

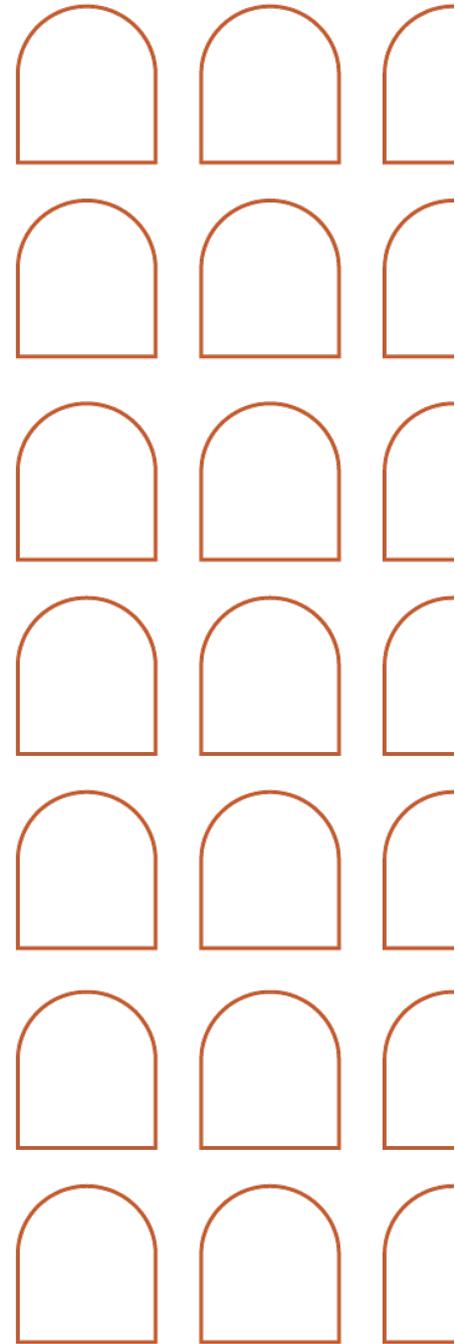
STG Policy Papers

POLICY ANALYSIS

**CAN GLOBAL REFUGEE
RESETTLEMENT PRACTICE LEARN
FROM HOUSING FIRST?
HOW A U.S. HOUSING PROGRAMME TRANSFORMED
HOMELESSNESS AND THE LESSONS IT HOLDS FOR
REFUGEE POLICY**

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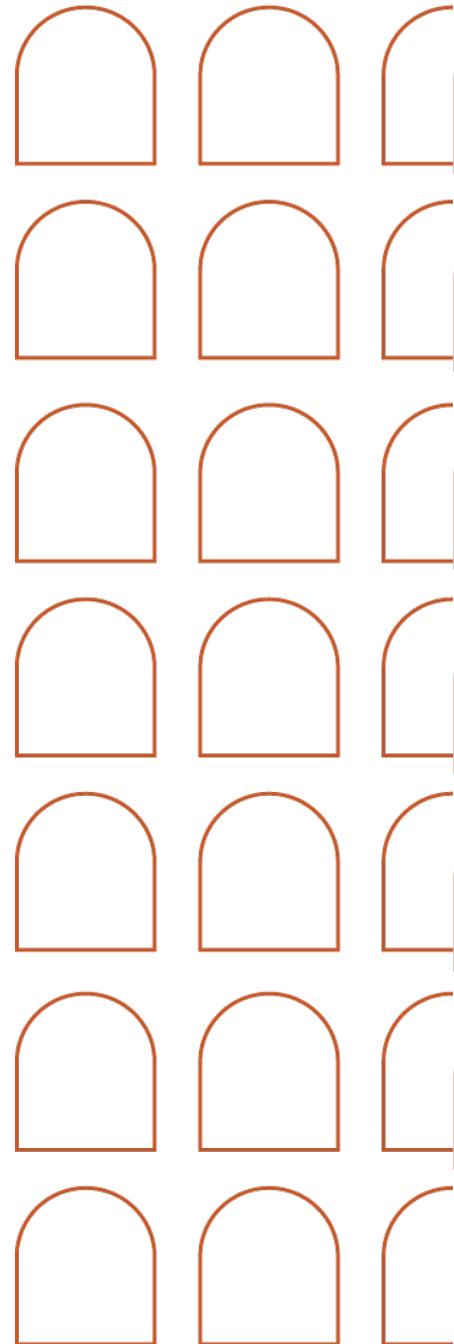


ABSTRACT

The number of refugees has doubled since 2010 and now exceeds 26 million worldwide. However, United Nations High Commissioner for Refugees (UNHCR) continues to promote the same three durable solutions—repatriation, integration, and resettlement. Refugee policy needs rapid innovation and drastic change. Solutions could lie in other policy initiatives such as those aimed at combating homelessness. Two decades ago, homeless service leaders in the U.S. proposed something seemingly radical: they could *end* homelessness. They implemented Housing First, a model that eventually transformed the entire system and changed how policymakers and practitioners respond to the problem. In order to identify opportunities to make large-scale systemic change in refugee policy, this case study conducts a comparative analysis and explores lessons that refugee policy can learn from the implementation of the Housing First model on homelessness in the United States. Key findings suggest that to be effective, refugee governance will have to transform rapidly along three pathways: refining a strategy, increasing investments, and implementing novel practices.

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EXECUTIVE SUMMARY

What? The number of refugees has doubled since 2010 and now exceeds [26 million worldwide](#). However, UNHCR continues to promote the same three durable solutions—repatriation, integration, and resettlement—which leaves close to 80% of the world’s refugees displaced between five to 20 years. At the current rate it will take 18 years just to meet today’s refugee resettlement needs.

