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Comparing Evaluation of Homelessness in the United States and the European Union

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Abstract

Homelessness as a political and social dominion has a number of features that make it particularly illustrative for a conference focusing evaluation and especially the design of evaluations. In addition to being a wicked problem, homelessness offers several analytical avenues. How do these characteristics affect the evaluation of programs and projects aspiring to combat homelessness? Dissimilar pictures and solutions regarding homelessness in the US and in EU countries will likely affect recommendations given as a result of performed evaluations. For this study, the empirical base is a sample of the most cited evaluations of homelessness programs published in professional journals between 1996 and 2010. Most of these evaluations are from the US. These US evaluations more often use large-scale national programs and quantitative methods, whereas EU evaluations more often use smaller sample sizes and qualitative methods. In the US and the EU, evaluations of homelessness programs seldom use analytical approaches.

Introduction

Wicked problems are highly resistant, interdependent, difficult to define, and often multi-causal (APS 2007). Homelessness is such a problem as it resists current solutions and simultaneously engages various public sectors, organizations, agencies, and levels. This study attempts to understand how this complexity affects the way homelessness programs are evaluated. Variations in evaluation methods occur depending on what stakeholders and evaluators value. In this paper, I suggest that studying evaluations from two welfare regions – the US and the EU – will contribute to our understanding of homelessness, homelessness intervention programs, and methods that evaluate these programs. Knowledge about the interaction between problems, evaluation methods, and regimes of the welfare state is limited. Disparate pictures and solutions regarding homelessness in the US and in EU countries will likely affect recommendations given as a result of evaluations.

How evaluation addresses these challenges is of great relevance to the evaluation society in general. I suggest that the field of homelessness gives us an opportunity to compare the methodologies, strategies, and assessment criteria used by US and EU evaluators. This comparative approach, I contend, provides significant and useful information about how evaluation methods work in terms of culturally specific values. In terms of cogency, a comparative approach of analyses and criteria variations between evaluators from the US and in the EU countries is significant. To date, few evaluation studies have examined how methods are linked to values and criteria and the extent to which evaluators on both sides of the Atlantic apply criteria.

By using bibliometric indicators this paper assess objectives, criteria, methods, and values in evaluation. The empirical base is a sample of the most cited evaluations of homelessness programs and interventions in the US and the EU published in professional journals between 1996 and 2010. However, this paper does not provide a meta-analysis of the evaluation research of homelessness in those regions. Recently, Scandinavian researchers are conducting a Campbell Collaboration review to
assess the effectiveness of housing programs and case management (Anttila et al. 2009). Unlike the Campell Collaboration Study, this study uses a methodology that focuses on attention and impact irrespective of where the articles are cited: the more attention in the field. No analysis is being made of where the articles are cited. The article focuses their origin.

First, I will discuss homelessness as a problem and our knowledge of how evaluators work, especially in the welfare regimes of the EU and the US. Next, I will examine the empirical material. Finally, I will present my conclusions and suggestions for further research.

The Homelessness Problem

Homelessness as a political and social dominion has a number of features that make it particularly illustrative for a conference that tries to grasp the Scandinavian or at least the specific European evaluation-design. In addition to being a wicked problem, homelessness offers several analytical avenues. The homelessness problem is studied on different levels depending on what ontological models (structural and/or individualistic) are used or on what pathways into and out of homelessness are examined; however, there is a substantial lack of consensus on definitions and the ways in which homelessness should be fought (Busch-Geertsema et al. 2010).

By 1973, Rittel and Webber argued that some problems could not be handled successfully with the support of traditional rational methods: “For wicked planning problems, there are no true or false answers. [...] Their assessments of proposed solutions are expressed as "good" or "bad" or, more likely, as "better or worse" or "satisfying" or "good enough" (1973: 163). A wicked problem appears at different levels in society. When evaluating a wicked problem, many actors and stakeholders should be included, a strategy that results in many answers to many problems. By 2008, a Danish researcher had identified many actors associated with the fight against homelessness (Villadsen 2008). Today, the classic northern European welfare state, with its comprehensive system of public services, is no longer the favored paradigm. Instead, researchers are now looking at the complexity of multiple actors and their different identities, logics, and values. Understanding this type of complexity, a well-known phenomenon in evaluation research, provides researchers new ways to design evaluations (Rogers 2008).

