

European Observatory on Homelessness

Homelessness Services in Europe



**EOH Comparative Studies
on Homelessness**

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Foreword

The 2018 issue of the Comparative Studies of the European Observatory on Homelessness of FEANTSA provides a detailed insight into the range of services provided to homeless people across the European Union.

This is the first in a series of four issues on the role and functioning of the homelessness sector in Europe. The 2019 issue will focus on the quality of services, in 2020 we will look in more depth into employment conditions and other aspects of human resources management, and the last issue in 2021 will be devoted to the complex issues of financing and cost-efficiency of homeless services. We are confident that this extended research focus will help us to better understand the strengths and weakness of services for the homeless, and whether they are equipped to address challenges related to the rapidly growing homeless population in most European countries. The research will also provide better insights into the capacity of the homelessness sector to appropriate new approaches to homelessness such as Housing First.

The European Union is increasingly attentive to the role of social services as promoters of social inclusion and levers of societal innovation. The next round of Structural Funds for the period 2021 and 2027, which is currently under discussion in the European Parliament and at the level of the Council of Ministers of the European Union, will most probably bring unprecedented opportunities for social service providers to increase the quality and boost the impact of their work. FEANTSA intends to use the findings of this research series of the Observatory to guide its members and partners to the right opportunities in the future European Social Fund Plus, the European Regional Development Fund, and the new InvestEU Fund.

This issue of the Comparative Studies includes a courageous and welcome attempt to develop a European classification of services for homeless people. In 2005, the European Observatory created for FEANTSA a European framework definition of homelessness. ETHOS, as this definition is called, is now widely used as the most authoritative transnational reference definition of homelessness by researchers, policy makers, and other stakeholders involved in the fight against homelessness. Since its launch, it has allowed for more effective transnational cooperation and comparison on homelessness.

More than ten years later, we have become aware that a similarly comprehensible and practical framework definition of homelessness services is required to further improve the impact of FEANTSA's work. We will further develop the classification presented in this issue during the next few years. We would welcome your valuable contributions in this effort and look forward to know what you think about the classification as laid out in this issue.

This issue of the Comparative Studies covers 16 EU Member States of the European Union. We know that the way the homeless sector is organised differs a lot between countries, and to make sure our analysis and conclusions reflect as much as possible this diverse reality, we want to cover most of the EU Member States by 2021, when the series will be completed.

FEANTSA would like to thank the national researchers and the team of the European Observatory on Homelessness for the work they have put into this report. We hope the research findings will inform EU and national policies.

Enjoy reading the report.

Ian Tilling
President of FEANTSA

1. Summary

1.1 About the Research

The aim of this research was to explore the range of homelessness service provision across Europe. There were two main objectives, the first was to look at how homelessness service provision varied between different countries and the second was to explore patterns of homelessness service provision in cities, larger towns and rural areas. A broad goal was to explore the extent to which it might be possible to start to construct a typology of the range of homelessness services in Europe, recognising the challenges of trying to accommodate intensive, highly resourced services alongside basic services that struggle to find sufficient funding within a single taxonomy.

This comparative research drew on a standardised questionnaire to experts in sixteen member states of the European Union. Northern Europe was represented by Denmark, France, Germany, the Netherlands, Ireland, Sweden and the UK. Central and Eastern Europe by Austria, the Czech Republic, Hungary, Poland, Romania and Slovenia and Southern Europe by Italy, Portugal and Spain. This is the eighth in a series of research reports that has sent a standardised questionnaire to experts in a range of EU member states. Experts had to complete the questionnaire themselves but were encouraged to form teams and/or make any connections they required where this was necessary to secure the required information. This comparative research took a broad approach, looking at trends and differences at a broad scale, it was not an attempt to fully explore or reflect upon the detail of often very complex and nuanced differences that can exist between countries, or indeed different places within the same country.

This report begins by describing the methods used for the research and outlining the key questions that the research sought to answer. Chapter 3 provides a broad description of homelessness services in Europe and presents a possible typology of service provision for consideration. This chapter looks in turn at emergency accommodation and temporary accommodation before moving on to look at two forms of non-residential homelessness services. The first group covers *non-housing support*, e.g. daycentres, outreach, food distribution and medical services, and the second group covers *housing-focused support* services, which centre on providing and sustaining housing, e.g. housing-led and Housing First services. This chapter concludes with a review of information collected on homelessness prevention in Europe.

Chapter 4 explores the legal regulation of homelessness services, which influences the range, extent and consistency of service provision in different countries. This chapter also briefly discusses how earlier research has shown how welfare conditionality and local connection rules, governing entire populations, can influence access to homelessness services and routes out of homelessness. Chapters 5, 6 and 7 all take the same format and look respectively at the patterns of homelessness service provision in larger cities, medium sized cities/towns and finally in rural areas. The discussion in Chapter 8 brings together the main findings and revisits the proposed typology of homelessness services in Europe.

1.2 Emergency and temporary accommodation

There was not a clear distinction between emergency and temporary accommodation with the terms being used interchangeably in some cases. For example, what was 'emergency' accommodation in Ireland was referred to as 'temporary' accommodation in the UK. At service delivery level, emergency and temporary accommodation were sometimes provided within the same building or through the same mechanism, depending on how systems were arranged. There were examples of what might be called traditional services, basic, shared emergency accommodation/shelters in almost every country, but, in some countries, such as Denmark, Ireland or the UK, emergency/temporary accommodation could be of a comparably high standard and offer intensive support. NGOs were heavily involved in this form of service provision across most of the 16 countries, with local government also taking an important role, sometimes through direct provision of services or – more often – through commissioning emergency and temporary accommodation from NGOs.

Dedicated systems of emergency and temporary accommodation existed in the larger towns and major cities but were not always present in rural areas. In some instances, services would be concentrated in the largest town in a rural region and only directly accessible to homeless people if they happened to be in that area. In rural areas in several countries, mainstream social services intervened when a vulnerable homeless individual or homeless family needed access to emergency/temporary accommodation, rather than there being specific service provision for homeless people.

1.3 Non-housing Support

Daycentres provided food and other forms of practical support, including blankets, sleeping bags, clothing, bathrooms and washing facilities in most of the 16 countries. There was a broad tendency for daycentres to also be engaged in providing access to education, training and job-seeking services that were focused on labour market activation for homeless people, something that was most evident in the Eastern European services and in the UK. Again, dedicated services were most likely to exist in major cities and larger towns, with some rural areas only having limited services or not having access to this kind of support.

Food distribution was widespread, with voluntary, charitable, faith-based and NGO groups being active in offering food, blankets and other help to people living rough in major cities and some, though not all, larger towns. Every country had at least some form of food distribution for people sleeping on the streets in major cities.

Outreach teams, primarily designed to connect people living rough with other services, ranging from emergency accommodation through to Housing First were largely confined to urban areas, but where not universal. In countries like Ireland, France and the UK, this kind of service was mainstream practice, but in others, while outreach had a function to connect people to services, there was a stronger focus on immediate survival needs for rough sleepers, examples here included Romanian, Polish and Hungarian services.

Medical services could be freestanding but also tended to work in close association with other non-housing support services for homeless people, daycentres being a common example. These services could exist in the form of dedicated multi-disciplinary specialist services or more informal arrangements where a doctor regularly visited a homelessness service. Mobile medical teams, which could take the form of 'street doctors', mobile care services using a vehicle and ambulance provision for homeless people were reported in Austria, France, Hungary and the Netherlands, as well as Poland and Portugal. Again, these services were a largely confined to urban areas.

1.4 Housing-focused Support

Housing-led and Housing First services, which were centred on securing and sustaining an independent home for homeless people, were present across the 16 countries. There was a clear, strategic, emphasis on housing-led services in countries such as Denmark, Germany, France, Ireland, the Netherlands and the UK. In some of the other countries, most services were non-housing support or emergency and temporary accommodation. Even where housing-led approaches

were widespread, fixed-site supported housing and transitional housing that was designed to make homeless people 'housing ready' outnumbered or at least rivalled the scale of housing-led services.

Movement towards Housing First was inconsistent. Some activity, including projects and programmes working in specific cities or regions, was reported almost everywhere, but only some countries, such as Denmark and France, had Housing First as a part of mainstream homelessness strategy. In other countries, such as Sweden and Austria, Housing First was being pursued by some municipalities or regional authorities but not by others. In Italy and the UK, the main driver behind adoption of Housing First had been the homelessness sector itself, rather than local or national government and service provision was still inconsistent. Housing First still appeared to represent only a minority of service provision, but this is in the context of Housing First services having a specific role in reducing long-term and repeated homelessness associated with high and complex support needs, which is one aspect of homelessness. Housing-led and Housing First services were more likely to exist in the major cities than in larger towns and, particularly, rural areas.

1.5 Prevention

The line between homelessness specific and wider service provision for vulnerable groups and individuals was often not clear. Many countries had debt advice and support services that had a generic function to help people in financial distress, one aspect of which was to assist those whose debt might result in homelessness. Dedicated systems to respond to eviction were widespread, although not universal, and existed in two main forms, the first was advice and mediation and the second was in the form of rapid rehousing systems that could step in at the point eviction occurred.

Preventative services were probably at their most extensive in the UK, reflecting a longstanding strategic emphasis on prevention in England and the recent legislative change in Wales, which reoriented the entire system of statutorily enforced homelessness services provided by local authorities from a reactive to preventative approach. Services such as housing advice and mediation were, however, also widespread in countries such as Austria, the Czech Republic, France, Germany, Ireland, Italy and Sweden. Alongside the UK, Denmark and Ireland had housing-led support and supported housing services that were designed to be used as prevention, as well as stepping in once homelessness had actually occurred.

1.6 Legal Regulation of Homelessness Services

Regulation of the homelessness sector was widespread, but resource levels and the level at which regulation existed were inconsistent. Italy had standardised expectations with respect to service provision, but this was not always backed with sufficient resources. In Austria, regulation was at the level of regional government, which as in other Federal countries could mean there were inconsistencies in what was provided and the basis on which those services could be accessed. In Denmark and the UK, legal frameworks created a degree of standardisation across local government areas, although there was still some variation. Two countries, Portugal and Spain, did not have dedicated legal regulation of homelessness services.

1.7 Towards a Typology of Homelessness Services

Low intensity services, offering basic non-housing support and emergency/temporary accommodation, probably form the bulk of homelessness service provision in Europe. Congregate and communal services that offer supported, temporary accommodation and transitional housing, designed to make homeless people 'housing ready', rather than immediately providing housing, outnumber housing-led and Housing First services. Housing-led and Housing First services, centred on immediately providing permanent homes for homeless people and the support they need to sustain those homes (housing-led services), are probably the least common form of service, although they are present to some degree in most countries.

There are risks in making assumptions about the nature and extent of homelessness service provision in different European member states. In some countries, such as Portugal and Slovenia, provision of homelessness services is less extensive and less well funded than is the case in other countries, but in both these countries mainstream social services form a central element of the response to homelessness. In some senses, by incorporating responses to homelessness into mainstream social policy, rather than maintaining an extensive homelessness sector, these countries have more strategically coordinated responses to homelessness. It was often the case that countries that had smaller homelessness sectors were responding to homelessness, at least in part, through wider social and welfare policy and systems.

Many challenges exist, around affordable housing supply and in sometimes negative political attitudes towards homelessness. However, this research shows widespread progress towards more innovative, effective and human responses to homelessness, such as Housing First and housing-led services, across much of Europe.

2. Introduction

2.1 Methods

A standardised questionnaire was distributed to a group of experts living and working in 16 EU member states. It was not possible to involve all 28 of the current member states, so the 16 countries selected were intended to broadly represent differences that can exist in housing systems and markets, welfare regimes and economic prosperity across the EU. The following countries were included:

- Austria
- Czech Republic
- Denmark
- France
- Germany
- Hungary
- Ireland
- Italy
- Netherlands
- Poland
- Portugal
- Romania
- Slovenia
- Spain
- Sweden
- United Kingdom

Using a standardised questionnaire as the basis for a comparative research project has a number of advantages. Research can be conducted relatively cheaply and quickly and many of the challenges that can exist around finding comparative data can be overcome, as experts in homelessness respond to the same set of standardised

questions in each country. The approach is flexible, a single individual is responsible for delivering the questionnaire in each country, but this lead respondent is encouraged to draw freely on other expertise and specialist knowledge in completing the questionnaire.

One of the most important techniques in assembling comparative data using this approach is the use of case study examples or vignettes. In this report, alongside being asked for an overview of homelessness services in their country, respondents were also asked to describe the level and nature of homelessness service provision in a large city, a medium sized town or city and a small town or city in a rural area. This approach was intended to help the authors build a picture of any variations in homeless service provision within countries, alongside establishing whether there were commonalities between, for example, major European cities or the extent and form of homelessness services in the rural areas of Europe.

As is inevitable in comparative research several definitional and representational issues were encountered. One was inconsistency in what was seen as constituting a small, medium sized or large city. For example, more populous countries have a different set of definitions around what constitutes a 'medium sized' city, which may be equivalent to a 'large' city within a less populous country. These definitional differences can be potentially important because they can be reflected in governance, what may be regarded as a town that is too small to warrant separate elected local government in one country may be seen as sufficiently large to require its own elected administration in another.

In terms of homelessness strategy and services, this can mean that towns of similar size may be determining their own homelessness strategy in one country but have their strategy and service structure determined by an elected authority governing a wider region in another country. Beyond this, there is the challenge of finding a truly representative or typical town or city, because, of course, variations in economy, culture, demographics, history and governance can mean that one city of 100,000 might be very different from another city of 100,000 in the same country. This is always the risk with comparative research, that detail will be missed, that the true variation and nuance within each country will not be recorded. However, we can acknowledge that no international comparisons will ever be perfect, but at the same time still learn from them, seeing at least some of the commonalities and differences between European countries.

As with any methodology, standardised comparative questionnaires have some limitations. One is that only relatively small, relatively simple amounts of data can be collected using this method. As there is a need to ensure data are clearly comparable, only clear and simple questions can be asked. Each expert, while an expert, will only have a partial picture of the reality of the question being explored, for

example because their knowledge will be confined to their own research and a wider evidence base, which may have only explored some aspects of homelessness. In some countries, there is far more administrative and survey data than in others, some may have larger homelessness sectors than others and a greater or lesser level of funding available for homelessness research.

2.2 Key questions

There is a lot of discussion and activity focused on innovation in homelessness strategies and innovation in homelessness service design at the time of writing. In particular, significant policy and academic attention is being focused on the possibilities of the Housing First model for Europe¹, creating and enhancing effective forms of homelessness prevention² and, following the example of Finland, building and delivering a truly integrated and effective homelessness strategy³.

A key reason for undertaking the analysis for this research report, intended to be the first in a series exploring the range, strengths and limitations of homelessness services, in Europe, is to situate these developments in homelessness policy and research in the context of the actual patterns of service provision. Whether it is prevention, Housing First, strategic integration or another innovation like Critical Time Intervention or trauma-informed approaches to service design, it is important to understand how far what the evidence suggests is good practice is actually reflected in what homelessness services are doing on the ground.

Context is important in two other ways, the level of resource devoted to reducing and preventing homelessness and the ways in which broader social and housing policy may influence experience of homelessness. This report is not intended as an exercise that will highlight one country or city as performing 'well' according to a set of arbitrary criteria, such as whether or not Housing First has been mainstreamed. Instead, this report aims to understand the pattern of homelessness service provision across Europe, as an initial step in understanding where

¹ <https://housingfirsteurope.eu>

² Pleace, N. (Forthcoming, 2019) *Preventing Homelessness: A Review of the International Evidence* (Dublin: Simon Communities of Ireland); Mackie, P., Thomas, I. and Bibbings, J. (2017) Homelessness Prevention: Reflecting on a Year of Pioneering Welsh Legislation in Practice, *European Journal of Homelessness* 11(1) pp.81-107; Busch-Geertsema, V. and Fitzpatrick, S. (2008) Effective Homelessness Prevention? Explaining Reductions in Homelessness in Germany and England, *European Journal of Homelessness* 2.

³ Y Foundation (2018) *A Home of Your Own: Housing First and Ending Homelessness in Finland* (Helsinki: Y Foundation).

European strengths lie in preventing and reducing homeless, where there may be gaps in services and what kinds of gaps and limits may exist within existing homelessness services.

Another issue that this series of reports will explore is the extent to which current service provision meets the needs of the homeless population as a whole. There is growing evidence of differentiated pathways through homelessness for women, including the feminized nature of family homelessness, much more significant associations between domestic abuse and homelessness than is the case for men and a possibly greater tendency for women to experience hidden forms of homelessness, such as staying with friends, relatives or acquaintances in the absence of any alternative accommodation⁴.

Similarly, if there are areas where homelessness service provision is inaccessible, or inappropriate for groups whose homelessness may be associated with high and complex needs, ranging from ex-offenders (recently released prisoners) through to young people with experience of the care system, or people with needs related to severe mental illness and addiction, this is important to know. The evidence suggests that only a minority of homeless people in some countries experience long-term or repeated homelessness associated with high and complex needs⁵. As our understanding of the dynamics of European homelessness begins to improve⁶, we also need to begin the process of exploring the extent to which the current mix of homelessness services in Europe reflects and responds to the needs of homeless people.

Some newer research, at present largely confined to North American work⁷, but with some supporting evidence from Ireland and the UK⁸, indicates that long-standing assumptions about homelessness causation may be wrong. For some homeless people, unmet treatment and support needs, most commonly an addiction and/or severe mental illness, can trigger and sustain long-term and repeated homelessness. However, newer evidence suggests that high and complex

⁴ Mayock, P. and Bretherton, J. (Eds.) (2017) *Women's Homelessness in Europe* (London: Palgrave Macmillan).

⁵ Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons from Research* (Brussels: Directorate-General for Employment, Social Affairs and Equal Opportunities).

⁶ Busch-Geertsema, V., Benjaminsen, L., Filipovič Hrast, M. and Pleace, N. (2014) *The Extent and Profile of Homelessness in European Member States: A Statistical Update* (Brussels: FEANTSA).

⁷ Culhane, D.P., Metraux, S., Byrne, T., Stino, M. and Bainbridge, J. (2013) The Age Structure of Contemporary Homelessness: Evidence and Implications for Public Policy, *Analyses of Social Issues and Public Policy* 13(1) pp. 228-244.

⁸ Pleace, N. (forthcoming, 2019) op. cit.

needs can arise following long-term or repeated exposure to homelessness, in this example, the addiction and the mental health problems can arrive *after* homelessness, not beforehand.

There is also very longstanding evidence of the potentially negative impacts of homelessness on mental and physical health in a broader sense, being in a state of homelessness exposes individuals, couples and families to the known health risks of extreme poverty, combined with the unique distress of homelessness⁹. Recent statistical analysis has produced direct evidence of increased morbidity and mortality among homeless people, relative to comparable housed populations, expressed in heightened levels of contact with health services¹⁰.

Understanding of the damage to health, wellbeing, social and economic integration and life chances that can be associated with homelessness, particularly when homelessness becomes long-term or repeated, continues to improve. The imperatives to *prevent* homelessness from occurring wherever practical and to *rapidly end* homelessness where prevention cannot be used, have become ever clearer. Another part of the role of this report is to look at how preventative and rapid rehousing services are being used, across countries and also within major cities, smaller towns and rural areas.

In summary, this report explores three main questions:

- What is the pattern of homelessness service provision in different EU member states?
- To what extent do homelessness services vary between urban and rural areas in Europe?
- How far do current patterns of service provision reflect the evidence base about which forms of homelessness service are most effective and what evidence is there of integrated strategic responses to homelessness?
- To what extent are European homelessness services focused on prevention and rapid rehousing?

⁹ Quilgars, D. and Pleace, N. (2003) *Delivering Health Care to Homeless People: An Effectiveness Review* (Edinburgh: NHS Health Scotland).

¹⁰ Waugh, A., Clarke, A., Knowles, J. and Rowley, D. (2018) *Health and Homelessness in Scotland* (Edinburgh: Scottish Government).

2.3 The Report

The following chapter presents an overview of homelessness services in Europe at country level. Chapter 4 looks at the legal regulation of homelessness services. Chapter 5 describes and discusses the provision of homelessness services in larger urban areas, while chapters 6 and 7 cover medium sized cities and smaller towns in rural areas. A discussion of the findings concludes the report.

3. Homelessness Services in Europe

3.1 Introduction

This chapter provides an overview of homelessness services in Europe, based on the responses received from the expert questionnaire. The chapter begins by describing the typology of homelessness services which has been developed from this research. The Chapter then looks at emergency accommodation, temporary accommodation, non-residential services and finally at homelessness prevention.

3.2 Building a typology of homelessness services

3.2.1 Variation in definitions, variation in services

There are considerable differences between the responses to homelessness in different European countries. Some countries have highly integrated homelessness strategies which are relatively well financed and provide a range of preventative, housing-led, Housing First and supported housing services, alongside emergency and temporary housing. There are also high intensity services, combining a mix of health, social work, addiction and other support services, such as the full ACT/ICM models of Housing First running in France¹¹ and ICM/CTI services in Denmark¹².

Not every country has an integrated strategy and public expenditure on homelessness services can also be limited. In some countries, homelessness services are more likely to be in the form of shared emergency accommodation, food distribution and other basic services and the response to homelessness may be led at least in part by voluntary, charitable and faith-based organisations, rather than directed and resourced by local, regional or national government.

¹¹ Agence nouvelle des solidarités actives (2017) *Le logement d'abord, et après Bilan et propositions pour la généralisation du logement d'abord en France* [Housing First, and After Assessment and Proposals for the Generalization of Housing First in France] https://www.solidarites-actives.com/sites/default/files/2018-03/Ansa_AT_Logementdabord_Rapport_2017_VF.pdf

¹² Benjaminsen, L. (2013) Policy Review Up-date: Results from the Housing First based Danish Homelessness Strategy, *European Journal of Homelessness* 7(2) pp.109-131.

There is always at least some service provision for people at risk of living rough (street homelessness) within cities, which can include basic shelter, provision of food and blankets. However, this can range from extensive, government funded services, up to and including Housing First or Critical Time Intervention (CTI), through to a local church opening its doors on winter nights and providing a warm space for people living rough to sleep.

The parameters of what is interpreted as a “homelessness service” vary with definitions of homelessness. Populations who are, in terms of the ETHOS light typology¹³ (Figure 3.1) in categories 1, 2, 3 and 5 are usually defined as being “homeless people” who require services. However, some countries, such as the Nordic nations and the UK, also define people in inadequate and insecure housing, or who are ‘hidden homeless’ or ‘doubled up’, i.e. needing a home of their own, but who are having to live with family, relatives, friends or acquaintances because no other housing is available, as also being homeless (i.e. people in category 6, Figure 3.1). In most instances, people in category 4 are not defined as homeless, as they are under threat of homelessness. These groups would however be supported by preventative services in some countries, as would people under threat of eviction.

Definitions are important because the wider the definition of homelessness, the wider the range of services and supports that tend to be provided. If homelessness is just defined as people living rough, only a relatively small range of services focused on a comparatively small population is required. If the problem is seen as encompassing hidden homelessness, there are more women, more families, and a much wider range of homeless people more generally, as well as bigger numbers of people involved.

¹³ Edgar, W. and Meert, H. (2005) *Fourth Review of Statistics on Homelessness in Europe The ETHOS Definition of Homelessness* (Brussels: FEANTSA).