So what? Refugee policy needs rapid innovation and drastic change. Solutions could lie in other policy initiatives such as those aimed at combating homelessness. Two decades ago, homeless service leaders in the U.S. proposed something seemingly radical: they could end homelessness. They implemented Housing First, a model that changed the order of services, slashed rates of chronic homelessness, and was cost effective. It eventually transformed the entire system, changing how policymakers and practitioners respond to the problem.

What next? To be effective, refugee governance will have to transform rapidly along three pathways:

- 1. Refine a strategy:** Policymakers need to accept the limitations inherent in the current solutions; increase efforts to find new ones by empowering refugees themselves to identify them; define what is and is not in its scope to solve; and clearly determine how success looks like.
- 2. Increase investments:** Investments need to be made in services to reduce the harm that refugees experience while waiting for a solution, by passing laws not Compacts to increase refugee protection, and by preparing for future refugee crises.
- 3. Implement novel practices:** An independent body should coordinate the fields’ strategy and implementation on key initiatives. Further, there should be an up-to-date list of the 1.4 million refugees who need to be resettled, in order to identify unique solutions, monitor progress, and focus limited resources.

1. INTRODUCTION

1.1. Refugee crisis need different solutions

The number of refugees has doubled since 2010, and now exceeds [26 million worldwide](#). There has been an increased international commitment to solving the refugee crisis, most notably the 2018 [Global Compact on Refugees](#) (Compact), which declares international values, goals, and initiatives to improve the situation. Yet, the field still relies on the same [three solutions](#) to address the problem which leaves close to 80% of the world's refugees displaced between [five to 20 years](#). Further, while only a fraction of refugees are even identified for resettlement, at the current rate it will take [18 years](#) just to meet today's refugee resettlement needs. 'Solutions' that address less than a quarter of the problem need more than joint international statements or initiatives with incremental goals. Refugee resettlement needs large-scale change.

Two decades ago, homeless service leaders in the United States proposed something seemingly radical: they could end homelessness. They implemented Housing First (HF), a model that changed the order of services and slashed [rates of chronic homelessness](#). Even more, the model proved to be [cost effective](#). From an innovative service model, it developed into a nationwide system, complete with strategy, data, policies, funding, and multiple levels of coordination.¹ The HF approach has also been experimented with internationally, being used in Canada, Australia, and various European countries. In contrast, refugee resettlement over the past two decades has seen ever worsening numbers while still promoting the same strategies to solve them.

Given homelessness' intrinsic similarities to refugee resettlement and the speed at which the field developed as a result of HF, it may supply lessons for improving the response to the global refugee crisis. To identify these

UNHCR'S THREE DURABLE SOLUTIONS

- 1. Repatriation: return refugees to their country of origin once conflict ends**
- 2. Integration: Integrate refugees into the initial country to which they fled (country of first asylum).**
- 3. Resettlement: Relocate refugees to another country, which has agreed to accept, protect, and provide services to them (third-country placement).**

1.2. Homelessness holds clues to the change that refugee resettlement needs

Parallels between homelessness and refugee resettlement abound: individuals experience pronounced trauma that dislodges them from their homes; they experience further trauma waiting in temporary situations; there are not enough places for them to settle long term; many feel sympathetic, but long-lasting solutions are rare.

The two fields diverge however in the rate and magnitude with which they have developed.

opportunities, this paper conducts a case study on homelessness and the change in approach that occurred in the U.S. between 1995-2015. The study first identifies key elements of the HF service-model and how it evolved into a system-wide approach and then compares these to current practices in resettlement services to identify policy recommendations (see Appendix A for full methodology).

1.3. Limitations

HF has its critics and shortcomings; later studies have yielded a more nuanced picture for [whom HF works best](#) and levels of [cost-effectiveness](#);

¹ Padgett, D., Henwood, B., and Tsemberis, S. (2016). *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives*.

perhaps the real test of HF will come now as we see how this developed system responds to the recent discouraging increases in [rates of homelessness](#). HF is also not the perfect comparison for refugee resettlement. In spite of their similarities there are key differences:

- Programmes combating homelessness are implemented on a national or subnational-scale; resettlement is on a global scale;
- Homeless individuals typically, though certainly not always, have citizenship unlike refugees who lack both a home and a country to call their own;
- Homelessness is often visible to the community, making it easier for the community to feel responsible for solving it. Refugees in need of resettlement are not afforded this privilege.

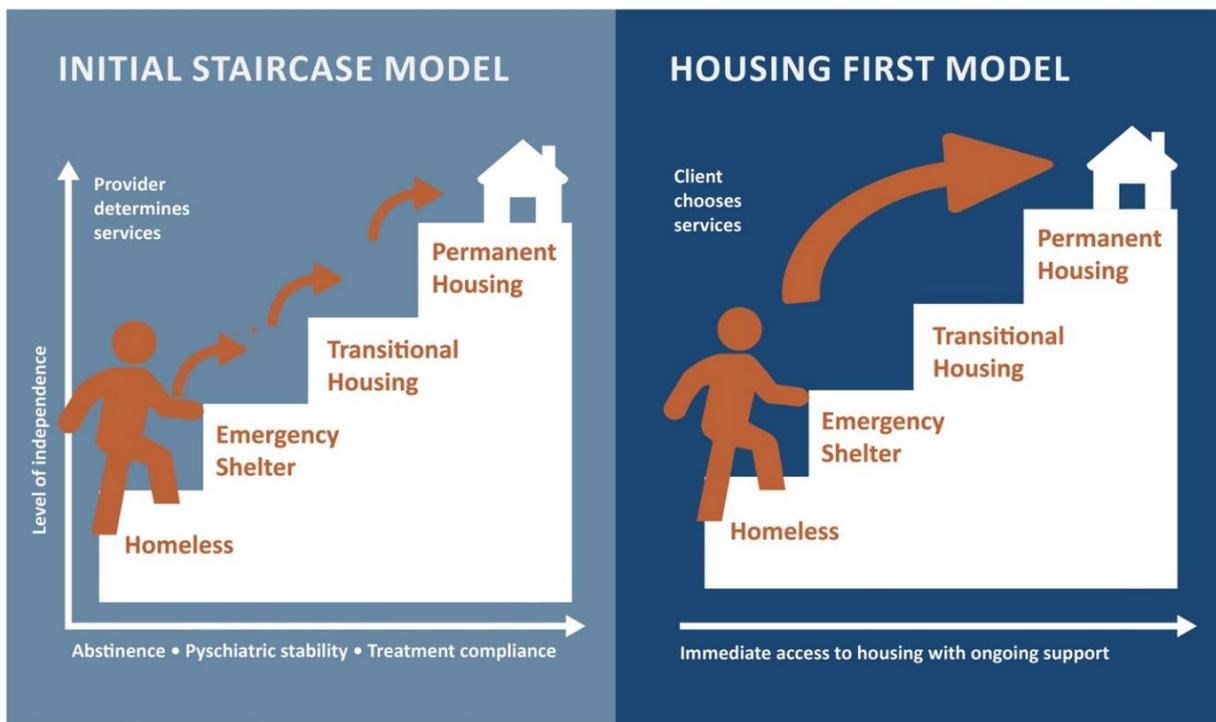
Yet even with these limitations, it is promising to apply available lessons from the field of serving vulnerable populations to finding truly durable solutions for refugees worldwide. And as we will see, there are many lessons to learn from HF.

