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# **Combining forced residential relocation with supportive services: What can Dutch housing associations learn from the American HOPE VI programme?**

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**Abstract:** *Urban restructuring programmes targeting distressed-poverty neighbourhoods have broadened their approach in recent years to address not only physical problems, but also social issues of individual residents. These programmes often include forced residential relocation, due to demolition of public or social rented housing. This paper identifies key parallels and differences in the combined urban restructuring–social service and support approaches employed in the US and the Netherlands. Within the context of forced relocation, important lessons are highlighted, learned from the US HOPE VI programme, which are relevant for advancing the development of the recent ‘behind-the-front-door’ approach in the Netherlands and beyond. Six significant issues are discussed which have key management implications for housing associations taking this approach: the challenges presented to housing associations as they assume the dual role of housing manager and service provider; the importance of offering services beyond the time limits of relocation; the necessity to balance the location and mobility of new services; the complexity of acquiring and maintaining trust and confidentiality among residents; the challenges of determining appropriate programme goals and overcoming fundamental obstacles to progress; and the crucial role of evaluation and research in developing, implementing and improving such complex initiatives.*

**Keywords:** HOPE VI, urban restructuring, social services, housing associations, evaluation, the Netherlands

## INTRODUCTION

For more than a decade, poverty-concentrated neighbourhoods in the US, Canada and a number of Western European countries have been targeted for redevelopment by urban policies which consider social mixing or poverty dispersal a priority. While early policies of urban renewal focused predominantly or exclusively on housing, many recent urban renewal policies have addressed both housing and social problems identified in poverty neighbourhoods. Rather than solely relocating lower-income households out of areas earmarked for redevelopment, initiatives simultaneously address a host of issues to help residents become ‘upwardly mobile’ or attain economic ‘self-sufficiency’.

This paper first introduces American and Dutch strategies for providing social services along with low-income housing redevelopment. Then, it identifies key lessons learned and management implications from the US HOPE VI policy that are relevant for the relatively new Dutch approach to service delivery within urban restructuring initiatives. At first sight, the US and the Netherlands may appear to have far too little in common to warrant cross-national policy comparisons. Although the two countries will not be systematically compared, it is proposed that identifying the key parallels and differences in the policies enables us to describe the lessons learned from the US, which are particularly relevant to Dutch housing

associations (DHAs) as they develop and advance a so-called ‘behind-the-front-door’ (BFD) approach in collaboration with other renewal actors.<sup>1</sup> But the relevance of this paper goes beyond this transfer of lessons from the US to a single European country. Throughout Europe, urban renewal policies continue to face the challenge of effectively combining physical, economic and social strategies, as part of broader urban renewal policies.<sup>2</sup> Despite growing recognition that urban restructuring and forced residential relocation may result in the aggravation of problems on an individual level and problem dispersal from restructuring areas to other neighbourhoods, there is little evidence recorded in the literature<sup>3</sup> of effective combinations of relocation efforts with supportive services, or how to avoid common pitfalls while doing so. Many renewal programmes in Europe include physical measures requiring (forced) residential relocation, so the issue is highly relevant for other European countries. Yet the majority of the literature only hints at the issue or is connected to an outdated institutional context of ‘traditional’ urban renewal in the 1960s and 1970s.

In many respects, Dutch housing policy differs dramatically from US housing policy, which is connected partly to fundamental differences in welfare state regimes. Whereas the US has a predominantly liberal welfare state regime, the Dutch situation combines elements of a social-democratic and corporatist welfare state regime.<sup>4</sup> The highly different nature of the welfare state regimes has impacted not only housing provision and general policy, but also the nature of specific urban restructuring programmes. This issue will be briefly addressed for both countries. The most striking difference is that almost a third of all housing in the Netherlands is in the social housing sector, compared with a less than 2 per cent share of public housing in the US, nearly all of which is concentrated in public housing ‘projects’ and reserved for the poorest tenants. Despite this immense difference, strategies of redevelopment of poverty-concentrated neighbourhoods in both countries are taking similar directions in significant ways. Careful consideration of the specific policies and programmes implemented and the research findings regarding these initiatives is warranted by many similarities in strategies, the potential for knowledge building, reflexive practice and, ultimately, the development of better-informed policies.

