the avoiding of such services has also been observed among participants. These findings show opportunities for the arrangements of secondary prevention measures in increased outreach support, adequate discharge planning and supporting those with an military background.

Tertiary prevention

Amongst the twenty-four participants, six participants report being on the waiting list in order to secure protected housing facilities[4]. Nine other participants currently residing in the night shelter but do not yet have a prospect for a follow-up place. Three participants live currently in protected housing facilities or attained supportive living [5]. One participant lives together with a partner and three participants reside in a 24-hour homeless shelter on the urgent list to flow out towards independent living. Most of these respondents meet the description of chronically homeless persons, which are entrenched in the shelter system for longer durations (Kuhn & Culhane, 1998).

The participants have been asked about their experiences after or when they have moved to independent living, and a number of central themes have emerged out of the data.

Continuity of services.

Most participants mention continuity of services as an important condition in the transition to independent living. For them, this entails receiving support through the help of social worker, in particular, they mention the emotional side of support. Previous research by Susser et al, (1997) has also shown that that such support, especially during the transition period of 8 months, minimizes the risk of the experience of repeated homelessness, especially for individuals with mental illness.

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[4] Protected housing facilities are defined as accommodations with supervision and guidance
[5] Supportive living is defined as places where people live independently and receive floating support

> *''I had no further problems, psychological problems for registration with (organization), and then they say quickly, you do not need help, Catch you later, find it out! ''* (Daniel)

However, this quote shows the importance of the support of a formal network during the transition phase towards independent living which also applies to persons without mental illnesses. This participant assumes that the supervision of a social worker could have helped when making steps towards independent living. Continuity of services has been identified as an important factor for building up the confidence to live independently. This is also identified in other studies (Patterson, Currie, Rezansoff & Somers, 2014; Boesveldt, 2015) where continuity of services had a positive influence on people's experiences. Besides the emotional support most participants, and especially those who experienced serious financial problems indicate to feel the need to receive support through debt-management. These services are currently offered to them, and most participants report to be satisfied with this support. The importance of debt management has also been shown because the participants build up new debts after the support of debt management stopped.

Mental illness and substance abuse.

Some of the participant report to experience mental health problems or physical problems which is a barrier to living independently either due to their enrolment in treatment or be unable to undertake the responsibilities that are part of independent living. Even when they experience increased feelings of stress by staying at the night shelter.

As we have seen before, for a number of participants the experience of new episodes of homelessness were related to the misuse of alcohol and drugs. Some participants indicated that currently, the misuse of alcohol and drugs no longer pose a risk to their wellbeing and that they have achieved control over their alcohol and drugs use. Others, on the other hand, explain that the use of alcohol and drugs still is a risk and may lead to them relapsing into homelessness in the future:

> *''I am sensitive to addiction and can be influenced. They can persuade me quickly. I am not in a strong position''* (Kenny)

Harm reduction.

For those who have experienced longer durations in shelters or on the streets, several problems seemed to occur. Although most respondents feel the need for support, some other respondents, especially the ones that have experienced long spells of homelessness hold negative views towards the idea of independent living. Either because they feel fear of living alone or lose confidence in themselves. In addition, some other respondents feel the need to take ownership over their lives:

> ''Well, and I just don't want that. I have a house and that house is mine and I decide what happens there and not the authorities'' (Henk)

In this respect, they feel no longer a need for supervision by a social worker
Adjustment problems to the 'normal' life seemed to be difficult as for some of them, having a house was a source of problems and mental stress and they preferred to spend their time outside again. This was, in particular, the case for those who spend many years on the streets. In addition, as life in shelters is attended with regular contact with others, the lack of these contacts was felt by some participants. Especially when the differences between the two types of accommodation are very striking:

> '' Housing corporation, they said, sir, it makes sense if you are going to live a little further away. But that was all the way (place). Completely in a corner of (places). It became nothing at all. I got homesick plus I was lonely'' (Daniel)

The finding is in line with the earlier research of Busch-Geertsema (2007), that found that the geographic location and existing social networks were contributing factors of housing stability. The social network consisting of other homeless persons seems to be important as feelings of loneliness appeared after leaving the shelter system. In this matter, the location of the dwelling seems to be important for attaining stable housing. In contrast, for other participants particularly in cases of problematic drugs use, mention that their earlier experiences showed that risky contact related to dealers and other users caused their housing loss. For attaining stable housing the avoidance of these contact is essential for them as these are indicated as risk factors for housing loss.