Table 1. Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>What is the problem?</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global and national level - Macro</td>
<td>Social and economic factors such as employment, housing conditions, and poverty</td>
<td>Structural interventions such as housing, drug treatment, legislation, or national guidelines with an overall ambition to affect welfare systems</td>
</tr>
<tr>
<td>Organizational level - Meso</td>
<td>A complex interplay of organizations and policy-fields</td>
<td>Implementation of interventions and programmes in a local context</td>
</tr>
<tr>
<td>Individual level - Micro</td>
<td>Individual pathology; health- and drug-related problems; family problems</td>
<td>The meeting between welfare actors (professionals) and individual clients and users – individually provided support</td>
</tr>
</tbody>
</table>

Homelessness and its associated phenomena are defined in many ways, a situation that makes it difficult to evaluate even though many attempts at standardizing terminology have been made. For example, there is no consensus about who is homeless and who is entitled to receive support. Although explanations of the problem have varied over time, recent research defines homelessness as “a dynamic interaction between individual characteristics and actions and structural change” (Busch-Geertsema et al. 2010:3). Homeless persons are a heterogeneous group with different ways into and out of homelessness. In addition, homelessness is a complex interplay of age, sex, and ethnicity. Supported housing programs with case managers and/or Assertive Community Treatment (ACT) programs have shown to be effective even for homeless people with serious mental illness or drug-related problems (Tsemberis 1999; Killaspy 2006). These promising programs depend on the availability of housing facilities, trained professionals, and flexible services. Generous welfare regimes...
aimed at promoting social inclusion and support for citizens protect against homelessness and provide effective exits from homelessness. Recent research has shown that institutionalized solutions such as the use of hostels and staircases have limited effect on homelessness and might worsen the problem (Sahlin 2005).

**Welfare Regimes in the EU and the US**

If the solution to homelessness is as simple as building and providing reasonable housing, why do we still have homelessness? Social policy identifies divergent policy approaches resting on distinct political ideologies embedded in different solutions of national housing systems. Stephens and Fitzpatrick argue that “housing outcomes – including the scale and nature of homelessness – are likely to be strongly influenced by the levels of poverty and inequality that are produced by welfare regimes, the housing system, both in terms of the operation of the housing market and policy interventions, is capable of either reinforcing or counterbalancing the influence of welfare regimes” (2007:210). Countries whose welfare systems provide low levels of poverty and inequality tend to have lower levels of homelessness, whereas those with a higher proportion of homeless people tend to have individual needs related to substance abuse or mental illness.

The typology of the Danish researcher Esping-Andersen has been widely used to demonstrate how welfare regimes correlate with social expenditure and poverty (1990). He has identified several types of welfare regimes: liberal countries (market-oriented countries such as the UK and Ireland); social democratic countries (redistributive countries such as the Scandinavian countries); corporatist countries (mediator countries such as Germany, Austria, and France); Mediterranean countries (family-oriented countries such as Spain and Italy); post-socialist conservative countries (provisional protection countries such as the central European countries); and post-socialist liberal countries (flexible countries such as the Baltic countries).

**Table 2: Dimensions of welfare regimes**

<table>
<thead>
<tr>
<th>Typology</th>
<th>Gross public social expenditure 2005 € million</th>
<th>Net total social expenditure 2005 € million</th>
<th>Prison population per 100,000 inhabitant s 2008</th>
<th>Rate of entries of penal institutions per 100,000 inhabitants, 2007</th>
<th>Percentage at risk of poverty after social transfers, 2008</th>
<th>Percentage of population living in subsidized or rent-free accommodation</th>
<th>Percentage of bottom income quintile living in subsidized or rent-free accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberal</td>
<td>12</td>
<td>27</td>
<td>119</td>
<td>419</td>
<td>18</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>Social democratic</td>
<td>30</td>
<td>25</td>
<td>69</td>
<td>243</td>
<td>12</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Corporatist</td>
<td>29</td>
<td>28</td>
<td>105</td>
<td>188</td>
<td>13</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Mediterranean</td>
<td>23</td>
<td>18</td>
<td>119</td>
<td>138</td>
<td>18</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Post-socialist conservative</td>
<td>22</td>
<td>19</td>
<td>157</td>
<td>169</td>
<td>12</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Post-socialist liberal</td>
<td>13</td>
<td>n/a</td>
<td>263</td>
<td>172</td>
<td>22</td>
<td>9</td>
<td>17</td>
</tr>
</tbody>
</table>

*Source: Busch-Geertsema et al. 2010*

Homelessness affects national strategies, problem definitions, and solutions. In 2000, the EU launched a charter in Lisbon and formulated a goal that EU should be the most competitive region in the world. The reduction of poverty became a primary means of attaining this goal and 2010 was designated the European year against poverty, but, as Table 2 demonstrates, the
considerable variations within the EU countries make implementing a unified policy challenging (Johansson 2010).