From the perspective of DHAs, the aim of this paper is to draw out key lessons learned and management implications from the US HOPE VI policy. This is a national urban renewal programme with a social service component which has run for a longer period than the Dutch policy and which has a much greater research base from which to draw. For this purpose, key US publications and some unpublished evaluation reports are reviewed. The next two sections briefly describe the US HOPE VI Programme and Dutch urban

restructuring policies that are taking an integrative approach to providing services in the context of forced residential relocation and urban renewal. Attention is briefly paid to the different welfare regimes in which these policies are enacted. Then, the third section describes important differences between US public housing authorities (PHAs) and DHAs, which are key actors in urban renewal and residential relocation efforts in both countries. Key similarities and differences between the approaches are also identified. Subsequently, the paper considers lessons learned from the US that are relevant for advancing the Dutch BFD approach and, most likely, other approaches in European countries. The paper concludes with the main implications for the management and practice of such renewal strategies.

## **HOPE VI**

The US has always been a predominantly market-oriented country. Its liberal welfare state regime implies that private institutions are responsible for most of the welfare services, while the state provides support for a limited category of residents, i.e. the poorest. Consequently, income inequality is much greater than in European countries. Moreover, unlike in Europe, housing is not a fundamental right in the US, but primarily a consumption good, susceptible to market rules. The private sector has built the majority of all houses, even though the public sector (local and federal government) has regulated the size, style and location of new housing. As a result, most of the housing supply is privately owned (owner-occupied or private rent), whereas public housing amounts to less than 2 per cent of the total stock.

The neoliberalisation of public housing policy has involved much more than only the withdrawal of funding and oversight. Renewal programmes are accompanied by measures that promote home ownership, ‘self-sufficiency’, individual responsibility and entrepreneurship.<sup>5</sup> This also applies to the HOPE VI (Housing Opportunities for People Everywhere) programme. HOPE VI was established in 1993 to redevelop the ‘most severely distressed’ public housing projects in the nation.<sup>6</sup> The programme’s stated objectives include:

- changing the physical shape of public housing
- establishing positive incentives for resident self-sufficiency and comprehensive services that empower residents
- lessening concentrations of poverty by placing public housing in non-poverty neighbourhoods and promoting mixed-income communities
- forging partnerships with other agencies, local governments, non-profit organisations and private businesses to leverage support and resources.<sup>7</sup>

HOPE VI targets housing developments that suffer not only from physical deterioration, but also from crime, chronic unemployment, welfare dependency, inadequate services and high concentrations of extremely poor residents, minorities and single-parent families. Important measures are demolition of public housing in the developments, building new housing that blends in with the surrounding community, creating streets that connect the developments to the abutting areas, and strengthening management. Moreover, through its Community and Supportive Services (CSS) component, HOPE VI intends to promote residents' self-sufficiency by providing services such as computer education, job search support and child care assistance. These supportive services are targeted towards households facing forced relocation (sometimes temporary) from HOPE VI sites.

The US Department of Housing and Urban Development (HUD) awards HOPE VI grants to local PHAs through a competitive application process. Between 1993 and 2006, US\$6.3bn in HOPE VI funds was allocated in 609 grants to 193 cities around the nation.<sup>8</sup> By 2006, HOPE VI had demolished more than 78,000 units, and 10,400 additional units were in line for redevelopment. Of the 103,600 replacement units being constructed, only 57,100 will be 'deeply subsidised' public housing units (Ref. 6, p. 11). Although HOPE VI has long received bipartisan support, funding was cut dramatically during the Bush administration.<sup>9</sup> It is still unclear how the programme will fare under the new Obama administration. Nevertheless, the programme has been clearly affected by its enactment in a liberal welfare state regime. This is reflected in the competitive application process for PHAs, the fact that not all replacement units are public housing, its strong emphasis on tenants' economic 'self-sufficiency', and the fact that PHAs have been given additional powers to evict tenants for behavioural or even economic reasons.<sup>5</sup> In addition, promoting mixed-income communities means that a substantial number of the new developed units are owner-occupied instead of public housing.