1.4. Housing First changed the approach to homelessness.

HF began at a non-profit organisation in New York City in the 1990s when practitioners continued to see their clients fail in a staircase model of homeless service delivery used at the time.² This model required that a person experiencing homelessness (PEH) succeed at one level of services (e.g., staying in and abiding by the rules of an overnight emergency shelter) before ‘graduating’ to the next level (e.g., being successful in sober home) until they eventually achieved ‘housing readiness,’ and could then move into a permanent home.

Early HF advocates questioned this order. They argued that the first intervention for a PEH should be housing and that then from a safe and secure place to call home, a broad array of services be offered to address other barriers in a PEH’s life.

So, the organisation did that; they provided homes at no expense to homeless individuals and then offered, but not required, in-home supportive services.³ Since this initial intensive intervention, a range of services and intensity



Adapted from Why Housing First Works
Noun Project: Home - Filip Malinowski; Arrow – iconpacks; Stairs - AFY Studio

² Supra #1
³ HF initially began for chronically homeless individuals - individuals who had been homeless for more than a year and had a disabling condition.

levels has been developed, all of which work to house individuals as quickly as possible in order to end their homelessness.

Key tenets of HF include:

- housing is a human right, something everyone deserves and not earns;
- everyone can succeed in housing, though some may need support to do so;
- PEH can make decisions about the services they need or not;
- PEH will likely experience improvements in other aspects of their lives because of housing, but housing is not contingent on this;
- all services are trauma-informed and focused on reducing harm.

2. HOW HOUSING FIRST DEVELOPED FROM A SERVICE MODEL TO A RESPONSIVE SYSTEM

2.1. The model did not work and practitioners innovated until they found a solution that did

The team of practitioners, led by clinician Dr. Sam Tsemberis at the non-profit organisation in New York City who developed HF, worked with some of the most difficult homeless individuals. When they saw their clients continue to fail, they did not a) just try harder, b) make marginal improvements, c) blame their clients, or d) blame policymakers. They accepted that this system was not working but also refused to accept that homelessness could not be solved. They innovated until they found something that they thought could work: housing people as the first, not the final, step. Housing individuals with significant mental illness and/or who were actively using drugs all the while believing that they could be empowered to decide on the level of help they needed seemed to most like an idea that would fail.

2.2. Research proved the model worked and built acceptance

However, local pilots of HF appeared to demonstrate that the model did actually work. An initial randomised-control trial of HF yielded positive results and then importantly two additional studies were conducted that found similar results. This early, rigorous evidence bolstered HF and created acceptance of HF as both an [evidence-based and a cost-effective model](#). As innovation leader Christian Seelos [details](#), these studies caused an almost overnight change in attitude from ‘what is HF?’ to “we better start doing [HF].” While later studies would create more nuanced pictures for [whom HF works best](#) and the level of [cost-effectiveness](#), what occurred in the decade after these initial studies, with nationwide rates of homelessness dropping consistently, only seemed to further prove: this works.

2.3. Policymakers used this evidence and passed federal legislation

The 1987 [McKinney Homelessness Assistance Act](#) (later amended to McKinney-Vento) was the first federal legislation on homelessness. It embodied the earlier staircase model of services, funding a range of programs that were intended to create a “continuum of care” (CoC) for PEH. In 2009, building on the increasing HF evidence at the time, lawmakers amended the McKinney-Vento act and passed the [Homeless Emergency Assistance and Rapid Transition to Housing Act](#) (HEARTH Act), signalling [substantial changes](#) to homelessness policy. It focused federal funding on rapidly rehousing individuals and categorised other services, such as homeless shelters, as emergency assistance (signalling their intended short-term utility). Further, as homeless policy expert Steve Berg argues, the HEARTH Act also began to move the homeless field from “programmes to systems,” “activities to outcomes,” and an emergency response of “shelter to prevention.”⁴ All of which propelled HF from a mere service-model into a nationwide strategy.

2.4. Leaders promoted a vision of ending homelessness

As a result of HF, starting in the early 2000s,

4 Berg, S. (2013). The HEARTH Act. *Cityscape*, 15(1), 321.

language around homelessness shifted with policymakers, politicians, and NGOs alike all promoting not simply improvements to addressing homelessness but ending homelessness. In 2000, the National Alliance to End Homelessness [started a campaign](#) to end homelessness in ten years, and then in 2002, the Bush Administration announced a goal of [ending chronic homelessness in America](#) by the end of that decade.