Overview.

Based on these findings the emphasize on 'harm reduction' became a clear objective as we see that longer durations of homelessness come with several risk factors. For some, the abuse of drugs and alcohol was found to be barriers to attain stable housing. In these, continuity of services has been shown to be very important for most participants and in particular the emotional and financial support.

Discussion

The aim of the current policy strategy for large Dutch cities is to avoid relapsing into homelessness. This required a broader understanding of the experiences of recurrent homeless persons with homelessness episodes. The first goal of this study was to examine the extent to which recurrent homeless persons received support through primary and secondary prevention and wished to be supported through tertiary prevention. It was expected to find points of interest as the population that is being studied already experienced multiple episodes of homelessness. The following conclusion answer together the research question:

The results on the primary level show that all participants were supported through the means of social benefits but a vulnerability occurs when individuals lost their jobs and were depended on benefits, when they accumulate rent-arrears and debts. The structural shortages of housing in the municipality caused difficulties to find own solutions for the participants, but these were not the only problems that participants experienced. Although the examples on the primary level raised suggestions for improvement, the combination with personal factors have been observed and show that the importance of targeting at-risk groups and provide them with tailored-made support. These at-risk groups have been examined under secondary prevention, and show similarities with other studies (cf Anderson, 20011).

Threatening or legal evictions caused in most cases housing loss and in line with other research (Aedes, 2018) rent-arrears has consistently shown to be the most common contributory factor. Debts have been observed in relation to evictions, but also when persons lived abroad and returned these became a major source of problems. Debts and consequently rent-arrears seem to occur often in combination with the misuse of drugs or alcohol. Although to a lesser extent, nuisance has also turned out to be a risk factor for the loss of accommodation and was often the result of contacts with dealers or other users.

Whilst municipalities put extra effort in the prevention they were not able to prevent participants from relapsing. Many respondents also report barriers to seek for support as it

turned out that this was also the case for individuals with the presence of mental health problem. This suggest that there has to be a greater attention for support through assertive outreach to win trust (Maeseele, Bouverne-De Bie & Roose, 2012) . These participants, including those with a military background did not enrol in treatment before relapsing, or felt barriers to seek for support. It has shown to be of great importance for social workers to be aware of this background and the opportunities to provide them with services that include peer to peer support.

This study shows inadequate discharge planning which could be an important opportunity to reduce homelessness (Back, Howard & Moran, 2007). In this respect, bad experiences have been shown to be contributing to the lack of trust towards authorities, which has to be handled carefully, as these could result in the avoidance of care (Maeseele, Bouverne-De Bie & Roose, 2012). On the tertiary level, it has been demonstrated that it is important to apply the principle of 'harm reduction' where homelessness is ended as quickly as possible. The importance of this is shown in the multiple problems that occur after the experience of long-term homelessness episodes, and which was also noted by Please (2016) adjustment problems were observed by homeless persons, due to the experience of longer durations of homelessness.

Participants indicate that the location of settling is of great importance. Here it is also shown that this has to consist of tailor-made solutions. Some participants mention the importance of protection from risky contacts, while for others persons the lack social contacts are a reason for experiencing loneliness (Kuijpers, 2019 forthcoming). Continuity of services has been shown to be an important condition for a successful transition. In their experiences, these services need to be mainly concentrate on the emotional part of support on debt-management.

Strengths and Limitations.

In this study, the views of the recurrent homeless persons were all based on unsuccessful exits out of homelessness but were not compared to those who have successfully transitioned out of homelessness. It is difficult to determine the exact causes of the experience of homelessness when these are not compared with successful transition out of homelessness. This can limit the conclusions to be drawn from the research. Nevertheless, these questions may be possible to answer in the upcoming years as the larger study follows homeless persons, moving towards independent living, and a comparison of their experiences could be made, with the

present study.

As this study is embedded in a larger study it was not able to ask all the questions related to primary, secondary and tertiary prevention. Although additional questions were added to the original topic list, and most topics were relevant to this study, a more in-depth topic list, and more time to discuss these specific topics may have been enabled to provide more detailed knowledge about experiences with prevention.

