
Residential Communities for Homeless People: How 'Inclusive', How 'Empowering'? A Response to 'Routes Out of Poverty and Isolation for Older Homeless People: Possible Models from Poland and the UK'

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Introduction

In her paper entitled 'Routes Out of Poverty and Isolation for Older Homeless People: Possible Models from Poland and the UK', Catherine Boswell argues that residential communities with a focus on work and meaningful occupation may offer a solution to the poverty and loneliness experienced by many older homeless people. Her review of the models employed by the Barka Foundation in Poland and Emmaus in the United Kingdom highlights a number of themes running through current debates about service provision for homeless people in the UK and elsewhere. What follows are brief reflections on some of these issues from a UK-based homelessness researcher.

Long-Term Solutions to Homelessness and Social Isolation?

As Boswell notes, responses to homelessness in the UK, as in most other developed countries, are generally founded on the assumption that independent self-contained housing should be the ultimate endpoint or 'goal' in journeys out of homelessness. This independent housing is normally obtained through periods spent in temporary or transitional accommodation, where residents develop life skills and address any other issues they are facing before being given their own tenancy. A wealth of literature highlights a number of problems with this 'linear' approach and there is a growing consensus amongst academics and practitioners alike that such provision is often poorly equipped to meet the needs of some groups (Johnsen and Teixeira, 2010).

Previous research suggests that a number of homeless people find hostels and other forms of transitional housing frightening and/or stigmatising places, especially if they are coming face to face with people involved in street culture, drug misuse and associated criminality for the first time (May et al., 2006). Similarly, a substantial body of evidence indicates that many homeless people, particularly those with complex support needs such as severe mental health or substance misuse problems, are often unable or unwilling to comply with the demands of linear models and do not exhibit the 'housing readiness' required for allocation of an independent tenancy (Kertesz et al., 2006; Sahlin, 2005). Frequent moves from one setting to another and the progressive 'tapering off' of support as service users progress towards independent living can also be highly disruptive and unsettling (Shelter, 2008).

Boswell's paper highlights an additional problem with predominant models of provision for homeless people: the social isolation commonly experienced by formerly homeless people who have been rehoused. The 'poverty of relationship' she speaks of is widely acknowledged as a key contributor to tenancy breakdown and repeat homelessness (Busch-Geertsema, 2005). It is an issue of growing concern to homelessness practitioners in the UK, many of whom are attempting to devise innovative ways to strengthen clients' social support networks and help them develop a sense of 'meaning' or 'purpose' (Lemos, 2006; The Salvation Army, 2010). These factors are increasingly viewed as pivotal in helping some individuals overcome problems such as addiction.

On the issue of isolation, however, we should be wary of assuming that all homeless people have very poor or non-existent social support networks. Toro (2007) argues that, contrary to common stereotypes, most homeless people, including single adults, are actually in regular contact with their family. These relationships may be seriously jeopardised by issues such as drug or alcohol abuse, but one should not presume that family members will be unwilling to re-establish relations if and when such problems are addressed, or indeed that they do not continue to support family

members throughout periods of severe addiction, for example. There is certainly credibility in the argument that vulnerable individuals benefit from withdrawal from social networks that have a negative influence on their well-being (former drug-using peers are an obvious example). One should not, however, presume that the creation of 'new' social support networks is necessarily the most appropriate intervention, as assisting people to rebuild relationships with estranged family and friends may arguably present a more 'natural' counter to isolation.

Another theme highlighted in Boswell's paper that echoes ongoing debates relates to the long-term economic prospects of rehoused 'single' (non-statutory) homeless people, especially those with ongoing support needs. A number of academics have pointed out that even after being provided with long-term settled accommodation, many have little realistic prospect of (re)gaining economic independence. As Busch-Geertsema (2005, p.221) notes, 'relative integration' and 'relative autonomy' may be all that is realistically achievable for those who in all likelihood will remain excluded from 'normal' employment in the labour market and continue to struggle with restricted resources, not least because of health problems, addiction or advanced age. Boswell notes that employment prospects for older homeless people are especially limited, given that training programmes for homeless people tend to target those at the younger end of the age spectrum. The standard process of resettlement and reintegration into mainstream society can thus, as Boswell notes, leave formerly homeless people 'impoverished' socially and financially.

On the face of it, it seems that residential communities of the types operated by Emmaus and Barka have the potential to avoid some of the pitfalls of mainstream provision for homeless people. They offer long-term housing options that are not subject to limitations on length of stay. This characteristic can lend valuable stability at a time of personal crisis. Residential communities also offer a means of addressing the social isolation or 'poverty of relationships' described above via communal living arrangements. Moreover, by 'giving homeless people a bed and a reason to get out of it' (see Boswell, this volume) such communities also offer the potential of fostering a sense of meaning or purpose through active involvement in social enterprises.

Boswell notes that Emmaus's and Barka's departures from dominant models of support are artefacts of their ethos, with both organisations emphasising social inclusion through work, together with notions of 'solidarity' and mutual support. Previous research has shown that organisational ethos does indeed have a significant influence on the form of service provision, but that this is often interpreted differently by individual staff members and/or may be experienced in variable ways by service users (Cloke et al., 2005 and 2007; see also Johnsen with Fitzpatrick, 2009).