In the US, the total number of homeless persons (sheltered and unsheltered) reported on a single night in January 2006 was 759,101 (HUD 2007). In Europe, the total number of homeless persons in 2004 was also been determined by country: Germany had 21,000 homeless; Ireland 2,900; England 206,000; Scotland 12,500; Finland 11,000; Norway 5,500; and Sweden 8,440 (Anttila et al. 2008). It is, however, difficult to measure and to compare homelessness between countries due to methodological difficulties, especially disagreements of what constitutes homelessness.

In a comparison of the homelessness research in the US and Britain, Fitzpatrick and Christian suggest that “divergent explanations of homelessness in the US and Britain may reflect ‘real’ differences in the nature of homelessness in the two countries, rooted in their contrasting social and economic contexts” (2006:313). They conclude that homelessness in the US and in Britain differ because the context differs. In the US, homeless people exit homelessness relatively fast (80%) (with the exception of chronic homeless) compared to EU where homelessness is less broad (Busch-Geertsema et al. 2010). Fitzpatrick and Christie use a quantitative and longitudinal approach, whereas EU researchers use qualitative methods associated with the social sciences. In the US, qualitative research is much less used to investigate homelessness (Fitzpatrick & Christian 2006), but, according to Fitzpatrick and Christie, there is a need for more theory-guided research on homelessness in both the EU and the US.
As the figure above demonstrates, European and US welfare regimes are different with respect to levels of poverty, inequality in disposable income, and employment rates of both women and men.

Methods

I used two databases–Web of Knowledge (WoK) and Scopus–to gather data. Their pros and cons are discussed by Moed (2008) and according to his analysis they cover somewhat different journals. In both databases, similar searches were made using the search phrase "homeless* and evaluation." Several databases are included in the Web of Knowledge database: CAB, BIOSIS, Web of Science, Zoological Records, and Journal Citation Report. These searches produced the 100 most cited scientific works between 1996 and 2010. Search strategies included "homeless* and evaluation" in abstracts, key-words lists, and titles. Query no. 1 was conducted with all search options open and selected. That meant that all evaluation studies, including studies with a medical focus, were noted.
The WoK database produced the following top five cited articles:

2. Title: A Randomized Trial of Assertive Community Treatment for Homeless Persons with Severe Mental Illness. Lehman AF; Dixon LB; Kernan E; et al. ARCHIVES OF GENERAL PSYCHIATRY 1997: 54(11) p.1038-1043.

Evaluations with a medical focus dominate the cited research. In query no. 2, search criteria were adjusted to search for “social sciences” and purely medical supplies were excluded. Next, only articles 2 and 4 above remained. Article 4 was written by a team of researchers from Canada. Since the topic was to gather articles from social sciences, the medical articles (1, 3, and 5) were excluded. However, the search strategy had to include medical journals to avoid an overly narrow interpretation as evaluators seem to publicize their findings in medical journals.

Web of Knowledge and its database Web of Science is produced by the large American firm Institute for Scientific Information (ISI), which actually consists of three major international databases containing article references from international scientific journals:

- Arts & Humanities Citation Index - AHCI (Arts magazine articles);
- Social Sciences Citation Index - SSCI (social science journal articles); and
- Science Citation Index - SCI (scientific / technical / medical journal articles).

In the extensive database SCI, some evaluations are not presented in the social sciences citation index. The Social Sciences Citation Index includes approximately 2 700 journals in psychology and other social science fields.

Scopus, a recent database, contains abstracts and articles from 19 000 journals. Scopus was searched using the same search strategies used to search WoK: two searches were conducted of which the last one focused on the social sciences and the humanities.