Figure 3.1 ETHOS Light

OPERATIONAL CATEGORY		LIVING SITUATION		DEFINITION
1	People living rough	1	Public spaces / external spaces	Living in the streets or public spaces without a shelter that can be defined as living quarters
2	People in emergency accommodation	2	Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation
3	People living in accommodation for the homeless	3 4 5 6	Homeless hostels Temporary accommodation Transitional supported accommodation Women's shelters or refuge accommodation	Where the period of stay is time-limited and no long-term housing is provided
4	People living in institutions	7 8	Health care institutions Penal institutions	Stay longer than needed due to lack of housing No housing available prior to release
5	People living in non-conventional dwellings due to lack of housing	9 10 11	Mobile homes Non-conventional buildings Temporary structures	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence
6	Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence

Source: Edgar *et al.*, 2007 ¹⁴.

How homelessness is defined is in part, a technical issue, but definitions of homelessness are also political, influenced by ideology, culture and media. The image of the homeless person, usually a homeless man, as being someone with high and complex needs, who may also be criminal, whose own decisions and actions are at least part of the cause of his homelessness is a powerful one. Seeing homelessness as a result of, primarily, social injustice and inequality is, politically, a very different standpoint. It is worth briefly noting that, like definitions of who should be seen as homeless, service design can also be influenced by very different *images* of homelessness¹⁵. Part of the

¹⁴ Edgar, B., Harrison, M., Watson, P. and Busch-Geertsema, V. (2007) *Measurement of Homelessness at European Union Level* (Brussels: European Commission).

¹⁵ Hansen-Löfstrand, C. and Juhila, K. (2012) The Discourse of Consumer Choice in the Pathways Housing First Model, *European Journal of Homelessness* 6(2) pp.47-68; Hansen-Löfstrand, C. and Quilgars, D. (2016) Cultural Images and Definitions of Homeless Women: Implications for Policy and Practice at the European Level, in: P. Mayock, P. and J. Bretherton (Eds.) *Women's Homelessness in Europe*, pp. 41-74. (London: Palgrave Macmillian).

reason why, for example, Nordic responses differ from those of some Southern and Eastern EU member states to homelessness¹⁶, is arguably about definitions and cultural responses that are shaped, at least in part, by different images of homelessness.

In summary, the differences in definitions and approaches to homelessness across Europe and within individual European countries mean that both the extent and the nature of homelessness services are subject to marked variation. Building a typology of homelessness services in Europe that can encompass this kind of variation is not without its challenges.

3.2.2 Towards a typology of homelessness services

A European typology of homelessness services must encompass housing-led, choice orientated, comprehensive and flexible services that recognise housing as a human right, including housing-led, Housing First and CTI services, alongside trauma informed approaches that use co-production. It must, realistically, also include emergency shelters that offer a bed, a meal and nothing else, or volunteers handing out soup and bread to people living on the street, because that is an important part of European responses to homelessness.

This is not just a matter of comparing the range of homelessness services between countries. It is also the case that countries with the cutting edge of homelessness services and integrated strategies *also* have people handing out sleeping bags, bread and soup or providing spaces in churches or other buildings where people can sleep relatively safely, but which offer no real support. For example, London's responses to homelessness include Housing First, highly developed trauma informed co-productive supported housing, a statutory system designed to protect children and vulnerable groups from homelessness led by local and regional government, *alongside* charitable and faith-based organisations distributing soup and other food to people living on the street and providing basic emergency shelters.

The proposed typology of homeless has two main dimensions. One dimension is whether services are **housing focused**, which means they are centred on using ordinary housing or are **support focused** which means they aim to make someone 'housing ready' through support and treatment. The second dimension is whether the service offers a **high level of support** or a **low level of support** (Figure 3.2).

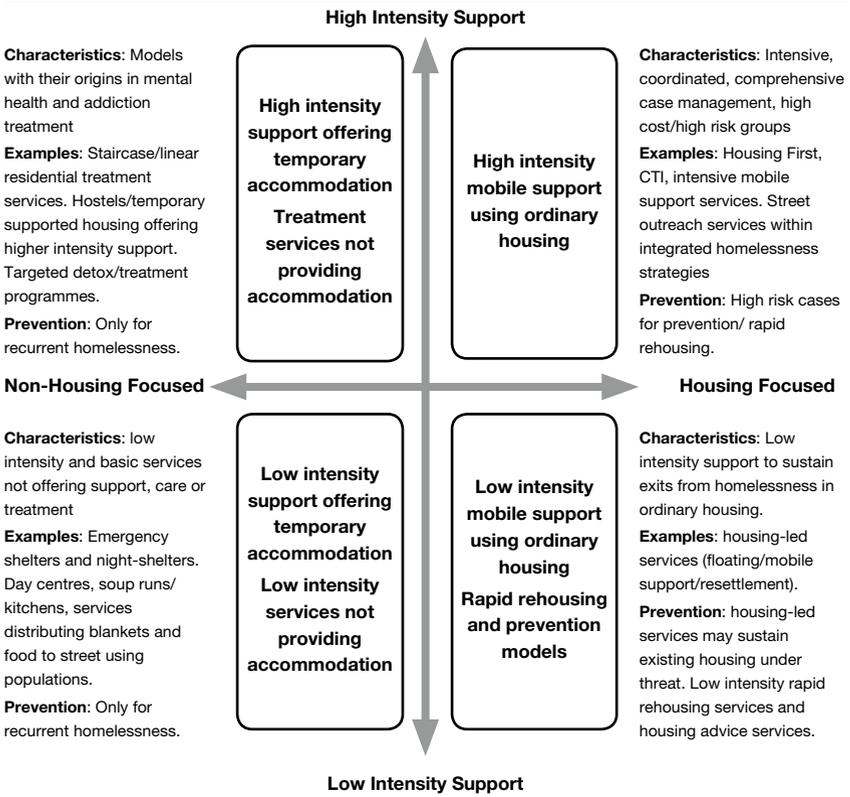
Two archetypes can be used to illustrate these differences. Housing First is a *housing focused* service, it uses ordinary housing and high intensity support to end homelessness. By contrast 'staircase' or linear residential treatment (LRT) services, which provide only *temporary* accommodation and support on a single site, with

¹⁶ Benjaminsen, L. and Knutagård, M. (2016) Homelessness Research and Policy Development: Examples from the Nordic Countries, *European Journal of Homelessness* 10(3) pp.45-66.

on-site support staff are *support focused* services. Housing First places someone directly into housing (housing is first); a linear residential treatment service tries to bring someone with support needs to the point where they are ready to live independently in their own home (housing is last) (Figure 3.2).

A basic emergency shelter that provides a bed, food and access to a small amount of support worker time to help someone access external services or find housing, is an example of a *support focused, low intensity* service. A rapid rehousing service that works with homeless people who basically just require adequate, affordable housing but who do not require support is a *low intensity, housing focused* service (Figure 3.2).

Figure 3.2 A Proposed Typology of European Homelessness Services



3.3 Provision of homelessness services

Homelessness services tended to be provided by NGOs, a mix of voluntary sector, charitable and faith-based organisations, with faith-based organisations (while present everywhere) tending to be relatively more significant providers in the Southern and Eastern EU member states. In most countries, municipal, regional and sometimes national level commissioning of NGOs to provide homelessness services was widespread, although several countries, such as **Denmark** had a mix of direct municipal provision of homelessness services and service agreements with NGOs. In **France**, the **UK**, **Ireland**, the **Netherlands** and **Portugal** the bulk of homelessness services were provided by NGOs under commission from municipal and regional authorities.

3.4 Emergency Accommodation

There is something of a dilemma as to whether or not to include housing-led and Housing First services in a discussion of “emergency” accommodation. These services can, if working as they should in theory, immediately house someone in an emergency situation, but they are permanent housing, not an ‘emergency’ shelter. However, rather than enter into a debate about what is or is not an ‘emergency’ service (and allowing that Housing First can, at least in theory, have an emergency accommodation function), the presence of Housing First is noted where relevant (Table 3.1).

There are two points to note about the possible use of Housing First as an emergency accommodation response. The first is that Housing First services are still relatively unusual, even in those countries where Housing First is widely used, it may still be outnumbered by other forms of homelessness service. One reason for this may be that Housing First is focused on people with high and complex needs, so that it will only be working with some people experiencing homelessness, such as long-term or repeatedly homeless people or some people who are living rough. Other groups, such as homeless adults with lower support needs and homeless families, will use other forms of service, such as housing-led or supported temporary accommodation services. It is also the case that Housing First is still being developed and in the process of growing in many countries.

The second point is that whether Housing First can be said to have an ‘emergency’ function depends on how Housing First is implemented. In a situation in which a Housing First service can offer settled housing very quickly, responding to an emergency not with emergency or temporary accommodation but with the offer of a settled home, it is possible to see Housing First as part of an emergency response. In practice, however, people for whom Housing First is suitable may have to wait

for several weeks or more (in emergency or temporary accommodation) before Housing First can offer them a settled home. For example, although Housing First services may be available in a country, waiting times for housing may imply that they cannot be seen as able to offer an 'emergency' function.

Table 3.1 Emergency Accommodation Country Summary

Country	Organisations (summary)	Types of service (summary)
Austria	Municipalities, NGOs, churches.	Shelters. Housing First.
Czech Republic	Municipalities, NGOs, churches.	Shelters. Housing-led/Housing First.
Denmark	Municipalities. NGOs.	Shelters. Hostels*.
France	Municipalities. NGOs.	Shelters. Hotels. Housing First.
Germany	Municipalities NGOs.	Shelters. Hostels.
Hungary	Municipalities, NGOs and churches.	Shelters. Hostels.
Ireland	Municipalities. NGOs.	Shelters. Hostels*. Refuges. Hotels. Housing First.
Italy	Municipalities, NGOs and churches.	Shelters. Housing First.
Netherlands	NGOs.	Shelters. Hostels*. Refuges. Housing First.
Poland	Municipalities. NGOs.	Shelters.
Portugal	Municipalities. NGOs.	Shelters. Hotels.
Romania	Municipalities.	Shelters. Refuges.
Slovenia	Municipalities. NGOs.	Shelters. Refuges.
Spain	Municipalities. NGOs.	Shelters. Hotels.
Sweden	Municipalities. NGOs and churches.	Mainly shelters. Refuges. Housing First.
United Kingdom	NGOs. Municipalities.	Hostels*. Hotels. Refuges. Housing First.

* Supported housing services offering self-contained apartments or private bedrooms with more extensive on-site support services and focused on providing pathways towards housing.

3.4.1 Country overview

In **Austria**, emergency shelters were available for people living rough, these were concentrated within cities rather than rural areas was reported. The federal states had responsibilities for these services and were not consistent in how they approached the task. Issues were reported with some shelters only being available over the winter months, with some year-round federal services only being available to Austrian citizens, not to refugees, asylum seekers or non-Austrian EU citizens who have been resident for less than five years. Services were described as most

developed and integrated within Vienna, which also had an outreach service working in the winter months. Within the shelters, sleeping space is often shared and support services can be minimal and outside the winter months, services are often only accessible overnight. A year-round gap in service capacity was reported. Housing First operates in Vienna¹⁷ and can be used by people sleeping rough, but only where those individuals are entitled to Viennese assistance to homeless people and if they are state insured.

In the **Czech Republic**, emergency shelters that offer facilities to wash, meals and overnight accommodation are available to people living rough. With the exception of one regional government run facility, the bulk were run by municipalities, churches and NGOs. Centralised data were available, reporting that 38,624 men and 9,597 women used 79 emergency shelters in the Czech Republic in 2016¹⁸. As in Austria, rooms were often shared, services were often only accessible overnight, although small charges (less than €2) were made for stays and use of laundry facilities. Data indicated that 1,086 people living rough were not able to access these services in 2016 because capacity was insufficient¹⁹. A small number of time-limited, higher intensity supported housing services were reported, using apartments and floating support from social workers for six months, alongside some use of Housing First.

Danish provision of emergency shelters is regulated by social service laws. Section 110 of these laws requires municipalities to provide shelter for people with support needs who have nowhere to live or who cannot live in their current housing. Lack of housing is not, in itself, a qualification for access to these services, there must also be a support need, which might include mental health problems or addiction. Denmark has around 70 shelters of this sort, some are run by municipalities and others by NGOs, sometimes under contract to a municipality and sometimes on their own. Shelters control their own admissions systems and decide who they are going to assist. Arrangements exist that allow someone from one municipality to stay in emergency accommodation in another municipality, with the home municipality refunding the cost to the municipality in which someone is using a shelter. The shelters provided under social services laws can be described as medium to high intensity services which offer comparably high support compared to services in other countries. Beyond these services, there are some low threshold (few or no entry requirements) emergency shelters in larger cities and towns, these were described as much more basic than the shelters provided through social services law, with shared sleeping arrangements and limited services.²⁰

¹⁷ <http://housingfirsteurope.eu/assets/files/2017/08/housing-first-in-Vienna.pdf>

¹⁸ Source: MLSA (2016).

¹⁹ Source: MLSA (2016).

²⁰ <https://housingfirstguide.eu/website/wp-content/uploads/2016/04/Denmark.pdf>

French responses to rough sleeping were described as designed to deliver an integrated response, that would provide emergency accommodation, combined with support that is centred on housing people living rough. The Référentiel national Accueil, hébergement, insertion (AHI), the “Reception, Accommodation, Integration” system²¹, is designed to end homelessness by providing immediate, unconditional assistance, which is designed to be respectful and participative and to offer tailored support that meets individual needs. Under the DALO law²², anyone who is accommodated in an emergency shelter should be able to stay there until a pathway out of homelessness can be offered, this might be stable housing, supported housing or residential care of some sort, depending on how their need is assessed. The DALO law is justiciable, i.e. an authority can be taken to court if it fails to provide the expected level and nature of support. The interministerial body Délégation interministérielle à l’hébergement et à l’accès au logement (DIHAL)²³ has strategic responsibility at national level and leads the national Housing First programme²⁴ which is intended to be accessible to rough sleepers with high and complex needs, that include a psychiatric diagnosis.

Systems of emergency accommodation in France include the Centre d’hébergement d’urgence (CHU), i.e. emergency shelters, which are funded through a mix of national and local government resources. These services have on-site staffing which is present 24 hours a day, with a mix of private bedrooms and dormitories being used. Someone can remain resident until housing or permanent supportive housing or care can be found under the terms of the DALO laws. Additional emergency shelters are provided between 1st November and 31st March, which usually involves pressing disused public buildings into use on a temporary basis. An increasing reliance on hotels to provide emergency accommodation has been reported in recent years, reflecting growing pressure on these systems, particularly in and around Paris, organised around the 115-emergency helpline national system. Stresses on emergency accommodation and problems in finding housing to move people into from shelters and hotels were reported.

In **Germany**, every municipality is required by law to provide some type of basic emergency accommodation to prevent people under imminent threat of rooflessness from having to sleep outside. Not all municipalities have such emergency accommodation, particularly the smaller municipalities, but German Länder-laws

²¹ <http://siao92.fr/wp-content/uploads/2015/01/Referentiel-Prestations-AHI.pdf>

²² <http://www.drihl.ile-de-france.developpement-durable.gouv.fr/le-droit-au-logement-opposable-dalo-r59.html>

²³ <https://www.gouvernement.fr/delegation-interministerielle-a-l-hebergement-et-a-l-acces-au-logement>

²⁴ <https://www.gouvernement.fr/plan-logement-d-abord-annonce-des-laureats-de-l-appel-a-manifestation-d-interet-0>

on public order and security in principle stipulate that some action has to be taken to provide protection from the weather if a roofless person has a need for shelter (at night as well as during the day, but not necessarily in the same premises). In small municipalities this can be low-cost hotel rooms, but often it is also basic accommodation which is only used as emergency shelter. And even more often emergency accommodation is a specific part of hostels for longer-term stays. Emergency accommodation is provided by municipalities and/or NGOs, but the ultimate responsibility for the provision of shelter remains with the municipalities.

Hungarian provision of emergency shelters is not extensive. Emergency shelters are provided under a 1993 law, offering shared rooms, which can have up to 20 beds, although a separate treatment bed must also be provided, along with showers, laundry and cooking facilities and counselling and safety services. These shelters are open during the evening and overnight, data on usage, and whether or not these services were in high demand, were not available. These services are in high demand, with extra space offered during winter months. Hostels and transitory homes represent a further bulk of services, many of them run by NGOs and charities. Municipalities beyond a certain population size are obliged to run accommodation-based services for homeless people, whereas day centres and street outreach are common services organised in cities across Hungary.

In **Ireland**, the main form of emergency accommodation for lone adults who are living rough are homeless shelters, which are single site buildings with on-site support staff offering bedrooms and shared living rooms or dormitories (shared sleeping areas). Some services provide meals, and some charge a fee for staying there. These services can be both short-term or long-term. As in Austria and France, additional emergency shelter is provided during the winter months in the bigger cities. There has been a substantial increase in hostel and emergency accommodation use. In May 2018, there were just over 3,300 adult individuals in emergency temporary shelters nationally, up from 1,500 in mid-2014. Expenditure on emergency and temporary shelters reached €46m in 2017, up from €19m in 2013²⁵.

As pressure on affordable housing supply has greatly increased, particularly in Dublin, Ireland has seen spikes in family homelessness. Like France, Ireland has had to use hotels and Bed and Breakfast (B&B)²⁶ establishments to provide emergency accommodation for homeless families, also using these hotels for lone adult homeless people with higher support needs. There were 1,000 children with their parent or parents in these hotels in 2014, which had increased to 4,000 children by May 2018. Spending on these hotels had surpassed €70m during 2017²⁷. A new

²⁵ Source: Focus Ireland.

²⁶ These are generally cheaper, family run/small hotel businesses in Ireland and the UK.

²⁷ Source: Focus Ireland.

system of 'family hubs' provided mainly by NGOs has been introduced to provide emergency shelter for families, these congregate hostel services had 500 places available in Dublin by 2018. Ireland also has a network of 21 residential services for women and children who are at risk of domestic violence, with around 250 places, which are NGOs supported by central government funding. Housing First services can be accessed by long-term and recurrently homeless people with high and complex needs, including rough sleepers²⁸.

The **Italian** use of emergency accommodation was described as centred on low threshold and overnight shelters, which are open year-round between 18.00 and 07.00. As in some other countries, additional emergency shelters are opened during severe winter weather. Most shelters offer a bed, food, laundries and bathrooms. Shelters often have social workers and psychologists attached and may also offer medical facilities alongside projects for social and economic integration and accompanying measures. Services are provided by municipalities, NGOs, churches or volunteers. Data from Istat²⁹, collected in 2015, reported 768 emergency services for people living rough across Italy working across 158 towns and cities, this figure included services that were defined as canteens and shelters, i.e. offering food and perhaps other support, but not emergency or temporary housing. The development of Housing First in Italy is being led by the homelessness sector, which has formed *Housing First Italia* operating under the auspices of fio.PSD. Housing First services can be targeted directly on people sleeping rough, where high and complex needs exist; there were approximately 35 projects in Italy³⁰.

In the **Netherlands**, most emergency accommodation is organised by NGOs, with services being present in the 43 largest municipalities, which offer 1,900 beds in overnight emergency shelters (sometimes called night shelters) and 1,189 beds in other forms of emergency accommodation, which could be described as hostels, that offer longer stays, are open during the day and provide support services³¹. Local connection criteria can form a barrier to some of these services³² with reports from the expert for the Netherlands that people who were experiencing hidden homelessness also experiencing barriers to these services. The quality of emergency services was described as variable, ranging from collective projects run by homeless people themselves, through to more traditional dormitory services (shared sleeping areas). Pressure on emergency accommodation was reported as

²⁸ <https://www.pmvtrust.ie/our-services/housing-services/housing-first/>

²⁹ <https://www.istat.it>

³⁰ <http://www.housingfirstitalia.org/en/housing-first/>

³¹ Source: Federatie Opvang, 2017

³² Baptista, I., Benjaminsen, L., O'Sullivan, E. and Pleace, N. (2015) *Local Connection Rules and Homelessness in Europe* (Brussels: FEANTSA). https://www.feantsaresearch.org/download/feantsa-studies_05_web7437249621511918755.pdf

being high, in part because there were challenges in finding suitable homes to enable people to move on. There is evidence of repeated and sustained use of emergency shelters by some homeless people³³. Housing First is used quite extensively in the Netherlands, which has some of the most established services in Europe and is accessible to people living rough³⁴. The Netherlands has a network of refuge services for women at risk of domestic violence, provided by NGOs.

Polish emergency accommodation access was regulated by the 2004 Social Assistance Act³⁵ which specifies a legal right to shelter, food and clothes for Polish citizens that is the responsibility of municipalities. Minimum standards were being established but were not due to come into force until 2021, although most services can be described as moving towards these standards³⁶. Services were available from 18.00 to 08.00 in the winter and from 19.00 to 07.00 in the summer, sleeping areas are usually shared, food is provided, along with changes in clothing and bathroom facilities. Space allowed per resident is between 2-3m² and one staff member is expected per 50 service users. Some shelters offer social workers and specialist drug/addiction workers. According to the Ministry of Family, Labour and Social Policy there were 116 overnight shelters in Poland in 2016³⁷, which included 46 shelters operated by municipalities with 1,322 beds, 54 NGO provided services, commissioned by municipalities with 1,600 beds and 16 NGO run shelters with 399 beds. Poland also has 'warming up stations' that offer warm spaces for homeless people, of which there were 53, offering 1,212 seats which – unlike the emergency shelters – are tolerant of alcohol use. People living rough may also be placed in 'sobering up stations' which are run by criminal justice services and are a form of

³³ Everdingen, C. van (2016) *De Utrechtse nachtopvang en crisisopvang in beeld. Eindrapport van beeldvormend onderzoek in opdracht van de gemeente Utrecht*. [Night Shelters and Emergency Shelters in Utrecht]. Available at: https://www.utrecht.nl/fileadmin/uploads/documenten/zorgen-onderwijs/informatie-voor-zorgprofessionals/2016-11-Nachtopvang_en_crisisopvang.pdf

³⁴ <http://housingfirsteurope.eu/country/netherlands/>

³⁵ Ustawa z dn. 12 marca 2004 o pomocy społecznej (Dz. U. 2004 Nr 64 poz. 593 z późn. zm.), <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20040640593/U/D20040593Lj.pdf>

³⁶ Wilczek, J. (2018) Has the Standardisation of Homelessness Services in Poland Facilitated Access to Shelter? *Homeless in Europe Magazine* <https://www.feantsa.org/download/spring-2018-feantsa-homeless-in-europe-magazine3972490471031025956.pdf>

³⁷ Sprawozdanie z realizacji działań na rzecz ludzi bezdomnych w województwach w roku 2016 oraz wyniki ogólnopolskiego badania liczby osób bezdomnych 8/9 luty 2017 [Report on the Implementation of Support for Homeless People in Regions in 2016 and the Results of the National Survey on the Number of Homeless People on 8/9 February 2017], <https://www.mpips.gov.pl/download/gfx/mpips/pl/defaultopisy/9462/1/1/Sprawozdanie%20z%20realizacji%20dzialan%20na%20rzecz%20ludzi%20bezdomnych%20za%202016.pdf>

treatment-led detention, requiring someone to detoxify. Some of these services have been modified into voluntary, supportive models focused on people living rough with addictions.