### **URBAN RESTRUCTURING AND GOING 'BEHIND-THE-FRONT-DOOR'**

The Netherlands has traditionally engaged in high levels of state intervention in housing and welfare policies, emphasising the importance of equal opportunities. Historically, preserving a balance between social and private housing has been a key issue. Nowadays, social housing is almost a third of the total Dutch housing stock. Owing to the redistributive effects of the welfare state, for example through various forms of support for disadvantaged people, income differences are relatively small. Since the 1980s, many housing responsibilities have been

decentralised or delegated to (semi-)private actors. While the national government usually provides policy principles, implementation of housing (and regeneration) policies is the main responsibility of the local authorities, housing associations and other stakeholders. In sum, the Dutch welfare state regime and its impact on the housing system contains elements of both a social-democratic welfare state regime (substantial state intervention) and a corporatist welfare state regime (decentralisation and multi-actor cooperation).<sup>4</sup> This ‘hybrid’ system is also the basis of the Dutch national urban restructuring policy. Since 1997, this policy has aimed to increase the variety of residential environments in early post-war neighbourhoods, improve the attractiveness of the housing stock, and strengthen the reputation and housing market position of these districts.<sup>10,11</sup> While urban restructuring is a national, government-driven policy, housing associations are decisive actors, since they own almost all rented housing in post-war neighbourhoods earmarked for restructuring.<sup>12,13</sup> Since 1997, more than 121,000 social rented dwellings have been demolished.<sup>14</sup> Numbers of new constructions are even higher, although the majority of the replacement units are more expensive rental or owner-occupied dwellings.

In 2006, the VROM-council<sup>15</sup> pleaded for a major reorientation of the central goals of urban restructuring. Physical upgrading, aimed at improving liveability and social cohesion, should be replaced by a broad renewal strategy which promotes the upward social mobility of individual residents, mainly in deprived neighbourhoods. Routes to upward social mobility are improving education and skills (in a broad sense), employment opportunities, housing situation and leisure. This new discourse has paved the way for housing associations to increase collaboration efforts with welfare organisations. Together, they aim to address various social problems, which become more apparent and urgent in the context of restructuring and forced relocation. This collaboration substantially strengthens the existing, but relatively weak link between housing and social strategies.

Hence, renewal actors in many cities are experimenting with house visits to residents. Institutions no longer wait until people seek their advice or help, but actively approach these people. The often implicit goal is not only solving problems and addressing complex social needs, but also enabling upward social mobility. Cornelissen et al. identify three main characteristics of the Dutch BFD approach:<sup>16</sup>

1. The house visits are conducted on a large scale. Selection is not on an individual basis, but a specific category of people or all residents in a neighbourhood are approached.

2. Based on the information gathered during the house visit, relevant institutions try to create an integral solution for specific problem(s) they come across. In particular, for households with multiple problems, efforts are undertaken to unravel the tangle of causes and problems.
3. Cooperation between local actors is a *sine qua non*. Any of the institutions active in neighbourhoods, such as local authorities, housing associations, the police and welfare organisations may be in charge of the house visits, but constructing solutions for complex, multiple problems usually requires contributions from more than one actor.

Hence, the main characteristics of the BFD approach appear to reflect both the sociodemocratic and corporatist traits of the ‘hybrid’ Dutch welfare state regime, as described above. The upward mobility policy is aimed partly at decreasing socio-economic differences by providing outreach support to disadvantaged residents. Both the state and state-sponsored welfare organisations join forces to reach this aim; it is not left to the market. Thus, there are several (welfare) service providers in action apart from the state. Housing associations are expected to contribute to these efforts, partly because many BFD projects are framed within a context of urban restructuring and forced relocation of residents. This paper is restricted to this specific context, as it resembles the HOPE VI policy in the US in many ways.

### **KEY ACTORS: DIFFERENCES AND SIMILARITIES**

In both the US and the Netherlands, housing authorities or housing associations are central actors in the combined process of forced residential relocation and service delivery. American PHAs are local organisations which own and manage local public housing and other housing programmes for low-income people. There are over 3,000 local housing authorities across the country which manage about 1.2 million public housing units in 14,000 housing developments.<sup>17</sup> Most PHAs are small, with over three-quarters owning 500 or fewer housing units. While tenants’ rents (typically set at 30 per cent of a household’s income) contribute to operating funds, PHAs rely heavily on federal funds to meet their operating and maintenance costs. Consistent with a wide-reaching retrenchment of the American welfare state, however, PHAs have suffered from inconsistent and declining federal commitments, which have contributed to a decline in the quality and quantity of public housing units. The PHAs have also faced increasingly complicated and contradictory HUD mandates, i.e. maximising numbers of poor tenants served, integrating the poor socially and spatially, and maximising private capital investment.<sup>18</sup>