In this way, I have obtained four lists that were grouped according to researchers from the US or the current EU and non-medical studies. Selections were evaluated for their relevance to the homelessness field. Research for example, on homeless capital or the risk of homelessness due to land erosion were excluded. In the two tables presented below, the ten most cited evaluations in WOK and Scopus are included, and the database with the most citations was chosen. The first table presents the ten most cited evaluations from evaluators within the EU, the second from the US. Articles published between 1996 and 2010 were chosen to ensure sufficient time had passed to give the articles an opportunity to be cited. Digital information
would have been harder to obtain if a longer time-span were used. All the identified articles were either downloaded or obtained through libraries.

The tables present information about the authors, the publications, the number of citations, the object of the evaluation, and the article’s level (macro, meso, or micro. In addition, the table includes methods used, criteria of judgment, and statements of the evaluators that indicate their values. The results are briefly presented and complementary information is provided about the methodology of the evaluation especially the way the evaluation deals with theory as a means of explaining the results.

I am well aware of the recent debate of the potentialities and limitations of the use of bibliometric indicators in research evaluation (Moed 2008). My intention is not to dig deeper into this debate. Instead when starting this paper, I was curious to see how far the use of citation analysis would take us. Would it be possible to use those tools in a comparative approach in the field of homelessness?
The ten most cited evaluation presented by evaluators from the EU countries.