With voluntary research, it could also result to generate a favour of those who are willing to share their story, but the experience by experts has also shown to be a favour in this process as these were trained to connect with the participants through make use of their shared backgrounds. The method used in this study has not been used often in social policy research and due to the great collaboration of ex-service users and master students this has resulted in extensive information which enables other researchers to work with this method especially when the experiences of service users are being central to studies.

Implications and recommendations

The first practical contribution of this research is the overview that is created of the characteristics of the recurrent homelessness in the municipality. Municipalities and homeless service providers are recommended to take these findings into account when implementing policies. The direct and indirect causes of relapsing have been described in a qualitative procedure and together they led to insights about the various risk groups and underlying risk factors of homelessness. Rent arrears, occur most often prior to homelessness, Schout and colleagues (2014) provides extensive in-depth information concerning the behaviour of tenants preceding's evictions which can lead to useful insights. In this respect, municipalities could examine the effectiveness of interventions for at-risk households and take into account the important actors required to create broad support for a collective strategy.

Although, this study did not leave enough room to discuss all these interventions in depth, many effective interventions have been carried out nationally and internationally that show promising benefits for targeting on the recurrent homelessness. The fundamental problem of homelessness prevention programmes is how to target those at most risk and effective targeting requires a broader understanding of the causes of homelessness. It seems, that for many participants, the early signal systems were not targeting the participants before relapsing which suggest that there are still opportunities for careful targeting processes.

Further research can point out to the working elements of interventions and evaluating preventing interventions is necessary to obtain extensive knowledge.

Ending note.

Our main aim for this study was to find relevant starting points for the use of prevention. This study consists of an analysis of certain risk groups and underlying factors of recurrent homelessness for the benefit of those who deal with the homeless in a municipality. The experiences of the homeless persons shows an interplay of the primary, secondary and tertiary levels influencing homelessness episodes. In this study it is shown that targeting on all the levels of prevention is necessary to provide individuals with tailored-made support. It is important to understand that prevention must take place in different areas and, in addition, on different levels of support. These elements, independently of one another, do not explain relapse into homelessness but must be understood as a comprehensive strategy.

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Appendices 1: Topic list

Beschrijving van vragenlijsten cliëntenonderzoek voor onderzoek naar terugval MO

Interview guide groep 1

Onderwerpen die tijdens de interviews aan bod zullen komen om terugval beter te begrijpen in relatie tot Utrechts beleid

- Netwerk (en sociaal contact)
- Dag invulling en zingeving
- Overdracht van zorg
- Financiële zelfredzaamheid
- De mate van samenhang in een persoonsgericht traject

Bij iedere vraag zijn wij geïnteresseerd in zowel jouw persoonlijke situatie als in wat jij weet of denkt te weten over deze vijf onderwerpen.

Introductie
- Hoe heet je, hoe oud ben je?
- Waar kom je vandaan?
- Zou je kort iets over jezelf kunnen vertellen? Wat is je achtergrond en hoe ben je hier terecht gekomen?

  Ben je eerder dakloos geweest? hoe komt het dat je weer dakloos bent geraakt?

Terugval
- Kun je een directe reden aangeven voor jou waarom je bent teruggevallen in dakloosheid? (huisuitzetting, weggaan bij familie/vrienden/opname?)
- Kun je iets vertellen over waar je voorheen verbleef? (Vrienden/familie, private woningmarkt/sociale woningbouw)?

  In hoeverre had jij contact met de woningcorporatie/jouw verhuurder? Of had jouw ondersteuner dit? Wat vind je hiervan?

Voorzieningen, instanties en netwerken

Samen met jou wil ik graag een tekening maken van deze verschillende voorzieningen (instanties, hulp, begeleiding die je krijgt), vanuit jouw perspectief. Ook willen we graag weten van informele ondersteuning die je mogelijk krijgt van buren, kennissen/vrienden, familie.