As with the Netherlands' profoundly different welfare system, the nature of DHAs is highly different from that of PHAs. The share of the social rented sector (32 per cent) is the highest among the EU countries. The DHAs, almost 500 in total, own 5,636 dwellings on average.<sup>13</sup> During the 1990s, liberalisation trends affected several domains of state intervention, including the housing sector. In 1995, the DHAs became financially independent after the so-called grossing and balancing operation. They are private organisations, functioning within the public framework of the Housing Act. Apart from public tasks, they engage in market activities such as developing owner-occupied housing for middle-income households. Since 1995, DHAs must rely on private sources for funding and have not been granted any new subsidies. This progress towards financial independence, followed by a long period of relatively low interest rates, has made DHAs, on average, very wealthy.<sup>13</sup> In sum, the (relatively modest) liberalisation trends in Dutch housing policy have not weakened the positions of DHAs. Their role in the sociodemocratic welfare state regime has always been substantial. Deregulation has given them opportunities to strengthen their financial position.

Thus, DHAs have some obvious advantages over American PHAs, including their unique independence and relative wealth. Apart from their decision-making autonomy, DHAs can rely on their own surplus funds and extensive lending opportunities for planning and implementing urban restructuring schemes. In sharp contrast, PHAs have to compete for scarce federal grants and limited state, local or private funds. Because of their relative financial and political independence, DHAs also face fewer time constraints and restrictions on the scope and depth of planning, development and services. The PHAs, on the other hand, must abide by the rules and criteria set by funding agencies, including specified timelines and goals, which shape the breadth of planning and implementation.

Despite vast differences between DHAs and American housing authorities, both institutions face the challenge of redeveloping distressed neighbourhoods while simultaneously addressing complex individual and collective problems in order to improve the prospects of low-income residents, and to ensure that problems are not simply dispersed to other areas or exacerbated by relocation. Another similarity is the provision of supportive services beyond basic relocation counselling. This practice is relatively new in the Netherlands. The DHAs have always been legally obliged to provide relocation tenants with relocation in a dwelling comparable in size, type and tenure, a reasonable allowance for their relocation expenses, and extra assistance from the housing association, such as counselling in the search for a suitable house.<sup>19</sup> Recently, a growing number of DHAs have extended this relocation assistance to encompass issues of debt relief, reintegration into employment, and

raising people out of social isolation. Moreover, DHAs increasingly link their efforts to a broader BFD approach.<sup>20</sup> Interestingly, DHAs are not legally obliged to conduct such activities. Their motives for broadening their efforts are connected to their favourable financial position, changing mission and philosophy, and the national debate on the role, position and activities of DHAs.<sup>21,22</sup>

As with urban restructuring in the Netherlands, HOPE VI requires the large-scale relocation of residents, most of whom move off site to private market housing or to other traditional public housing developments. In addition to basic relocation counselling, supportive services are provided to HOPE VI residents through the CSS component of the programme. While relocation services focus almost exclusively on finding suitable replacement units and handling moving costs and logistics, supportive social services such as those provided by HOPE VI CSS funds have a different focus. Community and Supportive Services are intended to promote residents' self-sufficiency and often include case management, job search assistance, child care services and/or general educational development or general equivalency diploma (GED) and computer courses. (Individuals who do not earn a high school diploma can prove high school level skills by passing a GED test.) As mentioned earlier, these services are not provided from a deep, social commitment to the tenants, but with a clear neoliberal view of tenants' self-sufficiency, rooted in the liberal welfare state regime. Simultaneously, the Dutch BFD approach acknowledges that simply relocating residents to better quality housing in more mixed neighbourhoods is not enough to improve residents' life-chances. Like HOPE VI, BFD recognises that residents have important needs and concerns that should be taken seriously in order to minimise any short-term negative impacts of forced relocation, and to maximise the potential positive effects of supportive services and relocation on improving the lives and life-chances of poor residents in the long run. Unlike the US discourse, however, the Dutch discourse mirrors a broad concern to decrease the socio-economic disadvantages of people in the least attractive social housing. This clearly connects to the sociodemocratic traits of the Dutch welfare regime.