In **Portugal**, the differences between 'emergency' and 'temporary' accommodation are not clearly defined. Emergency shelters are provided by social services for adults who are described as socially vulnerable, which can include people living rough who have treatment and support needs. As in France, access can be arranged via an emergency helpline, known as line 144. There are plans to move towards a standard model for emergency accommodation³⁸, but most services offer basic accommodation, bathrooms, food and laundry facilities. Support services are available, but as in several other countries, the services are only available overnight, from 17.00 to 09.00. Emergency services are intended to be available for 72 hours, after which someone's position should be reviewed. There is a broad goal to establish a pathway to housing or to another suitable living situation. Emergency accommodation is concentrated in Lisbon and Porto. As in Ireland and France, use is made of cheaper hotels, pensões, where emergency shelters are not available, paid for by social services³⁹. Stays in emergency accommodation can be long, for the same reason as France and Ireland, a lack of suitable housing into which homeless people can move. Housing First is operational in Lisbon and is targeted on long-term homeless people, including rough sleepers⁴⁰.

The major cities of **Romania** were described as having emergency shelters which were managed by the municipalities, but provision of shelters was not widespread in smaller towns and rural areas. Much of the emergency accommodation was centred on Bucharest which was thought to be the area in which people living rough were most concentrated. The major shelter run by the municipality was described as having several hundred beds. A lot of shelter provision was only available over the winter months. Sleeping areas are usually shared and food is provided. Health checks are provided in many shelters, some of which offer longer stays, although the administration around getting access to these services was described as complicated. Only a few services were described as designed to provide a pathway out of homelessness. In September 2014, 104 shelters were counted in urban areas which had a total of 2,525 places available⁴¹. There is some provision of refuge services for women at

³⁸ As agreed between the State and the private sector by the "Cooperation Commitment for the Social and Solidarity Sector"

³⁹ Yet, in recent months, the use of these commercial hotels has become less and less viable in the Lisbon Metropolitan Area due to very strong pressure from tourism.

⁴⁰ <http://housingfirstguide.eu/website/wp-content/uploads/2016/04/Portugal.pdf>

⁴¹ World Bank Group (2015) *Background Study for the National Strategy on Social Inclusion and Poverty Reduction 2015-2020*. <http://documents.worldbank.org/curated/en/290551467995789441/pdf/103191-WP-P147269-Box394856B-PUBLIC-Background-Study-EN.pdf>

risk of domestic violence. Some research has indicated that certain populations avoid the shelters and stay in low quality hotels⁴². There can be some use of social housing as emergency and temporary accommodation by municipalities.

Like Portugal, **Slovenia** does not have a clear distinction between emergency and temporary accommodation. The larger municipalities provide emergency accommodation, but as in France and Ireland, the stays in these services can be prolonged as there are challenges in finding housing. These services are provided by social services (social work) and NGOs, with some financial support from central government, which provided co-financing for 13 services in 2016. There was a broad trend for these services to move towards more holistic support, 283 beds were available in 2016. Alongside these services, there are night shelters, which are only available over night. Slovenia also has refuge services for women at risk of domestic violence.

Spain, like Portugal and Slovenia, was described as not having a clear distinction between emergency and temporary accommodation. The bulk of emergency accommodation was reported as taking the form of 84 night-shelters, open only during the evenings and overnight and 224 emergency shelters that were open on a 24-hour basis, according to figures collected in 2016⁴³. Most of these services were operated by NGOs or municipalities. No description of typical conditions within these services was given, in terms of what services were offered or the standard of accommodation, but they were described as emergency shelters rather than as supported housing, suggesting similar types of service to those found in Portugal or Italy. Housing First services have been developed in major Spanish cities and are accessible to people sleeping rough experiencing long-term and repeated homelessness⁴⁴.

Swedish emergency accommodation is run by municipalities and NGOs, both operating separately and together. Sleeping areas are shared (although the two main genders are separated), food is provided, along with bathrooms and sometimes a change of clothes. During the last decade there has been an attempt to provide people with private bedrooms. Services do not usually provide medical treatment, mental health or addiction services, although a broad shift from meeting basic needs and towards more active and motivational support was

⁴² Briciu, C. (2011) Homelessness in Romania – Challenges for Research and Policy, *Mediterranean Journal of Social Sciences* 5(22) <http://www.mcser.org/journal/index.php/mjss>

⁴³ The Instituto Nacional de Estadística has carried out a regular survey on services for homeless people since 2003. Data are available for 2003, 2006, 2008, 2010, 2012, 2014 and 2016. http://www.ine.es/dyns/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176925&menu=ultiDatos&idp=1254735976608

⁴⁴ <https://raisfundacion.org/en/right-housing/>

reported, with a growing emphasis on case management⁴⁵. Few services are direct access (i.e. allow someone in directly from the street), with most working by receiving referrals from social services. The shelters are not accessible to people who are not Swedish citizens or who have no residence permit. Temporary winter shelters are provided, and these can be open to any person living rough. The need for shelters, including that from non-Swedes who are living rough, was described as exceeding supply. It was reported that municipalities were also making frequent use of hotels, hostels, caravan parks and other temporary accommodation to provide emergency accommodation for homeless people without support needs, particularly homeless families and adults without addiction. This was, as was also experienced in the UK (see below) and Ireland, seen as an expensive as well as undesirable course of action⁴⁶.

Larger towns and cities in the **United Kingdom** have moved away from provision of emergency shelter towards a greater use of temporary supported housing. Basic shelters, offering a bed and food and some support services still exist, but are mainly operated by faith-based organisations, or if they are run by an NGO under contract to a local authority (municipality) are more likely to be in smaller towns. In larger cities, basic emergency accommodation is less common, instead a 'pathway' model is likely to be employed for lone homeless people with support needs, with outreach workers and daycentres (day time services offering food and support) making direct referrals to temporary supported housing which is designed to resettle people into ordinary housing. Where there is pressure on affordable housing supply, temporary supported housing services 'silt up' (i.e. people become stuck) because adequate and affordable housing cannot be found quickly. UK temporary supported housing services have become increasingly likely to offer private bedrooms or self-contained apartments and follow a co-production model with psychologically informed environments (PIE). In 2017, it was estimated there were 1,121 accommodation projects for single homeless people in England offering 34,497 bed spaces⁴⁷. There have been sustained cuts in homelessness service provision. In 2008, there were estimated to be at least 50,000 beds for lone homeless adults in England⁴⁸. The UK has a network of refuge services for women and children at risk of domestic violence, but the

⁴⁵ Knutagård, M. and Nordfeldt, M. (2007)"Natthärbärgat som vandrande lösning" [The Shelter as a Recurrent Solution to Homelessness], *Sociologisk forskning* 4: 30–57.

⁴⁶ <https://www.sydsvenskan.se/2017-05-22/bostadskrisen-malmo-koper-akuta-sovplatser-for-nastan-en-halv-miljon-om-dagen>

⁴⁷ Source: Homeless Link A high proportion of these 'bed-spaces' were actually in single occupancy bedrooms and self-contained studio flats.

⁴⁸ Source: Homeless Link.

sector has also seen cuts to services. Housing First arrived comparatively late in the UK compared to much of North Western Europe but was becoming a main-stream policy response to rough sleeping⁴⁹.

As in several other countries, a clear line between ‘emergency’ and ‘temporary’ accommodation does not exist in the UK. Challenges can exist around providing emergency accommodation to homeless families who are entitled to assistance with rehousing under the homelessness laws in areas where pressure on affordable/social housing stock is high. Technically, this accommodation is referred to as “temporary” but in practice it is used for emergency situations in the same way as in France and Ireland. In March 2018, 79,880 statutorily homeless households⁵⁰ were in “temporary accommodation”, this included 123,130 children in 61,190 homeless families⁵¹ in England. Of this total, 32% were in B&B or apartment hotels. London typically accounts for at least two-thirds of this figure. In 2016, it was estimated that total annual spending by London local authorities on temporary/emergency accommodation was in the order of £663 million (approx. €748m euro)⁵².

⁴⁹ <https://hfe.homeless.org.uk>

⁵⁰ Lone homelessness adults who are assessed as “vulnerable” and families containing one or more dependent (school age and younger) children or about to contain a child for whom a local authority (municipality) has a legal duty to provide emergency/temporary accommodation until suitable housing can be found.

⁵¹ Source: MHCLG. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/721296/Temporary_accommodation.xlsx

⁵² Rugg, J. (2016) *Temporary Accommodation in London: Local Authorities under Pressure* (York: CHP). https://pure.york.ac.uk/portal/files/45343460/Temporary_Accommodation_in_London_report_FINAL_VERSION_FOR_PUBLICATION.pdf

3.4.2 Typology of Emergency Accommodation

Table 3.2 Typology of Emergency Accommodation

Country	Summary of services
Austria	Most support focused, low intensity. Some housing focused*.
Czech Republic	Most support focused and low intensity.
Denmark	Medium to high intensity support*. Some low intensity.
France	Most support focused, medium intensity. Some housing focused*.
Germany	Most support focused, low intensity. Some housing focused.
Hungary	All low intensity support focused.
Ireland	Most low intensity, support focused. Some housing focused*.
Italy	Most low intensity, support focused. Some housing focused*.
Netherlands	Most low or medium intensity, support focused. Some housing focused*.
Poland	Most low intensity, support focused.
Portugal	Most low intensity, support focused. Some housing focused*.
Romania	Most low intensity, support focused.
Slovenia	Most low intensity, support focused.
Spain	Most low intensity, support focused. Some housing focused*.
Sweden	Most low/medium intensity, support focused. Some housing focused*.
United Kingdom	Most low to medium intensity, support and housing focused*.

* Including medium to high intensity i.e. Housing-Led, Housing First, and similar services.

As summarised in Table 3.2, most of the 16 countries employed quite basic emergency accommodation, the exceptions being Denmark, France, Ireland and the UK, although at least some emergency shelters, offering minimal services also existed in these countries. France, Ireland, Portugal and the UK had also resorted to using hotels as emergency accommodation, particularly for families in Ireland and the UK, which in all three cases was linked to shortages of suitable housing.

3.5 Temporary accommodation

As noted in the last section, a clear division between “emergency” and “temporary” accommodation did not exist across all of the 16 countries. Several countries used supported housing to provide both emergency and longer term, temporary accommodation. There were also differences in terminology, in Ireland, placing a homeless family in a hotel was “emergency” accommodation, but in the UK the more neutral term of “temporary” accommodation was used to describe near-identical practices. There was some variation in temporary accommodation services (Table 3.3).

Table 3.3 Temporary Accommodation Country Summary

Country	Organisations (summary)	Types of service (summary)
Austria	Municipalities.	Transitional housing. Housing First.
Czech Republic	Municipalities and NGOs.	Transitional housing. Housing-led and Housing First
Denmark	Municipalities.	Hostels.
France	Municipalities.	Hostels. Transitional housing. Housing First.
Germany	Municipalities, sometimes also NGOs.	Hostels, Transitional Housing.
Hungary	NGOs and municipalities.	Mainly shelters with some support.
Ireland	NGOs and municipalities.	Transitional housing. Housing First.
Italy	NGOs and municipalities.	Transitional housing. Housing First.
Netherlands	NGOs and municipalities.	Transitional housing. Housing First.
Poland	Municipalities and NGOs.	Mainly shelters with some support.
Portugal	Municipalities and NGOs.	Shelters and transitional housing. Housing First
Romania	Municipalities and NGOs.	Mainly shelters with some support.
Slovenia	NGOs and municipalities.	Shelters and transitional housing.
Spain	Municipalities and NGOs.	Shelters and transitional housing.
Sweden	Municipalities and NGOs.	Transitional housing. Housing First.
United Kingdom	Municipalities and NGOs.	Transitional housing. Housing-Led. Housing First.

* Supported housing services offering self-contained apartments or private bedrooms with more extensive on-site support services and focused on providing pathways towards housing.

3.5.1 Country overview

In **Austria**, 'transitional' housing is typically provided for up to two-years, offering professional support. These services were described as a fixed-site and congregate model (dedicated apartment blocks that only house homeless people and which have on-site support), which had been increasingly replaced from the 2000s onwards by scattered transitional apartments, i.e. an ordinary apartment with ordinary neighbours, to which support is provided from which someone will eventually move into fully independent housing. This is unlike a housing-led or Housing First model, because the support is attached to the apartment, rather than the person using it and there is an expectation that someone will move on. In Vienna, as noted above, Housing First is used for homeless people who have high and complex support needs, which should provide permanent, rather than temporary housing. Temporary accommodation services were described as inadequate relative to the level of need that existed.

Czech temporary accommodation was described as a 'hostel' model, i.e. temporary supported accommodation where individuals or families would have their own rooms, but only rarely a self-contained apartment. There were reported to be 211 homeless hostels in the Czech Republic with a total capacity of 7,111 beds, of which 200 were single-bedrooms, 893 double-bedrooms and 1,457 multiple-bed rooms⁵³. These hostels provide basic accommodation and support for people who are defined, under social services legislation, by a mix of regional and municipal governments, NGOs and churches. As at 31st December 2016, this temporary accommodation had been used by 5,355 people, of whom 1,777 were children, 1,887 men and 1,691 women, another 4,870 'unsatisfied' applications were received but were not assisted by social services because of pressure on resources and requirements around eligibility⁵⁴. Transitional housing, which functions in the same way as in Austria, is provided using social housing apartments, there is also use of ordinary housing with floating or mobile support workers, i.e. a housing-led model, where support is provided to an individual or family on a temporary basis. In some instances, permanent supported housing may be used and there is also some use of Housing First services.

Danish responses to homelessness also do not differentiate between 'emergency' and 'temporary' accommodation. The Danish shelter system which was described above is also a main source of temporary accommodation. Danish shelters are often closer in characteristics to the temporary supported housing which is used in other countries than to the emergency shelters found elsewhere, offering relatively intensive support services. Under social services laws, stays in the supported housing/hostels designated as 'shelters' in Denmark can be one night or several months. Staffing is 24/7 with onsite catering usually being provided. A charge is made for staying and for meals, but this is paid for by the welfare benefits, for which homeless people are generally eligible. Again, in some municipalities Housing First with ICM or CTI services are provided for people with complex needs. However, as these services aim at rehousing people into permanent housing and are often given after a stay in emergency/temporary accommodation, Housing First with ICM or CTI services cannot be seen as directly offering an 'emergency response' to homelessness but rather as a route out of temporary accommodation.

Multiple systems of temporary accommodation exist in **France** with an array of services which can be used by homeless people and other groups. Centre D'hébergement et de Réinsertion Sociale (CHRS) services are focused on families and individuals who are experiencing serious difficulties in socioeconomic integration, which can include, but is not restricted to homelessness. Women and children

⁵³ Source: MLSA.

⁵⁴ Source: MLSA.

at risk of domestic violence, vulnerable young people and ex-offenders who are on probation may also use these services. CHRS offers transitional housing with support services, some of which is tailored for people with specific needs with a broad trend towards offering single rooms, although not all services were described as following this practice. Typical stays in CHRS services were described as being around six months. Résidence sociale services also cover a range of different supported housing services, offering temporary, congregate, self-contained housing (furnished apartments within a single block with on-site services, designed to be used only for people requiring temporary accommodation and support). Again, these are forms of transitional housing but with a potentially longer stay being possible, from one month to two years.

Pensions de Famille offer supported housing for lone adults or couples with support needs who have a history of staying in emergency accommodation. These services can be semi-permanent, with a low level of on-site staffing provided in buildings that offer private bedrooms and shared common areas, i.e. kitchen and lounge/living areas. These services tend to have between 12-20 units of accommodation and offer an open-ended stay that is not time-limited. Logements Conventionnes A L'aide Au Logement Temporaire (ALT) services offer temporary accommodation to homeless people and others who do not require the transitional supported housing offered by CHRS services or Résidence sociale services. Another set of services, LHSS, offer the equivalent of residential or nursing care, i.e. intensive personal care and support, for people whose support needs are considerable, but who do not require hospitalisation. Other systems that can be used by homeless people include the foyer network, Foyer de Jeunes Travailleurs (FJT), providing support, accommodation, training and education for young people, Foyers de Travailleurs Migrants (FTM) temporary accommodation for migrants which offers a stay of up to one month and Résidence Accueil supported housing for people with disabilities. Again, France has a network of Housing First services focused specifically on homeless people with high and complex needs, involving a psychiatric diagnosis, which can remove the need for a stay in temporary accommodation.

In **Germany**, similar as in countries like Denmark and others, the distinction between emergency accommodation and temporary accommodation is blurred. Quality and intensity of support differ widely between different types of temporary accommodation and different providers. Some municipal shelters can be very basic and provide only very basic support, others may have quite intensive onsite support and all larger cities will also have hostels run by NGOs with substantial personalised support. In addition, there is a growing bulk of supported housing for homeless people in regular flats. In some of these projects people may remain after support has run out, in a majority they have to leave after a certain period of support and search for their own independent housing.

Hungarian temporary accommodation services also exist in several forms. Temporary hostels, provided by municipalities under social laws, are longer-term versions of a basic shelter, offering bedrooms that cannot exceed 15 occupants, a separate treatment room, alongside shared bathroom and laundry facilities. There are also 'rehabilitation institutions' which offer temporary accommodation for homeless people who are capable of working, and offer services including life-skills training, a focus on employability services and a range of support focused on becoming 'housing ready' and on social integration. There are also temporary accommodation facilities for families with children which can offer support with parenting, offering limited stays of eight weeks, alongside refuge services for women and children at risk of domestic violence with six months of maximum stay.

Temporary accommodation in **Ireland** centred on the provision of hostels offering congregate, temporary, transitional supported housing. Again, Ireland does not have a clear operational distinction between what constituted 'emergency' and 'temporary accommodation'. As in France, a diverse supported housing sector exists in Ireland and there are services designed for specific groups, such as lone parents, young people leaving social services care, ex-offenders and people with addictions that provide temporary accommodation for homeless people who are also within these groups. Alongside this, there are specific hostel services targeted on groups such as people living rough. The intensity and nature of support was described as varying between supported housing projects, as did the length of stay that was available. As with the French FJT services, Irish transitional supported housing services for vulnerable young people also deal with youth homelessness. Some services are time limited, for example to a six month stay. As in Denmark or France, Housing First services are available that could remove any need for a stay in temporary accommodation for homeless people, who have high and complex needs.

Italian provision of temporary accommodation is less extensive than in some other countries but at the same time it can vary in extent, form and in terms of who it can assist. There are services available that provide temporary housing for up to six months, with permanent residential staff who work within a broadly transitional framework, i.e. providing support designed to enable people to move into their own housing. Refuge services exist for women and families at risk of domestic violence and there are specialist services for people with addictions, mental health problems and limiting illness and disability. As in France and Ireland, temporary supported housing services designed primarily for other groups could also be helping homeless people. For example, a homeless person with a mental health problem could be assisted by transitional supported housing designed primarily to help people with a mental illness. Some provision of independent, temporary accommodation for homeless people and families, with a need for a roof over their head rather than for support, care or treatment was also reported. Some of these services

were free, others were subsidised. A range of municipalities and NGOs were involved in providing temporary accommodation. Like Ireland, Italy had some Housing First services that could bypass the need for temporary accommodation among homeless people with more complex needs. Housing First services can remove the need for temporary accommodation stays among homeless people with high and complex needs in Italy and are being actively promoted by *Housing First Italia* network.

In the **Netherlands**, as in France and Ireland, temporary accommodation can take many different forms. A broad shift from communal services, where people share sleeping areas and towards temporary supported housing with self-contained apartments was reported. Again, like France, a range of temporary supported housing services for people with specific support needs were also accessible to homeless people with the same needs, e.g. supported housing for people with a mental illness. Alongside this, specific temporary accommodation services, following a transitional approach, are used for younger homeless people, aged 18-27, as well as temporary accommodation services designed for homeless families. The Netherlands also has a network of refuge services for homeless and potentially homeless women and children at risk of domestic violence. Stays in supported housing could be for over a year, although no specific pressure on services was reported. Dutch use of Housing First is the most established in Europe and, where present, these services could remove the need for any use of temporary accommodation for homeless people with high and complex needs.

In **Poland**, hostels form the bulk of temporary accommodation provision for homeless people and follow a transitional housing approach, centred on making people 'housing ready'. Municipalities are responsible for these services and control the admission processes, although the extent and quality of services was reported as being variable. As in Hungary, these services are closer to an emergency shelter than some of the supported housing provided in countries like Denmark or Ireland, for example services are expected to not have more than 10 beds in a dormitory and support staff have a maximum caseload (number of people they are working with) of 50. As in Hungary, there was an emphasis on employability as a part of making people 'housing ready'. Temporary accommodation used a mix of in-house support and coordination with other services via case management. Stays can be much longer than in the emergency shelters, but like those emergency shelters, there is no tolerance of drug or alcohol use. In early 2018, new forms of temporary accommodation were being introduced, which offered nursing services and more intensive support for people with high support needs, though it was reported these were yet to become operational. These services were described as offering much higher support, although rooms would still be shared (six per dormitory). In 2016, Poland had 45 temporary accommodation services with 1,874

beds operated by municipalities, another 167 operated by NGOs with municipality funding offering 8,377 beds and 103 NGO run services, not supported by government, with 4,975 beds⁵⁵.

As in Denmark, Ireland, Portugal and the UK, the distinction between 'emergency' and 'temporary' accommodation in Poland was described as not always being clear. Smaller municipalities were reported as often operating a single service that was simultaneously 'emergency' and 'temporary' accommodation, although it was noted that recent legislative changes looked set to create a clearer distinction. Entirely charitably funded temporary accommodation, not supported by municipalities or other public money, were not regulated to the same extent as those which received such funding, a situation that also pertained in the UK (see below). Alongside the temporary accommodation targeted on lone homeless adults, services offering temporary accommodation to families made homeless due to the threat of domestic violence or the loss of a home through fire or flooding were also available, there being 3,830 beds in these services in 2016⁵⁶. Some Polish services were described as sitting halfway between a shelter and transitional housing, there being some examples of transitional services with intensive and extensive support services and which used apartments, within a broad tendency towards 'staircase' approaches, i.e. a 'housing ready' rather than a housing-led/Housing First model.

Portuguese provision of temporary accommodation was, again, not always distinct from provision of emergency accommodation, although clearer demarcation of temporary accommodation was reported in the larger cities. Temporary accommodation could also become quite long-term accommodation, as could some of the hotels used for 'emergency' accommodation, which were simply keeping a roof over someone's head, not providing any support. New pressures were reported on the use of hotels in the larger cities, which were becoming too expensive to afford, prompting investment in Housing First (in Lisbon) and in shared housing. A transitional housing project had been established for ex-offenders. There was also some use of apartments which had drug and alcohol and other support services attached, although these could be the last phase in a treatment-led approach, rather than a Housing First model, along with transitional housing for young people using ordinary apartments (where support is attached to the apartment rather than the young person). A temporary convalescent facility was also provided in Lisbon for homeless people discharged from hospital who were not able to manage on their home. While growing interest for Housing First was also reported to be developing across Portugal, housing market constraints are holding back actual developments in this area.