Waar het hier om gaat is welke voorzieningen (hulpverleners, begeleiding of instanties) bijvoorbeeld dichterbij je staan of juist verder af. Waar je veel mee te maken hebt of juist weinig. Die kun je dan verder weg of dichterbij zetten op de tekening. Je mag ook aangegeven waar je tevreden over bent en wat volgens jou juist beter kan om jou te kunnen helpen bij zelfstandig wonen. We willen dus graag twee dingen weten: 1. waar je meer of juist minder mee te maken hebt en 2. waar je voldoende of juist te weinig ondersteuning hebt gekregen (naar jouw ervaring).

TEKENING MAKEN → DE HIERONDERSTAANDE VRAGEN BESPREEK JE AAN DE HAND VAN DE TEKENING.

CHECK ALLE DOMEINEN → BESPREKEN WAT JE MIST, WELKE RELATIES VERBETERD KUNNEN WORDEN, KNELPUNTEN.

- **Informele netwerk**
- Welke mensen zijn belangrijk voor jou (familie, vrienden, buren)
- Hoe vaak had je contact met deze mensen in je netwerk? En hoe ervaarde je het contact?
- Welke steun ontving je voorafgaand aan je terugval van deze mensen?
- Welke rol speelde dit netwerk bij jouw terugval of vormde het netwerk voor jou een risico?
- Is er momenteel iemand die jou helpt bij het opbouwen van (nieuw) contacten?
- Hoe ervaar je dat?
- Hoe was je contact met de buren/andere bewoners van het gebouw? Hoe voelde je je in de buurt/woonomgeving?
- Voelde je je wel eens alleen? Wat deed je dan? Was er iemand bij wie jij hiervoor terecht kon (familie/vrienden/buren?)

- **Werk en inkomen**

- -Hoe voorzag jij in je inkomen voordat je terugviel. Hoe ging dit? Kon je hiervan rondkomen?
- Had/heb je contact met de bijstands- of UWV-consulent
- Is er sprake van een tegenprestatie voor je uitkering?

- **Participatie/Dagbesteding/Re-integratie**
- Had je voorafgaand aan je terugval dagbesteding of werk, liep deze door toen je opvang verliet?
- Heb je momenteel dagbesteding/werk? Hoe ervaar je dat? Zal de dagbesteding/werk doorstromen als je zelfstandig gaat wonen?
- Wordt er nu samen met jou gekeken naar mogelijkheden voor dagbesteding en werk?
- Wat levert het je op (meer inkomen, structuur, contact met mensen, etc.) Zou je hierin nog iets veranderd willen zien?

- **Financiële zelfredzaamheid**

- Beheerde jij je eigen geld? Hoe ging dit en ontving je hierbij hulp van iemand? Hoe gaat dat nu?
- Heb je schulden had jij iemand die jouw hierbij hielp?
- Welke invloed heeft dit gehad op jouw terugval?
- Heb je hierin in de ondersteuning iets gemist?

- **Hulpverlening :maatschappelijk werk/wijkzorg/buurteam/sociale hulporganisaties organisaties/ politie**
- Met welke aanbieders had je contact voordat je hier terecht kwam? Hoe heb je dit ervaren? - Heb je hier iets in gemist? Had je hier voorafgaand een plan voor opgesteld?
- Verslavingszorg: Heb je een verslaving? Wie helpt jou hierbij? In hoeverre heeft dit invloed gehad op jou terugval?
- GGZ: is er sprake van psychische problematiek? Wie helpt jou hierbij?
- Blauw → Heb je contact (gehad) met de wijkagent of andere politiemensen? Hoe vaak? Zo ja, dan ook vragen naar andere justitiële contacten, detentie etc....

- **Continuïteit van zorg**
- Hoe vaak heb je contact met deze hulpverleners en hoe ervaar je het contact?
- In hoeverre ontving jij dezelfde ondersteuning toen jij op jezelf ging wonen of is er van hulpverlening/organisatie gewisseld? Hoe heb jij dit ervaren?
- Heb jij momenteel nog contact of ontvang je ondersteuning van deze personen?
- Welke rol speelt dit element in het voorkomen van jouw terugval of is het voor jou een risico?

- **Integrale aanpak persoonsgericht traject**
- Had jij een vast aanspreekpunt of was er iemand die de zorg coördineerde.
- Wie had er zicht/coördinatie op dit netwerk? Is er iemand die dit in de gaten hield? Deed je dat zelf/iemand in je omgeving/professional (een casemanager?)?
- Wat vind/vond je belangrijk in de ondersteuning die je ontving?
- Had je het idee dat alle zorgpartijen goed met elkaar samen werkte?
- Welke rol speelt dit element in het voorkomen van jouw terugval of is het voor jou een risico?