## **KEY ISSUES AND LESSONS LEARNED**

The DHAs face some similar challenges to those of the PHAs in their BHD efforts; and because this approach has been implemented and evaluated much longer in the US, it is well worth considering the lessons learned from PHAs' experiences with HOPE VI. In the Dutch case, BFD started too recently to reveal its actual effects on residents' socio-economic positions and problems, but there is evidence of short-term successes and weaknesses in terms

of structure, organisation, output and resident perception of BFD approaches. Therefore, the lessons learned from HOPE VI will focus primarily on these issues. The issues discussed are: the challenges presented to housing associations as they assume the dual role of housing manager and service provider; the importance of offering services beyond the time limits of relocation; the necessity to balance the location and mobility of new services; the complexity of acquiring and maintaining trust and confidentiality among residents; the challenges of determining appropriate programme goals and overcoming fundamental obstacles to progress; and the crucial role of evaluation and research in developing, implementing, and improving combined initiatives of relocation and support. Subsequently, these lessons will be translated into management implications for housing associations.

### **Struggling with the dual role of housing manager and service provider**

Even the most experienced and committed PHAs can struggle as they take on the additional role of social service provider in CSS implementation.<sup>23</sup> Agencies experienced in providing and managing housing are not always skilled and experienced in providing a vast array of supportive social services or overseeing subcontracts with multiple service providers. Assessing residents' needs and desires, and carefully considering the community's existing resources and the capacity of local services are critical processes which housing authorities and associations must undertake in CSS or BFD approaches. These processes are important yet sometimes underestimated. The skills needed to coordinate and manage multiple contracts for diverse services, ensuring that the services meet the (changing) needs of residents and are complementary rather than competing with or overlapping with one another, are quite different from the expertise needed to manage physical dwelling features or the physical side of redevelopment.<sup>24</sup> Contracting out supportive services can be helpful for housing authorities lacking the necessary capacity and skills internally, but can simultaneously reduce direct control over programme implementation and generate challenges in holding service providers accountable.<sup>1,23</sup> Capacity building around social service development and management at the agency level is essential for organisations undertaking long-term commitments for supportive service provisions.

In the Dutch situation, this issue has been primarily placed in discussions on the limits of the social tasks and responsibilities of housing associations. An influential advisory council of the Dutch government has pleaded for housing associations to act as commissioner to welfare and care organisations.<sup>25</sup> Others have argued, however, that housing associations

should stick to their core traditional business tasks, i.e. managing the social rented sector and developing market-oriented real estate.<sup>1</sup>

The HOPE VI lesson for DHAs is that this dual role is quite unavoidable and requires DHAs to extend their skills, either in providing certain supportive services or managing subcontracts with multiple service providers. Attracting specialised staff for supportive services instead of subcontracting other organisations is an option, but problems such as structural unemployment or language deficiencies cannot be tackled by specialised housing association employees alone. Moreover, they simply cannot avoid other pertinent institutions in dealing with these problems, as this would risk hampering each other's efforts. Cooperation between the local actors, whether or not arranged by contract, is a *sine qua non*.

### **Offering services beyond the time limits of relocation programmes**

While providing services during forced relocation is a wise strategy to reduce the likelihood that individual, family and community issues get exacerbated by relocation, the approach is not without its challenges. Research on the CSS programme found that well-intentioned social services, such as employment assistance, child care, computer training and language courses had low take-up rates or retention problems among targeted residents, partly because the new services were offered at a time that coincided with relocation and housing redevelopment.<sup>26</sup> Other obstacles included the fact that these services were located off site during the redevelopment, there was high turnover among agency staff, the programmes had limited hours, and outreach to residents was complicated during relocation. Further, and perhaps most important, interviews with residents revealed their concerns about their housing future and stability, which kept them from improving their job-readiness skills. Housing relocation preoccupied residents with other more pressing tasks and concerns, including finding childcare and other services in their new communities, and coping with the period of uncertainty and 'unknowns' regarding subsequent moves (i.e. whether and when they might be offered a unit in the new HOPE VI site) — often without the social support they may have relied on in their old community.<sup>26</sup> Even when the Boston PHA offered childcare and transport reimbursements to individuals who engaged in courses, the take-up remained remarkably low.