⁵⁵ Source: Ministry of Family, Labour and Social Policy

⁵⁶ Source: Ministry of Family, Labour and Social Policy

In **Romania**, there were also reports of a lack of a clear definition as to what was 'emergency' and what was 'temporary' accommodation. Transitional services were in place for young people leaving the child protection/social services system, as were services for people who had experienced domestic violence and who had been trafficked, which could include people with experience of homelessness. This was another example of services primarily designed for other groups working with people who also had experience of homelessness. Services offering medium term accommodation with medical, social assistance and employment related services were described as unusual, although some examples existed in Bucharest. It was reported that there was probably little provision of temporary accommodation outside the cities, although data on the nature and extent of temporary accommodation provision were not available.

Slovenian temporary accommodation was reported as being provided through a series of programmes orchestrated by centres for social work and NGOs. Thirteen programmes were co-financed by central (national) government in 2016, with an increasing emphasis on holistic support being evident. Not every region has temporary accommodation or wider homelessness programmes in place, and in total there were 283 beds available, across Slovenia, in 2016⁵⁷. There are supported housing programmes in Ljubljana and some municipalities offer what are termed emergency housing units, although there is again inconsistency, with some regions not offering these services. As in France and Ireland, temporary accommodation with support is available for women at risk of domestic violence, families with children, people with mental health problems and people with addictions, all of which can support homeless people with these characteristics. Collectively these services offer several hundred beds and there are also crisis centres that can offer temporary accommodation and support to children who are at risk.

The line between **Spanish** 'emergency' and 'temporary accommodation' was, as in a number of other countries, described as unclear. Temporary accommodation services could also be described as emergency accommodation. Transitional and temporary supported housing for people with specific support needs, including refuge services, services for ex-offenders and people with mental health problems were also open to individuals who had those needs and who were also homeless. As was the case in France, because supported housing services are available for groups like people with a mental health problem, who might also be homeless, the line between a supported housing service and a supported housing service for homeless people was not always clear. Data on service provision were not available with respect to temporary accommodation. Like Portugal, Spain had emerging

⁵⁷ Source: Slovenian respondent.

Housing First services in some cities, which as elsewhere, could make any use of temporary accommodation for homeless people with high and complex needs unnecessary, although the scale of these services was small at the time of writing.

One distinction between **Sweden** and some of the other countries was that there was a consistent difference between emergency accommodation and medium to longer term temporary accommodation for homeless people. Although there is increasing use of Housing First services, transitional housing using a staircase model was described as still being quite widespread, these services offer intensive support with trained social workers on their staff. Some cities have transitional housing services of this sort focused on women⁵⁸. Sweden has refuge services, which were initially run by NGOs, but which have been increasingly supported by municipalities in more recent years. Some silting up or pooling occurs in transitional housing and refuges because there are challenges in finding sufficient housing to enable people to move on, as affordable housing supply has fallen across the country.

There is a distinction between temporary supported housing and the 'secondary housing market'. The secondary housing market refers to ordinary apartments that are rented on the open market and then sublet, particularly to families, by social services to alleviate homelessness⁵⁹. Families were reported to be using this housing in increasing numbers with some 25,000 children in this accommodation. Much of the housing on the secondary housing market is temporary accommodation intended to be transitional, but difficulties in securing affordable housing was reported as resulting in long stays. Increasing numbers of people in the secondary housing market had no support needs, their main needs were simply for suitable housing which they could not secure with the financial resources they had available, reflecting the spikes in family homelessness seen in Ireland in recent years.

The **United Kingdom** makes widespread use of supported housing, in the form of communal (shared living space) and congregate (self-contained apartments) services that are housed in a dedicated building. There are also transitional or 'move-on' services that attach support services to ordinary apartments, houses and shared housing. As in France, there is an array of supported housing which is targeted on specific groups, such as marginalised young people, people with

⁵⁸ Knutagård, M. and Kristiansen, A. (2018) Nytt vin i gamla läglar: Skala upp Bostad först, boendeinflytande och om att identifiera och stötta "the missing hero" (Lund: School of Social Work, Lund University). Knutagård, M & Kristiansen, A. (2013) Not by the Book: The Emergence and Translation of Housing First in Sweden, *European Journal of Homelessness* 7 (1): 93–115.

⁵⁹ Knutagård, M. (2009) *Skälens fångar. Hemlöshetsarbetets organisering, kategoriseringar och förklaringar*. [Prisoners of Reasons: Organization, Categorizations and Explanations of Work with the Homeless]. (Dissertation. Malmö: Egalité).

mental health problems or those with a history of offending or addiction which, like the network of refuge services, are accessible to homeless people with those needs. Alongside these services, there are hostels (temporary supported housing) for homeless people, which have on-site staffing that can vary from low to high intensity support.

As in Sweden, housing is secured on the open market and then (in effect) sublet to homeless families and some lone homeless adults with high support needs to provide temporary accommodation where a local authority has a duty under homelessness laws. In March 2018, 52% of the 79,880 statutorily homeless households in England (owed a duty to be provided with temporary accommodation until settled housing can be found under homelessness law) were in sublet ordinary private rented housing (32%) or social housing (20%). Lacking full tenancy rights, even if resident in this situation for a year or more, these families were housed, but were defined as being in 'temporary accommodation'. Again, as with the use of hotels discussed above, much of this activity was reported as being centred on London, where shortages of affordable housing were at their most acute⁶⁰. Some temporary accommodation use occurs elsewhere in England, as well as in Scotland, Wales and Northern Ireland, but on a much smaller scale. Housing First, was as noted, coming into increasing use in 2018, but was still less widespread than other service models.

3.5.2 Typology of Temporary Accommodation

Table 3.4 presents a broad typology of temporary accommodation. Most temporary accommodation was support focused, although countries like Sweden, Ireland and the UK were also providing low-intensity, housing-focused services for groups that included homeless families whose primary need was often for accommodation, rather than support. More affluent countries were more likely to provide intensive forms of supported temporary housing.

⁶⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/721296/Temporary_accommodation.xlsx

Table 3.4 Typology of Temporary Accommodation

Country	Summary of services
Austria	Medium intensity support focused. Some housing focused*.
Czech Republic	Medium intensity support focused. Some housing focused*.
Denmark	Medium to high intensity support focused. Some housing focused*.
France	Medium to high intensity support focused. Some housing focused*.
Germany	Low to high intensity support focused. Some housing focused.
Hungary	Low intensity support focused.
Ireland	Medium intensity support focused. Some housing focused*.
Italy	Low to medium intensity, support focused. Some housing focused*.
Netherlands	Medium to high intensity, support focused. Some housing focused*.
Poland	Low to medium intensity, support focused.
Portugal	Low to medium intensity, support focused. Some housing focused*.
Romania	Low intensity support focused.
Slovenia	Low to medium intensity, support focused. Some housing focused*.
Spain	Low to medium intensity, support focused. Some housing focused*.
Sweden	Medium to high intensity, support focused. Some housing focused*. Housing focused.
United Kingdom	Medium to high intensity, support focused. Some housing focused*. Housing focused.

* Including medium to high intensity i.e. Housing-Led, Housing First, CTI and similar services.

3.6 Non-residential services

Non-residential services for homeless people are an important element of service provision in all the responding EU countries although the nature of these services varies considerably.

Services fall into two broad categories. The first are *non-housing focused* services that provide help and assistance to homeless people. One example is services that can offer a range of help that can include food, clothing and shelter during the day, and which may also offer case management, medical, education, training and employment seeking services. These services can be fixed-site, such as a daycentre service, or mobile, such as a food distribution service (soup run), which might have other support attached. Mobile outreach services and teams, which again combine practical support and case management/referral that engage with people sleeping rough and other homeless individuals on a one-to-one basis are also within this category. Support may also encompass help with building self-esteem, social integration and access to counselling, although this will vary between areas and countries.

The second category is *housing focused services*, which encompass Housing First and housing-led services (which can also sometimes be described as mobile support, peripatetic support, floating support, resettlement and tenancy sustainment services), that are designed to enable people who have been homeless to enter and sustain a new home. These services are housing focused because they all have the same objectives, to employ a mix of practical, emotional and case management support to enable formerly homeless people to sustain housing once they have exited homelessness. Again, these housing-focused services may also provide support with building self-esteem, social integration and emotional as well as practical support, although there will be variations in what is provided.

3.6.1 Country overview

Some broad patterns were evident in the provision of non-residential services:

- Low-intensity non-housing-focused services were probably the most common form of service provision, particularly food distribution services run by faith-based and charitable bodies.
- Daycentre services were sometimes offering only basic non-housing support, but were also quite often combined with employment, education and training services focused on getting homeless people into paid work.
- Housing focused services were less common. However, Housing First and housing-led services were operational in a number of countries. Housing First was more established and operating at a strategic scale in some countries, such as Denmark, France and the Netherlands than it was in others, such as Portugal, Spain, Sweden and the UK.

Alongside these services, several countries also reported that they had specialised health services. There were mostly mobile health units, providing health care to people living rough and in emergency/temporary accommodation, although some countries, like the UK, and Hungary, also operated fixed-site medical services that were intended for people sleeping rough and other lone homeless adults, or elderly homeless people.

Table 3.5 Support Services Country Summary

Country	Description of service (summary)
Austria	Day centres (basic support and integration focused), outreach services, specialised health care support, housing-focused support services, including Housing First
Czech Republic	Day centres (basic support), outreach services, specialised health care support. Housing First.
Denmark	Social drop-in cafés, outreach teams, widespread use of housing-focused support services including Housing First.
France	Day centres (basic and integration focused support), outreach services, facilitated access to health care support (PASS). Housing-focused support services including Housing First
Germany	Day centres (mainly basic provision), outreach services, specialised support in housing.
Hungary	Day centres (basic support), outreach services, specialised health care support.
Ireland	Day/drop-in centres, community cafes, information services, outreach services, housing-focused support, including Housing First.
Italy	Day centres (basic and integration focused support), outreach services, Housing First.
Netherlands	Widespread use of housing focused support services including Housing First, street outreach services, specialised health care support, political advocacy work.
Poland	Street outreach services, basic goods/services distribution points, basic health care outreach support.
Portugal	Street outreach services, day centres/occupational workshops, basic health care outreach support, some housing focused support services, including Housing First.
Romania	Street outreach services, day centres, basic health care outreach support.
Slovenia	Day programmes offering basic and integration support, street outreach services, specialised health care support.
Spain	Day centres, social canteens, street outreach services. Housing First.
Sweden	Day centres offering basic and integration support, outreach services mostly focusing on prevention, specialised day centres and mobile support services for migrants. Housing First.
United Kingdom	Day centres offering comprehensive services, street outreach services, housing focused support services including Housing First.

3.6.2 Non-housing focused support

3.6.2.1 Day centres

In **Austria**, day centres for homeless people in larger cities seem to represent the main provision for homeless or uninsured people. These centres organise survival aid and supply basic needs. In the **Czech Republic**, there were 58 low-threshold day centres (2016), run mainly by faith based or non-governmental organisations which provide assistance for arranging food, washing facilities, clothes distribution and basic counselling support. A similarly large network of services is run in

Hungary. In the **UK**, daycentre services used to offer temporary shelter, limited support and food, but had become more intensive, offering an array of services, including medical treatment, education, training and support with seeking work.

In **Poland**, in 2016, the large majority of day centres were described as consultation and information centres which specialised in individual oriented services providing legal counselling and labour market support. In **Slovenia**, daycentres usually offer space for socialisation and rest, access to food and clothes, basic information and some psycho-social support. In **Portugal**, the day centres are referred to as “Insertion Communities” in the sense that they usually do not provide food but rather two main types of activities: occupational and job seeking support e.g. information on job opportunities, social skill training, and advice services for job search. In **Italy**, “centres for socialisation and social integration” are day time services that focus on job orientation, job searching, health counselling and social networking.

In several countries it was possible to identify the existence of non-housing support services which offer both basic services and a more extensive offer of support, thus addressing a wider range of needs. In other countries, services were lower intensity, offering either basic practical support, such as food and somewhere to sit, or were largely focused on enabling people to enter paid work, through education, training and employment related services.

3.6.2.2 Food distribution

Services that distribute food, sleeping bags and other essentials to people living rough tend to be informally organised by charities and faith-based organisations. They were a common service across most of the countries included in the study. Within this category of low intensity services which do not provide accommodation, it is possible to identify mobile services which distribute food (e.g. soup runs, soup buses), clothes, blankets, sleeping bags and other types of basic amenities to people living rough, as well as other non-mobile services such as food banks, social canteens, soup kitchens or eating houses.

Although it is not possible to quantify the number of such services across the 16 countries, there is some evidence that the presence of this low-intensity basic care provision of support is more common in some countries than in others. The **Dutch** correspondent argues that mobile food services are rare across the country as a whole and tend to concentrate in some bigger cities. Likewise, in **Denmark** mobile food services only exist in Copenhagen where they are provided by an NGO (Projekt Udenfor). In **Poland**, by contrast, in 2016 there were over 500 places either serving hot meals to eat in/take away or food distribution spots, distributing packed food. Additionally, according to the Polish expert, several NGOs, specialising only in

street food distribution, operate in major cities. The **Hungarian** services are similarly extensive and run by NGOs, churches and municipalities to cater for homeless people in most cities in Hungary. The **UK** expert also notes that services distributing food, sleeping bags and other essentials tend to be informally organised by charities, local communities or faith-based organisations. In **France**, NGOs and Community Centres for Social Action (CCAS) provide free lunch for homeless people all year round and the homeless assistance brigade (BAPSA bus) assists homeless people throughout the year on a daily basis. In **Spain**, social canteens seem to be a common type of support service for homeless people. In **Italy**, food distribution has a long history. Food banks, charitable organisations and volunteers provide food and other basic goods during the night and/or in day centres.

3.6.2.3 Outreach services

Outreach services or outreach teams were common across most of the participating countries. These teams were designed to create connections between people sleeping rough and other services. In **France**, the mobile aid teams (EMA) or social SAMU provide a first contact with people living rough, which was described as creating a social link with people who sometimes have no contact with other homelessness services. These teams are designed to assess the social situation of the homeless person, provide support and referral to existing services. In **Ireland**, for example, there are outreach services focusing on young people 18-25 years old who are rough sleeping or using emergency services. The aim of these services is to support young people in engaging with safer and more stable options and progressing through homelessness. The team provides advocacy, information, practical support, case management and food.

In some countries there is evidence that such outreach work only addresses basic needs and survival aid. In **Romania**, mobile teams are usually activated by local authorities during winter time, with the intention of gathering people sleeping on the streets to prevent deaths. The line between outreach and food distribution services was not always clear. In **Poland**, outreach services were mixed in with distribution of hot meals, provision of clothing and other basic services. In **Hungary**, street outreach services represent one of the core features of the provision, especially after October 2018, when rough sleeping has been criminalised, thus, social workers play a vital role in assisting people to prevent from being collected by the police. More than 200 outreach teams were operational in **Italy** providing emotional support and relationship counselling, information about local services, food, blankets, basic medical services and advice. There was variation in the extent to which these services were formally organised and in the range of support they provided.

3.6.2.4 Medical services

The provision of **specialised health services** providing health care to homeless populations is identified in more than half of the countries surveyed. Many of these services operate as mobile health teams whereas others are fixed-site services which provide health care access for homeless people.

Medical support buses, 'street doctors', mobile ambulances, mobile aid teams are some examples of mobile health services which provide basic health care, and which usually operate with multi-professional teams including medical doctors, nurses, psychiatric professionals, psychologists and social workers were quite widespread. These have been reported in countries like **Austria, France, Hungary, the Netherlands, Poland and Portugal.**

In the **Czech Republic, Denmark, France, Germany, Hungary, Italy, Netherlands and Slovenia**, the experts refer to the existence of health care professionals or units which directly target the homeless population. In the Czech Republic, four doctors' offices in four different cities provide general health care and specialised health care (i.e. gynaecology, and psychiatry). In Denmark, there is a municipal medical street outreach team in Copenhagen staffed with a doctor and nurses. In France, homeless people may use the PASS system which provides unconditional access to the health system for people without medical coverage or with partial coverage. The PASS operates with a network of medical and social professionals and covers a wide range of health services. In Hungary, the financing of health care services includes the setting up of GP health centres for homeless people which are open to patients residing anywhere, as well as 24-hour health centres, open to patients residing anywhere (including those with no legal address in the settlement). In Italy, NGOs provide additional health services, such as multi-disciplinary teams working close to shelters, medical visits to shelters and daycentres once a week, preventative care and first aid. In the Netherlands, in some cities, specialised General Practitioners offer medical care to homeless people, in order to reach those people who did not pay the general medical insurance and who may hence be prevented from using the health system. In Slovenia, health care pro bono services are also provided for those without health insurance.

3.6.3 Housing-focused support

Housing First and housing-led services were widely present in **Denmark, France, Germany, Ireland, the Netherlands and the UK.** The **Czech Republic, Italy, Portugal, Spain and Sweden** all had Housing First, for example, but these were individual projects operating in some locations but not others and not within a wider strategy. In **Austria**, Housing First and housing-led services were more developed in some Federal States, such as Vienna and Vorarlberg, than was the case in others.

In **Hungary**, housing first has been piloted for several years now from ESF funds, but to a very limited scale compared to the general provision. In these and the other countries, there was a greater emphasis on emergency and/or supported temporary accommodation rather than housing focused support services. **Poland, Romania** and **Slovenia** did not have much provision of housing focused support.

In **Denmark**, people with social support needs living in their own housing can receive housing-focused support from the municipalities. This support is typically given to people with psychosocial support needs (e.g. due to a mental illness) and can also be used to provide support for homeless people when they are rehoused. This form of support may also be provided directly as 'aftercare' when homeless people move out of emergency or temporary accommodation into their own housing.

In **Netherlands**, housing-focused support for ex-homeless persons in permanent housing is available almost everywhere. These services are provided by floating support teams from homelessness services working in cooperation both with the mainstream social support teams (Social District or Neighbourhood teams) and Housing First services.

In the **UK**, three sets of housing focused support services were described: resettlement services which can be used to ensure transition from institutional setting into independent housing; tenancy sustainment services for housing-led model programmes; and Housing First. High-intensity "tenancy sustainment" teams, intended for 'entrenched' (long-term) rough sleepers, which are similar to a Housing First model were operational before Housing First began to be developed, from 2012 onwards. A specific programme designed to support people with a history of contact with the criminal justice system who have high support needs – MEAM (making every adult matter) – uses a mix of intensive floating support/tenancy sustainment services and outreach to engage with homeless people.

In **Austria**, there were signs of recent developments fostered by the growing implementation of Housing First programmes. The Austrian expert emphasised recent initiatives by homelessness services – which were politically supported – to establish Housing First programmes and outreaching support for formerly homeless people living in permanent housing. This trend is indicative of a growing trend for a de-institutionalisation of services which is gaining professional support, but the implementation of which will have to face actual challenges, namely increasing housing prices and limited welfare budgets. **Italy**, through the activities of *Housing First Italia* and the organisations which support it is also starting to see changes in the debate about how best to respond to homelessness, as is **Sweden**, where the active support of Housing First by Lund University has helped the development of housing-focused support.

3.7 Typology of non-residential support

Table 3.6 presents a broad typology of non-residential support. Non-housing support was present in every country, although its nature and extent varied. Countries with more extensive and integrated homelessness services were more likely to be using one or more forms of housing focused support, i.e. various forms of housing-led mobile support as mainstream services, such as **Denmark, France, Germany** and the **UK**. Housing First was more likely to be operating at scale in countries that also had other housing-led support services, such as the **Netherlands**. However, reflecting the broader trend for European countries to adopt Housing First, at least some examples of Housing First services existed across many of the 16 countries.

Table 3.6 Typology of Non-Residential Support

Country	Summary of Services
Austria	Mostly medium intensity support services. Increasing use of high intensity housing focused support.
Czech Republic	Low and medium intensity non-housing support, some housing-focused support.
Denmark	High and medium intensity housing focused support services.
France	Medium intensity non-housing support, some high intensity housing-focused.
Germany	Day centres and food supply low intensity non-housing focused; Support in housing, medium to high intensity, housing focused.
Hungary	Low and medium intensity non-housing focused support.
Ireland	Medium intensity non-housing focused support, medium and intensive housing-focused.
Italy	Low and medium intensity non-housing focused support and some intensive, housing-focused support.
Netherlands	Mostly high intensity housing focused support services, some medium and low intensity support services.
Poland	Low intensity non-housing focused support.
Portugal	Medium and low intensity non-housing focused support, some high intensity housing focused support services.
Romania	Low intensity non-housing focused support.
Slovenia	Medium intensity non-housing focused support.
Spain	Low and medium intensity non-housing focused support, some high intensity housing focused support.
Sweden	Medium to high intensity non-housing focused support. Intensive, housing-focused support.
United Kingdom	Medium to high intensity non-housing focused support services. Widespread use of medium to high intensity, housing focused support.

3.8 Prevention

3.8.1 Country overview

Broadly speaking, those countries that had more extensive welfare/social protection systems, and which maintained a relatively large social housing stock, also tended to have more extensive systems of prevention.

Table 3.7 Prevention Services Country Summary

Country	Description of services (summary)
Austria	Debt counselling, conflict mediation, legal counselling, eviction detection procedures
Czech Republic	Debt counselling, conflict mediation
Denmark	General floating support, prioritised access to public housing (not all municipalities), financial support
France	Legal counselling, financial support, eviction detection, 'homelessness relief' services, housing rights services, tenancy sustainment support
Germany	Tenancy sustainment services, assumption of rent arrears (regulated by law), in some cases rehousing support
Hungary	Debt counselling, debt management schemes, National Asset Management Company
Ireland	Tenancy sustainment services, financial support, resettlement support, specialised prevention services for particular homeless groups
Italy	Fund for "non-guilty" tenants in arrears, mediation services, tenancy sustainment support, financial support
Netherlands	Early eviction detection and prevention, outreach services, floating support services
Poland	Financial support with rent arrears, conflict mediation, awareness-raising initiatives
Portugal	Financial support, Social Emergency Fund, exceptional legislative act
Romania	Awareness raising initiatives, 'homelessness relief' services
Slovenia	Financial support, debt counselling, rapid rehousing services, tenancy sustainment support
Spain	Financial support, rapid rehousing support, mortgage mediation
Sweden	Conflict mediation, outreach services, early eviction detection, debt counselling, debt re-structuring support, rent deposits
United Kingdom	Conflict mediation, housing rights services, rent deposit schemes, early eviction detection, services to prevent unplanned moves, tenancy sustainment services, specialist support services, rapid rehousing support, 'homelessness relief' services, local lettings agencies/housing access schemes

The description of national prevention services provided by the national experts across the 16 countries are mostly related to secondary prevention systems⁶¹, i.e. designed to support households at immediate risk of homelessness.

Mainstream prevention included housing advice services provided both by social welfare offices, local authorities or other public authorities and by NGOs and other homelessness service providers. Mediation services offering assistance with negotiating/working with landlords, specifically to prevent eviction, were also common among the participating countries. These services were present in **Austria**, the **Czech Republic**, **France**, **Germany**, **Ireland**, **Italy**, **Sweden** and the **UK**.

Financial help and debt management schemes were referred to by several national correspondents, including **Hungary**, as preventative measures used to assist households in immediate risk of homelessness. In **Sweden**, where the preventative arrangements may differ between municipalities, those measures may include providing rent guarantees for the landlord and emergency loans for tenants with rent arrears. Similarly, in **Germany**, legislation stipulates that rent arrears should be covered by municipal loans or grants where there is an imminent risk of homelessness.