- **Blik op toekomst**
- Wat heb jij nodig om zelfstandig te wonen? Om succesvol uit te stromen? Wat is succes? Wat niet?
- (Waar wil je zijn over 1 jaar?)

-Wat zijn elementen die van belang zijn om het te redden.
-Wat geven de deelnemers zelf als reden voor hun herstel of terugval. Wat zijn volgens de deelnemers 'herstelmomenten': wat maakt een verschil om uitval te voorkomen? En terugkijkend: wat had een verschil gemaakt om terugval te voorkomen?

Afsluiting

Informed consent: waar moeten we je zoeken als we je over een jaar lastig kunnen vinden? Wie kunnen we eventueel nog meer contacten? Maak je gebruik van bijvoorbeeld facebook? *[ook relevant voor instructie voorzieningen met welke we samenwerken].*

Appendices 2: Code tree

Code

● 1. Intro

-     1.1 Intro leeftijd
-     1.2 Intro_herkomst
-     1.3 Intro_ervaringen dakloosheid
-     1.3 Intro_ervaringen dakloosheid (2)
-     1.4 Intro_Woonsituatie voor de opvang
-     1.4 Intro_woonsituatie voor de opvang (2)
-     1.5 Intro_tijd in de opvang
-     1.6 Intro_Trigger event dakloosheid
-     1.7 Intro_ervaringen zelfstandig wonen
-     1.7 Intro toeleiding naar opvang
-     1.8 Indicatie
-   ● 2. Terugval
-     2.1 Terugval_woongeschiedenis
-     2.2.Terugval_trigger events
-     2.3. Terugval_type verblijfplaats
-     2.4 Terugval_contact woningbouwcorporatie/verhuurder
-     2.5 Terugval_achtergrond defensie
-     2.6 Tijd in het buitenland
-   ● 3. Uitstroom
-     3.1 Uitstroom_bekend over uitstroom
-     3.2 Uitstroom_verwachtingen uitstroom
-     3.3 Uitstroom_voorbereidingen uitstroom
-     3.4 Uitstroom_contact woningbouwcorpoatie/verhuurder
-     3.5 Mogelijke terugval triggers
-   ● 4. Informeel netwerk
-     4.1 Informeel netwerk_belangrijke contacten

- 4.1.1 Informeel netwerk_belangrijke contacten_familie
- 4.1.2 Informeel netwerk_belangrijke contacten_vrienden/kennissen
- 4.1.3 Informeel netwerk_belangrijke contacten_buren/wijk
- 4.1.4 Informeel netwerk_belangrijke contacten_nieuwe contacten
- 4.1.5 Informeel netwerk_relatie/partner
- 4.1.6 Informeel netwerk_belangrijke contacten_overig

- 4.1.7. Informeel netwerk_andere daklozen
- 4.1.8 Informeel netwerk_kerk/moskee
- 4.1.9 Informeel netwerk_contacten verslaving
- 4.2 Informeel netwerk_steun
- 4.3 Informeel netwerk_risico
- 4.4 Informeel netwerk_geen contact/alleen
- 4.5 Informeel netwerk_ervaren belemmering ondersteuning
- 4.6 Informeel netwerk_ondersteuning opbouw nieuwe contacten
- 4.7 Informeel netwerk_schaamte
- 4.8 Informeel netwerk_sociaal trauma

- ● 5. Werk en inkomsten
- 5.0 Werk en inkomsten_zwart (bijklussen)
- 5.1 Werk en inkomsten_inkomstenbron
- 5.2 Werk en inkomsten_contact met uitkeringsconsulent
- 5.3 Werk en inkomsten_tegenprestatie uitkering
- 5.4 Werk en inkomsten_invloed op terugval
- 5.5 Werk en inkomsten_ervaren belemmering ondersteuning
- ● 6. Daginvulling en zingeving
- 6.1 Daginvulling en zingeving_dagbesteding/werk voor terugval
- 6.2 Daginvulling en zingeving_dagbesteding/werk momenteel
- 6.3 Daginvulling en zingeving_betekenis dagbesteding/werk
- 6.4 Daginvulling en zingeving_invloed op terugval
- 6.5Daginvulling en zingeving_ervaren belemmering ondersteuning
- ● 7. Financiële zelfredzaamheid