The clear lesson for DHAs is the need for availability of *long-term* supportive services, so that residents can access counselling, education or job placement when they are ready to, rather than restricting programme offerings to a limited period during the disruptive and difficult time of restructuring (see also Ref. 3). Thus, supportive services connected to

efforts of relocation may need to continue much longer than the actual relocation period itself, especially if self-sufficiency or upward social mobility is an explicit goal. Once the uncertainty of the relocation period is behind them and reliable service providers have been established, residents may be better equipped to focus on upward social mobility. Other research on ‘housing-plus’ programmes that combine social services within subsidised housing show that residents’ progress towards goals can take a long time, and ‘the process may not be linear; households may fall backward, as well as move forward’ (Ref. 27, pp. 104).

### **Fitting location and (im)mobility of services to needs**

In addition to timing of services, the location and (im)mobility of services must be carefully considered. Although spatial distances between residents’ original homes and their relocation units can be much larger in the US than in the Netherlands, the spatial arrangements of relocatees’ new homes and supportive services may also be important for the Dutch context. HOPE VI research points to the important task of helping relocated residents connect to other people, place-based services and businesses in their relocation neighbourhoods (even if these moves are temporary), particularly because many residents move away from the social ties that once provided them with important emotional and instrumental support.<sup>28</sup> Yet, with the timing of services and relocation coinciding, housing authorities and service providers have found it difficult to keep track of residents and follow them up in their relocation units.<sup>29</sup>

The lesson from HOPE VI for DHAs is that, within complex restructuring programmes involving multiple stages and relocations, a smart combination of place-based and people-based services is needed for their different strengths. Place-based services have the advantage of having a continuous visible presence in the community, but have the disadvantage of reaching only those residents with reasonable access to the location. People-based services have the advantage of following residents even as they move to different locations, but the disadvantage is that they require substantial efforts by service providers to stay in touch with and reach households living at greater distances from their previous location. This lesson appeared also highly applicable to the English experiences (see also Ref. 3, p. 34) with forced relocation within the Housing Market Renewal Pathfinders. This renewal programme is aimed at substantial housing market restructuring in areas grappling with acute low demand and abandonment.

### **Acquiring and maintaining trust and confidentiality**

Other factors that made residents weary of engaging with CSS service providers included issues of trust and confidentiality. Research from a Boston HOPE VI project indicated that many residents were sceptical of the level of commitment of new social service programmes. They had witnessed various programmes come and go in their distressed public housing area over the years. Inconsistent ebbs and flows of funding led to the sudden closure of programmes, often just as residents were beginning to see the service as a stable part of the community, or just as they began making progress in a programme. Further, the frequent turnover of staff who work in human services (i.e. particularly the predominantly entry-level staff who are often underpaid and face high levels of burn-out) was perceived by residents as a lack of genuine commitment by CSS service providers.<sup>26</sup> Moreover, being confronted with well-intentioned staff from multiple agencies — e.g. one providing mental health counselling, one providing assistance with resume writing and job searches, one specialising in computer training and another offering youth services — can be overwhelming, as each wants to assess a family's status and needs and often requires residents to sign multiple forms and documents to get started. While reducing the overlap of assessments by different providers and reducing the paperwork can be accomplished by streamlining forms and creating information-sharing agreements between different agencies, this is not always a practical or legal option. After developing trust in a staff member from one agency, residents may be alarmed and weary when asked to sign a form explaining that their information will be shared with three additional agencies. Having staff from a more established, trusted service provider personally introduce the personnel from another provider can be extremely constructive in helping the newer agency obtain entry into the community and gain residents' trust.<sup>30</sup>

Thus, the lesson is that DHAs should take an approach that may be less overwhelming for residents: have one agency gain the trust of families by building a relationship and rapport over a period of time. Once achieved, staff from this established agency can facilitate the introduction of residents to personnel from another agency. In addition, stability and continuity in programmes and staff working directly with residents should remain an important priority. Again, this is a lesson which is also highly emphasised in English experiences from the Housing Market Renewal Pathfinders (see also Ref. 3, p. 31).