Housing focused support, in the form of housing-led mobile support services was also used in a number of countries as a means of homelessness prevention. These services provided the same forms of support as other housing focused services, the crucial difference being that they were intervening to *prevent* homelessness rather than as services to resettle someone who had been homeless into their own home and enable them. In some cases, such as **Ireland** and the **UK**, housing-focused support services, such as 'tenancy sustainment teams' had both resettlement and prevention functions, working to support both those people who had been homeless, who were at risk of repeat homelessness, and those who were at risk of becoming homeless for the first time.

Several countries, such as **Denmark**, **France**, **Ireland**, the **Netherlands** and the **UK** had housing focused support services that were focused on populations seen as being at heightened risk of homelessness. This included 'vulnerable' populations with unmet support needs or whose housing situation was precarious. Examples include housing-focused support (including case management) for people with mental illness or substance abuse issues, ex-offenders leaving prison, young people leaving child protection services and women at risk of homelessness.

⁶¹ Busch-Geertsema, V. and Fitzpatrick, S. (2008) Effective Homelessness prevention? Explaining Reductions in Homelessness in Germany and England, *European Journal of Homelessness* 2.

Danish municipal welfare systems provide general floating support services for people with psychosocial support needs and these services play an important role generally preventing homelessness amongst people with mental illness, substance abuse problems and other support needs. In **Ireland**, prevention services were provided in most regions and typically took the form of 'tenancy sustainment services' or 'resettlement support' (housing focused support, using a housing-led framework). For example, the Support to Live Independently (SLI) service is provided for people moving from homelessness to independent living with the overall aim being to help people integrate into their local community.

UK prevention is modelled along very similar lines to that in Ireland but were undergoing a process of reform and reorganisation which had begun with legislative reform in Wales. While there had been an increasing emphasis on homelessness prevention since the mid-2000s, particularly in England, systems were not standardised. Local and regional authorities in the UK are all moving towards, or have adopted, a 'Housing Options Team' model that in Wales and England is used to deliver recently increased legal duties to deliver homelessness prevention. Services provided include: rent deposit schemes; housing advice; housing access schemes offering good quality housing management and guarantees rent to private landlords, making housing accessible to people who private landlords might be reluctant to let housing to; housing/tenancy support services; specialist support services, such as tenancy support services for ex-offenders leaving prison, young people leaving child protection/social work services, women at risk of homelessness, families at risk of homelessness. Nearly 200,000 households were reported as having their homelessness prevented (able to remain in own home) or rapidly ended (assisted to obtain alternative accommodation, see below) by English local authorities in 2017/18.

France had five major types of prevention services which provide support to households in immediate risk of homelessness. These services included: legal advice and support available to people facing legal or administrative problems, including information and advice on rights and duties and mediation; housing advice and information on legal, financial and tax issues provided by the Departmental Agency for Housing Information (ADIL) and financial aid to access or secure housing through the Housing Solidarity Fund (FSL) which operates as a national system. There was also eviction prevention support (Allo Prévention Expulsion) which provides information, advice, support and referral for households threatened with eviction in matters such as appeals, legal aid, debts settlement and application for social housing. There were also systems for delivering personalised support for households to maintain independent housing.

In **Denmark**, municipalities can prioritise access to social housing for people at risk of homelessness due to support needs. In the Danish case, one in four vacancies in social housing can be set aside for people in acute housing need, with allocation criteria being set by each municipality, often prioritising families with children at risk of homelessness, but also being used to support single homeless people when moving out of a homeless shelter. Similarly, the **UK** has systems of medical prioritisation and 'reasonable preference' which are linked to, but independent of the statutory homelessness systems, are intended to give households in acute housing need, including those at risk of homelessness, priority of access. However, both Denmark and the UK reported shortages of social housing supply, particularly for lone adults in the Danish case, which meant these systems were imperfect. Moreover, while many Danish municipalities do prioritise access to social housing, others do not, for example for financial reasons or as a result of local political decisions. In these municipalities it is often more difficult to find housing for homeless people. Extreme pressure on social housing supply in the UK has been associated with dubious practices by social landlords, including suspicious interpretation of the medical evidence presented by households seeking priority access to social housing⁶². Previous research by the Observatory has indicated that inconsistent and sometimes limited access to social housing for homeless and potentially homeless people is a pan-European issue⁶³ in those countries with a significant social housing stock.

Austrian systems tended to be generic, such as general social counselling for people in financial crisis, which could assist people at risk of homelessness but were not specifically intended as an anti-homelessness measure. Some cultural obstacles to seeking assistance from the State when in financial trouble were also reported, in that there could be a sense of 'shame' associated with falling into debt, which might stop some people at risk of homelessness through debt from seeking assistance.

Preventative systems were present to a greater extent in some other countries, but their use was described as inconsistent. In **Sweden**, an absence of clear legislative definition of municipalities' obligations around prevention was described as creating considerable variation in the nature and level of prevention in different parts of the country. The systems that were in place included: budgeting advice and debt counselling (a mandatory requirement for local authorities in Sweden), help to apply for debt restructuring, providing rent guar-

⁶² Bretherton, J. Hunter, C. and Johnsen, S. (2013) 'You can judge them on how they look...': Homelessness Officers, Medical Evidence and Decision-Making in England, *European Journal of Homelessness* Volume 7.1.

⁶³ Pleace, N., Teller, N. and Quilgars, D. (2011) *Social Housing Allocation and Homelessness* (Brussels: FEANTSA).

antees to landlords and in some cases, providing crisis loans to tenants in rent arrears who were at risk of eviction. There were also positive signs that homelessness prevention was becoming more consistent. In 2017, the National Board of Health and Welfare issued their first national guidance on homelessness prevention to social services departments.

In **Italy**, NGOs and faith-based organisations ran preventative services at local level. This could include NGOs working with homeless population, cooperatives, faith-based organisations and banking foundations. Local authorities may provide rent support and alternative housing solutions (e.g. temporary or subsidised housing). In 2014, a national policy, the fund for ‘non- guilty’ tenants – i.e. family with children, people who lost their job in the aftermath of the economic crisis – was implemented by central government which gave funding to municipalities to support people who were in rent arrears. This could involve a move to more affordable housing, including homes intended for lower income people or which offered more affordable housing in areas where housing costs were high.

In **Slovenia**, Centres for Social Work offer assistance in case of urgent financial needs, although these systems are not exclusively targeted at the homelessness population. In **Hungary**, some municipalities offered debt management schemes to people who are more than six months behind with paying their bills, who were willing to start paying off debt in small instalments. A municipality might cover up to two-thirds of the debt in monthly instalments, to be paid within a 12-month period. Some 35 thousand families with mortgage debts were assisted by the National Asset management Company⁶⁴ by turning their properties into rentals with right-to-buy in order to prevent them from eviction by financial institutions. Rent allowance schemes and housing allowance schemes were severely cut after 2013 with no substantial effect on affordability or prevention.

In the **Czech Republic, Poland, Portugal, Romania and Slovenia**, there were fewer preventative services, although there were some examples, such as initiatives to designed to stop eviction that had been developed by individual municipalities, such as crisis loans. In the **Czech Republic**, there was no direct financial assistance scheme provided for households in immediate risk of homelessness at national level, but preventative services were run by individual municipalities, chiefly in the form of debt counselling and mediation services.

Portugal and Hungary had also introduced legal mechanisms to prevent eviction of particularly ‘vulnerable’ groups of population. **Spain** had introduced a range of systems designed to stop the loss of owner-occupied housing following the 2008 crash which included mortgage mediation, emergency housing, and cash support,

⁶⁴ May phase out its operation from 2019 (final regulations pending as of end of 2018).

mainly organised by the municipalities, but did not have equivalent systems for people who were renting. Other countries, such as the **UK** had introduced similar systems, such as 'lender forbearance' which encouraged banks to negotiate rather than evict an individual or family in mortgage arrears, although, being a more affluent group, former owner occupiers who lose their homes do not tend to enter the homeless population.

3.8.2 Rapid rehousing

The line between prevention and rapid rehousing is clear in theory, but not always in practice. Services that respond to homelessness almost immediately, rapidly providing housing to stop homelessness are not, technically speaking, a form of prevention. Homelessness has occurred, but it has, at least in theory, been stopped quickly enough to mean that the potential damage to the person, couple or family involved has been minimised. Losing an existing home because of an unwanted move, even if actual homelessness is not experienced, can still be a damaging experience, but it is prolonged and repeated homelessness that is clearly associated with deterioration in health, wellbeing, social integration and life chances⁶⁵.

In the **UK**, where prevention, pursued with increasing emphasis since the mid 2000s and, with the recent Welsh and English legislative changes, becoming a more significant element of the response to homelessness than other innovations such as Housing First, rapid rehousing (termed 'relief' from homelessness) is built into the same system, the Housing Option Team model, that delivers prevention. Data on prevention and rapid rehousing are recorded separately, but they are seen as so closely interlinked as to be part of the same system. There are parallels in **French** and **Irish** systems, which like the UK, provide support with moves into the private rented sector. A key innovation in the UK has been the local lettings agency model. This is a social enterprise or subsidised business that acts as a letting/management agent for private landlords who do not want to manage their property directly, providing housing management at a competitive rate, sometimes guaranteeing rent but letting the housing to households who are at risk of homelessness or as a means for rapid rehousing.

⁶⁵ Pleace, N. (2016) Researching Homelessness in Europe: Theoretical Perspectives, *European Journal of Homelessness* 10(3) pp.19-44; Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) op. cit.

3.9 Typology of prevention

Table 3.8 summarises the broad pattern of prevention by country. In those countries where preventative systems were at their most developed, a mix of housing-focused and support-focused services were available, sometimes in combination with systems for rapid rehousing. Elsewhere, systems tended to be housing-focused, chiefly centred on assistance with debt management and were more likely to vary by location. **Sweden**, which had extensive housing-focused and support-focused services, but which, also reported inconsistent levels of service provision was an exception to this pattern.

Table 3.8 Typology of Prevention

Country	Types of service (summary)
Austria	Housing-focused prevention centred on financial management.
Czech Republic	Variable housing-focused prevention centred on financial management/help.
Denmark	Housing and support focused preventative services, including higher intensity support, framed by overall welfare system.
France	Housing and support focused preventative services, including higher intensity support, framed by overall system/strategy. Rapid rehousing systems.
Germany	Housing and support focused preventative services often divided between municipal services and job centres.
Hungary	Variable housing-focused prevention centred on financial management/help.
Ireland	Housing and support focused preventative services, including higher intensity support, framed by overall system/strategy. Rapid rehousing systems.
Italy	Housing and support focused preventative services framed by overall system/strategy.
Netherlands	Housing and support focused preventative services, including higher intensity support, framed by overall system/strategy.
Poland	Variable housing-focused prevention centred on financial management/help.
Portugal	Generic support-focused services for vulnerable groups. Occasional and/or experimental housing-focused preventative services.
Romania	Variable housing-focused prevention centred on financial management/help.
Slovenia	Generic support-focused services for vulnerable groups. Occasional and/or experimental housing-focused preventative services.
Spain	Variable housing-focused prevention centred on financial management/help.
Sweden	Variable housing and support focused preventative services, including higher intensity support.
United Kingdom	Housing and support focused preventative services, including higher intensity support, framed by overall system/strategy. Rapid rehousing systems.

4. Legal Regulation of Homelessness Services

4.1 Introduction

Most of the 16 countries had legal regulation of their homelessness services, although legal frameworks were not always backed by sufficient resources. In some federalised countries, legal regulation was devolved and could be variable. A minority of countries did not have a national legal framework regulating homelessness services. This chapter looks at these three groups of countries in turn.

4.2 Countries with legal regulation

In a number of countries, the provision of homelessness services was governed by national law. This was most frequently in the form of social service laws that encompassed all local jurisdictions.

This was the case in the **Czech Republic**, where the provision of social services, including homelessness services, are governed by legislation. Municipalities and regions are required to produce strategies for social services provision. This legal framework is also designed to ensure a basic level of service is available when someone is not eligible for social services, but where a failure to provide assistance would endanger health or life.

In **Denmark**, the provision of services such as emergency/temporary accommodation and housing-focused support services was regulated through social services law. Under Section 110 of the Social Service Law, municipalities were obliged to either provide emergency and temporary accommodation services, or to pay for the use of such services by homeless people. In addition, the provision of other types of services such as housing-focused support and long-term supported accommodation was also regulated via the Social Service Act.

In the **Hungarian** case, laws specify which social services are needed according to the size of urban settlements. The 19 largest cities and towns had the most extensive obligations according to this law and were expected to offer rehabilitation services where required. There was also an obligation in these cities and towns to provide retirement care for older homeless people. In municipalities with populations above 30,000 there was a requirement to provide emergency shelters and

temporary hostels. In municipalities with populations over 10,000, but less than 30,000, food distribution and daycentre services were a part of the legal duties of local government, but in small towns and villages of between 3-10,000 people the duties were confined to family support services, something that also extended to smaller, elected, municipalities.

Ireland is one of the few countries, together with the UK, with a statutory legal system in the field of homelessness services and housing provision for the homeless. Various acts provide a statutory structure to address the needs of people who are experiencing homelessness. The Act outlines a statutory obligation to have an action plan in place and the formation of a 'Homelessness Consultative Forum' and a 'Statutory Management Group' in each local authority. There are further duties placed on local authorities under laws designed to protect the welfare of young people, which centre on providing services for anyone under 18 who becomes homeless and to provide protection from homelessness from any young person who has been in the care of social services. Local or municipal authorities have primary statutory responsibility for the provision of homeless services. While local authorities do not have a statutory obligation to house people, they do have general legal responsibility for the provision of housing for adults who cannot afford to provide it for themselves. They may help with accommodation either by providing housing directly or through arrangements with voluntary housing organisations and other voluntary bodies. They may also provide funding to voluntary bodies for emergency accommodation and for long-term housing for homeless people. The law also requires that local authorities carry out periodic assessments of the number of people who are homeless in their administrative area, as part of their housing needs assessment. Moreover, The Health Service Executive (HSE) has general responsibility for the health and in-house care needs of homeless people. In terms of funding, this means that local authorities are responsible for the costs of providing accommodation while the HSE provides funding for the care and welfare needs of homeless people, including in-house care. Finally, The Child and Family Agency (Tusla) has responsibility for providing accommodation for people under the age of 18 who are homeless or in need of care. It may also provide aftercare facilities for young people aged over 18.

Ireland has encountered marked challenges in reducing homelessness. Supply of affordable housing has seen marked declines relative to need, leading to increased use and increasing duration of stays in temporary accommodation.

In the **UK**, the legal framework varies between the different subdivisions of the UK. However, the four administrations of England, Wales, Northern Ireland and Scotland all the local authorities have legally enforceable duties towards homeless people. In England and Wales, local authorities were recently given a near universal duty to

try to prevent homelessness for anyone within their administrative boundaries who is at risk within 56 days. Similar changes were planned for Northern Ireland and there is also an emphasis on prevention in Scotland. As in Ireland, UK local authorities which have responsibility for housing are required to produce homelessness strategies, a part of which is to plan the commissioning and provision of homelessness, prevention and rapid rehousing services in their jurisdiction.

Elected local authorities in the UK, and the Northern Ireland Housing Executive, which is part of Northern Ireland government, are obliged to provide temporary accommodation to families, couples and lone adults who are found statutorily homeless for up to two years while settled housing is secured. There are variations in the law in each administration, but a household must usually demonstrate they are not intentionally homeless (through deliberate action), are connected to the area where they are seeking assistance (not applicable when someone is at risk of domestic abuse/violence or other forms of violence) and is in 'priority need'. Priority need groups include families with dependent children and adults who are 'vulnerable' because of homelessness. This latter group is assisted where homelessness is interpreted as presenting a risk, which means for example that a diagnosis of mental illness is not, in itself, a reason to be found statutorily homeless, the person must also be at heightened risk if they become, or are, homeless. In Scotland, the law does not include "priority need" and the local authority homelessness duty is open to most homeless people, although there are requirements around local connection to a local authority and "intentional" homelessness.

As in Ireland, temporary accommodation use has increased in the UK in those areas where demand for affordable housing outstrips supply. There has been increasing use of the cheapest private rented sector housing to try to meet statutory obligations to homeless people as waits for social housing can be very long to try to counteract growing use of temporary accommodation, but it has had only limited success, both in terms of increasing housing supply and the standard, affordability and security of tenure offered by the private rented sector. In some areas, particularly London, statutorily homeless households in temporary accommodation have begun to increase in number in recent years.

In **France**, an act establishing an enforceable right to housing (DALO) was passed in 2007. Drawing, in part, from Scottish legislative changes, this law created a broadly comparable legal framework to that found in the UK, but in a context where local authority discretion over access to social housing was considerable. This meant that access to social housing for homeless and potentially homeless people could be inconsistent. As in Ireland and the UK, social housing supply in some areas is under pressure from increasing demand.

In the **Netherlands**, the provision of homeless services was also clearly regulated by national law. The obligations of local authorities were clearly defined and described, and they included emergency accommodation, non-housing and housing-focused support, the right of an individual to obtain a postal address, debt-counselling and financial assistance.

In **Poland**, a major amendment to the Social Assistance Act was introduced in 2016 and for the last two years the system has seen rapid reforms implemented by central government. This has included introducing standards for emergency accommodation, emphasis on dividing emergency support from temporary accommodation, enforcing cooperation between municipalities and NGOs. Moreover, in 2017 the national guidelines for supporting homeless people were issued saying that each of the 2,500 municipalities in Poland should provide homeless people with access to warming-up stations, overnight shelter and homeless hostels by providing those services directly, commissioning an NGO or via signing a contract with another municipality that provides or commissions such services.

In **Sweden**, laws specified that the municipalities have responsibility for providing economic support for persons in need using social welfare systems, including housing costs. There is a minimum national standard for economic support level that the municipalities are obliged to follow. Some municipalities pay higher rates of financial support than are required under national legislation.

In **Slovenia**, the responsibilities of centres for social work and other public bodies in providing services and benefits were specified in law. Again, this legislation was focused on social services, which includes systems that can assist homeless people and encompass 'primary social aid', personal aid, family help, institutional services, protected employment. Primary social aid is aimed at recognition and definition of social needs, evaluation of possible solutions and informing the individual of existing networks of support services, including emergency accommodation. However, there is no direct requirement to provide services for the homeless population as a whole.

Romania had a legal framework that, in theory, regulated the provision of homelessness services, but in a context where actual service provision was characterised by limited resources. Laws were in place that set standards which were not being met because, while some municipalities had resources, others did not have the levels of funding available to be able to fully implement the services required under legislation. There was also reported to be variation in the extent to which municipalities wished to engage with agendas around building local social assistance networks that could assist homeless people.

In **Italy**, Law 328/2000 creates a political commitment to addressing homelessness. Based on a multi-level governance system, the Italian State has defined a set of essential levels of services for the most vulnerable people and all 21 regions are obliged to provide coverage across their administrative areas, with local authorities providing basic needs support. In 2015, the National Guidelines for Tackling Homelessness were formally adopted by the Ministry of Labour and Social Policy and the United Conference of Regions with the intention of providing a uniform framework for homelessness service provision. The Guidelines are binding for regions and for local authorities commissioning and implementing services for homeless people supported by public funds.

4.3 Federal countries with a decentralised legal framework

In some of the European countries with a federal legal structure, the provision of services is not uniformly regulated at national level but is rather governed through legal frameworks on 'state' level. An example of this is **Austria**, where homeless assistance services lie in the competence of the federal states. This led to marked variation in which services are available and on what basis, for example in Vorarlberg, it is possible to launch a legal appeal when a homeless person is not provided with assistance, whereas no such law existed in Vienna.

In **Germany**, there is legislation at national level stipulating that persons in need of support to overcome "special social difficulties" have a legally enforceable right to such support. How such support is organised and financed is left to (diverging) Länder-legislation and often to the municipal level. In some Länder part of the support is financed by regional state authorities, in others it is paid for and regulated exclusively by the municipalities. And part of the more basic provision of shelter is not regulated by national legislation but based on the Länder laws on public order and security. Variations in practice are substantial.

4.4 Countries with no legal framework

In **Portugal**, the Institute for Social Security (ISS) which is the entity responsible for social care in Portugal has outlined some recommendations for the functions and objectives of outreach teams, occupational workshops and temporary accommodation facilities. Since the ISS operates at the national level as the main funder of NGOs providing homelessness services, they have a certain level of authority to configure working practices either directly, or in cooperation with municipalities,

including Santa Casa da Misericórdia, which is the main social action provider in Lisbon. However, there is no comprehensive legal framework governing homelessness services.

Spain also has no national legal framework regulating the provision of homelessness services. Thus, traditionally, services for homeless people in Spain have been mostly locally organised and vary in their nature and extent.

4.5 Welfare Conditionality and Local Connection Rules

Legal regulation of homelessness services, as described above can determine the nature and extent of services that are provided in a way that promotes consistency, if not uniformity. Where regulation is absent, homelessness services may be highly inconsistent, to the point where they might exist in one place, but not necessarily in another, within the same country.

In our 2015 research, *Local Connection Rules and Access to Homelessness Services in Europe*⁶⁶, the ways in which access to homelessness services, social housing and welfare systems for homeless people is influenced and controlled by wider social policy was explored. Legal systems and rules that are designed to encompass the whole population of a city, municipality region or country can have an important influence on the experience of homelessness. Issues that the 2015 research highlighted were again reported in some of the experts' responses to the questionnaire for this study, and it is useful to briefly reiterate the main findings of the 2015 research here:

- Access to homelessness services of any sort could be determined by local connection rules on whether someone had entitlement to welfare, housing and other services based on being a citizen of a particular city, municipality or region. Access to emergency accommodation was not available in every country, if someone could not clearly show they were a citizen/long-term resident of the area in which they were seeking assistance, there were countries in which they were not entitled to assistance.
- Some routes out of homelessness were not be available, both in the sense that local connection and welfare conditionality rules could mean someone could not access welfare assistance with housing costs (where this was available) and also not be eligible for social housing (where this was available). If, for example, someone was not defined as a resident of an area, neither welfare payments nor social housing would be available to them. Equally, welfare conditionality rules

⁶⁶ Baptista, I., Benjaminsen, L., O'Sullivan, E. and Pleave, N. (2015) *Local Connection Rules and Homelessness in Europe* (Brussels: FEANTSA).



could mean that certain welfare benefits or supports were only available to some groups. For example, as highlighted in our 2017 research, *Family Homelessness in Europe* homeless people with dependent children can access welfare and other systems that may not be available to lone adults.

- In countries with universal systems, e.g. where someone is entitled to welfare benefits on the basis that they are a citizen or a naturalised citizen, there is not the same potential effect on the experience of homelessness. Equally, there are Federal countries where reciprocal arrangements and requirements allow municipalities/local authorities to transfer costs and responsibilities across administrative areas, for example enabling assistance to be provided in one area via payment from another area in which a homeless person was last resident. However, some element of local connection is present in social housing systems across Europe, as was highlighted in our 2011 research *Social Housing Allocation and Homelessness*.

5. Homelessness Services in Large Cities

5.1 Introduction

This chapter is the first of three which look at how the pattern of homelessness service provision varies between large urban areas, medium sized cities and towns and rural areas. As in Chapter 3, this section of the report looks at emergency accommodation, temporary accommodation, non-residential (non-housing support and housing-focused support) and prevention in turn.