- 7.1 Financiële zelfredzaamheid_beheer inkomen

- 7.2 Financiële zelfredzaamheid schulden

- 7.2.1 Financiële zelfredzaamheid_schulden_ondersteuning schulden

- 7.3 Financiële zelfredzaamheid_invloed op terugval

- 7.4 Financiële zelfredzaamheid_ervaren belemmering ondersteuning

- ● 8. Formeel netwerk/zorg/hulpverlening

- 8.1 Formeel netwerk/zorg/hulpverlening_ondersteuning zorgaanbieders

- 8.10 Formeel netwerk_contact gemeente

- 8.11 Formele zorg_medisch/ziekenhuis

- 8.2 Formeel netwerk/zorg/hulpverlening_verslaving

- 8.2.1 Formeel netwerk/zorg/hulpverlening_verslaving_ondersteuning bij verslaving

- 8.3 Formeel netwerk/zorg/hulpverlening_ondersteuning GGZ

- 8.4 Formeel netwerk/zorg/hulpverlening_contact politie/justitie

- 8.5 Formeel netwerk/zorg/hulpverlening_invloed op terugval

- 8.6 Formeel netwerk/zorg/hulpverlening_ervaringen belemmeringen ondersteuning

- 8.7 Formeel netwerk_positieve factoren/ervaringen

- 8.8 Formeel netwerk_ondersteuning onderdak

- 8.9 Formeel netwerk_contact huurbaas

- ● 9. Continuïteit

- 9.1 Continuiteit_hulpverlening

- 9.2 Continuiteit_invloed op terugval

- 9.3 Continuiteit_ervaren belemmeringen ondersteuning

- ● 91. Integrale aanpak

- 91.1 Integrale aanpak_ervaring samenwerking verschillende zorgpartijen

- 91.2 Integrale aanpak_perspectief cliënt ondersteuning

- 91.3 Integrale aanpak_invloed op terugval

- 91.4 Integrale aanpak_ervaren belemmeringen ondersteuning

- ● 92. Blik op toekomst

- 92.1 Blik op toekomst_behoeftes cliënt zelfstandig wonen

- 92.2 Blik op toekomst ervaren belemmering ondersteuning

- 92.3 Blik op toekomst_dromen/wensen

- ● 93. Uitgestroomd

- 93.0 Uitstroom locatie/buurt

- 93.00 Uitgestroomd_huurconstructie

- 93.1 Uitgestroomd_ervaringen uitstroom

- 93.2 Uitgestroomd_begeleiding

- 93.3 Uitgestroomd_buurtteam

- 93.4 Uitgestroomd_financiele situatie

- 93.5 Uitgestroomd_sociale contacten

- 93.6 Uitgestroomd_eenzaamheid

- 93.7 Uitgestroomd_dagbesteding/werk

- 93.8 Uitgestroomd_moeilijkheden

Appendix 3: Added questions topic list

Table 5
Additional questions topic list

Concepts	Questions
Trigger events	What was the reason for your registration at the overnight shelter (e.g. eviction, leaving family and friends, nuisance)
	Can you tell something about your previous living situation?
Primary prevention	What kind of accommodation did you live before relapsing? Could you afford the accommodation were you lived in?
	Have you received social benefits and was did enough to cover the costs?
Secondary prevention	What kind of support could have helped you before relapsing and to what extend was this support available to you?
	To what extend do mental health issues or substance abuse pose a risk for you?
Tertiary prevention	What support do you need to live independently again?
	To what extend are the factors previous to relapsing still pose a risk?

Appendices 4: Information letter participanten

Informatiebrief voor deelnemers aan het onderzoek naar Terugval in dakloosheid
Namens: Nienke Boesveldt, hoofdonderzoeker, onderzoekers en ervaringsdeskundige co-onderzoekers

Beste deelnemer,

U bent gevraagd mee te werken aan 5-jarig onderzoek naar Maatschappelijke Opvang en Beschermd Wonen in Utrecht. Er is gebleken dat mensen vaak terugvallen in dakloosheid, en in Utrecht wil men graag weten hoe dit kan worden voorkomen. Daarom hebben zorgaanbieders en de gemeente de Universiteit Utrecht gevraagd dit te onderzoeken.