Findings from the first full Dutch BFD evaluation, studying the deprived post-war neighbourhood Pendrecht in Rotterdam, indicate that the housing association may be well positioned to be the first and central agency in a group of service providers. There, residents' trust in the housing association increased significantly after repeated home visits from a

housing association counsellor, which facilitated other agencies' entering the stage. Connecting other service providers to the comprehensive BFD approach was added to the housing association counsellor's tasks of pre-relocation counselling. Through this 'light organisation', the BFD approach built successfully upon existing networks between service providers already active in the neighbourhood.<sup>19,20</sup> At the same time, such a central role of a housing association in BFD approaches is not taken for granted. In many BFD projects in the Netherlands, the local authorities or service providers have a coordinating role.

### **Overcoming overambitious goals and fundamental obstacles to progress**

As mentioned earlier, the CSS effort in the US gives distinct priority to resident 'self-sufficiency', whereas the Dutch BFD approach has a more general emphasis on 'upward social mobility'. In line with broader neoliberal trends in housing policies, PHAs are obliged to prioritise self-sufficiency programmes with their CSS funding in order to attain targets set by HUD, the federal funding agency. A lesson from CSS is that prioritising self-sufficiency with a time-restricted programme implemented during relocation may achieve very little in terms of increasing rates of employment and income.<sup>23,31,32</sup> First, prioritising a self-sufficiency goal and narrowly measuring outcomes in terms of employment rates, enrolments and completions of employment programmes, hours worked and wages may be ineffective and pull resources and attention away from fundamental obstacles which limit progress towards self-sufficiency.<sup>33,34</sup> These include physical and mental health, parenting problems, domestic violence, child delinquency, language issues or substance abuse. Second, the needs of residents for whom full-time employment or self-sufficiency may be impossible are overlooked, including those of the elderly, people with chronic health problems, and children.<sup>33</sup>

The lesson of HOPE VI for DHAs is that focusing on residents' self-sufficiency will most likely result in disappointment, for both residents and the institutions involved. The broader goal of 'upward social mobility' taken on by many DHAs may be more appropriate. While this goal may also be sensitive to unrealistic (short-term) ambitions, even a small step forward would be closer to reaching goal attainment than with self-sufficiency. For example, moving from joblessness to subsidised employment is still a long way from self-sufficiency, but it is a form of upward social mobility.

Another important and sometimes overlooked issue is the necessity of follow-up and follow-through. These ensure that residents are able to fulfil their desires or commitments to making progress and that service providers actually reduce obstacles and provide the needed

services.<sup>3</sup> For example, a case manager may refer residents to language courses or counselling programmes, but referrals are only one piece of a long chain towards actual benefits from new services. Again, counting enrolments in programmes as a success can be gravely misleading if residents are not completing programmes. Thus, if DHAs take a case management approach to service delivery, they must ensure that residents make contact and successfully obtain a slot in a course or support programme, and that residents have the steady encouragement and support to complete the programme and take steps towards upward social mobility.

### **Evaluation and monitoring as a *sine qua non***

Providing tailor-made support and services to large numbers of individual residents requires proper documenting and monitoring of deployed efforts, follow-up and resources. This is not just necessary to prevent overlap of assessments and actions by different service providers. Notably, longitudinal evaluations are highly valuable for identifying short-term and longer-term outcomes of programmes, for understanding the mechanisms through which they may lead to certain results, and for understanding the broader social, economic and political context in which renewal programmes are implemented.<sup>35</sup> Strikingly, the US has a much stronger tradition of conducting longitudinal evaluation research than the Netherlands has. With HOPE VI grants, PHAs are required to hire external research teams to evaluate the implementation of their efforts, including both the physical component and the CSS programming, throughout the duration of the HOPE VI project. In addition, the HOPE VI Panel Study provides a longitudinal evaluation of multiple HOPE VI sites.<sup>36</sup>