5.2 The cities

Table 5.1 Large cities included in the study

Country	Large city	Population size (approx.)
Austria	Vienna	1.89 million
Czech Republic	Ostrava	289,000
Denmark	Aarhus	340,000
France	Marseille	862,000
Germany	Bremen	551,000
Hungary	Győr	129,000
Ireland	Dublin	555,000
Italy	Turin	883,000
Netherlands	Utrecht	349,000
Poland	Wrocław	638,000
Portugal	Lisbon	500,000
Romania	Constanța	284,000
Slovenia	Ljubljana	280,000
Spain	Barcelona	1.6 million
Sweden	Malmö	334,000
United Kingdom	Manchester	541,000

Note: Capital cities in bold

In countries with such diverse levels of population, ranging from just over two million people in Slovenia, close to six million in Denmark and eight million in Austria, to 66 million in the UK, 67 million in France and close to 83 million in Germany, what constitutes, in relative terms, a 'large city', a medium size city or town and a town or village in a rural area can be highly variable. This meant what was regarded as a major population centre could range in size from a quarter of a million to well over a million (Table 5.1). As the capitals of some countries can be atypical, having unusual housing markets and extensively developed homeless service networks, alongside sometimes coming close to, or exceeding, some individual member states in population, the experts were asked, where possible, to instead select cities that represented the broad urban experience in their countries. This was not always possible, as in some countries, urban space was heavily concentrated in and around the capital.

Population size could not, in this context, be the main criteria for selection of an urban case study. Instead, the respondents were asked to describe and comment on homelessness service provision in cities that were broadly representative of urban areas in their countries.

5.3 Emergency Accommodation

The nature and extent of emergency accommodation reflected the national pictures reported in Chapter 3. Some cities such **Vienna, Lisbon, Marseille** and **Wroclaw** had extensive emergency accommodation, which was support rather than housing-focused, provided via large services.

In **Vienna**, the three main emergency shelters provided a total of 361 overnight places. These state funded emergency accommodation facilities are provisioned by three main organisations (Caritas Wien, Arbeiter-Samariter-Bund, Rotes Kreuz). Two thirds of the overnight places were generalised homelessness services and one third were transitional supported housing which included some specialist services for particular groups (e.g. young people, families and people with psychiatric issues). The overnight conditions in shared rooms and the low intensity support provided was described as low-quality. Most facilities are closed during the day. Apart from homeless assistance services, the *Verein Wiener Frauenhäuser* (Association of Viennese Women's Shelters) operates four women shelters, one transitional accommodation and several apartments.

Additional shelter is provided during the winter in Vienna. The so-called "winter package" has been in operation since 2012, providing additional overnight places (888 beds in 2017/2018) during the period between November and April. These

accommodations can also be used by people who are not entitled to the regular Viennese homelessness shelters, i.e. people without social insurance or who have not become homeless in Vienna.

In **Lisbon**, a total of 237 emergency beds were provided by the five temporary accommodation centres. The largest had 271 beds (30 for women), of which 145 places were for emergency situations. The capacity of the three other facilities ranged between 36 and 75 users. One of them is for men only. These state funded accommodation centres are run by NGOs (and one charity) and provide shared facilities, opened only during the night. They all provided low intensity support and basic services.

In **Marseille**, responses to rough sleeping are framed by the national framework “Accueil, hébergement, insertion” (AHI)⁶⁷ and consist of two large emergency shelters (283 places and 372 places) where people are accommodated only during the night. The provision of emergency accommodation is also ensured by two emergency accommodation systems which rely on hotels: Service Plus and Service Plus Asylum seekers. The former is organised around the 115-emergency helpline system, whereas the latter is organised by a parallel management system and caters mainly for asylum seeking families.

In **Wrocław**, the use of emergency accommodation is organised around three main facilities: one overnight shelter for men (120 beds); one ‘Support Centre’ for people with addictions (20 beds); and one ‘Warming-up Station’ (100 beds)⁶⁸ which is open only in Winter. All these communal facilities are run by NGOs and mainly provide basic services (e.g. meals, laundry and clothes, basic counselling and addiction therapy in one case).

By contrast, there were also large cities where emergency accommodation provision was in smaller scale services. Low intensity support which is non-housing focused also characterises emergency provision in the city of **Turin**. Yet, contrary to the situation described above, the average size of the 8 existing emergency shelters was 30 places. Collectively, Turin had some 300 beds that were open mainly during the night (from 5 p.m. to 8 a.m. or from 8 p.m. to 8 p.m.). Homeless men are the main clients of these low threshold shelters which provide shared sleeping arrangements and support services.

⁶⁷ <http://siao92.fr/wp-content/uploads/2015/01/Referentiel-Prestations-AHI.pdf>

⁶⁸ See Chapter 3.

A second group of large cities – **Ljubljana, Ostrava, Győr** and **Constanța**– had emergency accommodation services that were largely confined to low intensity, non-housing focused support. The scale of services in these cities was relatively smaller, but this appeared to reflect population size rather than a major difference in policy with the larger cities like Wrocław.

Ljubljana had two emergency accommodation services: one-night shelter which can be accessed directly (capacity for 18 people) and one crisis centre for young people aged between 6 and 18 years old (10 beds, 3 weeks maximum stay). These services were provided by social services (public network of centres for social work).

In **Ostrava**, three emergency shelters run by two NGOs (The Salvation Army Ostrava and Caritas Ostrava) provided a total of 120 beds (106 for men and 14 for women). These communal facilities offered overnight services. Two time-limited emergency housing services are also available in the city, one targeting families with children (9 beds) and another one for adults (5 beds). During winter, the emergency shelters' capacities are expanded by 54 beds and 120 so-called "empty chairs" (chairs in heated areas).

In **Győr**, there is one municipal emergency shelter providing 30 beds in communal facilities located in a former Soviet military compound. This facility is open from 4 p.m. to 8 a.m. During winter, as in Ostrava, Vienna and Wrocław, a municipal emergency shelter offers an additional 60 beds.

The provision of emergency accommodation in **Constanța** consisted of one emergency shelter (20 beds) which opened in 2018 as a response to increasing pressure from other services (e.g. the Emergency County Hospital). Access criteria to the shelter include national ID, evidence of a lack of income and no access to other housing solutions and having lived on the streets for at least 3 months. The shelter offers low intensity and basic services. In winter it can be doubled in size.

A third group – including two very large cities and three smaller ones – had a more differentiated pattern of homelessness emergency services, combining the presence of low intensity support shelters with medium to high intensity services offering higher levels of support, including housing-focused services.

The city of **Barcelona** (the largest non-capital city included in the study) had a wide array of emergency accommodation, including municipal services, private services with municipal funding and other private services. A total of 12 shelters and refuges provide 753 beds either directly run by the municipality or via municipal funding. Municipal services include three municipal shelters for single individuals (ranging from 60 to 120 beds), two municipal refuges for families (48 and 100 beds), bed and breakfast accommodation (200 beds), and apartments for mothers with children (10 places) and emergency apartments (277 places). Three municipal basic accom-

modation services (ranging from 30 to 50 beds) for homeless men and women provide low intensity support on a 24/7 basis. The municipal homelessness programme also accommodates another 200 persons in hotels and bed and breakfast accommodation. Several private services operate under municipal funding providing either more generalized emergency support or more specialized services (e.g. for young homeless women, for convalescent men). In Barcelona, the overall capacity of emergency accommodation in municipally funded beds is 1,278. Alongside these services Barcelona also had a Housing First service, operating at a relatively small scale, which could operate as emergency accommodation, the difference being that Housing First can in theory take someone from rough sleeping straight into settled housing⁶⁹ (see Chapter 3). There were 65 places in Housing First services in Barcelona in 2018.

In common with other UK cities, **Manchester** has moved away from emergency accommodation service provision and towards referral to temporary supported housing from outreach teams and daycentres. Most temporary supported housing services are small (ranging from 10 to 39 places) and include congregate supported housing addressing specific types of clients (e.g. young people, couples, young women). There is also some communal supported housing (e.g. hostels) targeting homeless men and men at risk of homelessness, with medium to high support needs, including ex-offenders. These hostels offer individual rooms (ranging from 16 to 38 places) and provide 24-hour staff cover. There is also a larger (74 places) city run emergency/temporary accommodation service (i.e. congregate supported housing) working with people with low to medium support needs and also providing 24-hour staff coverage. Two winter night shelters are in operation in Manchester. They provide open access basic emergency support during the winter months. As noted in Chapter 3, there was not a clear line between 'emergency' and 'temporary' accommodation in the UK, families tended to be put in temporary housing or hotels, rather than in services (see below).

In **Bremen**, there were a limited number of places in accommodation used as both emergency provision and temporary accommodation: 70 places are reserved for homeless men and a further 49 places in two separate services are reserved as emergency accommodation for homeless people with an addiction. All this provision is provided by NGOs and paid for by the municipality. There is also an additional night shelter for men with a flexible number of beds, which is closed over the day and can extend the capacity in winter months. In addition, the municipality uses a number of low-cost hotels and hostels for temporary accommodation. In December 2017, 130 places were regularly booked in six establishments and a number of further hotels were used in case of extended need.

⁶⁹ Pleace, N. (2016) *Housing First Guide Europe* (Brussels: FEANTSA).

In **Dublin**, also, there is a range of supported emergency accommodation, where some one-night only beds can be accessed, but there is only one dedicated emergency service: the MQI Night Cafe. In the 2017 Dublin Cold Weather Strategy, an additional 200+ additional permanent and 50 temporary bed spaces were provided, on the basis that 184 people sleeping rough were identified in November 2017. Dublin also made extensive use of hotels and other emergency accommodation for families who were homeless (see below).

The city of **Utrecht** operates a central intake system for the region. It offered a diversified range of services including two overnight emergency shelters, two-night shelters for undocumented migrants, one “corporation hotel” that offer longer stays, one medical emergency facility and one refuge service for women at risk of domestic violence. A total of 11 units offered 254 places, plus 60 extra temporary beds activated under the cold weather measure. Day, night and emergency services can be used directly by homeless people, but for more support or for a prolonged stay, a regionally organised access system has to refer people to services.

The provision of emergency accommodation for homeless people in **Malmö** is handled by the Social Resource Agency, SRA (Sociala resursförvaltningen) which is a municipal agency responsible for the allocation of all the apartments and housing options at the municipal level. The provision of shelter beds in the city is also contracted through the SRA. Two of them are intended for homeless men (one municipal and one private); one-night shelter provides accommodation for homeless men, women and couples (run by an NGO); and the other one (private) is for women with active drug use (including five emergency places for women escaping domestic violence). According to the national expert, during 2016, the City of Malmö bought over 365,000 emergency beds at hotels, bed and breakfasts, caravan parks, and other temporary accommodation in order to provide emergency accommodation for homeless people without support needs, particularly homeless families and adults without addiction.

The city of **Aarhus** has a differentiated shelter system with several units providing both emergency and temporary accommodation for homeless people and families. The two main shelters (Østervang and Tre Ege) each have intake/emergency places (12 and 3 places, respectively), from which users can move on to the existing regular places if rooms are available. Besides these two larger shelters there is also a third section 110 accommodation unit, called Nordbyen with 18 places of which 16 are regular places and 2 are night-only places. Two specialised units, one for young homeless people and another one for homeless families with children (also open to single women without children) are also available at Aarhus. Accommodation in all these emergency units consists of individual rooms or flats with their own or partly shared facilities.

In several cities – **Bremen, Dublin, Lisbon, Manchester, Malmö, Marseille, Utrecht, and Turin** – access to emergency/temporary accommodation mainly depends on existing central intake systems and on the subsequent referral of clients. Yet, even in these cases there is evidence of emergency shelter beds also being available through open access.

Emergency accommodation was generally provided by NGOs, often under commission with some direct provision of services by municipalities. Only **Győr**, in Hungary, had provision of emergency accommodation entirely organised by the municipality, although it is not the pattern found in most large cities in Hungary.

5.4 Temporary Accommodation

As at national level, the distinction between “emergency” and “temporary accommodation” was not clear across many of the cities surveyed. In cities like **Aarhus, Barcelona, Dublin, Lisbon, Ljubljana, Manchester and Marseille** temporary support housing was used to provide both emergency and longer-term temporary accommodation. Systems for providing temporary accommodation were often elaborate and could be highly variable.

Marseille had the most complex systems. A total of eight different services and 54 services provided temporary accommodation for homeless people. There were specialist services for groups that included lone men, young people and families, with supported housing intended primarily for people with higher support needs, such as a severe mental illness, also being accessible to homeless people with those specific support needs. The three main services were the Centres d’Hébergement et de Réinsertion Sociale (CHRS) running almost half of the temporary accommodation structures in Marseille. Services ranged from smaller units (maximum capacity 8 people) to larger units (maximum capacity 114 people). Family units were mainly self-contained supported housing (12 services ranging from 7 to 63 apartments) and usually offer on-site staffing and an open-ended stay. Ten ‘social residences’ offered temporary congregate, mostly self-contained apartments, with on-site services.

The use of transitional housing services offering temporary accommodation in self-contained apartments with support services for people with specific needs was reported in different cities: **Barcelona** (e.g. people with mental illness, ex-offenders), **Dublin** (e.g. homeless women and children, young people, homeless families), **Malmö** (e.g. men and women with addiction issues, homeless families), **Turin** (e.g. people in reintegration pathways), and **Vienna** (e.g. homeless parents with children, young homeless people, ex-prisoners, people with psychiatric issues, women who have experienced domestic violence).

In **Győr**, **Ostrava** and **Wrocław** the provision of temporary accommodation is mainly based on the supply of hostel services which provide low to medium support. In **Győr**, three municipal hostels (150 beds, 50 beds and 12 beds respectively) and one temporary accommodation centre for women and children (40 people) were used as temporary accommodation. Two of the municipal hostels are located in former Soviet military compounds outside the city, next to the location of the emergency accommodation.

In **Ostrava**, there are 12 temporary hostels with a total capacity of 412 people, of which 164 beds are for men, 196 beds for women and 52 beds for mother/father with children. Two other homelessness services provide temporary accommodation for vulnerable young women and young men (21 beds in 14 rooms); and, two facilities one for older people with reduced physical autonomy and another one for adults over 26 years old with reduced physical or psychological self-sufficiency. Both services have on-site staff.

Wrocław's system of temporary hostels has a total capacity of 529 beds and includes 10 homeless hostels (three for men, five for women and for families, one for homeless people with HIV virus, one mostly for individuals with minor mental disorders). The system is run by NGOs and those people who were last resident in Wrocław are prioritised, although there is evidence that the majority of homeless people presenting to Wrocław's services have their last place of residence elsewhere. According to the national expert, there was very little or even no possibility to move from hostels to supported housing services in the city as very few services were available.

Ljubljana had five different communal shelters providing temporary accommodation for specific groups of homeless people which are usually not accepted in other shelters (e.g. people with drug addiction and mothers with children). Overall, these five facilities offer a total of 117 beds. More recently some supported housing programmes have started, and the municipality offers what are termed emergency housing units.

In **Aarhus**, as elsewhere in Denmark, temporary accommodation provided medium to high intensity support and was closer to the characteristics of transitional supported housing than to traditional shelter systems. As an example, in Østervang, the city's largest homeless shelter, there are 10 stabilising places aimed at very long stays, plus 27 places that are for people who are in need of long-term supported accommodation. Some of these 27 long-term places have the status of public housing whilst some places have the status of 'alternative housing'. Residents have permanent contracts. Alongside the main shelters there are also specialised temporary accommodation units for young homeless people as well as another unit for homeless families with children (also open to single women without children).

In **Lisbon** – where the provision of temporary accommodation is again not clearly distinguished from provision of emergency accommodation – there exists five Temporary Accommodation Centres (CAT). These services had 237 places in communal facilities with on-site staffing who mainly provided low to medium intensity support services. These services target homeless people either in a social/professional stage of integration (three TAC), in convalescence (one TAC) or in active drug rehabilitation (one TAC). There are also two shared apartments for ex-offenders leaving prison and who have no other housing alternative. B&B hotels and private rooms have also been used as temporary accommodation solutions for homeless women, men and families, although there is increasing evidence of service providers having to resort to temporary housing solutions outside the city of Lisbon due to the shortage of affordable accommodation.

In **Dublin**, temporary accommodation for lone adults is mainly in the forms of supported housing services for homeless men and mixed gender services, with less provision for women. Supported Temporary Accommodation (STA) services support homeless people with complex needs, women and children and young people. As in Lisbon, homeless families are often accommodated in hotels and B&Bs on a temporary basis. Again, the line between emergency and temporary accommodation is not clear. An increasing number of families becoming homeless and forced to live in hotels in Dublin in recent years, triggered the opening of the so-called ‘Family Hubs’ which are congregated facilities, operated by local authorities with services and supports on site. By mid-2018, there was a capacity for 461 families across 18 facilities.

Manchester had similar patterns to Dublin with respect to family homelessness. On March 2018, in **Manchester** most of the 1,483 statutorily homeless households, the bulk of which were families, were living in temporary accommodation were in the private rented sector housing (1,112), with 165 in hostels (supported housing) and 130 in B&B/apartment hotels⁷⁰.

In **Vienna**, **Malmö** and **Turin** there was considerable use of supported transitional housing as temporary accommodation. Vienna had increased places from 710 in 2007 to 1,980 by 2017 and was also running a Housing First service. Malmö had 266 units of supported housing units in 2016, although this included emergency accommodation provision. Sweden was reported as having variable levels of homelessness service between different municipalities (see Chapter 3) and this pattern was replicated at micro-level in Malmö, with variations in levels of service in different districts of the municipality. In Turin, access to supported housing was handled

⁷⁰ Source: MHCLG.

through a centralised system and increasing use was being made of municipal housing for transitional services, although these apartments, offering 150 places were shared.

Medium to high intensity support services were used to provide temporary accommodation in **Utrecht** where provision of support to homeless people was reportedly viewed as a 'continuum', ranging from two hours per week home support, to intensive, 24-hour support services. By the end of 2017, about two thirds of Utrecht's capacity (1,196 places) was transitional sheltered accommodation, and the other third (449) was housing-focused, housing-led support (varying in intensity) for people living in self-contained accommodation.

The provision of specialised residential services for **women at risk of domestic violence** are reported in several cities either under emergency or temporary accommodation and in some cases under prevention services. These refuge services are explicitly reported, although with different detail, in **Aarhus, Ljubljana, Malmö, Manchester, Marseille, Utrecht, Turin, Vienna, and Wrocław**. The lack of an explicit reference to specialised services for women at risk of domestic violence in the remaining major cities does not mean that such services are non-existent but rather that refuge services are often operated as a separate system of specialised services and therefore not recorded – or reported – as homelessness services. This administrative separation is often reflected in homelessness statistics, which do not always record women who are homeless in refuges, but instead record them as people escaping domestic abuse⁷¹. Equally, many emergency or temporary accommodation services for women will be dealing with women who have escaped violence or abuse⁷².

5.5 Non-residential support

5.5.1 Daycentres, food distribution, outreach and medical services

Low-intensity non-housing support services such as daycentres offering basic support, including food, personal hygiene, clothes, basic health care and street outreach teams aimed at responding to the most urgent and basic needs of street homeless people were common. Only one city, Constanța in Romania, was reported to lack any daycentre or food distribution services.

⁷¹ Busch-Geertsema *et al.* (2014) *op. cit.*

⁷² Pleace, N. (2016) Exclusion by Definition: The Under-Representation of Women in European Homelessness Statistics, in: Mayock, P. and Bretherton, J. (Eds.) *Women's Homelessness in Europe*, pp. 105-126. (London: Palgrave Macmillan).

Daycentre provision varied between cities. In **Manchester, Marseille, Utrecht** and **Lisbon** daycentres mainly focused on roles in training, education and job-seeking, alongside acting as referral points for other homelessness services. In **Dublin**, daycentres had more of an advice, information and food distribution role, whereas in **Aarhus** there was a greater emphasis on support. By contrast, daycentres in **Ostrava** and **Vienna** focused more on basic needs. Food distribution services were also active in most of the cities.

Outreach services also varied in nature. In **Wrocław**, teams worked in combination with the Police and were focused on immediate basic needs, with paramedic support. Győr also had a team of outreach workers. Győr also had a team of outreach workers whose role centred on emergency response, e.g. clothing, emergency health care, transportation where required and to connect rough sleepers with the broader service provision. Outreach in **Lisbon, Turin** and **Vienna** had similar roles in relation to ensuring basic needs were met and connecting people sleeping rough with medical and other support services. **Malmö** had more intensive outreach services, including a service for homeless adults and an ACT (multidisciplinary) team for homeless people with dual-diagnosis, living in different types of accommodation. In **Manchester**, outreach services were primarily designed as a means to create connections with supported housing and housing-focused, housing-led services. In **Barcelona**, outreach services have been significantly expanding during the last 4 years.

Turin had an agreement between the local authority and the local health public service which had created a team of doctors who visited emergency accommodation. This team provided primary medical assistance and health prevention services. In **Manchester**, the National Health Service (NHS) funds a dedicated GP surgery that is designed for homeless people called the Urban Village Medical Practice⁷³ which offers full primary care family doctor/GP service and referral to NHS hospital inpatient and outpatient services. There is also a dedicated Mental Health and Homeless Team. In **Dublin**, a mental health specialist visiting support service is provided by the Housing Association for Integrated Living (HAIL). In **Lisbon**, a protocol established between the Psychiatric Hospital Centre of Lisbon and the municipal Homeless Support Unit enables the integration of mental health specialists in the municipality outreach team in order to provide psychiatric assessments of people sleeping rough. Additionally, the hospital's team is also available to provide weekly supervision sessions for professionals from the municipality team.

In **Ostrava, Malmö, Vienna, Ljubljana** and **Győr**, access to health is facilitated by NGOs which provide health care services to homeless people through the operation of medical offices or medical centres. Mobile health services and medical outreach

⁷³ <https://www.uvmp.co.uk>

teams are also another access mechanism to basic health care used in some major cities. In **Lisbon**, two Medical Outreach Teams, one, composed by volunteers (VOX Lisboa) and one, by professional workers (Médicos do Mundo), are partially funded under the Lisbon Homelessness Municipal Plan. In **Vienna**, Caritas Wien provides a medical bus (mobile treatment) which together with the medical ambulance provided via *neunerhaus* and one out-patient, medical centre called *Diakonie* are the only access to healthcare for uninsured homeless people. In **Ostrava**, the Salvation Army also provides outreach basic health care services for people sleeping rough, alongside general medical services for low income people.

5.5.2 Housing-focused support

Marseille was the site of one of the four major pilots of Housing First, Un Chez-Soi d'abord, in France and had a significant service in place for homeless people with a psychiatric diagnosis. Greater **Manchester** had two small Housing First services with 40 places in operation in 2018 but was about to launch a much larger city-wide service that encompassed the whole metropolitan area which had a population 3.2 million. In 2018, **Utrecht's** Housing First provision had 77 places provided by De Tussenvoorziening (67) and the Salvation Army (10). In addition, the local authority, homeless services and social housing associations have created 170 places (almost all self-contained apartments) for homeless people in permanent and temporary 'mixed housing' projects, where they live side by side with 'regular' tenants. **Dublin** was also operating a Housing First service run by Focus Ireland and the Peter McVerry Trust and there was also significant use of Housing First in **Vienna**. **Aarhus** had established the ICM Housing First services that were part of the national homelessness strategy and follow-up programme alongside its existing services. In Barcelona, the municipality is running a Housing First pilot with 50 places, and two NGOs (Arrels and RAIS) are running their own pilots. **Győr** has run a very small-scale Housing First project, which has supported approximately 25 people since 2012.