Uw interview zal gaan over uw ervaringen met hulpverlening en de ervaringen met zelfstandig wonen. Om ervoor te zorgen dat u zo vrij mogelijk uw ervaringen kunt delen, wordt het interview gehouden in een afgesloten ruimte. Alle gegevens en informatie die u deelt zijn vertrouwelijk. Uw deelname is anoniem: niemand zal weten wat er gezegd is tijdens het interview.

Uw deelname is geheel vrijwillig en u ontvangt hiervoor een cadeaubon van 10 euro. U kunt altijd besluiten om te stoppen, ook tijdens het interview. Als u wilt stoppen, hoeft u hier geen reden voor op te geven, en u ontvangt wel uw cadeaubon.

Voordat we het interview beginnen ontvangt u een toestemmingsverklaring. Deze bespreken de onderzoekers met u voordat het interview wordt gestart. In de toestemmingsverklaring wordt u ook gevraagd of u toestemming geeft voor het met een psuedoniem (andere naam) raadplegen van gegevens van de Centrale Toegang en/of Stadsteam Herstel. Via deze systemen kunnen de onderzoekers aanvullende informatie krijgen over uw situatie voordat u dakloos werd: uw woonsituatie, gemeente van herkomst en toewijzingen. Uw eigen contactpersonen bij de gemeente krijgen deze gegevens niet te zien. Wij gaan hier zeer vertrouwelijk mee om. Als u hier geen toestemming voor geeft, kunt u nog steeds worden geïnterviewd.

Verder kunt u in de toestemmingsverklaring aangeven of u het eindrapport van dit onderzoek wilt ontvangen per email of via uw ondersteuner. Ook kunt u toestemming aan ons geven om onherkenbaar gemaakte informatie uit uw interview te gebruiken voor ander onderzoek. Zo hoeven we niet onnodig opnieuw mensen te interviewen. Tenslotte zouden we u graag volgend jaar weer benaderen voor dit onderzoek, om op de hoogte te blijven van uw situatie. Zo hopen we te leren wat er goed gaat en wat nog beter kan.

In uw interview vertelt u belangrijke informatie. We nemen de interviews op, zodat de informatie kan worden uitgetypt. Dit wordt gedaan door een typist. De typist gaat vertrouwelijk met uw informatie om en vernietigt de opname na het uittypen van de interview. Verder is uw interview alleen toegankelijk voor onderzoekers van de Universiteit Utrecht, zodat deze de informatie kunnen verwerken in de eindreportage. Uw interview wordt nog door de universiteit bewaard voor de duur van dit onderzoek.

Als u vragen heeft kunt u contact met ons opnemen, of met degene van wie u deze brief ontving.

Bedankt voor uw deelname!

Nienke Boesveldt, Marcia Bochem en Marte Kuijpers

Contactgegevens
voorkomen@uu.nl
06 38 32 58 70

Appendices 5: Additional information letter supervisors

Utrecht University

Beste medewerkers,

Naar aanleiding van onderzoek in de nachtopvang in Utrecht blijkt dat 40- 50% van de bezoekers al eerder dakloos is geweest, terwijl terugval in veel gevallen mogelijk vermijdbaar was geweest. Om deze reden is de onderzoeksgroep 'voorkomen terugval' opgericht waarin de gemeente Utrecht, Universiteit Utrecht, Leger des Heils, Lister en de Tussenvoorziening samen willen optrekken om inzicht te krijgen in de factoren die samenhangen met terugval in dakloosheid. Onderzoekers van de Universiteit van Utrecht willen gedurende 5 jaar dezelfde mensen 1 keer in het jaar interviewen om inzicht te krijgen in het traject dat mensen volgen na uitstroom. Zo hopen ze inzicht te krijgen in wat er goed gaat en beter kan.