<table>
<thead>
<tr>
<th>Database</th>
<th>Author</th>
<th>Title</th>
<th>Source</th>
<th>Year, number of citations</th>
<th>Objective</th>
<th>Level</th>
<th>Methods</th>
<th>Criteria/value</th>
<th>Results</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scopus</td>
<td>Killaspy, H. et al. UK</td>
<td>The REACT study</td>
<td>British Medical Journal</td>
<td>2006 79</td>
<td>Intervention. Comparison of ACT teams community health teams</td>
<td>Meso</td>
<td>Non-blind randomised controlled trial. Interviews and data on inpatient bed use.</td>
<td>Ethical issues</td>
<td>No significant differences</td>
<td>Baseline-data and follow-up. Theory yes but not for explanation</td>
</tr>
<tr>
<td>Scopus</td>
<td>Leff J. et al. UK</td>
<td>Team for the assessment of psychiatric services (TAPS)</td>
<td>American Journal of Psychiatry</td>
<td>1966 64</td>
<td>Policy of closing psychiatric hospitals and replacing their functions with community- based services</td>
<td>Meso</td>
<td>Patients in two hospitals assessed with schedules and reassessed after one year</td>
<td>Eight areas were assessed with different instruments</td>
<td>If resources are reinvested in community services, few problems occur</td>
<td>Random assignment not possible. No theory attached</td>
</tr>
<tr>
<td>Scopus</td>
<td>March, J. et al. Spain</td>
<td>Drugs and social exclusion in ten European cities</td>
<td>European Addiction Research</td>
<td>2005 29</td>
<td>Describe social characteristics among socially excluded drug users in ten cities from nine European countries</td>
<td>Macro</td>
<td>Cross-sectional survey, face-to-face questionnaires (N = 1 879)</td>
<td>Survey conducted by organizations providing assistance. Interviewers ex-drug users</td>
<td>Social exclusion is a complex process that compounds problem with drug misuse</td>
<td>Multivariate logistic regression No theory</td>
</tr>
<tr>
<td>WoK</td>
<td>Tischler, V. et al. UK</td>
<td>Evaluation of a mental health outreach service for homeless families</td>
<td>Archives on disease in childhood</td>
<td>2002 12</td>
<td>Intervention. Impact of mental health outreach service for homeless families (MHOS)</td>
<td>Meso</td>
<td>Quasi-experimental design with 23 families receiving MHOS and 31 families residing in other hostels</td>
<td>Based on findings of earlier studies by authors engaged in improving services</td>
<td>Positive impact on a range of child mental health problems</td>
<td>Mann–Whitney nonparametric Test No theory</td>
</tr>
<tr>
<td>WoK</td>
<td>Lester H.E., Pattison, H.M. UK</td>
<td>Development and validation of the attitudes towards the homeless questionnaire</td>
<td>Medical education</td>
<td>2000 10</td>
<td>Evaluation of an instrument. Validation of a questionnaire to measure medical students' attitudes towards the homeless.</td>
<td>Meso</td>
<td>Attitudes Towards the Homeless. Questionnaire developed using views of 370 medical students</td>
<td>Authors want to improve the medical students' ability to help homeless patients</td>
<td>Instrument appeared to be a valid, reliable, and capable</td>
<td>Pearson test - retest and Cronbach's alpha No theory</td>
</tr>
<tr>
<td>WoK</td>
<td>Neale J. Kennedy, C. UK</td>
<td>Good practice towards homeless drug users: research evidence from Scotland</td>
<td>Health &amp; social care in the community</td>
<td>2002 10</td>
<td>Every-day practice. How to provide support to homeless drug users</td>
<td>Micro</td>
<td>Six case study agencies with semi-structured interviews, 12 with staff and 36 with clients</td>
<td>Extend understanding of how best to provide support to homeless drug users</td>
<td>Good practice less a function of 'what' than 'how' and 'why' it works</td>
<td>Strengthening 'consumer choice' into the field of homelessness. Theory applied</td>
</tr>
<tr>
<td>WoK</td>
<td>Smit F et al. Netherlands</td>
<td>Estimating the number of people eligible for health</td>
<td>Evaluation and program planning</td>
<td>2002 10</td>
<td>Instrument, if truncated Pisson (IP) can be used to estimate the size of a potential clientele</td>
<td>Meso</td>
<td>Two estimators to check the potential clients making use of a facilitator for homeless people</td>
<td>Potential to estimate clients for a single service provider</td>
<td>Advantages are discussed as well as problems</td>
<td>No theory</td>
</tr>
<tr>
<td>Database</td>
<td>Author</td>
<td>Title</td>
<td>Source</td>
<td>Year, Number of citations</td>
<td>Objective</td>
<td>Level</td>
<td>Methods</td>
<td>Criteria/value</td>
<td>Results</td>
<td>Other</td>
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</tr>
<tr>
<td>Scopus</td>
<td>Tsemberis, S. et al.</td>
<td>Housing First</td>
<td>American Journal of Public Health</td>
<td>2004, 156</td>
<td>Program. Compare the effectiveness of the Housing First model with other programs</td>
<td>Meso</td>
<td>RCT, 225 clients in two groups, baseline interviews and follow ups after 6, 12, 18, and 24 months</td>
<td>Program based on the belief that housing is a basic right and on a theoretical foundation that includes psychiatric rehabilitation and values of consumer choice</td>
<td>Participants were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms</td>
<td>Experimental design. Author engaged in building the program. No theory</td>
</tr>
<tr>
<td>Scopus</td>
<td>Lehman, A.F. et al.</td>
<td>A randomized trial of assertive community treatment</td>
<td>Archives of General Psychiatry</td>
<td>1997, 137</td>
<td>Intervention. Effectiveness of ACT for homeless persons with severe and persistent mental illness</td>
<td>Meso</td>
<td>RCT, 152 homeless persons, structured clinical interviews, 6- and 12-months follow-ups</td>
<td>Lack of studies on ACT for homeless persons</td>
<td>Homeless persons taking part of the ACT-program were better off in most regards than the comparison subjects</td>
<td>Experimental design. No theory</td>
</tr>
<tr>
<td>Scopus</td>
<td>Mueser, K.T. et al.</td>
<td>Psychometric evaluation of trauma and</td>
<td>Psychological Assessment</td>
<td>2001, 97</td>
<td>Instrument, examination of the psychometric characteristics of three</td>
<td>Meso</td>
<td>30 psychiatric outpatients with severe mental illness were randomly selected and</td>
<td>Trauma is correlated with homelessness,</td>
<td>The results support the reliability of trauma and PTSD</td>
<td>No theory</td>
</tr>
</tbody>
</table>