Half of the cities, **Ostrava, Bremen, Aarhus, Marseille, Dublin, Utrecht, Manchester** and **Vienna** were reported as having housing-focused support services. Alongside the recorded provision of Housing First, these services included various forms of housing-led service.

In **Ostrava**, a social work support programme, offering case management and using interdisciplinary working, was available for former homeless people living in permanent housing which is run by NGOs for two years after resettlement. Seventy-five households had been settled using this service by May 2018.

In **Vienna**, the growing implementation of Housing First was described as leading to a modification of lower intensity housing-focused support services towards a housing-led approach, a shift in service provision that had been underway since

2012. Mobile support was combined with access to permanent apartments in both short- and medium-term services. More intensive services provided in the form of “socially supported housing” is also provided to former homeless people who want to live independently but who need continued support due to psychological problems or chronic illness. **Marseille** was required to provide housing-led support via the Community Centres for Social Action (CCAS) and NGOs. In **Aarhus**, housing-focused social support operated from four local centres as a part of general municipal welfare services covering different parts of the city and had supported approximately 1,500 vulnerable people, including formerly homeless people, in permanent housing in 2018.

In **Dublin**, both general floating support and more specialized visiting housing-focused support services are available. These services are operated by NGOs – independently or in partnership – and include a visiting tenancy support service, a mental health specialist visiting support service, a designated family homeless action team and a Migrant Homeless Action Team. As in other regions of the country, the Support to Live Independently (SLI) service was provided for people moving from homelessness to independent living with the overall aim being to help people integrate into their local community. SLI also aims to inform people about where to find local and community services and supports in their area. In **Utrecht**, as mentioned in the previous chapter, there is specialised floating support namely for people with chronic mental problems, and victims of domestic violence. The City of **Manchester** runs a mobile ‘tenancy sustainment service’ (housing-focused, housing-led) which is centred around case management/service brokering for homeless people, those at risk of homelessness and other groups who require support to live independently.

In **Bremen**, the main NGO running services for homeless people also provides housing-focused support for formerly homeless people either in transitional flats, or in independent flats which are rented by the formerly homeless person directly from a landlord. This type of support may be of low and relatively high intensity, one social worker serving 12 persons, and is paid for entirely by the municipality.

In **Turin**, since 2014, three Housing First pilot projects (RES.TO, ABI.TO and Torino casa mia) have been developed within the Housing First Network, *Housing First Italia*, coordinated by fio.PSD. More than 10 people have been housed thanks to collaboration between the municipality and the third sector.

5.6 Preventing homelessness

The broad patterns of homelessness prevention reported in Chapter 3 were reflected in what was happening in individual cities. Most of the cities had housing advice services and some form of debt management or financial support system for households at risk of eviction for rent arrears. There were eight cities with developed, integrated systems of homelessness prevention: **Aarhus, Bremen, Dublin, Malmö, Manchester, Marseille, Utrecht and Vienna**. In other cities prevention was less developed, although at least some services were in place, particularly around prevention eviction due to rent arrears.

In **Aarhus** generic housing-focused support services have a preventative function and can for instance be set in if potential vulnerable people are at risk of homelessness. There were also social support workers who focus on preventing evictions in social housing.

Vienna had prevention services that were focused on private, cooperative and social housing, as threatened evictions from these different tenures could require different preventative mechanisms. The Fachstelle für Wohnungssicherung FAWOS (Specialist Unit for Secure Housing) of Volkshilfe Wien focused on private and cooperative housing, working directly with tenants when they were in rent arrears or under threat of eviction by a court. Tenants under threat of eviction from the city's own social housing were supported by the social landlord Wiener Wohnen, which included legal advice, conflict mediation, support with rent arrears including budgeting and support services.

Marseille had preventative services that could be personalised to meet specific needs, ranging from unpaid rents, support, debt management and housing advice provided by the Departmental Agency for Housing Information (ADIL). Financial aid could access or secure housing through the Housing Solidarity Fund (FSL). **Malmö** had broadly similar arrangements offering a mix of financial support around rent arrears and a team of anti-eviction social workers, arrangements that were similar to those offered by **Utrecht's** 'recovery team', Stadsteam Herstel. **Bremen's** services to prevent eviction were activated when a referral for eviction was made to a court, with the legal requirement on municipalities to prevent eviction for rent arrears (see Chapter 3) applying to the city. However, logistical problems were reported with these arrangements.

Dublin had been operating a 'Tenancy Protection Service' since 2014, again using a similar approach, successes had been reported, two-thirds of the households which had approached the service had avoided homelessness through financial support with rent arrears. **Manchester** – as other cities in England – has a duty to

prevent homelessness under the terms of the 2017 Homelessness Reduction Act⁷⁴. A range of prevention services, including debt and financial management, mediation, housing advice, support services were combined with systems to provide rapid rehousing (see Chapter 3).

Ljubljana had also adopted an anti-eviction strategy and in cooperation with an NGO Kralji Ulice. Centres for Social Work offered counselling to families and also financial aid when they were in arrears. **Ostrava** was in the process of setting up a prevention system in 2018, offering a mix of social work support and financial support. Reflecting the national picture in Spain, homelessness prevention services in **Barcelona** focused on owner occupiers and offered mortgage mediation and would sometimes pay for mortgage arrears (see Chapter 3). **Lisbon** had a Social Emergency Fund established in 2012 that supported households at risk of homelessness. However, the available funds per year and per household (1,000 Euros) are clearly insufficient in relation to the housing market prices in the city.

In **Barcelona**, municipal and regional services offer mortgage mediation and may pay for arrears. In **Győr**, debt counselling and support is available for people with low income and housing related debts who is willing to cooperate with the service, but it may not prevent them from being evicted. In **Turin**, people living under threat of eviction or already evicted, and/or people with rent arrears may get support either in renegotiating rents or through the provision of temporary accommodation. A similar scheme is in operation in **Constanța** where people at risk of being evicted may apply for an emergency allowance which is directly awarded by the city mayor. According to the national expert, the duration of the allowance covering the cost of a private rent – 3 to 6 months – rarely covers the long waiting periods before actual access to social housing occurs. In **Wrocław**, the city runs a programme in which someone is obliged to take on community work in exchange for lowering rent arrears which was described as not particularly attractive.

⁷⁴ https://england.shelter.org.uk/_data/assets/pdf_file/0007/1494871/Homelessness_HRA17_Implementation_Briefing_FINAL.pdf

6. Medium Sized Cities

6.1 Introduction

The selection of the medium-sized cities and towns was based on the expert's assessment regarding the ability of a given city to represent smaller cities and larger towns within each country. Again, as with the selection of large cities, there were variations in what might be seen as a "medium sized city" in countries with very different levels of overall population. The 16 medium-sized cities are shown in Table 6.1 below.

Table 6.1 Medium-sized cities in the study

Country	Large city	Population size (approx.)
Austria	Klagenfurt	100,000
Czech Republic	Most	66,000
Denmark	Esbjerg	79,000
France	Angoulême	42,000
Germany	Bad Kreuznach	50,500
Hungary	Tatabánya	69,000
Ireland	Galway	79,000
Italy	Pisa	90,000
Netherlands	Gouda	73,000
Poland	Zabrze	175,000
Portugal	Figueira da Foz	60,000
Romania	Tulcea	73,000
Slovenia	Kranj	56,000
Spain	Pamplona	195,000
Sweden	Helsingborg	104,000
United Kingdom	York	198,000

6.2 Emergency and temporary accommodation

In almost all the medium-sized cities and towns included in the study, there was dedicated provision of emergency and temporary accommodation. As noted in Chapter 3, there was often not a distinction between emergency and temporary accommodation. In most cases there is some degree of specialization in homelessness services with examples of support intended for different groups, such as lone men, lone women, young people and families. There was a broad tendency for the service structure in these types of cities to be more extensive in scale and in scope in the North and West, compared to the South and East of Europe. There were some exceptions but medium sized cities in the South and East were more likely to have only one, or very few, places that provide emergency and/or temporary accommodation, although the extent of homelessness in each city also influenced the level of services.

Galway was an example of a medium sized city with relatively extensive services. There were two emergency shelters. One shelter provided 26 beds on an emergency and short-term basis for adult males, and another provided 12 units of emergency and short-term accommodation for adult women with children. Both services were provided by an NGO. In addition, during last winter, 31 emergency shelter beds were provided. In Galway, there is also an emergency/temporary accommodation response for families experiencing homeless. Placements are made in holiday accommodation (let to tourists over the summer) and other short-term temporary accommodation and support to help families move to longer term housing. There was also NGO-run accommodation for women and children at risk of domestic abuse. Another service worked with formerly homeless men who want to move on to a more independent lifestyle in their own home. Services in Galway could become 'silted up', i.e. people could become stuck, because of limitations in affordable housing supply.

Esbjerg had similarities with Galway. There were four services with accommodation services for homeless people. The main homeless shelter was for all age groups, and holds 28 beds in total, of which three beds served as emergency accommodation and the other 25 is provided as temporary accommodation. There was also a supported temporary accommodation facility aimed at young people with 25 beds and a dedicated service for homeless women with 12 beds. The fourth service was a small shelter with six beds intended for people with high and complex needs linked to mental illness and addiction.

In **Bad-Kreuznach**, the local NGO (Kreuznacher Diakonie) provides emergency accommodation as well as longer term supported housing places. In contrast to other medium sized cities in Germany, the city had ceased to operate larger institutions, after a former labour colony had burned down, and only had some places for

long-term homeless people. Instead, 100-120 places were offered in so-called 'decentralised stationary housing' with quite high intensity of social work support, but all situated in regular flats, using a housing-focused, housing-led approach. Some of these flats were used for communal living, but a considerable proportion are used for rehousing single homeless people on their own. The NGO has a contract with a local social landlord which guarantees access to a certain number of flats for single people every year. The flats are rented for about a year by the NGO and it is agreed from the beginning that the person living there will retain the housing when the intensive period of support is ended. In these cases, lower intensity "after care" is provided and paid for by the municipality.

In Pamplona, after a long period when only NGOs offered emergency and temporary accommodation, the municipality had increased its role as a commissioner of such services. NGOs have moved towards providing long-term or permanent accommodation for homeless people.

York had experienced changes to service commissioning which meant multiple NGOs had been largely replaced with one NGO covering most services, at a lower cost. Nevertheless, the city retained a mix of temporary supported housing, with a service for lone homeless men, one for homeless women, young persons' supported housing. Homeless families and individuals found eligible for assistance under the homelessness legislation by the City Council were temporarily accommodated in hotels when they could not be housed in the private or social rented sector, although the city had recently purchased and converted an office block to provide 57 temporary apartments. Like Galway, York faced significant shortfalls in affordable housing supply.

Emergency and temporary accommodation services were narrower in scope and smaller in scale in most of the medium-sized cities in the Southern or Eastern European countries. For instance, in the Romanian town of **Tulcea** there was one emergency accommodation centre with 50 places. A thorough evaluation is carried out to determine whether someone really has no alternative accommodation, including staying with relatives and acquaintances with priority given to women with children, older people and people with no, or very low, incomes. Besides this centre, there was no other emergency or temporary accommodation.

In **Angoulême** an emergency shelter with 16 places was provided for people at risk of domestic violence, alongside a 20-place emergency shelter, offering 18 places for men and two for women. There were, in addition, 11 places in four emergency places for families. At regional level, a political commitment to provide one emergency place per 1,000 citizens had been agreed, although Angoulême itself did not fund this service provision.

There was not always a sustained need for emergency and temporary accommodation which meant that some medium sized cities did not maintain it. While resources available to services were not always extensive in Portugal, **Figueira da Foz** had no emergency accommodation specifically for people who are homeless because levels of homelessness were low. The occasional situations of people experiencing rooflessness could usually be temporarily solved by resorting to local cheap board houses (*pensões*). In Figueira da Foz, some *pensões* were – despite not having a formal agreement – willing to collaborate with the social services, by immediately admitting the user and accepting a payment delay. There was one facility which provided temporary accommodation and support for 18 persons (14 adults and 4 children) for up to 18 months. Admission was controlled by interviews to assess whether a family or individual was eligible.

Tatabánya, by contrast, had rather more services because of a relatively high level of homelessness. There was a municipal emergency shelter with 23 beds (8 for women and 15 for men) which opened 15 more beds during the winter. Another low-threshold emergency accommodation service becomes operational in the winter for rough sleepers with 23 beds for men and women. There was also a municipal hostel providing temporary accommodation with 35 beds (8 women + 27 men) as well as a municipal unit providing temporary accommodation for families with children with a total of 7 bedrooms with a total of 30 beds.

Pisa has developed an integrated approach based on different kinds of interventions for homeless people. An outreach mobile service acts as a central intake system for vulnerable groups, there is an emergency shelter (night shelter) and day centres offering bathrooms and bag storage. A strong local political commitment, and cooperation between third sector organisations characterises the homeless system in the city of Pisa.

Zabrze had a range of shelter services and offered intensive, therapeutic programmes in its homeless shelter systems, including a specialist support centre for women.

6.3 Non-residential support services

The same sorts of variation, with greater service provision in the North and West of Europe, was reported in respect of non-housing support and housing-focused support services. Non-housing support was likely to be narrower in scope and extent in the South and East, although most medium sized cities had at least some provision of basic services for homeless people.

Gouda operated a daycentre which offered employment opportunities alongside support services, alongside this there were food distribution services, advice and support services provided via outreach, including legal advice. A specialist health team was in place to work with homeless people with mental health problems and addiction. **Esbjerg** had floating support following the ICM method used when rehousing homeless young people. A Housing First programme also existed in the Swedish city of **Helsingborg**, while **York** had housing-focused, housing led services and a ‘making every adult matter’ (MEAM) service, designed for people with high and complex needs including individuals with experience, or at heightened risk of homelessness, that had strong similarity to Housing First. **Galway** was also reported as running a small Housing First service.

Kranj had combined daycentre and emergency accommodation offered in a single service, which also functioned as a food distribution services, with Centres for Social Work providing daytime services for families and a separate facility for people with mental health problems. However, there was no provision of housing-focused services. In **Tulcea**, support was provided only through the centre that also functioned as the emergency shelter, although homeless people might also get access to some social services support. In **Pisa**, a significant number of homeless people lived on the street since the local shelter in the city had a capacity of only 30 places.

Some of the larger Southern and Eastern medium sized cities had outreach teams, for example **Zabrze** had been running outreach services for the last 15 years, designed to support a group of rough sleepers who were typically 30-40 in number, as in the larger cities in Poland, this outreach team worked in combination with the Police, attempting to encourage people to access “warm-up” stations (see Chapter 3).

6.4 Prevention

In most of the medium-sized cities and towns, some form of preventative services existed. These services were aimed mainly at preventing evictions. Again, services tended to be more extensive in scope and larger in scale in the medium sized cities in the North and West.

For example, in **Klagenfurt**, Austria, eviction prevention is provided by a specialist unit of Volkshilfe Kärnten. When tenants are at risk of homelessness, they are supported to either securing their existing apartments or help to find a replacement apartment. Tenants in arrears are contacted by a letter, and only if they do not respond, they receive an outreach visit.

In **Gouda**, the local authority and social housing providers had signed an Agreement on the prevention of evictions. The same was the case in the smaller towns in the surrounding area. According to a policy advisor in the city, cooperation was going well. In 2018, the prevention of financial problems for households leading to rent arrears was to be expanded, in connection with local anti-poverty policies. **York** had an array of preventative services, including housing advice, mediation, debt management, help with eviction and housing-focused support, there were also systems for rapid rehousing. Recent legislative changes had required every local authority in England with a housing duty to provide homelessness prevention services, although the practice of pursuing prevention was already well-established in many cities, including York.

Although prevention services tend generally to be more extensive in the Northern and Western countries, there are also a few examples of such services in some of the medium-sized cities in the South and East. In **Tatabánya**, Hungary, debt counselling and support was available that involved the drafting of a debt settlement plan and household economy training. Beneficiaries needed to have resided in Tatabánya for at least three years and needed to be defined as poor, but still have a regular income. Debts from rent and utility costs could be included, and the debt had to have accumulated over at least six months and has to be between both a lower and upper limit. The beneficiary pays 37.5%, the municipality 62.5%, over a period of 6-18 months. The social office visits the person asking for the debt counselling service in their home to see their circumstances.

Likewise, in **Zabrze** in Poland, an arrears settlement programme was initiated in the housing stock in the city. An arrear may be cut by 80% if the debtor signs a contract, pays the remaining 20% in maximum 5 instalments and does not incur any new arrears within 2 years after signing the contract. Out of some 6,000 debtors, 768 had signed up for the programme in 2018.

Some medium sized cities had few, if any, preventative services. **Figueira da Foz** had no specific prevention services targeting people in immediate risk of homelessness. Yet, social services are generally flexible in accepting payment delays from people/families living in social rented housing and levels of homelessness were not high. Similarly, **Tulcea** had no legal and policy framework for prevention services. However, when support is requested, social services might provide support that included psychological counselling, legal counselling, and guiding and support for the procurement of some official papers; these services are also provided by the Public Services for Social Assistance. In **Pisa**, mediation and rapid rehousing may be arranged to stop or to quickly respond to eviction. Rent deposits may also be used to support people moving to affordable housing in the private rental market, through a guarantee provided by the municipality to take responsibility for the rent.

7. Rural areas

7.1 Introduction

While the questionnaire was broadly targeted on places with populations under 30,000, in practice it was difficult to find a group of small towns across the 16 countries that were of a similar size. One issue was the structure of local authorities (municipalities), in Austria, Denmark, Slovenia, Spain and UK, smaller towns and villages were within municipalities that governed both the town and a larger area. This meant the town and the organisation of any homelessness services was not administratively distinct, it was just part of a larger local authority. The small towns ranged in size from Biella in Italy, with 44,000 people, down to Isaccea in Romania, with just 5,000 people.

Table 7.1 The Smaller Towns in Rural Areas

Country	Town	Population size (approx.)
Austria	Bludenz	15,000
Czech Republic	Štětí	9,000
Denmark	Svendborg	27,000
France	Epernay	23,000
Germany	Höxter	29,000
Hungary	Oroszlány	19,000
Ireland	Tullamore	15,000
Italy	Biella	44,000
Netherlands	Leek	20,000
Poland	Strzelce Opolskie	18,000
Portugal	Fundão	28,000
Romania	Isaccea	5,000
Slovenia	Kamnik	14,000
Spain	Tudela	35,000
Sweden	Ystad	30,000
UK	Arbroath	24,000

One limitation of the study also noted earlier was that genuine like-with-like comparisons were not always possible with respect to the population size of cities, medium-sized cities/large towns, smaller towns and villages. The main reason for this, when comparing rural areas, lay in the different ways in which countries were administered. Homelessness provision in a small town or village was often organised or commissioned by a bigger local authority, of which that place was a part. Finding a small town or village that actually ran, or commissioned, its own homelessness services was not always possible.

7.2 Emergency and temporary accommodation

There were some patterns in emergency and temporary accommodation provision. Several of the small rural towns and villages were without dedicated emergency or temporary accommodation. In **Bludenz**, the nearest dedicated emergency accommodation was 20km away in another Austrian city, Feldkirch, which had an eight-bed shelter, although there was access to a crisis apartment with a capacity of up to eight and housing-led services provided by *Caritas Vorarlberg* that could directly house and support homeless people in their own apartments. **Strzelce Opolskie** also lacked its own emergency accommodation, but could access Barka community houses, although only for men who were abstinent from alcohol. The nearest service for anyone who was homeless with a drug or alcohol addiction was 36km away in another Polish town, Opole. **Isacceia** also did not have dedicated emergency services but responded to the small number of cases of homelessness by referral to services in the nearest city and by providing temporary housing on an ad-hoc basis. A further three rural towns had no emergency shelter, but local social services intervened and provided emergency and temporary accommodation, a pattern reported elsewhere in Portugal and Slovenia, where two were located, but not seen in the medium and large cities in Sweden, where the third small rural town was located: **Fundão**, **Kamnik** and **Ystad**.

Ten of the small towns and cities had dedicated emergency accommodation services. In two cases, **Arbroath** and **Leek**, homelessness services for the region had been based in the two towns by the larger local authority that governed the rural areas in which they were located. Arbroath and Leek were the places to which surrounding towns and villages made referrals for homelessness services, like Bludenz in Austria, which had to send homeless people somewhere else. **Leek** had 38 apartments for single people and eight for families that offer emergency accommodation. There were self-contained apartments. **Arbroath** also possessed emergency accommodation in the form of five temporary supported apartments which had on-site staffing.

In **Epernay**, there was an emergency shelter which offered 64 places, and which had dedicated spaces for young people. **Oroszlány**, also had a municipal emergency shelter, which offered 50 beds in shared dormitories, including separate space for women, and was open overnight. Capacity was expanded during the winter. **Tullamore** also had a small emergency shelter which had open access and a capacity of six beds, funded by the local authority. **Biella** also had dedicated emergency shelters, a 20-bed unit for men and an emergency shelter for women with five beds, open all year, but was only available overnight. In **Tudela**, there was an emergency shelter with 10 beds, with the capacity to use hotels if this facility was full. In **Štětí**, emergency accommodation was part of the function of accommodation provided in hostels, which were the main source of accommodation for “socially excluded” (socioeconomically marginalised) people. Collectively, there were 605 beds in these hostels, but they were mainly designed for temporary accommodation, not as an emergency shelter or accommodation. In **Svendborg**, emergency accommodation is generally integrated with the services providing temporary accommodation for homeless people, which were smaller in scale, providing 19 single, en-suite rooms (bedrooms with their own bathroom) of which two were available as emergency accommodation, however only for the night. Similar provision (emergency beds combined with longer-term hostel places run by an NGO) was available in Hőxter, and the municipality also had a few places for emergency cases and provided temporary accommodation for “local” homeless people.

Two areas had temporary accommodation intended solely or primarily for homeless women with dependent children and another six had some form of temporary accommodation for homeless people.

Oroszlány had temporary accommodation for families with children and pregnant women who had lost their housing, with 12 places. In **Fundão**, one apartment provided temporary accommodation for up to six people with a stay that is limited to 6 months. Priority is given to domestic violence victims.

Biella was described as being in the process of rethinking how its temporary accommodation was working, in particular the existing staircase or “housing ready” services were being reappraised in the light of the Housing First model, which has become increasingly prominent in Italy⁷⁵. At the time of writing, two shared apartments could house up to 10 homeless men and there were four small apartments for homeless people who had low support needs developed within the regional plan for the renovation of the homelessness sector.

⁷⁵ <http://www.housingfirstitalia.org/en/>

In **Svendborg**, there was dedicated temporary accommodation with 19 en-suite bedrooms, 17 of the rooms providing temporary accommodation. **Epernay** had a range of temporary accommodation services focused on homeless people. This included a five-apartment block and a further 11 scattered site apartments that could provide accommodation for up to 35 people, provided under the CHRS (Housing and Social Reintegration Centre). A further 20 apartments for mothers with children under three years old and a range of other temporary arrangements, providing a further 42 apartments were in place.