Vanaf 25 februari starten onderzoekers van de Universiteit Utrecht samen met ervaringsdeskundigen met het interviewen van cliënten die zich recentelijk hebben aangemeld bij Stadsteam Herstel en waarvan bekend is dat zij al eerder dakloos zijn geweest. Tijdens het interview zijn zij benieuwd naar eerdere ervaringen met zelfstandig wonen, de geboden hulpverlening en wat ertoe leidde dat mensen weer dakloos zijn geraakt.

Voor het onderzoek zijn we op zoek naar cliënten die:
- Zich recentelijk hebben aangemeld bij Stadsteam Herstel
- Zich al eerder hebben aangemeld bij de maatschappelijke opvang en regiobinding hadden met de gemeente Utrecht (verleden met hulpverlening en wonen in Utrecht)
- Regiobinding hebben met gemeente Utrecht (geen ongedocumenteerde cliënten)
- Ouder zijn dan 23 jaar
- Alleenstaand zijn (geen verblijf met familie in opvang)

Op locatie zijn flyers opgehangen met een uitnodiging om mee te doen met het onderzoek. Graag vragen we uw medewerking met het vinden van cliënten die mee zouden willen werken aan ons onderzoek, en hen te ondersteunen bij het aanmelden voor het onderzoek via telefoon of email. Na aanmelding ontvangen mensen een informatiebrief waarin de interview-procedure wordt uitgelegd. Om privacy te waarborgen wordt hierin uitgelegd wat er precies met de interview data zal gebeuren. We zouden u graag vragen om deze brief samen met de cliënt door te nemen.

Aanmelden kan via het e-mail adres: voorkomen@uu.nl
Of via het telefoonnummer: 06 38 32 58 70

Mocht u vragen hebben of twijfels hebben over deelname aan het interview, dan kunt u ten alle tijden contact met ons opnemen!

Met vriendelijke groet,
Nienke Boesveldt (hoofdonderzoeker), Marcia Bochem en Marte Kuijpers
Onderzoekers onderzoeksgroep Voorkomen Terugval
Universiteit Utrecht

Toelichting informatiebrief voor PB'ers

Beste persoonlijk begeleiders,

Deze brief wordt bij deelname aan het onderzoek naar jullie toegestuurd en is bedoeld voor de cliënt. Het doel van de brief is om duidelijk te maken hoe het interview zal verlopen en hoe er wordt omgegaan met de gegevens. Er is geprobeerd om de brief zo duidelijk mogelijk te maken kunnen we ons voorstellen dat deze niet voor iedereen begrijpelijk is. Daarom willen we u graag vragen om deze brief samen met hen door te nemen. Het is vooral belangrijk dat de volgende punten goed duidelijk zijn:

- Het betreft een onderzoek van 5 jaar en willen graag 1 keer per jaar een interview met de cliënten afnemen om te zien hoe hun pad verloopt. We zullen daarom vragen naar een aantal mogelijkheden om contact met hen op te nemen. Zij krijgen hiervoor elke keer een VVV bon van 10 euro.

- De interviews worden afgenomen met een onderzoekster en een   ervaringsdeskundige uit een andere gemeente. Alles wat er wordt verteld tijdens het   interview wordt vertrouwelijk behandeld en de informatie zal niet te herleiden zijn   naar de personen. Hiervoor wordt de naam geanonimiseerd.

- De geïnterviewde kan toestemming geven voor het raadplegen van informatie over de vorige woonplek bij de gemeente. Dit zal strikt vertrouwelijk worden gedaan en deze informatie zal alleen beschikbaar zijn voor onderzoekers. Contactpersonen van de cliënt bij de gemeente krijgen deze informatie niet te zien.

- Interviews worden opgenomen zodat ze kunnen worden uitgetypt. Alleen mensen die meewerken aan het onderzoek hebben toegang tot deze opname en het transcript.

- Mensen die meedoen met het onderzoek mogen te allen tijde aangeven te willen stoppen zonder dat dit consequenties heeft. Zij zullen vooralsnog de VVV bon ontvangen.

Mochten jullie vragen hebben over onderwerpen met betrekking tot privacy of andere vragen dan kunt u contact met ons opnemen via voorkomen@uu.nl of 06 38 32 58 70

Alvast vriendelijk bedankt voor uw medewerker,

Met vriendelijke groet,

Marcia Bochem en Marte Kuijpers (onderzoeksters)