Interestingly, Boswell also reports that whilst Emmaus and Barka both deliberately blur boundaries between 'staff' and 'residents', the two organisations hold very different views with respect to whether personal experience of trauma accords individuals greater legitimacy in encouraging lifestyle change in others. According to Boswell, Barka believes that only those who have experienced disruption and exclusion can legitimately persuade others to change; Emmaus, in contrast, does not assume there is any intrinsic value in having experienced homelessness or addiction, for example. This issue is highly pertinent in the current context, given some UK agencies' promotion of the employment of former service users as paid support workers (Ireland, 2010) and the endorsement of this practice at central government level (CLG, 2009).

Further research is needed to clarify what, if any, influence shared biographies have on client engagement and/or willingness to change. Similarly, it would be illuminating to explore the impact of the recruitment of former service users in a professional capacity on the power dynamics amongst and between staff and service users, as these relationships have a significant influence on service user experiences (Cloke et al., 2010).

How 'Inclusive'? How 'Empowering'?

Boswell notes that the rhetoric and philosophy of social inclusion and solidarity are central to the ethos of both Barka and Emmaus. One cannot help but wonder, however, just how inclusive such residential communities are able to be in practice, given evidence from previous research that those services which aim to be 'most' inclusive by operating open-door, 'no questions asked' policies often end up inadvertently excluding particular groups (e.g. young people, women or ethnic minorities) simply because these individuals are fearful of encountering the other clientele and cultures within (Johnsen et al., 2005). Residential communities may indeed offer a potential 'home' for individuals who are reluctant to use mainstream accommodation for homeless people, but the fact that community membership tends to consist almost exclusively of older White men (see Boswell, this volume) is in and of itself symptomatic of residential self-selection or exclusivity.

Boswell provides little detail about the communities' member recruitment procedures, but it would seem that existing members reserve the right to veto potential applicants. Significantly, community members must be willing to comply with structured timetables, abstain from drugs or alcohol, forego receipt of income-related welfare benefits and participate in work (insofar as they are physically able). Thus, the residential community model will not suit everyone and is poorly equipped to cater for those with high support needs, as Boswell acknowledges. Indeed, inclusiveness

and solidarity are not readily compatible concepts. Appositely, a homeless man once told me that many homelessness projects are very good at welcoming and including service users, but 'only if your face fits' (i.e. when users meet eligibility criteria and are willing to comply with behavioural and lifestyle requirements).

Residential communities tend to make a great deal of the fact that they aim to be economically self-sufficient and empower members to (re)gain financial and residential independence, or, as a recent economic evaluation of an Emmaus village in the UK puts it, to 'enable Emmaus Companions to get their life back together and move on to independent living' (Clarke et al., 2008, p.4). However, there does not appear to have been any robust evaluation to date of the extent to which residential communities actually achieve this aim. We are left with several important, yet unanswered, questions. How many community members make planned moves from residential communities? Where do they move to? What proportion successfully sustain their new accommodation? How many obtain paid work with a salary sufficient to sustain a decent standard of living?

Furthermore, it is conceivable that membership of such a community could potentially foster dependence or at least impede an individual's journey towards independence. What is the likelihood of community residents achieving financial autonomy, for example, when social enterprise earnings are typically reinvested in the community and individual members receive only minimal 'pocket money', if anything? How well placed are residential communities to cultivate the skills required for the 'normal' labour force where collegial relationships and work cultures are very different? Residential communities do appear to foster self-sufficiency at the organisational level, but to what extent is this translated to community members at the individual level?

There is also the further uncomfortable, yet unavoidable, question of the extent to which residential communities, located as they often are in isolated rural communities, might potentially act as 'ghettoes'. The community integration activities described by Boswell may well mitigate this, but it is by no means clear how extensive such practices are. Is there a risk, as Debski (in this volume) asks in the accompanying response, that residential communities might serve as 'another stage of exclusion for those who have already been excluded from... society?' Further research is clearly needed to determine how successful residential communities are in meeting their aim of fostering independence and in mitigating social exclusion and stigma.

Conclusion

Boswell's paper highlights the substantial potential for residential communities to combat the social isolation all too frequently experienced by homeless and formerly homeless people. I doubt I am alone in having heard many claims that they offer a valuable alternative to standard provision for some individuals. Existing evidence suggests that residential communities hold a certain appeal for a number of homeless people without high support needs, particularly older men. Advocates of such communities might, however, be wise to exercise caution before endorsing the model as an effective means of empowering homeless people and fostering their economic independence until the evidence base relating to these outcomes is more comprehensive.

In strengthening such an evidence base, further research might valuably explore the characteristics of community members – most notably the extent and nature of their support needs – as well as their reasons for choosing residential communities over mainstream provision. Specifically, where exactly on the support needs spectrum do they fall if their needs are not so great that they cannot cope with the demands and structure of community life (or that leaders/staff are ill equipped to support them), nor so low that they are unable or unwilling to live independently in 'normal' housing? Moreover, additional research should examine the extent to which residential communities foster independence versus dependence, integrate members into wider society vis-à-vis lead to ghettoisation, and/or mitigate the stigma commonly associated with homelessness.

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