These inspiring visions became more attainable for communities several years later. In 2010, [a federal strategic action plan to end homelessness](#) was released. The plan was significant as it outlined goals (end chronic, veteran, family, and youth homelessness in ten years or less and build capacity to end all homelessness) and created a roadmap for how programmes and funding should work together to accomplish those goals. The plan created momentum, provided tangible resources, and aligned efforts.⁵ Also in 2010, the non-profit organisation Community Solutions launched a nationwide initiative aimed at finding homes for every one of the nation's 100,000 chronically homeless individuals. The campaign served as a rallying cry, creating a sense of urgency, and mobilising communities to take action on ending homelessness in their communities.⁶

2.5. Goals were defined and performance was tracked

Perhaps of even greater importance, both the federal plan and the 100,000 Homes Campaign set in motion a commitment to define and track results. There were three key aspects that moved the field in this direction:

- **Clear objectives:** The action plan got specific as it defined in plain language measures that the entire field should work towards—making homelessness [rare, brief, and one-time](#);
- **Defining success:** Federal agencies and non-profits together developed shared definitions of what [‘ending homelessness’ meant](#);

- **Tracking methodology:** After questioning the success of their 100,000 Homes Campaign, Community Solutions developed a way for communities to track their progress towards ending homelessness, namely that instead of counting up towards a number of housing placements, communities need to [count down](#) until every PEH in a community was housed.⁷

The result was that the field knew what it was aiming for and had a way to monitor if they were making progress. It created a network that learned from experience that tracking how the entire system performed [led to better outcomes](#).

2.6. One organisation coordinated progress

This vision-setting and goal-defining and its subsequent implementation on the ground was largely a result of United States Interagency Council on Homelessness (USICH) and the role it played in coordinating actors and building partnerships at every level. Federal law mandated USICH to lead coordination at the federal level, managing 19 different federal agencies' efforts on the issue. As researchers [pointed out](#), with no operational duties of its own, USICH was able to provide a convening centre to align work across agencies and could keep a big picture view and also work out difficult policy decisions between agencies and/or communities. For example, within just one year of having its funding reauthorised,⁸ USICH announced an [unprecedented collaboration](#) between various federal departments to combat chronic homelessness through permanent housing.

USICH also facilitated coordination at a local level. They ensured that [localities had access to support](#) by placing regional coordinators across the country. This created an important [feedback loop](#); it ensured that both federal policies had an ear to the ground to know what was or was not working and that local officials were regularly informed of and supported in implementing federal policy. Research demonstrated the

5 Gillespie, S., & Cunningham, M. (July 17, 2016). *How Would Terminating USICH Affect Efforts to End Homelessness? Preliminary Findings from Interviews with Federal Agencies, Communities, and Advocacy Organizations*. Urban Institute.

6 Leopold, J., & Ho, H. (February 2015). *Evaluation of the 100,000 Homes Campaign*. Urban Institute.

7 Seelos, Ch. (2021.) *Homelessness, a System Perspective. The Journey of Community Solutions*. Stanford PACS working paper GILL002/2021

8 The Bush Administration reauthorized USICH's funding after a six year lapse under the Clinton Administration.

positive trickle down of coordination at the federal level to coordination at a community level; joint planning, trust, and respect across different partners all increased and frontline staff were better able to do their jobs.⁹ Lastly, USICH worked to build partnerships not just across government, but also with non-profit and advocacy organisations. They consistently teamed up and reinforced the work each other was doing.

2.7. Federal regulations cemented HF in practice

The HEARTH Act required the Department of Housing and Urban Development (HUD) to develop regulations on how the law's objectives were to be implemented. Subsequently, HUD passed multiple rules and issued guidance on a range of topics. The aforementioned coordination and feedback loops enabled these regulations to be better aligned across government and responsive to realities on the ground. If the HEARTH Act laid the foundation for HF as the direction programmes would head, these regulations—and the laborious process it is to pass them—cemented them in practice.

2.8. A competitive funding process made communities develop strategies

The HEARTH Act changed Continuum of Care programs (CoCs) from simply compiling various services into key local organising bodies.¹⁰ One way this happened was through changes to HUD's annual grant competition:

- Instead of individual organisations applying directly to HUD for funding, a CoC had to submit a consolidated application for all the services organisations performed in their community;
- Overtime CoCs were given more points on their application, and thus more funding, if their community had implemented various elements of HF;¹¹
- Federal funding was dispersed directly to

CoCs and then to community organisations, making CoCs responsible for grant reporting and compliance.

As a result, whether they wanted to or not, CoCs became the drivers (and enforcers) of HF practices at a local level. Funding depended on it. Further, other requirements such as having to rank the projects in their application and develop a streamlined way for PEH to access their communities' resources forced everyone to think about problems collectively; they had to make and develop a strategy for their community.

2.9. A shared data collection system provided insights on progress and barriers

The changes described above were further fuelled by a shared data collection system. Required by Congress, localities had to use some type of electronic system to capture information to be able to track levels of homelessness.¹² Using this system was a requirement to receive federal funding and again, CoCs were responsible for ensuring compliance. These databases enabled CoCs to develop unduplicated counts of PEH, identify service gaps, understand how a PEH was using services, and track longitudinal data. Further it created a nationwide system of data collection and performance metrics, which informs the nationwide estimate of homeless numbers, demographics, and service-use patterns.

2.10. Local communities were provided with lots of hands-on support to implement HF in practice

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Outlined in the HEARTH Act, HUD broadly funded direct support to organisations and programmes serving PEH. As the devil is in the details, this support gave communities and organisations—often thinly stretched—hands-on assistance to succeed in rolling out and adopting HF. The support helped them

⁹ Greenberg, G. A., & Rosenheck, R. A. (2010). An evaluation of an initiative to improve coordination and service delivery of homeless services networks. *The journal of behavioral health services & research*, 37(2), 184–196

¹⁰ CoCs typically have one organization in a community that acts as the lead, which could be a government office or a non-profit and then is comprised of representatives from across the community.