The lesson from HOPE VI efforts is that research and evaluation play a critical role not only in implementing, but also in developing and improving such complex initiatives. On many occasions, researchers helped to identify important attributes of resident populations targeted for services, including their needs, hopes and expectations, and analysed the unique local context in terms of jobs and service gaps. In other words, programme monitoring and evaluation research were by no means separate activities. Evaluation research had great utility for assessing programme implementation processes and outcomes, identifying points of progress and challenges that arise, and helping housing authorities to make informed decisions regarding course corrections throughout programme implementation. This experience is not limited to HOPE VI projects. The role of evaluators, the importance of ‘reflective learning practice’<sup>37</sup> and the benefits and challenges of participatory evaluation approaches are increasingly being discussed in the context of renewal programmes.<sup>33,38</sup>

The lesson is that DHAs must recognise the necessary role of research in monitoring, documenting and reflecting on successes and failures so that best practices can be established and built upon. Evaluation research, however, is not ‘knowledge’ until it is disseminated. Ironically, in the US, the dissemination of many respectable HOPE VI programme evaluations (including CSS components) has been intermittent and lacking in general.<sup>38,39</sup> Research findings often remain within the public housing authority and fail to reach larger audiences. The authors suspect that the same applies to evaluations in European countries with urban renewal programmes, such as Denmark, France, Germany and Sweden.<sup>40</sup> In the Netherlands, with its large number of Internet-based ‘knowledge centres’, dissemination may be easily streamlined. Many research contracts include clauses on dissemination and publication of research findings. Nevertheless, proper dissemination remains a point of attention for developing better-informed policies and widespread knowledge building on intervention processes and programme effects.

## **CONCLUSIONS AND IMPLICATIONS FOR PRACTICE**

This paper identified some of the key similarities (and differences) in the combined urban restructuring–social service approaches employed in the US and the Netherlands. Within the context of forced relocation, the lessons learned from HOPE VI which are highly relevant for advancing the development and implementation of the BFD approach in the Netherlands and beyond were highlighted. The six key issues identified have management implications for housing associations taking this approach:

- Assuming the dual role of housing manager and service provider necessitates critical reflection and strategising on internal skills and the capacity to provide appropriate services. Hence, housing associations must consult with residents to assess their needs and evaluate the neighbourhood’s existing resources and capacity in order to provide services that best suit the needs of their residents. It is essential that housing associations build their internal organisational capacity in managing multiple service provider contracts, and to a degree, build internal skills for providing direct services.
- There is a clear need for *long-term* supportive services rather than programmes restricted to a definite period during the disruptive and difficult time of relocation and urban restructuring. While services are needed during restructuring in order to minimise the negative impacts of relocation and maximise the potential positive

- effects of changing residences, residents may not be able to take full advantage of new services until the uncertain time of redevelopment and relocation is over.
- Housing associations must carefully consider the location and mobility of support services, tracking and maintaining contact with relocating residents. A combination of people and place-based services is needed to best serve residents both during and after the restructuring initiative.
  - Trust and confidentiality issues must also be cautiously attended to in order to maximise resident take-up of and follow-through with services. Developing a step-by-step approach to service outreach and delivery may be less overwhelming for residents and ultimately prove more effective than having one ‘big entrance’ of multiple service providers. Having one agency gain the trust of families by building a relationship and rapport over a period of time is a valuable first step. Once this agency is recognised as trustworthy and committed to assisting residents, staff can introduce residents to personnel from another agency. This may also facilitate residents’ approval of exchange of privacy-sensitive information between service providers, which can be central for a seamless service delivery approach.
  - Establishing appropriate goals and scope of services must be prudently considered after surveying problems, needs, expectations and priorities. Prioritising self-sufficiency and narrowly measuring outcomes in terms of output (i.e. employment rates, enrolments and completions of programmes) may be ineffective and pull resources and attention away from other important issues with which residents could use help. Housing associations should define realistic programme goals for all their residents (ie children, elderly, work-able people), ensure that a chain of follow-up and ongoing support is established in order to tackle fundamental obstacles to progress, and recognise and encourage incremental steps towards goals.
  - Research and evaluation must be integrated into new and complex redevelopment–social service approaches. Housing associations need to recognise the invaluable role that research can play in developing, implementing and improving such complex initiatives. Longitudinal evaluations in particular are fundamental for identifying both short- and long-term processes and outcomes, for understanding the mechanisms through which programmes may lead to certain results, and for making appropriate programmatic changes in order to best suit the shifting needs of residents and communities over time.

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