The ten most cited evaluation presented by evaluators from the US
<table>
<thead>
<tr>
<th>Platform</th>
<th>First author</th>
<th>Title</th>
<th>Journal</th>
<th>Year</th>
<th>Abstract</th>
<th>Key findings</th>
<th>Theory added</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scopus</td>
<td>Moos, R.H. et al.</td>
<td>A comparative evaluation of substance abuse treatment</td>
<td>Alcoholism: Clinical And Experimental Research Volume: 23 Issue: 3,529-536</td>
<td>1999</td>
<td>Every-day program. Effectiveness of an index episode of inpatient treatment and continuing outpatient care and participation in self-help groups</td>
<td>Naturalistic, multisite evaluation, 3018 patients from 15 VA programs, follow-up after 13 months</td>
<td>No theory</td>
</tr>
<tr>
<td>Scopus</td>
<td>Randolph, F. et al.</td>
<td>Creating integrated service systems for homeless persons with mental illness</td>
<td>Psychiatric Services</td>
<td>1997</td>
<td>National program ACCESS a demonstration program to end homelessness among persons with serious mental illness</td>
<td>Multi-site, quasi-experimental design, nine states, in each an experimental and a comparison</td>
<td>No theory</td>
</tr>
<tr>
<td>WoK</td>
<td>Aidala, A. et al.</td>
<td>Housing status and HIV risk behaviors</td>
<td>AIDS and Behavior</td>
<td>2005</td>
<td>National program, housing as a contextual factor affecting drug and sexual risk behaviours among HIV positive people</td>
<td>Secondary analysis, multi-site, follow up after 6-9 months, comparison depending on housing conditions</td>
<td>No theory</td>
</tr>
<tr>
<td>Scopus</td>
<td>Rosenheck, R., Lam, J.A.</td>
<td>Homeless mentally ill clients' and</td>
<td>Psychiatric Services</td>
<td>1997</td>
<td>National program. Clients' and providers' perceptions of clients’</td>
<td>1,482 clients were contacted given an interview at the entry of the program. The clients and</td>
<td>No theory</td>
</tr>
</tbody>
</table>
| WoK | Rosenheck R. et al. | Cost-effectiveness of supported housing for homeless persons with mental illness | Archives of General Psychiatry | 2003 | Evaluation of a an intervention; supported Housing (HUD-VASH) | Meso | 469 homeless veterans were randomly assigned to 1 of 3 groups, 3-year follow-up | Discussion whether setting aside housing resources is either necessary or sufficient for facilitating exit from homelessness | Supported housing for homeless people with mental illness results in superior housing outcomes | Experimental design | No theory | 11
Conclusions

The five most cited evaluations are all conducted by researchers from the US with a median of 85 citations from the US evaluations and only ten from the EU evaluations.

Table 5. Quartile and Median

<table>
<thead>
<tr>
<th>Quartile</th>
<th>EU</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quartile</td>
<td>0 (156, 137, 97, 93, 85)</td>
<td>2 (79, 64)</td>
</tr>
<tr>
<td>2nd Quartile</td>
<td>3 (29, 12, 10)</td>
<td>2 (62, 61)</td>
</tr>
<tr>
<td>3rd Quartile</td>
<td>4 (10, 10, 6, 6, 3)</td>
<td>0</td>
</tr>
</tbody>
</table>

The high domination of evaluation research from the US turns out to be somewhat surprising, especially because the umbrella organization FEANTSA with a consultative status to the council of Europe was founded in 1989. FEANTSA is a European non-governmental organization with more than 100 member organizations and works to prevent and alleviate the poverty and social exclusion of people threatened by or living with homelessness (www.feantsa.org). Although FEANTSA researches issues associated with homelessness, none of its publications are included in the top ten cited studies.

The same basic organization does not exist in the US. In the US intense attention is focused on the national level resulting in extensive research. This focus and the large number of papers obviously impact dissemination. Evaluations conducted in the US are more often directed at national programs such as the ACCESS program and the researchers work with large multi-site studies. No explicit tradition was found in evaluators from the EU countries. In addition, EU studies used rather small samples and no multi-site experiments.

Only two of the highly cited European evaluations have been conducted using RCT or a quasi-experimental design. By comparison, four out of ten US studies used an experimental design. We found evaluations of research and of instruments in both the US and the EU.

European evaluators more often used qualitative methods than researchers from the US. This could also reflect a bias in the findings since we only looked for evaluations that were highly cited. That is, qualitative articles might be less interesting to their readers. Among the more innovative methods in use is the March et al. study (2005) from Spain. In this study, researchers hired sex workers, outreach workers, and recovered drug users to interview drug users in their “home” environment.

One limitation of this study is its small sample size; a larger sample is more desirable. It is indeed surprising that among the top ten European citations are articles that have only been cited three times. It is also possible that the search strategy of focusing on “evaluation” as a criterion might have excluded findings where the authors had not emphasized evaluation even though such studies would have been included in our study.

The results confirm Fitzpatrick and Christian’s findings. They focused on the overall research on homelessness in the US and Britain whereas I have concentrated on evaluation research.
and to what extent the reports is cited. A further analysis of the citing journals would have
deepened our understanding about the dissemination of articles related to evaluation.

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homelessness and increasing residential stability for homeless people*. Campbell
Collaboration, protocol.

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