¹¹ Eide, S. (April 2020). *Housing First and Homelessness: The Rhetoric and the Reality*. Manhattan Institute.

¹² Referred to as the Homeless Information Management System (HMIS).

understand new federal requirements, develop strategies, implement plans, create tools, improve data, and provide training.

3. RECOMMENDATIONS

What began as a commitment to find a solution that would work for the most vulnerable of homeless people became an innovative service delivery model. In less than twenty years it developed into a theory and an entire homelessness response system, transforming the way homelessness is tackled in the U.S. Both

seekers, who have fled to another country and are waiting to be granted refugee status by that State as those processes are governed by each State.

The following eight recommendations—covering strategy refinement, increased investments, and practice implementation—are addressed to the Global Compact for Refugees’ High-Level officials, who are tasked with monitoring and advancing progress towards the world’s 26 million refugees.¹³



Data source: UNHCR Refugee Data Finder

the service model itself and the subsequent policies and planning offer lessons to refugee resettlement policymakers and practitioners.

“ Policymakers need to own the limitations of the package of solutions currently available and look for novel ideas - like HF - that fundamentally change the approach, not merely continue to improve what already exists. ”

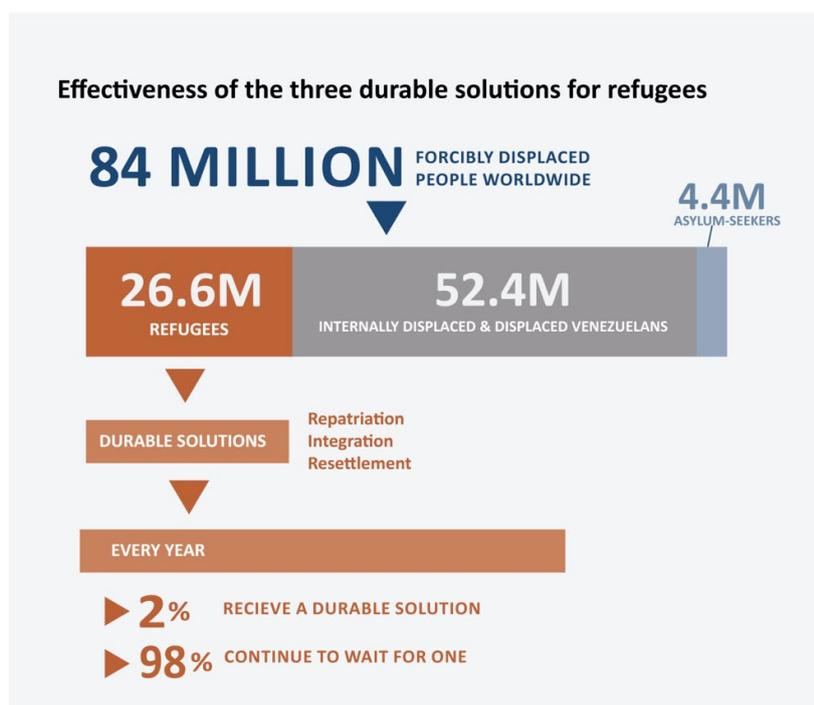
These recommendations are for individuals whom UNHCR has already designated as meeting the legal definition of a refugee and are waiting in limbo for a solution. They are focused on the international system as a whole and not on a specific country’s practices. These recommendations do not include asylum-

3.1. Redouble efforts to identify new solutions over improving existing ones

HF developed because practitioners refused to believe homelessness could not be solved. They were truthful in admitting when something was not working and it pushed them to keep looking for solutions.

Despite unprecedented levels of international commitment to solving the refugee crisis, the same three [durable solutions](#) (and their dismal results) continue to be the emphasis and targeted expansion is [explicitly long-term](#). For example, a cornerstone of the Compact is increasing resettlement placements. There is even a special initiative charged with leading this. And yet, their aim is to resettle 1 million refugees by the end of 2028. Keeping proportions in mind: there were 1.4 million refugees identified for resettlement in 2019 alone.

¹³ High-level officials meet every two years between Global Refugee Forums; they include senior government officials from United Nation member states and leaders of key stakeholder groups including international and regional non-governmental organisations and financial institutions.



Data source: UNHCR Refugee Data Finder, Solutions 2019

Policymakers need to own the limitations of the package of solutions currently available and look for novel ideas - like HF - that fundamentally change the approach, not merely continue to improve what already exists. The Compact's [complementary pathways initiative](#), while small-scale, is a [promising example](#) of this. But the magnitude of the crisis should indicate the extent of change needed, and the [current innovation](#) taking place does not reflect that. Resettlement providers need to find a way to say 'we can end the refugee crisis', not be satisfied with 'we can work really hard to resettle less than one percent of the world's refugees.'

3.2. There have to be more than three solutions and refugees should be the ones to identify what those solutions are

HF believed in clients' abilities to solve problems. Newly homeless individuals are asked to brainstorm solutions that could prevent them from staying homeless, with answers ranging from needing a bike to get to work to keep paying rent, to a plane ticket to move in with a family, to help with paying off arrears. For those staying in emergency homeless shelters,

they are quickly engaged to identify what their pathway out of homelessness is, reinforcing that waiting in shelter is not the long-term goal. Once housed, supportive services are offered, but not prescribed; it is up to the individual to decide what help they need.

Resettlement services strongly promote self-reliance; it is one of the four main objectives of the Compact. However, self-reliance should be expanded from simply an objective to foster while refugees are [waiting for a durable solution](#) to a solution in and of itself. To begin with, resettlement providers should increase transparency and be candid with refugees about the current three solutions and whether they are available to them or not.¹⁴ Further, organisations should pilot asking refugees themselves what they need (e.g., what do you need to make you feel safe for the next six months? Year? Two years?) and then work to provide that (with some confines).¹⁵ Research should be funded to identify what refugees see as their own solutions and how those compare to the services they receive. Having only three set solutions for 26 million people limits refugees' initiative. Not involving them in the

¹⁴ Very few refugees are identified for resettlement, but the requirements and process for who might be eligible is not made explicit to refugees.