In **Leek**, there was prolonged stay supported housing, which was designed for homeless people who were assessed as being unable to live fully independent lives, with a capacity of 11 people. A further seven temporary accommodation apartments were offered in Leek and a neighbouring village, three of the places were for homeless families. **Ystad** provides flats (apartments) that are sublet to homeless people and other households who might have trouble securing a lease or tenancy of their own. Hostels also provide temporary accommodation and there are other temporary accommodation alternatives, but these arrangements are not coordinated with social services.

The operation of the homelessness laws varies, but UK local authorities are, with some exceptions, obliged to provide temporary accommodation to any family, couple or individual who is unintentionally homeless, until settled housing can be found. Figures were not available for **Arbroath**, but the local authority of which it is a part, Angus, had 125 households in temporary accommodation as at March 2018. Local authorities will sometimes use hotels and also make referrals to homelessness services but will generally try to secure temporary *housing* rather than temporary accommodation.

7.3 Non-residential services

Non-housing support and housing related support was not extensive in the smaller towns and villages in rural areas. In many of these smaller towns and cities, homeless people had access to services aimed at a range of people with support needs, such as food banks and floating (mobile) support services, rather than specific homelessness services.

Seven of the smaller towns and cities in rural areas had no services for homeless people that were non-housing support, i.e. no day centre, no mobile (floating) support, no outreach and no other forms of support. Other services, which were as noted, accessible to poor people, individuals with limiting illnesses and disabilities and other 'vulnerable' groups were generally accessible, but these were not designed for homeless people: **Štětí, Fundão, Isaccea, Biella, Kamnik and Tudela.**

Svendborg (Denmark) had a critical time intervention (CTI) service attached to its temporary accommodation service and uses both Intensive Case Management (ICM) and the CTI within a broadly defined Housing First approach to rehousing homeless people. In some cases, such as **Bludenz** (Austria) reference was made to the ability to refer to other homelessness services that were in neighbouring towns and cities.

7.4 Prevention

The extent of homelessness prevention varied. Again, services that were focused specifically on stopping potential homelessness were not extensive in most of the smaller towns and cities in rural areas. The following range of services were reported:

- Eviction prevention (housing support services, including money management, debt counselling, stopping eviction due to nuisance behaviour, not every aspect available in every town) **Bludenz** (Austria); Höxter (Germany); **Oroszlány** (Hungary); **Tullamore** (Ireland); **Biella** (Italy); **Leek** (Netherlands); **Ystad** (Sweden); **Arbroath** (Scotland, UK).
- Rapid rehousing services (rehousing people very quickly when homelessness threatens to stop homelessness being experienced) **Fundão** (Portugal); **Arbroath** (Scotland, UK).
- Prevention as a function of existing mobile (floating support) services **Svendborg** (Denmark); **Arbroath** (Scotland, UK).
- Preventative services aimed at preventing socioeconomic exclusion, ensuring access to services and housing for vulnerable groups are also accessible to homeless people (e.g. youth services, services for former prisoners) **Epernay** (France); **Leek** (Netherlands); **Strzelce Opolskie** (Poland); **Kamnik** (Slovenia); **Tudela** (Spain); **Arbroath** (Scotland, UK).
- No preventative services **Štětí** (Czech Republic); **Isaccea** (Romania);

8. Discussion

8.1 Introduction

This final chapter considers and contextualises the results of this exercise in trying to understand the range of homelessness service provision in Europe. The chapter begins by exploring the practicality of building a typology, the broad patterns of homelessness service provision are then considered, and the implications of the research are discussed.

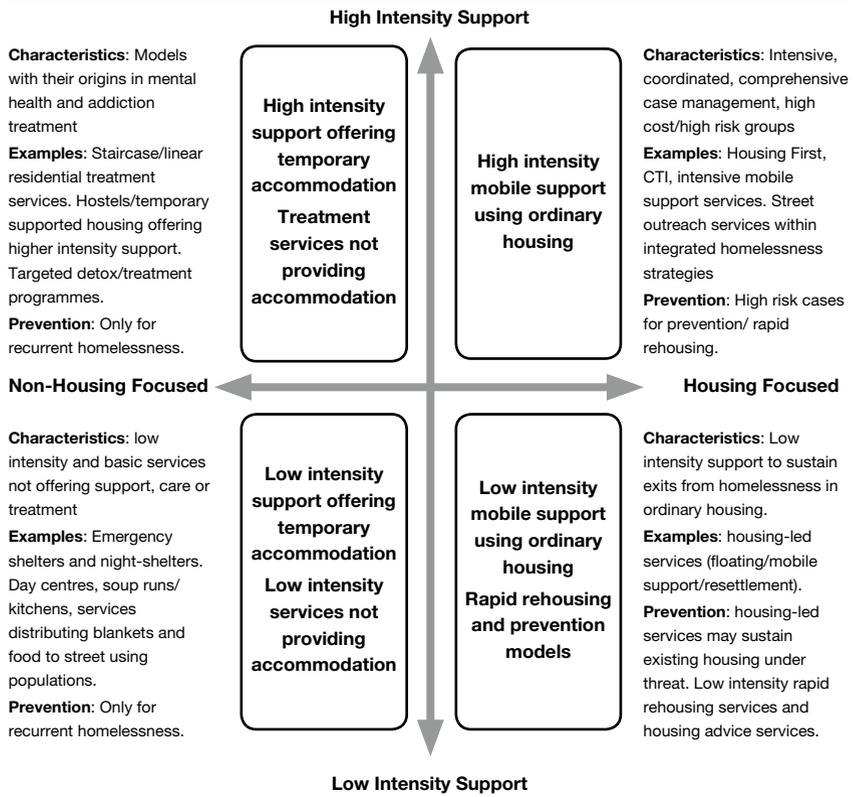
8.2 Building a typology

Using the typology proposed in Chapter 3, it is possible to classify the main types of homelessness service, prevention and rapid rehousing systems that are operating in Europe. Revisiting the graphic from Chapter 3 (Figure 8.1), services can be broadly grouped.

Housing First is high intensity and housing-focused service, a food distribution service giving people soup and blankets is a low intensity, non-housing support focused service and it is more or less possible to at least broadly classify each main type of service along similar lines. Housing-led services are low intensity, housing focused and a daycentre offering medical care, employment, education and training services is a high intensity, non-housing support focused service. Medical interventions that treat homeless people, but do not seek to rehouse them, are perhaps the ultimate expression of a high intensity, non-housing focused service.

Eastern and Southern European countries were more likely to be using services that were within the low intensity, non-housing focused group. Daycentres, outreach teams and food distribution services a higher proportion of homelessness services. In the North and West, higher intensity, housing-focused services, including housing-led and, to a lesser extent, Housing First services were more prevalent and, where non-housing focused services were used, such as daycentres and outreach, these services tended to offer more and to be more likely to be part of an integrated system. Lower intensity, housing-focused services, again including housing-led models, variously known as floating or mobile support, tenancy sustainment or resettlement services were also more widespread in the North and West.

Figure 8.1 A Proposed Typology of European Homelessness Services



However, the research generated enough detail to highlight the risks of oversimplification in categorising services, strategic responses to homelessness and of using shorthand descriptions of how different countries in Europe respond to homelessness. One way of illustrating this was the extent to which Housing First was present across different European countries. It was true that the North West had the highest levels, the French Un chez-soi d'abord programme, the Danish National Strategy and Housing First in the G4 cities in the Netherlands, all represent pioneering use of Housing First at scale. Yet elsewhere the development of Housing First has been haphazard, it is not uniformly present in Sweden, nor at the time of writing had Housing First really yet moved beyond piloting and a small number of genuinely operational, commissioned services in the UK. In Germany, the move towards Housing First, if it does eventually occur, was yet to happen at the time of writing. However, the Czech Republic, Portugal, Spain and perhaps particularly Italy,

through *Housing First Italia*, had all moved towards use of Housing First, the scale was smaller than in some North-Western countries, but the Housing First services were still there.

Another example, looking for example at Portugal, Hungary and Slovenia, was the extent to which formal, mainstream social services are part of the response to homelessness. So, while the homelessness services themselves may have been relatively thinly resourced, low intensity, non-housing support, this was not all that was happening in relation to homelessness, there were other services, including those directly provided by the State, that homeless people could access. Of course, there is a wider point here, because the response to homelessness in other countries is rarely just about homelessness services, Danish and UK homelessness services often make charges, but they do this because homeless people can claim welfare benefits, covering their subsistence and their housing costs. The extent of medical intervention, which this research was probably only able to understand in part, being largely focused on the usual range of what is regarded as homelessness services, was another example of this, doctors and nurses were responding to homelessness as well as emergency accommodation services.

It is possible to start breaking down the range of responses to homelessness and, in a wider sense, the broader strategic responses, because just as some services are housing-focused and high intensity, so too are some local, regional and national homelessness strategies. However, as was briefly discussed in Chapter 3, the findings here do also show that there is no easy classification of strategy or services. Some of the countries that are furthest along with Housing First or with enhancing and extending homelessness prevention are also putting homeless families in hotels, because there is nowhere else to put them.

8.3 The implications of the research

Looking at the results of this research, several findings are apparent:

- The mode for homelessness services in Europe, the type of homelessness service that would probably appear most frequently in any count, is a non-housing focused service that is probably more likely to be low intensity than it is high intensity. This means food distribution, daycentres and outreach meeting basic needs and offering low intensity support, but – probably – the biggest single group of services are emergency shelters and temporary, congregate and communal, supported accommodation.

- Emergency accommodation is possibly the single most widespread form of homelessness service and, again, these services tend towards offering lower intensity support. As the examination of patterns of services in cities, towns and rural areas shows, not everywhere has emergency accommodation, but it is the form of homelessness service that is the most common.
- Trying to make a clear distinction between emergency and temporary accommodation is futile. Operationally, many services whether one is looking at Denmark, Portugal or one of the other countries, often provide accommodation that is both for emergencies and/or temporary. The differences can simply be a matter of language, UK and Irish systems for responding to family homelessness are extremely close to each other, but where Ireland refers to 'emergency accommodation', the UK refers to near identical arrangements as 'temporary accommodation'. Whether this difference in terminology is because homeless children in 'temporary' accommodation sounds somewhat less alarming than homeless children in 'emergency' accommodation, or whether it may be the result of cultural, historical, administrative or legislative differences, the authors can only speculate.
- Housing-focused support, including various forms of housing-led and Housing First services, is probably the minority of homelessness service provision in Europe. There are two points here. First, only a few of the 16 countries included in this study had housing-focused, housing-led mobile support services at the heart of how they responded to homelessness: Denmark, France, Germany, the Netherlands and the UK. Some other countries, not involved in this research, could be added to this list, particularly Finland⁷⁶. Second, within those countries where housing-focused support use is widespread, non-housing focused services, including supported temporary housing and transitional housing, using a 'housing ready' rather than 'housing first' response is still widespread.
- Prevention is in its early stages in much of Europe. Most services are focused on managing financial problems that lead to rent arrears and possible eviction, with only a minority of the 16 countries having integrated systems that combine housing advice, debt counselling, mediation and support services.

⁷⁶ Pleace, N., Knutagård, M., Culhane, D.P. and Granfelt, R. (2016) The Strategic Response to Homelessness in Finland: Exploring Innovation and Coordination within a National Plan to Reduce and Prevent Homelessness, in: Nichols, N. and Doberstein, C. (Eds.) *Exploring Effective Systems Responses to Homelessness*, pp.426-442. (Toronto: Canadian Observatory on Homelessness).

Progress is being made. The evidence base from academic and policy focused homelessness research⁷⁷ shows the positive shift that has occurred in the understanding of homelessness and in the development of housing-focused support in the last 20 years. While Housing First will soon celebrate its 30th birthday, and – while not perfect – it still represents an innovative, effective, response to homelessness that recognises, respects and responds to the human dimensions of this most extreme form of poverty and social marginalisation. The spread of such ideas across Europe is a positive development, but also needs to be seen in context. The commodification of housing in major European cities, where housing is now often an investment with a high return rather than a place someone lives in, or an asset of another sort, like an Airbnb apartment, can create contexts in which it is difficult for Housing First to find sufficient housing supply to work well. Nevertheless, Housing First represents a major change in how we react to homelessness and to homeless people and, while not perfect, shows that if we treat homeless people as human beings, and recognise their right to a home and to have their voices heard, long-term and recurrent homelessness really can be significantly reduced⁷⁸.

In other areas too, particularly prevention, progress is also evident. Most countries had some sort of system in place to stop evictions and bring rent arrears under control, including paying off those arrears to stop homelessness from being triggered. However, there was clearly more work to be done in developing preventative services in much of Europe, based on the evidence from the 16 countries.

A part of these positive changes has been increasing recognition of the diversity and nuances of homelessness. Homelessness is not simply an issue of men with high and complex needs living on the street, nor is it a phenomenon that can be explained simply in terms of choice, behaviour or unmet treatment needs. As Finland shows, part of any serious strategic response to homelessness involves building affordable homes, all the support in the World will not solve homelessness if there is not enough adequate and affordable housing to meet need.

Homelessness is often concealed and some of the nature of homelessness has been missed because of that, women do live rough and are in emergency and temporary accommodation, but evidence is now showing that their experience of homelessness is often with friends, family or acquaintances. Women often keep a roof over their heads, but without any legal rights, without any space of their own, without any privacy and in situations that may be unsafe, an experience of homelessness that can include women with high and complex needs⁷⁹. This is not simply

⁷⁷ Busch-Geertsema, V. *et al.* (2010) *op. cit.*

⁷⁸ <https://housingfirsteurope.eu/guide/>

⁷⁹ Mayock, P. and Bretherton, J (2016) *op. cit.*

an issue of gender, other groups like young homeless people do also respond to homelessness in this way, another example being homeless families, who are often lone women with small children⁸⁰.

Alongside recognition of this diversity in experience of homelessness, there is clear evidence that homelessness can be triggered by simple poverty. It is not correct to assert that 'anyone' is at risk of homelessness, a realisation that began when it was discovered that most of the people using homelessness shelters in the USA in the 1990s were not ill, did not have mental health problems and were not addicts, but were, instead, poor⁸¹. One caveat to this, in a European context, is the findings from Danish research that, where welfare systems and social housing are sufficient, the risk of homelessness due to simple poverty is minimised⁸², but the broader point still holds.

Certain groups are also at greater risk of long-term and repeated homelessness. There are mutually reinforcing relationships between low level offending, addiction, mental illness and homelessness, which is what creates the need for services like Housing First and specialist interventions for other at-risk groups, such as young people who have been looked after by social work services as children.

Perhaps the most important change in recent years in terms of reducing and preventing homelessness is the presence of a map to solving homelessness. A demonstrably effective response exists and can be used at a strategic level that will bring numbers down significantly and greatly reduce the risks of experiencing homelessness and, particularly, of experiencing homelessness for any amount of time or on a repeated basis.

Finland is, at the time of writing, a key example of this kind of integrated strategy, combining extensive preventative systems with a range of housing-led services, including Finnish versions of Housing First, for people with higher needs, while pursuing an ambitious programme of social housing building to reduce homelessness among groups like homeless families, who typically do not have high support needs⁸³. There are other examples, Denmark, while seeing increases, has managed to contain the experience of homelessness through a well-resourced, integrated welfare system with an emphasis on housing-focused services, Norway too reports

⁸⁰ Baptista, I., Benjaminsen, L., Busch-Geertsema, V. and Pleace, N. (2017) *Family Homelessness in Europe* (Brussels: FEANTSA).

⁸¹ Culhane, D.P. (2018) op. cit.

⁸² Benjaminsen, L. and Andrade, S.B. (2015) Testing a Typology of Homelessness Across Welfare Regimes: Shelter Use in Denmark and the USA, *Housing Studies* 30(6) pp.858-876.

⁸³ Y Foundation (2018) op. cit.

reducing numbers of homeless people⁸⁴. America, while homelessness remains relatively high, made a serious difference to long-term homelessness through shifting towards housing-focused support and preventative responses to homelessness⁸⁵. There is at least some evidence that the UK's efforts in respect of homelessness prevention have reduced the overall experience of homelessness⁸⁶.

In practice, an effective homelessness strategy has five main elements:

- Maximising prevention and rapid rehousing systems to minimise the risk of homelessness occurring and stop homelessness becoming repeated or prolonged when it does occur.
- Employing housing-led and Housing First service models, i.e. low to medium intensity and high-intensity housing-focused support, to meet the needs of homeless people with support needs at risk of repeated and sustained homelessness.
- Services that reflect and respond to the diversity of homelessness, ranging from low-intensity rapid rehousing services for people whose primary need is simply affordable housing, through to housing-focused and support-focused services run for women, by women, as well as specialist services for other groups, such as ex-offenders or young people who had experience of social work care as children.
- Integration with health, social work, criminal justice and other relevant services to ensure that when medical and other needs are present, these needs can be addressed.
- A clear strategy to meet housing needs by increasing supply of adequate and affordable housing, to whatever extent may be necessary.

Revisiting some of the main findings of this research, a gap between what homelessness services are often doing, as the largest single number are probably low intensity, support focused interventions and what an effective strategy to prevent and end homelessness should look like, is clearly evident. Homelessness services in Europe are not sufficiently preventative in focus, there is not enough emphasis on rapid rehousing and non-housing focused services, including transitional and temporary supported housing working to a 'housing ready' model, predominate over housing-focused services like housing-led mobile support and Housing First.

⁸⁴ Benjaminsen, L. and Knutagård, M. (2016) Homelessness Research and Policy Development: Examples from the Nordic Countries, *European Journal of Homelessness* 10(3).

⁸⁵ Culhane, D.P. (2018) *Chronic Homelessness* (Center for Evidence Based Solutions on Homelessness).

⁸⁶ Mackie, P. *et al.* (2017) *op. cit.*

However, again, it is not that simple. Homeless families and individuals are stuck in emergency and temporary accommodation because they cannot move on in countries that have many of the characteristics of an integrated strategy to end homelessness. The problem, somewhere like Ireland or the UK, is that there is not enough affordable housing, which means integration, housing-focused responses and pursuit of prevention will be limited in effectiveness. At some point in the process of ending and preventing homelessness, ideally immediately or at least very quickly, there *has* to be a house.

Poverty and inequality also cannot be ignored. The problem of homelessness is often, as one of the founders of the British welfare state once put it, the problem of the rent⁸⁷. An individual or family short of money can perhaps not go out, reduce what they spent on household bills and make other economies, but they cannot alter the level of expenditure on rent, which will always be the same and always must be paid. Part of the problem here is that there is insufficient supply of affordable housing in much of Europe⁸⁸ which forces house prices up and makes housing relatively more expensive and puts broad pressure on social housing systems (where they exist). In France, the DALO laws and in the UK, the original homelessness legislation and the later array of varying homelessness laws in England, Wales, Northern Ireland and Scotland, create routes into social housing for homeless people, but there is not enough social housing to meet need⁸⁹. The nature of work is also changing for many people, there are fewer relatively well paid, full time, secure jobs than was once the case, the 'gig' economy of precarious, part-time, low wage and short-term employment is a reality⁹⁰ and there are other economic shifts happening too, 15 years ago the idea of something like Airbnb restricting affordable housing supply⁹¹ would have seemed odd. When these changes are combined with a broad tendency – perhaps most sharply illustrated by the UK⁹² – to cut welfare programmes and other financial supports to low income and poor households, and to cut social work, public health and social housing services, it is clear that the conditions that can *generate* homeless in Europe still exist.

⁸⁷ Beveridge, W. (1942) *Social Insurance and Allied Insurances* Cmd. 6404 (London: HMSO).

⁸⁸ Abbé Pierre Foundation – FEANTSA (2018) *Third Overview of Housing Exclusion in Europe 2018* (Brussels: FEANTSA).

⁸⁹ Pleace, N., Teller, N. and Quilgars, D. (2011) *Social Housing Allocation and Homelessness* (Brussels: FEANTSA).

⁹⁰ OECD (2018) *The Future of Social Protection: What Works for Non-Standard Workers?* (OECD: Paris).

⁹¹ <https://www.citylab.com/equity/2017/08/where-airbnb-is-raising-rents/535674/>

⁹² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23881&LangID=E>

One interpretation of the findings presented here is that homelessness services 'need to change', which is a simple, politician-friendly action point. However, there are dangers in this, one is oversimplification, such as a slightly alarming tendency in some quarters to advocate replacing every existing homelessness service with Housing First, because that is "what Finland did". Of course, Finland did not do this. It integrated a bespoke version of Housing First, largely derived from its own practice and experience into a wider, integrated homelessness strategy that placed equal emphasis on prevention, housing supply and an array of other services, meeting the needs of different elements within the homeless population⁹³. The reality, illustrated by Finnish practice, but also in effective strategy responses to homelessness elsewhere in the world, is that there is no simple, single, magic solution to homelessness. However, while we cannot 'solve' homelessness *just* by using Housing First, the reality of the response that is required is not really that complicated. We *can* use Housing First to solve homelessness, if it has the right, clearly defined role, as part of an integrated homelessness strategy that also provides prevention, rapid rehousing systems and supported housing and housing-led services, incorporates welfare, health and social housing systems and increases the supply of adequate, affordable housing.

Finally, there is the issue of funding for homelessness services ranging from basic non-housing support through to housing-led and Housing First services. In the absence of an integrated strategy and in the absence of significant funding, low intensity services may be the most viable, indeed are sometimes the only viable option for some countries. This is not to say that change in practice, from support focused to housing focused cannot be achieved in a context of relatively low resources being available to prevent and reduce homelessness. Initiatives like *Housing First Italia* and some UK practice in running Housing First services, reflected in the *Housing First England* programme led by Homeless Link, have the same ethos and core principles and are successful. These services have nothing even approaching the funding levels for the original Housing First services, or the current French or Canadian programmes, but show what can be achieved by redirecting even limited resources. However, if there is not the political will to tackle homelessness and funding is insufficient and/or precarious the effectiveness of homelessness services will be impaired. Without sufficient funds homelessness services and systems are more likely to only be able to fire-fight the immediate effects of homelessness, rather than effectively preventing or reducing homelessness, because that is all that can be done when very few resources are available.

⁹³ Y Foundation (2018) op. cit.

There are negative forces in play at the time of writing, including the criminalisation of homelessness in Hungary, alongside broader, populist, political forces that exhibit deep hostility towards poor and marginalised people, including those who are homeless, being in evidence across Europe. Banning begging, rather than trying to support it out of existence, has, for example, been seen in a Swedish municipality. However, this research shows that positive change is occurring in European responses to homelessness, changing definitions, changing ideas about service design and greater integration of responses to homelessness are all in evidence. There is still more work to do, and the homelessness sector needs to be properly supported in pursuing that work, but progress is being made.

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Homelessness Services in Europe

This comparative report looks at the patterns of homelessness service provision across Europe and explores the potential for developing a pan-European typology of homelessness services. This report examines variations between countries and differences between urban and rural areas. Emergency shelters, food distribution and daycentres, alongside services using a 'housing ready' approach, are the most common homelessness services in Europe. However, housing-led and Housing First services and homelessness prevention are widespread, changing the ways in which homelessness is being responded to in Europe. This report is the eighth in a series produced by the European Observatory on Homelessness exploring pan-European issues through a questionnaire-based approach, using a group of national experts.

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