¹⁵ Communities who use flexible funds in this way typically have a per client cap ranging anywhere from \$500-\$1500 per client. During COVID many communities further increased their flexibilities with these funds to do anything to prevent clients from staying in congregate shelters.

process of identifying those solutions assumes that someone else knows what is best for each one of them.

// **Having only three set solutions for 26 million people limits refugees' initiative. Not involving them in the process of identifying those solutions assumes that someone else knows what is best for each one of them.** //

3.3. Create a clear indicator of success and a way to know if it is being achieved

HF developed into a system as providers focused their target: getting people housed. They accepted that they were not tasked with solving poverty, reducing substance use, or curing mental illness.¹⁶ Housing is what ends someone's homelessness. With this focus, the U.S. government was able to create a plan to accomplish that. Further, they were able to articulate nationwide goals of making homelessness rare, brief, and one time. These goals were easy to understand and they showed everyone—from senior policy officials to mayors to case managers—what they should aim for. Further, progress towards these goals could be easily tracked.

By contrast, the Compact outlines four objectives, from which UNHCR has developed an indicator framework of eight outcomes and 16 indicators to track progress. While metrics like these are needed for performance monitoring, policymakers have to define precisely how to recognise success. It needs to focus both policymakers' and practitioners' efforts, be easy to memorise, and be measurable.

And in order to do that, UNHCR and leaders of organisations serving refugees have to define what falls into the scope of their mandates to ensure international protection of refugees, and what does not. For example, the Geneva Convention defines UNHCR's core principle as making sure refugees are not forced back to a country where they would be in danger.

Leaders should assess how current activities align with this mandate. There is a refugee crisis; needs overwhelm the available resources and resettlement providers must know their objective and allocate resources accordingly.

3.4. Enhance focus and efforts on passing laws

While many factors converged to develop HF, it was enacted laws and subsequent regulations that cemented its place in the national response to homelessness, protecting it from changing political whims.

The Compact, while praised for its unparalleled support, is explicit that it represents political will and ambition and is not binding. Political will and ambition, while better than their opposites, do not provide protection to the 26 million individuals who have been forced to flee their homes for fear persecution. The rights refugees have are the ones passed as law; there are not many, and the major ones were enacted 70 years ago. The Compact cannot be a replacement for pursuing legally binding policy at an international or national level; time spent on the Compact's various convenings and fora should be redirected to advancing these.

3.5. Plan for ever-increasing displacement

Over time HF caused communities to move from reacting to the crisis of homelessness to building capacity to respond to it. They placed efforts on prevention, but also accepted that there would always be an inflow of new individuals becoming homeless. Subsequently, they focused on ensuring that they had resources and a plan to respond to anyone that did.

The trend of the past decade makes it clear that national crises and their consequences in terms of forced displacement will not end anytime soon. Those active in refugee resettlement, who are tasked with leading these efforts, should plan for this reality. While refugee hosting is currently concentrated in a handful of places in the world, all States should plan for scenarios where they might have to

¹⁶ These areas are important and many PEH do experience improvements in them as a result of being housed or they might be addressed to help a PEH maintain their housing, but they are not the end goal in and of themselves.

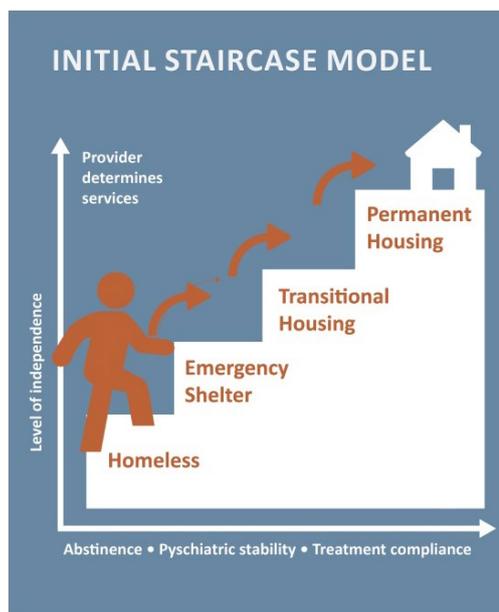
suddenly host refugees. Resettlement leaders should spearhead this planning to ensure that refugees receive the best possible care for when it occurs.

3.6. Seek every way to reduce harm while refugees are waiting

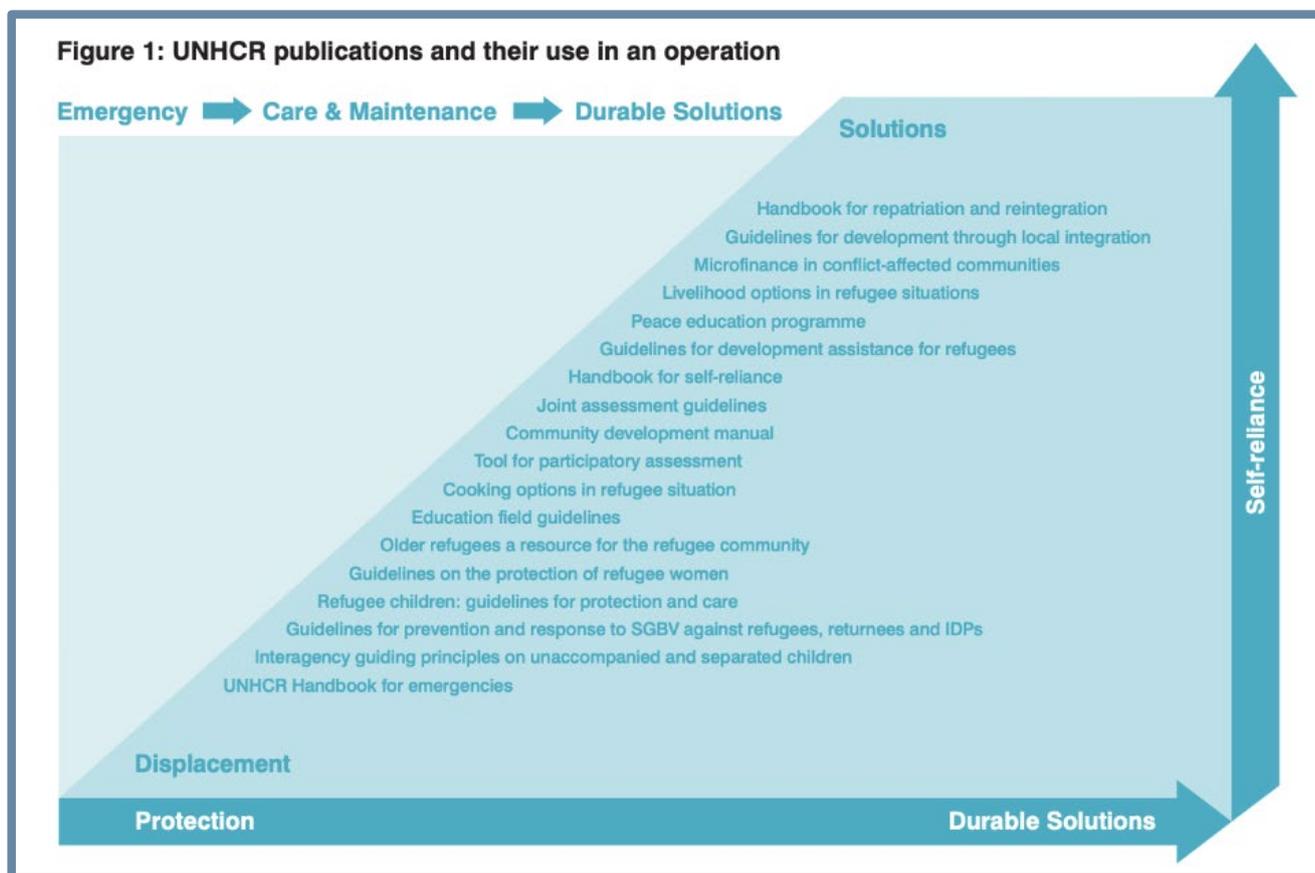
It was harm-reduction (a principle borrowed from the recovery world) that led HF advocates to say: first housing and then all the other supportive services. Housing does not solve every issue for a PEH, but it does reduce the additional trauma that results from remaining homeless.

A harm reduction framework would refocus resettlement services and objectives; here's how:

Remember the original [staircase model](#) of homeless services?



Here's UNHCR's overview to staff on the [steps prior to refugee placement](#):



While resettlement is likely the best long-term outcome for refugees, the current process is not unlike the staircase model:

- an end goal of a safe new place to call home,
- but many long intermediary steps must be achieved first,
- each of which could take months or years,
- before the end goal of a new home is even a remote possibility,
- all the while waiting in extremely dire conditions.

Given the sheer dearth of placement options for refugees (only 1% of those in need will be resettled), and the incremental progress the refugee community is explicitly aiming for (1 million by 2028), the resettlement community needs to do the opposite of HF, and focus on services first and then eventually a home (third country placement) when it becomes available. It creates an argument for further investment in services and protective measures to improve the excruciating refugee camps and urban centres where refugees wait. Harm-reduction does not mean the field should give up on finding placements, however, it does mean finding ways to reduce the harm that refugees experience now, while waiting the five to 20 years for a future ideal.

3.7. Prioritise coordination as a pillar of success and embed it in processes and policies

USICH did not make decisions or implement plans, but they led the federal response to homelessness through partnership-building and coordination. They were able keep a high-level vision, develop joint plans, and broker difficult policy decisions, focusing on the field as a whole and not just on any one agency's role. Further at a local level, communities advanced in ending homelessness, when the funding process required individual organizations to think beyond their own services to how their services played a part in a citywide strategy.

Convenings, fora, councils, and models abound in refugee policy and the field likely does not need another entity to coordinate or a new model of coordination.¹⁷ However, it does need to find ways to put coordination at the forefront of its work. The Compact largely tasks UNHCR as coordinator, assigning the agency with playing a “catalytic and supportive” role in its implementation.¹⁸ While UNHCR already has many roles—planner, funder, and executer, an evaluation of its role in coordination specifically, found this to be a point of criticism amongst partners; its role is viewed as too top-down and/or agency-specific. The Compact creates an opportunity for UNHCR to redefine its approach to coordinating. This will require UNHCR to focus on creating an atmosphere that facilitates partnership, collaboration, and alignment of the entire field. Further, the Compact will also require service organizations, researchers, and donors to prioritize coordination above their own agendas. Lessons from HF's implementation highlight that this type of coordination and thinking of the-whole-instead-of-the-part does not happen naturally. Thus, the Compact's High-Level officials must view coordination as a pillar of success and continually find ways to embed it in practices and policies.

3.8. Keep a dynamic and up to date list of every person who needs to be resettled

Sometimes systems change looks big and bold. At other times it can look simply like a list. A granular practice that emerged from HF as a pivotal tool to enable a community to respond to homelessness, was a By Name List (BNL). It was developed by Community Solutions and then made possible because of HUD's requirements that communities have a shared database and a centralized process for PEH to access resources. BNLs are comprehensive and real-time; they allow communities to know everyone experiencing homelessness by name.

On a practical level, BNLs focus efforts and force coordination among local service providers, ensuring that no PEH is overlooked. A common practice is for emergency shelters,

¹⁷ As it is, in addition to the Global Refugee Forum and High-Level Officials Meeting defined in the Compact, there have been four other unique mechanisms created to move the work forward—Asylum Capacity Support Group, Support Platforms, Global Academic Interdisciplinary Network, and the Three Year Strategy and CRISP. See: <https://globalcompactrefugees.org/gcr-action>

¹⁸ UNHCR. (2018). Global Compact for Refugees. <https://www.unhcr.org/5c658aed4> Pg. 13, 41

case managers, the housing authority, the policy department, and the hospital to convene at some frequency to talk through each PEH on the BNL. On a strategic level, BNLs create more tailored solutions for PEH, a clearer picture of the entire system; they led to “a shift in culture, from complying with program rules to relentless problem solving.”¹⁹ It is detailed and monotonous, and utterly crucial.

Tracking by-name-data for the 26 million refugees is likely not possible. However, tracking it for the 1.4 million most vulnerable refugees who are identified for resettlement is (especially when divided up by different regions). But they need a list; a list turns 1.4 million from a statistic into actual names and cases. It is people who get resettled, not numbers, and we have to know who those people are. Resettlement service providers need a list to focus their limited staffing resources. Resettlement leaders need a list to make policy decisions: who is the priority, where are they at in the resettlement process, how long are they waiting, what barriers are

they encountering, is the list getting bigger and smaller, what is the rate of placements. A list answers these questions and these questions inform needed resource allocation and problem-solving, and resources and problem-solving move things forward.

4. CONCLUSION

HF became the way providers address homelessness. It transformed the U.S.’ response. It has spread to multiple other countries as well. The lessons from HF for refugee resettlement are not actually about housing—though by all means refugees need access to that as quickly as possible. Instead, they lie in the tenets of the model, how practitioners believed and found a different way, and how it created a system to respond. While the refugee crisis is rife with and often stymied by politics, there is a crisis of more than 26 million people; at a minimum the field should use the lessons others have provided to move the needle forward.

19 Supra #7 p.71

APPENDIX A: CASE STUDY METHODOLOGY

Research questions

1. What is Housing First and how did it transform the United States' response to homelessness?
 - a. What were the critical elements of the HF service-model?
 - b. What role did evidence and policy play?
 - c. How was planning and coordination conducted?
 - d. How were changes implemented and monitored?
 - e. How did HF evolve into a system approach?
2. How do the Housing First policies and practice identified in question 1 compare with those of refugee resettlement?
3. What lessons can refugee resettlement learn the Housing First model and its implementation?

Data

An environmental scan was conducted to identify a spectrum of secondary data, which included scholarly articles, impact studies, systematic reviews, nationwide statistics, as well as policy documents, manuals, advocacy tools, and training materials. The scan was limited to homelessness and HF since 1990 and focused on implementation in the United States that was primarily led or facilitated by local, state, or federal government.

Analysis

Data was analysed into four critical contexts of service model components, evidence and policy, planning and coordination, and regulation and implementation. From these, a comparative analysis to refugee resettlement was conducted to identify recommendations that could work to transform the current system of resettlement.

Limitations

While there are many lessons that the resettlement community can learn from the implementation of HF, there are significant limitations to this analysis. While resettlement and homelessness share many common elements, this case study looked at system implementation on a national scale and resettlement happens on a global scale. Further, homelessness is inherently different from resettlement, as by and large, PEH are not seeking citizenship from another country; they have some level of rights and belonging to the community they are a part of. Further homelessness is often immediately visible to the community and thus creates an inherent sense of responsibility for the community to solve. Resettlement is not afforded this privilege and requires creating concern and ownership. Further, a historical perspective cannot provide empirical evidence on what specific causes or contexts created change. The use of secondary data limits the analysis, making it contingent on the quality of existing literature.

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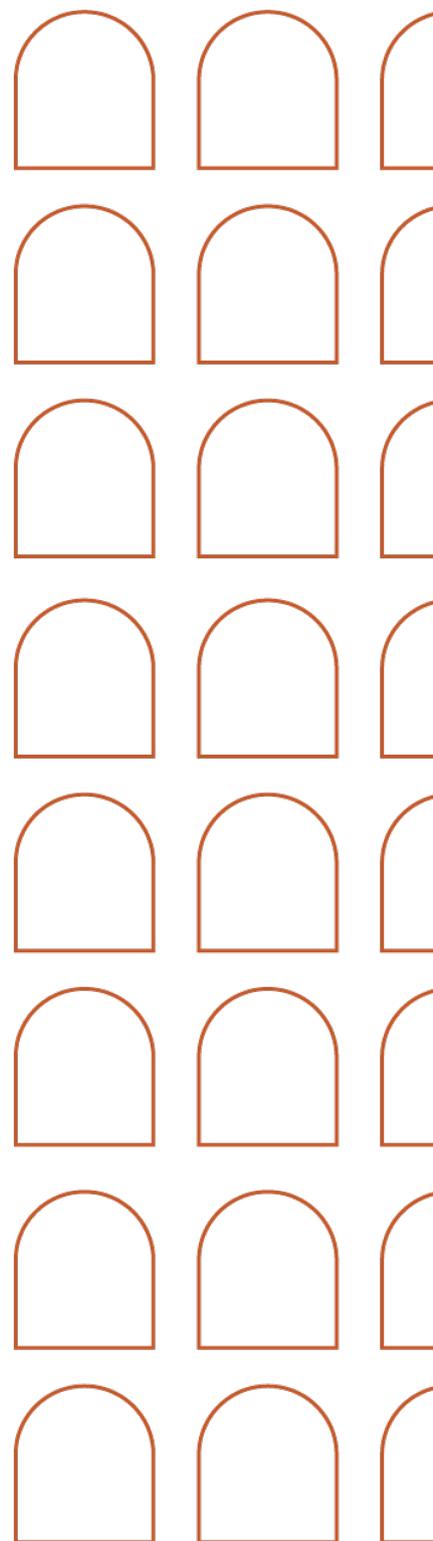
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